



Liz Zacharias  
Senior consultant, Campbell Tickell

## NHS Long-Term Plan: highlights for care and support



The NHS's Long-Term Plan was launched on 7 January 2019. This important document is a further development of themes initially set out in the five-year forward view for the NHS that was published in October 2014. What are the highlights for the care and support sector?

The key emphases in the 10-year plan are on reducing health inequalities; integration of health and social care (despite the continued delay in the publication of the long-awaited Social Care Green Paper); development of new models of care via the Sustainability and Transformation Partnerships/Plans (STPs) and Integrated Care Partnerships (ICPs).

There is also a focus on integrating care for older people, frail people, those with complex needs, children from 0 to 25, and a clear emphasis on improving population health.

The 10-Year Plan includes a healthy dose of realism. While there will be significant investment in primary and community care, digital and self-care, and a

### Welcome to CT Brief – Health, Care & Support

We're pleased to bring you our Health, Care & Support edition. Articles on key topics facing the sector include: the NHS's 10-year plan, emergency care, domestic abuse, mental health, homelessness and workforce challenges. Crucially, this edition shows a number of examples of how partnerships across sectors and between organisations are really bearing fruit.

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more pro-active management of population health and preventative approaches to changing individual behaviours (see box, overleaf: In numbers), there is also an acceptance that none of these initiatives will reduce the need for hospital beds.

Measures outlined in the NHS Long-Term Plan aim to reduce the number of people attending A&E

#### Primary and community care

The plan promises a £4.5 billion increase in funds for primary and community care by 2023/24. Focusing on assessing the health of local populations, developing digital services and online/phone GP consultations.

There is also a commitment to provide fully integrated community-based healthcare by increasing the numbers of pharmacists, district nurses and allied health professionals, as well as social prescribing, by recruiting 1,000 trained link workers by 2020/21.

These initiatives, it is hoped, will ensure people's health issues are addressed in their community, and

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Continued from page 1 that GPs are not always the first and last port of call for individuals when they are ill.

Linked to this ambition are commitments to increase personalised health budgets and provide digital primary care services by 2024 – e.g. supporting healthcare at home through wearable monitoring devices. This is all part of what the plan calls a “shared responsibility for health”.

**Care homes**

For care homes there is a commitment to support each home with teams of healthcare professionals and a named GP. Again, this is aimed at reducing the flow into hospitals and focusing instead on caring for people in the community.

**Mental health**

There will be a £2.3 billion increase in investment, including a capital fund to improve therapeutic environments, and a redesign of core mental health services by 2020.

The aim is to create a single point of access and provide 24/7 and crisis support, as well as increase access to talking treatments. There is also a commitment to provide mental health support in schools and a £30 million fund to provide support, including specialist mental health, to rough sleepers.

**Learning disabilities and autism**

On learning disabilities and autism, the plan undertakes to invest in intensive, crisis and forensic services in the community reducing in-patient provision by less than half the amount in 2015.

**A&E**

The plan promises to roll out Urgent Treatment Centres (UTCs) to act as alternatives to A&E, and add clinical assessment services to the 111 phone service. The aim is to provide same-day A&E discharges rather than, for example, keeping people in overnight for observation.

By reforming how outpatients are treated and using new technology it is hoped, outpatient appointments/treatments will be reduced by one third.



**In numbers: NHS Long-Term Plan**

**£4.5 billion**

increase for primary and community care by 2023/24

**1000**

link workers to be recruited by 2020/21

**£2.3 billion**

increase for mental health services by 2020

**£30 million**

fund to provide support (including mental health) to rough sleepers

**£2.3 million**

to be invested in NHS volunteering via the NHS Helpforce initiative

**Integrated Care Systems**

The plan places great emphasis on the Integrated Care Systems (ICS) seeing these as key to tackling health inequalities and providing mental health and community-based services that respond to the health needs of local populations. The plan suggests there will be one Clinical Commissioning Group per ICS to streamline commissioning.

The NHS funding formula will change from activity-based payments to population-based payments to support this shift. The funding will also shift towards areas with the highest health inequalities.

**Local authorities**

There will also be a duty to work with local authorities and the voluntary sector, as well as a reduction in the emphasis on competition in the NHS.

