



# Learning today, leading tomorrow

Skills and learning for the housing industry of the future

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Housing skills and learning in a new  
health and social care landscape

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## Housing skills and learning in a new health and social care landscape

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### Summary

This chapter provides an overview of the new health and social care landscape. It outlines what new skills and learning are needed to play an active role within local health and social care economies. Above all, it highlights what skills are needed to respond to new funding and commissioning arrangements to enable vulnerable and older people to live well at home. For example, designing, commissioning and delivering personalised services; managing change at a time of budget pressures; and improving participation and co-production to ensure that service users' needs and aspirations are at the heart of good quality housing, care and support. Finally, it calls for greater cross-sector leadership to help construct partnerships that can transform local homes and communities.

### The key new organisations and systems in health and social care

**Clinical commissioning groups** – The 211 clinical commissioning groups (CCGs) replaced primary care trusts from April 2013. They commission the majority of services for community and secondary care, including community health and acute care.

**Public health commissioning and local authorities** – Local authorities are now responsible for the commissioning of most local public health activity, under the leadership of public health directors – doctors who have moved from the NHS.

**Health and wellbeing boards** – These boards, sited within top-tier or unitary authorities, are charged with providing strategic leadership to efforts aimed at improving the health and wellbeing of their communities. Formal duties include the preparation of joint strategic needs assessments and joint health and wellbeing strategies. They should be inclusive in engaging with service users, patients and the public. Their broad powers include encouraging close working between commissioners of health-related services (such as housing) and commissioners of health and social care services.

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## Housing skills and learning in a new health and social care landscape

The NHS Health and Social Care Act 2012 dramatically changed the context in which housing commissioners and providers operate. These legislative changes come on top of a continuing expectation to deliver personalised services centred on the individual, as recently set out in the Care Bill.<sup>1</sup>

Health and wellbeing boards (HWBs) are an important new forum that senior housing managers and policymakers should seek to influence. The boards can influence and make links across health, social care and housing.

I consider that they can also greatly encourage and support new and innovative partnerships that deliver an integrated and personalised system of health and social care locally – a system that incorporates housing.

HWBs have been prioritising different housing services and functions in their early days, reflecting the breadth of the impact that housing can have on the health and wellbeing of our communities. However, this disparity also underlines the need for a coherent effort by housing providers and commissioners to inform and influence their HWB.

It is up to the housing industry's leaders to build an evidence base, reinforced by a skilled workforce, and to develop the lobbying skills that will persuade the HWB of the effectiveness of housing-related services. We should be highlighting the potential cost savings for acute health services and the wider health and care system.

However, the barriers are significant: including the clinically-led nature of the health service, with its focus on the medical model. There are political, professional and organisational barriers to diverting budgets from acute to preventative measures such as improved housing and appropriate housing services and support.

As this publication was going to press, NHS England was working on a health and housing 'Partnership Agreement' which also embraces social care. Being developed in co-operation with organisations including the Housing Learning and Improvement Network (Housing LIN) and CIH, the agreement will set out how the sectors can work together effectively for the benefit of patients, tenants and residents.

Housing leaders must embrace and use this compact when it comes out.

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## **Understanding our ageing population and the housing options open to them**

The number of people aged over 65 across the UK is expected to rise from 10.3 million in 2010 to 16.9 million by 2035.<sup>2</sup>

Housing teams need a comprehensive overview of the services and options available to those in both general needs and specialist housing. The average age of social housing tenants is rising. Nearly one in three tenants are over 65 and of those, more than half live in general needs housing.

What do these people want from the services they receive now and in the future? How can the housing industry offer more flexibility and choice within the existing stock?

Only five per cent of all older people live in specialist housing, including extra care housing and sheltered housing, and not all of the stock is fit for purpose.

In addition, the recent English Housing Survey revealed that 58 per cent of outright homeowners are over 65 years of age. They may be in need of reasonably priced services from a trusted provider, such as a home improvement agency, to help them live independently, and/or home help or nursing services to meet increasing care and support needs at home at some point in their lives.

Staff, also need to be able to offer advice as older people and those with long term conditions make important decisions about their future housing needs and aspirations.

## **Partnership working/joint training in an age of personalisation**

There is a pressing need for more joint training with health and social care professionals.

