



Housing LIN

Connecting people, ideas and resources

North West Housing LIN Leadership Set Vision

Putting Older People First in the North West

A whole system approach to meeting housing, health and wellbeing outcomes for our older populations in North West England

This paper has been prepared for the North West Leadership Set to set out the challenges faced by those involved in the housing, health and care of older people in the North West between now and 2030, and to provide a range of innovative, local examples in the Appendix that can help to meet those challenges while delivering better outcomes and efficiencies.

The paper: introduces the Leadership Set and its aims; provides a summary of the key characteristics of older people in the North West and how these are expected to change between now and 2030; highlights the implications for services and the workforces of the changes in the older population; describes the policy context; and presents a broad range of practical examples of initiatives to tackle the current and future challenges.



June 2017

About the Housing LIN North West Leadership Set

We are at the cutting-edge of knowledge and expertise across policy and practice in housing and care for older people in the region through our strong networked relationships, to test out new ideas and new ways of working.

We represent a wide range of social housing and housing related support service providers across the region, as well as leaders from related fields including adult social care, public health, acute and primary health care, and technology enabled care.

We meet regularly as a group to develop and deliver a programme of activities which seek to build capacity across the region and promote innovation and good practice particularly in areas which crossover the traditional housing, health and social care boundaries.

Our vision: a whole system approach to meeting housing, health and wellbeing outcomes for our older populations

We are a group of leaders working across North West England in the housing, health and social care sectors. While the spotlight on closer integration has focussed on Greater Manchester's devolution agenda, we represent a range of different organisations and services but share an aspiration to build a whole system approach to meeting housing, health and wellbeing outcomes for our older populations across the region.

We aim to:

- Act as role models and leaders in our field, and so influence practice more widely across the region and nationally.
- Co-produce directly with older people to ensure our work is in tune with future expectations.
- Improve the way we work together to develop, share and diffuse good practice and expertise in the design and delivery of our services across housing, health and social care.
- Identify opportunities and create new and innovative ways of working as a response to the issues facing the region.
- Encourage and build effective networks to add value to the strategic partnerships between the sectors.
- Provide ideas around how integrated approaches inclusive of housing could be embedded into wider system planning mechanisms.

Why do we think this is important in the North West?

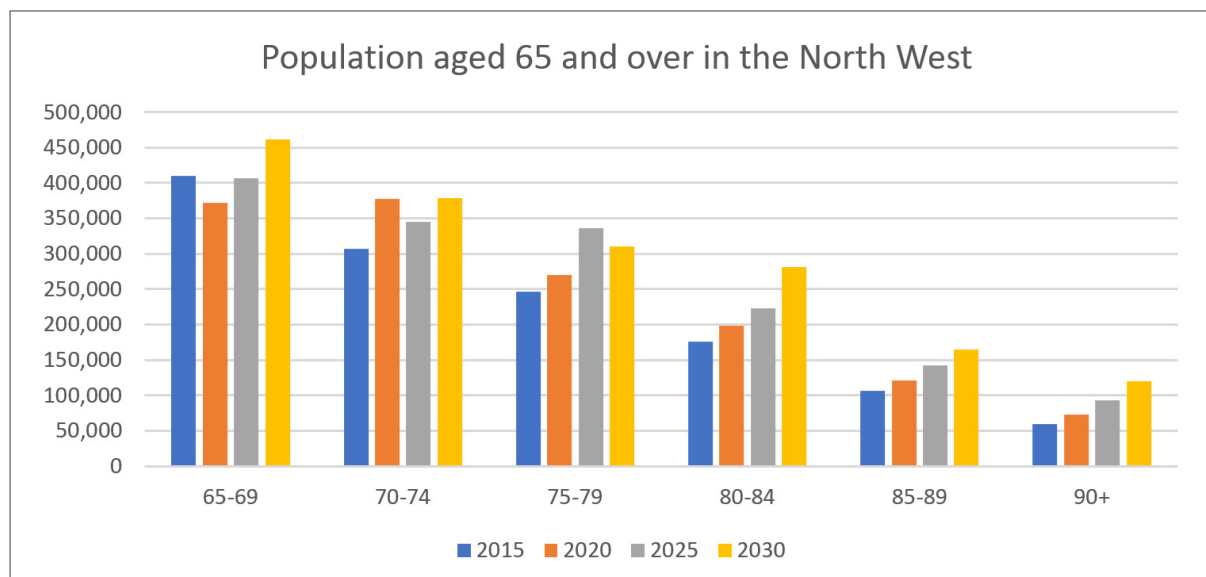
Some of the key characteristics why this is important to us include:

We have a rising older population across the region

The over 65 population across the North West is set to increase by nearly one-third (31%) between 2015 and 2030¹, while the population aged 90 and above is projected to more than double to over 120,000 older people.

¹ All population data is taken from Projecting Older People Population Information System www.poppi.co.uk

There is significant variation across the region: for example, in Halton and Warrington the older population is projected to grow by around 40% over the next 15 years, while in Salford the projected increase is 27%. Sefton, Cheshire East and Cumbria are all projected to have more than 5% of their population aged 85 and over by 2030, while in Manchester the percentage of the population aged 85 and over is projected to rise the least to 1.6%.



There are significant numbers of older owner occupiers in the region

While more than 75% of people aged 65-74 in the North West are owner occupiers, the level of owner occupation is lower for those aged 85 and over (69%). The highest levels of owner occupation among the very old are in Blackpool (78%), Sefton (78%) and Stockport (77%). Housing options need to include a mix of tenures to reflect the proportion of older people across the different tenures, as well as housing related support services which enable older people to remain living independently in their own home for as long as they wish.

