

How local housing can unlock Lasting health and care

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Abstract

Purpose – This paper seeks to suggest that social housing can and should be the local hub for cost-effective, human-scale health and wellbeing. It aims to explore the way that community-based housing providers can help health and social care services to deliver long-term wellbeing.

Design/methodology/approach – The argument is illustrated with examples of constructive practice drawn from membership of the PlaceShapers Group of housing associations, across different parts of England.

Findings – Localism and promotion of public health lie at the roots of social housing, dating back more than 150 years. Because of their physical stake and presence in communities, social landlords are able to offer combined homes and support in a way and on a scale that few private operators can match. So social housing providers are in a prime position to add value and recast the relationship between health, wellbeing, social care and housing. But social housing organisations and their leaders will need to be highly inventive, enterprising and determined to reap the full rewards for service users and neighbourhoods.

Practical implications – Changes to the health, wellbeing and social care landscape, coming into effect in England and Wales from April 2013, present a unique opportunity to bridge the “parallel worlds” of housing and health. Local housing providers now have the chance to bond their long-term presence, commitment and investment in communities to the new outcomes required for health and social care.

Originality/value – The lead author is chair of a grouping of community-based housing associations working throughout England and is especially well placed to identify examples of innovative practice, such as those described in the paper.

Housing, health and care

There cannot be any serious doubt about the impact that housing has on people’s long-term health and wellbeing. Aside from the countless studies that have proved this over several decades, it is just, well. . . obvious. But, the parallel worlds of the UK housing and health have historically found it hard to make the most of this close connection and common interest. While most housing providers deliver a wide range of initiatives and services that impact on community health and wellbeing, too often these are not evaluated against health and social care outcomes.

The changes to the health, wellbeing and social care landscape, which come into effect in England and Wales from April 2013, present a huge, once-in-a-generation opportunity to change this for good. But organisations and their leaders will need to be highly inventive, enterprising and determined to reap the full rewards for service users and neighbourhoods.

The costs of housing-related ill health in the UK are staggering. One study estimated the annual cost to the National Health Service (NHS) of conditions where poor housing is a main contributor, at £2.5 billion. This covers family doctor services, associated treatments, hospital stays and outpatient visits (Friedman, 2010).

Local housing providers have the chance to bond their long-term presence, commitment and investment in communities to the new outcomes required for health and social care.

And faced with the daunting requirement to save and reinvest £20 billion of costs by 2015, the NHS must find new and better ways of spending its money to provide the care and support that an ageing and increasingly diverse population needs.

Commissioners will find creative, willing and highly able friends and partners among local, community-based housing providers like those who are members of the PlaceShapers Group (www.placeshapers.org). Their pivotal role in responding to the Coalition Government's localism and welfare reform agendas puts housing providers in a prime position to add value and recast the relationship between health, wellbeing, social care and housing.

Professional awareness about this is rising fast. In his foreword to the Northern Housing Consortium's excellent guide to engaging housing and health (Northern Housing Consortium, 2011) the Chief Executive of the Royal Society for Public Health, Professor Richard Parish, calls it "an opportunity we simply cannot afford to miss." He also highlights the importance of "local relationships, trust and common cause – the hard stuff that we know encourages innovation and shared risk in response to complex problems and makes all the difference in the long run."

Domini Gunn, Director of Health and Wellbeing at the Chartered Institute of Housing, recently said: "Unprecedented pressures on public service finances, an ageing population and rising levels of homelessness present huge challenges, but also new and exciting possibilities for partnerships and co-production. We have to demonstrate and evidence the contribution that affordable and fit-for-purpose homes make in reducing health inequalities and providing suitable environments for living, ageing, managing disabilities and recovering from illness."

Housing providers need to work together with their local strategic housing authorities, to engage, inform and support the new Health and Wellbeing Boards and Clinical Commissioning Groups. By presenting a coherent, evidenced and results-focused housing offer, they can help to address local priorities, targets and desired outcomes for health, social care and public health.

It seems like the understanding and readiness is there. So how can we turn this into practical action, projects and new ways of working that deliver results?

About PlaceShapers

Formed in 2008, the PlaceShapers Group is a national membership body, which now has Nearly a hundred housing association members. Together, these organisations own and

look after more than 700,000 homes, and provide related services to over two million people across all parts of England.

