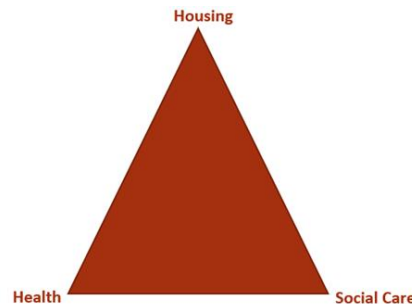


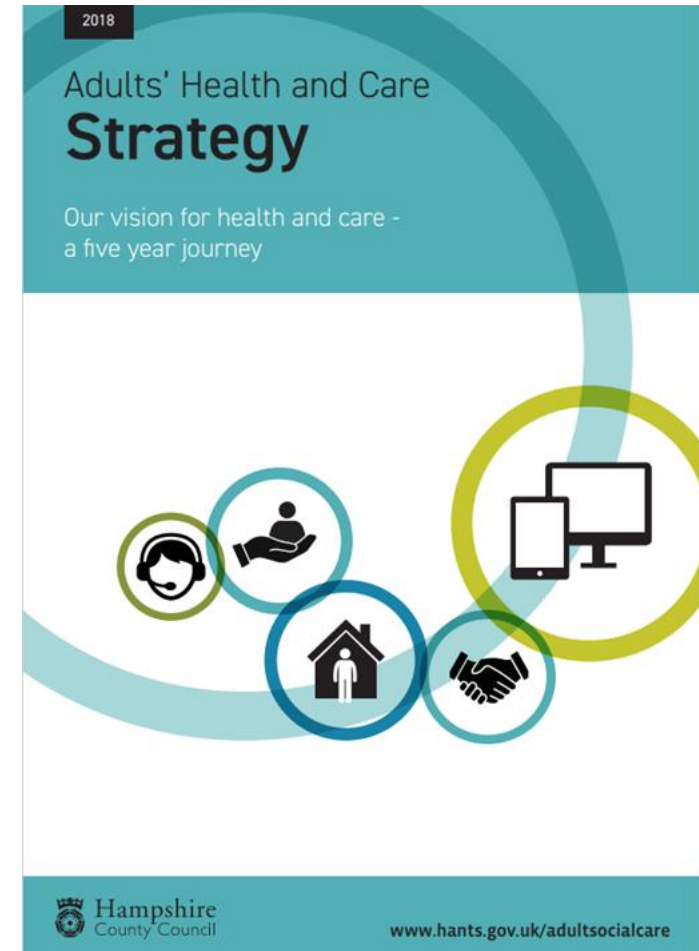
Integrating in the Community: How can IRCs help bridge the gap between health, social care and housing

A Commissioning Perspective



Social Care, Public Health, Place Shaping

- To support people to live as **independently** as possible within their local communities
- To live longer better – increasing **healthy life** expectancy
- **Reduce demand** for social care and health services
- To work **collaboratively** with partners including housing, NHS, independent/commercial providers & suppliers, the voluntary/community sector
- To support the creation of strong, resilient inclusive **communities**
- To support communities to **work together** to look after those who live there



Housing as a Determinant of Health and Social Care Need

- **Choice** of alternative housing and support options
 - Ability to **choose** where to live and who to live with
 - Opportunities to **plan** ahead, and take up those options in a timely fashion
 - Move or stay put? Stay in **own home**, with the necessary adaptations, a more suitable home, technology to stay as **independent** as possible
 - Support the desire live as part of a **community**, connected to including friends and family and the opportunity to meet people who share my interests.



IRCs as Part of the Solution

Homes for older people



Unhealthy homes increase the risk of

- respiratory illness
- cardiovascular problems
- excess winter deaths
- physical injuries, particularly from falls
- domestic fires



Unsuitable homes increase the risk of

- physical injuries, particularly from falls
- general health deterioration following a fall
- social isolation



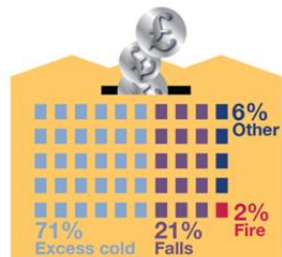
Precarious housing and homelessness increases the risk of

- physical and mental health problems
- alcohol and drug misuse
- suicide
- tobacco harm
- tuberculosis

Underlying health issues can in turn raise the risk of being homeless or living in precarious housing

Homes for older people

The estimated cost to the NHS of poor housing lived in by older (55+) people



£624 million
cost per annum

Current Extra Care schemes



Bridging the Gap

- Supply of specialised housing – scale, design and location
 - Affordability
 - Mixed tenure, size
 - Planned and unplanned care - on-site 24/7
 - Communal facilities on site
 - TEC solutions
 - Residents like: night time cover; activities; community
 - Residents feel: less isolated; safer; healthier
- Community and Place
 - Planning and place shaping
 - Mixed communities - scheme and the neighbourhood levels
 - Schemes that are diverse, affordable, inclusive, intergenerational
 - Communities that are strong, self sustaining and develop social capital
- Integrated approaches to develop integrated communities
 - Asset based opportunities – a focus and an opportunity
 - Integrate approaches to health, housing and social care
 - New approaches e.g. physical activity as a lever to avoid residential and nursing care



A Move to IRC – Affordable Extra Care Housing

Before

- Sue - early 70s, housebound in a first floor flat
- Unable to move about, sat and slept on a sofa day and night.
- Double up care 4 times a day. Last call of the day is 8 p.m.
- Ulcerated legs which need daily treatment by District Nurses. The ulcerated legs - fly/maggot infested twice.
- Screamed, shouted and verbally abusive
- Mental Health diagnosis (paranoia & schizophrenia)
- Unable to weight bear or leave the flat independently. No lift in building and impossible to use a hoist

After

- Care and support calls scheduled including at night for pain relief. Carers able to support in between calls when needed during the 24 hrs period.
- Care calls reduced by 50% over time. Ulcerated legs recovered.
- Hoisting equipment installed, able to use bed
- Shouting and verbal abuse at carers stopped.
- Outings with support from her daughter/carer for lunch time meals at local pub.
- Able to visit a hairdresser and does her own shopping for clothes and food.
- Keen to mix with others in the communal lounge
- Eventually (3yrs) died in her own flat, with carers support according to own wishes after declining a hospital admission