The number of older people needing care support is projected to increase significantly and unsustainably

People are living longer, but with increasingly more complex care needs, people now live longer than ever before, but are more likely to develop long term conditions and/or disabilities, which can mean that the numbers in future requiring care support are likely to increase.

Assuming there is no change in policy and provision of alternatives to residential care, the number of older people living in care homes in the North West is projected to increase by 55% to over 67,000 between 2015 and 2030. In some areas (Wigan and Warrington), the number of people aged 85 and over in care homes is likely to double in the same time period.

Given the evidence that older people want to remain living in their own homes for as long as possible^{2,3}, and the pressures on public budgets, we need to ensure there are housing options available which provide an attractive choice and which meet a range of health and social care

2 Shelter (2012) *A better fit? Creating housing choices for an ageing population*
 3 Davies, B. (2014) *For future living: Innovative approaches to joining up housing and health*. IPPR Department for Communities and Local Government Paper

as well as housing needs. It is also worth noting that the residential care market is not solely driven by statutory placement and funding. In Lancashire, for example, only 49% of residential placements are funded by the Local Authority and 12% by the NHS.

In 2002, national build standards were introduced for all new homes (or extensions to existing homes). By 2015, only 40% of rooms in care homes in Lancashire complied with these standards.

A societal shift is required in the perception that hospital care is a place of safety for frail older adults. Clearly people do sometimes require hospital admission, but evidence suggests that it should be increasingly focussed and time-limited due to the consequences of an extended stay on older adults.

- 48% of people over 85 die within one year of hospital admission.⁴
- 10 days in hospital (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over 80 if people remain inactive or on bed rest (which tends to be the norm).⁵

More than 70% of hospital bed days are occupied by emergency admissions.

- 10% of patients admitted as emergencies stay for more than two weeks, but these patients account for 55% of bed days.
- 80% of emergency admissions who stay for more than two weeks are patients aged over 65, just over 30% over 85.

Typical diagnoses among older patients with very long length of stay include stroke, hip fracture, pneumonia and urinary disorders. Dementia and delirium are also associated with longer length of stay.

- This suggests that focusing on reducing the length of stay for older people has the most potential for reducing hospital bed use and improving patient safety and outcomes.⁶
- Over the past two years the data from the National Audit Office⁷ shows there has been an increase of 270,000 (31%) in days in acute hospitals when beds have been occupied by patients who have had their discharge delayed unnecessarily, to the current figure of 1.15 million days. (The increased delays are predominantly for older adults.)



4 Clark, D, et al (2015) Imminence of death among hospital inpatients: Prevalent cohort study, *Palliative Medicine*, Volume 28, Issue 6

5 Kortebein, P. et al. (2008) Functional impact of 10 days of bed rest in healthy older adults, *Journal of Gerontology*, Volume 63, Issue 10

6 Thompson, J. & Poteliakhoff, E. (2011) *Emergency bed use, what the numbers tell us*, King's Fund

7 National Audit Office (2016) *Discharging Older Patients from Hospital*

The link of housing, ageing, poor physical health, and emergency care needs with mental illness and dementia

According to national estimates, 30% of the population of England has a long-term condition (such as diabetes, heart disease or cancer), and 30% of this group in turn also has a mental health problem.⁸ Applied to the population of Pennine Lancashire, for example, this would imply that around 48,000 people have both a long-term condition and a mental health problem.

Nationally, the average cost of NHS service use by people with a long-term condition and a mental health problem is approximately £5,670 per person per annum, which is almost half as much again as for those with a long-term condition alone.⁹

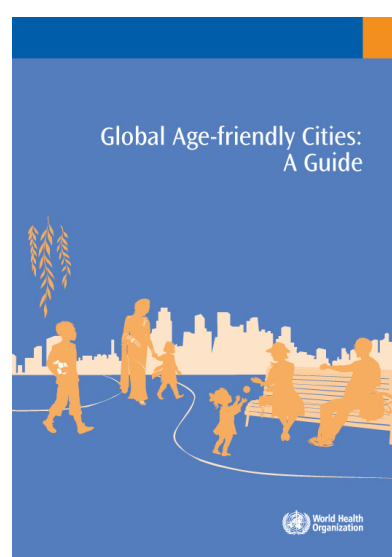
Having depression doubles the risk of developing coronary heart disease and people with depression have significantly worse survival rates from cancer and heart disease.¹⁰ And more than 2 out of 5 people admitted to hospital in an emergency have dementia.¹¹

In making the case for age-friendly environments, the WHO notes that older people who live in an unsafe environment or areas with multiple physical barriers are less likely to get out, and are therefore more prone to isolation, depression, reduced fitness and increased mobility problems.¹²

The majority of older people (90%) live independently in mainstream housing, and some will need help to maintain their health and independence in those homes for longer. For example, the number of older people with mobility impairment in England is expected to increase by nearly 50% in the next 15 years.

The University of Manchester¹³ cites a range of research evidence that highlights the relationship between housing, health and older people:

- Time spent at home indoors increases in older age: 80% of a day for those aged 65 and over; 90% for those aged 85 and over.
- Older people are more likely than any other age group to live in homes that are in a poor state of repair, that lack reasonable bathroom and/or kitchen facilities that are not sufficiently warm in winter, and that pose a significant risk to health. Risk of falls and winter deaths are closely related to poor housing.



