

Safe and well

Improving health and wellbeing in our communities



SAFE AND WELL

Improving health and wellbeing in our communities

Author: Chloe Fletcher

Contributions from:

Berneslai Homes

Kirklees Neighbourhood Housing

Newark and Sherwood Homes

Nottingham City Homes

Solihull Community Housing

St Leger Homes of Doncaster

Stockport Homes

Sutton Housing Partnership

Tower Hamlets Homes

Welwyn Hatfield Community Housing Trust

Wolverhampton Homes

Your Homes Newcastle

Designed by Jeremy Spencer

Cover photograph: mevans/istockphoto.com

July 2015

Published by:

NFA – National Federation of ALMOs

Octavia House

Westwood Way

Coventry

CV4 8JP

www.almos.org.uk

Whilst all reasonable care and attention has been taken in compiling this publication, the authors, publishers and editorial team regret they cannot assume responsibility for any error or omission that it contains.

For more information on health and housing issues and the facility to contact ALMO colleagues across the country working on similar issues please join our Health and Housing Yammer network for NFA members – contact Alli Ward at the NFA to join the network for free at Alli.Ward@almos.org.uk

Introduction

Bad housing is widely known to contribute to poor health outcomes and there is much research on how damp, cold, overcrowded or unsuitable housing can affect a household's health or safety. We also know that we have an ageing population and that better, fit for purpose housing could help older people manage their health and their ability to live independently for longer. Vulnerable groups often require specialist and supported housing and it has been more recently recognised that housing plays an important role in supporting good mental health. ALMOs therefore are well placed to play an important role in supporting health outcomes for their tenants and wider communities and could help the NHS achieve some of its objectives.

This briefing provides a brief summary of the current issues in the health sector that impact on housing, takes a broad look at what ALMOs across the country are already doing to improve health outcomes in their areas and suggests ideas and tips for successful engagement with health colleagues.

Health Reform

There has been a lot of change within the health sector recently and we have seen the creation of Clinical Commissioning Groups (CCGs), Health and Wellbeing Boards, NHS England and the moving of Public Health into Local Authorities. We have also had the Care Act 2014 <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation> and the Better Care Fund which aim to improve integration between health and social care with funds being channelled from health to social care.

The Care Act 2014 provides a single, modern framework for the planning, funding and provision of care and support and mentions housing explicitly as a "health related function". There is a requirement for closer cooperation of services that support the health and wellbeing of those who may be in need of care and support and an emphasis on greater integration between health and social services to deliver more preventative, person-centered outcomes.

The Care Act acknowledges the "critical role" that housing plays "in enabling people to live independently and in helping carers to support others more effectively." Local Authorities now have a requirement to take into account "the suitability of living accommodation" as part of their duty to promote an individual's wellbeing and housing authorities are statutory relevant partners in the general duty to co-operate.

We have also had the NHS 5 Year Forward View which disappointingly does not mention housing: <http://www.england.nhs.uk/ourwork/futurenhs/> and there are 29 NHS Vanguards across the country which are testing out different local approaches to delivering primary care through seven different models. In all of the models the focus is on more prevention and community self-care. The reform is meant to be incremental and less prescriptive at a local level. The foundation for NHS care will remain list based primary care and a new collaborative leadership role is proposed for strategic health leads. It is at the local level where we would hope that ALMOs and other housing providers will be able to engage more in the health agenda.

Why should ALMOs get involved?

ALMOs are driven by their social purpose and their mission as social housing organisations to improve the lives of their tenants. Many, if not all, ALMOs have some kind of objective to promote the wellbeing of the communities they serve and there is a recognition that as locally focused housing management providers they are in a very good position to be able to make a difference to both the environment and the people living there.

There is also a recognition that by providing extra services or bending existing services / resources to help address health and wellbeing issues ALMOs can help sustain tenancies and improve life outcomes for tenants. This then helps the business by improving rent collection and turnover. Providing safe, secure, warm and affordable homes is one of the most important ways an ALMO can help the wellbeing of their tenants but many are now also providing other public health services and preventative measures. These range from access to affordable food via foodbanks and community initiatives, supporting healthy eating and cookery classes and tying health aims to financial inclusion work such as budgeting advice with support to stop smoking included.

