

# A home is much more than a house

Integrated approaches for the housing, health and care needs of vulnerable adults





# Summary

## The Care Act

The Care Act 2014 is a landmark piece of legislation bringing together, into a single coherent statute, the provision and funding of care and support, the effect of which is intended to last a generation or more. Additionally, for the first time, the contribution of housing to the care and support system has been recognised throughout the Act. The legislation emphasises better information, strengthened prevention, a more personalised approach, joining up support around the needs of the individual and has a core underpinning of promoting health and wellbeing. Housing is defined as a 'health-related service', placing housing firmly on the care and support map.

## The workshops and report

The Local Government Association (LGA), seeking to establish examples of good practice in the integration of health and housing, to better understand any barriers or opportunities to bringing these two areas together and to scope out its role in supporting councils, commissioned Sitra to run four regional workshops to define the core elements of what 'good' integrated working with housing looks like and to identify the conditions most conducive to its growth.

## Policy landscape

This report highlights a number of specific aspects of the Care Act and accompanying guidance, which are of particular relevance to housing: information and advice; prevention and early intervention; market shaping and commissioning; and integration, cooperation and partnerships. Implementation of the Act will also take place in the wider context of continuing change to the NHS. The 'Five Year Forward View', published in late 2014, sets out a proposed future direction designed to close three major gaps around health and wellbeing, care and quality, and funding and efficiency. Addressing these gaps will require more engaged relationships with citizens, investment in prevention, and the testing and development of new models for delivering health care. The landscape will therefore continue to evolve, although the desire to establish the role of housing in developing integrated care and support is likely to remain a constant. Charting the best route towards integration was the key subject of the workshops.

# Themes and issues

The main messages to emerge from the workshops and which are described more fully in the report are:

## Relationships and leadership

- joining up housing, health and care requires leaders who are willing to adopt a broad view and take time to understand the whole picture
- many in local housing teams find it hard to connect with decision makers in local health and social care systems
- there is a perception that housing professionals lack status compared with health and care professionals
- creating positive working relationships is essential for effective integrated working
- a shared language needs to be developed and cultural issues between health and housing disciplines addressed.

## The Care Act

- the Care Act is regarded by housing departments as a helpful lever to further integrate housing and health, although the housing sector does not yet have a full understanding of the implications of the Care Act.

## Devolution

- there was a view that increased devolution to England's regions and cities might open up an opportunity to exert influence for more investment in supported housing.

## Health and wellbeing boards and clinical commissioning groups

- localities differ to the extent to which a housing perspective regularly features in the work of health and wellbeing boards
- more could be done to reinforce the value of the housing contribution to health at a strategic level.

## Public health

- public health has helped forge positive connections between housing, health and care.

## Financial constraints and risks

- less resource is available for preventative services such as housing related services and whilst their value is often accepted, councils are having to make large savings with a longer term investment approach
- capital funding is still available although securing matching revenue is not easy.

## Evidence

- some housing organisations are investing substantial time and resources in creating evidence aimed at measuring things that matter to health and social care such as reduced hospital admissions
- some housing associations have chosen to invest first in what they think is right
- some housing associations have concentrated on making themselves visible to health colleagues, particularly GPs, and wherever possible offering practical solutions
- whichever approach or combination is used there is widespread agreement over the importance of housing 'doing what it does well' (eg acting as a good landlord) as a way of building credibility and trust with the health sector over time.

## Scaling up

- most jointly agreed developments between health and housing have typically tended to be labour intensive, often one off, and with time limited funding
- if housing is a serious part of health and care integration, ways need to be found of engineering larger scale sustainable change, as envisaged by the Forward View.

## Workforce

- some practitioners who work with people in their own homes are trained to spot issues of concern and refer them on to the appropriate agency
- housing practitioners can be the 'eyes and ears' for health and social care
- care needs to be taken to ensure that the desire for a more holistic and personalised approach is not experienced by housing practitioners as an extra burden.

## Market development

- an important ingredient for innovation is open-minded commissioners matched with flexible providers, together with new ways of doing business
- councils are starting to commission services in more creative ways, based on outcomes, although traditional procurement practices are still much in evidence
- an outcomes and place based approach is made easier if providers in a locality work more collaboratively in order to convey a 'housing offer'
- the private sector is playing an increasing role in the supply of housing for people with care and support needs, sometimes with little or no council subsidy
- from a provider perspective, specialist housing aimed at a people with complex needs can require significant upfront investment, particularly when designed for specific individuals, and there is an appetite for finding ways of sharing the risks and rewards between commissioners and providers, including the potential role for social investment
- interest was also expressed in making greater use of the public sector estate within localities as a whole to see how it can be used to help achieve health and wellbeing priorities.

## Resilience

- the contribution of housing to building resilience in local communities was evident with some housing associations starting to provide services to residents of an area, rather than solely their tenants.

## Conclusion

The workshops helped identify some of the key challenges that will need to be addressed if integrated care and support with housing is to become common place. It is evident that much progress has already been made and many people in different places are working hard at both the strategic and operational level to make the system more preventative, more personalised, and more integrated. It is hoped that the messages and learning from the workshops will help maintain and accelerate this momentum.



# Section 1

## Context

### Background

In April 2015 the first phase of the Care Act 2014 came into effect. After a lengthy gestation, the Act became law in May 2014<sup>1</sup> with supporting regulations and detailed guidance published in December 2014.<sup>2</sup> The Act creates for the first time a single statute for adult care and support consolidating a mishmash of social care legislation that had grown up since the 1948 National Assistance Act. It gives legal effect to recent policies, notably personalisation, for example, by conferring a legal right to a personal budget.

Underpinning the Act is for the first time a requirement that local authorities promote wellbeing when carrying out any of their care and support functions, a landmark change, when combined with its articulation of the need to join up health and care around people's needs, for more prevention and early intervention, better advice and information, and the placing of safeguarding on a statutory footing. Of the nine areas of wellbeing that are identified in Act, 'suitable housing' is one. The Act and guidance also recognise throughout the contribution that housing can make to the provision of personalised and integrated care and support. Housing is therefore firmly on the care and support map, as the following extract from the Care Act Guidance illustrates:

“Integrated services built around an individual's needs are often best delivered through the home. The suitability of living accommodation is a core component of an individual's wellbeing and when developing integrated services, local authorities should consider the central role of housing within integration, with associated formal arrangements with housing and other partner organisations.”

**[Care Act Guidance 4.90]**

1 [www.legislation.gov.uk/ukpga/2014/23/contents](http://www.legislation.gov.uk/ukpga/2014/23/contents)

2 [www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation](http://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation)

## Introduction

The role of the LGA is to support, promote and improve local government and help councils to deliver local solutions to national problems. With this purpose in mind the LGA commissioned Sitra to hold four regional workshops in order to identify and share examples of integrated approaches and identify any lessons which may be applicable more widely. The workshops took place between December 2014 and January 2015 and were held in Birmingham, Manchester, Leeds and London. The LGA recognise that this approach provided only partial coverage of the regions of England; for example, there was no workshop in the South West, the North East or the Eastern regions of the country. This was always intended as an initial programme of work for the LGA, intended to capture a snapshot of the key issues and good practice to be found locally.

In all, over 170 people took part from a large number of councils, housing associations and other organisations. This report is a write up of those workshops. The report is structured in the following way.



