From Rhetoric to Reality – NHS Wales in 10 years’ time

A series of briefings on the partnerships required to deliver the NHS required now and in the future...

1. Health and Housing

Key points

• Partnerships between the health and housing sectors are vital to reducing pressure on a wide range of health services and can deliver meaningful outcomes for the people of Wales.

• Although important, the need to save money should not be at the heart of this: rather the drive to do the right thing at the right time for each individual person.

• There are wider benefits to be drawn from working with the public and third sector more broadly to provide quality services and person-centred care.

Introduction

In January 2014, the Welsh NHS Confederation launched its discussion paper entitled “From Rhetoric to Reality - NHS Wales in 10 years’ time”. This paper sets out ten key challenges that face the NHS in Wales, including sections on workforce, funding, public engagement and integration.

To keep this debate at the forefront of how we realise a shared vision for the NHS in Wales, the Welsh NHS Confederation is producing a series of briefings in the “From Rhetoric to Reality” series.

This first briefing, produced jointly with Community Housing Cymru, the representative body for housing associations and community mutuals in Wales, sets out how partnerships with the housing sector are vital to reducing pressure on a wide range of health services, at the same time as driving the quality and timeliness of services to individuals.
Background

In “From Rhetoric to Reality - NHS Wales in 10 years’ time” the section that focuses on making key links across public services highlights how fighting poverty is central if organisations are to adopt a holistic approach to serving communities. People experiencing financial hardship or unemployment and lacking opportunities for education may all have interaction with health, housing and social care services. The section highlights that it is no good serving one person’s health need if their housing is poor, or vice-versa. As the paper says: “In public services, we are only as strong as our weakest link.” We must seek to understand the forces which impact a person’s life before they reach their GP, or the hospital door; we need to think innovatively about how to reach people before they require more serious, long-term interventions.

“In public services, we are only as strong as our weakest link.”

At the Welsh NHS Confederation annual conference this year the Minister for Health and Social Services, Mark Drakeford AM, put forward the idea of “Prudent Healthcare”. This is an approach the Welsh NHS is seeking to adopt to provide a more sustainable, high quality service. It redefines how people interact with the health service and encourages them to take ownership of their own health behaviours. The new bargain means that everyone accepts responsibility for their own health and for managing demand on the NHS. As the Minister recently highlighted, at the heart of prudent healthcare “is the idea that by working collectively - as the NHS and as individual patients - we are best placed to make improvements to the health of Wales...without that collective effort of public service there would be no prospect of improvement, especially in the face of ongoing austerity.”

It is key that against the backdrop of increasing demand on the health service we establish links which result in the right thing being done at the right time. This could be achieved through effective coordination between sectors, as well as full and meaningful involvement of individuals requiring those services.

While the integration process relating to health and social care will pave the way to more efficient services, we cannot fully realise the potential to do more for people without the inclusion of housing. It is well known that poor housing leads to poor health, but this only scratches at the surface of understanding why housing, and the contact with housing associations, provides so many solutions to the dilemmas and challenges faced by the NHS in Wales.

Housing associations are about far more than bricks and mortar. They are an array of supported housing to vulnerable people, providers of not-for-profit care and enablers of community regeneration which reflects their ability to have a substantial impact on an individual’s health and wellbeing.

Going from rhetoric to reality...

We know we cannot go on as we are. The pressure on services, increasing demand, a desire to work closer and shared consciousness of the links that can be made across sectors – this is the rhetoric. This rhetoric has been embraced in some areas resulting in real change. We know that there is much positive, proactive, innovative working taking place between health and housing professionals across Wales.

But this rhetoric has not produced a shared reality for all. Consistency is key, and it is something that we don’t have in respect of how these relationships work and the initiatives they produce. The following case studies highlight how the links are currently being made and the outcomes being produced for organisations and, more importantly, for individuals. This is not about “cutting and pasting” services that have worked in one area and transplanting them to another. It is about embracing a new way of working, taking different elements from successful projects to adjust, or even completely re-invent, service delivery based on local and individual needs.
Case Study 1: Delayed transfer of care

“The Lighthouse Project”

“The Lighthouse Project” (directly managed by Taff Housing Association) works in partnership with Newport City Council’s Supporting People Team, who fund “The Lighthouse Project” to provide floating support (a service that provides housing related support to vulnerable adults to enable them to maintain their independence in their own home).

