



## Putting tenants at the centre: Integrating specialist services to enable tenants to live independently

This case study looks at Wakefield and District Housing's (WDH's) innovative and holistic tenant-centred approach which integrates the services providing specialist support to tenants, including its partnership with Health to tackle health inequalities. The case study also looks at those elements of this partnership approach which help people move into accommodation that will enable them to live independently for longer. Finally, it explores how other providers could replicate this in whole or part, with the hope that this will stimulate a wider range of approaches to support independent living.

Written for the Housing Learning & Improvement Network by  
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## Summary

Wakefield District Housing (WDH) is a Registered Provider formed through stock transfer, managing almost 31,000 homes - just under a quarter of all housing in Wakefield. They responded to a request through the Housing Learning and Improvement Network (LIN) for examples of good practice to encourage and enable more older people to move into accommodation that will enable them to live independently for longer, with details of their holistic approach with their own services and their close working with health.

The case study predates the recent transfer of public health into the local authority but describes the component parts of their integrated services, including the approach to help older people consider whether to stay or move, and how they are updating their own sheltered housing stock to meet need. Importantly, it provides useful lessons about how health and housing services were already working together to address health inequalities. The case study also considers how others can learn from this approach and what is replicable.

## An Integrated Approach

WDH wish to cater for all people within their communities, ensuring that their wellbeing and health is maintained or improved so that they can live with confidence and independence. The Wakefield Strategic Housing Market Assessment (SMHA) 2011 notes an overall annual shortfall of 772 affordable dwellings, and identifies that: "Addressing the accommodation requirements of older people is going to become a major strategic challenge for Wakefield District over the next few decades, with the number of residents aged 65 or over expected to increase dramatically". Currently in the Wakefield district:

- Almost 50,000 people are aged 65 and over, and
- The number of people aged 65 and over is projected to increase by 62.4% (or by 34,700) by 2033;
- The number of 75+ residents is expected to increase by 83.1% (21,200), and
- The number of 85+ residents is expected to increase by a dramatic 141.7% (or by 10,200) by 2033.
- Currently, 17% of all residents are aged 65 and over and this is projected to increase to 24.3% by 2033.

WDH's Independent Living Strategy 2012- 2015 identifies that the Wakefield District is in the top 10 areas nationally with ever increasing older households, and is the 54th most deprived local authority area in England out of 345.

- Half of WDH tenants are over the age of 65 and:
- 50% of households are occupied by a single person.
- 61% of tenants have a long term illness or disability, with 10% wheelchair users.
- 67% of tenants have an average income of less than £10,399.

