

## **Project title : Healthy Housing**

**Start Date:**

### **Part One**

#### **1. What did you set out to do?**

- ▶ □ To offer health professionals a way of accessing solutions for their patients if a health problem could be improved by a housing related intervention (moving somewhere new, having central heating installed, getting an improvement grant, getting tenancy support etc.) The Health Priorities for this aspect of the service were heart and respiratory disease due to the links between cold and the deterioration of these particular conditions. However, these were not exclusive priorities.
- ▶ □ To offer new ways of supporting vulnerable tenants – tenants who need a bit of support to keep a tenancy going or maintain their independence. The model we wanted to try out was a neighbourhood based model, catering for a range of 'client groups' in a locality, linking them up to other resources in the area, and encouraging local volunteers to support the scheme.
- ▶ □ To develop new services to help the rapidly growing number of older home owners cope with the responsibilities of maintaining their home – helping more people to maintain their independence, reducing home accidents, and giving people peace of mind. The kind of services we were initially thinking about were home maintenance packages with spread payments, equity release, and accredited contractor schemes.

#### **2. What have been your key achievements so far?**

- ▶ □ We have new prioritisation arrangements in place for improvement (renovation) grants for privately owned homes, and the improvement to the thermal quality and repairs in council housing. For the first time these prioritise people with health problems. For central heating, repairs and specific improvements around safety and thermal quality we have set up a pilot 'repairs on prescription' scheme. This enables health practitioners to identify and refer clients at risk of falls, hypothermia or deterioration in health condition as a result of their home environment, to the Housing Service. This scheme has been integrated into the Coronary Heart Disease (CHD) and Chronic Obstructive Pulmonary Disease (COPD) Pathways and will be further integrated via the single assessment process.
- ▶ □ We have established a successful neighbourhood support pilot in the Burngreave area, which provides support for 40 people. At the same time, and under similar administrative arrangements, we secured sustainable funding for Shelter's Homeless to Home Service when their Lottery funding was due to end; and for the Manor & Castle Family Support project – (a scheme established via Health Service community development role and SRB 3 funding). Two further neighbourhood scheme has been procured

in Southey/Owlerton, and a further scheme is being procured covering the City Centre, Arbourthorne and Norfolk Park.

- ▶ □ The Healthy Housing Project Worker, Ann Ellis, has been in demand as a result of her work in delivering the neighbourhood support pilot. This has led to a shift in direction for the project – with Ann working with Social Services to put four city-wide tenancy support schemes for older people in place, each scheme being located in each of the PCT Core Areas. The schemes will start in April. These four services alone will bring in an additional million pounds worth of main stream money per year for low level support services for older people. This will work closely with the health and social care teams to add an additional strand to help maintain independence and prevent unnecessary early admissions to residential care or hospital. Ann is also working with the Domestic Violence Forum, and a multi-agency forum for 16 to 25 year olds, to establish two specialist city-wide tenancy support schemes. Work is also being carried out to integrated tenancy support into the Pilot Home Care Dementia Service. We are also exploring whether schemes for refugees and people with learning disabilities and rough sleepers, can be put into place before April 2003, when Housing Benefit is no longer available as a funding source.
- ▶ □ The tenancy support schemes developed or in the pipeline will bring a total of around £2,000,000 a year into Sheffield, for support to vulnerable people, and will be guaranteed continued mainstream funding via Supporting People.
- ▶ □ We established a new Handyperson scheme in the city, run by Age Concern. The scheme has just gone city-wide (resources permitting) to provide minor DIY work to older people which could result in accidents if attempted by the older person. This includes putting up grab rails, shelves, changing light bulbs, tap washers, fixing loose stair carpet or other hazards.
- ▶ □ We established an integrated pathway into housing services for older people in the private sector. It was initially called the Home Inspection Service – because it started with a home inspection, and advice about grants, rehousing, support and other help. The service is now being delivered by the Stayput scheme as an addition to their existing services. It has integrated the new priority system for improvement grants and acts as a referral point for Repairs on Prescription for all tenures to maintain the single referral route into Housing for health workers.
- ▶ □ With the exception of the Handyperson scheme, all of the new services have been established with sustainable mainstream funding. Some elements have needed little or no funding – they have been about changing policy and practice. All that HAZ has paid for is the salaries of the Development Officers.
- ▶ □ We have even achieved the ‘mainstreaming’ of Sam Sykes, the Project Officer responsible for the work on older home owners! Sam is now an Assistant Manager for Private Sector Housing Services, and is continuing to develop services for older home owners in his new role.