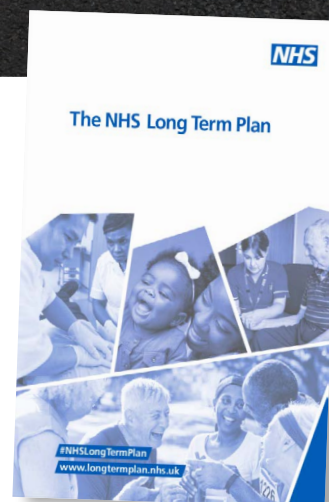
Additionally, there will be an undertaking to invest £2.3 million in NHS volunteering via the NHS Helpforce initiative.

**Workforce**

Workforce issues are also addressed with a commitment to provide an online nursing degree with guaranteed clinical placements and funding for more training places.

In addition to improving population health, there is a focus on prevention through fostering behavioural change. For example, putting in place alcohol care teams in a quarter of hospitals,

To view the NHS Long-Term Plan, click on the image (right)



and tackling smoking, diabetes and pollution.

Finally, there will be a push for consolidation with mergers between Trusts ‘green lighted’.

In summary, the big messages are about making changes that divert people from costly GP, A&E, and hospital services by putting resources in the community and emphasising prevention, self-reliance and self-servicing of health needs through new technology, volunteering, social prescribing – creating a more social model of healthcare services.

For this aim to truly become a real possibility, the Social Care Green Paper will have to dovetail with the 10-year plan. The opportunity exists, so hopefully the government will take it

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Chris Hampson  
Chief executive, Look Ahead

## Integrating housing, health and care



One of the key measures in the NHS Long-Term Plan is the £2.3 billion ring-fenced local investment fund for mental health. The NHS Confederation Mental Health Network welcomed this announcement, which should help alleviate the severe pressure on the system as well as improve access to mental health services.

However, at Look Ahead we remain cautious. These laudable attempts to deliver much-needed transformation in mental health and wider social care services in the UK will undoubtedly fall short – unless the role of non-NHS providers and accommodation-based support can be fully incorporated. So what are the challenges and what can be done to address them?

### A seat at the table

Sitting on the board of the Mental Health Network, it is apparent that NHS-funded mental health services are delivered in increasingly diverse forms. Together, my colleagues and I represent providers from the statutory, independent and third sectors, reflecting the broad membership of the network.

It is great that organisations such as ourselves now have a seat at this table, as we know only too well how the right housing can make all the difference to the ability of individuals to leave institutional settings and go on to build fulfilling lives. The role of housing and the value it can bring, however, all too often remains sidelined from the rhetoric and the solutions proposed for the ‘crisis’ in the NHS.

That is one of the reasons why the Mental Health Network has called, through its membership of the Mental Health Policy Group

(MHPG), for a cross-government mental health strategy “to effectively tackle the wider social determinants of poor mental health”. The MHPG has stipulated that support should include improved support for people to navigate the health and social care systems and other vital services such as benefits and housing. So what might this look like?

### Integrated services

At Look Ahead, our focus has been to create integrated frontline services that really work by bringing our expertise and skills, strong partnerships and housing assets to our work with the NHS.

Firstly, the skills of our specialist support staff combine with the work of local clinicians to keep people safe and well in their communities.

For example, our staff provide expert advice and support to patients with mental health needs who are not able to be released from hospital due to their housing problems.

Through our partnership with South London and Maudsley (SLAM) NHS Foundation Trust, our team of specialist Housing and Advice Workers (HAWKS) offer housing advice to patients directly on the wards at Bethlem

Hospital in Croydon. This enables them not only to leave hospital but also to move on to a safe environment where they can continue to make progress.

Secondly, strong partnerships are vital to delivering positive outcomes. For instance, our LIFT service in Lambeth, where our staff provide medication support to people in their own homes and work alongside GPs to support people



Look Ahead’s LIFT service works closely with local GPs to provide medication and mental health support to people

who have not previously engaged with mental health services.

### Move-on accommodation

Thirdly, housing associations and non-NHS providers can provide vital bed spaces and move-on accommodation. For example, our Tabard Forensic Step-Down Service is located in a property that we own and have developed. Commissioned by the local authority and NHS Clinical Commissioning Group, and co-designed by us and the East London NHS Foundation Trust (ELFT), Tabard provides a vital and cost-effective local move-on option for individuals leaving secure or forensic care settings, often returning from high-cost, out-of-borough placements.

We know the right accommodation can provide the stable structure and foundations that are vital in supporting individuals to recover and move forward with their lives. The NHS Long-Term Plan creates the opportunity to continue to build these foundations and we fully intend to play our part in this process.