SAFE AND WELL

Improving health and wellbeing in our communities

There are also business opportunities to provide services which dovetail with the core housing management service, thus providing a better service to parts of the community efficiently and effectively. Advances in tele-care, tele-health and assistive technology might offer the most opportunities to ALMOs in future.

ALMOs generally manage some of the most deprived areas across the country with tenants often suffering from ill-health or living unhealthy lifestyles due to the impacts of poverty and deprivation. By joining up at a local level it is likely that projects will have more impact on the worst affected parts of the community and therefore reap the most benefits.

ALMOs have also recognised that their populations are ageing and that they need to respond to the demographic shift over the coming years to provide better suited and/or adapted housing to that part of the population. Recent research has found that loneliness can be twice as unhealthy as obesity and can be worse for your health than smoking and so ALMOs could play an integral role in helping to make sure that older people are a valued and connected part of their communities. It makes sense to work closely with health colleagues now to ensure that what is built or adapted in future meets the needs of the whole community and properly takes into account their more general wellbeing.

Finally we all know that public sector resources are scarce and it makes absolute sense to align both housing and health spending in some areas or have agreements on who will lead on what issue to ensure that what is spent is spent wisely and doesn't replicate other activity.

What ALMOs are doing

Many ALMOs would like to influence both the local strategy and the commissioning process through Health and Wellbeing Boards and the Clinical Commissioning Groups (CCGs) and but whilst a handful have seen success most are struggling to engage.

However, working with their parent councils many ALMOs are directly providing something that addresses this agenda, for example:

- 9 ALMOs provide adult social care services
- 12 ALMOs provide family support services
- 15 provide Care and Support services on behalf of their council
- 5 also provide Care and Support services as a market product
- Some ALMOs provide tele-care and community alarms
- Many provide housing options and homelessness prevention services
- Some support drug and alcohol misuse prevention strategies and mental health services
- Most tackle fuel poverty
- Some provide and administer DFGs
- Some provide or manage Extra Care Schemes

A number of ALMOs are also involved in wider health issues such as:

- Proactive prevention and early intervention
- Social prescribing
- Supporting people with complex needs or behaviours
- Supporting people with long term conditions
- Reducing demand on hospitals
- Preventative work on family health and child safety
- Providing services for vulnerable young people
- Addressing health inequalities

ALMO case studies

Berneslai Homes: has recently supported their Chief Executive becoming a Director of a newly formed special enterprise called Barnsley Enterprise for Living Well. The membership of the enterprise includes the local college, the Council, a pharmacist, voluntary sector and two GPs with the intention of either providing healthy lifestyle/weight management programmes or acting as a commissioner to influence how preventative programmes are delivered.

In addition the ALMO CEO chairs a Provider Forum which reports to the Health and Wellbeing Board and they are about to take their first annual report into the Board on the scope providers have to deliver services in a way that prevents or reduces attendance and admissions at A & E.

Their current contribution to the health agenda is around refurbishment, fuel poverty and healthy eating/living within their sheltered housing schemes and work with their local Tenant Associations whilst they try and unlock how commissioning is undertaken.

They recognise that most of the issues around social prescribing – i.e. new boilers or better insulation have already been done in the ALMO stock and it is in the private rented sector (PRS) where many of the housing issues now need addressing so Berneslai Homes is thinking about how they could provide that through the CCG to the PRS or in owner-occupied housing by utilising their own skills and experience in providing decent homes.

Kirklees Neighbourhood Housing: provide practical things like community hubs through their sheltered schemes, deliver on affordable warmth and energy efficiency and/or repairs on prescription but they are interested in influencing the health agenda too.

They are not on the Health and Wellbeing Board but were consulted on its strategy. They have looked at what they are already doing to help and provided a list which went down well with health colleagues. They are now looking at what they could do in the future but might need funding for.

They have engaged with Public Health and have set up a housing, health and inequality group to look at the data and decide what the focus should be locally.

They have also acknowledged that health doesn't look at issues from a tenure perspective so they will be widening their outlook and making cross tenure offers when bidding for projects.

Newark and Sherwood Homes: Despite trying very hard they have not managed to get representation on the Health and Wellbeing Board but they are working well with local GPs on some estates. They are running a parallel health and housing group themselves and hope to merge later.

