

Housing Learning and Improvement Network

Connecting Housing to the Health and Social Care Agenda: a person-centred approach



What is the Housing Learning and Improvement Network?

The Housing LIN brings together groups of senior staff within local authorities, primary care trusts, registered social landlords, the private sector and others interested in forging closer partnerships in delivering housing with extra care solutions for older people.

Care Services Improvement Partnership

The Care Services Improvement Partnership (CSIP) was launched on 1 April 2005 after a formal public consultation. Our main goal is to support positive changes in services and the well-being of:

- People with mental health problems
- People with learning disabilities
- People with physical disabilities
- Older people with health and care needs
- Children and families and
- People with health and social care needs in the criminal justice system

The Integrated Care Network offers advice on partnerships and integration that cut across all services in health and social care. It works closely with other networks and programmes across CSIP to ensure synergy in improvements.

About the authors

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Nigel is Vice Chair of Governors at the Centre for Policy on Ageing and a Trustee of Help and Care, Bournemouth.

Peter Molyneux has worked with Contact Consulting over a number of years and has been an Associate Consultant since 2003. He has extensive experience of working at the interface between the environment, health, housing and social care and particularly how the built environment impacts on people's health. He has worked to ensure that the NHS addresses environmental issues as a purchaser and consumer of goods and services. He was a member of the SE London Strategic Health Authority Environmental Management Board looking at issues of energy, waste and transport. In 2006 he wrote Sustainable Communities: Making Safe, Green and Healthy Environments for the NHS Confederation.

Since 2005 he has been Chair of Kensington and Chelsea Primary Care Trust.

**Housing Learning and
Improvement
Network**

**Connecting Housing to the Health
and Social Care Agenda:
a person-centred approach**

**This paper was prepared for the CSIP Housing Group
by Nigel Appleton & Peter Molyneux of Contact Consulting**



September 2007

connecting housing to the health and social care agenda

Foreword

There is little debate about the real benefits which flow from inter-agency working, partnerships and joined-up government.

Attempts to enshrine the concepts in legislation and policy guidance have undoubtedly focussed minds.

Those changes are perhaps best embodied by the flexibilities for pooled funding and management arrangements under first s31 of the Health Act 1999 and now s75 of the National Health Service Act 2006.

However, the legislative and policy framework continues to evolve.

Green and white papers on housing and local government and the new Commissioning Framework are the latest attempts to build on the examples of the health legislation flexibilities. The White Paper on local government, *Strong & Prosperous Communities*, has the relationship between councils and their partners at its core. The paper envisages a statutory partnership for health and well-being.

The housing green paper, *Homes for the future: more affordable, more sustainable*, also emphasises that more housing must be built around the care needs of an ageing population – with easily adaptable homes, pleasant and safe neighbourhoods and access to good local health facilities.

Parts of the commissioning framework published by the Department of Health in March 2007 rely on very wide local partnerships. For example, one theme centres on keeping people healthy and independent and not just treating their illness.

How to meet all these challenges – and opportunities?

We have seen innovation and improvement but inevitably there are many obstacles.

This report uses case studies to suggest how obstacles to the involvement of housing and other neighbourhood services can be overcome and the benefits that can flow to both the client and service providers. More strategically, it also offers fresh suggestions for ensuring that housing and housing-related services – such as better and safer neighbourhoods – are involved in the planning and delivery of health and social care priorities and services.

The over-arching message from this report is that the legislative and policy frameworks are largely in place, or soon will be: now it is up to partners across health, local government and the voluntary sector to ensure that housing and the communities people live in maximise their health and well-being.

I have confidence that service planners and providers are up to that task and that this practical guide will help them on that route.

Jeremy Porteus

National Programme Lead CSIP Networks

The Housing Leads Group is made up of national leads within CSIP, working on a variety of complementary issues with the housing and housing-related care and support sectors. It was set up to coordinate that work and to share it across client groups on housing issues.

The Group promotes the importance of housing policy to the Health and Social Care sectors. It supports the Department of Health and other government departments on relevant policy development and capacity building programmes with regard to the housing, care and support needs of older people, disadvantaged and vulnerable groups.

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1. Introduction

Adequate and appropriate housing is widely acknowledged to be a crucial underpinning of health and well-being. While the impact of poor housing on health, well-being and quality of life is demonstrable – and the contribution of housing to all these areas is self evident – it has all too often been peripheral to the framing of policy at the interface between health and social care.

Formation and role of the CSIP Housing Group

The CSIP Housing Group came together in response to a shared awareness of common themes within their work programmes and the absence of existing structures to ensure co-ordination and to avoid duplication of effort. Each member of the group had a concern for the role of housing in delivering health and social care objectives for older people, vulnerable adults and children but approached it from a perspective determined by their specialist area or service user group.

