



Delivering housing, health and care outcomes

Report from CIH/ Tunstall Summits March 2013

Introduction

'It was the best of times, it was the worst of times...'ⁱ

A very apt summary from Domini Gunn, CIH's director of health and wellbeing, to describe the time of challenge and opportunity we now have to develop integrated working across housing, health and care and to deliver better outcomes for our shared service users.

It is the best of times because there are more opportunities for housing to engage with health and care, driven by the [draft care and support bill](#) and the [White Paper](#). These initiatives from the Department of Health aim to develop more active cooperation and engagement across health, care and housing. CIH and other leading housing organisations are currently working with the NHS England to establish a partnership agreement which is intended to set the framework for closer working at the local level.

But it is the worst of times because this is happening alongside huge changes in the infrastructure, and funding of, health commissioning and delivery; major reforms for housing; challenges from demographic changes – the tsunami of ageing - and during a period of austerity that looks set to continue well into and possibly beyond the next parliament.

Taken together, this means that 'business as usual' is not an option and new ways of designing services, incorporating settled, supported and fit for purpose housing with assistive technology, are needed to deliver health and wellbeing for individuals and communities.

CIH and Tunstall together hosted summits to look at how to identify and capitalise on the opportunities, and deliver better health and wellbeing outcomes, across health,

care and housing for people. This report is based on the collective discussions and examples from leaders across the sectors gathered at two summits in March 2013.

New challenges bring new opportunities

We are an ageing society, people are living longer and managing conditions that previously meant much shorter life expectancy. When the NHS began, 48% of people died before reaching 65; now that has reduced to 18%. Much of health expenditure is on people living longer with limiting illnesses – more likely in those over 65. Thirty seven percent of primary care spending and forty-eight percent of acute spending is on those over 65. It is a tribute to the advances of our society that we are all living longer. This should not be perceived as a problem but it poses challenges that require urgent attention.

- *How can we address the challenges faced by older people who need support but do not qualify for adult social care services in order to avoid the need for high cost interventions at a later time?*
- *How can we ensure that the infrastructures that support communities and the built environment are accessible as we age?*
- *How can we better enable people to continue to live well and manage conditions, including dementia, at home?*
- *How can we help to create communities that are inclusive and vibrant so that people can connect with others so combatting loneliness and isolation?*
- *How can we support older carers and provide them with services that they need to continue to provide the essential care and support for their loved ones?*
- *How can we create opportunities for older people to engage in work and meaningful activity, and to continue contributing to wider social wellbeing for themselves and their peers?*
- *How can we ensure that our society recognises and responds to access the wisdom and skills of older people?*

According to the recent House of Lords' committee report, [Ready for Ageing](#), we are 'woefully unprepared'.

The summits provided an opportunity for leaders across housing, health and social care to debate:

- How to maximise the contribution of housing to integrated delivery of care and support for older and disabled people and those living with long term conditions.
- How to strengthen collaboration across the sectors to achieve better shared outcomes for people's health and wellbeing.
- How to utilise assistive living technologies within housing and support to future-proof the offer that can be made to health and social care partners.

The urgent need for better integration for improved outcomes is reflected in the new national policy framework, and the current and proposed changes in legislation also provide new opportunities for housing, such as:

- The draft Care and Support Bill
 - ❖ Replacing all previous piecemeal legislation, introducing the underpinning principle of wellbeing, and assessments/ support for carers
 - ❖ Establishing the duty to cooperate bringing public services together to find appropriate local solutions
 - ❖ Focusing on the prevention of higher cost/ intensive services
 - ❖ Supporting re-ablement, effective hospital discharge and care/ health delivered at/ closer to home
 - ❖ Driving opportunities to draw community services and assets into care and support solutions
 - ❖ Establishing new guidelines and procedures for adult safeguarding
 - ❖ Providing information and advice to support better solutions, including for self funders
- Personalisation and localism agendas
 - ❖ Developing services that are person centred
 - ❖ Ensuring that services are available to enable choice and control
 - ❖ Meeting local priorities in locally appropriate ways
- The [3 million lives](#) initiative driving forward assistive technology solutions
 - ❖ the large scale introduction of assistive technology including telehealth and telecare to support people with long term conditions and care needs
 - ❖ within the wider redesign of care and support systems to enable independence at home

Driving forward integration is a key element of the work to deliver the outcomes set out in the White Paper Caring for Our Future and the draft bill – further papers on how this is developing are expected from the Department of Health in May 2013.