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*“The role of housing and the value it can bring all too often remains sidelined”*



**Peter Molyneux**  
Associate, Campbell Tickell

## Prioritising spend on mental health



The NHS Long-Term Plan promises £2.3 billion of ring-fenced investment in mental health services, aimed at delivering a more integrated approach to both physical and mental health. While the money is very welcome, the aim is not new. So how to ensure it is well-spent and delivers lasting change?

The NHS plan commits to setting clear access standards for community and emergency mental health services; developing new integrated models of primary and community services; the provision of 24/7 community-based mental health crisis support; the elimination of out of area placements; and a renewed focus on suicide prevention.

If we are going to achieve the outcomes service users want, it is important there is meaningful integration with services like social services, housing, employment and other community services. These could be just as important as those provided by care providers.

There are a number of important elements for all parties to consider:

- 1 An increased awareness of the importance of closing the gap between primary and secondary care and to look at the whole of the patient journey
- 2 A recognition of how the use of data to stratify risk can provide intelligence to better target interventions
- 3 A willingness to work in a more integrated way at a neighbourhood level

So how can housing become part of this integrated approach to health?

### New community solutions

At the level of both Integrated Care Systems and Primary Care Networks there are opportunities for housing and support providers to be

part of new community solutions. Providing housing advice to discharge teams, crisis houses and step-up/step down accommodation all have a role to play.

This doesn't mean supported housing providers must become care providers, but we won't achieve genuine integration if we only meet at the edges. So, there is an issue around how we build confidence and trust between health and housing providers. Data-driven intelligence will be just as important to risk assessment in mainstream housing as it will be to the NHS, so this presents a clear opportunity for collaboration.

### Workforce challenges

Overcoming workforce challenges is crucial to achieving the vision set out in the NHS plan. Mental health services have been hit hard by workforce shortages – currently there are about 20,000 vacancies.

The publication of the NHS workforce implementation plan

**A more integrated approach is needed to improve access to mental health services**

**“There is an issue around how we build confidence and trust between health and housing providers”**

in April will help tackle this situation. Some of the response will be to improve patient access to traditional roles such as psychiatry, psychology and nursing. There is also much to do to reduce staff sickness absence rates and to improve retention. However, we also need to develop jobs people can do.

There is currently a 65% employment gap for people seriously affected by mental illness. The Long-Term Plan contains a commitment to supporting people with severe mental illness to seek and retain employment. It will also see investment in IPS (Individual Placement and Support) services to support an additional 35,000 people seriously affected by mental illness to find and retain employment.

Some housing associations are already providing IPS services and others are significant investors in employment services. There are opportunities to pool resources and to develop training academies and evidence-based approaches to employment retention.

By looking at the whole of the patient journey, using data to stratify risk and inform actions, it is possible to produce a genuinely integrated mental health system at a neighbourhood level. There is much housing associations have to offer to support the establishment and growth in place-based models of care. Wise use of the promised £2.3 billion from the NHS can unleash this potential.

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Gudrun Burnet (left) and Kelly Henderson  
Co-founders, DAHA

## Domestic Abuse Housing Alliance



daha  
Domestic Abuse Housing Alliance

An estimated 1.9 million adults aged 16 to 59 years experienced domestic abuse in the past year. Of these, 1.2 million are women and 713,000 are men. At least seven women are killed every month in England and Wales as a result of domestic abuse. The Women's Aid and Nia Femicide research has found that 75% of women killed by current or ex-partners in 2016 were killed in their own homes (see box: In numbers).

Housing providers can and are doing more to tackle this situation. Three years ago Gentoo, Peabody and Standing Together Against Domestic Violence created the Domestic Abuse Housing Alliance (DAHA). It brings together their combined best practice and is the UK benchmark on how the housing sector can improve its response to domestic abuse.

### Priority areas

DAHA is underpinned by eight priorities including: policy and procedure, case management, risk management, partnership working, perpetrator management, equality and diversity, staff training, and publicity and awareness to highlight the support a housing provider can offer.

In 2017 we received Home Office funding to create a free online toolkit, which any housing provider can access [here](#) to assess their own practice and ready them for full DAHA accreditation. We also run free workshops across the UK to support housing providers to attain accreditation.

At Peabody and Gentoo, two of the founding partners of DAHA, this approach has had a significant impact on reporting rates and understanding of domestic abuse.