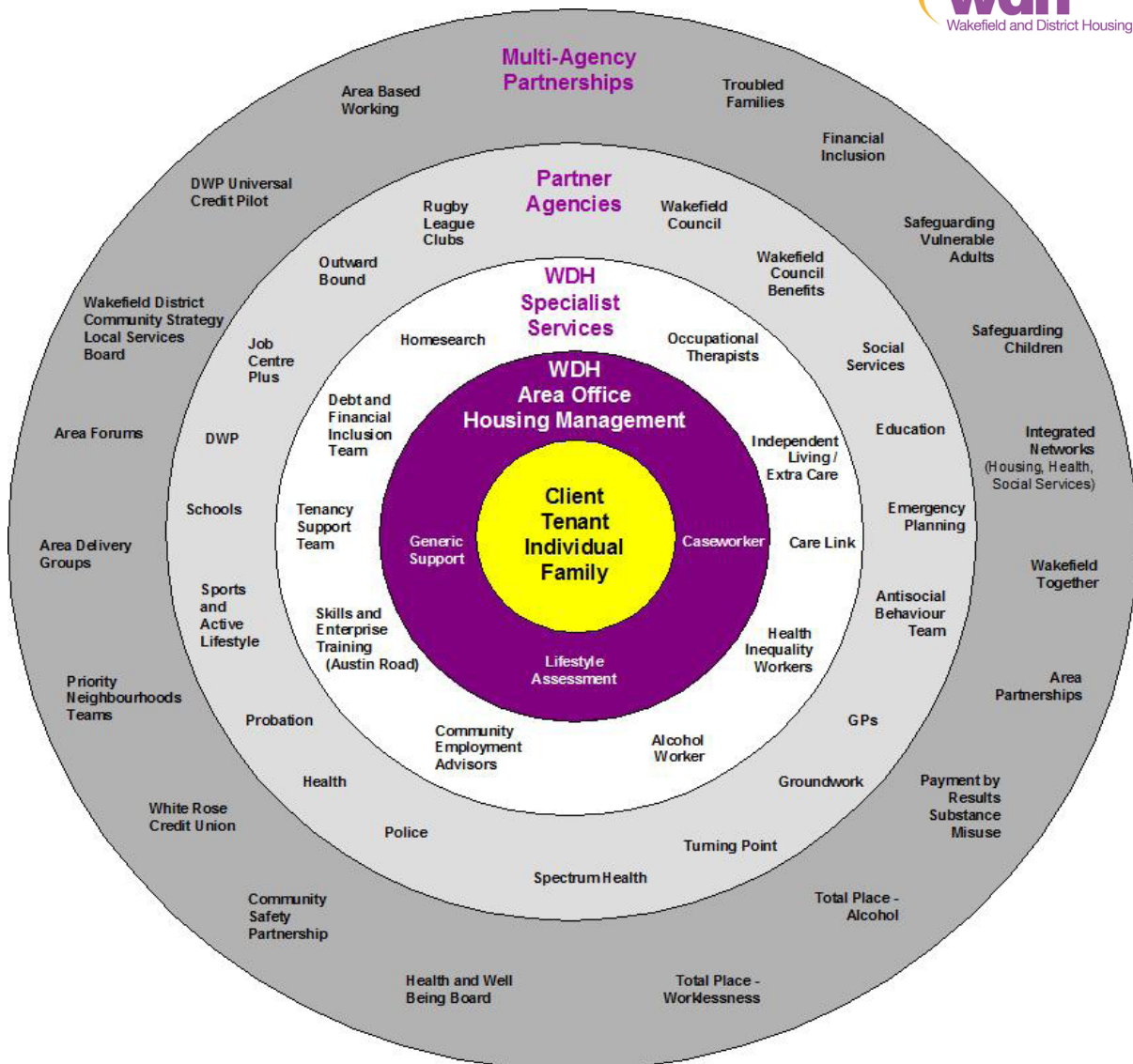
The strategy proposes a transformation from the traditional scheme manager services to establish community based support and offer choice, flexibility and affordability to older and vulnerable people across the Wakefield district. Housing is a main partner of the Health and Wellbeing Board in Wakefield, which now plays a major role in commissioning services for the future.

They identify that:

- Social Services are targeting resources to meet individuals in most need, leaving large groups of people with their needs being un-met and more reliant on WDH support services.
- Spending cuts to the Health and Social Care services could lead to more reliance on prevention services that can be offered by housing providers.
- The average cost to the state of a fractured hip is £26,665. This is almost five times the average cost of a major housing adaptation, and 100 times the cost of fitting a hand and grab rail to prevent falls.
- A suitably adapted and equipped home can produce savings to social care budgets in the region of £25,000 to £80,000 a year.
- Older people have fewer opportunities to sell larger homes for more appropriate accommodation and they anticipate that there may be a growing need for adaptations and across tenure housing support.

Recognising that people are living longer, with more complex health and social issues, but are also active for longer with higher expectations from service providers, WDH want to make their services more accessible, with the aim that no one should be isolated, insecure or cut off from daily activities.

WDH's tenant-centred integrated approach is illustrated in the diagram below, which shows in concentric circles the services provided to the individual by WDH, then the wide ranging input from partner agencies, and the outer circle shows the various multi agency partnerships:



### Encouraging under-occupiers to move

The Homeseach Allocations team have dedicated officers who help vulnerable people when bidding for alternative accommodation as part of the WDH choice based lettings service. As well as this, WDH’s Home Re-locator Service offers bespoke packages to financially assist those who are looking to downsize. Whilst this service was developed prior to the proposed housing benefit changes and the under occupation penalty (the “bedroom tax”), WDH were concerned about the number of people under occupying and the demand for houses locally. As part of their work as a DCLG Trailblazer they held focus groups in 2009 with under occupying WDH tenants, including some that had applied for a move, and some that had not. This identified that people wanted help that would make the move easier - with the logistics and cost of moving, rather than cash incentives, and quicker - by giving higher priority to under-occupiers’ moves.