In addition to the benefit of learning from and supporting one another, the group offered the opportunity to:

- bring together a number of perspectives in reviewing the impact of Department of Health policy developments
- offer comment, critique and suggestion in a concerted way
- avoid duplication of effort and use staff time and resources more effectively, and
- support policy implementation, practice development and service improvements to and with CSIP's wide range of stakeholders.

The group established a formidable policy agenda identifying legislation, policy and guidance within which housing might have a role. Most immediately this included:

- the DH White Paper, *Our health, our care, our say: a new direction for community services*
- the Department of Communities White Paper, *Strong and Prosperous Communities*
- the consultation on the proposed national strategy for the Supporting People programme
- the Comprehensive Spending Review
- allocation of DH capital programmes 2008– 2010 to extend the housing-with- care or housing-with support choices of older people and vulnerable adults and
- the consultation on the reform of Disabled Facilities Grants and access to aids and adaptations.

The group identified a list of policy areas in which the role of housing in achieving effective delivery should be examined, or in which the role of, or impact upon, housing could be highlighted.

Policy/programme

- Improving the life chances of disabled people
- Supporting People
- Disability Discrimination Act
- Choice-based lettings
- Policies on homelessness
- Local rent allowances
- Private sector leasing/housing options
- “Ordinary residence” rules
- Regional Housing & Spatial Strategies
- National Treatment Agency models of care and supported housing for substance misuse
- National Service Framework e.g. for children, Long Term Conditions, mental health
- Health and Well-being

COMMISSIONING FRAMEWORK

- Local Area Agreements
- Extra Care Housing grants
- Every Child Matters

OFFENDER HEALTH & SOCIAL CARE STRATEGY

- reduction of re-offending
- Opportunity Age
- Excluded Older People
- Quality & Choice for older people’s housing
- Valuing People housing strategy
- Neighbourhood renewal
- Decent Homes Strategy and energy efficiency
- Aids and adaptations
- Equity Release and Private finance
- Individual budgets, direct payments and self-directed support
- Building standards, planning and access
- Mental Capacity Act
- Public Health White Paper
- Social Exclusion Action Plan
- Building Telecare in England & Prevention Technology Grants
- Community Equipment Services
- Housing Corporation Vulnerable People strategy

In its paper to the CSIP Executive Board in January 2006 the Group set out the key impacts of housing on the delivery of policy objectives that were common to all client groups:

- Housing has a critical role in ensuring the independence and social inclusion of people who are vulnerable or disadvantaged as a result of their age, ill-health, disability or circumstance.
- Poor quality housing impacts adversely upon physical and mental well-being and can cause further health inequalities. This is particularly so for people who are already vulnerable or disadvantaged.
- Inappropriate housing can significantly reduce the ability of people who have ill-health or a disability to lead independent lives. They can often struggle to access preventive housing and related care and support services which would allow them to participate in the community. This can often happen, for example, following discharge from hospital.
- A lack of stable housing is one of the key factors that can exacerbate and perpetuate social exclusion and risky behaviour, precipitating a move on to more institutional forms of care and support.

Housing and the Social Care Agenda

There are a number of good reasons why broad statements about the importance of housing to health and well-being and to the successful delivery of health and social care strategies are difficult to embed in practice. These can be summarised as:

- many of the potential impacts are easier to measure at a population level, whereas
- health and social care commissioning focuses on the single patient or user as its unit of currency;

and yet

- collaboration between housing, health and social care is often focussed on systems issues with an assertion or assumption of patient / user benefit.

Meanwhile there are

- differing priorities across health, housing and social care agendas which obscure the common or shared agendas of quality of life, and
- revenue and capital funding cycles which are not synchronised.

Both inhibit collaboration across agency boundaries.

- In two-tier authority areas, where housing responsibilities are located with the district or borough councils, and social care with the county council, non-coterminous organisational boundaries between health, housing and social care can create challenges to achieving a fully joined-up approach.

Patients say that they want “care closer to home” and that they “would prefer to stay at home or return home as soon as possible after a stay in hospital”. This means that more conditions which might previously have required a hospital stay may now be managed in the community. Looking at the care pathway from the patient’s perspective also means looking at related issues such as employment, transport and housing. In this situation a person’s home and the neighbourhood in which it is set is as much part of the therapeutic environment as the health-care facility.

The built environment impacts on people’s health in three ways:

- i) the quality of the services that are available, how accessible they are and the environment in which they are delivered;
- ii) the extent to which the physical environment exposes residents to the risk of accident or pollution or how it impacts on people’s ability to adopt healthy behaviours (e.g. walk-ability); and
- iii) how the social and cultural environment can contribute to a sense of belonging, well-being and self-worth.

In this paper we want to set out, through an exploration of different case studies, how housing

(both rented and owner-occupied) is an essential part of any strategy that seeks to bring health and social care together – and more importantly that seeks to place the patient or user at its' centre. In order to provide a way into this we intend to look at this question from three distinct perspectives:

People: housing services helping to achieve people's aspirations

Property: housing quality and its' impact on health and social care

Place: the impact on health of neighbourhood effects.