Over the past nine years at Peabody the reporting of incidences of domestic abuse has increased

### In numbers: domestic abuse

**1.9 million**  
adults aged 16 to 59 years  
experienced domestic abuse  
in the past year

**7**  
women are killed every  
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a result of domestic abuse

**75%**  
of women killed by current  
or ex-partners are killed in their  
own home



**“Over the past nine years at Peabody the reporting of incidences of domestic abuse has increased by 1425%”**

The housing sector has an important role to play in the prevention and response to domestic abuse

by 1425% and a new case is reported on average every three days. Research undertaken by [Safelives](#) showed Gentoo tenants accessed support from Gentoo's specialist team one year earlier than the national dataset (made up of specialist domestic abuse services), demonstrating the unique role a housing provider can play.

In 2018 we launched the Make a Stand campaign in partnership with Alison Inman, the then president of the Chartered Institute of Housing and Women's Aid. This asked UK housing providers to pledge to implement four key activities:

- 1 a policy on domestic abuse for residents;
- 2 a policy on domestic abuse for staff;
- 3 information on local and national

domestic abuse services;  
4 appointing a senior team member to lead on actions.

The momentum is now incredible with more than 300 housing providers signing up to the pledge. Jim Strang, the current CIH president, is continuing this theme for his presidential year. We are working closely to look at what reform can be made in relation to the government's landmark draft Domestic Abuse Bill in terms of the role of the Regulator of Social Housing.

### Working together

DAHA also established the National Housing and Domestic Abuse Policy and Practice Group in November 2017. This was the first time representatives from homelessness, housing and domestic abuse met to discuss how to work together nationally to tackle domestic abuse, better shaping and connecting these policy areas.

The main aims of this group are to ensure that:

- the experience of survivors of domestic abuse is more prominent in the housing sector and helps shape improved and enhanced service delivery;
- women and children can access secure housing and good-quality services when experiencing domestic abuse;
- co-ordination exists between the housing and Violence Against Women and Girls sectors with regards to domestic abuse.

Through this partnership, our aim is for all UK housing providers to incorporate these values and actions into their core business, helping to save lives and reduce the impact of domestic abuse.

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**Brian Matthews**  
*Housing commissioning and partnership manager, Camden Council*

## Piloting Rapid Rehousing to tackle rough sleeping



Camden saw a significant reduction in the number of rough sleepers in the borough from 2000 to 2010 but the number has since risen significantly and is now the second highest in the country. Camden adopted its 'Routes off the Street' approach in February 2017 as the basis for its work on street homelessness in response to this rise and changing pattern of rough sleeping and street activity.

As well as receiving significant funding through the Rough Sleeping Initiative in 2018, Camden has now been chosen by the government to be an early adopter of its Rapid Rehousing Pathway (RRP) initiative for rough sleepers and awarded £420,000 to implement this immediately. The RRP pulls together a number of the commitments outlined in the Rough Sleeping Strategy published in August 2018.

In that strategy, the government set out its plan to meet the commitment to halve rough sleeping by 2022 and end it entirely by 2027. By then, ministers want to base their response to rough sleeping on a Rapid Rehousing approach.

The government has identified four key elements of a RRP: Somewhere Safe to Stay Pilots; Local Lettings Agencies; Supported Lettings; and Navigators. Camden has been funded to deliver the last three of these.

**1 Local lettings agency:** The RRP funding will enable the addition of two specialist staff to the council's Private Rented Sector Placements Team (PRSPT), to fulfil the Local Lettings Agency element. PRSPT procures accommodation for households

threatened with homelessness, including single people at risk of rough sleeping. The team also helps people moving on from our Adult Pathway hostels and supported housing schemes, many of whom have experienced rough sleeping. Allocating extra staff to this team will increase the amount of such accommodation and thus contribute to the reduction of rough sleeping numbers in Camden.

**2 Supported lettings:** Without tenancy sustainment support, people placed in independent accommodation who are rough sleepers leaving the street, former rough sleepers leaving hostels, or those at imminent risk of sleeping rough, can be at serious risk of losing their tenancies and returning to the street.

The council's in-house Floating Support Service (FSS) provides tenancy sustainment support to people moving on from our Adult Pathway – many of whom have experienced rough sleeping – and to single people threatened by homelessness, many of whom are at risk of rough sleeping.

The RRP funding will enable three specialist staff to be added to the FSS.

**3 Navigators:** Many rough sleepers have experienced multiple disadvantages and complex issues, including life trauma, such as abuse and mental illness. These issues become more challenging due to the impact of substance misuse and poor physical health associated with street activity and rough sleeping. These complex needs

**“By 2027, ministers want to base their response to rough sleeping on a rapid rehousing approach”**

require intensive support and case co-ordination to help clients navigate and engage with a multitude of services.

