

Oldham Cares Alliance-Workshop 5: Housing, Health and Social Care- Working together across Oldham to achieve better outcomes

The table below outlines the main point raised through the roundtable discussions from an invited stakeholder event held at Oldham College on the 18 October 2018.

	Table 1. Lead facilitator – Donna McLaughlin- Alliance Director.	Table 2. Lead facilitator- Bryn Cooke- Head of Strategic Housing and Property Partnerships	Table 3. Lead facilitator- Vicky Crossley-Associate Director Oldham Cares
How can housing, health and social work more collaboratively to achieve better outcomes for people?	<p>Information sharing agreement –often a lack of one can create unnecessary brick wall and prevents services communicating with each other. Which often prevents us understanding the full picture of a person.</p> <p>Can we develop stronger connectivity and pathways for frontline housing staff into NHS and Social Care.</p> <p>Where does Early Help fit into this picture of multi –agency working, could the model do more to achieve more collaboration?</p> <p>How can we develop a key worker approach for complex cases that are end to end and be person centred. Changing the current culture of passing on responsibility between services and professionals. Could a community connector model be piloted in one of the clusters.</p> <p>Short- term funding commissioning cycles lead often to inconsistent community navigator roles in the VCFS sector.</p> <p>Could we plan commissioning activity as system more effectively.</p> <p>Could we utilise Guinness sheltered accommodation that is becoming difficult to let for hospital discharge/ reablement purposes?</p> <p>Could we promote more proactive hospital discharge arrangements?</p> <p>Are we being radical enough- homes on prescription?</p>	<p>Talk, listen, engage-influence</p> <ul style="list-style-type: none"> • Mutual gains • Pool resources • Better c-ordination <p>Governance arrangements and conflict</p> <p>Common purpose and who needs to be in the room.</p> <p>Critical friend? If so where does their feedback go.</p> <p>Areas of further discussions</p> <ul style="list-style-type: none"> • Older peoples housing • Aspirational homes • Infrastructure, shops, doctors, green space • Shortage of family housing • Lack of emergency accommodation • Specialist housing/supported accommodation needed/shared living • Specialist housing/supported accommodation needed <p>More flexible offer, step down models (not just tenancies, licences arrangement)</p> <p>Assessment of need: support with person (not with property). Invest to save and who pays.</p> <p>Access routes</p> <p>Intermediate care offer missing from a strat pov</p> <p>Joint approach to funding (voids etc) -system funding</p> <p>GP cluster based approach vs Districts vs Wards vs Borough wide approach.</p>	<p>Mapping a customer journey through the system and really find out what’s going on.</p> <p>Loneliness Pilots in clusters need supporting</p> <p>Low level mental health is ‘rumbling’ in primary care, secondary care.</p> <p>Training access to each others areas.</p> <p>Hoarding –down the root of eviction would rather be pro-active and intervene earlier</p> <p>Gm housing strategy- if a key issue align with policies in place.</p> <p>Rich history in housing , build on this from GM rather than starting again locally. Local flavour opportunities</p> <p>Practice to learn from and align to strategic commitments</p> <p>Homelessness –energy and focus. Mental Health fits with this</p> <p>Specialist provision. Commissioning what is being commissioned, supported housing strategy</p> <p>Neighbourhood officer –local level, flexibility in teams of staff</p> <p>Links with the voluntary sector</p> <p>Anchor landlords-a lot going on</p> <p>Housing stock –data analysis, allocations, choice based lettings.</p> <p>Integration of system for hospital discharge and front end</p> <p>Supported accommodation, overnight needs/24HR care on hand.</p>

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			<p>Design and develop floating support understand critical parts of housing health and social care.</p> <p>Pathway avenue out to college, student, social prescribing.</p> <p>CHB unable to keep tenancies, control and empower</p> <p>Stock and where-health view on what this should be. JSNA view</p> <p>Who to contact sharing information with On how to access</p> <p>Homeless in A and E, to keep complex –links to housing strategy onm model</p> <p>Hold empty properties for high needs</p> <p>De-medicating-resilience and life skills</p> <p>Access support at home –people picking up the indicators like arrears, frequent attenders</p> <p>Facilities, can we use our provision differently, community centres, safe havens</p>
<p>How, as Oldham leaders, can our approach to decision making around new housing, health and care be better planned through the Oldham Cares Alliance Approach?</p>	<p>Pro-active planning for example within new town centre with a person centred approach. Can lessons be learnt from system building of hospitals that can translate to residential housing?</p> <p>Within devolution we need to ensure we have one voice for Oldham of what Oldham needs and bring back the Bevan focus on the need for clearance and renewal to make significant strides in improving health through better housing.</p> <p>Much of a poorer quality terraced housing cannot simply be adapted, yet funding available focusses on new supply and not on tackling existing stock issues.</p> <p>Oldham Cares currently talks about services and people and needs to include place and the</p>	<p>Vision/ what are needs/priorities agree and share.</p> <p>Evidence informed approach to decision making</p> <p>Which model are we using. Adopt a common approach</p> <p>Consultation.. streamlined.</p>	<p>Health and Care and Housing strategy accommodation needed.</p> <p>What is the future of:-</p> <ul style="list-style-type: none"> • Supported housing • Floating support • Homelessness • Accommodation tenancies for people in need <p>Amazing work at GM strategy, translating it locally</p> <p>Case study approach</p> <p>Do we have a housing stock that is mixed? Families mixed community estates.</p> <p>Lifetime approach to planning and sharing intelligence.</p>

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	<p>assets within it held for example through the One Public Estate agenda.</p> <p>Is the representation from Housing into Oldham Cares right/ does it work? Is it a true conduit of all sectors and partners in the housing market?</p> <p>Do we need to foster different and more connected conversations, e.g. with GP's, schools and show the developer market we are good place to do business?</p> <p>What opportunities does our local plan provide to pre-identify sites and fully align health and other infrastructure requirements.</p>		<p>Needs based assessments. Predictive modelling</p> <p>System thinking</p> <p>Private developers building –no link with ASC/Health and pressures created</p> <p>Planning framework</p> <p>Health impact assessment</p>
<p>How can improvements in our Housing Strategy support our workforce strategy?</p>	<p>Need to be more radical and flexible and link housing plans with GP planning etc</p>	<p>Social value, commission, suppliers, apprenticeship</p> <p>Inward investment. Attract investors to the Borough-range of housing social through to aspirational</p> <p>What is the workforce strategy? Better communication</p>	<p>Good quality housing for key workers</p> <p>Allocations policy –properties Less and less properties let to right people</p> <p>Planning for real sessions. Case studies around strategy. How can we do this at a neighbourhood planning level , add value, be nimble and be co-designed? Creative ideas that already make sense.</p> <p>Whole system health, housing and social care strategy?</p> <ul style="list-style-type: none"> • Cohort of needs • Future demographics