

Housing Learning & Improvement Network

Care Services Improvement Partnership 

Health and Social Care
Change Agent Team

Health for Life: Health Promotion in Extra Care Housing

A rapid review of the Harry Lawson pilot in East Cheshire

This report provides an overview of the “community hub” approach to health promotion activity for older people in Macclesfield and Congleton

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HEALTH FOR LIFE: HEALTH PROMOTION IN EXTRA CARE HOUSING

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PART 1: INTRODUCTION

- 1.1 Health is not just the absence of disease. It is the opportunity to enjoy life and to feel well. Housing, employment and a range of other social issues are important to someone's sense of health and well-being. This is clearly important for programmes, which are designed to provide people with the independence they need, and the sense of health and well-being that is an essential pre-condition of full participation in the wider community.
- 1.2 The aim of the Harry Lawson project in East Cheshire is to evaluate, develop and sustain a health promotion framework that assists older people to improve their independence, health and wellbeing. This would include work with residents to identify barriers to independence, health and wellbeing and what appropriate actions could be developed between partner organisations. The group chose to use a Plan, Do, Study and Act Cycle (PDSA Cycle) which provides a framework for developing, testing and implementing changes to the way that things are done that will lead to improvement (an explanation of the PDSA Cycle is included in Section 1).
- 1.3 In June 2005, the Change Agent Team at the Department of Health contributed consultancy support to the project to assist in measuring the potential health impact of the project. This was included in Phase 3 of the project (see the project plan on p 9).

Health Impact Assessment

Health Impact Assessment (HIA) is a way of identifying how to ensure health gain while achieving programme outcomes. This study followed an approach of investigating how a 'combination of procedures or methods by which a policy, program, or project may be judged as to the effects it may have on the health of a population' (WHO European Centre for Health Policy, 1999).

- 1.4 Owing to the short timescale, the steering group considered it necessary to rely mainly on 'rapid appraisal techniques'. The following methods were used:
 - interviews with key informants - in person or over the telephone;
 - a review of the evidence published in the academic literature and guidance;
 - a stakeholder consultation event - techniques included a group discussion, questionnaire, and building a process map.

The Report that follows is divided into five sections. This are-

Part 1 Context in which the Harry Lawson Project is operating;

Part 2 Mechanisms;

Part 3 Outcomes;

Part 4 Recommendations.

PART 2: CONTEXT IN WHICH THE PROJECT IS OPERATING

- 2.1 In this section we will look at the context in which the project is operating. This will include-
- 1 The needs that have been identified for the project;
 - 2 A review of the evidence base;
 - 3 The policy context.

THE NEED FOR THE PROJECT

- 2.2 Since 2005 there have been more people aged over 60 than people aged 16 In Eastern Cheshire (which includes the Boroughs of Macclesfield and Congleton). According to the 2001 census, 112,900 people were over 65 out of a total population of 674,000. The number of people over 65 is expected to rise by 33% by 2021.
- 2.3 The locality faces a number of difficult challenges in addressing these demographic changes as well as the changing health and wellbeing needs of an ageing population. At present, there are 5000 older people in long-stay residential and nursing care. All long stay care is provided by the private sector. Almost £60million of the total older peoples' health and social care budget of £100m is spent on the cost of providing long stay care for 3,000 people funded by social services. At the same time, Cheshire spends 33% of its HCHS budget on supporting older people in hospital. This compares to a national average of 31%.
- 2.4 Given the changing demographic in the county, this situation will only deteriorate with i) increasing costs and ii) a drift towards institutional models of provision that do not meet the changing aspirations of older people. There is a concern that current patterns of service (and their associated costs) will eventually become unsustainable. The challenge is to work upstream and focus resources on prevention work to enable older people to stay independent, healthy and active longer whilst encouraging them to contribute to the local community.
- 2.5 Cheshire has significant pockets of social and economic disadvantage. However, with the exception of one area (Lache in Chester) no areas are eligible for additional deprivation monies. This has meant that agencies have needed to find different ways of testing and evaluating new approaches to provide low-level support in the community, to reduce avoidable emergency admissions and delayed transfers of care and to support older people to live longer independently and safer at home or in specialist accommodation for older people such as sheltered housing.
- 2.6 Locally there has been much debate and interest on Health Promotion activity focused on Sheltered Housing, Extra Care, Residential and Nursing Homes, Day Care and Community Support Centres. However, this tends to ignore the opportunities a settings based health promotion framework could offer which would enable older people to increase control over and improve their independence, health and wellbeing.

Healthy Settings

The settings approach is a long-term one. In most cases it is implemented through defined projects which are designed to :-

- Introduce specific interventions to create healthy working and living environments;
- Develop health policies;
- Integrate health into quality, audit and evaluation procedures to build evidence of how health can make the system perform better.

Source: Naidoo, J and Wills, J (2000) Health Promotion: Foundations for Practice 2nd Edition. RCN: London. P 262.

- 2.7 In taking a settings based approach, the project sought to use an existing sheltered housing scheme as a "community hub" where health promotion initiatives can be delivered. Residents were also given the opportunity to identify barriers to independence, health and well-being such as transport, fear of crime, access to fresh and nutritious food and health messages.
- 2.8 The project will support the PSA target for long-term conditions by addressing primary and secondary prevention needs at the base so the triangle of need complementing work on chronic illness being developed by community matrons. This will enable community matrons to increase their caseload by providing a system of support for older people with long-term conditions.
- 2.9 By taking a whole system approach the project will support the priority in Cheshire County Council's Corporate Plan for i) safer and stronger communities, ii) healthier communities and older people and iii) sustainable communities and transport. This is developed in the Cheshire County Council Adult and Community Service Plan which aims to i) promote independence and rehabilitation ii) listen and respond to older people and their carers, iii) waiting in partnership to deliver integrated services and iv) developing staff.

REVIEW OF THE EVIDENCE BASE

- 2.10 There is a comprehensive literature addressing the links between different aspects of health and well-being, the physical aspects of the dwelling and supportive interventions to encourage participation in wider society. What follows is a summary of this literature.

