



A fresh outlook on wellbeing: delivering person-centred care across the West Midlands

This case study focuses on the strategic decision by Nehemiah Housing Association – West Midlands based social landlord - to place a greater emphasis on 'Wellbeing', including the formation of a strategic alliance with a care provider for two sheltered housing sites. It draws on the findings from an independent evaluation exercise that considered:

- Is the formal partnership with a dedicated on site care provider advantageous to tenants?
- What are the benefits to the tenants of having a specific emphasis on housing elders from Black and Minority Ethnic communities?

The evaluation exercise was undertaken approximately 18 months after the commencement of a strategic 'alliance' with New Outlook – a local care provider and small housing association. Whilst the evaluation focussed on the impact of this alliance (and the learning taken from the experience) wider opportunities for learning became apparent and have been included so they can be shared with Housing LIN members.



Written for the Housing Learning and Improvement Network by **Kim Yates**, Yamas Consultancy Services Ltd in partnership with Nehemiah Housing Association.

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Introduction

Nehemiah Housing Association has about 1,100 properties serving the multicultural communities within the West Midlands. The Association provides homes for single people, families, couples and elderly people and, as a landlord, they pride themselves on being accountable and accessible. They have responded to the needs of tenants by providing large homes for those with extended families, specially designed homes for disabled people or those with specific religious/cultural needs and developed energy efficient homes to minimise the impact of fuel poverty.

Nehemiah aims to support thriving communities where people of all ethnic backgrounds feel at home and valued. The provision of good, affordable housing is the platform from which the Association has committed itself to the community at large.

Nehemiah has seven 'retirement living' (sheltered housing) sites that its website markets as "*Active, independent people live in retirement living schemes like ours.*" The criteria for moving into one of these sites is primarily age related (age 55+ or slightly younger with additional needs.) Whilst there is no requirement for a tenant to be from a minority ethnic background, the seven sites are particularly well suited to those from minority backgrounds, particularly a Caribbean background. The two sites that have been subject to this formal evaluation have a tenancy profile of around 75% African Caribbean heritage; 10% Asian and 15% white British/Irish or mixed heritage.

Developing a wellbeing strategy

For some time Nehemiah has considered the wellbeing of both its tenants and the local communities it serves in a wider sense of the word 'wellbeing'. This is evidenced through things like:

- A commitment to the continuation of the on-site 'scheme manager' service despite the loss of Supporting People funding.
- Promotion of digital inclusion through the roll out of WiFi at its sites and the opening of computer suites at some retirement living sites.
- The inception of the 'Nehemiah Academy' to develop skills, improve career prospects and raise aspirations through work placements, educational opportunities and financial aid packages.
- Strategic partnerships like those with Birmingham Settlement to offer money advice and debt support.
- Hosting initiatives such as Dementia Cafe's.

The two sites in focus for the evaluation are Charles Pearson Court and Plummer House.

Charles Pearson court comprises 45 apartments of sheltered housing and is situated in Smethwick, another area of high population and deprivation levels in the Black Country.



Charles Pearson Court, Smethwick

Plummer House comprises 37 apartments of sheltered housing for older (age 55+) people. It is situated in a heavily populated suburb of Birmingham approximately 3 miles from the city centre in one of the most deprived areas of Aston.

A staged transition process...

With an 'individual' approach to care packages on one site and a Local Authority domiciliary team based on-site at another, care provision for the past 10 years had meant regular missed and late calls, poorly 'matched' carers to tenants and a 'one size fits all' approach. Tenants felt unsure and unsupported by the inconsistency of approach from the various care agencies who visited the sites daily and were often unhappy at the lack of cultural awareness. There was a lack of joined up thinking and little flexibility in how and when care was delivered. The loss of Supporting People funding meant a much reduced support service on offer to tenants as tenants grew older and more frail, often with dementia (the average age of current tenants is 79.) There was an increasing number of tenants with high support needs and they were at risk of becoming isolated, particularly those with cognition difficulties as tenants' heritage and vocabulary meant that many 'mainstream' services failed to adequately cater for their cultural necessities.