As part of the Trailblazer initiative, funds were made available to assist tenants to move to more appropriate accommodation, through the Home Relocator Fund, which was used to act as an incentive to encourage acceptance of offers of accommodation. On average about £1,000

per move is available, which can be used to fund removal expenses, skip hire, telephone connections and other costs associated with moving home. However, it became apparent that most under-occupiers were happy to accept the property offered without needing additional incentives. WDH has no major difficulty letting two bedroom bungalows but some 1 bedroom properties prove more difficult to let, the reasons for this appear to be down to personal choice. In light of the changes that have been brought in by the Welfare Reform WDH are monitoring this situation to see if changes in demand are experienced.

Estate based local lettings policies apply to encourage sustainable communities (Wakefield District Housing Homeseach, Choice Based Lettings Strategy) and some give preference to WDH under-occupiers for advertised properties.

WDH increased the priority on the waiting list for under occupiers of WDH houses. On every property advertised which has 2 or more bedrooms they now highlight in the advert the potential for a “bedroom tax” deduction. They estimate that they have approximately 5,000 flats and maisonettes with 2 or more bedrooms which are more likely to be under occupied and therefore could be affected by the under occupation penalty or bedroom tax. This is because their allocation policy currently limits these properties to couples, singles, shared households, and families with children 16 or over. This policy is currently under review.

The Trailblazer initiative focused on under occupation and overcrowding, and chain lets were introduced which ensure a greater number of households are assisted. For example, when a 3 bed house becomes vacant as a result of the occupier moving to a 1 or 2 bed bungalow, when advertised, preference will be given for an overcrowded family of a WDH property.

To ensure the sustainability of tenancies, a “Lifestyle assessment” is carried out on all new tenants. This assessment focuses on the household’s health, wealth and general wellbeing and, where deemed appropriate, referrals are made to either specialist WDH officers, such as Debt Advisors or Health and Inequality Workers, or external agencies.

## **Helping to tackle health inequalities**

The partnership between health and housing in Wakefield recognised that people may not come into contact with health services until they have reached crisis point. However, WDH as landlord, through Estate Officers, Debt Teams and Technical Service teams, come across people at an earlier stage where health and lifestyle issues may be starting to become evident. With this in mind the WDH Community Engagement, Health and Wellbeing Pilot Project was developed, a joint initiative with NHS Wakefield and District Primary Care Trust (WDPCT) to tackle health inequalities. The project was established in 2009 and funded by the Health Authority at that time. The project is currently funded by Wakefield Council until March 2014, following the transfer of Public Health to the Local Authority. WDH are commissioned to run the project with five Health and Inequality case workers (HICWs) who provide intensive support and co-ordinate outreach and early intervention through other existing services. The Council fund the team of five HICWs and WDH provide the management and office facilities. At the time of writing, discussions regarding continuation funding with the Health Authority and Wakefield Council have been positive and collectively the organisations are considering which outcome measures are required to validate the project.

The Pilot Project is one of the first in the UK to undertake a specific form of integrated working that brings together a housing provider and health commissioner, endeavouring to support independence, empowering both individuals and local communities. The brief includes offering

support to individuals and families in the most disadvantaged communities:

- reducing inequalities in health;
- promoting wellbeing and independent living;
- developing health and wellbeing skills.

The Health Inequality Case Workers (HICWs) work to establish connections between statutory and voluntary sector services and the local community infrastructure, and provide a crucial signposting function aiming to connect people with appropriate support. Working with their neighbourhood housing teams the HICWs enable clients to realise their potential and help them to make positive lifestyle changes to improve their overall health and wellbeing. The team focus on tackling the social determinants of health and undertaking prevention and early intervention activities - looking at the underlying issues that may eventually escalate into more serious health problems. A large proportion of their work is supporting people with low level mental health problems, depression and stress.

Some parts of the Wakefield District continue to have higher than average levels of multiple deprivation, including health and inequality<sup>1</sup>, with life expectancy lower than the national average, higher than average rates of early death from key illnesses and lifestyle factors contributing to poor health.

The evaluation of the pilot led by Bradford University<sup>2</sup> included an analysis of client interviews demonstrating how the project has been able to change lives and improve wellbeing, by reducing isolation, increasing independence and empowering individuals to institute change.

Many clients mentioned the importance of being able to remain independent, and the support given by the HICWs to maintain this includes signposting aids and adaptations support so clients could remain in their own homes, supporting the process of re-housing or of developing skills to enable clients to cope with their issues themselves and live independently.