The hospital tenant support worker placement arose as “The Lighthouse Project” realised that support was being delayed for patients in the Royal Gwent Hospital through third party referrals and unnecessary paperwork and liaison. The request for a tenant support worker to be placed in the hospital came from the hospital social work team in Newport.

The social work team had experience of referring patients for support from “The Lighthouse Project” and appreciated the value of housing related support. There were however unnecessary delays in starting support and it was agreed by “The Lighthouse Project”, the Supporting People Team and the hospital social work team that there would be a potential advantage in having a dedicated worker based within the hospital social work team. The tenant support worker could expedite a safe discharge from hospital, and offer a more comprehensive support package working in partnership with the hospital social workers and health professionals.

The outcomes of this project included:

- Quicker and more responsive service for those awaiting discharge;
- On-going floating support arranged where appropriate so that independence can be maintained and individual goals achieved;
- Reduced re-admission to hospital due to safety checks, tenancy related support and signposting to other agencies or more appropriate accommodation; and
- Cost savings for health and social services.

Case Study 2: Preventing admissions to acute services

“Closer to Home” Initiative

First Choice Housing Association provides housing throughout Wales and Shropshire to enable adults with a learning disability to live independently, with support in the community.

“Closer to Home” is a positive step towards reducing the number of institutional placements of people with a learning disability who also have challenging behaviour. It is especially important in light of the scandal at Winterbourne View in England.

The initiative aims to enable people with a learning disability and challenging behaviour who are living out of their home county to move back to their local area within Bridgend, Neath and Swansea. This prevents further out of area placements and reduces admissions to acute services.

First Choice provides the landlord function within the initiatives, and sources and develops the bespoke accommodation. The benefit of supported living accommodation is the promotion of an individual’s right, and independence, to live in an ordinary home in the community. In addition it provides certain individuals, as a “tenant”, with a legal right to live in their home, with appropriate care and support and a property that is adapted to meet their needs.

A case study example of the savings (per annum) that can be achieved are:

Out of area placement cost £311,000 per person

Costs under Closer to Home £90,000 per person

Savings £221,000 per person

Additional properties will be delivered by First Choice Housing Association within the Swansea area within this partnership during 2014-15.
Case Study 3: Continuing NHS Healthcare

The “In One Place” Programme

“In One Place” is the formal collaboration between Aneurin Bevan University Health Board, five local authorities and nine housing associations.

The collaboration is underpinned by a legally binding collaboration agreement which was endorsed through the scrutiny processes of each partner organisation and formally signed on 23rd January 2014. The programme is supported by the Welsh Government through the “Regional Collaboration Fund” and the “Intermediate Care Fund”.

The “In One Place” collaborative agreement enables partners to:

• Establish a “Special Purpose Vehicle” that facilitates a collaborative approach to dealing with the accommodation requirements of people with complex health and social care needs in one place, thereby enabling partners to streamline procurement procedures where they are applicable;

• Agree to separate accommodation and care support requirements in the future, wherever possible; and

• Align health, social care and housing planning processes to ensure that current and future accommodation (and care and support) needs are addressed at the earliest opportunity.

In addition to better outcomes for service users and their support networks, the “In One Place” model has the potential to realise considerable savings across agencies by minimising accommodation costs through the effective use of Housing Benefit, capital assets and grant funding.

Working collaboratively the model could also maintain efficiencies in care costs without any negative impact on the quality of care and support. It is the expectation of the “In One Place” team that using a person’s home as the basis for all care and support quality will be enhanced with better outcomes for all stakeholders.