A better understanding of the role of housing or housing-related services in the delivery of practical solutions and desired policy outcomes with one set of circumstances can stimulate thinking about how similar outcomes might be achieved with other client groups and in other circumstances. One of the major benefits of regular interaction between those drawn from different disciplines and policy areas with a common interest in housing is that these points of recognition are increased. A virtuous circle can be created that feeds back into policy formation and implementation.

2. The Domains

Domain A

People: housing services helping to achieve people's aspirations.

In recent years there has been a shift away from a traditional focus on needs towards a much greater emphasis in public policy on the rights and aspirations of people who use services. Much of public policy, and this is no less true of health and social care, is designed to enable people to be fully engaged in their local community, to take responsibility for their health and self-care and in fulfilling their own potential as citizens. In this, housing is not a bystander but an essential participant in providing the essential underpinning to anyone's ability to take their place in society.

This has been accompanied by a greater emphasis on engaging users and potential users in the design, delivery and management of services. This is accepted as a hallmark of good planning. Services are likely to be better used because they better meet the needs of those whose needs they seek to address. This will deliver the necessary balance between consumerism and social justice.

The four case studies set out below demonstrate that joint working between health, housing and social care has a key role to play in helping people to achieve their aspirations. It can help them to feel connected to other people in their local area and to feel that they are making progress in their lives – whatever that means for them. They show that housing is not only a necessary underpinning of engagement in civil society but also that effective co-operation between different professionals is key to helping people to have a safe place to live. At the same time that place will allow them to play a fuller role in their local community and hence an improved sense of well-being.

1. Housing as a place to develop new skills

Emma, a young woman with learning difficulties, lives in a house with four other residents. Her dream is to have a job and her housing provider offers a comprehensive day service that is designed to meet her aspirations and support needs.

She has access to a specialist learning and skills service which is currently working with her to achieve her long term goal of successfully applying for a job. The agency is currently working with her to improve her confidence and increase her employment prospects by providing training to help her to fill in application forms, attend interviews, and travel to training. Once she has achieved this they will provide her with support as she begins work and learns about managing work-place situations.

Policy objectives delivered have been:

- increasing life chances for disabled people
- improving access to employment
- providing care and support in non-institutional settings

Similar issues may arise and comparable responses may be relevant to:

People with physical disabilities	✓
People with sensory impairments	✓
People with Learning Disabilities	✓
Older people	✓
Single parents	✓
Care leavers	✓
People who are homeless	✓
People abusing drugs or alcohol	✓
People leaving prison	✓
People with mental health problems	✓

2. The Home as a Place to Receive Treatment

Anne is a renal patient. She is in her 30s with a child at secondary school. Anne needs to dialyse for four to five hours three times a week. She is keen to have the first appointment so that she can be home when her daughter comes in. In order to ensure that she gets the first appointment she gets to the renal unit at 7.30am. The first appointment is at 9.00 and Anne can then guarantee being finished by 2.00pm. This pattern is transformed through the introduction of a home dialysis kit. This means that Anne can dialyse overnight and that she no longer has to get up to guarantee an early appointment. She is very clear that having the space at home and a good quality home environment is key to this being possible and points to fellow patients for whom this is not an option.

Policy objectives delivered have been:

- self-management of long-term conditions
- increased personalisation of care at a location of the patient's choice
- avoidance of hospital admission

Similar issues may arise and comparable responses may be relevant with:

People with physical disabilities	✓
People with sensory impairments	✓
People with Learning Disabilities	✓
Older people	✓
Single parents	
Care leavers	
People who are homeless	✓
People abusing drugs or alcohol	✓
People leaving prison	
People with mental health problems	✓

3. Appropriate and accessible housing provides a good location for the delivery of care

A young man living with a substantial physical disability (spina bifida with lower limb paralysis and double incontinence) was experiencing depression following redundancy. Through a series of events he became street homeless and was subsequently admitted to hospital with a severely infected abscess to his foot. Following treatment he could not be discharged as the wound needed dressings to be changed daily and the district nursing service were not willing to accept the referral of someone who was street homeless. Following allocation of accommodation through the homeless officer he was able to be discharged within 24 hours, he continued to receive nursing support for three weeks, has subsequently been assessed by the Community Occupational Therapist, has been able to re-register with a General Practitioner and is being supported by the Disabled Persons' Employment Advisor in his search for new employment.

Policy objective delivered have been:

- more timely discharge from an acute bed
- increasing life chances for disabled people
- providing care and support in a non-institutional setting.