### Section 1: Context

This sets out the current environment for local government, highlights specific areas of the Care Act 2014 that are of particular relevance to housing, and goes on to give a brief synopsis of the proposed future direction of the NHS, drawing attention to recently agreed Memorandum of Understanding on housing and health and the work of the Coalition for Collaborative Care.

### Section 2: Themes and issues

The main body of the report distils the key themes and issues that came from the workshops, including describing some of the barriers that will need to be overcome in order that integration can become an everyday experience.

### Section 3: Case studies and illustrations

These illustrate a wide variety of ways in which organisations and localities are developing 'integration in action'. There are two categories: case studies drawn from presentations that were given at each workshop, and shorter vignettes presented in a table format which came from the group discussions that took place at all of the workshops. Taken together they represent a growing bank of promising practice.

### The scope of housing: a definition of terms

The focus of the workshops was on housing and support in its broadest sense, encompassing specialist housing such as extra care schemes and highly adapted purpose built properties for people with complex needs, through to general needs social housing and all forms of tenure. The scope covered all 'adult care groups.' When using the term 'housing sector' this refers to: local housing and planning authorities; housing providers eg arms length management organisations, housing associations; housing support and care providers; homelessness sector organisations.<sup>3</sup>

<sup>3</sup> Taken from: A Memorandum of Understanding (MoU) to support joint action on improving health through the home [www.sitra.org/news/a-new-understanding-for-improved-health-through-housing/](http://www.sitra.org/news/a-new-understanding-for-improved-health-through-housing/)

## Setting the scene

### **The changing face of local government**

Local government faces unprecedented challenges with significant reductions in funding coupled with rising demand and expectation. The NHS faces similar pressure, although with funding that has been pegged rather than reduced. In this overall context there is growing acceptance that 'doing more of the same' will not work.

The return of public health to local authorities and their stewardship of health and wellbeing boards (HWBs) have given further impetus to place based approaches. Joint Health and Wellbeing Strategies set out the core priorities for improving health and wellbeing and reducing health inequalities in each first tier council area, providing a framework within which local partners should undertake their commissioning and provider roles.

### **The Care Act 2014 and role of housing**

Whilst the contribution of housing is referenced throughout the Care Act and guidance, a number of areas are of particular relevance to the housing sector. They are: information and advice, prevention, market shaping and integration, cooperation and partnerships, which are briefly considered in turn.

**Information and advice** – councils are required to establish a service for providing people in their areas with information and advice relating to care and support, although they are not obligated to provide all elements of the service themselves. The service must be for all adults, not just those with care and support needs or those already known to the system. This would include information and advice on housing and housing related support options for those with care and support needs.

**Prevention and early intervention** – there should be more emphasis on prevention, creating a system that intervenes early to prevent, reduce or delay the need for care and support and this duty extends to all adults. A clear local approach to prevention

should therefore be developed. Housing and housing related services can be preventative and are referenced throughout the guidance on prevention.

**Market shaping and commissioning** – councils should, through their market shaping activities, stimulate a 'diverse' range of appropriate high quality services (in terms of the type, volume and quality of services), and ensure the market as a whole is 'vibrant' and 'sustainable', including housing options. This would entail councils engaging with a wide range of stakeholders (including housing providers and registered social landlords) and citizens in order to develop effective approaches to care and support. Based on their analysis and engagement, councils will then set out a view of the services required in a 'market position statement' or equivalent document. Councils have the opportunity through the commissioning of their own services to shape the market.

### **Integration, cooperation and partnerships**

Under the Act local authorities must promote integration between care and support services and other health related services with the aim of joining up services. Significantly under the Act, housing is defined as a 'health related service', which as a result should mean the local promotion of integration between care and housing. For example, councils could consider housing and the suitability of living accommodation when looking at a person's wellbeing and needs.

Taken as a whole the Care Act represents a very significant recognition of the role housing has to play in promoting wellbeing through the planning and delivery of care and support. Implementation will take place within the continuing drive to join up all parts of the health and social care system around individuals and with a NHS that continues to change.

# Future health and housing policy

## Supporting integration

In order to accelerate progress towards integration, 14 pioneer areas were set up in 2013 with the aim of bringing health and social care services closer together to provide better care and reducing the need for emergency care in hospital or care homes.<sup>4</sup> Further support for the transformation and integration of health and social care services has come with the establishment of the Better Care Fund (BCF). The BCF creates a local single pooled budget with HWBs responsible for agreeing plans for how the funding should be used. The original national pot of over £3.8 billion has grown to over £5 billion as some localities have agreed to pool more than required. Included within the BCF is the current spending on Disabled Facilities Grants (DFGs), which in the first full year of operation (2015/16) it is expected will be treated as ring fenced and passported to housing authorities.

## NHS Five Year Forward View

NHS England's Five Year Forward View<sup>5</sup> and subsequent planning guidance for 2015/16<sup>6</sup> charts the future direction for the NHS and identifies three gaps requiring big change, all of which assume a 'more engaged relationship with patients, carers and citizens'. The gaps are:

- health and wellbeing gap requiring 'a radical upgrade in prevention and public health'
- care and quality gap with 'decisive steps to break down the barriers in how care is provided'
- funding and efficiency gap.

The planning guidance for 2015/16 sets out actions for the coming year to begin addressing the gaps, including expansion of Personal Health Budgets and the

commencement of Integrated Personalised Commissioning Demonstrator Sites which will offer high-need individuals the ability to control their own blended health and care services. In order to tackle the 'care and quality gap' a vanguard programme<sup>7</sup> is being established to test new ways of organising health provision based on primary care populations rather than the current division between primary and secondary care.

Three basic models are being developed.

- multi-speciality community providers (MCPs) bringing together groups of GPs to lead the shift of services out of hospitals
- integrated primary and acute systems (PACs) where a single organisation provides integrated GP and hospital services, together with mental health and community care services
- models of enhanced health in care homes.

These models are at still at the drawing board stage, but as they begin to be tested over the coming year in various localities, they will form part of the complex architecture within which integration needs to be worked through.

## Health and housing Memorandum of Understanding

In order to assist localities embrace the housing sector's role an agreement has been signed up to by a large number of national organisations, including the LGA and NHS England. This Memorandum of Understanding to support joint action on improving health through the home sets out some principles for joint working to deliver better health and wellbeing outcomes and provides a context for cross-sector partnerships, nationally and locally.<sup>8</sup>

## Coalition for Collaborative Care

At the Manchester workshop we heard from Martin Routledge, Director of the Coalition for Collaborative Care (CCC). The Coalition's purpose is to improve the experience

4 [www.local.gov.uk/health/-/journal\\_content/56/10180/6932744/ARTICLE](http://www.local.gov.uk/health/-/journal_content/56/10180/6932744/ARTICLE)

5 [www.england.nhs.uk/ourwork/futurenhs/](http://www.england.nhs.uk/ourwork/futurenhs/)

6 [www.england.nhs.uk/ourwork/forward-view/](http://www.england.nhs.uk/ourwork/forward-view/)

7 [www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/](http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/)

8 [www.sitra.org/news/a-new-understanding-for-improved-health-through-housing/](http://www.sitra.org/news/a-new-understanding-for-improved-health-through-housing/)

and outcomes of people with long term conditions, using as a catalyst the agreed government policy that everyone with a long term condition should have their own individual health and care plan. The aim is to create a powerful collective movement which makes it more accepted and easier for people to exercise greater self-management of their long term conditions and to make greater use of individual and community assets, so that people are better able to manage their conditions. Much of the focus of CCC's activity is on primary care including promoting the development of social prescribing along the lines that "it's about more than medicine". The CCC has developed a programme of work and believes there is increased scope for connecting health and housing as part of developing primary care led person centred care.<sup>9</sup>

Wherever the lines on the organisational map end up being drawn and recognising the fluidity of the context described above, the imperative to join up services around the needs and outcomes of individuals will remain constant over the next few years. The issues identified at the workshops and the sharing of developments taking place at the local level, which are described in the rest of the report, should give some cause for optimism that the many undoubted challenges can be met.