Some early financial modelling has demonstrated potential savings in excess of £80k per Continuing NHS Healthcare case shared across accommodation (£9k) and care and support (£71k). The “In One Place” Programme team anticipate reviewing all current cases (78), including in particular “Out of County Placements” (24) against the “In One Place” model. In addition to existing cases the “In One Place” team are aware of 29 transition cases coming through from children’s services over the next two to three years.
Case Study 4: Supporting younger people with dementia

Cwmgelli

The Welsh Government’s “National Dementia Vision for Wales” published in 2011, estimated that by 2021 the number of people with dementia across Wales will increase by 31% and by as much as 44% in some rural areas.

As well as fitting with national strategy, the proposal follows discussions between the Seren Group, Aneurin Bevan University Health Board and the Alzheimer’s Society which highlighted the lack of existing provision for younger people with dementia, and responds to specific requests from the “Young People with Dementia Forum”.

Cwmgelli is a flagship development for younger people with dementia. Located in the Cwmgelli area of Blackwood, Caerphilly, the main features include:

- 22 units of self-contained accommodation;
- Family accommodation for visitor stays;
- Spacious lounges in an airy, open plan setting;
- Café area leading to garden and pavilion;
- Pavilion in garden for activities/social events/gym/choir;
- Spa for relaxation;
- Alzheimer’s Society Office;
- Aneurin Bevan University Health Board Office;
- Clinic Room;
- Activities Room; and
- Roof terrace to first floor

To inform the design of Cwmgelli, members of the Seren Group project team and Aneurin Bevan University Health Board colleagues attended an RNIB Cymru training course on sight loss awareness and designing homes for people with dementia.

At an event in November 2013 Mark Drakeford AM, Minister for Health and Social Services, said of Cwmgelli: “It is great to see co-production in action, shaping a much-needed specialist service for younger people with dementia. We talk about the importance of ensuring voices of service users are heard, but what we really want is those voices to be acted upon, so that we create and deliver care services truly shaped by need.”

Seren Group are working in consultation with the Alzheimer’s Society and meet regularly with their review panel consisting of younger people with dementia. The review panel is influencing the design of Cwmgelli and has recently chosen the colour schemes in the bedroom and lounge areas. The review panel is also deciding on activities to be held in Cwmgelli and Seren Group are working with community arts organisation, Head 4 Arts, to facilitate this. Cwmgelli is scheduled to complete in early 2015.
Case Study 5: Community Support

“Find your Future Project”

Run by Rhondda Housing Association, the project was set up in response to the high levels of tenants and community members who had become isolated due to low confidence and poor physical or mental health.

It aims to support vulnerable, economically and socially excluded people from disadvantaged backgrounds to engage productively with local services. Empowering participants to become active in community life, by providing support and mentoring, will enable them to take the first strides toward engagement.

The “Find your Future Project” supports beneficiaries to build their confidence and self-esteem, improve their health and well-being, develop skills and feel less isolated. It achieves this by establishing user-led groups to support people in their own communities and locality, offering a chance to socialise and develop ‘soft skills’ as well as offering opportunities for vocational training and volunteering.

The specific outcomes of the project are:

- Beneficiaries will have improved confidence and self-esteem, enabling them to make the first steps towards engagement with community life and wider society;
- Beneficiaries will improve their health and wellbeing, develop their skills and feel less isolated as a result of the establishment of new user-led community groups;
- Beneficiaries will contribute to the regeneration of the local economy by undertaking a range of vocational training opportunities that meet the needs of all sectors of the community; and
- Improved community cohesion and prosperity through the potential establishment of social enterprises which could generate revenue and training opportunities for the community.

What further links can be made?

This briefing has highlighted some of the key areas on which colleagues across health, housing and social care are successfully collaborating. Here we list some of the key challenges that are shared between these sectors and consider the practical ways in which partnerships with housing associations have enhanced service provision and quality.

Tackling poverty

Housing associations are at the forefront of the ongoing challenge of tackling poverty in our communities across Wales. From enabling tenants through education and employment, to energy efficiency projects tackling fuel poverty, and work around digital and financial inclusion, housing associations work across a number of areas both to help those in poverty, and to prevent others falling into poverty.

