Focus group notes - Housing Forum Selby – 12/12/13

Nine attendees representing: Housing Options team, Home Improvement Agency, Broadacres Extra Care, Harrogate Housing Development, aHousing Strategy manager, Rural Housing enabler and a District Counsellor (with Partnership portfolio – and previous Chair of Social Board covering Housing).

Housing is key to any prevention strategy. It is the bed-rock for the rest of life. However, this has not been recognised in N Yorks to the extent where Housing asked for a place on the Health & Well Being Board and were refused one.

Housing crises are what often makes other needs visible for the first time. Housing has generally good working relationships with social care but much less so with Health. At strategic level there are now CCGs, individual hospital trusts, patients boards etc but no longer any single organisation/co-ordinating body to relate to for NYorks. Health don't connect well with other services and there are complications that result from boundaries –a lot of people go cross-border for health care into West and South Yorks but their housing/care needs are met in N Yorks.

Public health going into the LA won't make any difference as PH concerned with high level stuff not service delivery.

Housing has a role to play in relation to two levels of prevention :

1. Preventing people needing hospital/high care admission in the first place
2. Preventing a repeat return to hospital because of poor discharge/follow up process

Often problems are around discharge with no prior warning (e.g. someone discharged as homeless at 4pm on a Friday). Discharge needs to be planned otherwise someone really fragile lands in B&B or a hostel for the weekend and whole return home can really fall apart. Early planning for discharge for older people after a fall is especially crucial – the home environment needs to be checked out or the same thing will happen again and they will be back in hospital.

Interim measures don't generally exist so there's no way of holding people until the right option can be found. Examples of good interim solutions

included being able to spot purchase high intensity support of 4-6 hours a week over 4-6 weeks (to prevent someone at risk of homelessness from losing their tenancy). This enabled health issues to be addressed, eating to be regularised, client to have a chance to ride a crisis and workers to conduct an extended assessment.Also the Hub works fantastically to provide this kind of breathing space for 16-25 year olds – but there are a lot of vulnerable people over 25. (There used to be an intensive rehabilitation transition flat specifically for people coming out of hospital and needing to learn/relearn skills. It was paid for by health but never used once and finally decommissioned.)

Rurality

North Yorks demographics mean a particularly high ageing population and very little available housing that older people would want to down-size to – and not have to move out of their own community to do so. Villages no longer have local facilities and have very little suitable housing. Where 'old people's bungalows' do exist sometimes struggle to get tenants because the local transport/services are so limited.A lot of 70s/80s social housing bungalows are so small/on a hill/ up steps that they are not suitable for older old people and the adaptations that can be done are very limited e.g. no possibility of extensions. Meanwhile, in private sector bungalows are like gold dust. Pressure is on the market towns in relation to both.

Design and adaptation of housing

Demand has increased for more complex adaptations because:

- there are more older old people that need them;
- people want to stay in their own homes/not move if possible;
- they have to stay because there is nowhere else to go (except into care homes);
- it's cheaper than any alternative to adapt house to person.

All adaptations are preventative of people needing other services: housing, health or social care e.g. a grab rail that prevents someone falling can save the NHS thousands of pounds.

Facilities grants are therefore key. Considerable concern about plan to reorganise these through NYCC rather than distributing money direct to District Councils – because of distance from point of delivery/danger of money being redirected.

Also concern about length of waits for adaptations: 'If you need a walk-in shower you could die before you get it'.

Re new build: need to think ahead and 'future proof' design to allow for later needs. The problem with social housing and 'affordable homes' is that developers try to get as many properties as possible into smallest space to extract maximum profit (e.g. building 3 storey 'town houses'). Even when specifically for older people they save money with open plan living areas, fewer walls and no garages so later adaptation isn't possible.

There's a gap in the middle between when people 'just' need adapted housing and when they need extra care. This is the point where a spell in hospital without adequate rehabilitation/support for return home, or a delay in getting extra help when needed, can plummet people into residential care.

What gets in the way of people living independently for longer when housing *is* suitable?

For older people social care workers not being able to administer medication has been a major problem. (From the 1st Jan medication-only visits from carers will be allowed 'in the last instance' – but only when all other options have been ruled out).

The decommissioning of the telemedicine aspect of Telecare has been a real loss.

15 minute visits are too short to encourage independence. It's easier and quicker to do things for people than to watch them very slowly and painfully do things for themselves. It de-skills people and makes them dependent.

There's a risk aversion amongst some carers/OTs fearful of being sued.

The two year limit for support – even floating support. Some people need high support in the community for life. If it's not provided they will continue to crash unwanted into hospital via A&E, emergency sections under the mental

health act etc. A focus on age can mean other populations get neglected including those with mental health and drug and alcohol problems.

Top 3 issues:

- **Housing is a health issue** – and critical to prevention. This needs to be recognised and housing should be a key partner in co-constructing a prevention strategy.
- **Long term support** is crucial to preventing people becoming revolving door clients of tier 2 services. So too are the **long term services**to provide the support. They need to be funded for more than a year at a time.
- **Interim provision**. Ways of holding/accommodating people well in a crisis or to support and rehabilitate them after a period in hospital so that a return to independence has a good chance of success.