<sup>9</sup> <http://coalitionforcollaborativecare.org.uk/>

# Section 2

## Themes and issues

This section provides a synthesis of the main themes and issues that came from the workshops.

### Relationships and leadership

The ability to forge positive working relationships, both at the ‘top’ and ‘front-line’, was seen as an essential ingredient for building and sustaining effective integrated working. Housing, health and social care each have, at times, had a tendency to inhabit their own worlds. To further progress the practical side of integrated working, the various disciplines need to develop a shared language and culture, with particular attention to the skills needed for effective partnership working. The transfer of public health into local authorities is acting as a catalyst for making positive connections and for ‘bridging the gap’ between housing, health and care.

Health and wellbeing boards across the country have adopted different approaches to housing. There may be the opportunity to champion the important link between housing and health to enable health and wellbeing boards to be more informed and to reflect this in their local decision making. There is an important role for system leaders to connect housing, health and social care, bringing together partners to align a local vision, strategy and resources.

Housing professionals expressed a perception that they were the ‘junior partner’, lacking status compared with professionals in health and adult social care, and had to work harder to establish their credentials in the health space.

### The Care Act

The clear articulation of the role and contribution of housing within the Care Act and guidance was seen by housing practitioners as providing an opportunity to embed the relationship between health and housing in local government, health and social care. There was a strong appetite amongst those who contributed to the workshops for housing to be pushed further and faster down the integration road. There may well be more that can be done to raise awareness and understanding of the Act across the housing sector, including housing teams within unitary and second tier councils, and on the role of housing with health and social care colleagues.

### Health and wellbeing boards and clinical commissioning groups (CCGs)

Many of the housing sector representatives at the workshops had experienced difficulties in accessing key people and decisions makers within CCGs and the local health and social care system. Although housing is described as a key element of health in the Care Act, directors of housing are not statutory members of health and wellbeing boards. It was acknowledged that CCGs are still finding their feet and have to manage multiple demands with competition for their time, attention and resources. Examples were given of investment in housing-based initiatives from CCGs, although this was often short term and linked to winter pressures and resilience.

## Public health

Some housing representatives had received funding support via public health and some felt there was more scope for public health to act as a broker to influence the health system/professionals. Once health funding for developments involving housing have been agreed they tend to involve a lot of detailed and time consuming work to get them off the ground.

## Finance

There is concern amongst some health professionals that providing funding for housing is simply replacing funding that housing has lost. However, housing professionals provide health and social care professionals with low to no-cost support and solutions, including raising safeguarding alerts. Housing is also in a position to reduce the demand on social care and health services.

## Evidence

The difficulty of establishing an evidence base for the effectiveness of housing's contribution to health and wellbeing was a very strong and consistent theme. Housing organisations (including the housing parts of councils) are making considerable efforts to articulate what they do in terms of health and wellbeing and are investing in evaluation to demonstrate the impact of their services against the imperative of reducing demand on health and social care. There is concern that the evidence the housing sector is able to generate cannot be as comprehensive as that of clinical trials, and that as a result it will not be adequately considered. As a result, some housing professionals are developing services because they believe, given their expertise, that it is the 'right thing to do'. An example of this approach in the health sector was GPs being able to prescribe replacement boilers, although the evidence around the link between cold homes and poor health is not based on clinical trials.

## Scaling up

Allied to the evidence question is an issue of scale and spread. Currently, innovative developments led by the housing sector tend to be developed largely as one-off projects, rather than the adoption of large scale institutional change envisioned by, for example, the NHS Five Year Forward View.

## Workforce

We heard about initiatives aimed at 'making every contact count' for example, social care practitioners being trained to identify and respond to fuel poverty. Holistic approaches such as these are designed to prevent practitioners leaving a household knowing there are problems, but feeling ill equipped to deal with them and thinking they are beyond their remit. Some workshop attendees had experienced problems in getting these approaches consistently adopted by practitioners, which suggests there is a need to consider the implications of widening practitioner roles in order to avoid overload and to embed them.

Housing practitioners are often in contact with tenants when other agencies may not be. This is an opportunity not always utilised to the full. Housing officers can act as the 'eyes and ears' for the wider system and constitute a trusted source for providing assistance and organising other support. To embed this practice, housing professionals need to be acknowledged as an integral part of the health and social care system at the operational level and higher up.

## Market development

A number of interrelated themes emerged around the broad area of market development.

They include:

**Enabling commissioners, enabling flexible providers** – the importance and benefit of having open minded and accessible commissioners was highlighted, willing to listen to providers and not assuming that they have all the answers. Some commissioners, particularly within health, were perceived as having the tendency to start everything from scratch, taking insufficient account of what has gone before. On the other side of the coin, providers should be flexible in their outlook and prepared to engage in constructive dialogue rather than put forward fixed models. This was seen by some as a shift away from the supporting people world, which had the unintended consequence of creating a largely passive supported housing sector dependent on the next tender and stifling the commissioner-provider relationship.

**Pro-active providers** – Each locality has its own local economy of housing/supported housing providers and for commissioners it can be difficult to know with whom to engage and how. There was support for providers in a locality working more collaboratively in order to convey a 'housing offer'. Any such networks should include space for smaller organisations. The need to positively engage with private sector landlords was also highlighted.

**Commissioning and procurement: old ways, new ways** – A few councils are commissioning services based on outcomes and are using flexible contractual forms in support of this, for example by supporting consortia bids. They are seeking to make 'every contract count' by building in a range of health and wellbeing outcomes to be met and requiring providers to cooperate as part of an overall care pathway. More could be done to share these approaches, as we heard that traditional procurement practices

are still much in evidence, partly due to a wish to hold down costs, but also because of views prevailing within some councils' that procurement law requires competitive tendering. Workshop attendees thought that a better understanding of the Public Services (Social Value Act) 2012<sup>10</sup> could help secure the objectives of the Care Act, particularly around utilizing community assets.

Private and public partnerships – Examples were given of increasing activity by the private sector to supply housing for people with care and support needs, either through making available existing properties or by building new ones, some without direct subsidy from councils. More sharing of these approaches (the risks and rewards) may be beneficial. In some areas the private sector is seen to be building extra care schemes as they see a growing market for it. There was a mixed experience of councils working with registered social landlords. Many examples were given of highly productive partnerships but on occasions there was a mismatch of expectation, for example over the sharing of financial risk.