8 Naylor et al (2012) *Long term conditions and mental health: the cost of co-morbidities*, King's Fund

9 Naylor et al.(2012), *ibid*

10 Royal College of Psychiatrists (2010). *No health without public mental health*.

11 Sampson et al (2009) Dementia in the acute hospital; prospective cohort study of prevalence and mortality, *The British Journal of Psychiatry* Jun 2009, 195

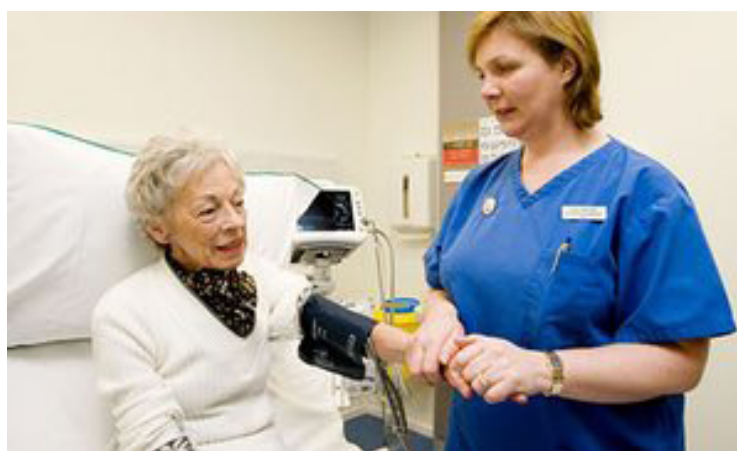
12 WHO (2007) *Global age-friendly cities: a guide*

13 Handler, S. (2014) *A research and evaluation framework for Age-Friendly Cities*, UK Urban Ageing Consortium

There are significant workforce implications facing the public sector in the region, and we need to ensure that we can retain and recruit the best staff

The key challenges in the region include:

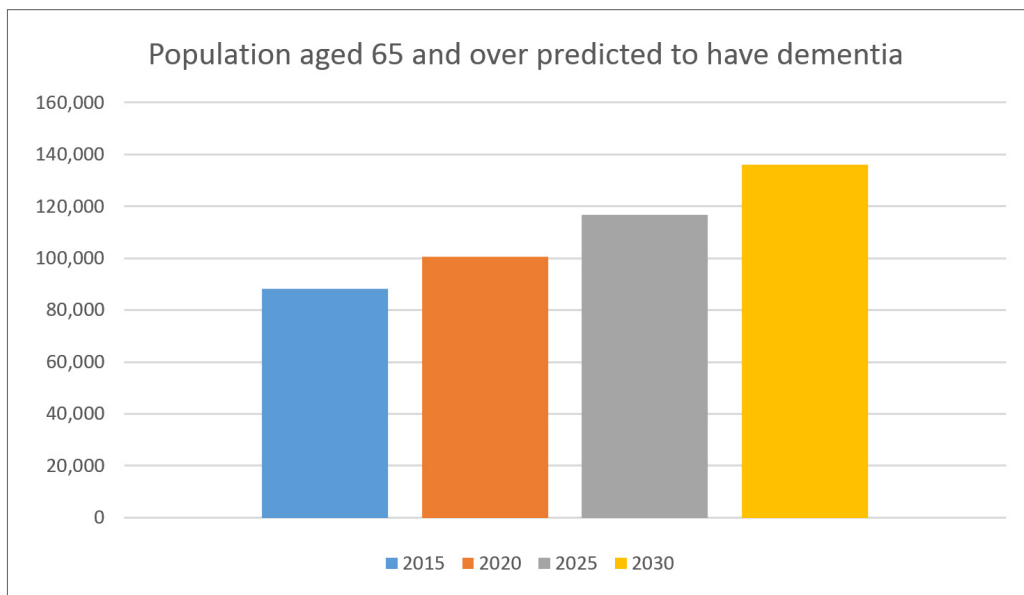
- A fifth (20%) of the workforce are on zero-hours contracts. This is higher for care workers (46%) and registered nurses (44%) in domiciliary care services.
- This has meant that a number of areas have experienced significant challenges in the delivery of domiciliary care contracts and nursing home provision in particular.
- Specialist areas such as dementia care provision for people with high-level needs can be particularly scarce and a market shortfall of appropriate housing with care alternatives, such as extra care housing, can see significant increases to commissioning costs as EMI and nursing home providers charge high costs as they know there are few options, especially where 1:1 support is required.
- With an ageing population in the North West, the adult social care workforce will either need to grow proportionally to accommodate the projected number of people aged 65 and over or need to find new ways of working, including technology enabled care.
- The turnover rate in 2015-16 of directly employed staff working in the adult social care sector in the North West region was 27.5% (27.3% in England).¹⁴
- We also have an ageing health and care workforce, with a large percentage of GP's and other healthcare staff, approaching retirement age (over half the GPs in Blackburn with Darwen are aged 50+ and 1 in 5 practice nurses in Pennine Lancashire are 55+).
- We have seen a significant increase in agency cover for qualified health care posts, with people preferring the flexibility and control this can offer them. However, it has both introduced a significant level of risk to delivery in less attractive delivery times and roles, as well as increasing budgetary pressures on the health system through escalating rates.



There are increasing numbers of older people living with dementia and other long term conditions, many of whom will be living in social housing not specifically designed for older people

The number of older people with dementia in the North West is projected to rise from 88,000 in 2015 to over 135,000 in 2030, representing an increase of 54%.

¹⁴ Skills for Care (2016) *The Adult Social Care Sector and Workforce in North West*.



Overall quality of life for older people in the North West is below the national average

In areas such as Knowsley, Liverpool and St Helens, the level is well below the national average.

