



Health and Housing Summit

Healthy Communities = Healthy Lives

The conference report

Cheltenham Park Hotel, Cheltenham
February 27th 2014

Theme of the conference and its organisers

This event brought the South West Housing Learning and Improvement Network (LIN) and Gloucestershire Affordable Housing Landlords Forum (GAHLF) together to discuss and debate the vital contribution housing makes to health and well being. The event was chaired and facilitated by the Chief Executive Officer (CEO) of Cheltenham Borough Homes (CBH), Paul Stephenson, and his staff.

This was a unique multi-disciplinary conference enabling health, social care, housing providers and commissioners to:

- share experience and information
- hear about innovative joined up solutions
- understand more about the essential contribution that housing makes to health and wellbeing and
- break down the perceived barriers in order to work together more effectively to create better outcomes for the people of Gloucestershire and the wider region.

The event also launched the GAHLF document, *Putting Health back into Housing*, and a copy was available for every delegate on the day and is available on the Housing LIN website: www.housinglin.org.uk/pagefinder.cfm?cid=9154



Why the links between health and housing are important

The unprecedented external operating environment that all of the above professionals are now working in means that more than ever before it is essential to breakdown "silo's", work more collaboratively and gain insight into how sharing budgets and creating innovative early interventions add value to the health and social care agenda to relieve acute expenditure which is not only more costly to the public purse but, of greater concern, more costly to lives.

The event was attended by over 150 professionals across health, housing and social care as well as older people themselves. The event was also supported by over 15 exhibitors who added wealth to the information available on the day. We are grateful to their support and making it such a successful day.

About the Gloucestershire Landlord Forum (GAHLF)

Gloucestershire Affordable Housing Landlords' Forum (GAHLF) brings together seven local housing providers to achieve improvements for the benefit of their tenants, the neighbourhood and the wider community.

They believe in building and managing 'healthy homes' on safe estates that make a significant contribution to the physical and mental health and wellbeing of all their residents.

Individually they invest extensively in the fabric of their properties. Collectively they have successfully raised the quality of their homes, making them safer, easier to maintain and more energy- efficient, which saves money for tenants and helps to keep them warm, fit and healthy. Their mission statement is:

"To take action against social inequality by improving life expectancy for the most vulnerable in our society and helping our communities to keep fit and healthy, through excellent, collaborative landlord services."

GAHLF is a partnership of the leading affordable housing providers in the County who manage around 27,000 social or affordable homes.

The members are:

- Bromford Group
- Cheltenham Borough Homes.
- Gloucestershire City Homes
- Guinness Hermitage
- Severnvale Housing Society
- Stroud District Council
- Two Rivers Housing Association

About the Housing Learning and Improvement Network

The Housing Learning and Improvement Network (LIN), formerly responsible for managing the Department of Health's (DH) Extra Care Housing capital program, 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 with care for older people.

Under the leadership of Jeremy Porteus, a Gloucestershire resident, and supported by Pat Palmer, the SW Housing LIN lead, it has a reputation as a 'trusted brand', strong links and record of involvement with government, the Homes and Communities Agency, major trade and professional bodies and key industry players across the public, private and voluntary sectors. Its aim is to:

- raise the profile about the housing and care needs and aspirations of older people
- act as a champion for housing with care organisations and, in particular, promoting innovations in Extra Care Housing
- offer unrivaled access to tools that support the way you improve existing housing and related care and support services for older people or deliver new ones
- help you to respond to, inform and influence policy and practice developments and what older people say about service quality
- provide you with an opportunity for effective learning through our national and regional networking activities, and
- enable you to benefit from the latest research, thinking and ideas from the field to help raise standards

The network has over 41,000 members across 9 regions in England. Each region benefits from a regional lead and a wealth of information on housing with care matters is freely available on its website.

The program was a mix of keynote speakers from Housing, Health and commissioning plus 8 innovation and good practise sessions (each delegate chose two from a list provided on registration).