Similar issues may arise and comparable responses may be relevant to:

People with physical disabilities	✓
People with sensory impairments	✓
People with Learning Disabilities	✓
Older people	✓
Single parents	
Care leavers	
People who are homeless	✓
People abusing drugs or alcohol	✓
People leaving prison	
People with mental health problems	✓

4. Housing as a gateway to financial services

An example of this is an older woman living alone in a two bedroom house that she now owned outright. She was aware that repairs to the property were long overdue but was unsure how to get hold of a reliable builder and to make sure that she didn't have more work done than was absolutely necessary and that she paid the right price. A friend suggested that she contacted her local home improvement agency (HIA).

The HIA put her in touch with a surveyor who identified what needed to be done, produced a schedule of works and estimated the likely cost. They also undertook a home energy assessment and made suggestions for ways in which she could reduce her energy consumption and hence her fuel bills.

The HIA arranged for an independent financial adviser to go through her options and they helped her to apply for a Disabled Facilities Grant and a top-up loan to pay for the work. The HIA helped her to identify a builder and to check that the work was done properly.

Policy objectives delivered have been:

- maintaining autonomy and independence for older people
- increasing the level of private finance in public services
- helping older people to keep warm and reduce expenditure on energy

Similar issues may arise and comparable responses may be relevant to:

People with physical disabilities	✓
People with sensory impairments	✓
People with Learning Disabilities	✓
Older people	✓
Single parents	✓
Care leavers	
People who are homeless	✓
People abusing drugs or alcohol	✓
People leaving prison	
People with mental health problems	✓

Domain B

Property: housing quality and its impact on health and social care

A key part of government policy is to ensure that people's ability to live independently is not constrained by virtue of the layout and design of their homes. The development and incorporation of Lifetime Homes Standards (for example, in the London Plan), improvements to the delivery of Disabled Facilities Grants, and the encouragement of EcoHomes are all positive steps to ensuring that someone's housing promotes their health and well being.

Traditionally, the provision of good quality housing was seen as a key tool in tackling the underlying causes of ill-health. Moving someone from insecure temporary housing to secure permanent housing or from an overcrowded to a less overcrowded situation would improve their physical health. In the twenty first century the health challenges we face are different. Mental health, neurological diseases (such as Alzheimer's Disease), coronary heart disease, cancer and diabetes are the main threats to health in this century. The challenge to the developers of housing organisations is how they can best respond to these challenges. What the case studies below demonstrate is how improving the quality of someone's housing has a significant impact on their ability to make the choices necessary to avoid conditions and diseases and can also help them to manage their health problems.

connecting housing to the health and social care agenda

5. Lifetime Homes

An example of this would be a man in his fifties. He lives alone having divorced from his wife some years ago. He is a smoker and occasional drinker. As a result of his smoking he experiences a Stroke. This leaves him with some physical impairment on one side and some low level loss of cognition. He is fortunate that he lives in a flat that is designed to Lifetime Homes Standards. This means that the home is easy to adapt and move around. He has had a shower installed downstairs making use of the drainage point that was included in the original design specification and that the kitchen is easy for him to use. He receives regular visits from the specialist Stroke nurse and is about to start a course of physiotherapy.

Similar issues may arise and comparable responses may be relevant to:

People with physical disabilities	✓
People with sensory impairments	✓
People with Learning Disabilities	✓
Older people	✓
Single parents	
Care leavers	
People who are homeless	✓
People abusing drugs or alcohol	✓
People leaving prison	
People with mental health problems	✓

6. Preventing Falls

As an example a single parent with two children under 6 has had to take them to A&E because in one instance a child fell down the stairs and in the second the child had received a bad scald from a hot saucepan. The Health Visitor identified her as a possible beneficiary of project, jointly funded by the local PCT and the Neighbourhood Renewal Fund. The aim of the project was to reduce the level of home accidents through the provision of equipment in the home. The service was provided by a local housing association to tenants living in properties across the local area. This particular tenant was provided with stair-gates, outlet covers, cupboard latches and poison stickers as well as advice on how to reduce home accidents. As a result she felt more confident, more aware of the potential hazards and clearer about what should be done to prevent them.

Policy Objectives delivered by this intervention include:

- falls prevention
- improving parenting skills
- preventing unnecessary hospital admission
- integrated community equipment provision

Similar issues may arise and comparable responses may be relevant to:

People with physical disabilities	✓
People with sensory impairments	✓
People with Learning Disabilities	✓
Older people	✓
Single parents	
Care leavers	
People who are homeless	✓
People abusing drugs or alcohol	✓
People leaving prison	
People with mental health problems	✓

7. Eco Homes as a way of reducing illness

Sue lives with her husband and young daughter. They have a low household income and are in receipt of Family Income Credit. Their daughter, who is eleven suffers from Asthma and has lost a significant amount of school time as a result – which as a knock-on effect means that Sue has to take time off work to care for her.

Their home has been designed to BREEAM Eco Homes Excellent Standard. This means that there are high levels of fuel efficiency – which means that the family have lower fuel bills. A lot of attention has been given to the ventilation in the property and to ensure that the materials used are non-toxic. This has improved the indoor air quality in the dwelling. As a result, Sue’s daughter has had fewer Asthmatic attacks, has lost fewer school days and requires a lower level of prescribing.