Housing - A Platform for Citizenship

- 2.11 There is a growing acceptance that individuals have rights to service, and that these rights are not compromised by age, physical or mental disability or any other need. The provision of a home is the platform on which all other civil engagement is built. Housing provides a base on which a strong sense of citizenship can be developed. The best support services enhance the quality of life for citizens, enabling them to exercise all sorts of other rights in effective ways.
- 2.12 The role of housing in this area, as in community care generally, has not been given the same level of consideration as health and social care services.¹ A number of publications have highlighted the importance of effective joint working between health, social services and housing to achieve better value

¹ Home alone: the role of housing in community care (1998) Audit Commission, p7; Housing options for disabled people (1998) Ruth Bull (ed)p11

in service provision.² Whatever the organisational structures in place to encourage Integration or co-location of health, social care and housing services problems can still arise over systems with no guarantee of better coordination³.

- 2.13 Extra Care housing is increasingly recognised as benefiting the health and wellbeing of older peopleⁱⁱ through providing:
- the provision of security and on call systems
 - the opportunity for social involvement, sense of community and independence
 - the opportunity to reach out to the wider community
 - the opportunity to use community facilities for groups and activities
 - the opportunity for organised leisure and social opportunities
 - the opportunity to use telecare and telehealth to support hospital discharge or admittance to hospital
 - dedicated staff who are available 24hrs a day
 - provision of / access to meals, bathing

The Health Benefits of Physical Activity

- 2.14 In 2000, Coronary Heart Disease (CHD) accounted for 100,000 deaths in the UK. Levels of obesity have tripled in the last twenty years. In 1998 obesity accounted for 30,000 deaths and a £0.5 billion cost to the NHS. Each year 110,000 people in England and Wales have their first stroke. Meanwhile, over 400,000 older people in England attend A&E Departments following an accident and up to 14,000 people a year die in the UK as a result of a hip fracture.
- 2.15 There is substantial evidence to support the role of physical activity in promoting good health. Regular physical activity decreases the risk of coronary heart disease, stroke and diabetes, and the associated risk factors such as hypertension and obesity. Older people benefit from increasing physical activity, significantly enhancing mobility and independence and improving quality of life^{4,5}. Exercise programmes specifically designed to reduce falling amongst older people result in a reduction in the rate of falling^{6,7}. Exercise also has benefits in reducing depression and improving cognitive functioning amongst older people^{8,9,10,11}.
- 2.16 Local Exercise Action Pilots (LEAP) have been developed to test a range of different approaches to increasing the numbers of adults and young people in hard to reach communities who take regular, moderate intensity physical activity and to reducing the numbers of sedentary adults and young people. Based on findings from the interim evaluation of the LEAP projects, a key recommendation is that organisations, and in particular PCTs, should plan to resource and implement physical activity interventions as part of future

² Disable Facilities Grants and older people: agenda for action (1998) Age Concern, p14

³ Home alone: the role of housing in community care (1998) Audit Commission p67

⁴ Victor et al, 1999

⁵ Munro et al, 1997

⁶ Province et al., 1995;

⁷ Wolf et al., 1996

⁸ Darbishire and Glenister, 1998;

⁹ Grant et al., 2000;

¹⁰ Ethier et al., 1997;

¹¹ Scully et al., 1998

community wide and targeted preventative health initiatives.

- 2.17 The projects have established that a large section of the population, in particular those who are sedentary and older people do not intend to take more exercise. Targeted physical activity interventions can successfully attract and engage a range of participants who are sedentary and are from key priority groups and can reduce the number of participants who are sedentary or irregularly active and increase the number of people participating in the recommended level of physical activity for health.

Preventing Falls

- 2.18 Evidence shows that the interventions incorporated in the Health for Life proposal have the potential to reduce falls by 15%-30%¹². As an example, Eastern Cheshire's Falls Prevention Strategy identifies that a minimum 15% reduction would save 1,050 bed days and 158 A&E attendances in the locality. The Health Resource Group costs for hip fractures is set as £6,821 so for a 15% reduction the realisable health savings for Eastern Cheshire would be £225,787 per annum.

Falls Collaboratives

A number of projects have been developed under the Falls Collaborative. Interventions involving exercise, medication review, footwear and foot care, eyesight and environmental adaptations were adopted. A Healthy Communities Collaborative project in Hastings and St Leonards has focused on reducing falls in people over 65 years old, and has seen a 33% reduction in hospital admissions following a fall. In Gateshead, a Healthy Communities Collaborative has achieved a 32% reduction in falls among older people — which translates into an annual saving of roughly £630,000. Across the collaborative as a whole, the results demonstrate a reduction in falls within the pilot year of between 30% and 60% which equates to 4,000 saved hospital bed days.

Diet and Nutrition

- 2.19 Healthy eating promotes a sense of well-being¹³. Change in diet containing whole grain cereals, and more fruit and vegetables can reduce constipation, which affects the quality of life of about 20% of older people, and is effective in reducing CHD risk factors^{14,15}. Ideally, projects should take into account personal characteristics, such as motivation and needs, and include feedback in changes of behaviour.
- 2.20 Weight management linked to diet is important in terms of maintaining good health and the self-management of disease - especially diabetes and hypertension. Access to dietetic services and ongoing weight management support, provided that they are non-judgmental, is effective in improving self-reported health and well-being. This must be accompanied by improvements (where necessary) in the accessibility of fresh and affordable food.

Screening

- 2.21 The London Older People's Service Development Programme adopted a 'whole' system approach (including social care, housing, environmental

¹² Gillespie LD, Gillespie WJ, Cummings R, Lamb SE, Rowe BH (2003) Interventions for preventing falls in elderly people. Cochrane Review, Cochrane Library, Issue 1, 2003.

¹³ DH, 2002

¹⁴ DH, 2002. National Service Framework for Older People. TSO: London.

¹⁵ Brunner et al., 1997

health and voluntary sector support). Taking a person-centred approach based on whole person assessment and joint working alongside collaborative tools, enabled front-line staff to find out what older people really wanted/needed (often not health related) and improve services for individuals and groups of older people. A small central team supported 29 activities. Outcomes included:

- a 47% reduction on hospital admissions;
- a 48% reduction on nights spent in hospital;
- A&E attendances down by 53%;
- A 53% reduction in home visits;
- 82% reduction in use of the GP out-of-hours service;
- A 19% reduction in GP appointments;
- Length of stay was reduced by a total of 145 nights over 13 patients
- Re-admission of people over 75 years was reduced by 3% when compared to the same period last year.

