

# The H Factor

Health Hope and Happiness

2021 - 2024



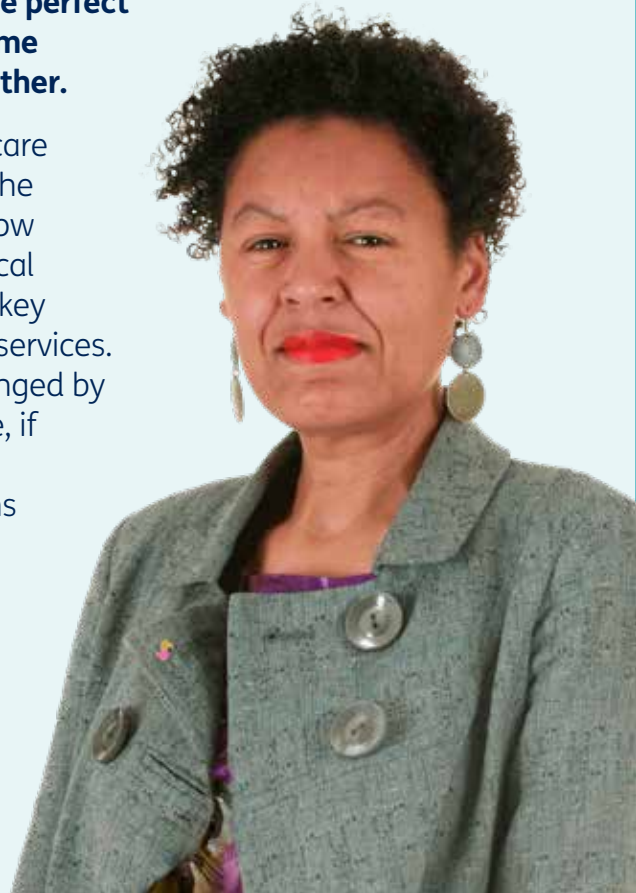
# Foreword

**I** have had the privilege of being both the Chair of the Walsall Healthcare NHS Trust and the Chair for whg. Taking on both roles was by no means a coincidence; I was drawn to both organisations because their objective is to provide two of the fundamental cornerstones to achieve a happy life, Good Health and a Decent Home. There is no doubt that these two foundations of life are intrinsically linked, so holding the Chair position for both organisations provided the perfect opportunity to explore the opportunities that come from the two services working more closely together.

Although it is essential to have a fantastic healthcare system that looks after people when they get ill, the holy grail of health of course is prevention. We know that much of the demand presenting in our medical centres and hospitals is preventable and that the key influences are not all within the control of health services. We also know the road to recovery is often challenged by the circumstances of the patient, if they live alone, if they don't have the resources to keep themselves well; fuel poverty, debt or the need for adaptations to their home can all pose challenges to recovery.

**Danielle Oum**

Chair of whg and Walsall Healthcare NHS Trust



So, I believe there is huge potential in innovative approaches to integrated housing and health, with the potential to improve health and health care outcomes, reduce healthcare costs and help manage demand.

We know that good health is the route to resilient and flourishing communities, yet for some of our customers and communities there are some significant challenges and barriers that often prevent them from attaining good health and wellbeing. This inequality has been exacerbated by the Coronavirus pandemic, where existing health inequalities have been compounded by the economic impacts of the national and local lockdowns.

COVID-19 has shone a harsh spotlight on longstanding inequity making it clear that addressing inequalities, working closely with partners to address the social determinants of health, is mainstream activity, core to and not peripheral to the work of both social housing and the NHS. The issues of poverty, lack of opportunity and poor health in poorer communities have posed greater challenges for managing in a pandemic. Understanding and having close links with specifically challenged groups, like those with mental health needs and those who are already socially isolated, means we can plan communication and targeted services in a way that has the greatest impact.

Health inequalities are particularly prevalent in Walsall where areas of post-industrial decline, and increasingly ethnically diverse populations combine to create significant issues of poverty, lack of opportunity and poor health. These issues are not uniformly distributed across the borough.

As a registered social housing provider and an anchor Institute we have a proven track record of investing in communities and customers, helping to enable them to flourish and grow. The Strategy continues this work and is an important contribution towards our ambition and commitment to be 'more than a landlord' and to make a real difference to our customers and the communities we serve.

As Chair of the whg Board I am proud to present the whg H Factor (Health, Hope and Happiness) Strategy.



# Executive Summary

**We pride ourselves on being much more than just a landlord, working alongside our customers to create sustainable tenancies and develop resilient communities. We invest a considerable amount each year in our communities and homes, not just through our repairing and investment programmes, but also through the provision of new homes which are much easier to heat and cheaper to run for our customers.**

To achieve our 'more than a landlord' aspiration we also invest in our own in-house specialist wrap around support services, such as our Employment and Skills Team, Money Advice and Health and Wellbeing. These services provide essential support and make a real difference to our customers' lives.

