The Association of Directors of Public Health

Funding for supported housing consultation

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

ADPH welcomes the increased role for local authorities in commissioning supported housing. Playing an increased role in the commissioning of housing provision creates opportunities for local authorities to effectively join up supported housing and public health, and ensure housing is included in Joint Strategic Needs Assessments and Health and Health and Wellbeing Strategies. However, safeguards are needed to ensure that measures included do not have a negative impact on the vulnerable.

Comments

Public health already plays a vital role in local supported housing provision. A number of local authorities are either using their ring-fenced public health grant to enable the best use of supported housing, for example funding single access points or gateways as a way of protecting the health of the most vulnerable through better housing. Directors of Public Health are often involved in the commissioning of supported housing using other local resources which helps create a better match to local health need.

There is evidence that supported housing is an effective way to improve health and wellbeing and reduce health inequalities. Supported housing costs far less than specialist residential placements and allows individuals to stay in their communities, both improving their quality of life and boosting community resilience.

Supported housing has been cited in Public Health England, NICE and NHS England guidance to local areas as a preventative intervention that should be considered as part of local plans for improving health and wellbeing and reducing demand on health and social care. There is a general need for increased focus on health as a key outcome from supported housing. It is a preventative service and investing in it is vital for meeting the aspirations of the NHS Five Year Forward View.

It is extremely important to provide stability for both tenants and supported housing providers. An ageing population and increasing pressure on social care only further highlights the need for supported housing and it is imperative that we see a growth in the market that correlates with demand. While ring-fenced funding is not always helpful for effectively commissioning services in an integrated way, this particular pot of funding may be an exception. Housing Benefit or Universal Credit up to the level of the Local Housing Allowance rate may not be able to pay for appropriate supported housing, as the costs associated with it are much higher than for other provision. Removing the ring-fence on the top-up risks this money being used for other things, which would put the sustainability of supported housing at risk.

The top-up model must be designed in such a way that it recognises the different levels of need within different areas and does not worsen health inequalities by failing to adequately fund areas to house their vulnerable. It must be flexible and able to adapt quickly to a rise in demand. The funding model for short-term accommodation i.e. hostels and refugees needs to be well thought-through, flexible and resilient so that in a crisis situation homelessness does not rapidly increase.

It is important to ensure that this new top-up funding integrates with other supported housing funding streams. The funding should also be designed and distributed in such a way that brings local partners together to plan and commission services. Public health should have a strong role in this, as housing is such a key determinant of health. There should be clear opportunities for the joint commissioning of supported housing – for example in partnership with Clinical Commissioning Groups.

We would advise caution on the issue of national statements of expectation or national frameworks that local areas are mandated to adhere to. Any national commissioning framework must allow flexibility for local areas to design and deliver services that cater to the specific needs of their local populations. Implementing a new commissioning framework for supported housing risks impeding the ability of local authorities to integrate supported housing commissioning with their existing arrangements for commissioning health and social care services. However, resources and toolkits for local authorities may be helpful particularly in the transition phase.

A quality or value for money assurance mechanism should not be an extra burden on local authorities and should recognise the importance of a personalised approach – supported housing will have different desired outcomes for different individuals.

Finally and most importantly, the details of the top-up model should be designed and decided in close partnership with local authorities, including representatives from public health. We would suggest a co-production approach to make sure that the model is well-equipped to meet local authority needs. It should not be designed and imposed without extensive engagement and a thorough understanding of the impact it will have. We would suggest that Directors of Public Health are directly involved in designing the new model by being part of the four task and finish groups.

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