2.22 A project at the Castlefields Health Centre in Runcorn, now commonly cited by the Audit Commission and Department of Health, involved nurse-led check-ups for people with heart disease with the aid of a computer template or checklist ensuring that lifestyle issues were addressed, all relevant measurements were taken and that the proven interventions, including medication, were applied. The outcome is a reduction in heart attacks by more than 50% and deaths are now nearly a third of the number when the system began. Today, there is approximately one death a month compared to nearly three a month ten years ago. A Joint nurse/social worker assessment was also introduced. The project achieved a 15% reduction in hospital admissions, average length of stay in hospital falling by 31%, and total bed days used falling by 41%. The number of bed days saved was > 1,000 and assuming a cost of £300 a day, this would amount to £300,000 of acute hospital pressure saved in one year per practice.

Advice and Information

2.23 The NSF for Older People states that advice and information 'promote the material wellbeing of older people, for example through providing access to and advice on benefits'. Clearly written and readily available information is key to older people accessing welfare benefits advice, social clubs, leisure facilities and health and social care services.

Users and user group involvement

2.24 All parts of the public service are concerned to encourage greater levels of involvement and engagement by the people who use services. This is due to the:-

- evidence that involving users in the development or redesign of services will ensure that they are more responsive and better used;
- belief that engagement will deliver the necessary balance between consumerism and social justice;
- desire to see users as full partners in the 'co-production' of services.

In addition, in health and social care, there is a growing appreciation of the improved health outcomes that can come from more self - determination¹⁶.

POLICY CONTEXT

PROMOTING INDEPENDENCE AND AUTONOMY

- 2.25 17.5 million people in the UK suffer from long-term chronic diseases. The impact on health and social care services is significant. 5% of inpatients account for 42% of bed days and 60% of GP consultations concern people with long-term conditions. New models of care are being introduced to ensure that people with long-term conditions are treated earlier in the course of their disease and closer to home.
- 2.26 The *National Service Framework for Older People* introduced “standards” to increase independence and quality of life amongst older people and to reduce the demand which they are likely to make on acute health services and care budgets. Standard 8 is concerned with reducing the number of falls amongst older people and the consequent incidence of fractures requiring hospital treatment and often precipitating a move into institutional care.
- 2.27 The Health and Social Care Act (2001) places a duty on health organisations to involve and consult patients and the public. They must consult people on their proposals and report on what changes they have made to their proposals in the light of the public's response. This greater focus on engagement and inclusivity are principally driven by-
- evidence that involving users in the development or redesign of services will ensure that they are more responsive and better used;
 - a belief that engagement will deliver the necessary balance between consumerism and social justice;
 - a desire to see patients as full partners in the 'co-production' of health and social care services;
 - an appreciation that self care leads to better health outcomes.
- 2.28 *Tackling Health Inequalities: A Programme for Action* (2003) builds on the Treasury-led *Cross Cutting Review of Health Inequalities* (2002) and called for “concerted action through joined up policy making across departmental boundaries”. The purpose of the review was to look at how existing resources from a range of sources could be matched to health needs and to develop a long-term strategy to narrow the health gap. It identified a number of interventions that can narrow this health gap including reducing smoking in manual groups, environmental improvements to tackle cold and damp housing and increasing safety at home for older people as well as working to reduce hospital admission and excess winter deaths.
- 2.29 *Choosing Health: Making Healthier Choices Easier* (2004) encapsulated the Government's view that people should make their own choices about their lifestyle, and consequently their health, but that these choices should be informed by good information and advice. Choosing Health commits Public Health Observatories and Directors of Public Health to produce reports designed to inform local communities about the local health issues.

¹⁶ The Future of Supported Housing (2004) Molyneux, P and Unwin, J p8

- 2.30 *Commissioning a Patient-Led NHS* (2005) confirms the themes of customer focus, engagement and localisation as key drivers for the NHS in the Government's third term. This presents opportunities for providers to develop new patterns of provision.
- 2.31 In January 2006 the Government published a White Paper, *Our Health, Our Care, Our Say*, following a lengthy period of consultation with the public. The White Paper has four main aims:
- To provide better prevention services and earlier intervention within health and social care;
 - To increase choice and user involvement in the design of services;
 - To reduce health inequalities, improve access to services and to provide care in more local, convenient settings including the home;
 - To provide assistance to people with long-term needs by providing more information and support people to manage conditions themselves.
- 2.32 *A Sure Start to Later Life: Ending Inequalities for Older People* by the Social Exclusion Unit (2006) extends the approach of Sure Start in taking a community development approach to re- shaping services for older people. A Sure Start to Later Life seeks to ensure that aspirations to independence, dignity and choice extend to those older people who are most at risk of isolation and exclusion. As society ages, the report argues, the leadership of older people will be critical to the development of strong communities with the necessary resilience to adapt to change.

PART 3: MECHANISMS

- 3.1 In this section we will look at the mechanisms being used to deliver the project outcomes. This will first look at the development of the project before going on to look at the delivery of the project and the proposals for monitoring and evaluation.

DEVELOPMENT OF THE PROJECT

- 3.2 In 2002, East Cheshire PCT established a multi-agency group to progress work on the implementation of standard 8 of the National Service Framework for older people. The purpose of the group was to extend the life expectancy of older people in Eastern Cheshire through a co-ordinated programme of activities that would be carried out by a range of statutory, voluntary and community and private organisations. This programme was to promote healthy lifestyles amongst older people in the area.
- 3.3 Initially the group sought to develop a wide range of interventions to the broad range of older people. However, in 2004, the group selected to narrow its focus on achievable interventions such as:-
- Datalink Scheme
 - Warm Homes for Health
 - Immunisation – especially flu
 - Income maximization
- 3.4 The group proposed that a setting based approach should be piloted to improve the independence, health and wellbeing of older people in the area. A Health Promotion Framework was produced with a 'fivefold' focus on the creation of environments which are supportive to health, strengthening community action, preventative health services (primary and secondary prevention), developing workforce capacity and skills and the development of organisations such as Borough Councils, Health and Social Care Services. The first three components of the framework concentrate health promotion activity on environments where individual or community lifestyles can be sustained or improved while the others provide support for the setting.
- 3.5 The group decided to pilot the approach in one sheltered housing scheme with additional extra care services in the Borough of Macclesfield known as Harry Lawson Court. The aim of the Harry Lawson Project is to evaluate, develop and sustain a health promotion framework which assists older people to improve their independence, health and wellbeing. This would include work with residents to identify barriers to independence, health and wellbeing and what appropriate actions could be developed between partner organisations. The group chose to use a Plan, Do, Study and Act Cycle (PDSA Cycle) which provides a framework for developing, testing and implementing changes to the way that things are done that will lead to improvement (an explanation of the PDSA Cycle is included in Section 1).