We know that great health and wellbeing is the route to resilient communities, the foundation of happiness and a key enabler of a strong successful economy.

We are also aware of the concern around increasing but preventable health inequalities which we know are driven by the social determinants of health. This is clearly demonstrated by an increasing health gap between the wealthy and deprived areas with life expectancy stalling and for some, life expectancy is reducing.



COVID-19 has worsened health inequalities with evidence that the impact of the virus is not spread equally across the population. Although the pandemic provides many challenges to our customers it also provides a new impetus and focus to recognise and tackle the health inequalities currently impacting them and disadvantaged communities.

In implementing this strategy, we will focus our efforts where the need is greatest. This will undoubtedly be Walsall, where some of our accommodation falls within Wards that are in the top 10% of the indices of multiple deprivation. For customers not within these areas we will be delivering H Factor activities and programmes through our emerging Community Housing Officer model, which means we will continue to reach disadvantaged customers regardless of where they live.

We know we cannot achieve our ambitions alone and we also know that there are clear synergies between the preventative work that we do and the aims and objectives of our strategic partners. We are therefore calling on our partners to work with us so that together we can reach more customers than we ever could alone.

We will be seeking funding from health and social care partners to build on the work that whg undertakes to reduce upstream health inequalities.



We understand that we occupy a unique position in our communities. We have a strong relationship with our customers and they often share with us the challenges that they face and are dealing with every day. This is valuable insight that could also benefit our partners. We will therefore use our role in discussions with partners to share customer feedback to help shape services and remove barriers where they exist.

There may be occasions when social policy has a negative impact on our customers and communities. We will where appropriate use our influence to challenge unjust practices to support a more just and supportive environment for our customers.

To support the delivery of this strategy we will explore all available funding opportunities to complement the already significant investment that is made by whg.

Match funding our investment allows us to operate at a greater scale, reaching more people and delivering activities that have a real and lasting impact. This strategy will help to deliver our Corporate Plan Aims:

- Deliver high quality homes and services for our customers
- Be an exceptional place to work that attracts, develops and retains talent
- Grow and extend our services, our reach and range
- Promote health and prosperity where we can make a difference
- Deliver a strong business, fit for today and prepared for tomorrow







## Aim 1

### Reduce the impact of loneliness and isolation on our customers and communities.

‘Loneliness is a subjective and unwelcome feeling which results from a mismatch in the quantity and quality of the social relationships which we desire and actually have’.

(source: World Health Organisation (WHO) 2018.)

Loneliness and isolation are key public health issues which affect over a third of adults. It is now recognised as a serious health concern which can lead to poor physical and mental health and in some cases premature death.

#### Key actions:

1. We will create a programme of activities for our customers which are focussed upon achieving the PERMA<sup>1</sup> happiness and wellbeing outcomes.
2. We will identify opportunities to work with our strategic partners to reduce loneliness and isolation across a broader population in areas where we can have the greatest impact.
3. We will measure the impact of our activities on customers to ensure we are meeting our desired goal.
4. We will work with the UK National Loneliness Campaign ‘Let’s Talk About Loneliness’.
5. We will promote the national NHS Every Mind Matters and other digital platforms supporting customers to develop the skills required to access and use these services.
6. Working with the community and voluntary sector we will develop a volunteer befriending programme linking people, supporting contact with others and encouraging friendship.



<sup>1</sup>Positive emotions, Engagement in activities, the development of authentic Relationships; activities which demonstrate the Meaning to a person’s life and provide challenges and activities which will assist customers to Achieve.





## Aim 2

**Our new Social Prescribing Team will improve the health and wellbeing of customers who are engaged by the service and outcomes will be formally evaluated.**

The health of the general population is our country's greatest asset. Good health ensures people are productive and can participate fully in society; it is linked to the conditions that people are born into, grow up in, work in and age within.

These factors are influenced by the inequities of power, money and resources at a local, national and international level and are therefore outside an individual's control. Unfortunately, people who live in deprived areas can be affected by a 'double deficit' in that they have greater health needs, but their access and experience of health care is worse than people in less deprived areas.

We intend to take the outcomes from our work below and promote these with our wider health and care partners to ensure that understand the impact. As a community-based anchor institution we have the capability to tackle some health inequalities at source. We will use the evidence from this work to attract funding, allowing us to continue this work and to scale it where needed.