The innovation and good practise sessions

1. Community regeneration - the St Pauls project led by Caroline Walker of CBH.
2. Integrated solutions for older people's housing care and support led by Harriet Bosnell of CURO and Sarah Shatwell of B&NES.
3. A Master class on extra care led by Althea Howarth and Jill Kearsley.
4. Early interventions, tenancy sustainment, and support for employment linked to mental health and well being led by Heather Mitchell of SEQOL.
5. Gloucestershire communities - Older people ready? Led by Dan Gaul.
6. Asset based community involvement led by Laurence Miller of the Barnwood Trust.
7. The dementia friends led by Lee Hawthorne and Cheryl Brown
8. Putting health back into housing - decent homes = healthy communities led by Carl Brazier of Stroud District Council and Ashley Green of Gloucestershire City Homes.

A list of workshops together with their presentations can be downloaded from the archived events page on the Housing LIN website:

www.housinglin.org.uk/Events/ArchivedEvents/ArchivedHousingEventDetail/?eventID=800

The conference

Paul Stephenson CEO of CBH opened the event by welcoming all attendees and encouraging all delegates to network with colleagues, join the debates, add to the discussions and learn from the day. On behalf of GAHLF he informed everyone of their work and appreciated the opportunity to debate the issues, explore the solutions and forge stronger partnerships for the benefit of all vulnerable people. He also welcomed the opportunity of partnering the Housing LIN in order to reach out across the South West region, and welcomed the first speaker to the podium.

The delegates first heard from the Founder and Director of the Housing LIN, Jeremy Porteus, whose presentation was entitled:

The benefits of integration - linking in with housing to deliver better outcomes

He began by headlining some of the issues:

- *"Care Minister warns of sheltered housing market failure"* (Norman Lamb, Care Services Minister, Inside Housing, September 2014).
- At the moment there is no clear national vision or leadership on the future of sheltered and retirement housing. This is exacerbated by uncertainty around funding for preventative care and support services. (Making it work for us, Age UK 2012)
- "A new generation of retirement housing could set off a property chain reaction...." (Top of the ladder, Demos September 2013)
- Pensioners wanting to "end their days" in bungalows! (Nick Boles, Planning Minister, Daily Telegraph October 2013)

He posed the question set by Lord Filkin at the recent National LIN conference in February this year, are we Ready for Ageing?

- *"The housing market is delivering much less specialist housing for older people than is needed, Central and local government, housing associations and house builders need urgently to plan how to ensure that the housing needs of the older population are better addressed and to give as much priority to promoting an adequate market and social housing for older people as is given to housing for younger people".*

(Select Committee on Public Service and Demographic Change, Lord Filkin (2013)

He continued by describing some of the ways that are available to support making integration work:

- A consortia of housing leads working with NHS England, ADASS working on the role of housing in delivering the health and wellbeing agenda with the aim of producing a Partnership Agreement.
- DH Community Capacity Grants £171m allocations for capital purposes.
- The shared statement on the health and social care Better Grant fund makes reference to £220m disabled facilities grant and other capitol grant funding of £135m.
- DH Care & Support Specialised Housing fund. Phase one will see 122 new schemes in England with phase 2 to be announced later.

He went on to inform delegates of what is happening at National level.

- APPG –HAPPI2 report
- DCLG – review of building regulations.
- DCLG – consultation on planning
- HCA – Community led projects
- GLA, housing for older Londoners
- DH CASSHF and better care fund.

He described what is needed to house our ageing population;

- 90% of older people live in ordinary housing.
- Nearly 70% are home owners the rest are predominantly in social housing.
- Supported housing for older people accounts for less than 5% of the market.
- 1.5m individuals report having a medical condition or disability that requires specially adapted accommodation.
- Shortfall in supply of specialist housing with care to keep pace with demand including housing for people with dementia.