- 3.6 The aim of the Harry Lawson project is to evaluate, develop and sustain a health promotion framework which assists older people to improve their independence, health and wellbeing. The project builds on the evidence that sheltered housing schemes and Extra Care housing supports the independence, health and wellbeing of older people, through providing services such as Community Support Officers, on-call systems, social involvement and communal facilities. The pilot seeks to develop this and use the facilities that are available at Harry Lawson as a community 'hub' for a range of health promotion/improvement activities¹⁷ for both residents and older people living in the surrounding area. The objectives are:-
- 1 ensure residents have access to mainstream disease prevention programmes to promote self-management of long-term conditions;
 - 2 develop health promotion interventions targeted specifically at older people who either live in the scheme or in the neighbouring area. These include i) physical activity; ii) improving diet and nutrition; iii) health screening and immunisation; iv) falls prevention; v) mental health; vi) oral health; vii) sexual health advice; viii) carers advice; ix) benefit and financial advice; x) stop smoking advice and support; and xi) self care and management of long term conditions.
 - 3 work with residents to identify barriers to independence, health and wellbeing and that appropriate actions are developed between partners such as i) improving access to transport; ii) reducing fear of crime; iii) improving access to services; iv) improving access to local amenities e.g. shops; v) developing basic skills e.g. cooking, money matters; vi) improving access to information; vii) improving the immediate environment.
 - 4 gather information about problems, if any, experienced by residents / community which prevents independence, health and wellbeing.
 - 5 ensure that agencies and service providers adopt a co-ordinated approach to the needs of residents.
 - 6 develop an action learning approach to enable roll-out to other extra care and supported housing schemes.
 - 7 provide training and support to residences, health and social care staff to identify the needs of older people living in or surrounding Harry Lawson Court.
 - 8 pilot the Community Appraisal Approach as a method for ensuring active participation in identifying health needs of older people and participation in decision making.
 - 9 develop a Health for Life Toolkit including evaluation methods for those co-ordinating activities in Extra Care and sheltered housing, community support centres and day centres.
 - 10 produce a report on the effectiveness of interventions and future development of a Health for Life Project in Eastern Cheshire.
- 3.7 The Steering Group recognised the importance of setting clear outputs and outcomes for the project. It was proposed to measure the success of the project against a set of indicators. These are set out below-

¹⁷ A whole system focus on settings offers a valuable approach to access 20% older people in Eastern Cheshire. The approach draws on three key elements: a healthy living environment, integrating health promotion activity into daily activities of the setting and reaching out into the community.

Success Measures

Indicators	Year 1	Year 2	Year 3
1 Reduction in number of A&E Attendances	3%	6%	6%
2 Reduction in Emergency Bed Days	3%	6%	6%
3 Reduction in Fractured Neck of Femur	3%	6%	6%
4 Reduction in Ambulance Call outs	3%	6%	6%
5 Reduction in Long term Care Placements	2%	4%	4%
6 Reduction in GP Appointments	1%	2%	2%
7 Increase in number of people accessing mainstream health promotion and disease prevention programmes	10%	20%	20%
8 Increase in number of people accessing social, leisure and recreational activities	3%	6%	6%
9 Substantial improvement in quality of life for older people (to be defined).	Insufficient data available	50%	60%

Indicators 1 to 6 will be measured against a baseline of 2004/05 figures.

Indicators 7 to 9 will be measured against base line data collected at the start of project.

Governance

- 3.8 A steering group has been established for the project. This includes membership from East Cheshire PCT, Macclesfield Borough Council, Age Concern, Cheshire County Council and AIR (Activity in Retirement). A resident group was established during the phase 1 of the project during the initial field work to deliver some outcomes from the community appraisal work. A further steering group was then established to manage various programmes in the project in September 2005.
- 3.9 The steering group undertook an initial risk assessment. This saw a lack of resources to carry out health promoting activities and the potential difficulty of maintaining agency/staff involvement as a key risk. In addition, it was recognized that the potential benefits would be put at risk if resources could not be released to sustain the activities planned. A series of mitigating measures were put in place including i) a partnership agreement, ii) ongoing evaluation of activities and iii) the active engagement.

DELIVERING THE PROJECT

- 3.10 The Specialist Health Promotion Service for Eastern Cheshire Primary Care Trust and the Health Improvement Service for Macclesfield Borough Council have designed a Health Promotion Framework for using Harry Lawson as setting for health promotion activity.

Health Promotion Framework	
1	Community Appraisal / Community Development
2	Benchmarks in Health Promotion / Public Health Skills for Staff
3	Self Care and Long Term Conditions
4	Medicine Management
5	Active Ageing
6	Health Trainers / Volunteers
7	Tool Kit
8	Other Health Promotion Interventions

- 3.11 Using Harry Lawson Court as a health promoting setting provides an opportunity to develop more co-ordinated activities through other services such as physical activity, mental health promotion, health screening, arts for health, immunisation, falls prevention, socialising and oral health promotion. In addition, facilities at Harry Lawson Court could, it was felt, also be used by those living in the surrounding area.
- 3.12 The design of the pilot was also intended to generate local discussion between Health and Social Care providers, Borough Council Services, Voluntary and Community Groups and Housing Trusts in an attempt to influence the way partner organisations and community services think about promoting health through improving their knowledge, confidence and skills in health improvement. Key to the approach has been to engage with residents through the use of community development approaches such as community appraisal¹⁸ whereby older people have been able to discuss concerns and identify their own needs, problems, threats, community characteristics, resources and strengths.
- 3.13 The project will be implemented over 5 phases because of the complexity of the project and maximum use of limited resources. These are set out below-

Timescale	Overview	Phase
Feb – March 2005	Training – Community Appraisal / Assessment Methods Resident group	1
April – August	Level 1 Questions (Broad Questions) Analysis	2
June - Nov	Action planning – from initial level 1 questions Implementation of activities – networking with community and voluntary groups, service providers	2
Nov - Dec	Baseline Health and Wellbeing Questionnaire Interim Report Case Study	3
Jan - March	Level 2 Questions – (Specific Questions around emerging themes) Small focus groups <ul style="list-style-type: none"> • medicine management • diet & nutrition • social isolation Evaluation of activities, groups, key workers volunteers and referrals to other service providers	4
April - August	Action planning & implementation – from level 2 questions	4
Aug - Dec	Evaluation of project	5
Dec - April	Project report, Action Planning, recommendations – proposed action Launch report / findings	5

¹⁸ A community appraisal is a technique through which residents (or local people) take stock of community life.