Area	Value	Lower CI	Upper CI
England	0.727	0.726	0.728
North West region	0.706	0.703	0.708
Blackburn with Darwen	0.696	0.680	0.713
Blackpool	0.674	0.657	0.690
Bolton	0.704	0.692	0.715
Bury	0.726	0.714	0.739
Cheshire East	0.752	0.741	0.762
Cheshire West and Chest...	0.730	0.720	0.740
Cumbria	0.747	0.740	0.754
Halton	0.689	0.669	0.710
Knowsley	0.628	0.611	0.644
Lancashire	0.723	0.717	0.728
Liverpool	0.651	0.641	0.660
Manchester	0.665	0.654	0.676
Oldham	0.704	0.692	0.717
Rochdale	0.690	0.676	0.703
Salford	0.685	0.673	0.698
Sefton	0.707	0.697	0.717
St. Helens	0.655	0.641	0.669
Stockport	0.735	0.725	0.745
Tameside	0.699	0.686	0.711
Trafford	0.733	0.720	0.745
Warrington	0.715	0.701	0.730
Wigan	0.694	0.685	0.704
Wirral	0.707	0.697	0.717

Source: [Public Health England](#)

Given significant funding pressures we need to think creatively and be able to justify funding being directed at particular services

According to the Local Government Association, social care faces a funding gap of at least £2.6 billion by 2020.¹⁵ Public spending on adult social care is set to fall to less than 1% of GDP.¹⁶ Demography is the biggest single pressure, requiring an additional 3% per year to maintain services at their current level.



The NHS Five Year Forward View¹⁷ (FYFV) and more recent Next Steps to the FYFV (March 2017) emphasise that new care models are needed to support and care for people, advocating more attention to prevention and public health; greater control for patients of their own care; and greater integration.¹⁸

The FYFV noted that a key condition for transformation across local health economies is a strong primary and out-of-hospital care system, with well-developed planning about how to provide care in people's own homes, with a focus on prevention, promoting independence and support to stay well.

While the Next Steps suggests that 'services that are planned and provided by local government, including housing, leisure and transport as well and public health and social care, impact on the health and wellbeing of local people. Addressing the wider determinants of health affects demand for primary and acute services'¹⁹, the vanguard programme was established to test out different care models, including three with a potential link to housing and the Next Steps notes that early results from Vanguard areas have seen slower growth in emergency hospitalisation and length of stay in hospital, particularly in those 75+.

National policy has recognised the important role housing can play in contributing to the health and wellbeing of the population, and we need to respond to this

Local authorities have a statutory duty to consider an individual's wellbeing in their decision making; ensure the provision of preventative services; and carry out their care and support functions with the aim of integrating services with those provided by health, housing and others.

The accompanying statutory guidance²⁰ around the implementation of the Care Act 2014 asserts that:

"Housing is therefore a crucial health-related service which is to be integrated with care and support and health services to promote the wellbeing of adults and carers and improve the quality of services offered."

Section 15.50

15 www.local.gov.uk/media-releases/-/journal_content/56/10180/8106439/NEWS

16 Humphries, R. et al (2016) *Social care for older people: Home truths*, King's Fund & Nuffield Trust.

17 <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

18 Ham, C. & Murray, R. (2015) *Implementing the NHS five year forward view: aligning policies*, King's Fund.

19 <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

20 <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

As part of the drive for more integrated approaches, a pioneering Health and Housing Memorandum of Understanding to support joint action on improving health through the home (MoU) was agreed in 2014 between NHS England, Public Health England, the Homes and Communities Agency, and other housing and health sector organisations.

The MoU details areas of improvement, and the action plan aims to ensure that local authorities and other organisations work together to:

- Establish and support national and local dialogue, information exchange and decision-making across government, health, social care and housing sectors;
- Coordinate health, social care, and housing policy;
- Enable improved collaboration and integration of housing and healthcare in the planning, commissioning and delivery of homes and services;
- Promote the housing sector contribution to: addressing the wider determinants of health; health equity; improvements to patient experience and
- Develop the workforce across sectors so that they are confident and skilled in understanding the relationship between where people live and their health and wellbeing and are able to identify suitable solutions to improve outcomes.

More at:

https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Other_reports_and_guidance/A_Memorandum_of_Understanding_MoU_to_support_joint_action_on_improving_health_through_the_home.pdf

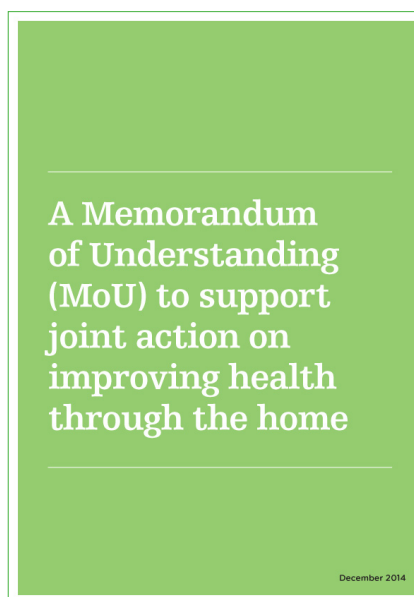
NHS England's Healthy New Town programme offers an opportunity to rethink how to improve health through the built environment. Halton Lea in Runcorn and Whyndyke Farm, Fylde are the two demonstrator sites in the North West. More at:

<https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/>

The Better Care Fund provides further support for integration with a pooled budget for Health and Well-being Boards, including funding for the Disabled Facilities Grant (DFG). Significant extra resources for DFG, alongside local flexibilities, provide an opportunity to innovate to integrate housing-related provision into local service planning and reduce delayed transfers of care. In 2016-17, the national DFG allocation was £394m.

