NHS and Social Housing Data Integration

Optimising Population Property Health Management

Project Aims

1. To securely **integrate** social housing data, such as living conditions, accessibility, and locality, into NHS health records. → Data sharing

2. To identify **patterns and insight** linking social housing conditions to various health outcomes, allowing for more targeted population health management strategies. → Data science

3. To develop a framework for **ongoing collaboration** between social housing and the NHS. → Neighbourhood working

4. To propose **actionable interventions** based on the linked data to improve the overall health of social housing tenants → Insight into action

Areas of focus – DMC and Mobility

Data linkage using national register of UPRN – used by all public sector services

Prima UPRN's matched with Mersey Care UPRN's in Healthy@Home Dashboard

Dashboard showing addresses with higher risk of health conditions linked to property condition:
- respiratory
- mobility and frailty

Damp and Mould Assessment



Housing Modification Assessment



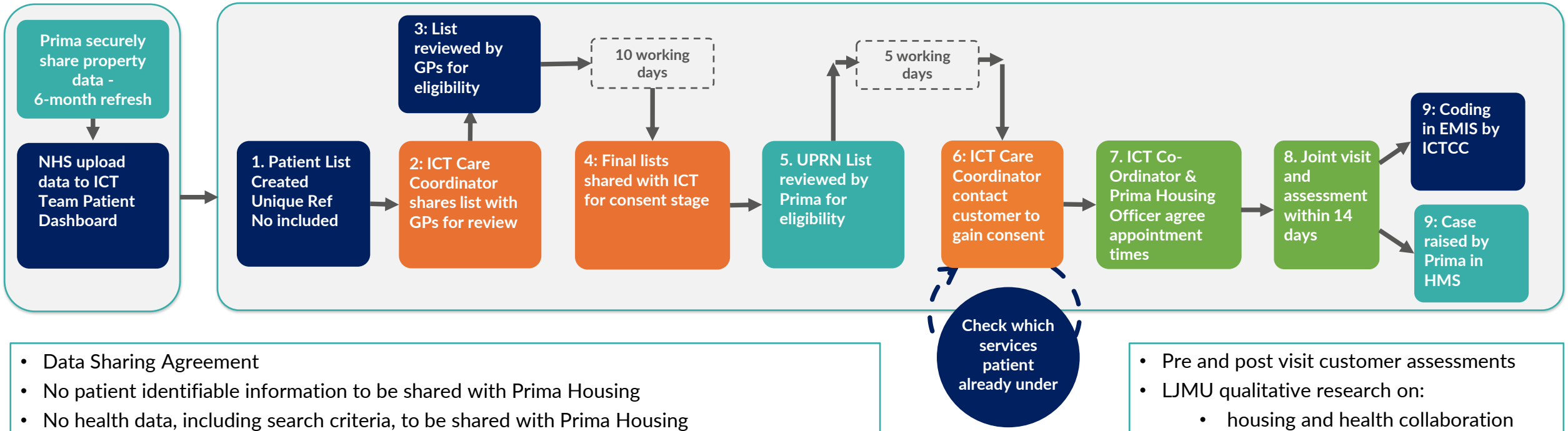
NHS primary care data from the data pool will be used to create a flag, based on relevant health conditions, against a property's national Unique Property Reference Number.

No health data will be directly shared with Prima, no tenancy data with the NHS.

The Integrated Care Team will review properties flagged and gain customer consent to take part.

Joint health and housing visit arranged to identify support, signposting or interventions.

Proactive Community Support – Integrated Care Team & Prima Housing



- Data Sharing Agreement
- No patient identifiable information to be shared with Prima Housing
- No health data, including search criteria, to be shared with Prima Housing
- No tenancy data to be shared with NHS
- Opt out process
- All patients contacted by ICT Care Coordinator to explain programme of work and gain consent
- 2-hour appointment for joint assessment
- Referrals between these services will be managed and integrated solutions developed where appropriate
- ICTCC to link in with Family Hubs as required where children are identified with need.