70% of their tenants are older people so that is the focus for them. Firstly they are trying to ensure that people have adequate and fit for purpose housing both in terms of housing types and suitability but also location and access to services, family, friends or other support networks.

They have developed a new sheltered scheme recently and are building an extra care scheme as part of a discharge project. Their relationships with care are strong and they have done a lot of work with them in the past. They are badging their involvement in health as part of their "intensive housing management" service to vulnerable tenants.

Nottingham City Homes: has a seat on the Health and Wellbeing Board and a good working relationship with health and social care. They also have a seat on the mental health sub-group and a seat at the integrated care meetings. They have learnt that different decisions are taking at different levels and it is not necessary to be involved in all decision making. They also have a lot of political support locally to be involved in the health agenda.

They are exploring different models to help meet needs and reduce bed blocking; for example they are looking at incorporating some nursing home provision and co-location of different service professionals within the extensive refurbishment of an existing sheltered scheme. They are also looking at A&E frequent flyers to see if they can help take some of that demand away and working with Nottingham Circle (a social enterprise) to tackle social isolation. They also work with Sport England to promote exercise and healthy eating in their area and their new financial inclusion officer will also look at health issues too (such as smoking) and refer people on to other specialists where necessary.

Like a number of other ALMOs they run a community alarm service but have yet to deliver the full potential of tele-health and tele-care services. They would like their tele-health service to be a hub of the community but engaging with GPs is quite hard and the rate of referrals is currently slowing down.

They have been successful in getting funding from their CCG to deliver a hospital to home project with their partners, City Care. They have acknowledged that the PRS is a particular problem and that they should be able to help resolve housing issues and provide better housing options for people leaving hospital and requiring on-going care or support.

They have learnt that they need to talk health's language and work with their health colleagues to evaluate projects in the way they normally do in health rather than the housing way. They also know that relationships are key and held a special health and housing event in November 2014 for all of their health partners. They are considering appointing a specific policy person for health and housing.

Following on from their earlier research into housing and health http://www.nottinghamcityhomes.org.uk/improving_your_home/impact_study/health_report.aspx They are supporting joint research between NCH, Gentoo and the University of Bangor to use NIHCE methodology to undertake a cost benefit analysis of home improvements and their impact on health, in the same way that investment decisions in new drugs and medical treatments are made.

Solihull Community Housing: With an ageing local population they want to give everyone the chance to participate and enjoy their home and environment for as long as possible. To do this they have developed a service called Safe and Sound; a specialist housing care and support service that provides a 'one-stop shop' of support and wellbeing services to all residents.

Customers are referred by hospitals and adult social care along with family and friends. They visit new customers to assess their needs and the level of care they are likely to require. Safe and Sound focuses on the individual customer at an early stage to achieve holistic assessments in a timely manner to improve customer experience. All customers receive a weekly welfare call, offering assistance where needed, and responding to any change of circumstance. The combination of calls and support appliances mean customers can enjoy living safe and independent lives in their own homes for longer. Safe and Sound manage Assistive Technology and Telecare (ATT) on behalf of Solihull Council. ATT consists of a wide range of gadgets that give practical support such as:

- fall detectors to be worn around the wrist
- automatic pill dispensers
- flood detectors
- door exit sensors
- GPS tracking devices

St Leger Homes of Doncaster: are on the Health and Wellbeing Board and are also represented on the next layer down by an Assistant Director. They focused on a number of quick wins and soon showed their value to health colleagues. They have looked at the Health and Wellbeing Board's Action Plan and volunteered to re-invigorate the homelessness partnership in order to take that forward. They also held a workshop for both the CEO and Assistant Director levels of the Health and Wellbeing Board to go through the priorities within the strategy and highlight where housing could help and get them to focus as much on wellbeing as on health. They are part of the assessment panel for bids to the CCG and so feed in their expertise and achieve a better outcome for tenants.

When the Home Options service and homelessness team came over to the ALMO they immediately identified issues with delayed discharge from hospital so they are working on putting a member of staff from the Home Options team into the hospital to help resolve all of the housing issues. They also work with the Gypsy and Traveller community to address care needs on discharge from hospital and are looking to learn the lessons from that project for the wider community.