Policy objectives delivered:

- energy efficiency and fuel poverty
- reducing lost school and work days
- reducing indoor air pollution
- improving quality of life

Similar issues may arise and comparable responses may be relevant to:

People with physical disabilities	✓
People with sensory impairments	✓
People with Learning Disabilities	✓
Older people	✓
Single parents	✓
Care leavers	✓
People who are homeless	✓
People abusing drugs or alcohol	✓
People leaving prison	✓
People with mental health problems	✓

8. Specialist housing for people with dementia

An example of this would be how an older woman who has been experiencing Transient Ischaemic Attacks (TIAs) was beginning to feel a loss of cognition and wanted to plan for an uncertain future. She looked at a number of options including sheltered housing, residential care and domiciliary care. She chose an extra care scheme. This gave her the opportunity to maintain her existing lifestyle for long as possible, to receive visits from friends and family, and to receive care as and when she needed it. Although she continues to experience some degree of cognitive impairment she is able to use the shops and café on site, and this also means that her friends in the scheme and in the surrounding area visit.

Policy objectives delivered:

- extends choice for older people
- prevents avoidable admission to hospital
- helps people return from hospital to their own home more quickly

Similar issues may arise and comparable responses may be relevant to:

People with physical disabilities	
People with sensory impairments	✓
People with Learning Disabilities	
Older people	✓
Single parents	
Care leavers	
People who are homeless	✓
People abusing drugs or alcohol	
People leaving prison	
People with mental health problems	✓

Domain C

Place: the neighbourhood’s impact on health

Traditionally, there has been a concern that neighbourhoods can be exclusive and fail to embrace people from different backgrounds, with different skills and different ways of behaving. At worst neighbourhoods can present a forbidding face to anyone who, for whatever reason, doesn’t seem to fit. However, there has been a shift in thinking in recent years and increasingly there has been a focus on ‘inclusivity’ and on the neighbourhood as a vehicle of integration and support. In some cases, fellow “service users” who met in a time of need and/or adversity can go on to become friends. In all walks of life, it seems, there are possibilities of community and greater social capital that need to be brought out.

There is a strong link between neighbourhood quality and people’s ability to take on health promoting messages and to undertake physical exercise. For those of low social status there is very real risk that their health will be made worse by virtue of living in a poor area. As a result, there has been a concern to see investment in the design of the neighbourhood to encourage walking and create safe play areas. Green spaces need to be designed so that they are seen as an asset to a local area rather than as being unwelcoming or a place for crime.

The case studies set out below show how the provision of coordinated health, social care and housing services can help people to stay connected to friends, family or sources of support. These services are key to the creation of communities that are inclusive with the resilience to cope with change and to support those who need it.

9. Maintaining social networks

An example of this would be a young man who has to leave his mother’s home because he doesn’t get on with her boyfriend. He has been working part-time on a modern apprenticeship and has plans to start working for a National Vocational Qualification. This is put in jeopardy as he tries to find accommodation in his local area. Following a referral to a local supported housing agency he is offered a bedsit in the area he comes from. They help him to apply for a furniture grant and put in a package of floating support to help him through the period of transition. He had originally feared that he would have to give up his job as the only accommodation available would have meant a significant journey. By being able to be housed in his local area he is able to maintain a lot of his existing social networks and sustain his existing traineeship.

Policy objectives delivered have been:

- sustainable Communities
- managing transition to adulthood
- maintaining informal networks and sustaining social inclusion

Similar issues may arise and comparable responses may be relevant to:

People with physical disabilities	✓
People with sensory impairments	✓
People with Learning Disabilities	✓
Older people	✓
Single parents	✓
Care leavers	✓
People who are homeless	✓
People abusing drugs or alcohol	✓
People leaving prison	✓
People with mental health problems	✓

10. Maintaining networks during a crisis

An example of this is a young woman with complex mix of mental health problems. She lives with her partner in a flat which she rents through a private landlord. She is on medication for her mental health problems on a prescription from her GP but experiences regular periods of hospital admission.

The development of a community process model with a single point of entry to a range of community based services managed under a unified line management structure has reduced the opportunity for gaps in response to arise at times of crisis.

The inclusion of a “Crisis House”, managed by a local housing association, and a Crisis Intervention Team has meant that she has not had to be admitted now for over a year. She is still in contact with the crisis house, and other co-tenants there are now in her friendship circle. Yet she now has more choices about how to manage her condition and maintain as much of her normal pattern as possible.

