



Could front line workers hold the key to improving care in social housing?

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From gas engineers to neighbourhood officers, rent collectors to handy-people; promoting health isn't the first thing that springs to mind when you think about these roles. But with housing associations facing a major dilemma: how to cope with a rapidly ageing population using ever decreasing funds; as recognised in the latest HAPPI inquiry report from the All Party Parliamentary Group on Housing and Care for Older People, 'Housing our Ageing Population: Positive Ideas', new ways of operating are urgently needed in the sector.

One obvious area to re-think is current care provision. Many landlords already deliver interventions designed to improve wellbeing: everything from providing healthy eating schemes, smoking cessation support and physical activity programmes for older residents. The problem is that too often these interventions are 'bolt-on' services, added to already costly supported housing models.

I would argue that social landlords should be focusing their efforts on re-engineering health and care systems so they integrate prevention into all frontline service delivery.

So what would this look like?

Imagine a situation where it isn't just dedicated support staff who are looking after older or disabled residents. What if the front line officers who see and speak to hundreds of residents every week about repairing their radiators, collecting their rent or emptying their wheelie bins, actually used their conversations and observations to keep residents well?

Think about the power of taking this softer side of front line contact and flagging up any worrying changes in how a resident normally appears or behaves in an automated system. What if you then combined this with hard data provided by telecare systems? Real time information gathered from a wearable device that senses increased visits to the bathroom at night could indicate a possibly urinary tract infection. Data from asthma monitoring equipment may flag up a worsening breathing condition. Information from a medication reminder system could show that someone hasn't taken their pills.

Front line staff know tenants well and by connecting reports of everyday contact with harder, quantifiable data, housing associations could detect that someone's health is deteriorating before they have a fall and break their ankle or before they become depressed and unable to pay their rent. Early detection enables housing officers to alert the relevant agencies – a GP, social worker or home improvement agency – that extra support is needed.

But before this integrated care system can become a reality, there is another issue to overcome. Procurement of technology enabled care in the social housing sector is expensive and disjointed. Housing associations regularly buy telecare and telehealth goods separately, in low volumes and direct from lots of different suppliers. A range

of purchasing routes are used and frameworks are a rarity – all increasing the complexity and cost.

There's a key role for social housing procurement teams to play here. They can help to shape new care models by developing tailored specifications, maturing and co-ordinating the supply chain, driving down price points and ensuring suppliers deliver on ambitious targets through careful contract management.

Housing associations are facing unprecedented financial and demographic pressures. Redesigning care provision to put prevention on the front line is one way to address these challenges and technology has a big part to play in making this happen. The test is whether landlords can see past the short term change and up-front investment and recognise the long term benefits.

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