Although the PlaceShapers concept and name was partly borne out of the previous Labour government's focus on sustainable neighbourhoods and a successful public realm, it has come to mean much more than that. The ethos and principles that bind all our members together are:

- A commitment to putting local people at the centre of everything – giving customers and service users real influence over how we work and evolve.
- A passionate belief in providing more than just homes and simple “landlord” services – to show that we really care about the people and communities we serve.
- A recognition that we do not and cannot work alone – local authorities, health and social care commissioners and other strategic partners play a vital role in helping us achieve our vision.

The values of localism and promoting public health lie deep in the roots of social housing, dating back more than 150 years. It was because of public health concerns that many of today's housing associations were set up in the first place. Concerns about cholera and other diseases in slums led directly to the foundation of publicly funded and subsidised housing.

Working with communities to improve homes, health, aspirations and quality of life is what local housing providers do – it is in our DNA. And we do it well because we are part of our communities; in direct, personal and constant touch with the very people who need help most.

These qualities can inject new life and potential into the links between housing, health and wellbeing. Our 2011 report, “Localism that works”, (Placesapers, 2011) showcases 16 case studies of innovative, cross-sector projects, which the former Minister for Decentralisation and Cities, Rt Hon Greg Clark MP called “a testament to what local initiative and local innovation can do for communities.”

What local housing providers are good at

More generally, there is an impressive list of things that many local housing providers excel at, which make them the ideal agencies and advocates to lead the way on closer integration with other services.

Social housing in the UK has a tradition and track record in community investment and customer engagement that is far ahead of most other public services. While accountability, consultation, involvement and devolution of power have washed through some sectors as passing fads, in housing, this philosophy has taken root and become core to the way almost all providers think, act and work. Health, of course, has its own deep-rooted structures and systems to engage patients, so there is huge scope for mutual learning and greater productivity.

Partnership is another defining feature of the social housing scene. Without it, the sector could not have produced the 483,000 new, affordable homes built or acquired in England over the last ten years. Housing providers are experts at opening doors, encouraging dialogue and finding ways to make the most of difficult, or even hostile, policy

Since UK housing providers work in some of Europe's most diverse and multiply disadvantaged communities, they have also become highly adept at understanding and catering for difference. It was not always this way, as some extremely critical inquires showed in the 1980s. But social housing has learnt, the hard way, to turn equality, diversity and fairness into a real strength.

As housing providers have gradually turned their attention to a wider role, they have become strong incubators of social enterprise and key players in tackling worklessness, boosting skills and creating jobs. They are also experienced and proficient in procurement, value for money and initiatives that lever in resources and save public expenditure.

All day, every day, housing providers are working with and helping people in need. And because of their physical stake and presence in communities, social landlords are equipped to offer combined homes and support in a way and on a scale that few private operators can match.

If this professional curriculum vitae does not match up to what the new Health and Wellbeing Boards and Clinical Commissioning Groups are looking for, then it is hard to imagine what will. The information and expertise contained within housing providers is vital raw material to inform Joint Strategic Needs Assessments (Dept of Health, 2007), and the perfect fuel to drive inter-agency design and co-production of better services for the future. Housing, health and wellbeing in action

Some examples of projects already developed and run by PlaceShapers organisations in different parts of the country show that all this is not just self-congratulation or wishful thinking.

Hightown & Praetorian Churches Housing Association works in Buckinghamshire and Hertfordshire and provides a broad range of supported living services, including options for people with learning disabilities, homeless people, women escaping domestic violence and young adults. Support for residents ranges from a few hours a week, to round-the-clock, live-in care. The association is a prominent and active investor in the area's economy – employing local contractors and offering both apprenticeships and graduate recruitment.

In the town of Harpenden, for example, they have formed a highly successful partnership with a local mental health charity to create a community meeting point and services hub for people with mental health problems. Hightown underwrites the lease on town centre premises to provide a charity shop and centre, which also helps to pay for and support people's recovery from mental illness through training, skills and employment.

This sort of deep immersion in and connection with the local community is typical of the PlaceShapers approach. The Harpenden project only came about because of the association's well-developed networks and relationships with the charity and local councillors.

Chief Executive David Bogle sums up his organisation's long-term commitment to local communities: "win or lose contracts, we're not going away. In the long run, quality is more important than price. And if there are any problems, it's easy for people to get hold of us." David is pragmatic about how things might develop under the new health and wellbeing structures: "Commissioning tends to go in cycles. With new tendering arrangements, there's inevitably a lot of focus on costs – until there's a catastrophic service failure or

tragedy, when authorities fall back on long-term partners like us.”

Shepherds Bush Housing Group works in West London. With the Standing Together domestic violence charity in Hammersmith and Fulham it employs a specialist housing worker to coordinate responses to domestic violence throughout the West London borough. This has included funding emergency refuges and a programme with perpetrators of domestic violence.