One tenant quoted talks of developing confidence:

*“...She did me a fine thing you know with bills and all that, so I knew what I was doing. She gave me contact numbers... in case I needed help ... I've got a lot more independence. I didn't think I'd be able to cope paying me bills and running my flat, but I've proved myself wrong because I've been doing absolutely good with all of that.” (S)*

In summary, the evaluation found that the new and evolving role of the HICWs is very complex and diverse, as its clients tend to have multiple issues with mental health prevalent amongst them. One of the main roles is helping people access other services, yet the HICWs do more than signpost, they make referrals and accompany clients to initial meetings, offer support and help their clients develop independence.

The report identified issues that require addressing, including improving communication between service providers, and considering how to improve some time consuming working practices across the services, which can create tensions with the high volume of cases carried by the HICWs.

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<sup>1</sup> Wakefield District Partnership, 2009, *The State of the District* report

<sup>2</sup> Bradford University, 2011, *Community Engagement Health and Wellbeing Pilot Project*

Furthermore, the evaluation report found that the most common problem reported by residents concerning the unsuitability of their property was access, with over 14% of their clients reporting problems of access due to mobility or illness.

The HICWs work very closely with the other WDH specialist services such as:

- The Debt Team to ensure benefits are in place and that money management advice, including welfare benefit/income maximisation is provided.
- The WDH Employment Advisors to consider employment and training opportunities in the area.
- The team of in-house Occupational Therapists (OTs) that ensure that minor or major adaptations are arranged where appropriate and that assessments are carried out for people who need to move on medical grounds.

In some instances, the team may accompany a person to the local GP to help them register for a new practice, and now WDH is starting to receive referrals for the service from GPs, which is a very promising move. WDH also funds a community Alcohol Worker, again in partnership with the NHS. The Alcohol Worker focuses on community development and engagement to enhance the awareness of issues relating to Alcohol.

### **Helping people consider the benefits of moving, and facilitating the move**

Where moving seems the best option, the HICWs can support people to realise the potential benefit that a move will have on their health and lifestyle. They can help facilitate a move by ensuring that people have the right advice and support needed to maintain their new property successfully, maintain care and support requirements and to integrate into the community confidently. The HICWs have been very successful in helping people sustain tenancies in their new homes, supporting them in their first year, and addressing isolation by helping them find out what is going on locally.

For further information on combatting loneliness and isolation within a housing setting, see the forthcoming Housing LIN report by Dylan Kneale, ILC-UK.<sup>3</sup>

### **Demonstrating the advantages of this joined up approach**

Last year the Housing LIN and a consortia of providers under the auspices of Care & Repair England and the Chartered Institute of Housing published a “*Hospital2Home*” resource pack.<sup>4</sup> This contains information, advice, case studies and checklists to help health, housing and social care professionals involved in hospital discharge, to support older patients in returning home safely after a hospital stay and reduce the risk of readmission to hospital. The return home can be fraught with difficulty, and for some it may trigger further deterioration to health and wellbeing. The home may be cold and damp, and reduced mobility may create problems of access. Timely, multi-agency hospital discharge planning can help to avoid this pain and distress and housing professionals have a role to play. Delayed hospital discharge is very costly to the NHS, as are inappropriate returns to an unsuitable home:

- The cost to the NHS of keeping a patient in hospital when they are ready to be released is estimated at £260 a day.

<sup>3</sup> Housing LIN, forthcoming, *What role extra care housing in a socially isolated landscape*

<sup>4</sup> Housing LIN et al, 2012, *Hospital2Home*

- Department of Health data shows that during March 2012 over 71,000 days were lost because of delayed hospital discharge. That means the delays in March 2012 would have cost about £18.5m. These figures are increasing year on year.
- More than 70% of hospital bed days are occupied by emergency admissions.
- 80% of emergency admissions who stay for more than two weeks are patients aged over 65.

Another useful publication is the toolkit for engaging housing and health, entitled “*A Foot in the door*”.<sup>5</sup> It shows how the different strands of a joined up approach link together, and WDH contributed the case study of the Health Inequality case workers. Co-designed with health, public health, social care and housing, it shows how the housing sector can play a stronger and more visible role tackling health inequalities to achieve improved outcomes, and to help organisations build stronger collaborative relationships with health and wellbeing leaders, and plan and execute an engagement strategy. The toolkit aims to help the housing sector engage effectively. It sets out six clear steps that housing organisations can take to show the contribution they can make to improve health outcomes. It shows how to build stronger collaborative partnerships with the new leaders of health and wellbeing, as they face massive change and budget cuts.