This will equip housing staff with the skills and knowledge to work, for example, with discharge nurses making arrangements for vulnerable adults to leave hospital. Housing workers should ensure accommodation needs are considered in discharge plans for people who might require specialist housing or aids and adaptations to their homes. In other cases, poor housing (such as housing with inadequate heating or fall hazards) may have been a factor in their hospital admission in the first place.

Joint training with occupational therapists (OTs) – who can be employed by both the NHS and local government – and with physiotherapists would also be invaluable for many housing staff working with older people and those with disabilities. There are already a few forward thinking housing organisations that employ OTs.

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I firmly believe in closer partnership working. A paper produced following a joint Skills for Care and Asset Skills forum on the social care and housing workforce noted that each sector's employees lacked knowledge about the skills and services of the other. It also pointed to 'a lack of acknowledgement or appreciation of the crossover work that some staff do (for example, some housing officers being involved in care work)'.

Looking to HWBs to drive such co-operation, the paper suggested providing the boards with a checklist of housing, social care and health outputs and outcomes. This is something that the Housing LIN and CIH are currently working on. The paper also suggests there is an opportunity to develop 'a hybrid role with a clear skillset'; while acknowledging this would require significant learning and development for staff to 'build the necessary skills'.<sup>3</sup> It acknowledges no suitable training for such a role currently exists.

In my view, we need to urgently develop multi-agency training across housing and social care as part of staff development, covering basic person-centred concepts.

Adapted qualifications could combine elements from existing housing and social care courses to build effective integrated learning and improvement qualifications that provide continuing professional development pathways.

Liverpool's Healthy Homes Programme is a good example of partnership working.<sup>4</sup> It refers vulnerable people to the most cost-effective and appropriate services in the statutory, community, charity and social enterprise sectors. After an annual investment of £1m, initially made by the former primary care trust, it is projected to save £55m over ten years.

In some councils the assumption of public health responsibilities has led to frontline staff, particularly housing teams, being trained in basic public health promotion. This equips those working with residents or tenants with the skills to deliver public health messages on a daily basis. Lincolnshire County Council has funded district council housing staff to undertake public health training.<sup>5</sup>

Personalising services will require working with community-based organisations that employ asset-based principles. Such organisations help people fulfil their potential to improve and maintain their own health and wellbeing, collectively as well as individually. Working with those organisations will require professionals to think beyond their professional boundaries and for organisations to be flexible, open to change and to embed radically new working practices.

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## **Engagement**

It is equally important that our workforce is equipped to provide personalised support and housing options.

Closer working with health and social care will mean placing the individual at the centre of assessments and services by embracing genuine and on-going engagement. I have been leading the call for housing teams and leaders to become skilled in approaches such as 'living labs', where tenants and residents are able to continually influence service planning and delivery.<sup>6</sup>

Government expects such engagement to be part of personalised services: for example, it is built into the prospectus of the Department of Health's new £300m Care and Support Specialised Housing Fund. Those seeking grants for new specialist housing projects will have to demonstrate wide engagement throughout the process.

For example, Knightstone Housing Association has embraced the concept of resident involvement.<sup>7</sup> The association aimed for a resident-led approach, while building the confidence and skills of tenants to manage their own finances and communities. Its 'ICE project' has three strands: individual empowerment, resident involvement and community empowerment.

The association's individual empowerment team provides support to any tenant in a range of ways, including mobility, money management, accessing education, training, employment and voluntary work; and making use of specialist services.

Staff involved in the service obviously had to gain new skills and knowledge to provide this preventative support, which reduces the need for residents to turn to statutory services.

The association encourages residents to get involved in all aspects of their homes and community and the services it provides. Again, I am aware that this has involved training staff in resident involvement.<sup>8</sup>

The association has recruited a community empowerment team to work with communities on projects such as children's groups, English lessons and neighbourhood watch.

Indeed, providers can no longer stick to tried and tested methods but must look outside the sector to involve customers. We should be learning, for example, from the trends and expectations in the NHS where the service focus is on the patient journey rather than just feedback at the end of a process.