Policy objectives delivered have been:

- High Impact Change 1: treat home based care as the norm
- independence, well-being and choice

Similar issues may arise and comparable responses may be relevant to:

People with physical disabilities	
People with sensory impairments	
People with Learning Disabilities	
Older people	
Single parents	
Care leavers	
People who are homeless	✓
People abusing drugs or alcohol	✓
People leaving prison	
People with mental health problems	✓

11. Access to open space and safe play

Access to open space and safe areas to play is important as a way of encouraging people to take exercise. There are links between exercise and educational attainment or the ability to make other healthy choices. In Tower Hamlets a traditional walk-up block overlooked a large central courtyard area laid to tarmac. Working with a local Bengali community group and an older people’s lunch club, a local housing association (who were now managing the block) decided to renovate the central courtyard.

Three areas were created i) a kick-about area with a high fence and basket-ball hoops, ii) a community garden with seating and iii) a soft play area for younger children. This proved very popular. The level of use at different times of day increased and people reported higher levels of physical activity. Key factors were that the space was no longer dominated by one group and that it was well supervised – being overlooked by the flats – and safe. A survey by the housing association found that a higher percentage of residents knew more than three of their neighbours.

Policy objectives delivered have been:

- social connectedness
- access to open space
- independence, well-being and choice

Similar issues may arise and comparable responses may be relevant to:

People with physical disabilities	✓
People with sensory impairments	✓
People with Learning Disabilities	✓
Older people	✓
Single parents	✓
Care leavers	✓
People who are homeless	✓
People abusing drugs or alcohol	✓
People leaving prison	
People with mental health problems	✓

3. Conclusions and recommendations

Patients express growing satisfaction with the progress towards the provision of seamless services across health and social care. The extent to which formal merger between health and social care organisations is going to be the preferred way of achieving this is set out in the Health Act 1999 and the subsequent NHS Act 2006. The Health Act 1999 provides a framework for pooling of money between health bodies and health-related local authority services. It also allows for the integration of human resources and management structures. It provides for the joining-up of commissioning for new and existing services and these arrangements can be made between both commissioners and provider organisations. The arrangements were previously referred to as Section 31 Health Act flexibilities. Section 31 has recently been repealed and replaced in England by Section 75 of the National Health Service Act 2006 which has consolidated NHS legislation.

A further step toward integration is to be seen in the creation of Care Trusts which are organisations that work in both health and social care. They may carry out a range of services, including social care, mental health services or primary care services. Care Trusts are set up when the NHS and Local Authorities agree to work closely together, usually where it is felt that a closer relationship between health and social care is needed or would benefit local care services.

However, there do need to be clear mechanisms for ensuring that housing is not marginalised from planning, service delivery and evaluation. We therefore recommend:

- A. Housing directorates and their concerns are integrated into discussions around adult social care and children's services,**
- B. An appropriate place for housing and housing related care and support services needs to be found within mechanisms such as Care Trusts and**
- C. New frameworks (such as that developed through integrating community equipment services) need to be developed to package key areas of service.**

The Sustainable Communities Plan seeks to tackle housing supply issues in the South East, low demand in other parts of the country and to bring all housing up to the Decent Homes Standard by 2010. There is also a focus on improving the quality of urban spaces and protecting the countryside. There has been a considerable amount of work exploring how the health and social care system can keep pace with these developments in relation to the impact of public health on the creation of sustainable neighbourhoods, and the development of social infrastructure. However, there remain concerns over the extent to which those on the margins of the housing market and who experience some form of vulnerability can be fully met. We therefore recommend that:

- D. The CSIP Housing Leads Group is specifically charged with maintaining a watching brief to alert colleagues to these issues as policy proposals are brought forward in relation to specific groups.**

connecting housing to the health and social care agenda

The CSIP Housing Leads Group has already demonstrated an ability to add value through the co-ordination and mutual support it provides to those with housing responsibility within particular work streams. To further strengthen that role we recommend:

- E. That the Group be recognised as a long-term structure, together with the desirability of referring to it policies and initiatives that may benefit from a housing dimension being written into internal practice.
- F. That the Group be charged with acting as a clearing house and means of co-ordination between the various groups within the Department that may be involved in making inputs to housing events. The purpose would be to foster internal partnership working, to avoid duplication where possible and to support policy implementation.

There are three areas where further work is required and we therefore recommend:

- G. That work be initiated to ensure the support of health and social care agencies for the adoption of universal quality criteria and planning requirements for older and vulnerable people within Local Development Frameworks and Local Area Agreements.
- H. That work is initiated to ensure that the whole health, housing and social care economy increases its understanding of the service implications of population change at a local and regional level.
- I. That CSIP convene a Housing, Health and Social Care symposium in 2008 that will bring together key government departments, commissioners, providers and user stakeholders to explore together the future housing, care and support needs and aspirations of older people and vulnerable people.

4. Glossary of Housing Types and Housing related services

Crisis Intervention Teams provide a psychotherapeutic response to acute critical situations (depressive episodes, attempted suicides or drug overdoses) with the aim of restoring the individual to the level of functioning that they had before the crisis.