He emphasised that by working together these issues can be overcome;

- *Specialist housing* – delays higher forms of intervention
- *Housing support* – deliver interventions to prevent homelessness
- *Mainstream housing* – design quality and accessibility (such as HAPPI) to offset future health and social care costs
- *Home Improvement Agencies and Handy man services* – deliver aids and adaptations and reduce fuel poverty.
- *Environmental Health* – Tackle disrepair and environmental conditions that can lead to increased health inequality
- *Regeneration and renewal* – promote sustainable health outcomes via healthy communities
- *Spatial Planning* – support growth and links to strategic needs (JSNA).

But he suggested and demonstrated via graphs developed utilising SHOP to understand demand and capacity, the Housing LIN/ADASS SHOP analysis tool and drawing on the IPC POPPI data from ONS plus EAC Care & housing database, we cannot get away from the numbers, demand is outstripping supply.

He went on to describe the importance of delivering outcomes that older people want. He also shared a tool launched at a recent South West Housing LIN meeting and developed by Dorset County Council research department and trialled at Trailway Court a new build Aster Group extra care scheme. The tool measures the ways in which the quality of life for individuals is enhanced by moving into specialist accommodation. (The Housing LIN case study can be found at:

www.housinglin.org.uk/TrailwayCourt_CaseStudy)

He suggested it's all about shaping communities and shared some product developments and service innovations. He described ways in which to understand the new landscape including the use of telecare and Telehealth. He talked of "opportunities or challenges? The need to create better partnerships and described how the LIN website held a wealth of resources that can help.

The Chair Paul Stephenson thanked Jeremy for his presentation and the wealth of knowledge it contained, he then advised delegates to make their way to their morning choice of the innovation and good practise sessions.

The Chair welcomed delegates back to the main arena and invited Dr Ian Donald a Consultant in Old Age medicine at Gloucestershire Hospitals NHSFT to the podium.

Dr Donald thanked GAHLF for the invitation to speak and informed delegates his keynote title was:

Health and Housing what can the NHS do?

He started by suggesting the housing dimension has become opaque.

- Getting your GP visit?
- Most Consultants do not do domiciliary visits
- OT's do carry out assessment visits but very time consuming so fewer
- Home improvement Agency often unknown
- Where to refer for impartial advice

He went on about the role of housing in comprehensive assessment and suggested that most geriatricians generally fail to make the connection between health, social care and housing disrepair. He talked of the time pressures and average length of stays, the use of community hospitals and the reliance on community staff.

He shared the self evidence yet the strong confounders such as smoking and diet and obesity and pointed out that in a recent Gloucester survey only 2% of residents thought their housing had adverse effects on their health.

He agreed the greatest impact is for older people citing long term conditions and loneliness and social isolation.

He shared a pie chart depicting where older people are currently residing in the County with 70% being home owners...

He again emphasised using pictorial graphs the current state of homes in England suggesting that 30% are classified as non-decent, substantially less than in the mid-1990's.

He also declared that 52% which = 3,300 household in the private sector of Gloucester are failing to meet decent home standards.

He then looked at home status versus age and showed that significant numbers of over 65's are living in non-decent accommodation.

He then turned to the most vulnerable in our society the householders over the age of 75 and suggested;

- 37% live in non-decent homes.
- $\frac{3}{4}$ of these are in private housing.
- 14% are in homes in serious disrepair.
- $\frac{1}{2}$ of all homes in serious disrepair are inhabited by older people

To further illustrate his point he shared a case example with delegates, of an elderly patient with dementia.

He continued by demonstrating some of the positive interventions being made that are making a difference such as; the work on falls and environmental standards and

stated that probably the most consistent impact and benefit came from home improvements which significantly improved the quality of life and suggested an improvement in the area of mental health and falls.

He suggested our biggest difficulty was how to demonstrate that prevention avoids cost; he suggested that hospital stays are already brief so the biggest savings were in social care.

But, he insisted that investment in housing conditions can be cost effective and felt that savings are probably clearer in younger disabled, but there is a need to gather evidence re the health impact.

He went on to say that it was important to take in the seasonal fluctuations and the statistics that tell us that 40,000 more deaths occur in the UK in the winter months and that 95% of those over 85 spend 95% of their time at home. He shared statistics of mortality versus outside temperature and showed how colder homes, equal higher winter death.