Role of Housing

The contribution of good housing, support services and technology to enable active ageing and wellbeing has been demonstrated over recent years and in many studies.ⁱⁱ Public health interventions in the late 19th and early 20th centuries began by improving housing. Philanthropists including Octavia Hill, Joseph Rowntree and Titus Salt all recognised the impact of providing good quality housing in sustainable communities as a prerequisite for the health and wellbeing of people in their localities.

More recent measures to increase energy efficiency, address fuel poverty, adapt homes to improve accessibility, and wider programmes of home and neighbourhood improvement and housing related support through health action zones – all of these clearly demonstrate the beneficial impact of good housing on health, wellbeing and wider community benefits.

But there is still more to do, particularly reaching into the private sector – for example in 2010, 26% - 5.9 million homes - failed to meet the decent homes standard. 37% of homes in the private rented sector did not meet the standard.¹

Experience across the housing sector is that some GPs, nurses and hospital staff understand the importance of good housing but not all. Many do not involve housing officers, support offices or others in decisions about shared clients. Feedback from health professionals implies that as an industry whilst we complain about the lack of engagement we are not adept at evidencing our case in ways that are accessible to health and social care – so that, when health and social care professionals need to, they know where to go, who to talk to and how to access help for their patients in relation to their homes.

Local housing authorities and housing providers need to work together to ensure that the breadth of the housing offer, and the benefits of good housing and support, are accessible to and understood by health and social care, and that connections are made at all points including:

- Existing housing – settled, safe, supported, accessible, warm and in good repair
- New housing – adequate supply attractive general, supported and specialist housing options across all housing tenures in localities
- Assistive technology within new and existing homes - which can help to bring together all services and support peoples' need to remain independent, stay healthy and well at home, now and in the face of rising demand, expectations but financial constraints
- Safe neighbourhoods – addressing anti social behaviour, hate crime and safeguarding of vulnerable adults and children
- Social inclusion – money & welfare benefits advice, access to employment & training
- Community hubs (including sheltered/ supported housing facilities) – delivering exercise classes, food banks, nutrition & cookery classes, health surgeries, home care locality offices, support groups
- Minor repairs/ adaptations services for vulnerable owner occupiers and private sector tenants (chargeable where means allow) with access to handyperson services

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6735/2084179.pdf

- Fit for the future – housing that is built to lifetime homes standards and that can be adapted and updated easily and cost effectively

The challenge is to translate the outcomes of housing interventions into the savings it delivers for health and social care, particularly where preventative measures result in reducing demand for high cost interventions rather than cashable savings. But demonstrating the value can enable care and health partners to make the ‘leap of faith’ to invest in services that will, in the long term, tackle the challenge of the increasing demand for intensive interventions resulting from the changing population. Coupled with services that support short term interventions to deliver effective re-ablement, and prevent repeated treatment, emergency admissions and increased medications, housing, housing related support and assistive technology can provide the change from ‘business as usual’, and improve outcomes for individuals.

The housing sectors should look to target the evidence and demonstrate the impact of services in ways that meet the needs, and uses the language, of partners. Critical factors include:

- Addressing the trends that increase demand and require high cost interventions – such as rising numbers of older people with dementia, enduring mental health service users, and those with long term conditions including diabetes and heart disease.
- Moving services into prevention, and short, focused reablement – speeding up hospital discharge, preventing repeat emergency admissions and better tools to identifying risk and then provide improved monitoring and management through the use of telecare and telehealth
- Supporting the delivery of huge savings required across the NHS.

Delivering scale in savings

The health sector has to deliver savings of £20 billion by 2015, an unprecedented challenge. Demonstrating the ability to make savings at scale is an important offer from housing partners – enabling timely discharge to safe homes, monitoring risk factors through technology and support services, enabling wards to be closed by delivery of health services in/ close to home. We must secure greater recognition of the contribution that the national network of local housing authorities and housing providers presents through local staff, local offices, wide range of initiatives and community facilities.

A [report](#) for the Homes and Communities Agency (2010) demonstrated savings of specialist housing of £444 per older person per year. For people with learning difficulties, specialist housing can provide net benefits of £6,764 per person per year, and £4,671 for people with mental health issues. Specialist housing, remodelling services and incorporating telecare and telehealth can deliver solutions at scale.

Case study

One Housing Group have taken a strategic approach to develop housing and community based solutions for people with mental health problems, that delivers a reduction in need for hospital beds. They have formed a strategic partnership with a Foundation trust, and embedded themselves in the supply chain.

Building on the Trust's land, One housing Group has developed an extra care scheme for people with mental ill health. technology is integral to the design and operation of the scheme, with CCTV and telecare underpinning the support services offered. The scheme provides a very attractive and safe place to live, as well as delivering a better and more effective pathway to support people with mental health problems; as a result only those requiring clinical interventions need to go into hospital. Service users generally stay for approximately 14 months, and are supported to move on to settled accommodation.