Camden is fortunate to have one of the Big Lottery-funded Fulfilling Lives projects based in the borough – Fulfilling Lives Islington and Camden (FLIC) – and the council already has a strong relationship with FLIC. The Service Co-ordinators in the project work with people across the two boroughs – many of whom are or have recently been rough sleepers.

FLIC is currently operating at full capacity. The RRP funding will therefore enable four Navigators to be added to the team, who will provide case co-ordination for rough sleepers, and help them rebuild their lives away from the street.

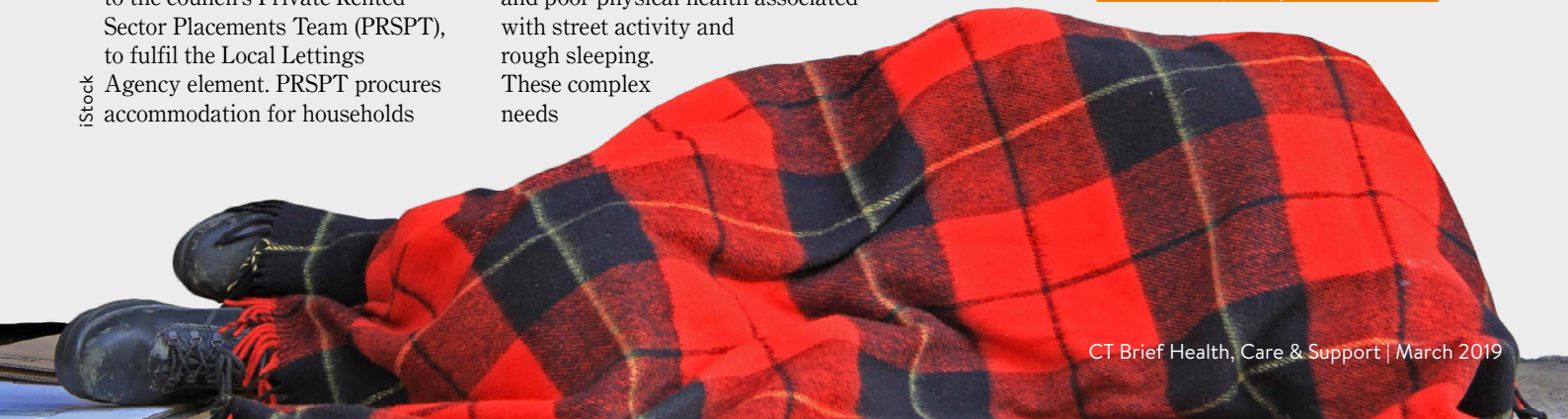
Camden is determined that all rough sleepers receive meaningful and accessible service offers, meaning they no longer have to sleep rough, and improving their wellbeing and life chances. The RRP funded work will contribute greatly towards us achieving that objective.

**Camden Council has been awarded £420,000 to help tackle rough sleeping in the borough**

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**Kerry Anthony**  
Chief executive, Depaul Northern Ireland

## Housing First success in Northern Ireland



**H**ousing First is a model I believe can end homelessness. A model which has worked in other countries and one which Depaul piloted in Belfast in 2013. I have witnessed first-hand its success and, having expanded Depaul's Housing First services to include Derry/Londonderry, I continue to see this model change lives today.

The Housing First approach really does put the needs of the person first. It is non-judgemental and seeks to house those with complex needs. This is done by identifying the most vulnerable people experiencing homelessness and placing them in permanent housing.

From there our Housing First team works to co-ordinate the appropriate support required to enable an individual to remain in their home. Each person has a dedicated case-worker who is in constant contact, enabling them to maintain their tenancy and have a stake in their community.

### Evidence of success

Depaul's Housing First report *Housing First: Leading the Way Together* (June 2018) highlights

the success of this model in Northern Ireland. Between 2015 and 2017, 115 individuals were supported, with 87 placed in permanent accommodation. In Belfast, 78% of service users sustained their placement for two years or more, while in Derry/Londonderry, 72% were still in accommodation after 12 months.

The report demonstrates the effectiveness of the model in providing people with the right support to enable them to live independently. It shows that when you give people an opportunity and support, they can flourish and thrive.

### Agency buy-in

A key component to ensuring the success of Housing First is securing buy-in from a range of agencies. Due to the complex needs of people experiencing homelessness there is not one single agency that can help to maintain tenancies.