On-site staff with residents at Plummer House, Aston

Together with tenants, Nehemiah Housing identified what 'good living' would look like from the tenants' perspective. The key features of this were:

- Plenty going on on-site to reduce and prevent social isolation and loneliness – and the right range of activity (“not just bingo!”)
- A 'home' not just 'a place to live'
- A sense of community for all, regardless of care and support needs – both on-site and within the local area
- Easy access to medical primary care services to support existing medical conditions
- Flexible and knowledgeable care provision for those who needed it, delivered by a small number of carers who knew and understood the people using their services
- People around them (staff, family and visitors) who understood them, particularly in relation to their cultural backgrounds
- Great relationships between formal/paid and informal/family carers on site – working together as a team
- The ability to be responsive at short notice – so that if someone is poorly, staff can help quickly and in the way needed
- A culturally specific and affordable food service available when wanted

Arguably most importantly, the commitment to continuing the on-site scheme manager presence five days a week was critical. With their provision of intensive housing management support and a pivotal 'presence' to develop, co-ordinate and manage on-site activity, the scheme manager role is the cornerstone (and often the driver) of everything that happens on site.

Five areas of new action then underpinned the emphasis on wellbeing that had already commenced corporately with action around digital inclusion etc:

- Comprehensive building refurbishment and on one site, further communal space to increase the opportunities for on-site activities, run by both tenants and/or others
- An emphasis on recruiting volunteers to fill specific roles promoting wellbeing and reducing social isolation
- A formal and close working partnership with a care organisation who now operate an on-site culturally aware domiciliary care team that tenants can choose to use as their paid care provider
- Improving the knowledge base of tenants in relation to health and wellbeing related issues, including dementia
- A commitment to offering a culturally sensitive hot food service at reasonable cost through the use of a local enterprise model. In this case, local cooks are offered free use of the kitchen facilities in order to offer two meals a day to tenants.

There has also been a heavy emphasis on 'future proofing' the accommodation on site with upgrades of bathrooms to accessible showers and facilities for electric wheelchairs and buggies. Instead of insisting on 'shiny and new' 'Extra Care' provision, Nehemiah have focussed on flexing the use of the existing building, despite the lack of additional funds and the withdrawal of Supporting People funds. The on-site layout and range of facilities (including the availability of two assisted bathrooms) supports the message of 'living well' whatever a tenant's strengths and abilities.



Hair salon at Plummer House, Aston

The extensive consultation process and then the search for the right care organisation who were a strategic 'fit' for Nehemiah took many months and many, many meetings. Both Nehemiah and New Outlook shared a vision for meeting care needs flexibly and with an emphasis on individuality. Care staff were employed who understood and could accommodate the specific cultural preferences of each tenant and who were able to be flexible and see the wider wellbeing agenda of all tenants (whether they had care or not) as 'their business'.

The transition phase was not easy, with little 'handover' information from one of the previous care providers creating a number of difficulties in the early days. Another stumbling block was the use of 'framework agreements' for domiciliary care provision. New Outlook was a provider on the 'approved list' of only one of the two local authority areas, meaning Direct Payments necessarily became the primary income mechanism. Some social workers carrying out reviews

before the 'handover' actively discouraged their use due to the 'paperwork' involved and some families were unprepared to support tenants in opening new bank accounts for the purpose of using Direct Payments. Indeed, New Outlook continues to await payment for some tenants who are still not receiving their Direct Payments correctly.

New Outlook employed two carers from other agencies who were existing carers on site and well thought of by tenants to ease the transition process. They also developed a 'time banking' approach to care delivery and unused hours of care can be 'banked' and used flexibly at another time. As the service is paid for from Direct Payments, several tenants 'pool' their budgets to share care hour time in order to make the service from New Outlook viable. As a result of this innovative approach, developed in close collaboration with Nehemiah, the care team is on site daily from 7.30am to 9.30pm with one hour (usually 3 – 4pm) off site but responsive within 10 minutes.

Out of hours call alarm provision is done through Hereford Careline who will contact either Nehemiah or New Outlook as well as family members. This has reassured both tenants and families.

Measuring impact and outcomes

Communication between care staff and housing staff has been key to the achievement of positive outcomes. This is evidenced in many ways and examples from the past six months include:

- Care staff reporting a minor drip in an airing cupboard in a flat where they provide care. The drip was fixed promptly and with minimum disruption to the tenant. A similar previous drip resulted in flooding of the flat below as it was noticed and responded to much later.
- Carer noticed slight confusion and a particularly strong odour which was unusual for one tenant when she greeted her one day. (The tenant does not have care provision.) After the carer mentioned it, the scheme manager was then able to support the tenant with a GP visit. The UTI (infection) was identified early enough to prevent an admission to hospital, which is what had happened previously to this tenant.
- The Scheme manager updated the care team on a tenant due to return to the scheme after hospital admission for a stroke. The Care team restarted care calls on an increased frequency from the same day of discharge and were able to flex the care provision for the first four weeks. No use of the hospital discharge rehabilitation team was needed and the man was able to return home several days earlier than anticipated due to the on-site support.
- Joint training opportunities – both housing and care staff members have attended training in Dementia; Eden philosophy; Falls prevention; Alcohol misuse. Tenants have also been invited to training around mental health, dementia and falls prevention.