## **Occupational Therapy**

In partnership with the NHS, an in-house team of six Occupational Therapists (OTs) are employed who work within WDH and provide an adaptations service for tenants in WDH properties. The OT team also assist people with finding accommodation to meet their needs in relation to physical disabilities. The team assess and award priority for a move on medical grounds and inspect empty properties with adaptations to determine the suitability for applicants. They are involved in the allocations process to ensure that the property will be adequate now and in the future.

The OT team also work alongside the WDH Capital Improvement programme to ensure that major and minor adaptations are completed at the same time as tenants are having the improvement work. They also assess for minor adaptations and operate a “man in van” service that provides a rapid installation response. This service helps facilitate a faster hospital discharge and the OT team can accompany the “man in van” to provide adaptation assessment and installation on the same day.

The OT team are also involved in new build designs and layout to ensure that schemes take into account inclusive design principles. The ongoing costs of the OT team are funded by WDH using short term finance through utilisation of working capital arising from strong positive cash flows.

## **Independent Living Improvement Programme**

WDH’s Independent Living Schemes (traditionally known as Sheltered Housing Schemes) are part of a major improvement programme to provide accommodation for older and vulnerable people that is modern and comfortable. They offer safety and security and promote independence. So far six of WDH’s 47 schemes have been refurbished and the improvement programme continues until 2017. This investment has been funded by WDH, using long term finance through securitised debt.

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<sup>5</sup> Northern Housing Consortium, 2011, *A Foot in the Door*



As part of the refurbishment programme bedsits have been knocked together to form larger flats. The new style accommodation offers full wheel chair accessibility, open plan living, individual patios or 'Juliette' balconies, fully adapted wet room bathrooms, communal spa bathing (rather than assisted bathing), communal facilities designed to a high standard with IT access, solar panels and the latest assistive alarm and telecare technology. The OTs are included in planning the schemes to ensure inclusive design principles are considered.

During the improvement work it is necessary for all tenants to move to temporary accommodation, and to facilitate this adequate properties in alternative Independent Living Schemes are kept available in the 12 months leading up to the improvements. A full package and removal service is then provided to tenants. When a tenant returns to their newly refurbished property the OT team and a technical operative meet them on site on the same day, to assess and install (at the same time) minor adaptations such as grab rails that are required by individual tenants.

The following images show the old and new entrances to Newfield House:



A communal lounge, before and after modernisation:



## Independent Living Support Services

The Independent Living support service provides person-centred and flexible support in the Independent Living Schemes. People in schemes that have support provided by a team of Community Support Workers can choose from a number of different support options tailored to their individual need or personal preference. Support plans are agreed with each tenant and reviewed weekly to ensure that support remains appropriate and addresses the person's

requirements. The Community Support Worker service is also offered across the district regardless of tenure. It is proving to be popular with older people who need a bit of company and with families who like to have peace of mind that someone is there for their relatives whilst they are at work.

## **Care Link**

The Care Link Telecare service provides a 24/7 response to older and vulnerable people in an emergency, giving reassurance and support, 24 hours a day, every day of the week. The service aims to help people feel more independent, secure and less isolated. The team of operators are highly trained in dealing with a wide range of situations, and a team of responders attend where necessary, helping to avoid an ambulance call or a hospital admission. Care Link works with partners such as Wakefield Council, the police, the fire service and health authorities to ensure a joined up approach. In addition, Care Link provides other safety products such as fall, flood, smoke and carbon monoxide detectors and alarms. There is also a range of products designed for people who work alone, and for victims of domestic abuse and crime, to provide extra peace of mind and reassurance.

WDH hope that GP's and consultants will begin to make more referrals for telecare and also to expand services to provide telehealth. WDH is working to raise the awareness of the potential benefits and cost savings of this technology.

## **Safeguarding**

WDH recognise their essential partnership role in safeguarding vulnerable adults and children, and are members of the Safeguarding Board and have their own internal Safeguarding Working Group with representation across all WDH service areas. Front line employees have been trained to be aware of Safeguarding issues, particularly the Technical Service work force, as they access the homes of more vulnerable people carrying out day to day repairs than any other statutory agency. A "Cause for Concern" reporting card has been introduced which the workforce carry in their vans to remind them of Safeguarding responsibilities and to make reporting concerns easier.

WHD has worked with the Alzheimer's Society to provide Dementia Awareness sessions for front line employees, promoting the importance of early diagnosis and aiming to give employees (including electricians and other maintenance operatives) the confidence and necessary information and material to sign post people who are concerned about memory loss or are displaying the initial signs of memory loss.