# 2



### Key actions:

1. We will work strategically with GP services to align our Social Prescribing programme ensuring we are working in synergy and avoiding duplication with other local Social Prescribing programmes.
2. We will use our data and intelligence to identify and prioritise customers to be engaged by the Social Prescribing Team.
3. Social Prescribing customers will be asked about their experience of the service, including asking them whether they feel that we are making a positive difference that can be sustained.
4. We will complete a formal external evaluation of the service demonstrating the value and outcomes achieved.
5. We will develop an understanding of the fundamentals of great health and wellbeing across the business and the importance of this to our customers and communities.
6. Working with Walsall Together and the Health and Wellbeing Board, we will demonstrate the value of our Social Prescribing Service to the partnership with the aim of expanding our service across a broader customer base.
7. We will become members of the Social Prescribing Link Worker Associations ensuring we keep up to date with best practice, access training opportunities and showcase the Social Prescribing work being delivered within Walsall.





## Aim 3

### Reduce the impact of poverty on children and families living in whg properties.

“Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the type of diet, participate in activities and have the living conditions and amenities which are customary or at least widely encouraged and approved within the societies that they belong”.

(Source: Child Poverty Action Group (CPAG) 2019)

“Growing up in poverty restricts a child’s chances of doing well in school, living a happy healthy life and finding secure employment”.

(Source: End Child Poverty 2019 Report)

Children who live in poverty will know that they are ‘poor’. From a very young age they will ‘take on’ the financial stress of their parents. This can then cause them stress and anxiety which impacts on their mental health and overall wellbeing. CPAG 2020

#### Key actions:

1. Design and launch, ideally with partners, a new anti-poverty campaign.
2. Explore the possibility of a jointly funded initiative with partners to launch an A.C.E Project (Assisting Children to Excel) mitigating the hidden costs of school and education.
3. Evaluate the impact of our pilot Collection with Care project; if successful embed as normal working practice across our Income Collection Team to help sustain tenancies.
4. Extend schemes such as Kindness Bags focusing upon food poverty, fuel poverty and poverty of experience.







## Aim 4

### **Provide support and encouragement to enable customers to age well and live their best life possible.**

People are living longer, however people from deprived communities are often living those additional years managing chronic illness and disability including physical frailty or dementia.

Older people, in particular those who live in poorer communities, may face a number of age-related health issues, these include specific risks around falls, loneliness and social isolation, and dealing with long term conditions such as diabetes.

Lockdown provided us with an increased insight and increased contact with our older customers. Our Stay In Stay Safe Project (SISS) which was designed to engage and safeguard vulnerable customers, identified that we have around 7,000 customers who are aged 65 and over.

The project provided us with the opportunity to have regular telephone contact with this group of customers. This helped us to understand their strengths and vulnerabilities, their level of support, their levels of loneliness and isolation, their health concerns and their ability to manage day to day tasks independently.

The conversations helped us to estimate that around 2,000 of our older customers, living in general needs or age restricted accommodation, are potentially frailer and more vulnerable than customers who live within our Wellbeing Schemes.

This is a group of customers who were not previously visible to the organisation as their rent accounts are clear, they require few or no repairs and comply with their tenancy agreements. There is therefore a risk that this 'silent' group of customers may become overlooked despite their poor health and wellbeing.



### **Key actions:**

1. Undertake a health and wellbeing survey with customers aged 55 and over.
2. Use the findings to inform a programme of interventions, which will include partners, to address any issues or concerns.
3. Customers in our Wellbeing Schemes will be invited to take part in restorative practice workshops and training to develop emotional intelligence and self-help skills contributing to the Resilient Communities agenda.
4. Continue to provide opportunities for customers to socialise in our Wellbeing Schemes; welcoming older customers from surrounding communities into our schemes.
5. Explore opportunities to extend our wellbeing service to customers aged 55 and over who live in general needs housing and are impacted by poor health or disability but are not receiving statutory support at this time.
6. Undertake a survey with customers to identify those who are 'carers' and identify those who may need more support; we will signpost as appropriate to relevant agencies.



# Conclusion

**T**he information and suggested actions presented within this strategy are not new; however, it does provide us with a new impetus to act. We therefore need to move this strategy from a talking point to a turning point.

We need to use it as a clear call to action bringing about the change needed to improve our customers' outcomes and build resilience in the communities we work within.

We know we cannot do this alone and recognise that we need to work with our colleagues in health and social care, education, employment, family support, mental health, early years and the community and voluntary sector.

Most importantly we need to work with our customers moving them from a: What's The Matter With Me perspective to What Matters To Me; and away from the self-fulfilling prophecy of: What's Wrong About Me to What's Strong About Me.







# What next?

We are committed to tackling health inequalities, but we cannot do it alone. If you are part of a health or social care organisation based in the West Midlands, we want to hear from you.

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