They administer the housing register and the accessible housing register. They used to have problems getting an Occupational Therapist to assess tenants for aids and adaptations so now they employ an Occupational Therapist directly and it has really helped.

Stockport Homes: although not on the Health and Wellbeing Board they have been working on a range of different projects and health themes linked closely to the priorities of Stockport's Health and Wellbeing Board and Public Health. They have a good relationship with Public Health and are now talking to the CCG and they are interested and surprised at what Stockport Homes can offer in terms of achieving some of their objectives. They are also in a Vanguard site for testing out new ways of working for primary care and Greater Manchester are leading on the devolution of powers and resources to cities across the country which should provide different opportunities.

They have developed a Health Statement detailing their commitment over the coming years:

- **Early Intervention:** A Child Safety Scheme preventing injury and accidents in the family home through the provision of some equipment e.g. safety gates, fire guards, cupboard locks etc...; developing Child Injury Champions; introduction of a well-point kiosk which helps people understand about their risk of hypotension.
- **Physical Activity:** Part of the Stockport Physical Activity Steering Group; developing the use of community centres to increase physical activity in them; introduction of older person's activity co-ordinator; provision of free play activities.
- **Mental Wellbeing:** Development of Mental Health First Aiders in addition to Physical First Aiders; integral to Stockport's Wellbeing Week whereby over 2000 pledges were made by residents to increase their own wellbeing; part of the Stockport Suicide Prevention Group working towards people seeing suicide as not their only option; joint working with psychological wellbeing services
- **Alcohol:** Introduced a staff drug and alcohol policy; gained successful funding for an alcohol nurse to work with residents within temporary accommodation; Positive Engagement Officers who work with those at risk of losing their tenancy because of Anti-Social Behaviour.
- **Prevention and Independence:** Roll out of Health Chat training for staff; health and wellbeing checks at tenancy sign up; delivery of adaptations in council properties; expansion of Carecall Scheme to assist with independence; developed a hospital discharge protocol; an affordable pantry scheme.
- **Healthy Ageing:** A programme of winter welfare visits to vulnerable older residents; development of older person's strategy.
- **Provide High Quality Homes:** Meeting the decent homes plus standard; work within Greenspace Strategy ensuring the environment around properties is of a high standard including continued development of play spaces.

SAFE AND WELL

Improving health and wellbeing in our communities

Wolverhampton Homes: They are on the Health and Wellbeing Board and the early intervention board and the safeguarding board. They find them all useful ways to engage in different things.

The main health work they do is centred around identifying and responding to instances of poor mental health among their tenants and members of their households where that health impacts on their ability to sustain their tenancy and/or on their general quality of life and ability to take part in what most of us would feel were 'normal' day-to-day activities e.g. being able to attend college, be able to interact well with neighbours and others in the community generally.

They have a full time Mental Health Support Worker working within a wider Housing Support Team who works closely with colleagues across the partnership. The work being done is often at crisis point, and more and more at the point of first episode of psychosis so it is very much at the sharp end. Suicide is also a big issue in their area and they are working with Public Health through their Troubled Families project to try to tackle that issue.

They have recognised that mental health problems are one of the main causes of anti-social behaviour, financial problems and social isolation within their Troubled Families work and other agencies are starting to refer to the service too as it has developed a good reputation. They are also providing mental health awareness training for all staff and have realised that having a health worker within the organisation really helps to navigate health services on behalf of tenants and get the right outcome for everyone.

Your Homes Newcastle: They have a Health and Welfare team and have seconded members of that team from the health sector. They have an Occupational Therapist, a Health Visitor and a Mental Health Worker on the team, paid for by the health service. They also employ discharge staff to help sort out the housing issues in delays.

They provide care and support services directly and are CQC registered.

Originally they focused on the ambulance service in their area as the ALMO runs a Care Alarm service and the relationship blossomed and they now share resources on the call centre and have a joint pool of staff to call on.

They have a good relationship with the CCG but find that Practice Managers are the key to useful relationships with primary care. They do briefings for them and a welcome pack with a single point of contact for housing issues across the whole area.