## **Replicating WDH's "tenants at the centre" approach**

WDH can demonstrate the benefits that a joined up approach can bring – to the individuals who are able to live more independent lives, and to the range of services which can better focus their provision through working together more effectively.

- **A joined up approach to help people move**

WDH has developed a multi-disciplinary approach which enables them to offer a full range of support to help people consider whether a move would be the best option for them, and then to support them at every stage of the process through that move. The investment for this approach can be justified because independence will be maintained longer in the new

home, and some family sized units may be released to meet the needs of other, possibly overcrowded families. This helps WDH address the dual strategic aims of the shortage of affordable housing and the need to meet the requirements of an ageing population.

- The “*Hospital2Home*” resource pack and “*A Foot in the Door*” toolkit can help housing providers engage more effectively with health and care, demonstrating the contribution they can make to health improvement and maintaining independence, which is particularly important with the urgent need to refocus service delivery and address the increasing pressures on budgets. Both clearly demonstrate the benefits of building partnerships to address some of the complex issues such as health inequalities, and the need for housing providers to engage with Health and Wellbeing Boards now, as new commissioning arrangements are considered, and to demonstrate the cost effectiveness to other services’ budgets of housing support.
- The partnership between WDH and Health has brought health inequality posts, funded by health, directly into the housing service, and WDH fund the occupational therapists. The final outcomes of the health inequality pilot have not yet been fully evaluated, but early indications show that this investment is bringing savings such as fewer and shorter hospital admissions. Providing relevant support at early stages and signposting people to appropriate services requires sufficient resources, but achieves savings to the range of housing, care and health budgets further down the line, as more people are encouraged to become or remain independent.

Not everyone will be able to achieve funding for specific health inequality posts, or to fund occupational therapists to the level of involvement achieved at WDH, but developing a more joined up approach to service delivery should be achievable by all, as it reduces time spent by services duplicating each other’s work, and by intervening earlier, independence is retained and the need for costlier interventions is reduced. Once the pilot is fully evaluated, it may help others argue the case for replicating this approach.

- **Communication strategy**

The Bradford evaluation of the pilot demonstrates that developing good communication between service providers is crucial, and formulating a communications strategy may help address any issues.

- **Reaching out to GP’s and Commissioners**

With GP’s new role in Clinical Commissioning Groups (CCGs), it may be a challenge in some areas to encourage them to see the benefits of referral to housing services. WDH is addressing this, three years into the pilot, by encouraging GP’s to make referrals for telehealth and Care Link. Housing providers need to engage with their CCGs and associated Health and Wellbeing Boards at the earliest opportunity, to ensure that the role of housing is included. The return of the public health role to local government should also facilitate this, given the historic link between housing and public health, but it is up to providers to ensure this happens and to make the case.

- **Safeguarding Training**

WDH demonstrate the importance of providing safeguarding and dementia awareness training to all employees, including maintenance operatives, who may have contact with vulnerable people, to help them recognise where referral may be advisable, for example by spotting the potential symptoms of memory loss.

- **Modernising outmoded sheltered stock**

WDH as a stock transfer association is able to invest in the modernisation of their Independent Living Schemes using long term finance agreements. Other providers are encouraged to explore what potential routes there may be for them to consider imaginative ways of reusing unpopular sheltered housing. Funding for demolition and rebuilding or for major refurbishment is now less available, and lower cost ways of bringing tired buildings up to date should also be explored. As funding provision of care and support for older people becomes increasingly strained, there are strong incentives to explore all routes to create as many homes as we can that will support people to “live younger longer”, where they can maintain their independence, in a warm, safe and secure environment.

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## **Note**

The views expressed in this paper are those of the author, and not necessarily those of the Housing Learning and Improvement Network.

## **About the Housing LIN**

Previously responsible for managing the Department of Health’s Extra Care Housing Fund, the Housing Learning and Improvement Network (LIN) is the leading ‘learning lab’ for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions.

The Housing LIN welcomes contributions on a range of issues pertinent to housing with care for older and vulnerable adults. If there is a subject that you feel should be addressed, please contact us.

For further information about the Housing LIN’s comprehensive list of online resources and shared learning and service improvement networking opportunities, including site visits and network meetings in your region, visit [www.housinglin.org.uk](http://www.housinglin.org.uk)

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