**Investment versus saving** – the funding situation for councils has led to less resource being available for preventative services, such as housing related services. Whilst there is broad acceptance of the value of preventative services, councils have to balance the requirement to live within their means with a longer term investment approach. Capital funding is still available to fund housing developments, albeit much less than in previous years. Workshop attendees thought that further moves towards devolution to regions and cities in England could create a possible opportunity for more supported housing development.

Another issue highlighted was that of risk and reward. Some developments require upfront investment, including purchasing or refurbishing property, and community-based housing with support for people with high needs can be initially costly to set up, and also require significant time to agree them

<sup>10</sup> [www.legislation.gov.uk/ukpga/2012/3/enacted](http://www.legislation.gov.uk/ukpga/2012/3/enacted)

and get them up and running. Ways need to be found of sharing risks and rewards and there was an appetite for finding out more about the potential role of social investment, including social impact bonds.

There was also some discussion about the potential of looking at the public sector estate within localities as a whole to see how it can be used to help achieve health and wellbeing priorities.

## Building resilience

The contribution of housing providers to building resilience in local communities is growing. For example, some housing associations with council encouragement are adopting place based approaches by extending some of the support they offer to vulnerable people in a particular locality beyond their own tenants. The commissioning by councils of extra care housing was frequently mentioned, with schemes generally being seen as community hubs, providing a range of services for vulnerable people in the surrounding community sometimes with co-location of health and social care staff. Some councils are seeking to make extra care work for other 'care groups'.

## Data

Positive examples were given of where data held by different agencies from a variety of sources has been brought together to help target interventions eg people with Chronic Obstructive Pulmonary Disease (COPD) living in poorly heated homes, and of data sharing requirements being built into contracts that are compliant with professional standards and data protection. There can, however, still be reluctance, particularly in health quarters, to share information, for fear of breaching data protection. More work might be needed to create and demonstrate ways of sharing data that protect privacy and which do not undermine public confidence, as this is an essential underpinning of integration.



# Section 3

## Case studies and illustrations

At the workshops, presentations were given describing the progress being made in different localities to push integration forward and participants also shared their experiences in group discussions. The case studies below are based on the workshop presentations. For each case study, brief details of the development are given and a short account of the learning. Much of the learning is about the experience of working in an integrated way. The case studies are followed by shorter vignettes published in a tabular format. These are areas of promising practice that were shared during the group discussions. For both categories a contact name is given from whom further details can be obtained. In total they represent a growing bank of promising practice.

**“you cannot deliver high quality care to a park bench”**

**Delegate Sitra/LGA integration event**

## Case study

### Midland Heart re-ablement service for older people in Birmingham

**Neil Tryner**

Head of Business Development

#### **The development**

Housing and care organisation Midland Heart have found significant cost efficiencies and positive outcomes for older people with an innovative project that aims to support customers home after a stay in hospital. Midland Heart took over and refurbished a ward at the Good Hope Hospital in Sutton Coldfield. Cedarwood consists of 29 private bedrooms to support older people who are assessed as medically fit for discharge, but are not yet ready to go back to their own home. It provides a comfortable setting for structured after care and support in a hotel style environment for a period of up to a fortnight. Midland Heart commissioned and paid for research which shows that cost efficiencies have been achieved through a reduction in bed days compared with a control group.

#### **The learning so far**

It was challenging to get the systems to work together. Agreeing a contract was important, but developing a shared vision was ultimately the key.

Gaining the initial agreement was hard, but implementation was harder still, consuming considerable management time and requiring persistence. Clinical governance issues turned out to be less difficult than sorting out a myriad of practical issues.

Commissioning the research demonstrating effectiveness in health terms (ie a reduction in bed days) was critical for continuation of the service.

Being seen to acting as good social landlords was important for establishing credibility with NHS colleagues and over time moving to a partnership of equals.

## Case study

### Derby City Council accommodation strategy for disabled people of working age

**Jeremy Mason**

Housing Strategy Officer

#### **The development**

The council has developed an Accommodation Strategy for Disabled People of Working Age with a bold vision and the aspiration that within ten years no disabled person of working age will have to go into permanent residential care. The strategy is organised around four key areas of information and advice, housing options, partnerships, and ordinary lives. It has been developed and is being overseen as a whole system partnership across all the agencies. It involved agreeing a hospital discharge protocol between health and social care and council social workers working alongside the NHS in their own building before and during the strategy implementation housing associations and private landlords have been pro-actively engaged in increasing the range of housing options that are available.

#### **The learning**

Some barriers were experienced by virtue of bringing different professionals together: “do you speak my language?”

Whilst professionals were all experts in their own right there was felt to be a lack of cross-disciplinary expertise allowing people to work comfortably across housing, social care and health. There was felt to be a need for “taking off our professional hats”.

Some professionals were anxious about ‘ordinary living’ principles in practice partly reflecting carer and family concern over moves out of residential care.

## **Case study**

### **Birmingham City Council**

### **Make Every Contract**

### **Count: integrated**

### **commissioning for**

### **those with substance**

### **misuse problems**

**Dr Adrian Philips**

Director of Public Health

#### **The development**

Birmingham council's Public Health department led the re-commissioning of the city's substance misuse services. On review it was discovered that there were nearly 70 contracts with duplication, unclear navigation, and little knowledge transfer between them. An integrated commissioning approach and coordination across three major funding budgets (public health, supporting people and adults third sector) means that these contracts have now been consolidated. The commissioning process involved meaningful engagement with people using services which revealed "underlying issues, [and not] just observed problems." Over 700 people responded to our formal consultation exercise. This has led to a focus on families and safeguarding as well as 'recovery' rather than just individual medical problems. It was for example found that 37 per cent of 'troubled families' had substance misuse as a major factor. The new contract is based on a clear and broader set of outcomes and requires providers to adopt a broad view when intervening, for example by always checking whether there are children in the household.

#### **The learning**

You can have different and valuable conversations once you focus on outcomes that matter to people.

Some people, including people using services, are wedded to current models and so making change can be difficult.

Greater coherency and value can be achieved by integrating responses to other marginalised groups such as looked after children, homeless people, ex-prisoners.

The Social Value Act 2012 is very powerful, but possibly not enough use is made of it.

# Case study

## Bromford Housing Group developing integrated approaches to health and wellbeing in the West Midlands area

### John Wade

Director of Support

### The development

Bromford Housing Group has developed a number of services and approaches designed to broaden its contribution to health and wellbeing for its tenants and the wider community. These initiatives include:

**My Home Support** – A partnership with two CCGs and a hospice in Lichfield focused on end of life care, usually for people with cancer in the last six months of life. The cashable saving for the health economy is a reduction in days in hospital.

**Winter Buddies** – A CCG funded pilot aimed at reducing falls but also to build more resilience in communities throughout the year.

**ABCD Litchfield** – Using the Asset Based Community Development approach working to find and utilise 'community enablers' in Litchfield.

**The Deal** – Building more positive relationships with tenants by asking them where they want to be in three years' time and providing support to help them reach their goals.

### The learning

Housing practitioners are invited guests in people's homes. This is privileged access that should not be frittered away, but used to build relationships with individuals to help them achieve positive change.

The organisation has pro-actively responded to an environment where commissioners have stopped investing as they did not see enough value in what was provided. Bromford see the challenge as being able to demonstrate how the core skills of housing related support can

be applied in different settings to meet unmet need in innovative ways.