### **3. How many people did you reach?**

- ▶ □ The Home Inspection Service has seen 426 older owner occupiers since it started operating in October 2000
- ▶ □ 262 occupiers on the list for renovation grants have benefited from the inclusion of health and age status as a priority, of these 109 occupiers received a renovation grant.
- ▶ □ In addition 41 owner occupied properties were fast tracked for structural assessments funded by Housing Services, resulting in renovation grants
- ▶ □ 260 of the occupiers were referred on for other services and grants, e.g. Home safety checks, home repairs assistance grants, home energy efficiency grants
- ▶ □ 69 other occupiers received advice on a range of home maintenance issues or were assisted to approach rehousing options.
- ▶ □ 26 people (22 of these were Council tenants) have come through the repairs on prescription pilot – a disappointing number, and we need to do more work with primary health care staff to ensure they use this service.
- ▶ □ The Burngreave neighbourhood support scheme supports 40 people, at anyone time and is expanding.
- ▶ □ Shelter and Manor Castle support around 60 vulnerable people at anyone time
- ▶ □ The Owlerton & Southey schemes will support a minimum caseload of 50 people, about 80 to 100 vulnerable tenants per year.
- ▶ □ The four tenancy support schemes for older people will support a minimum of 400 people at anyone time– 100 people in each Primary Care Trust Core Area.
- ▶ □ The Handyperson scheme has delivered services to 611 people since May 2000.

### **4. How would you explain the importance of the initiative to the public in terms of its potential impact on people's health?**

- ▶ □ The individual health impact of tenancy support is as diverse as the clients it supports. The pilot scheme alone in Burngreave has assisted 40 people to retain their tenancies who might otherwise have become homeless. Many of these presented with a range of health problems: 56% had mental health problems, 34% had physical disabilities, 53% suffered a recent emotional trauma, 9% are known to be misusing substances and 8% have learning or other disabilities. The success of this scheme in Housing terms is that it has reduced rent arrears for these tenants by around £15,000 in its first few months and has provided housing officers with an alternative solution to repossession for vulnerable tenants. It has also contributed to the stability of the area by reducing lost tenancies. It is best illustrated with examples given in part two.
- ▶ □ Approximately 700 people who will be offered support for the first time over the next year, so the health impact is enormous.

- ▶ □ The work of the handy person and other repair intervention will undoubtedly have a positive health impact. Whilst it is difficult to estimate how many interventions prevented accidents or repeated infections and hypothermia, much of this work is aimed at accident prevention. Again this is best illustrated by a case study and several comments from users of the service, illustrated in part two.1.

## **Part Two**

### **1. Case studies and additional information**

#### **Mr H - a supported tenant.**

- ▶ □ Mr H is a 64 year old tenant with a history of rough sleeping and alcohol misuse. He was referred to the support service following complaints about the smell of his flat and serious lack of hygiene due to a number of cats fouling the flat. The support workers were able to immediately improve the hygiene situation, rehome the cats with the consent of the tenant and began to resolve a number of problems for the tenant. He was not registered with a GP, had mobility problems partly due to an urgent need for chiropody, had serious dental problems, was under nourished and not eating and was being exploited by some younger tenants who were walking into his flat, taking his belongings and his pension. He was also without electricity and was using candles for light which, given his lack of living skills was a fire risk.

Within the first two months of working with him, his electricity was on, he was registered with a GP, encouraged to take a bath, had received some dental treatment and treatment to his feet. His rent arrears were reduced through work on his benefits and a successful claim was submitted for mobility allowance and attendance allowance, which he had not been claiming. Mr H was not shopping and eating and was unable to cook. The support service is now assisting him to shop for appropriate food and eat nutritional meals without having to cook and put himself at risk from fires. The tenants who were exploiting him have been approached and he has been assisted to collect his pension and manage his money safely. They have provided him with furniture and a television and are now working with him on his longer term social needs and continuing to equip him with skills to live independently.