At the time of writing, the Department of Health and Department for Communities and Local Government have published the Policy Framework for Integration and Better Care Fund 2017-19, which includes a £431m allocation for the DFGs.²¹ The Department for Communities and Local Government has also written to every local authority (County, Unitary, Borough and District) informing them in a DFG Grant Determination letter of the amount of DFG payment to each Better Care Fund and how much is included for every individual local housing authority. Allocation details can be found at:

<https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/>



21 HM Government (2017) *Integration and Better Care Fund 2017-19 Policy Framework*

Housing-based solutions can make a valuable contribution to the growing pressure to reduce hospital admissions and delayed transfers of care. The National Audit Office found that the number of delayed transfers of care are increasing at an alarming rate, potentially resulting in worse health outcomes for patients and increasing their long-term care needs.²²

In addition, a forthcoming review of how housing associations can develop effective business cases to NHS and social care commissioners to provide solutions to delayed transfers of care by the Housing LIN for the National Housing Federation found that there is compelling evidence how housing associations and health commissioners can work together to prevent hospital admissions and reduce lengths of stay, delayed discharges and readmission rates. Examples of this from the region can be found in Appendix 1.

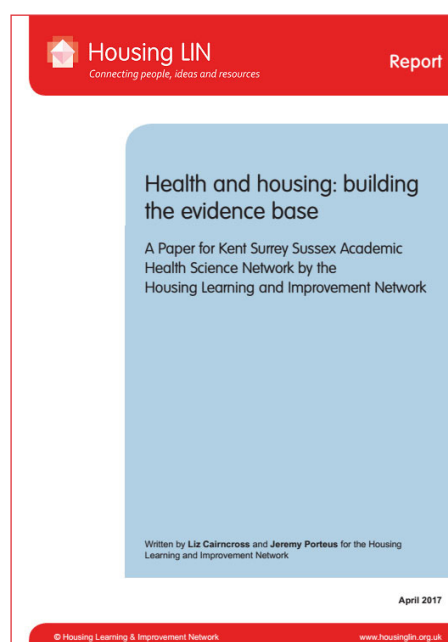
Other sector innovations, such as telecare, potentially offer a way to support the independence of service users, reduce the burden on unpaid carers, and to reduce costs of health and care by preventing unnecessary hospitalisation and delaying or preventing moves into residential care.²³

Developing evidence base

The Housing LIN's report for Kent Surrey Sussex Academic Science Health Network begins to pull together the evidence base around the impact that extra care housing (ECH) can make on health inputs and costs.²⁴

Although the evidence base continues to be inconclusive, there are some encouraging signs:

- An ILC-UK study²⁵ into the health and wellbeing status of residents in extra care housing found:
 - After five years of residence, those living in extra care housing were less likely to enter long-term accommodation, compared to those living in the community in receipt of home care
 - There were health benefits from extra care housing - a reduced likelihood of falling and a lower likelihood of admittance to hospital for an overnight stay compared to a matched sample living in the community
- The DH-funded evaluation²⁶ of 19 extra care housing schemes by the PSSRU found:
 - When residents were matched with a group of equivalent people moving into residential care, costs were the same or lower in extra care housing



22 National Audit Office (2016) *Discharging older patients from hospital*, HC 18, NAO.

23 Bligh J, Cairncross L and Porteus J (2015) NIHR School for Social Care Research Scoping Review. Housing and adult social care

24 Cairncross, L. & Porteus, J. (2017) *Health and housing: building the evidence base*, Housing LIN

25 Kneale, D. (2011) *Establishing the extra in Extra Care*, ILC-UK

26 Netten, A. et al (2011) *Improving housing with care choices for older people: an evaluation of extra care housing*, Housing LIN/PSSRU

- A case study²⁷ by East Sussex County Council which looked at the business case for extra care housing concluded that the cost of extra care housing was on average half the gross cost of the alternative placements
- An evaluation²⁸ by Aston University measured the impact of an ExtraCare Charitable Trust's Well-being Service on 162 new extra care housing residents with a control group of people living in their own homes on the community. After 12 months, 19% of the intervention group had reverted to a 'resilient' state from 'pre-frail' at baseline. Planned GP visits fell by 46% among the intervention group versus no change among control participants; planned hospital admissions fell by 31% versus no change among control participants. There was no difference in unplanned visits between the two groups. NHS costs for the intervention group reduced by 38% compared to control participants over 12 months – a saving of £1,115 per person per year. The cost reduction was most significant for residents who were assessed as being frail – from £3,374 to £1,588 on average per person per year.

The scale and scope for specialist housing in the North West

Using the Elderly Accommodation Counsel database, SHOP@ can benchmark regions or individual authorities against national service provision. The table below provides a breakdown by specialist housing typology in the North West against the national average.

SHOP@ Service Benchmarks North West England								
Area	Sheltered Rent	Sheltered Leasehold	Sheltered Total	Sheltered Prev Rate	ECH Rent	ECH Lease	ECH Total	ECH Prev Rate
North West	50004	10977	60981	99.7	6625	1975	8600	15.5
England	330988	115246	446234	98.5	50402	16752	67154	14.8

Prev Rate = number of units per 1,000 people over 75

SHOP@ confirms that the North West has average provision per 1,000 people over 75 for sheltered housing/housing with support and slightly over average for housing with care (or extra care housing) across the region.