Crisis Houses provide a safe place away from the pressures of everyday life which may be exacerbating or causing the period of crisis. They are an opportunity to provide an environment in which intensive psychotherapy can take place and where the individual experiencing the crisis can learn how to manage the causes and symptoms of their condition.

Disabled Facilities Grants are a local authority grant that helps someone with the cost of adapting their home to give them better freedom of movement into and around their home and/or to provide essential facilities within it. Someone can claim a grant if they, or someone living in your property, experiences some form of disability and that they intend to live in the property (as owner or tenant) for five years.

Eco Homes is an assessment method that rates the environmental qualities of new and renovated dwellings. For owners and occupiers the Eco Homes rating demonstrates the extent to which their home provides a healthy, comfortable and flexible environment and that they can expect reduced running costs through energy and water efficiency and reduced maintenance.

Extra care housing is a form of housing development, usually for older people, that incorporates access to a higher level of care than that provided by wardens in sheltered housing schemes. Residents agree the contract for services as part of their tenancy/ownership and support is usually available 24 hours a day.

Floating Support is a package of support for residents who are assumed to have short-term needs for intensive housing management and that, when they no longer need it, the support 'floats' off to someone else while they remain living in their property. This is designed to enable someone to maintain their tenancy by making sure that they get the support they need to live independently in the community.

Home Improvement Agencies support homeowners and private sector tenants who are older, disabled or on low income through the process of repairing, improving, or adapting their homes so that they can remain in their own home in a warm, safe and secure environment. This could also include the direct provision of repair and maintenance services, preventative initiatives, and providing advice on accessing appropriate, including private, finance.

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Integrating Community Equipment Services was an initiative by the Department of Health to roll out Good Practice in integrating the Community Equipment Services provided by health and social care agencies within each local authority area. Its objectives were to achieve integration of inventory, procurement, delivery, funding, management and governance of these services.

Lifetime Homes have sixteen design features that ensure a new house or flat will meet the needs of most households. This does not mean that every family is surrounded by things that they do not need. The accent is on accessibility and design features that make the home flexible enough to meet whatever comes along in life: a teenager with a broken leg, a family member with serious illness, or parents carrying in heavy shopping and dealing with a pushchair.

Residential Care is a service model offering residents 24 hours a day assistance with personal care, such as bathing and dressing, and some also provide nursing care from qualified nurses. Residential Care Homes offer the level of personal care that a caring relative might provide, and staff may when necessary ask a community nurse to visit to give a resident the kind of help that they would get if they were living in their own home, for example changing dressings or giving injections.

Sheltered Housing is housing which is purpose built or converted exclusively for sale or rent to elderly people with a package of estate management services and which consists of grouped, self-contained accommodation with an emergency alarm system, usually with communal facilities and with support from either a resident warden or a warden in office hours.

Supported Housing is a term used to describe a range of funding and joint working relationships that enable people who are vulnerable or who experience some form of social exclusion to live in a community setting. It is often applied to a range of service solutions including sheltered housing, emergency housing to meet crisis needs.

Supporting People funds are intended to pay for support services to enable people to live as independently as possible in the community. SP is used to pay for support workers usually attached to a particular type of housing or facility. For example, staff based in hostels for homeless people, support workers in group homes for people with learning disabilities and wardens who support people in sheltered housing. Although increasingly SP is being targeted towards people who need housing support regardless of their tenure or the type of accommodation they live in, so there is a move towards funding floating support services rather than, or in addition to accommodation-based services.

Telecare is a range of technology based solutions to help people with disabilities remain independently within their own homes. Includes a wide range of applications to meet health and social care needs including emergency alarms, movement and environmental risk sensor systems, remote monitoring of health conditions.

5. Overview of the policy context

The CSIP Housing Group prepared a summary of priority concerns in the range of policy areas covered by CSIP, highlighting the housing connections within each. This has subsequently been augmented by a complementary section on homelessness.

For people with mental health problems:

- One in six members of the working age population experience mental health problems at any given time. The majority of these are living in rented accommodation with a very high proportion living alone.
- One in four tenants with mental health problems has serious rent arrears and risks losing their home.
- There is increasing evidence that ‘residential sorting’ is taking place, with people who have mental health problems ending up in the same few local neighbourhoods and estates, placing pressure on local services and isolating communities.
- Suicide accounts for one in four deaths among people who are homeless, and studies have consistently shown that between 30% and 40% of rough sleepers have mental health problems.
- There is emerging evidence that lack of suitable housing and/or housing support is the single largest cause of delayed discharge from acute in-patient wards.
- Housing is one of the eight domains for action identified by the Social Exclusion Unit in their report on mental health and social inclusion.