COSTS

3.14 In developing a cost model for the project there has been a focus on two groups of costs:

- the cost of identifying the needs of older people
- the cost of responding to those needs

The first group of costs is perceived to be relatively easy to control. By taking a settings based approach it is possible to target limited assessment and screening capacity on a significant group of patients who all live in one location. If such initiatives can be marketed to older people living in the surrounding neighbourhood then this makes the initiative more cost effective.

3.15 The second group of costs is more difficult to quantify and there are variables that are likely to have both positive and negative impacts – many of which are not in the direct control of the project. The intensive activities focused on community hubs, such as Harry Lawson, are estimated to lead to, at a minimum, 3% reduction in unscheduled hospital admission and, at best, a 15% reduction amongst those experiencing regular hospital admissions.

MONITORING AND EVALUATION

3.16 As a project we recognise the importance of good evaluation to measure the impact of interventions which support older people. This includes supporting organisations to improve their health improvement plans, policies and health promotion practice to ensure that older people have maximum benefit including the settings and communities in which they live.

3.17 The evaluation will therefore use a number of different methods to measure the effectiveness and impact of interventions to gain a fuller picture to whether a setting based approach will work. The methods will include:

- Baseline survey using a questionnaire
- Information collected by partner organisations
- Gathering people experiences
- Producing Photographs and video evidence
- Measuring cost effectiveness

PART 4: OUTCOMES

- 4.1 In this section we will look at the outcomes of the pilot. It is divided into four sections:-
- Findings from stakeholder interviews;
 - Findings from consultation with users and potential users;
 - Actions that have been identified through the project;
 - Conclusions and recommendations.

FINDINGS FROM THE STAKEHOLDERS INTERVIEWS

- 4.2 The challenge for Cheshire is to reverse the trend in providing services at the chronic and acute levels of need and refocus “up-stream” to enable older people to stay independent, health and active longer. There was a recognition that this would require better partnership working between organisations including the voluntary sector, build public health capacity and enable older people to engage in making decisions and setting priorities for services. When asked what difference they needed the project to make stakeholders said that it needed to-
- prevent drift into higher levels of service
 - demonstrated effectiveness of a whole system approach

“With new build, it would be easier to see how you could “build in” clear space for use by wider community and outreach to people living in the neighbouring area”. Local stakeholder.

- 4.3 Respondents recognised a strong desire amongst local people to i) live in their own homes and ii) if they do move into dedicated housing they want small schemes with a broad range of facilities. This means, if the facilities provided are not going to push service changes to an unacceptable level, that facilities need to be opened up to residents of other schemes or those living nearby. This would have to be brokered carefully with residents. As one respondent put it “the settings based approach provides opportunities to provide services cost- effectively”.

“The pilot will have worked if it responds well to a desire to be active and gives them new roles”. Local stakeholder

- 4.4 Several stakeholders welcomed the opportunity to i) look at the whole person (rather than their disease or disability) and ii) allows the patient’s own view of their care pathway to be properly acknowledged. Some interviewees acknowledged that the project provided a slight challenge to patient/client centred work. Whilst all agencies would undoubtedly be committed to a whole systems approach. There could be tensions. Key to ongoing buy-in will be to i) embed health and well being into the care service, ii) to demonstrate that people are more able to self-care and iii) support the resident manager to co-ordinate and enable.

There was a recognition that even taking a settings based approach there would be barriers to full engagement:

- one vociferous or dominant group could block particular activities being introduced
- some people, by choice or through necessity, will stay within their own homes
- some people may be bashful about doing activity or sharing information in front of their neighbours – and may prefer a more anonymous setting.

"Here is a real opportunity to make a reality of prevention and localism".

Local stakeholder

- 4.5 There was a strong sense that housing has a key role to play in the care pathway. The project provides an opportunity to prevent hospital admission and hospital journeys. Most older people will live in their own homes as owner-occupiers. There will be a need to further develop community alarm schemes and access to Disabled Facilities Grants/Adaptations. Several respondents felt that there would be a need, for the foreseeable future, for some form of specialist housing for older people including sheltered housing. Question is, how is the existing stock of sheltered housing made attractive for the next generation?

"Most people plan more for their holidays than they do for their old age".

Local stakeholder

- 4.6 Medicines management was one area where having a critical mass of patients in one setting was perceived to be helpful. It provided an opportunity to i) do a clinical review of residents in a cost effective way ii) to assist people in their own self management and iii) train support staff to assist with compliance. There would need to be a system to ensure that new residents were picked up.

- 4.7 Transport was a barrier identified by a significant number of interviewees. Tesco are willing to run a bus service at set times. Whilst this helps some people to access fresh food, there is also a need to improve transport to other services and amenities.

"The project will need robust evaluation to show that it is making a difference".

Local stakeholder

- 4.8 The policy environment was considered to provide a great opportunity to engage local services and signpost people effectively. Nearly all those interviewed welcomed the initiative. However, there were some significant differences amongst different stakeholders as to the reason for this. If the project were to be rolled out it would be important to ensure that these were incorporated and seen to be addressed:-

- testing out different ways of engaging people
- improve/increase active case management by community matrons
- demonstrable reduction in non-elective care
- there must be an emphasis on being proactive rather than reactive
- think seriously about invest to save
- meet real need and improve access to services for those normally excluded
- it will be important not to create unrealistic expectations amongst i) users and ii) commissioners.

FINDINGS FROM ENGAGEMENT WITH USERS

- 4.9 It was important for the project that there was proper engagement with residents and groups coming into Harry Lawson Court and the wider older community. This would include enabling i) older people to identify their own needs, ii) to discuss problems, iii) identify threats, and iv) what interventions would improve health, independence and wellbeing.
- 4.10 Community appraisal was chosen as an approach because of its reputed success in engaging communities and involving a wide range of stakeholders. Information is gathered which seeks to build up a social, environmental, cultural and economic picture so that solutions to perceived problems can be found which are acceptable to everyone. It was felt that normal use of questionnaires and focus groups are sometimes ineffective especially if you wish to engage with people that are hard to reach and stay within the confines of their own home.