The changes enacted by the Welfare Reform Act 2012 further complicate and exacerbate the challenges housing associations face, with the potential upheaval in people’s lives and the further squeeze on finances leading to a greater demand for support across public services.

As organisations deeply involved with families and individuals experiencing poverty, housing associations understand the pressures facing many people who may, as a result of financial hardship and health behaviours, be regularly interacting with health services. It is important to understand conditions which perpetuate poverty; these may not have medical answers but rather require solutions which respond to the underlying causes; such as financial advice, help with basic skills or employment support.

Not for Profit care provision

Some housing associations have increasingly diversified their provision of services to include more specialist care in the field of dementia, Korsikoff syndrome and housing solutions for older people, for example. It is vital that services work closely to identify current and unmet needs within communities to ascertain how opportunities to collaborate with other organisations and the public can aid more innovative service provision.

There is scope to use existing sheltered housing and “extra care” schemes (as well as other specialist schemes) in a number of different ways including co-locating primary care services at these schemes, using “voids” (when a property is unoccupied) as intermediate care beds and linking individuals with day centres and respite care.

End of life care

There is clear evidence that the majority of people would not wish to die in a hospital but rather in another place of their choosing, often their own home. Housing
associations develop relationships with people which go beyond the landlord – tenant relationship.

There is scope to work more closely with housing associations to provide more end of life care at home. The potential for adaptations and moving to more suitable accommodation may mean that a hospital stay is not necessary. In addition, alternative accommodation, such as extra social care, often provides a suitable environment for individuals at end of life.

“There is scope to work more closely with housing associations to provide more end of life care at home.”

Improving public health & building community resilience

Community regeneration is one of the primary functions of housing associations. If we are to realise and fully embrace “Prudent Healthcare” we must work closely with communities to provide the infrastructure through which individuals can work effectively and meaningfully in partnership with public services.

Initiatives such as timebanking, for example, within the social housing sector are strengthening the relationship housing associations have with tenants, in addition to valuing key skills and rewarding the sharing of talents and experiences. If we were to consider this as a means of increasing peer support, befriending and winter checks, it has real potential to decrease isolation and loneliness and support those who may otherwise turn to their GP, or even A&E department.

More broadly, partnerships with housing associations will help provide information to people about health improvement initiatives to support positive behaviour change in areas such as obesity, alcohol and smoking.

The Operational Links

The case studies in this briefing demonstrate that through working closely with housing associations there can be a positive impact on delayed transfers of care and avoidance of out of county placements. Through involving housing providers, there have been considerable benefits for the individuals involved. It is vital we continue to identify how services can work together in a similar fashion.

Conclusion

As highlighted, the briefing provides good examples of how the NHS can and does work with the housing sector, now and in the future, to overcome some of the challenges we face. It is clear that existing links are being made in some areas with highly positive outcomes for the individuals involved.

These examples demonstrate that the substantial changes achieved for people are often made through simple links where housing is a key part of the infrastructure. We must move to a situation where this best practice is common practice across Wales. The opportunities are there and housing associations are well placed to work in partnership with Health Boards and Trusts to take forward tangible changes. Partnership working and collaboration will have positive outcomes for the individual and will enable organisations to provide person-centred services, which could lead to financial savings and less duplication.

Without an understanding of the opportunities to work more closely with housing providers across Wales the NHS of the future, delivered and nurtured in partnership with the public, will not be sustainable.

“We must move to a situation where best practice is common practice across Wales.”
Community Housing Cymru (CHC) is the representative body for housing associations and community mutuals in Wales, which are all not-for-profit organisations. Our members work closely with local government, third sector organisations and the Welsh Government to provide a range of services in communities across Wales. Our conference, training and networking opportunities, along with our publications and website, ensure that the Welsh social housing movement is kept fully informed.

The Welsh NHS Confederation

The Welsh NHS Confederation is a membership body representing all the organisations making up the NHS in Wales: seven Local Health Boards and three NHS Trusts.

We support our members to improve health and well-being by working with them to deliver high standards of care for patients and best value for taxpayers’ money. We act as a driving force for positive change through strong representation and our policy, influencing and engagement work.

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