For people with a learning disability:

- There are approximately 185,000 adults with a learning disability in the UK. The majority live with families and relatives.
- 62% of local authority expenditure is spent on residential care, providing in the region of 60,000 places.
- There is an increasing number of supported housing options but the housing with care choices remain extremely poor nationally.
- There are new models of housing, care and support being developed including Extra Care Housing and low cost home ownership arrangements.

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- Local housing investment strategies and plans and current *Supporting People* arrangements do not adequately reflect the demand for good new forms of housing, care and support services for people with a learning disability.

For people with a physical disability:

- More people are surviving longer with a disability and inappropriate home environments contribute significantly in disabling people and preventing their participation in society.
- Young disabled people who want to leave the family home have particular problems finding suitable accommodation.
- Some disabled people move into residential care because suitable accommodation cannot be found.
- Hospital discharge can be delayed because of a lack of suitable accommodation.
- New technology provides appropriate opportunities to overcome environmental barriers and requires harnessing and developing.

For older people

- There is a rapid increase in the ageing of the UK population. Currently 30% of all households are headed by someone aged 60 or over.
- 90% of older people live in ordinary housing and the remainder in supported and/or retirement housing for rent/sale. Significant numbers live in non-decent or poor quality accommodation and experience isolation and social exclusion.
- There are particular problems with regard to good quality move-on accommodation and the resultant impact individual's health and well-being.
- There is a lack of access to appropriate housing related care and support services that promote independence and well-being, such as Extra Care Housing, Disabled Facilities Grants and some Equipment Services.
- The housing with care needs for older people are largely ignored in local and regional housing strategies. The needs of BME communities are largely hidden.
- The delivery of telecare solutions to support the retention of independence, reduce risk and future hospital admissions, and limit dependency on care services is reliant upon an appropriate housing context.

For children:

- At least a half of families with a disabled child live in unsuitable and inadequate accommodation.
- Poor and unsuitable housing hinders the development of disabled children and makes the delivery of care and support more difficult.
- Housing strategies poorly reflect the housing needs of disabled children.
- The rules on Disabled Facilities Grants currently disadvantage families with a disabled child needing to undertake aids and adaptations.

For Offenders and related groups:

- Short-term prisoners form the largest group of prisoners, with the highest re-offending rate and the highest level of resettlement need, yet they receive little support with resettlement which often perpetuates social exclusion and re-offending.
- 90% of offenders have at least one mental health problem. The specific group of offenders with mental health problems is often difficult to house, with neither the mental health charities nor the offender support charities accepting them.
- Those offenders with substance misuse problems require specialist supported housing to ensure recovery. We are embarking on the Tier 4 programme which is designed to meet the various housing needs of offenders with substance misuse problems.
- Both young and old offenders have specific housing needs to encourage re-integration into the community and to ensure all their needs are met. For many time spent in prison can mean losing any secure accommodation previously occupied.

Homelessness

- Significant mental illness is present in 30% – 50% of people who are homeless or living in temporary or insecure accommodation.
- Drug and alcohol misuse are common.
- Skin ailments, respiratory infections, traumatic injuries and chronic gastro-intestinal, vascular, dental and neurological disorders are common.
- The average age at death is about 40.
- Homeless children have high levels of illness including failure to thrive, developmental delay, neglect and abuse.
- Homelessness is associated with poor social networks making it difficult to move on.
- People who are homeless commonly present to health and social care services in crisis with severe, multiple problems.
- Difficulties in accessing health and social care services often lead to high use of A & E departments.
- Hospital discharges are often delayed for lack of suitable accommodation.
- In some areas, specialist staff and teams have been set up.

6. Membership of the CSIP Housing Group

CSIP staff represented on the Housing Group include:

Jeremy Porteus (Chair)	Housing Learning & Improvement Network (LIN), CSIP Networks
Yvonne Maxwell	Housing LIN, CSIP Networks
Zoe Robinson	National Social Inclusion Programme (Mental Health) CSIP
Colin Williams	Social Care Change Agent Team, CSIP North East, Yorkshire & Humber region
Rachel Heywood	Valuing People Team, CSIP West Midlands
Mark Freeman	Health & Criminal Justice Programme
Bernadette Simpson	Physical Disabilities and Sensory Impairment Team (PDSI), CSIP London region
Sue Read	Homelessness Advisor
Sandy Clarke	PDSI, CSIP South West region
Rachel Denton	PDSI, CSIP Midlands region
Denise Gillie	Housing LIN, CSIP Networks
Clare Skidmore	Housing LIN, CSIP Networks
Karin Dival	Housing LIN, CSIP Networks
Neisha Betts	Health & Criminal Justice Programme (until January 2007)
Steve Strong	Valuing People Team, CSIP South West (until October 2006)
Robin Johnson	Mental Health Housing Lead, National Social Inclusion Programme (from May 2007)
Anne Shaw	Department of Health Social Care, Housing & Older People

Further Copies

PDF and Word versions of this document can be downloaded from our website at:

www.icn.csip.org.uk/housing

Gateway reference number: 8652

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