## Case study

# Amber Valley Borough Council getting housing heard in the integration of health and social care

### David Arkle

Housing Manager

### The development

Amber Borough Council has used its strategic housing function to forge links with the health and wellbeing agenda, by building on a long standing positive relationship with adult social care and the previous PCT. Through membership of the Southern Derbyshire CCG Locality Board, the CCG has worked with the council to tackle fuel poverty. Public health analysis showed that the locality was an outlier on excess winter deaths; this realisation helped to persuade GPs to support patients in accessing affordable warmth advice.

Starting with a single straightforward issue provided a solid basis to increase understanding amongst GPs of the wider issues underlying housing and health. This has led to an improved awareness amongst GPs and the CCG of the contribution and availability of existing community services, resulting in greater confidence in signposting or referring their patients to them. There is also a wider ambition to encourage professionals visiting people in their own homes to spot and act upon problems, by referring on to other non-clinical services.

The new focus on partnership working has helped the CCG to engage with the council's Local Development Framework and understand the implications of housing growth on GP practice capacity. The Council has also been consulted on how hypothermia admissions to hospitals can be reduced, and has been invited to attend one of the integrated care workstreams focusing on self-management, social capacity, advice, information and advocacy. Further, the CCG has recently provided match funding to

support a local heating support scheme delivered with the Home Improvement Agency.

### The learning

Progress has been made by virtue of spending time building positive relationships. It is not always about the money and is often about connecting existing services. It has also been important for housing take the lead by following things through and demonstrating the positive differences that can be made.

By regarding people as people, not patients, you begin to find ways to focus on the person in their home environment and not just on the task to be completed. Keeping people at home should start from an awareness that the condition of some homes can substantially contribute to the person's poor health in the first place. It is important to use evidence, but not to discount the blindingly obvious ie that warm homes are healthier than cold ones.

## Case study

### Places for People – adaptation and learning various locations

#### Kim Scott

Individual Support Director

#### The development

Places for People have begun to adapt what they do in response to the opportunities and demands of the changing health and social care environment. Three recent services include Azkuka First for young people with mental health needs, People and Places' first NHS contract; Millbank Court family homeless provision; and Langdale Court, an extra care scheme for older people. Although different services, they share in common opening up some of their resources to the surrounding local community.

#### The learning

It has been important to make sense of the changes not only at the strategic level but also for staff on the ground. There is a need to bring the whole staff team along with the management team, as well as listening to users and customers.

There is a need to be more focused on the evidence of what makes a difference.

The importance of having time to act, time to reflect and invest in collaboration and relationship building, but also being brave and having the belief to do the right thing.

## Case study

### Blackburn with Darwen Council – making every adult matter (MEAM)

#### Karen Cassidy

DAAT Coordinator

#### Peter Cook

Housing Strategy Lead

#### The development

The council along with key partners (including the CCG, Community Rehabilitation, Police and the Police and Crime Commissioner's office) has developed a new partnership approach to supporting a cohort of vulnerable adults who are mainly homeless or living in homes of multiple occupation (HMOs), with a view to improving engagement and case management functions. It has been recognised that this complex 'revolving door' cohort of people amount to approximately 500 individuals at any one time and that many of them are accessing a range of costly interventions across the Borough on a regular basis, but with poor outcomes.

Service users, volunteers (some of whom are former HMO residents) and voluntary sector providers have come together with strategic leads to trial a new co-commissioned service to inform the re-design of integrated support interventions. One element of the work has been to tackle the poor housing standards in HMOs through rigorous enforcement activity (including closure), combined with additional support to the landlords eg by providing access to safeguarding training. The other element has been about improving care and support interventions with a range of key partner practitioners, such as a health outreach team, integrated offender management 'revolution team' and local substance misuse services.

The focus is on a highly individualised approach and as the service develops, an understanding of the root causes of homelessness such as adverse childhood experience (ACE) will underpin and inform

support planning. So far the approach has resulted in improved living accommodation and better relationships with some HMO landlords, improved health and social outcomes for individuals, reduced offending behaviour and increased awareness of the complexities that this cohort experience. An evaluation is being commissioned.

### **The learning**

Coproduction is the key to designing and implementing the offer, ie strong partnership work between the strategic leads, providers and service user representatives.

Contract performance and management is a function that should be jointly owned to provide the best outcomes on a co-commissioning basis.

There must be flexibility to adjust as necessary to ensure a systematic approach to systems re-design / facilitated managed change.

## **Case study** **Trafford Housing Trust –** **towards independence**

**Matthew Gardiner**  
CEO

### **The development**

Trafford Housing Trust (THT) manages around 9,000 homes in the Trafford area. They have responded to the current financial imperative by initiating a number of innovative approaches to meeting need. They include:

**Extra-care** – A new extra care 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.

**Lifting service** – utilizing the local Tele-care and Tele-health service, THT have set up a lifting service which provides a rapid response to help people after falls, avoiding the need for lengthy ambulance waits.

**New Investment** – as an alternative to building more properties, THT are instead investing in an accelerator fund to find the social health businesses of the future, with six ventures completing the programme. As well as creating an income stream, THT expect to gain direct and early exposure to innovation which can quickly be used for the benefit of their tenants.

**One Page Profiles** – these have been introduced into THT sheltered and extra care schemes and are contributing to more personalised care and support.

**Living Wage Home Care Business** – THT have established their own home care service with care workers paid a living wage, based on the principle of 'care you would want for your mum.'

### **The learning**

Creating the extra care scheme meant building a 'coalition of partners', getting them round a table to say what was important to them. Language was an issue which required persistence in order to reach agreement.

There is a need to find ways of demonstrating returns on investment (including a social return on investment), alongside telling powerful stories of how lives have been improved.

The ability to exercise influence has meant participating in completely different networks to those with which the organisation was previously accustomed.

## **Case study**

### **Liverpool City Council – healthy homes programme**

#### **Martin Smith**

Consultant in Public Health

#### **The development**

The Healthy Homes programme was originally commissioned by Liverpool Primary Care Trust, and the programme transferred with public health to Liverpool City Council in 2013. Combining a number of different data sources revealed strong associations between hazardous housing in private rented sector properties, health inequalities and poor health. To tackle this at scale, a healthy homes team has targeted localities with the highest concentrations of poor housing. The team assess the housing and health needs of each household and take action with landlords to make sure repairs are carried out and home improvements made. Referrals are made to other agencies where a need is identified. 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.

#### **The learning**

Initial attempts were made to link with GP clinical systems to help identify people where poor housing was contributing to poor health, but in the end this did not prove possible.

Further attempts with some success occurred with some GP practices contacting patients with certain long term conditions and providing details of the programme and inviting them to refer themselves to the Healthy Homes Team.

Review and assessment of key partners is necessary to ensure that the most relevant services are provided and there are no gaps.

It is vital to find ways to engage with different groups and especially those who are socially isolated. It is also necessary to refresh intervention criteria based on varying health impacts.

## **Case study**

### **City of Bradford Metropolitan Borough Council – integrated approaches for people with learning disabilities**

**Jayne Hellowell**

Service Manager Commissioning

Making best use of Section 106 agreements should broaden out beyond thinking only about developing extra care for older people.