Key Principles of Community Appraisal

- The community appraisal is a survey of the community by the community therefore it is important that as far as possible it is conducted by Harry Lawson residents.
- The appraisal is not an end in itself – it is a tool, which should form part of a broader process of community awareness, involvement and action.
- As many people as possible living at Harry Lawson and the surrounding supported housing community should be consulted even if this is in a questionnaire format.

- 4.11 A small multi-agency team and residents were trained in community appraisal techniques between February and March 2005 during the training 3 residents and 8 members of staff from various statutory and voluntary agencies took part. The intention is to do the community appraisal over a number of phases to enable different issues and themes from the initial consultation to be looked at individually and so that solutions can be found. Seventy-nine residents between the age of 42 – 94 with an average age of 78 were targeted by the project. During the course of 9 sessions 28 took part (of whom 15 took part more than once).
- 4.12 This section sets out what the residents of Harry Lawson Court had to say about where they lived, and issues surrounding their lives living in sheltered accommodation for older people.

1 Residents were asked what activities they would like to do. Their responses were as follows:

- Meal
- Quiz
- Cinema
- Shows
- T.V
- Social Hiking
- Bingo
- Swimming
- Arts and Crafts
- Keep Fit
- Drama/Play reading

- Computers
- Walking
- Dancing
- Basketry (Arts and Crafts)
- Knitting
- Badminton

2 The residents were asked what activities they thought would improve their health and wellbeing and the responses were as follows:

- More activities and social events
- Develop a community spirit with people working together
- Entertainment at nights
- Mobile fresh food supply
- To see people smiling and happy

3 Residents were asked what they thought would improve their quality of life at Harry Lawson Court. The responses were as follows:

- Security with doors and windows
- Maintenance queries in the flat such as how does the heating work
- Transport issues, poor access, difficulty getting on buses, problems with getting taxis
- No flowers in the gardens, pots or hanging baskets
- Problems taking medication
- Loneliness, loss in confidence and clique groups
- More activities on site
- Communication issues-poor communication between residents. Information not being given at the correct level of understanding.
- Understanding new gadgets, switchboard
- Food shopping difficulties, food preparation, dietary issues.
- Newspaper delivery
- Communal area not used.

4 Residents were asked what they thought affected their ability to access services. Their responses were as follows:

Key Points- Transport
Local facilities not in walking distance
Majority of residents do not have a car
Dial-a-ride not used due to health problems and prior booking arrangement
The majority of residents get a taxi to the hospital
Lack of transport prevents the residents from going seeing their families and doing activities

4.13 The responses from residents highlighted a number of key themes which focused on the environment, social and health related aspects of living at Harry Lawson Court. These are cross cutting themes which require a range of inter-related actions to address them. They can be summarised as:

Environmental

The residents were keen to make a difference to the internal and external environment. For example, they identified the garden around the scheme as a chance to brighten up the scheme and an opportunity to socialise through potting plants and general gardening. A small group of residents approached the local church to donate planters and raised funds for plants. Unfortunately, there are insufficient resources at present to develop a gardening project but is something to develop in the future between partner organisations. Similarly, residents identified interior walls within the scheme as being dark and would like brighter walls up. A number of suggestions have focused on art based activities such as painting, photographs and murals.

Safety

Residents highlighted the dangers of letting strangers in through the doors. Lighting around the scheme was an issue and the gardens housed large dense shrubs that creates darkness and shadows contributing to the fear of crime.

Social

Residents identified that cliquy groups caused problems for all and that more activities were needed to help residents meet up together and enjoy themselves. The Appraisal also identified that residents felt lonely and there was a need for social activities to be developed within the scheme.

Health

Residents felt isolated and depressed and said the scheme was too quiet and dark. More activities would interest people to come out of their rooms and join in the activities. Thus reducing social isolation. The three themes are cross cutting and impact on each other. It is therefore essential to resolve these issues taking into account the impact on other areas.

Transport

Lack of transport leads to isolation and loneliness, and inhibits access to both statutory and community services. Almost all older people and the visual impaired expressed strong views about local transport, saying that it is often unavailable, and unsafe. It was very clear that transport would have to be addressed for many groups could access the proposed to the Health for Life activities. These include how to access the Centre if coming from some distance away and using public transport, community safety concerns whilst using buses.

ACTIONS IDENTIFIED

- 4.14 There were a number of actions identified that would improve the health and well-being of residents. The Borough Council Health Improvement Service and Community Support Service, Primary Care Trust Specialist Health Promotion Service, Age Concern and Social Services sought to develop different ways of working to improve services. By December 2005 the following actions had been implemented:
- The Active Life Group has engaged with residents in developing new activities.
 - A ten-week Chair Aerobics pilot class was delivered by Age Concern, with a presentation evening for all who completed the sessions.

- The Active Life Group hold two games nights per week where residents take part in skittles, bowls and board games
- Hurdsfield Church and the Active Life Group planted summer bedding plants in large planters at the front of the building and filled hanging baskets which was welcomed by the residents. Gardens shrubs have pruned to a reasonable height.
- Arrangements have been made for a Health Visitor to work with specialist Health Promotion Service & project 1 day a week.
- Links are being developed with the College to deliver alternative therapies and hairdressing.
- Hurdsfield Church are putting on a film night once a month.
- Regular chair based activity once a week
- A Health Visitor & the Scheme Manager are being trained to deliver physical activity.
- An initial meeting with residents has been held to discuss an Expert Patient Programme
- A Halloween Party, Christmas meal and New Years Eve party have been held.

PART 5: CONCLUSIONS AND RECOMMENDATIONS

- 5.1 The conclusions have been set against the objectives set out for the project in the original grant application. What follows is an assessment of the effectiveness of the work to date in delivering the tasks agreed by the Steering Group.
- 1 Develop health promotion interventions targeted specifically at older people who either live in the scheme or in the neighbouring area:
 - Chair based aerobics will be delivered once a week;
 - Health visitor is running an eight week patient education programme focussing on nutrition, diet, falls, foot health etc.;
 - 2 Work with residents to identify barriers to independence, health and wellbeing and that appropriate actions are developed between partners:
 - Work is being undertaken to understand barriers to people going out;
 - shrubs have been pruned to a reasonable height;
 - work is under way to improve the immediate environment.
 - 3 Gather information about problems, if any, experienced by residents / community which prevents independence, health and wellbeing:
 - A community appraisal has been carried to establish barriers to engagement;
 - 4 Ensure that agencies and service providers adopt a co-ordinated approach to the needs of residents.
 - 5 Develop an action learning approach to enable roll-out to other extra care and supported housing schemes.
 - 6 Provide training and support to residents, health and social care staff to identify the needs of older people living in or surrounding Harry Lawson Court.
 - 7 Pilot the Community Appraisal Approach as a method for ensuring active participation in identifying health needs of older people and participation in decision making.
 - o This has been piloted and a report produced;
 - 8 Develop a Health for Life Toolkit including evaluation methods for those co-ordinating activities in Extra Care and sheltered housing, community support centres and day centres.
 - 9 Produce a report on the effectiveness of interventions and future development of a Health for Life Project in Eastern Cheshire.
 - An interim report was produced summarising progress on phases 1 and 2 of the project in December 2005.