Savings for the foundation trust come from the 60% reduction to date in acute admissions. It provides a better experience for individuals with much better outcomes – more move on successfully and fewer relapse.

Case study

Birmingham City Council's assistive technology transformation is an integral part of their programme to address the rising demand for and costs of personal care services. The City needs to save more than £300 million between 2012/13 and 2016/17, so fundamental reform is required. To address this and improve the offer across the city, Birmingham embarked on a transformation process developing telecare, involving investment of £14 million in a large-scale, city-wide telecare service in partnership with Tunstall. The partnership model, which is believed to be the first of its kind in the UK, will ensure safety and support for older and vulnerable residents whilst maximising their independence.

The aim is for the telecare to support 27,000 in the city over 3 years. It is being extended beyond BCC social care users to other housing providers across the city, and is developing multiple and easier means of access and referral routes, including online. The service, delivered by Tunstall, includes expanding the options for referral, increasing the ease of referral and providing person-centred assessments. Working with front line staff in the social care, NHS voluntary sector and housing provider partners is a central part of the expansion strategy

More information available [here](#).

Delivering locally – personalisation and localism

From April 2013 commissioning for most health services will be led by clinical commissioning groups (CCGs). Commissioning will be shaped by local assessments of need through JSNAs (Joint Strategic Needs Assessments) and strategies identifying local priorities – activities led by Local Health and Wellbeing Boards.

The broad range of local housing related support services, funded through national Supporting People programmes, has been cut or severely curtailed in most local authority areas over the last two years. The evidence of their effectiveness was well documentedⁱⁱⁱ and the majority were delivered through voluntary sector organisations. The removal of the grant ringfence in 2011 did provide more flexibility to work collaboratively and ensure that the support was personalised to the need of customers but this benefit has been almost obliterated by the loss of funding in many areas. There is an opportunity to look at new ways of commissioning and funding services that can evidence an impact on individual health and wellbeing.

Housing's offers to local GPs can be tailored to local circumstances and needs, across a wide range of services including befriending, different support models, housing improvements, adaptations, palliative home care and telecare/ telehealth.

Housing interventions developed with and delivering for local clinicians include:

- Energy efficiency measures addressing respiratory problems – repairs on prescription in Sandwell and IT based referral routes to local Home Improvement agencies in Blackpool and Liverpool
- Local specialist housing incorporating support and telecare – supporting integration, tackling isolation, and providing facilities for GP/ outreach surgeries
- Housing support 'surgeries' held in local GP clinics – identifying non clinical help and low level support to tackle loneliness; address fuel poverty; identify essential housing adaptations and improvements etc – for example, Home Group, Norfolk and Leicestershire County Council's First Contact service GP pilot.
- Effective hospital discharge including adaptations, repairs and telecare – a [toolkit](#) is available developed by and supporting all the professionals involved in making hospital discharge work

Riverside's Live Time

Riverside's tenants profile revealed many older people in general needs homes, often living in the same home for a long time. By using assistive technology – which it terms life enhancing technology - and re-designing its own support services, Riverside utilises its sheltered and community assets as local hubs to gather people together and provide four targeted service areas:

- Getting the basics right (repairs and maintenance, aids and adaptations)
- Physical wellbeing (signposting services, exercise, diet)
- Social wellbeing (tackling isolation)
- Connecting communities (intergenerational work).

If you require further details please contact Ed Hughes, Performance Manager or Jane Mindar, Project Manager – Live Time on the following e-mail addresses: Edward.hughes@riverside.org.uk or jane.mindar@riverside.org.uk

Tenure neutral approaches – developing a local offer

Health and care partners are often aware of the importance of a decent home for health and for effective delivery of home care. But for them the issue is the home, not the tenure or landlord. The complexity of strategic housing and planning responsibilities in district councils are not well understood. The plethora of housing providers is confusing and diverse. Health and social care commissioners often lack the resources and time to engage with all housing providers in a local area. Collectively housing providers and local housing authorities need to consider how they can make it easy for health and care to engage with them, and how to articulate what they can offer in terms that health and care can use and understand.

Working collaboratively, housing and support organisations need to :

- Be proactive and positive – make it easy for health and care professionals to identify key contacts and talk to the industry
- Use language and concepts that are familiar to them, rather than expecting them to understand housing shorthand
- Provide a forum where discussions about what housing can do for health and wellbeing can be held – perhaps a health and housing sub group of the local Health and Wellbeing Board
- Look at the clinical commissioning group's priorities and plot out where housing can have a role in delivering these, in meeting the outcomes they need to achieve
- Build on national work to develop the evidence base so you can be clear with health about what investment they might give will deliver for them

CIH can provide support to local housing authorities and housing providers to develop [local housing offers for their health and wellbeing Boards and Clinical Commissioning Groups](#))

Challenges for Housing

Future proofing services

The changes taking place across the health and care sectors are radical and profound. For health it is both changing structures and making the required savings. For social care, the draft bill and the White Paper are intended to drive very different approaches to tackling the challenge of rising demand and reducing resources.