#### **The development**

The council has developed a strategic commissioning approach to accommodation and support for people with learning disabilities in order to engineer a shift away from residential care and poor quality supported housing to create better supported living opportunities and reduce out of area placements. A particular driver was to end the situation of people living with people with whom they hadn't chosen to live. The strategy has a number of elements which include:

- reviewing all care and support packages for people with learning disabilities
- securing Department of Health capital to build new homes
- bringing the housing options and homeless service into adult services with a dedicated housing officer
- creating a new framework contract for supported living which clearly separates the housing element from care and support
- working with private developers who have bought a number of 'off the shelf' properties which are then leased to registered social landlords on long term leases.

#### **The learning**

The planning of housing for people with learning disabilities should be mainstreamed rather than undertaken as a separate activity.

It was difficult to reach agreement with some registered providers on what constitutes a reasonable sharing of financial risk.

## Case study

### Look Ahead – developing a step down forensic mental health service – Tower Hamlets (1)

#### Pat Long

Executive Director of Operations

#### Patrick Dwyer

Head of Mental Health Development

#### The development

Following a competitive tender process, Look Ahead was commissioned to set up and run a 19-place supported living facility for people with serious mental health needs and significant forensic histories, many of whom had spent long periods of time in forensic inpatient settings. Detailed planning for the service took place over a nine month period via a multi-agency steering group led by the council and the CCG.

Considerable time was taken to agree the operational policy, which provided an important source of subsequent reference. Setting up the service meant establishing good working relationships with a large number of agencies and professionals, eg police, probation, community mental health services, and primary care. NHS Trust and local authority staff were involved in Look Ahead's recruitment process, and the manager appointed to run the service undertook a clinical placement which helped build professional relationships and trust. The manager was also given an honorary contract with the health trust in order to allow the sharing of sensitive information needed to manage the service.

#### The learning

It was important for Look Ahead to demonstrate its own expertise within a framework of openness and honesty. Creating confidence in their ability to deliver a safe service was a critical factor.

It took time to develop the open communication, trust and confidence necessary to bring this complex service to life. 'A very healthy dollop of vision and passion among the partners' was key to success!

A commitment to quality and continuous improvement was also essential.

By putting the person at the centre, the provision of high quality supported housing acted as the catalyst for achieving other outcomes.

### Look Ahead – creating a bespoke learning disability service – Tower Hamlets (2)

#### The development

Look Ahead created a home with support for a person with severe learning disabilities who had previously spent many years in a secure assessment unit under section. The person displayed a range of institutionalised behaviours that were difficult to manage. A bungalow in an ordinary residential area was purchased and substantially adapted.

Making the move involved extensive planning and liaison with a large number of professionals, including psychiatrists, physiotherapists, psychologists, the GP, and support staff. Engagement and involvement of family and loved ones was vital to success. A dedicated team of nine now provide tailored support. Over time the services user has gained skills of daily living and has gradually grown in confidence, so that he is more accepting of visitors and he has started accessing facilities in the community. His improved quality of life and greater independence has been achieved at less cost than his previous inpatient bed.

### **The learning**

The service specification was a key document, providing the basis to around which to coalesce and go back to when there were issues that needed to be resolved. It provided a shared point of reference.

Developments such as this do not just happen, but are the product of establishing and cultivating relationships necessary to overcome the frustration that can exist as a result of partners working at different paces – ‘Integration can be explained as a style of working.’

Housing can bring investment to the table, a contribution which should not be overlooked. The sector must continue coming up with models that demonstrate effectiveness in terms of user experience and outcomes, and which contribute towards savings in health and social care economy.

There is still a question of how to frame the evidence to meet the health and social care agenda.

## **Case study Home Group (incorporating Stonham) – a ‘Good Death’ support and time to think – North East England**

### **Rachael Byrne**

Executive Director Care and Support

### **The development**

In 2011 a palliative care review carried in the North East found that 65 per cent of people want to die at home compared with 20 per cent that were likely to. This led to the development of the North East Charter for a Good Death.<sup>11</sup>

As a social landlord and care provider within the region, Home Group wanted to play its part in helping to fulfil the objectives of the Charter. A strong relationship existed with colleagues in the NE Public Health team, and supported with funding from public health NE, and Newcastle Science City, a nine month pilot was forged. Two support workers and volunteers were recruited to help provide support, which was completely bespoke. It included arranging seeing family, preparing a will, liaising on repairs on the property, and support on hospital visits. The service was ‘tenure blind’.

Each individual supported also had £1,000 to spend as they chose to improve their wellbeing. Stonham worked in collaboration with Social Inclusion through the Digital Economy at Newcastle University, whose focus was on the role of digital technologies to support End of Life Care at Home. 40 per cent of those in the pilot did choose digital technologies as a way of keeping in touch with family and friends, etc. The pilot was evaluated and showed positive outcomes for users and reduced use of NHS services (10 per cent reduction in A&E attendances; 55 per cent reduction in GP consultations; 42 per

<sup>11</sup> [www.phine.org.uk/a-good-death/charter](http://www.phine.org.uk/a-good-death/charter)

cent of client hospital admissions stayed constant).

### **The learning**

Finding the right people to talk to in the first instance was not easy. Once the right connections were made, this led to the development of a very strong relationship with public health, now regarded as 'inspirational colleagues.'

The pilot followed some unexpected routes. For example, take up was considerably higher than expected, with 64 families involved with compared with the 40 planned. Stonham invested in an extra worker to increase capacity. It was also much easier to attract volunteers than anticipated.

The partnership with Marie Curie on volunteering and skilling up colleagues in working in the field of palliative care was invaluable.

A support worker often has the strong advantage of being able to access people living in social housing, who can in many situations remain under the radar when they are in greatest need. I think this needs explanation – why do residents of social housing in particular often remain under the radar? The support workers on this scheme were a 'great gateway to what's going on in that family' and to identifying the best people to bring in to help.

## **Case study**

### **London Borough of Islington – Raising the Profile: housing and care in Islington**

#### **Sean McLaughlin**

Director of Housing and Adult Social Services

#### **The development**

In 2013 Islington council held a summit bringing together professionals, representatives of the voluntary sector, and local residents in order to inform the council's housing strategy across four areas: fuel poverty, cost of healthy living, more sustainable homes, and increasing choice and support for older and disabled people. Implementation of the strategy has included:

- a major programme to insulate homes, replace boilers, and tackle condensation
- an Environmental Health Officer jointly funded by the NHS and the council, over 1,000 fuel rebates every year, and a Seasonal Health Intervention Network (SHINE) that provides residents with advice and support for a range of issues caused by extreme temperatures
- provision of a housing representative for Age Concern Health Navigators
- accessing alternative funding to maintain services previously funding by Supporting People
- developing schemes for people with learning disabilities (in house and with a housing association)
- social care commissioners scrutinising the housing development programme.

### **The learning**

There is no silver bullet; solutions are as varied as health and care needs. Progress comes from integrating with the NHS at commissioning and delivery levels, combined with good front-line advice and support – eg GPs and social workers – ‘Integration depends on having very good people on the ground.’

The ability to make good use of public health support and supporting innovation.

The importance of doing the ‘housing day job’ well, eg investment and repairs.