They have also provided a lot of new specialist accommodation in the area, working closely with the Local Authority to ensure they save them money on on-going revenue support through better designed and fit for purpose accommodation. These include young family accommodation and a block for people with learning difficulties which saved the council a significant amount of money on support services. They have also built specialist blocks for people suffering with autism and for those suffering from dementia but they do not manage or provide care for those schemes.

They are currently looking at a retirement village model for new developments to see if they can link up the need for employment and training in some areas with the need for more suitable housing for the elderly and provide jobs in the communal spaces such as hairdressers and cafes.

Looked after children

ALMOs also have a role in housing care leavers and providing support for looked after children. Wolverhampton Homes, Your Homes Newcastle, Stockport Homes and Nottingham City Homes provide specialist support for this group.

The Nottingham City Homes project illustrates what ALMOs can achieve in this area:

Small group homes for young people leaving care: Nottingham City Homes works closely with Nottingham City Council to deliver integrated housing, care and support services for vulnerable young people who are looked after by the council, or who are leaving the care system.

The initiative was developed in response to the issue of growing numbers of children coming into care, who cannot be accommodated in foster care. The ALMO identified a number of properties suitable for conversion into homes in which children, young people and care leavers could live in small groups. Each of the properties is home to two or three young care leavers, and is managed by a team of dedicated Children's Services workers.

There are currently nine small group homes, including some semi-independent accommodation to support young people during the next phase of their housing journey. Without them, young people could be placed in children's homes out of the city away from relatives, friends, school, and familiar surroundings.

Alongside the development of the homes, Nottingham City Homes developed a Care Leavers' Protocol to address the issue of young care leavers struggling to sustain tenancies. The Protocol ensures that young people are housed in appropriate accommodation and are supported with regular visits and financial advice to maintain their tenancy. A furnished tenancy scheme for care leavers has also been introduced, and links with a local church project provides additional furniture, linens and a food parcel to the young people.

The model has proved to be so successful that they are now working with the council to deliver a something similar for adults with learning disabilities.

Elderly Specialist Housing

One area that many ALMOs have been busily delivering on over the past few years is the provision of specialist housing for the elderly. Many ALMOs have developed Extra Care Schemes with Northwards Housing, The Gateshead Housing Company and Six Town Housing showcasing their schemes to other ALMOs through the New Business, Funding and Development group over the past couple of years. This year a scheme for tenants suffering with dementia made it to the finals of the NFA Awards:

Sutton Housing Partnership: Crownbourne Court: Crownbourne Court, in Sutton, is a 34 unit sheltered housing scheme with increasing levels of dementia amongst its tenants. Work was undertaken to enhance the quality of life for tenants, and create a dementia friendly environment by putting in place not only the right care interventions, but also the right environment

Improvements included:

- Colour coordinated decor and way finders
- Specific areas for use of digital equipment
- Digital day clock, with calendars and reminders on each floor
- Pictorial signage in and around the scheme
- Arranged resting points to help residents remember their own front door.

The project also addressed the social isolation aspects that many older people face when living independently in sheltered housing through a variety of intergenerational activities.

Tips for successful engagement with health colleagues:

During discussions with ALMOs and other housing and health stakeholders across the country, the following messages come across very strongly:

- **Relationships are the key to success. There is often a feeling amongst housing practitioners that we need to evidence the outcomes on health terms but actually in practice relationships were more important.**
- **Find out what the top priorities are in your area for the health service and offer some quick wins.**
- **Develop your housing offer for health and wellbeing – focus on what you are good at and where you can make a difference and add value.**
- **Look at older people and prevention – the link to care is often the easiest place to start.**
- **Get a project up and running to help show what you can do and how you can help both the local authority and the health authority meet their statutory obligations in your area.**
- **Be mindful that you do not want to drive the voluntary sector out of business and identify and work with existing local partners.**
- **Think about the role of volunteers, especially in tackling social isolation.**
- **Be aware that there are significant increased risks in terms of safeguarding, regulation and reputation when delivering projects with vulnerable children or adults. These are higher in social care than in mainstream social housing.**
- **Health and Wellbeing Boards are not necessarily where ALMOs need to interact. Many ALMOs have had more success with the CCG and/or integrated care sub-groups or other sub groups. ALMOs can offer practical solutions to problems and should interact at the most appropriate level for their approach in their area.**
- **GPs and others in health will only want one conversation with housing in the area – ALMOs can help by leading on a forum for all housing providers in an area and co-ordinating that voice.**

Conclusion

It is clear that some ALMOs have successfully started to navigate the health sector and are providing some clear benefits to both tenants and the health service but there is a need to build on this work across the country.