- Pre and post visit customer assessments
- LJMU qualitative research on:
  - housing and health collaboration
  - customer experience
- NHS quantitative analysis on:
  - health impacts over long term
  - financial and resource impacts
- Identify opportunities for scaling up
  - expand to other health conditions
  - expand to other housing providers and NHS Trusts

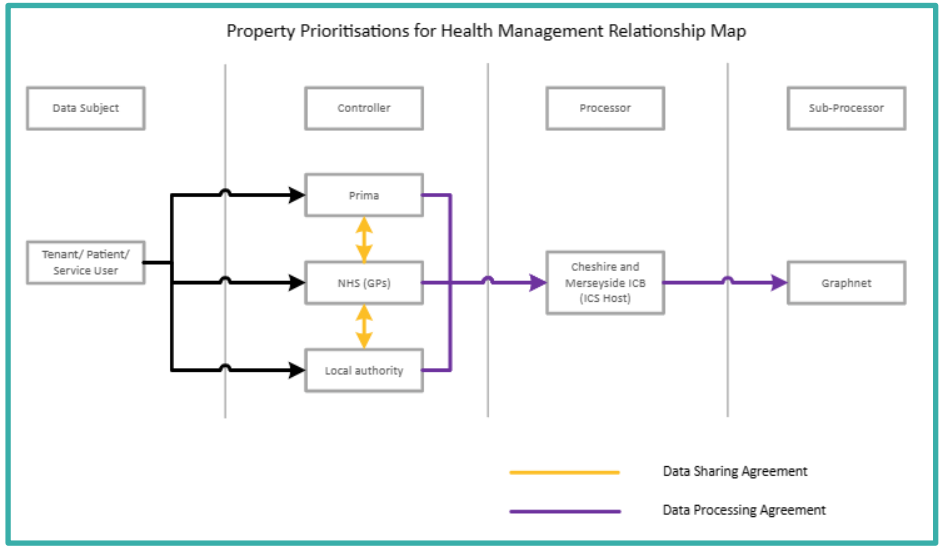
Early Indicators from Pilots

- 9 households identified that met criteria –respiratory issues
- 7 successful joint visits completed with NHS Independent Care Team &NHO Home –
- NHO identified and reported 10 previously unreported repairs and 7 minor adaptations; including grab rails and a fixed ramp for a wheelchair user to access their property, helping residents remain safe and independent in their homes.
- The installation of Switchee devices in properties, with the aim of identifying issues early on and put support in place.
- Health -19 onward referrals/signposting completed by the ICT team, with GP referrals being the most common, Citizens Advice, Physiotherapy and Dietician referrals.
- Next steps – follow up visits 3 month from initial visit to measure impact. Roll out across the rest of Prima properties

Challenges

Information governance

- **Specialist advice** needed – cost met by Fusion 21
- **Risk** and controls assessment – necessity and proportionality explored in detail
- Analysis of IG processing – clarity on who is doing what across NHS and Prima
- Finding the right **legal gateways** for data sharing across 2 health conditions (respiratory and frailty) and for 2 purposes (people and property)



Project scope

- Need **flexibility**, narrowed health conditions e.g. mental health too difficult
- Cuts across lots of different NHS teams/organisations – buy-in needed in lots of places
- Needed to **pilot** in a smaller area for proof of concept for health colleagues - Wavertree

Timescales

- Slow process to work through to approval - **first time + sensitive IG = risky!**
- Alternative delivery model developed using Integrated Care Team to maintain momentum

Positives and Learning

Information governance

- Can be worked through but needs **persistence**, experts…and a Plan B

Pick your partners carefully

- Shared objectives to encourage buy-in
- **Do-ers not talkers**
- Build a coalition of the willing – will get further with those who are up for it

Project scope

- Needed to narrow scope of health conditions we wanted to include to develop the **proof of concept** Flexibility on this was key as further opportunities for the project could be huge
- Cuts across numerous NHS teams/organisations – everyone saw the benefits, but need to work at **understanding** each others' organisations, governance, processes, relationships, acronyms, etc

Timescales

- Going first slows you down- *pilot started 2 ½ years after project began*
- Aim for ***progress not perfection – it's better to do something rather than nothing***
- Easier route for those who follow

How it works in practice



Thank You