- 5.2 This section of the report summarises the issues and learning points that need to be taken into consideration in developing the Health for Life Project. The aim of the rapid review was to provide evidence based recommendations to inform the decision making process of the steering group. Every attempt has been made to make realistic recommendations that are clear, concise, measurable and that can be linked into policy development, and at the same time are challenging and will make a tangible difference to the health and well-being of the target population. As such, there is a need to balance what can be achieved in terms of maximizing health gain (which is hard to measure but important), and with being realistic about the potential negative impacts which are largely concerned with failure to address partnership, user engagement and long-term sustainability.

The case for the project

- 5.3 There is clear evidence of the need for some type of 'wellbeing' project for residents specialist housing schemes and those older people living in the surrounding neighbourhood. Although there are many other services that contribute to peoples' health there is no whole systems approach that embraces the concept of wellbeing. However, whatever is developed needs to complement existing services in the entire area and has to have a clear 'additional' value.
- 5.4 It is recommended that the Health for Life project is developed that works closely with other agencies to promote access to their services. A range of activities should be offered in different settings. There will be a need to develop some activities as 'quick wins' and for some to take longer to establish. Potential positive health impacts might include
- an improvement of self reported mental health improvement
 - an increase in amount of appropriate weekly exercise
 - reported raised awareness of healthy eating and changes in diets
- 5.5 Over the longer term potential health impacts could include:
- Reduction in risk factors for both CHD and stroke, lowering the risk of heart disease by 6-15%;
 - Prevention and improved management of diabetes;
 - Reduced rate of falls in older people;
 - Improved mental health and reductions in depression and anxiety;
 - Increased take-up of grants and benefits improve quality and warmth of homes;

What types of projects should be offered by the Health for Life project

- 5.6 A number of activities have been proposed for the Health for Life project. Each of these is considered below, concluding with recommendations for the first projects to be considered in the development and planning of the Centre.

Exercise

These activities could address a range of health issues identified through the development of the project.

- Reduce risk factors for both CHD and stroke, lowering the risk of heart disease by 6-15%;

- Reduce constipation, affecting quality of life in about 20% of older people;
- Lead to weight loss and a decrease in fat and sodium intake;
- Prevent and manage diabetes;
- Prevent and manage osteoporosis, reducing risk of falls in older women;
- Promote sense of well-being, beneficial effect on depression and mental health.

Potential health gains associated with exercise

- Increase physical activity, enhancing mobility, independence and quality of life.
- Reduce rate of falls in older people
- Improve mental health, reducing depression and anxiety

Access to information and advice

Access to information and advice could be provided. Lack of access to good quality information was mentioned by the old, young and disabled alike, as an important factor affecting their health.

Potential health gains associated with access to information and advice

Prevent ill health, accidents, and early-death among the elderly, as increased uptake of grants and benefits improve quality and warmth of homes. This is recognized as good practice within the Older Peoples' NSF.

Management arrangements and sustainability.

- 5.7 There are high expectations of the Health for Life project. It will be important to build the project incrementally to ensure that the project delivers on its promises. The feedback from local people points to the need to provide strong partnership working if it is to be a success. Locally, a good start has been made with the establishment of a steering group with multi-agency representation. This group will need to continue to develop individual projects, identifying partners and links with other organisations.
- 5.8 The effective implementation of Commissioning a Patient Led NHS; Our Health, Our Care, Our Say and Choosing Health are dependent on developing key skills and competences amongst those staff who work with or come into contact with older people.

Evaluation of the Project

- 5.9 The steering group have recognised the importance of monitoring and evaluating the project. Monitoring will help to identify who is using the projects and what is valued by local people. It should also include some monitoring of health status. Evaluation will help understand what it is about the way the project/s are working that helps or hinders their delivery and should be a continuous feedback process into the project/s to enhance their delivery. It should also help with prioritizing limited resources as well as securing future funding.

ⁱ All Our Tomorrows (2003) Local Government Association:

ⁱⁱ Good Practice Briefing (2004) Housing and Health. Department of Health.