Early in 2013, the Group is set to demolish and rebuild a former hostel in Chiswick to create a new assessment centre and secure homes for 16-25 year-olds who are homeless or at risk of becoming homeless. The new centre (built with grant support from the Homes and Communities Agency national funding body) will have five rooms for short-term assessment, plus 21 flats for tenancies lasting up to five years, with linked training in IT and pre-employment skills. The new centre has widespread support from the Police, Social Services and the local MP.

Chief Executive Paul Doe is also Chair of the St Mungo’s homelessness charity, which is seeking to develop a London-wide project to offer GP services to homeless people. Because of the difficulties in accessing GPs, homeless people are up to eight times more likely to need acute hospital services, and stay in hospital three times longer than the population as a whole. This costs UK taxpayers £85 million per year.

Paul is clear and enthusiastic about the potential for innovative projects that span health, social care and housing: “We’re always open to being commissioned and are awake to new sorts of opportunities.”

But he is resolute about resisting constant downwards pressure on costs. “This is something on which we won’t compromise – services have to be sustainable, or they just won’t deliver what people need.” Housing providers have little to gain and plenty to lose from getting sucked into a financial race to bottom of the market.

Also in London, **Hexagon Housing** runs two NHS-funded, high-support care homes for people with mental health problems, and offers an outreach mental health support service. In 2013, they’re planning to remodel the service provided in a block of flats originally designed for people leaving long-stay mental health institutions, to offer a much more personalised type of care. A core team of staff will offer specialist mental health support drawn from a range of backgrounds, including nursing, life skills, art, gardening and other therapies. This will be supplemented by paid assistants chosen and matched by residents, to act as befrienders, dog walkers, gardeners – or whatever people need and are interested in.

Hexagon hope that some of these “flexi-workers” will come from its own training academy, which creates openings and experience for people seeking work.

Head of Care and Support, Angela Jumbo, believes this new model offers real scope for something fresh and flexible: “We need to come up with ways to do things as well as or better than in the past, but with less resource. This means less downtime than with traditional staff rotas, and making the service more targeted and relevant to people’s individual needs, to give residents greater choice and control.”

Midlands-based **Accord Housing Group** has some truly eye-catching, health-focused initiatives underway. Utilising the workforce and capacity of LoCaL Homes (the organisation’s own factory in Walsall), it is developing prototypes of timber frame bathroom and assisted

bathing “pods”. These can speedily offer someone the convenience of an accessible bathroom, at a fraction of the cost of a traditional extension or wet room conversion. And if it is no longer needed, the pod can be easily taken away, without expensive effects on resale value or vacancy times.

Also in Walsall, the Accord Group’s “Taste for Life” project helps people with complex medical conditions and disabilities to have regular access to hot, cooked food. To respond to the loss of traditional meals on wheels services, the organisation is taking a timebank approach to enable people to receive meals from a flexible range of voluntary sources, including neighbours. Tenancy incentives encourage residents to give something back to their community, by cooking, shopping or helping people in need. This promotes community cohesion and could offer a viable way of offsetting people’s loss of income due to welfare benefit reforms.

Inspired by recent research by the Joseph Rowntree Foundation into “dementia-friendly communities” (Crampton et al., 2012), Accord is now looking at ways to build understanding and support for people with dementia into new housing developments right from the start. By taking a complete community approach, it aims to make dementia awareness and help part of the social and physical fabric of the communities it creates – from neighbourhood volunteers to staff in local supermarkets.

Executive Director of Health, Social Care and Support, David Williams, explains Accord’s farsighted philosophy: “We’re trying to come up with structural solutions to health problems, by drawing on our history of co-operative housing. Our projects focus on whole person needs to reduce the rate of relapses and hospital readmissions.”

At the risk of banging our own drum; I cannot omit to mention my own organisation, **South Yorkshire Housing Association**. We are tackling another longstanding problem; that of older people being unhappily stuck in expensive hospital beds because their home is no longer suitable for them to return to, or the appropriate social care is not in place.

Falls by older people account for more than half of hospital admissions for accidental injury, costing the NHS £1.7 billion a year. The average cost of hospital treatment and intermediate care for an elderly person who lives alone and breaks their hip is over £12,000. If they’re unable to return home because of their injury, residential care will cost around £27,000 per year (PSSRU, 2012).