## **Case study**

### **Advance UK – a case study of shared ownership and intensive community support in Hackney**

**Tim Cooper**

Chief Executive

### **The development**

Advance has pioneered shared ownership for people with learning disabilities. In this case they worked with a woman who had been placed in residential care away from her family. Her unhappiness manifested itself in behaviours that were difficult to manage and which were incurring significant costs.

The turning point came when she moved into a flat with someone with whom she had a good relationship. With Advance’s support and that of the other professionals who worked with her, a move to a place of her own in shared ownership was seen as a natural next step. As part of making the transition, over a period of years, careful tracking of the incidence of poor outcomes (behaviours) was undertaken, eg crying and aggression.

Now settled in her own home, where she chooses her own support staff, the frequency of poor outcomes has significantly reduced. The new service is also provided at considerably reduced cost to the public purse.

The costs of poor outcomes was also modelled for a sample of similar vulnerable individuals (eg placement breakdown, hospital admission) using cost data from the personal social services research unit, to estimate savings to the public purse of better management on top of any savings to direct support costs.

### **The learning**

A stable home provides ‘a bed-rock for an integrated service.’ and ‘Fundamentally integration has to be a way of life, embedded at the level of an individual.’

Having completed the cost analysis, it became apparent that not all agencies benefit equally from cost savings and that initial start-up costs for alternatives to high cost placements can be higher. Ways need to be found of smoothing costs over time and sharing risks and rewards between commissioners and providers. Social investors may have a role to play here.

## Case study

### Pathway health care for homeless people

**Alex Bax**  
CEO

#### **The development**

Pathway works with homeless people, many of whom have chronic and multiple long term conditions. Pathway has pioneered improvements in hospital care by establishing Pathway Hospital Teams, initially at University College Hospital, now spreading around the country.

The service originated from a hospital consultant taking an interest in the homeless people he came across. This spark eventually led to the setting up of a dedicated team, with GP-led ward rounds in the hospital, and weekly multi-disciplinary meetings bringing together hospital staff, adult social care, alcohol and drugs services, and housing staff to assist with discharge planning.

The team also include 'care navigators' who are 'experts by experience'. Research showing the positive impact of the service has been published in the Lancet. A new medical Faculty for Homeless and Inclusion Health has been set up, aimed at improving the health care of homeless and other excluded people. It has also produced the first set of standards for the health care of homeless people. Further details can be accessed at: [www.pathway.org.uk/the-faculty/](http://www.pathway.org.uk/the-faculty/).

#### **The learning**

Evidence of a reduction in total hospital bed-days leading to cost savings. This was published in a medical journal, and provided a strong business case for continued investment in the service and for developing it in other hospitals.

Whilst the evidence of the impact on bed usage has been essential for establishing credibility of the service, much has also depended on building relationships over time with other key players in each local health system.

## Case study

### Hampshire County Council – a partnership approach to delivering adaptations under the Better Care Fund

#### Peter Rush

Strategic Commissioning Manager –  
Extra care

This case study was added supplementary  
to the events

#### The development

Following the announcement of the inclusion of funding for Disabled Facilities Grants in the Better Care Fund, Hampshire County Council and its district partners considered how this opportunity could be utilised to improve the overall focus and delivery of adaptations across the county. Working together, they have agreed on a core preventative purpose for the delivery of adaptations: ie enabling vulnerable individuals to stay living independently within their own home, preventing them from becoming homeless or having to move unnecessarily into a less independent institutional setting.

Specific objectives were:

- facilitating timely hospital discharge
- admissions to residential care homes
- the cost of providing domiciliary care
- contributing to the wider prevention agenda of housing, social care, and health authorities by facilitating improvements in individuals wellbeing, and reducing hospital admissions.

To support this, a common data set, to be recorded and reported in all cases, was agreed. More importantly, for individuals awaiting adaptations, target delivery times were agreed for the two most common adaptations requested. These are for a stair lift, where the aim is to install 90 per cent within 90 days of referral, and level access showers, where the aim is to complete 90 per

cent within 120 days of referral. All of this was brought together in a joint agreement signed off by the districts and the health and wellbeing board.

#### The learning

The delivery of adaptations has a key role to play in delivering the wider preventative agenda of the health and wellbeing board.

The timely delivery of adaptations can play a key contribution in enabling to remain independent in their own homes rather than move to more institutional settings.

Where social care, housing and health bodies work collectively, overall cost savings can accrue.

In all customer focussed services, clear measurable target times are essential to enable success to be measured, and gain customer confidence.

## Integration in Action vignettes

“Our sector has much to offer the health agenda - our challenge is to not chase health income to replace Supporting People but to develop true partnerships. If we can grasp that, we have the makings of a health and housing partnership”

### Delegate Sitra/LGA integration event

Contact	Subject	Organisation/ key words	Brief details
<b>Lynda Megram Oldham Council</b>	Commissioning/ funding	Oldham council, prevention, tendering, social value, consortium	Oldham council has commissioned a new all age prevention service, Early Help Offer. By using their social value framework and approach, consortia bids from local organisations were supported to engage with the tender process
<b>Amanda Hadfield Stoke on Trent Council</b>	Commissioning/ funding	Stoke on Trent council, home improvement agency, funding	The Home Improvement Agency is jointly commissioned with a combination of housing, health and adult social funding and is able to provide ongoing floating support.
<b>Frank Pacey Warrington Borough Council</b>	Commissioning/ funding	Warrington council and housing ,BCF, warm homes	Warrington has developed a shared focus on fuel poverty targeting the most deprived neighbourhoods. Public health and the clinical commissioning group are working effectively together, utilising funding from the Better Care Fund with match funding from Warrington Housing Association.

Contact	Subject	Organisation/ key words	Brief details
<b>Helen Roberts Calderdale Council</b>	Commissioning/ funding	Calderdale council, capital development, new homes, hospital discharge	<p>Calderdale council is working with NHS acute trust and CCG to make best use of local assets. A mixture of affordable housing and step down provision is being built with funding from Empty Homes, the Homes &amp; Communities Agency and revenue funding from the council and CCG.</p> <p>The Step Down provision is a unique style, comprising of individual apartments where guests are expected to live independently for a few weeks until they return home or move to new accommodation. Guests have access to physio and occupational therapy as well as reablement and all community services. Their abilities and skills are measured on entry and on leaving. Housing support is offered and Wi-Fi available.</p>
<b>Joanna Woods Sanctuary Housing</b>	Commissioning/ funding	Sanctuary, pooled funding, mental health, public private partnership	In East Sussex health and social care funding has been pooled to develop supported mental health accommodation through a partnership with the council and a housing developer.
<b>Sean McLaughlin London Borough of Islington</b>	Evidence	Family Mosaic, Islington Council, London School of Economics, research project	<p>A randomised control research project with tenants of Family Mosaic to test out the most effective way of delivering a new health-based service to older tenants (50+). Long term aims are to improve the health of residents and save NHS costs.</p> <p><a href="http://www.familymosaic.co.uk/news-article/234/index.html">http://www.familymosaic.co.uk/news-article/234/index.html</a></p>
<b>Neil Revely Sunderland City Council</b>	Extra care	Sunderland City Council, extra care, public private partnerships	Dovecote extra care village providing 170 units of accommodation with flexible rent or buy tenancy options developed in partnership with the council without local authority funding. Seafarers specialist extra care scheme for people with dementia funded by a private investor with Inclusion North Community Interest Company.
<b>Richard Morris Trafford Borough Council</b>	Extra care	Trafford, extra care, asset pooling	Trafford council and Trafford Housing Trust have made best use of their assets and overcome a shortage of suitable land by combining their land to build extra care.