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## A networked approach

There is no doubt in my mind that with the rise of personal budgets and more self-funders, providers and commissioners will have to look increasingly at models of co-production in which housing staff seek – and act on – the active input of service-users. Engagement has tended to focus on staff talking to a small group of residents, the well-known ‘usual suspects’. Staff should be trained to elicit customer feedback in an unobtrusive way throughout each day.

With commissioners looking for more personalised services, such ‘soft intelligence’ is a way housing providers can shape their offer to commissioners, residents or families.

Housing teams should be creative in finding a range of diverse and innovative engagement options that widen participation.

This reflects a broader need for the sector to be smarter about how it engages with services outside its immediate comfort zone.

It should look to broader forms of training to match the range of challenges and change it faces.

Here, networks can play an important role by providing breadth. For example, my own organisation, the Housing LIN, brings together housing, health and social care professionals in England who are involved in planning, commissioning, designing, funding, building and managing housing with care for older people. It is a cost-effective way of connecting people, ideas and resources. The Housing LIN offers discussion boards, regional networking, key learning resources and information on integrated approaches to housing with care – as well as working with the Department of Health in co-ordinating information and knowledge exchange.

Our partners in health have recognised the power of networks.

The engagement skills that are vital in the housing sector, particularly specialist housing, can also help care and support staff reach out to people with such needs in the community. For example, extra care housing schemes are now increasingly acting as care and support hubs for local communities.

Those working with older people should also have the skills to support and encourage their use of social media and digital technology. This can act as a powerful foil to social isolation.

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Housing staff should also be, where appropriate, familiarising themselves with assistive technology, particularly telecare. Such technology offers many people the opportunity to continue to live independently.

And lastly, if housing is to work effectively with its partners, and make the case to organisations such as HWBs for policies that reflect the impact and potential of housing for both good and ill, I firmly believe that the sector needs to develop its leadership skills. There has been significant investment in leadership in both the NHS and social care over the last decade. Where is the housing industry's equivalent of the NHS Leadership Academy?

### Key points

- The health and social care landscape is changing and this has placed new demands on skills and learning requirements for the housing industry.
- Produce a clear vision on how your organisation can best promote the health and wellbeing needs of residents, for example, understanding your residents' profile (age and health status) to inform local housing choices including access to accessible and adaptable properties.
- Build in sufficient staff time to ensure effective and proactive engagement with key health and social care decision-making and commissioning processes, for example, influence Health and Wellbeing Boards, Clinical Commissioning Groups, public health agenda to tackle local health inequalities or ill health.
- Demonstrate the person-centred outcomes of your services and provide evidence of their effectiveness, for example, your services can prevent, reduce or delay more costly care interventions or hospital admissions/ readmissions.
- Develop joint training, workforce or leadership programmes to break down cultural and/or organisation boundaries, for example, use of language, understanding clinical care pathways around long term conditions management such as dementia.
- Get involved in networks locally that can help you share good practice, develop your learning and enable you to acquire relevant knowledge or key skills to align your work across more integrated housing, health and social care systems.

## Endnotes

- 1 Great Britain (2013) *Care Bill (HL) 2013-14*. Available from: [www.publications.parliament.uk/pa/bills/lbill/2013-2014/0001/lbill\\_2013-20140001\\_en\\_1.htm](http://www.publications.parliament.uk/pa/bills/lbill/2013-2014/0001/lbill_2013-20140001_en_1.htm) [accessed 10 May 2013]
- 2 Office for National Statistics (2013) *Older People*. Available from: <http://www.statistics.gov.uk/hub/population/ageing/older-people> [accessed 7 May 2013]
- 3 Asset Skills / Skills for Care event 15 November 2012. Feedback from tabletop discussions
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- 5 LGA (2012) Lincolnshire case study. *From transition to transformation in public health*, London: Local Government Association
- 6 Porteus, J. (2012) *Living Labs: a brave new world of customer driven extra care housing*. Available from: [www.housinglin.org.uk/\\_library/Resources/Housing/Support\\_materials/Viewpoints/HLIN\\_Viewpoint\\_32\\_Living\\_Labs.pdf](http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Viewpoints/HLIN_Viewpoint_32_Living_Labs.pdf) [accessed 12 May 2013]
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- 8 Knightstone Housing Association, ICE project, <http://www.knightstone.co.uk/Get-involved.aspx> [accesed 12 June 2013]