Often service users require



**The collaborative nature of the Housing First approach has proved successful in Northern Ireland**

intensive medical care. It takes multiple agencies working together in a collaborative way to meet their needs. Housing and health departments need to work together and commit to funding the Housing First model – one cannot work without the other. Housing First empowers those experiencing homelessness, giving them a real sense of responsibility and belonging. It provides concerted support and gives people the opportunity to live independently. The model has proved to be successful in a number of countries and we have seen this first-hand through our own work here at Depaul.

The future is Housing First and it is something that should be implemented on a wide scale to meet the needs of those experiencing homelessness.

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## THE DIARY

### NHF Housing Finance Conference

20-21 March | Liverpool

CT partner, Sue Harvey, will attend on day one and CT senior consultant, Roger Maddams, will speak on day two in the session: Regulation and Governance.

### ACN Breakfast Seminar: Brexit – what happens next?

28 March | London

CT partner, Greg Campbell, will

speak at this Alliance Construction Networks-organised event. Presentations will be followed by Q&A.

### National Federation of Almos Annual Conference 2019: Standing Strong

11-12 April | Birmingham

On day two, CT director, Maggie Rafalowicz, will chair two sessions on 'Scrutiny, the tenant's perspective', while CT partner,

Greg Campbell, will be speaking on a plenary session discussing 'Housing Management'.

### Social Housing Finance Conference

9 May | London

CT will have a stand at the conference, come and visit us!

Find out more about all of these events by clicking here: [www.campbelltickell.com](http://www.campbelltickell.com)



Wendy Hicks  
Housing lead for NHS England on transforming care  
(writing in a personal capacity)

## Homes not hospitals: transforming care and housing

**T**ransforming Care is a national programme to improve the nation's health and care services. This programme aims to house people with a learning disability, autism or both, in their own home, close to family and community.

Six partners, including NHS England, the Local Government Association and the Care Quality Commission, signed a commitment to reduce the use of inpatient hospitals through the development of alternative, good-quality services in the community.

Since the programme's inception in 2015, the number of inpatients has reduced by almost a fifth, with 635 people supported into the community, who had been in hospital for more than five years. The programme highlights that insufficient community services mean that some people end up in hospital unnecessarily or stay there longer than their treatment requires. Getting the right accommodation has a crucial role to play in keeping people out of hospital (see box: Case study).

### Transforming Care Partnerships

In January 2017, NHS England employed a team of housing advisors to support the work of the 48 Transforming Care Partnerships (TCPs). The team offers advice on housing options and links to the housing sector and best practice, supporting the delivery of an NHS England Transforming Care capital programme.

While local areas might have well-established methods for commissioning care services, health and social care commissioners do not always know how to source suitable accommodation.

Where routes to housing work well, the following elements are usually in place:

### Case study

'G' has a learning disability and moved into her own home after spending five years in hospital.

*"I love knowing that people listen to me. I feel more independent, I am more in control of my life and I feel happy. Being free: it's the best feeling in my life."*



**1 Strategic-level planning:** Health and social care commissioners have a strategic-level plan that articulates the current and future needs of adults and children who might be at some risk of being admitted to a specialist hospital.

Over the past year, nearly all 48 TCPs have produced a housing plan to show the needs, supply of supported housing locally, and a 'pipeline' of required housing developments. The best of these housing strategies are five years or longer and developed with local housing authorities.

### 2 Strong relationships between health, social care and housing professionals:

These involve a good understanding about the role the housing sector can play, creating an open, two-way, communication. The strongest partnerships pre-date the Transforming Care programme and involve housing professionals on strategic boards with mechanisms for sharing housing need data.

By enabling strong partnerships, health and social care commissioners should expect local housing authorities to include Transforming Care into their wider

strategic plans and to support the delivery of new adapted housing.

**3 Money:** NHS England has made £100 million available over five years to support the development of alternatives to hospital care. This has been used flexibly to support people to leave hospital or to develop adapted accommodation, keeping them out of hospital. The capital has been used to:

- a) Support the purchase of three properties on the open market in the east of England. This has enabled people to be discharged from hospital after long stays and to live close to family and friends.
- b) Remodel an empty day centre in London into eight supported living flats for people previously living outside their home borough. The project was delivered by a partnership between the local authority, the clinical commissioning group, the mental health trust and a specialist housing association.
- c) Build a new development providing six individual properties designed specifically to meet the sensory, environmental and support needs of autistic people.