Expectations of housing partners will be for them to provide innovative, costed, quality assured solutions. We will need to demonstrate clear financial benefits and

result in better outcomes for service users. The housing and support offer will need to be fit for purpose to meet changing demographics and projected health and care needs well into the future. The demonstrable outcomes will need to reflect the priorities identified by Health and Wellbeing Boards which, in turn, should be based on the JSNA and reflected in the priorities of the CCGs and Public Health strategies.

Assistive technology needs to be responsive to diverse needs and flexible in order to adapt to future development and incorporated into effective wider services, to enable people to connect and communicate, to be part of mechanisms to address isolation.

Investing resources

Developing partnerships takes time and resources. Given the challenges of moving funding across public service areas, housing providers need to consider what direct benefits for their tenants, and the wider community, or their business is to be gained from taking a partnership approach. For example:

- Sustaining care and support services by extending offers to self funders in other tenures – Home Group
- Developing expertise in telecare and telehealth that can be offered across housing tenures and with partners in housing, health and care – Birmingham
- Remodelling services, incorporating assistive technology, to stretch resources or use them in different ways (for example, moving from ongoing long term support to more intensive short term support/ reablement)
- Using community facilities more proactively to support other public services and/or generate additional income.

Consider:

- How to provide evidence for and shape local JSNAs/ health and wellbeing strategies
- How to frame the evidence and demonstrate the benefits of housing and support solutions to the outcomes, targets and priorities of health and care partners
- How to influence local plans, to deliver more specialist housing solutions, in partnership with health and care.
- Engaging with the market position statements developed by local authorities (in [Newcastle](#) adult social care involved the housing unit and supports the delivery of more housing based solutions)

Look out for:

- Future guidance from the Department of Health and NHS England, including a paper on integration, due in May

Make use of sector-led guidance and support to help you develop effective partnerships

- See CIH [How to develop quality health and housing partnerships](#)
- Housing LIN [resources](#), including Board assurance prompts on the use of assistive technology

CIH/ Tunstall summits

CIH and Tunstall developed high level summits bringing together housing health and care leaders and speakers to discuss the opportunities and challenges facing the respective sectors. The discussions and examples focused on how current and redesigned housing solutions, incorporating assistive technology, can provide effective outcomes for individuals and communities health and wellbeing. Over 40 CEOs and directors across the three sectors attended.

This report is based on the discussions at the first two summits and speakers included:

Chaired by Domini Gunn, CIH Director of Health and Wellbeing

Department of Health officers leading on care and support and integration –

Lorraine Jackson (Coventry) and Damon Palmer (London)

Expert panel across housing, health and care including:

Sarah Pickup, Director Adult Social Services at Hertfordshire and President of ADASS

Domini Gunn, CIH Director of Health and Wellbeing

Jeremy Porteus, Director of the Housing Learning and Improvement Network

Simon Arnold, UK and Ireland Managing Director, and Kevin Alderson Health and Social Care Policy Director, of Tunstall Healthcare.

Leading housing providers who have /are developing significant services with health and social care:

- Kevin Beirne of One Housing Group
- David Jepson of Riverside – Live Time
- Rachael Byrne of Home group – A Good Death, hospital discharge, GP surgery service
- Lorraine Regan, CIH Consultancy – Service Quality Tool (SQT) & VFM

Further summits

CIH and Tunstall are pleased to announce that more summits will be running in 2013– at Housing 2013, CIH’s major [housing conference](#) in Manchester. The discussions will be focused on how we will fund the care of an ageing population as outlined in the Dilnot report, and how current and redesigned housing solutions, incorporating assistive technology, can provide effective outcomes for individuals and communities

Check out the CIH Ideas Exchange:

- 25 June, 9.15 – 10.45
- 26 June, 9.15 – 10.45
- 27 June, 12.00 – 1.30

Register your interest for the summits with Katie.anderson@tunstall.com

Sarah.davis@cih.org

ⁱ Dickens, A Tale of Two Cities.

ⁱⁱ For links to evidence base see CIH/ Housing LIN reports of [2009](#) and [2011](#).

ⁱⁱⁱ See the Audit Commission’s [national reports](#) on Supporting People in 2005 and 2009