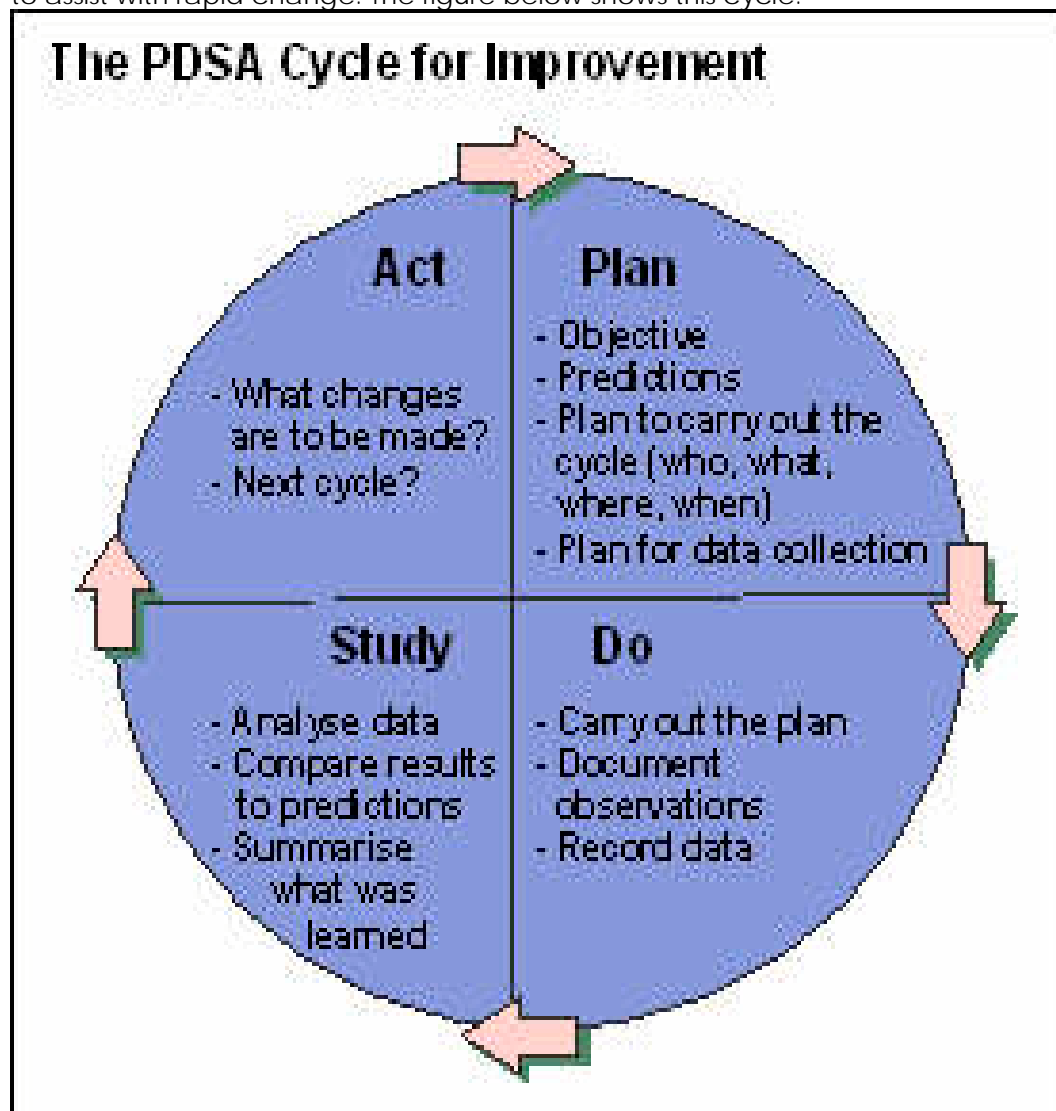
ANNEX ONE - THE MODEL FOR IMPROVEMENT

The model for improvement was first published in 1992 by Langley, Nolan et al in 'The Improvement Guide: A Practical Approach to Enhancing Organisational Performance'. The model provides a framework for developing, testing and implementing changes to the way that things are done that will lead to improvement.

The preparatory phase includes three basic questions. These are:-

- 1) What are we trying to accomplish?
- 2) How will we know that a change is an improvement?
- 3) What changes can we make that can lead to an improvement?

The second phase is made up of Plan, Do, Study, Act (PDSA) cycles that are designed to assist with rapid change. The figure below shows this cycle.



1 The Improvement Guide: A Practical Approach to Enhancing Organisational Performance. Langley G J, Nolan et al. ISBN 0-7879-0257

The key to PDSA cycles, according to the National Primary and Care Trust Development Team, is to test out ideas for improvement on a small scale to begin with and to rely on using many consecutive cycles to build up information about how

effective the change is. This has advantages as it makes it easier to get started, gives results rapidly and reduces the risk of something going wrong and having a major impact. If what is tested out does not work as well as initially anticipated then it is possible to go back to the way things were done before. Once there is enough information to give confidence that the proposed change is working then it can be mainstreamed.

The PDSA methodology includes a number of practical steps that it recommends should be adopted as part of a successful PDSA :

- It is important to ensure that the right people are involved in the work.
- There is a temptation to jump straight to solutions rather than really work out what the root of the problem is. The three fundamental questions are designed to help avoid this and to identify the issue that really needs to be addressed.
- When planning a cycle, it is important to ensure that you are clear about who is doing what, where and when.
- Discuss what you think will happen when you try out your change. What is your hunch? When you have carried out the cycle, compare your expectations with what actually happened. You may learn something interesting about how things work.
- Record your PDSA as you go along: the plan, the results, what you learnt and what you are going to do next. Not only is it very motivating to see the results of what you have tried, it is also a great way of accumulating information about your systems and a good way of sharing your learning with other people.
- Use PDSAs consecutively to build up the information about your change and then use them to implement it systematically into your daily work. PDSA cycles generally do not operate in isolation – you should expect to have a series of them leading towards your goal.

Other Housing LIN publications available in this format:

Housing LIN Reports:

- **Extra Care Housing Training & Workforce Competencies (Report and Executive Summary)**
- **Yorkshire & the Humber Region - Extra Care Housing Regional Assessment Study (Report and Executive Summary)**
- **Preventative Care: the Role of Sheltered/Retirement Housing**
- **Developing Extra Care Housing for BME Elders**

<u>Factsheet no.1:</u>	Extra Care Housing - What is it?
<u>Factsheet no.2:</u>	Commissioning and Funding Extra Care Housing
<u>Factsheet no.3:</u>	New Provisions for Older People with Learning Disabilities
<u>Factsheet no.4:</u>	Models of Extra Care Housing and Retirement Communities
<u>Factsheet no.5:</u>	Assistive Technology in Extra Care Housing
<u>Factsheet no.6:</u>	Design Principles for Extra Care
<u>Factsheet no.7:</u>	Private Sector Provision of Extra Care Housing
<u>Factsheet no.8:</u>	User Involvement in Extra Care Housing
<u>Factsheet no.9:</u>	Workforce Issues in Extra Care Housing
<u>Factsheet no.10:</u>	Refurbishing or remodelling sheltered housing: a checklist for developing Extra Care
<u>Factsheet no.11:</u>	An Introduction to Extra Care Housing and Intermediate Care
<u>Factsheet no.12:</u>	An Introduction to Extra Care Housing in Rural Areas
<u>Factsheet no.13:</u>	Eco Housing: Taking Extra Care with environmentally friendly design
<u>Factsheet no 14:</u>	Supporting People with Dementia in Extra Care Housing: an introduction to the the issues
<u>Factsheet no 15:</u>	Extra Care Housing Options for Older People with Functional Mental Health Problems
<u>Factsheet no 16:</u>	Extra Care Housing Models and Older Homeless people
<u>Case Study Report:</u>	Achieving Success in the Development of Extra Care Schemes for Older People
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