Transforming Care is all about making a difference to the lives of people who have often experienced long stays in institutions. Commissioners, care and housing providers are working collaboratively with individuals and families to ensure that what is important to them is at the heart of planning. The challenge now is to ensure that putting people first is one of the legacies of the [Transforming Care programme](#).

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**Turlough O'Brien**  
Chief executive, Tinteán – Carlow Voluntary Housing Association

## Supported housing in the community



Carlow Voluntary Housing Association (Tinteán) is an Approved Housing Body based in County Carlow, Ireland, providing social housing for low-income families and older people in supported housing in the community. Founded in 1993, our first development was a 12-unit older people's housing scheme in Carlow Town. We now own and manage a total of 132 units across County Carlow, providing nine 'group' homes for people with learning disabilities.

### Tinteán Willow

Tinteán Willow is the latest step in the delivery of our commitment to provide homes in the community for people with additional needs. We were delighted when the property won the 2017 Housing for People with Disabilities Award at the Allianz ICSH Community Housing Awards.

One reason we are so proud of Tinteán Willow is that it is the first house in the sector designed and built to Passive House standards, incorporating excellent standards of air tightness, thermal performance and low-energy use. This will protect our tenants against future energy price increases. The Passive nature of the home also allows us to provide the appropriate living conditions for our tenants, many of whom have limited mobility.

### Partnerships

To deliver the requisite care and support, Tinteán has developed a successful partnership model with Delta Centre Carlow who, with support from the Health Service Executive, provides expertise in care provision for people with learning disabilities. This leaves Tinteán to focus on our area of expertise: delivering affordable and purpose-built housing options. In this instance we are doing this with the support of Carlow County Council and the Department of Housing, Planning and Local Government.

Tinteán Willow is one of our nine 'group' homes, some of which are high dependency and others low. These properties have absolutely helped us in our efforts to support people to make the transition to independent living.

### Community-based housing

Irish government policy stipulates the need to provide access to an appropriate range of community-based housing services. This includes all necessary support for the needs of people with disabilities. We are fully engaged in responding to this demand and are assisting with the transition process from congregated settings to community living models. In addition, Tinteán is responding to the demands of families and individuals with additional needs, working closely

**Tinteán Willow is one of nine community-based group homes owned and managed by Carlow Voluntary Housing Association**

**“Successful collaboration results in quality housing, quality care, independent living and positive outcomes for tenants and their families”**

with local authorities to address these requirements.

### Finance

To deliver housing solutions and projects we have been financed through various schemes: Capital Assistance Scheme (CAS); Capital Loan and Subsidy Scheme (CLSS); Capital Advance Leasing Facility (CALF); and private borrowing.

### Collaboration is key to success

An important part of our success can be attributed to our collaboration with all the stakeholders and using this combined expertise to arrive at sustainable solutions. Successful collaboration results in quality housing, quality care, independent living and positive outcomes for tenants and their families. We believe the Tinteán model could be replicated elsewhere in Ireland and are happy to share our experiences.

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Liz Zacharias  
Senior consultant, Campbell Tickell

## Home improvements: just what the doctor ordered

CAMPBELL  
TICKELL

The Department for Public Health and Policy at the University of Liverpool investigated the use of emergency health services for cardio-respiratory conditions and injuries among social housing tenants in Wales aged 60-plus, where their homes had been improved, over a 10-year period.

The study published in the British Medical Journal in June 2018 found that residents aged 60 or over who were living in homes where improvements had been made were associated with 39% fewer admissions than those living in homes that were not upgraded.

This study is important, not just because it makes the case for home improvement like the Decent Homes Standard and the Welsh Housing Quality Standard in this case, but because it does so over a 10-year period and takes account of eight different property improvements (see box: Prescription).

The study used different anonymised data sets and over the 10-year study 32,009 tenant participants were included. More than 45% of these being associated with the same home

### “Investment in improving housing stock could be a key contributor to the NHS’s ambitions for the future of our healthcare system”

over the whole period. They studied three groups – one of which was a reference group (a control group where no home improvements were made).

#### Fewer admissions

Some interesting findings include:  
**1** a 57% reduction in emergency admissions for respiratory conditions when electrical systems were upgraded;  
**2** a 29% reduction in emergency admissions where windows and doors had been improved;  
**3** a reduction in emergency admissions for cardio-respiratory conditions and injuries and a decrease in admissions for fall and burn injuries.

#### An important study

This is the most comprehensive analysis to date of a national programme of home upgrades and its impact on healthcare use. Differently, it is carried out by an academic institution, not a housing provider’s evaluation of its own initiative, some of which have been criticised in the past.