Contact	Subject	Organisation/ key words	Brief details
<b>Mark Hughes St Helens Council</b>	Extra care	St Helens council, extra care, step down/up	Extra care accommodation includes some transitional flats for short term step up and step down which have been successful in preventing admissions and facilitating safe hospital discharges.
<b>Gregor Cooper Wirral Borough Council</b>	Extra care	Wirral council, extra care, learning disability	New extra care is being developed including some suited for people with learning disability.
<b>Emma Hanley Kirklees council</b>	Extra care	Kirklees council, extra care, short term	Kirklees council has established some 'home from home' units in its extra care provision to help avoid unnecessary hospital discharges and to facilitate timely discharges.
<b>Jeff Shaw Birmingham City Council</b>	Integration in action	Birmingham city council, mental health, positive outcomes	Positive integrated working taking place with social workers from the mental health trust referring to housing providers. Over 520 people so far. Are seeing real improvements to people's mental wellbeing which are being captured.
<b>Richard Gabb Herefordshire County Council</b>	Integration in action	Herefordshire county council, strategy, home improvement, HOOP	The contribution of housing is being developed on a number of fronts. At the strategic level housing is represented on a joint commissioning board and there is a housing plan and preventative pathway. The Home Improvement Agency is being developed to include a moving service and the HOOP model is in operation. Housing information for older people as part of a preventative approach <a href="http://hoop.eac.org.uk/hoop/about-hoop.aspx">http://hoop.eac.org.uk/hoop/about-hoop.aspx</a>
<b>Alison Giles Our Life</b>	Integration in action	Providers working together, health and wellbeing board, evidence	'Our Life' social enterprise has worked with housing providers in Oldham and Rochdale to help them collectively articulate their offer to their local HWB, including evidencing their contribution. Bringing the providers also helped them get ready for council tenders.

Contact	Subject	Organisation/ key words	Brief details
<b>Vicky Black Tameside council</b>	Integration in action	Tameside council, occupational therapy, disability housing register, single point of contact, registered social landlords	Tameside Council has integrated housing with its care and support. A housing occupational therapist is based within social services and a disability housing register created. There is a single point of contact and agreements reached with registered social landlords where a certain percentage of their adapted housing stock is offered to the register. Landlords can also get advice how accommodation can meet the needs of disabled tenants
<b>Mark Broadhurst Wyre council</b>	Integration in action	Wyre council, unscheduled care	Wyre council is part of an effective and joined up CCG neighbourhood based unscheduled care meeting that meets to look 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 is now expanding 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 is seeing the opening of a new GP practice at the Civic Centre, the building of a new Extra Care facility and investment from the CCG to clear a backlog of priority Disabled Facilities Grants.
<b>Cathy O'Donnell Nottinghamshire Community Housing Association</b>	Integration in action	Nottinghamshire community housing association, mental health	Nottinghamshire Community Housing Association run a 24 hour support line for people in Nottingham City with mental health needs which is funded by the CCG
<b>Rachael Byrne Home Group</b>	Integration in action	Home Group, mental health, supported housing, step down	Home Group is providing supported housing to support people leaving hospital. They have staff based in the hospital able to carry out assessments prior to the person leaving hospital.

Contact	Subject	Organisation/ key words	Brief details
<b>Matt Lewer East Riding of Yorkshire Council</b>	Making every contact count	East riding council of Yorkshire health through warmth	Front line staff in East Riding have been trained to recognise and respond to signs of fuel poverty. Referrals go through to a central point where a number of different services can then be accessed.
<b>Kim Scott Places for People</b>	Making every contact count	Places for People	Places for People maintenance staff when making visits to properties now routinely look out for three things: concerns or issues to do with upkeep of the property; safeguarding, health and wellbeing and include these in the write up of their visit.
<b>Alan Swift West Midlands Fire Service</b>	Making every contact count	West midlands fire service, fire safety, information sharing, research	Our vulnerable person's officers (VPO) meet with a range of different agencies to support high risk individuals not only to address their Fire risk but also the Health and wellbeing. Our community risk officer's regularly meet with key West Midlands registered social landlords to respond, discuss and share data to address issues with their tenants to ensure all aspects of safety within their property. The outcome of these meetings can be passed to the VPO to carry out these safety duties.
<b>Michele Taylor Thurrock council</b>	Making every contact count	Thurrock council, dementia, assistive technology	Thurrock council has undertaken dementia training and awareness with their 'red alert' assistive technology (AT) engineers. This has contributed to reducing the anxiety of people with dementia who are AT users and increasing the confidence of the engineers, particularly around communication.
<b>Dave Arkle Amber Valley District Council</b>	Social prescribing	Amber Valley Borough Council, Derby, co-location, social prescribing	In a Derby the local Citizen Advice Bureau (CAB) works out of a GP Practice accepting direct referrals from GPs without the need for time consuming forms. Other services including housing advice receive referrals from the embedded CAB.
<b>Neil Revely Sunderland City Council</b>	Social prescribing	Sunderland City Council, Gentoo Group, social prescribing	Under an agreement with the council, GPs are able to prescribe boilers for people living in cold homes which are then fitted by Gentoo, the local stock transfer housing association. Gentoo has also been contracted to help with repairs and maintenance of 'right to buy' properties which are 'pepper potted' within the social housing estate they manage.

Contact	Subject	Organisation/ key words	Brief details
<b>George Daley Solihull Borough Council</b>	Strategy	Solihull Borough Council, strategy, extra care, independent living	Solihull's Independent Living and Extra Care Housing strategy brings together planning, social care, housing and health. It sits within Housing and Strategy. It has been in place for a year and has helped bring agendas together.
<b>Ram Paul Derbyshire County Council</b>	Strategy	Derbyshire County Council,	Derbyshire still has a Housing Related Support Board with representation from Public Health, CCGs, and providers. It has done work on falls prevention, including a scheme working in sheltered housing providers using alarms.
<b>Lee Norman St Helens Council</b>	Strategy	St Helens council, integration, winter warmth	In St Helens there is growing collaboration between public health and the clinical commissioning group. Advantage is being taken of the wish to achieve shared outcomes in areas such as falls, affordable warmth, and hospital discharge.
<b>Roy Marston North Tyneside council</b>	Strategy	North Tyneside council, housing needs analysis, market position statement	North Tyneside council has undertaken a detailed appraisal of housing need leading to the production of a detailed market position statement for specialist/supported housing. A summary of this will be used to engage with the market.
<b>Mark Warren Stockport Council</b>	Supported housing	Stockport council, response to Winterbourne, personalised care and support	Stockport council is developing individual apartments with shared space for people with learning disability who have complex needs.
<b>Scott Woodhouse North Tyneside Council</b>	Supported housing	Personalised care and support, learning disability	Housing, health and social care are working together to develop and fund support for four brothers with learning disability and life limiting conditions. They aim to bring brothers together in one house with care and support. This will improve their quality of life and reduce capital expenditure. This personalised work with individuals is feeding into the development of a wider integration strategy.



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