ALMOs could have a significant role in their communities in helping to deliver public health campaigns, providing help to solve the funding crisis in social care and generally supporting work to improve the health and wellbeing of their communities. Many ALMOs already provide housing options and homelessness prevention services which could be more tailored to health outcomes and also support drug and alcohol misuse prevention strategies and mental health services. ALMOs could also start to look at what services they could provide to low income owner-occupiers or tenants and landlords in the private rented sector to help improve health and wellbeing outcomes in those tenures too.

Even ALMOs who are already working successfully with partners in the health sector now need to pull it all together and develop an over-arching strategy, deciding where best to focus, where they can add most value and what only they can bring to the table. This will be different in different areas but that is the great advantage that ALMOs have. They are the local council's housing company and can work closely with their local authority and health colleagues to really make a difference to tenants' lives.

Sources of information and support

CIH

The CIH offers members high quality briefings on housing, health and care issues, and how to make the links, amongst many other housing policy areas. Sarah Davis, Senior Policy and Practice Officer specialises in this area and can be contacted at sarah.davis@cih.org or on tel: 024 7685 1793. More information can also be found at <http://www.cih.org/housinghealthandsupport>

They also offer a training and development package specifically around health and housing and care and support as well as the Service Quality Tool (SQT) to help evidence the quality of housing support and are developing a social value tool at the moment to focus on the health outcomes of housing. Contact Domini Gunn for more information at domini.gunn@cih.org

To help support joint working across the housing and health sectors and encourage action on improving health through the home the CIH and the Department of Health published a memorandum of understanding in December 2014. It sets out a shared commitment, principles for joint working and action plan. <http://www.cih.org/resources/PDF/Policy%20free%20download%20pdfs/MOU%20project%20final%20Dec%2014.pdf>

Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing Learning and Improvement Network (LIN) is the leading 'learning lab' for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions. For further information about the Housing LIN's comprehensive list of online resources on health and housing, visit their 'Health Intel' pages at: www.housinglin.org.uk/HealthandHousing

A recent publication from the Housing Learning and Improvement Network (LIN) and the NHS Alliance is a useful summary of some of the changes and how they relate to housing: Housing LIN Viewpoint: <http://www.housinglin.org.uk/Topics/type/resource/?cid=9385>

The NHS Alliance

The NHS Alliance www.nhsalliance.org is a network that brings together:

- clinicians, managers and patients
- providers in primary care – general practice, NHS Trust, social enterprise, independent
- and increasingly those outside the NHS – fire service, housing

They provide good practice briefings, run events, lobby government and provide a voice for patients too.

The NHS Alliance is producing a set of web-based resources for GPs and CCGs to provide them with important information and insights into housing. They see housing as having important roles in bringing about the necessary transformation in the NHS.

You could join the NHS Alliance: <http://www.nhsalliance.org/join-us>

- Daily newsletter – cutting edge of primary care
- Automatically become a member of the Housing Leaders' Network
- Invited to events and seminars
- Priority booking at Annual Conference
- Come on a journey with us to reshape primary care

A large, stylized illustration of a hand in shades of pink and orange, reaching out from the top left. From the palm, four yellow lightbulbs are suspended by thin black lines, hanging down towards the center of the page.

Do you want to pioneer a new generation of sheltered housing?

Working together to create the next generation in sheltered housing is a collaborative approach to designing models that meet the changing needs and aspirations of older people whilst networking with peers from across the sector.

Find out more:

www.cih.org/shelteredhousing

024 7685 1779

info@cih.org

[@CIHconsultancy](https://twitter.com/CIHconsultancy)

[#CIHwt](https://twitter.com/CIHwt)



Other Working together projects from CIH include:

- **Working together** to deliver transformational change
- **Working together** to maximise your impact in neighbourhoods

Find out more www.cih.org/workingtogether