#### **General low level support**

- ▶ □ At the other end of the spectrum low level support to assist someone to fill in benefit forms, visit weekly to check that they are managing, accompany them to a social event, undertake some small practical tasks could have an enormous impact on someone's mental well being and confidence to live independently without need to draw on expensive health and social care services

#### **Repairs on Prescription**

- ▶ □ Mrs E is an 80 year old lady who fell on the access steps to her home. This resulted in a broken knee, a pulmonary embolism and an 8 week stay in hospital. When Mrs E came out of hospital she suffered considerable

anxiety about falling again on the same steps. Repairs on Prescription were able to respond by putting a further hand rail up at the access steps at a cost of £150. Mrs E and her neighbour who suffers from arthritis have said that this simple improvement has enabled them to leave their home confidently without a fear of further falls. The NSF for older people identifies fear of falls after an earlier fall as a trigger point for falls.

### **Handy Person**

- ▶ □ Age concern have collected feedback from their clients who have used the handy person scheme. Many of these comments reflect the importance of these services to enable older people to feel confident from unnecessary accidents.
  - ▶ □ 'Thank you all very much, I can now tackle stairs with confidence'
  - ▶ □ 'I congratulate you on this valuable service to people like myself who have difficulty in doing small maintenance jobs or finding someone reliable to do them'
  - ▶ □ 'They did all the jobs we cannot manage ourselves'
  - ▶ □ 'The work carried out is excellent and I am sure will prove to be great assistance in helping my mobility'
  - ▶ □ 'In the last 4 years there has been an accumulation of jobs which I could not tackle. From loose smoke alarms to insecure toilet seat, troublesome curtain tracks to a washing line in the garage and others'

## **2. What we have learned during this process, positive and negative**

- ▶ □ Changing the work patterns or culture of an organisation externally is difficult without key personnel to reinforce this need, or, without the function being placed and owned by the organisation. Consequently successes have been possible within health services where health have owned processes e.g. housing has been integrated into certain pathway assessments where health have had a lead and an interest. However, where referrals and assessments have not been a health requirement this has been less successful and disappointing.
- ▶ □ Stricter requirements for steering groups and key personnel on the core Group would have helped unblock some of the structural difficulties in the two organisations.
- ▶ □ Commitment of staff involved in the project and persistence has made the project successful
- ▶ □ It is important to have senior management support from the beginning of the project, which lends weight to the project elements, both within Housing and Health Services
- ▶ □ Technical knowledge and ability to grasp funding complex opportunities has resulted in big successes in the main aspects of the service.

### **3. Evaluation Methods**

- ▶ □ Not completed

### **4. In what way is this initiative different and/or innovative**

- ▶ □ Although there are many links between housing services and health this project has focused on a number of specific areas where gaps in service and joint working needed further exploration.
- ▶ □ Innovative outcomes include a single referral route into housing for older people and people with disabilities or severe health problems regardless of tenure. It is able to respond or liaise with a large range of interventions. This has included the remodelling of mainstream services to work in partnership with the voluntary sector to produce a very person centred approach to housing issues for older people and people with disabilities.
- ▶ □ A new model of tenancy support linked to housing and health outcomes has been developed. The innovation in the model includes the type of service:- generic neighbourhood based, and, the funding model used for the first time in the UK. This has produced much national interest and put Sheffield in a leading role for developing such services which are guaranteed to be mainstream funded.
- ▶ □ From this neighbourhood model, using the same financial model, innovative new housing support services for older people have been established in partnership with Social Services and the Primary Care trusts, linked into Trust boundaries. We are not aware of any other services of this kind nationally. Other similar services for other client groups have also been developed.
- ▶ □ This has led in turn to a move to provide a more innovative model linked to a pilot service for older people with dementia, this service is in its initial stage of development