As a local housing provider, we feel we are perfectly placed to help people avoid this situation, and save a lot of public money at the same time. In partnership with AGE UK Sheffield, we have developed a local project under the NHS’s Right First Time programme. This joint venture intervenes much earlier in people’s healthcare journeys, by offering quick, preventative, assessments, GP referrals and home adaptations, so that people do not have to go into hospital in the first place. The service offers step-down, intermediate care to re-able people to return home and live independently, comfortably and safely. It is a great example of the sort of co-designed and efficiently commissioned services that we need for the future.

South Yorkshire Housing Association is also helping to modernise alarm services and assistive technology for older and vulnerable people. We have taken out a franchise of an approach pioneered in Bristol, to launch Reassure and Remind. This allows relatives and friends of people needing support at home to record regular, personal reminders and messages, which are then sent as mobile voice messages. So for example, you can help an ageing parent to remember to take medication or just make sure they don’t miss their favourite television programme. If the person fails to acknowledge a message after two

attempts, the system alerts a family member, neighbour or care provider to check on them.

This service costs each subscriber just three pounds or so per week, but its value in promoting independent living and peace of mind is enormous. Our conversations with local dementia teams, memory clinics and dispensing pharmacies suggest that there is tremendous scope and enthusiasm for this simple approach to be applied more widely. And there is no shortage of other ways in which, simple, cheap and existing technology can be used to support better health (for example, monitoring patients' blood pressure via a Skype connection).

Our Care Services Director, Kevin Southwell, who is the person behind these innovations, believes other housing organisations can and must explore similar opportunities in their areas. "Projects like these offer much less intrusive and tailored ways to help people stay independent. They have the potential to improve millions of lives."

Things to learn and change

This sort of innovation and achievement should not disguise the fact that there are many things that housing providers need to learn, change and do better in order to flourish in the post-2013 health and wellbeing scene. We may be well placed to respond, but we certainly do not yet have all the answers and skills.

This learning and preparation needs to start at the top, with boards and executive teams being crystal clear about why they want to get involved in supporting health and social care and exactly who will benefit and how. Wellbeing is not something to dabble in: it has to be absolutely central to organisations' visions of who they are, what they stand for and why they exist. And once they have decided to engage, housing providers need dynamic governance and agile leadership that are up to the challenge of steering strategy and services across previously separate disciplines.

Playing a more significant role in health and pioneering new approaches to wellbeing will involve new and bigger risks and fresh calls on scarce resources. So organisations' business planning and risk management processes also need to be up to the mark.

Partnership building, marketing and evaluation are other vital ingredients – deficiencies in any of these will show up quickly and could expose businesses and service users to unacceptable dangers. It would be foolhardy to pretend that there are not real barriers and difficulties ahead for housing agencies seeking a bigger and more active role in health and wellbeing. It is too early to say how the relationships between the national and local elements in the new NHS commissioning and delivery frameworks will pan out. I can foresee the potential for either fruitful synergy or troublesome schisms.

Beneath all this is the basic difficulty of housing and health professionals really understanding each other and learning how to speak a more common language that can unite the way the professions consider and address public need. So it is good to hear that the Chartered Institute of Housing is working to create a new membership approach, plus specialist training and education for people working in the health, public health and social care sectors.

It is also encouraging that representatives from the new NHS commissioning board have approached key housing bodies to draw up a national compact to persuade local clinical commissioning groups to work more closely with councils and housing associations.

As they gear up to take on these challenges, housing providers need to sidestep the possibility of professional turf wars. By using their long-term presence, and depth of community relationships, community-based social landlords can help to pull the right local levers and engage in ways that deliver real improvement.

Tactics to succeed

I passionately believe that locally-focused organisations like those that make up the PlaceShapers Group have got what it takes to bring about transformational change across the traditional margins of housing, health, social care and wellbeing. And I think the imaginative and boundary-busting projects mentioned in this article prove it.

But larger, cross-regional and national housing providers and the private sector also have an important role to play. These organisations can use their scale, clout and freedom of action to invest in research and new business models to replicate and deliver similar services. And of course this all links into campaigns like Homes for Britain (www.homesforbritain.org.uk) to promote the role of housing as a prime driver of economic recovery and growth. As well as being good for its health, a more integrated approach should invigorate our country's wealth.

However, and wherever it happens, social housing can earn its place at the table by insisting on quality, delivering results, leading by example and being able to demonstrate beyond doubt the benefits to recipients and savings to the public purse. Housing can and should be *the* local hub for cost-effective, human-scale health and wellbeing in sustainable communities.

To look at it another way, it is worrying to contemplate the risks of housing providers not being successful in playing an active and central role in the future. We need to be bold, ambitious and persistent so that we do not miss this unique opportunity.

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