The researchers state that they believe this study provides evidence of the health benefits derived from improvements in social housing and should be considered evidence for encouraging greater integration between housing, health and the social care system.



A 10-year study has shown that home improvements can drastically reduce cardio-respiratory illness and injuries requiring emergency care

#### Greater integration

From a housing point of view, this study makes the case for greater integration in a way that is meaningful to health systems and is a useful addition to the evidence base for the benefits of health and housing integration.

The NHS Long-Term Plan places emphasis on creating Integrated Care Systems that will focus on addressing population health as part of a wider attempt at creating a more preventative healthcare system.

The evidence here shows that investment in improving housing stock could be a key contributor to the NHS’s ambitions for the future of our healthcare system.

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Annie Field  
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## Tackling the social care recruitment crisis

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What was your dream job as a child? I wanted to be a vet for a while, a dream that only lasted until I understood that the job requirements go beyond cuddling cute animals. If you asked your colleagues you'd probably get a range of responses. Who were the aspiring adventurers imagining space travel or journeys through the jungle? Who were the creative souls planning to dedicate their life to the arts? Who saw themselves as future saviours, wanting to become doctors, police officers or, indeed, vets?

The government is hoping to convince more people that they can realise their career dreams within the social care sector. The Department of Health and Social Care has launched a recruitment drive, the Every Day is Different campaign. Their motivation is not just to help people find their dream job. There are currently more than 100,000 vacancies in the social care sector and services will face further demand as our population ages.

It makes good sense to seek to increase social care recruitment rates. But this campaign will not be the solution. It manages to both ignore the main issues driving poor staffing levels and patronise those who have already chosen to pursue a career in social care.

The department's campaign is looking for kind, compassionate people, who want to make a difference to the lives of others. Nice enough at face value, but this ignores the key skills required and reduces them down to good intentions. Kindness and compassion are not enough.

So what should the government do to improve recruitment levels in social care? Here are a few suggestions:



The government has launched a campaign to encourage more people to pursue a career in social care

*"The campaign ignores the key skills required and reduces them down to good intentions"*

**1 Increase funding into the sector:** a key barrier for social care recruitment is low pay; many care workers only receive the minimum wage. Providers simply do not have enough money to deliver the same level of service while paying staff more, within the current funding environment. Recent [research](#) commissioned by Hft found that 59% of social care providers have handed back contracts due to funding pressures.

**2 Ensure continued recruitment of EU staff:** in 2018, 104,000 social care staff were from other EU countries. With uncertainty over Brexit continuing, it is likely that some of these workers will seek greater security elsewhere. Furthermore, the government's post-Brexit plans to restrict visas to EU-nationals earning over £30,000 will exclude most care workers. The president of the Association of Directors of Adult Social Services has recently stressed the severe issues this cap could cause for the sector. We will struggle to substantially increase employment rates if we turn away qualified EU applicants.

**3 Provide clarity over sleep-in pay:** uncertainty remains

over pay requirements for sleep-in shifts. The Court of Appeal ruled in favour of Mencap in July 2018, confirming that the sector is not liable for up to £400 million of back pay.

However, the government has yet to legislate on sleep-in pay requirements and the Supreme Court has just granted an appeal against the ruling. The next hearing will not take place until October 2019. With the renewed threat of considerable back-pay, many providers will hesitate to undertake recruitment drives without further clarity.

**4 Publish the Social Care Green Paper:** future policies for the sector are unknown until the government publishes its long-overdue Green Paper. Providers will remain unsure how to target their resources without new policy commitments.

There is no easy panacea to the workforce challenges facing the social care sector, but there are meaningful options to boost recruitment other than just a well-polished advertising campaign.

To discuss this article, contact Annie Field

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## Optimising Health, Care & Support Services

Ensuring your offer meets client needs can mean rethinking your service model and business growth strategy. Your Board must also understand the risks you face and have assurance that you meet regulatory requirements on rent-setting and fire safety.

We also support commissioners to develop new social impact models, homelessness strategies, and supported housing needs assessments, as well as commissioning plans.

“CT reviewed Southwark’s homeless hostels sensitively and professionally, giving us detailed options for improving pathways for homeless people. By understanding the range of our stakeholder requirements, CT delivered a firstclass report and platform for going forward.”

*Paul Langford, Director of Resident Services, Southwark Council*

**FIND OUT HOW WE CAN HELP:**

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