He also suggested that those living alone are much more likely to be in fuel poverty than other household types both overall and among those on low income. He shared surprising case histories of hypothermia cases in Gloucestershire and suggested that health inequality is increasing. He also shared links between life expectancy at 65 and deprivation and the growing life expectancy of the sexes.

He suggested ways of manipulating the system by health promotion campaigns or by actions such as moving house.

He went on to discuss further the triggers that culminate in a move:

- Major change in health
- Dementia
- No change in social support
- Housing conditions

He also interestingly suggested looking at home-owners attitudes:

- Only 6% living in non-decent homes
- Only 12% would consider an interest free loan.

He finished by offering his top tips which in his opinion will make a difference:

- Falls and fracture prevention through participation in exercise and balance classes, combined with trained home assessments for hazards.
- Targeted “warm and well” at the rising 75’s
- OT’s on rotation hospital to community and community nurses being regularly informed and updated

Simple, yes but, he suggested would have a significant impact.

The Chair thanked Dr Donald for his valued contribution and advised the conference delegates of a lunch break, giving a further opportunity to network and the chance to browse the exhibition areas.

After lunch delegates once more took their places in the main area in readiness for the Chair to welcome Rachel Winder a Research Fellow of the University of Exeter to the podium.

Long term limiting health conditions in older people

Rachel explained that she was a member of Professor David Meltzer's team, a nurse practitioner by background and co-author of the recent report into long term conditions in older people. She apologised for the unavoidable absence of Professor David Melzer.

In order for us to plan for an ageing society she suggested that we understand more fully what the future health needs in later life will be.

She started by asking, how successful, as a country, have we been in preventing later life disease and disability? And how well are we delivering high quality medical treatments, she described mobility and arthritis and pain as common disabling diseases in later life.

She spoke of the cessation of smoking and the success in areas such as heart disease, the causes of death and life expectancy at birth.

She described the effects of the obesity epidemic and the possibility of an epidemic of diabetes unfolding and the effects of the abuse of alcohol on health.

She looked at the outlying issues such as loneliness, mental health disorders, the winter excess death rates, and suggested that the burden of disease in the 60+ year olds saying much is potentially avoidable.

She suggested that these social inequalities = shorter lives with more disability. She described mobility, and the effects of arthritis and pain. However she cited dementia as being our major challenge.

Dementia rates as recorded by GP's show dramatic increases in older people with a dementia, there is also startling statistics showing huge increases in chronic disease especially in the older old in general practise.

She shared quality indicators and the high numbers of people aged 50+ years with painful arthritis who answered "no" when asked if a doctor had ever recommended physiotherapy or an exercise programme.

She also shared high numbers who reported falling and who answered "no" when asked if a doctor had tested balance or strength or watched the patient walking.

She suggested that cancer could be a disease of ageing and shared international comparison survival rates. She declared that the UK was proven to be the best at care co-ordination and had the lowest rate of percentage in the reporting of medical errors.

She spoke of our achievements and our challenges suggesting we could do better on the quality of treatment especially on the disabling syndromes of older people.

However she concluded that this major report showed that later life is no barrier to happiness and by informing delegates that at least they could expect to die happy!

The Chair thanked Rachel for sharing her in depth report finding's .and reminding him of his need to curb his habit of a glass of red wine during the evening!

On that sombre note, he asked delegates to make their way to their second innovation and good practise session where refreshments would be available.

Conference reconvened in the main conference arena in time for the Chair to invite the last keynote speaker to the podium, Mark Branton Assistant Director for adult social care commissioning at Gloucestershire County Council.

Healthy communities = Healthy Lives

Mark thanked the Chair and GAHLF for the opportunity both to speak but to also have the opportunity of sharing and learning from such a fantastic event. He was going to use this opportunity to share the joint agenda for the County with delegates.