Looking at grant-aided specialised housing in the region, the Homes and Communities Agency (HCA) approved capital allocations to fund 528 homes across 12 local authorities in the North West as part of the Phase Two of the Care and Support Specialised Housing Fund in April 2016. In addition, for the period 2015-2018, a further £218m has been allocated under the HCA's Affordable Housing Programme to support the development of 10,000 new units of specialist housing in the region of which 1,058 are specialist housing.

27 Weis, W. & Tuck, J. (2015) *The Business Case for Extra Care Housing in Adult Social Care: An Evaluation of Extra Care Housing schemes in East Sussex*, Housing LIN

28 ExtraCare Charitable Trust (2015) *Better Lives, Health, Future: Key findings of a three-year study by Aston University into The ExtraCare Charitable Trust's unique model of integrated housing, health, and social care*

Currently around 23% of shared ownership sales in the North West are under the Older People's Shared Ownership Scheme (OPSO), whereas only 4% of sales fall within that scheme nationally. Anecdotally, it is suggested that this is elderly households selling low value (terraced) property and accessing shared ownership to gain better amenities indicating that there may be potential to scale up shared ownership for older people in the North West.²⁹

At the same time, the region has a pressing demand for housing of all types and tenures. According to the National Housing Federation, last year 7,480 too few homes were built to keep up with rising demand. Forecasts indicate that unless action is taken now, this housing shortfall will become more acute, with 399,000 additional households in the region by 2037.³⁰ Providing good quality housing for older people could help to meet some of this demand by freeing up family homes.

There were other studies where impact was less conclusive but this network would wish to continue to explore and disseminate such evidence to the NW system, as well as support research in the region to further inform the evidence base.

Conclusion

Housing and housing-related services can make a significant contribution to emerging models of integrated health and social care services, activities, and facilities. Housing and housing-related services can play an important part in maintaining the independence of older people.

29 Heywood A (2016) *From the margins to the mainstream: a study of the prospects for shared home ownership in the North West*, Smith Institute.

30 National Housing Federation (2016), *Home Truths: The housing market in the North West*, NHF.

APPENDIX 1



Geographical spread of examples

Here you will find a selection of self-selected examples of where operators of housing and care are making a real difference to older people's quality of the lives across the North West.

If you manage or are aware of other innovative services in the region that you would like the Housing LIN consider for inclusion or produce as a future case study, email: info@housinglin.org.uk

Example – Getting personal: Technology enabled health care in Liverpool

NHS Liverpool Clinical Commissioning Group has managed to scale the use of health technology to a greater level than any other single health economy in Europe. Digital products have been deployed primarily to increase levels of self-care and accelerate transformation towards practice and services that monitor, inform, enable and support on-going management of conditions and vulnerability.

The deployment of digital has proven to have a hugely impact upon local services (see attached report), including:

- 90% of patients feel more in control, have gained confidence and/or feel better able to cope with their condition
- 52% of patients report an improvement in lifestyle and 79% improved health or better health management



- Reduction in emergency admissions and secondary care costs in comparison with a control group ranging from 22% to 32% for patients with above average risk (25% or more)
- An average (for 2016) of over 150 avoided ambulance calls per month using fall detection technology and a 24/7 call center with response service.

There are some films about our approach to technology supported service here:

<https://www.youtube.com/channel/UCeKY9otZI9mreA8ChMG0CLg>

Example – Social prescribing and healthy living in Tameside

The Hyde Healthy Living Project is an award winning project between New Charter Group and the GP's within the 8 GP practices of the Hyde locality as part of Tameside and Glossop Clinical Commissioning Group in Greater Manchester.

The Link Worker project demonstrates how intervention can help enhance peoples' lives and build their resilience by providing a much needed link between GP surgeries, hospital and essential community services. For each £1 invested £2.47 has been saved for the health economy.

Supporting 1,500 patients with over 3,000 hours of home visits, telephone calls has led to a marked improvement in quality of life, reduced length of stays or hospital readmissions and provided an overall return on investment, adding over £900,000 to Tameside's health economy.



“I would just like to say it was nice to have my Link Worker call and see me. There are some spells when I don't see anyone for days. It helped me a lot to talk with her and talk in a different light. It motivated me to get more mobile. I had a lovely morning at the shops with my Link Worker, it has helped me a great deal.”

Mrs P.

Example – Cosy Homes in Lancashire

The 'Cosy Homes in Lancashire' (CHiL) scheme is a countywide energy efficiency and affordable warmth initiative supported by all of Lancashire's local authorities and Directors of Public Health. The scheme's initial aim was to use grants from energy companies (particularly the Energy Company Obligation or 'ECO') and other sources to fund new heating measures and insulation increase in the 'thermal comfort' of homes.

CHiL has successfully bid for a number of initiatives including the government's Health Booster Fund and the Central Heating Fund to help vulnerable residents improve their health through warmth by accessing replacement boilers and full central heating systems. CHiL also works closely with Age UK/Age Concern to deliver 'take home and settle' hospital in-reach programmes that bring particularly vulnerable residents home and ensure they have adequate heating to avoid readmission. They are using their Ashden Award prize money to extend the 'take home and settle' scheme to the Blackpool Victoria Hospital focusing on the over 75's.

Example – Getting HAPPI with extra care housing in Rochdale

Hare Hill is Rochdale Boroughwide Housing’s flagship affordable housing development for the town’s ageing population. The purpose built extra care scheme consists of 43 apartments and is the first scheme of its kind to be provided within the Rochdale area.