The current impact measurement is limited to very traditional measures for both organisations: Nehemiah focus on traditional housing KPI's such as void levels and arrears whilst the care team measure traditional domiciliary care indicators such as late and missed calls. Both are keen to develop a more qualitative set of measurable indicators that encompass the wider benefits of the service model and meet monthly to ensure a good working relationship and an ongoing dialogue.

Anecdotally, from primary research with tenants and their families, there is consensus that the move to a dedicated care provider has meant a range of improvements to customers' experience. In addition, the strategic emphasis on wider wellbeing related activity (in particular the Social Enterprise that runs the food service each day and the volunteer led coffee mornings) have noticeably increased the 'footfall' in communal areas and the sense of camaraderie on site.

The impact of having a more culturally sensitive care team has been noticeable, for example: tenants were reassured that their porridge will be made in the 'right' West Indian way (a previous cause of much consternation), the personal care regime addresses specific skin/ hair care needs and tenants don't have to repeat themselves several times as carers understand their dialect and accent.

This anecdotal evidence is supported by an analysis of the **use of the emergency alarm call system** on-site which showed use of the system **dropped by 42% between 2014 and 2015** when the refurbishment was completed and the on-site care team from New Outlook commenced. On further analysis, the analysis shows that **significant savings are being made to the public purse** by these changes – **fire emergency calls dropped by 61%** (primarily due to the on-site food service provision and fire safety promotion talks on site) on one site and **ambulance emergency calls dropped by 66% between 2014 and 2015**.

Other tangible measures from the emphasis on wellbeing have included:

- Void level reduction – from running with vacancies to no vacancies and a waiting list of potential tenants.
- An increase in take up of the on-site culturally specific meals service.
- A reduction in late and missed care calls.
- An increase in the number of tenants choosing to 'buy' additional time from the care team to support them with social events or medical appointments.

The 'wellbeing' focus has supported the drive to encourage more volunteering and at least one volunteer facilitates twice weekly coffee mornings. Tenants are encouraged to volunteer and get involved on site with several Charles Pearson Court tenants co-ordinating the nightly domino club.

Of the 14 Domains in the three primary national outcomes frameworks - NHS; Public Health England and Adult Social Care (ASCOF), the provision contributes to 12 of these 14 Domains. For example, see box below:

Relevant domains

As well as the more obvious ones such as ASCOF 1B - "Proportion of people who use services who have control over their daily lives" - the provision of wellbeing focussed accommodation with support, alongside the offer of a range of activities (including health related initiative such as flu jab sessions) and stable, high quality and personalised care provision means it also has a direct impact on the less obvious domains including:

Public Health 'Health Protection' Domain – 3.03 "Population vaccination coverage – Flu (Age 65+)

Public Health 'Wider determinates of health' Domain – 1.18 Social isolation

NHS 'Enhancing quality of life for people with long term conditions' – 2.3 Unplanned hospitalisation for chronic ambulatory care sensitive conditions.

Three examples evidence the benefits of the service and in particular the strategic partnership between housing and care provision:

Example 1 - Ms B

B – An 82 year old Jamaican woman living on-site since 2012. She lives with long term mental health issues that manifest in hearing voices, episodes of psychosis and severe depression. She is well supported by her daughter and other family members. B attends the regular coffee mornings and the food service when her family are not cooking for her. She has had no readmissions to hospital for her mental health conditions (she previously had regular psychiatric care inpatient admissions) since moving to this site and her family report this being due to:

- The range of activities on offer that mean B can get involved no matter how poorly she is that day – which means she becomes more motivated and positive.
- The attitudes of fellow tenants and staff members ensure she does not feel 'labelled' or excluded and contribute to her feeling valued.
- The background that she shares with the majority of fellow tenants helps her to have shared experience to discuss and a similar outlook to others.
- Good knowledge of her cultural needs and the wide availability of people who can understand her communication style and meet her specific needs, particularly around food.
- The regular team of carers – only 3 or 4 for B to get to know which means she is always supported by someone who knows her well and can respond appropriately to her changing wellbeing each day.
- The presence of staff on site from early morning until late into the evening – and the flexible way staff will respond to the alarm pull cord being activated which means family do not always have to respond, which gives them the break they need.