He shared the results of a needs analysis carried out in the County, which showed rising numbers of older people with health care needs, higher numbers of older people living alone with the numbers suffering from dementia set to double over the next 20 years.

He suggested it's not just age, its long term conditions but also declared that the ageing population can also be viewed as positive

Increasing numbers means strength based, inclusive communities addressing loneliness and isolation, it makes a commercial argument.

He demonstrated a model which is support focussed and suggested a pathway in old age, and possible interventions that can change that pathway.

He strongly suggested that it is not possible for any one sector to effectively intervene alone and that it has to be an interrelation between health and local government and between the state and the individual. There needs to be targeted different interventions at key points along the pathway where they are most likely to prove the most successful. We also need to create a context, and an environment that supports independence and well being.

This is the basis he says of the County's shared vision for the next 5 years; the vision document is called "Joining up your care"

The vision statement is:

To improve health and wellbeing, we believe that by all working better together- in a more joined up way – and using the strength of individuals, carers and local communities, we will transform the quality of care and support we provide to all local people.

Their ambition is that:

- People are provided with support to enable them to take more control of their own health and wellbeing. Those that are particularly vulnerable will benefit from additional support.
- People are provided with more support in their homes and local communities where safe and appropriate to do so, thus moving away from the traditional focus on hospital based care.
- When people need care that can only be provided in a hospital setting, it is delivered in a timely and effective way.

In order to implement this vision, they have agreed a set of principals as the foundation of their collaborative working, these will help them to design the most efficient and effective services possible.

He continued by describing the “Better Care Fund” and its requirements. How they had not only looked to the UK for best practise but also to a model of integrated care in Canterbury New Zealand. He then outlined people’s preferences should they need care from a welfare review conducted in 2006.

He passionately talked of a service centred system built around a person centred system; he talked of the programme as sometimes feeling like “throwing a rock or a bird”.

He shared the original outline model and the strategic model and how it was shaped by TLAP National Use of Resources assessment.

He demonstrated the strengthening of the integrated team model as a pyramid. Utilising housing resources via a hub and spoke model and commissioning services through outcome based commissioning.

However, he suggested there is a need to address the issue of culture change, suggesting the need for a whole systems culture change.

He shared the findings of a survey asking people who they think should pay for social care, with only 2% responding with” the individual”, he also suggested that culture change isn’t linear.

He addressed the question “Why are we doing this” by saying;

- To provide services that can dynamically respond as people’s lives change,
- Focus on supporting people to achieve outcomes important to them
- Better/reduced use of resources
- Joining up your care

He finished by completely putting it in context we can do BETTER!

Summing up and conference close

The Chair warmly thanked Mark for his inspirational leadership and for taking time out of a busy schedule to attend today. He reminded all delegates that all the keynote presentations together with the workshop presentations would be available on the Housing LIN website.

He thanked the Housing LIN for partnering the conference, his staff for the organisation and finally to his colleagues at GAHLF for making the day such a success. He closed by saying that he felt today was a turning point in the recognition of the role housing has in the quality of life, health and well being of the most vulnerable in our society.

Delegates were advised to take advantage of a last look at the exhibition area and to take advantage of networking.

Conference evaluation

- 52 completed evaluation sheets were returned, approx. a third of delegates.
- Delegates were asked on a scale of 1 to 4 (4 being very satisfied and 1 not satisfied)

Keynote Speakers

- 70% rated speakers as 3.5

Innovation and good practise sessions

- 72% rated sessions as 4

The venue and organisation of the event.

- 75% rated the venue as a 3, although several noted parking was an issue.
- 80% rated the organisation as a 3.5 but said the booking of the workshops could have been better

Overall rating of the event

- 98% of delegates rated the day as a 4
- 80% of delegates had heard of the event via the Housing LIN

Other feedback/comments

“Great opportunity to network!”

“I needed to know more about health and social care”

“Relevant and useful”

“Run it again please, yearly?”

Pat Palmer
South West Housing LIN regional lead

Jeremy Porteus
Director, Housing LIN

May 2014