Drawing on HAPPI principles, Hare Hill has been designed to maximise residents’ feeling of safety and security whilst also creating delineated areas of life and social activity. The dementia friendly scheme is supported by attractive communal facilities which are open to the public, in combination with other areas which are exclusive to the scheme residents. For more about the scheme, read the Housing LIN case study at:

<https://www.housinglin.org.uk/Topics/type/Location-location-location-Hare-Hill-Littleborough-in-Rochdale-The-perfect-location-for-extra-care/>



Hare Hill, Rochdale

Example – North Manchester Boiler Scheme and Support Service

The North Manchester Boiler Scheme and Support Service involved joint working between the third sector, the local authority, the community services and the commissioner.

North Manchester Clinical Commissioning Group (CCG) awarded Manchester Care & Repair £25,000 for emergency heating grant in January 2016 and a further £10,000 in September 2016. The boiler repair/replace scheme is aimed primarily at vulnerable owner occupiers with serious health conditions, assessed as likely to be exacerbated by a cold home, and the support service is aimed at all vulnerable clients regardless of home ownership.

The support service grant has been used to buy carpets to assist with making homes warm, and the heating grant was used to support the repair and/or replacement of boilers and heating systems. The aim was to make homes warmer and avoid hospital admission. The grant fund is only awarded to residents in receipt of means tested benefits or financial hardship, and in all cases a repair rather than replacement was assessed. Between February and November 2016, 12 households with heating problems were assisted through the boiler fund.

Example – Healthy Homes Liverpool

The Healthy Homes programme was originally commissioned by Liverpool PCT, and the programme transferred with public health to Liverpool City Council in 2013. Healthy Homes Advocates visit properties in the areas with the greatest health and housing support needs and gather information about the occupants and their health needs, as well as the condition of their homes. Residents are then provided with free help and advice to remove or prevent hazards that can improve their health and wellbeing. Advice is given on:

- Health proofing the home (from excess cold, damp and mould).
- Home safety (to prevent falls on stairs, flat surfaces and hot surfaces and identifying any slip, trip or fall hazards).
- How to access services provided by various support agencies such as Age Concern or the Benefit Maximisation Service.
- Healthy eating.
- Fuel poverty and keeping the home warm enough through the winter.
- Maximising income.

One strand of the programme is ‘Healthy Homes on Prescription’ with around half of the city’s GP practices taking part. Advocates employed by the team also regularly visit 32 health centres to provide Healthy Home surgeries.

Example – In the Limelight: Integrating health and extra care housing in Trafford

Trafford Housing Trust has initiated an extra care housing scheme for older people with GPs and other primary care professionals co-located with step up and step down beds, shared space, and a single point of contact for the scheme as part of a suite of innovations. The Shrewsbury Street project involves working in partnership with the Council, NHS England, the local CCG and St Brides Church. The social return on the investment was estimated at over £23 million including reduced health costs.



Limelight, St Brides Way, Manchester - Trafford Housing Trust

Example – Making progress: Coordinating telecare in Lancashire

Lancashire County Council (LCC) has expanded its use of telecare as one part of an integrated care model across social care, housing and health, which aims to generate efficiencies and help more people to increase or maintain their independence, stay safe, and continue living at home. In order to deliver a co-ordinated county-wide service, Tunstall and LCC are working with Progress Housing Group, and other local service providers: West Lancashire Borough Council, Lancaster City Council, and Together Housing Group.

Instead of four providers operating independently, the service is now managed centrally by Progress Group. The number of telecare users has risen from 1,100 to 4,200, with around 200 new installations each month. A sample co-assessment exercise of 14 users showed that in 50% of cases, telecare had reduced or avoided an increase to care, and reported an estimated annual saving of £60,603 for seven service users.

Example – Staying Safe and Well with telecare in Blackburn with Darwen

The latest evaluation of Blackburn with Darwen Borough Council's telecare service found that residential care admissions had been reduced by 18% (or equivalent to 57 people). Total net savings achieved were £2.2 million, made up of £1.4 million savings from the telecare and reablement service, and a further £800,000 saved solely as a result of the telecare service. From 2013 the service has been known as '*Safe and Well*'. The *Safe and Well* service won the Service Delivery Model category in the Local Government Chronicle's 2015 awards.

Example – Supporting people with long term conditions in Cheshire

Peaks and Plains Housing Trust (PPHT) and its TrustLink control centre, working in partnership with other organisations, offer a wide range of technology enabled care services to their tenants, many of whom are older or have long-term conditions, including:

- 24-hour monitoring, responder service, wellbeing calls and visits, and support in situations where carers cannot provide care as usual.
- Short-term services for new and existing customers who may be rehabilitating at home after time in hospital, recovering from illness, temporary mobility issues or family/carers taking a holiday.
- A falls project - part funded by NHS Eastern Cheshire CCG. North West Ambulance Service (NWAS) attends patients who have fallen, and assess and can then refer to TrustLink, who will visit the client to undertake a falls risk assessment and signpost to other services. Savings to the NHS from April 2015 to March 2016 were estimated to be up to £1.35m.

Example – Airedale Telehealth Vanguard

East Lancashire CCG is a partner in the Airedale and Partners health in care homes vanguard, which aims to improve the quality of life, and end of life experience of thousands of nursing and care home residents. The vanguard is being delivered with a number of organisations including CCGs and their member practices, NHS providers, care home providers, social services, the third sector, technology partners and academic partners including the University of Bradford.

Teleconsultation by secure video link between nursing and residential homes (90 across East Lancashire) and the Airedale Digital Hub based at the hospital.



- Providing clinical consultation not a logarithm based approach like 111.
- Hub based at Airedale Hospital staffed by team of senior clinicians 24/7.
- Fully managed technical service utilizing bespoke lap tops with HD cameras and with 4G SIM or Broadband.
- Triage and assessment of all requests for GP visits in hours.