Example 2 - Mr D

D – An 89 year old Jamaican man living on-site since 2012. He lives alone and has some health issues including diabetes. He uses a zimmer frame to mobilise and has a mobile alarm call system and a level access shower that he uses with the support of one of the on-site care team who visit him several times a day.

D uses the dining room for his lunch on a daily basis except for when he feels poorly and gets his meal delivered from the catering service. He has a district nurse who comes to give him insulin daily and his niece visits regularly and supports him with shopping and other tasks. He is happy living there and cannot imagine living elsewhere. Both D and his niece felt the advantages of living there were multiple and included:

- The food service – Mr D enjoys having food he is familiar with and values being able to discuss with the cook how he specifically likes things cooked and the facility to get it delivered to his flat on his poorly days.

- The regular team of carers – only 3 or 4 for D to get to know which means he is always supported by someone who knows him well and who he can share stories about Jamaica with (a favourite pastime.)
- The presence of staff on site from early morning until late into the evening – and the flexible way staff will respond to the alarm pull cord being activated. This meant recently that he was able to be discharged from hospital quicker than he would have been because the care team were able to reinstate his care calls (and add extra calls for a few days) immediately.

Example 3 - Ms L

In her words *“I’m here til God comes for me.”*

Having lived here since 2012, Ms L remembers visiting several sheltered housing sites before visiting this one. She describes her first viewing as ‘like coming home’ since the moment she arrived, which was a particular challenge as at the time she moved in she was going through chemotherapy and radiotherapy for cancer.

What was different for Ms L was the friendliness of everyone on site, whilst still being respectful of privacy. Alongside that, she was attracted to the monthly prayer meeting and the opportunity to attend the coffee mornings to have a nice chat with people – including those who share her accent and way of communicating.

Ms L is diabetic and recalls panicking one morning when her blood sugar level was 32 (very high.) She ran outside her front door and shouted ‘help’ to which one of the on-site carers responded immediately. Despite her not being someone who ordinarily uses the care service, this carer responded and offered her the reassurance and practical advice that she needed so that Ms L’s levels evened out without the need to call an ambulance or her GP. It is this sense of community and caring that Ms L values highly.

And the learning?

Both Nehemiah and New Outlook have noted positive outcomes for tenants from the on-site care team with a dedicated team of skilled and knowledgeable carers. Being flexible and keeping regular and detailed communication mechanisms going has been critical.

These organisations shared a value base and a commitment to individualised support – and Nehemiah thinks the time spent doing the research to find the right partner organisation was time well spent.

Other learning taken from the experience has been:

- Set expectations realistically – some of the original ideas were not viable
- Don’t expect! In particular, where Direct Payments are concerned, the spaghetti hoops of process and paperwork have put everyone off them, including the very people supposed to promote them!

- Framework agreements can stifle innovation
- Scheme manager longevity and skillset is critical.
- 'Don't sweat the small stuff' doesn't always apply! The presence of a regular team of carers who get to know and understand each person as an individual (most definitely paying attention to the small stuff!) is pivotal.
- Using very local community assets (in this case local cooks with a shared value base) is a good starting place for successful community enterprise.
- Performance measurement can be difficult to be innovative with and all suggestions would be welcome!

Note

The views expressed in this paper are those of the author and not necessarily those of the Housing Learning and Improvement Network.

About the Author

Kim Yates is an independent consultant working across housing, health and social care. She specialises in improving the quality and performance of housing with care settings.

About the Housing LIN

The Housing LIN is a sophisticated network bringing together over 40,000 housing, health and social care professionals in England and Wales to exemplify innovative housing solutions for an ageing population.

Recognised by government and industry as a leading 'knowledge hub' on specialist housing, our online and regional networked activities:

- connect people, ideas and resources to inform and improve the range of housing choices that enable older and disabled people to live independently
- provide intelligence on latest funding, research, policy and practice developments, and
- raise the profile of specialist housing with developers, commissioners and providers to plan, design and deliver aspirational housing for an ageing population

For information about the Housing LIN's comprehensive list of online resources on health and wellbeing, visit our Health Intel at: www.housinglin.org.uk/Topics/browse/HealthandHousing/

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