Outcomes from 2016/17 evaluation:

At the end of each call, the call handler asks the care home staff four questions about what they would have done if the telemedicine service had not been available:

Intention	Number of calls	Percentage
Called their GP **	13,617	71%
Called an ambulance	1,530	8%
Contacted community nursing service	679	4%
Would not have contacted an alternative healthcare provider	1,122	6%

Against initial evaluation, the service demonstrates:

- circa 33% reduction in A&E attendances 12 months after installation
- circa 25% reduction in admissions via A&E 12 months after installation

Example – Taking stock: Community Hub in Stockport



Mossbank Homes supports a community hub in Bredbury, Stockport. It is run by local residents who volunteer their time to the projects. In 2016 a mobile health clinic provided services to the hub: testing blood pressure, providing dietary advice, cooking classes, and signposting to improve health and well-being. The majority of participants were men over 60, and women over the age of 80 – some living in a care setting.

The Hub, Moss, Bredbury, Stockport - Mossbank Homes

Example – Adaptations to prevent hospital admissions in Wigan

Wigan Council and Wigan Borough CCG are piloting a new, non-means-tested, Home Adaptations Grant in order to reduce unplanned hospital admissions. The service delivers major adaptations in private sector homes using the DFG. The focus is on providing showers, stair-lifts and facilitating access to the home using modular ramps with an average cost of around £5,500.

Example – Information on housing options in Cumbria

Care & Repair England’s Silverlinks service provides localised home and housing information to older people to make informed decisions on their options. Older volunteers share their personal housing experience, offering one to one help as well as providing information and community advice. ‘Pass it on’ workshops spread knowledge about housing & care options through older people’s informal networks. Silverlinks projects exist in Wigan, West Cumbria and Preston.

Example – Information and advice in East Cheshire

Peaks and Plains Housing Trust and Age UK Cheshire East provide a free ‘Life Links’ service designed to help people Live Life and Stay Well, commissioned through the Better Care Fund. Wellbeing Co-ordinators work with individuals in the community to reduce the need for statutory health care services by co-ordinating support packages and signposting to appropriate agencies. Advice is offered over the phone or in person, including: information on home adaptations and equipment, help to prevent minor health conditions deteriorating, and tackling social isolation by teaching ICT skills.

Example – Dementia friendly housing: The Guinness Partnership

The Guinness Partnership, now also incorporating Wulvern Housing in South Cheshire, carried out an audit to establish how dementia friendly it was in 2015. Following this, the Partnership decided to: test how it can adapt its service offer for customers living with dementia in a pilot area; raise staff awareness and improve the advice and support available to them to help customers living with dementia; and identify where to integrate dementia friendly measures into the Partnership’s systems, processes and training programmes.³¹



31 The Guinness Partnership (2015) *Becoming a dementia friendly organisation*, TGP.

Example – Healthy housing partnerships for integrated approaches in Fleetwood

Wyre Council has regular meetings with its local Clinical Commissioning Group (CCG) to review neighbourhood based unscheduled care, looking at data on A&E attendances, hospital admissions and hospital discharge. The meeting looks at individual cases with input from housing, health and social care. Housing's contribution includes housing options assessments, emergency heating system repairs and other cold home related interventions and home health safety checks addressing falls etc. This work has expanded to provide housing based support for patients with care plans due to long term conditions such as COPD. Other collaborative work between the CCG and the council includes the building of a new Extra Care facility and investment from the CCG to clear a backlog of priority Disabled Facilities Grants.

Example – Halton's Early Supported Discharge team

Funded by the Better Care Fund locally, the Early Supported Discharge (ESD) team in Halton aims to reduce pressure on acute hospitals by allowing patients with stroke to return home more rapidly. Once patients are back home, rehabilitation therapists work with GPs, psychologists, care agencies, equipment services, carer support services and the Stroke Association to provide patients with specialist care during the rehabilitation process. Since its implementation, the team has helped to reduce the length of stay for patients, improve patient flow, reduce reliance on social care packages, reduce readmission rates, and achieve high levels of patient satisfaction and functional outcomes. Patients who receive care from the ESD team have shown an increased likelihood of remaining at home on a long-term basis, and of regaining independence in their lives.

Acknowledgements

This vision statement has been written by the Housing Learning and Improvement Network.

We are extremely grateful for all the examples received following our call for information and to members of the NW Housing LIN Leadership Set for their insight and contributions.

About the Housing LIN

The Housing LIN is a sophisticated network bringing together over 40,000 housing, health and social care professionals in England and Wales to exemplify innovative housing solutions for an ageing population.

Recognised by government and industry as a leading 'knowledge hub' on specialist housing, our online and regional networked activities:

- connect people, ideas and resources to inform and improve the range of housing choices that enable older and disabled people to live independently
- provide intelligence on latest funding, research, policy and practice developments, and
- raise the profile of specialist housing with developers, commissioners and providers to plan, design and deliver aspirational housing for an ageing population

And to access further information and resources on housing with care matters in the North West, go to the Housing LIN regional page at:

www.housinglin.org.uk/HousingRegions/NorthWest/

Published by

Housing Learning & Improvement Network
c/o EAC, 3rd Floor,
89 Albert Embankment
London SE1 7TP

Tel: 020 7820 8077

Email: info@housinglin.org.uk

Web: www.housinglin.org.uk

Twitter: [@HousingLIN](https://twitter.com/HousingLIN) and [@HousingLINews](https://twitter.com/HousingLINews)