Transforming care pathways for people with dementia
Linking housing, health and social care

Executive summary
At a time of budgetary restrictions and a rapidly ageing population, the need to find radically new ways of supporting people to live well in later life is becoming urgent.

There are 800,000 people living with dementia in the UK today (accounting for 1 in 4 of the population aged 65 and over, with prevalence increasing with age).

The number of people living with dementia is expected to double in next 30 years.

The predicted cost is £26.3bn in health, social care and informal care.
Dementia in context

In the recently refreshed ‘Prime Minister’s Challenge on Dementia’, David Cameron set out the following ambition for transforming dementia care in England over the next five years.

‘We are working harder than ever to improve dementia care, to make England more understanding of dementia, to find out more about the condition and to find new treatments which delay onset, slow progression or even cure dementia.’

Despite significant policy commitments to move services from hospitals into the community over recent decades, most recently through the NHS Five Year Forward View, this has yet to translate into a major shift in service provision or funding allocations. In fact, while the NHS, and especially acute hospital services, have received major cash injections, spending on local authority social care has fallen by 26% in the last five years.

Previously 90% of English councils only provided services for people with critical or substantial need. Research from the Personal Social Services Research Unit (PSSRU) shows around 436,000 older and disabled people who would have got care in 2005/6 are now no longer entitled to it. At the same time the Department for Work and Pensions (DWP) estimates that one in six (10.7 million) people in the UK can currently expect inadequate retirement incomes and successive public opinion surveys show that few households have made financial provision to pay for long-term care.

There is an urgent need for investment in services to support families, friends and community volunteers who will continue to provide the majority of care and support.

A prescription for change

This report has identified a number of areas for action that will help transform dementia care pathways, to better support people living with dementia and their families.

Housing associations are ideally placed to help health and social care commissioners deliver this change; promoting more integrated service pathways, applying the best evidence to practice, and co-designing support packages with individuals to deliver better health outcomes.

A new prescription for change is emerging that can be summarised in six steps.

**Six steps to transformation**

There is a need to bring housing, health and social care agencies together at local level to:

1. **Invest in prevention** – take active steps to reduce the risks of people developing dementia, tackle health inequalities and promote good health across the life-course.

2. **Shift the balance of choice and control** from agencies and professionals to individuals and their families, ensuring individual preferences are understood and honoured.

3. **Provide a broader range of retirement housing options** and further investment in home adaptations, dementia-friendly neighbourhoods and communities.

4. **Invest in workforce training and development**, to better support people with dementia.

5. **Provide flexible service** offers to support people at each stage of their condition, from initial help seeking, living with dementia and coping with changes, to planning for the end of life.

6. **Turn the best available evidence into practice** with robust evaluation and effective systems, to transfer learning across different population groups and neighbourhoods at scale and pace.

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5. Calculation based on Office for National Statistics (ONS) mid-2013 population estimates for the UK (total population = 64.1 million).
7. National Housing Federation, Can our homes pay for the care we need in older age? Asset wealth and an ageing population, 2015.
No single agency or sector can deliver all of this in isolation, especially in the current economic climate. Cross-sector collaboration, co-production with service users, effective partnership working between commissioners and service providers, joint planning, and strategic investment are essential.

Taking a person and family-centred approach helps ensure a more holistic response to the changing needs that a diagnosis of dementia brings. The assets and resources available within the local community should be factored in to any planned system of care and support interventions.

How housing associations can help

### Key message

Housing associations are well-placed to work with public health teams to publicise healthy lifestyle and dementia awareness campaigns. They can use their customer communication channels, community health projects and assertive outreach projects to reach people who are less likely to engage with formal public health agencies. They also help promote mental health by working to tackle social inequalities and through providing targeted housing and support to people at greater risk of poor health in later life.

There is now a greater range of home-based support interventions, including technological innovations and assistive technology, aimed at reducing the risk of crisis admissions to hospital and residential care.

In theory, it should be possible to match services and support to changing needs and priorities. We know that providing safe, warm, accessible and affordable housing will support people to live at home to the end of their lives. Thinking differently and joint working between housing, health and social care, produces positive results at a local level. By learning from existing innovations and examples of promising practice, we might begin to transform care pathways for people with dementia.

Housing associations can act as prime contractors, or work in partnership as part of a longer supply chain or network of service delivery agencies.

**Prevention:** There is a growing body of research to evidence that preventative health measures can help reduce the risk of cognitive decline in later life. Prevention includes focusing on the causes of poor mental health and a lower quality of life, including problems resulting from depression, dementia, and social isolation.

Housing associations are ideally placed to help as they have a long track record of work on the social determinants of health through their community investment programmes and health and wellbeing initiatives. This places them in a strong position to support health and local authorities in reducing the prevalence of dementia through universal information services and public health improvement programmes.

**Diagnosis:** Currently just over half (around 59%) of people living with dementia receive a formal diagnosis, with rates varying considerably across the country and between different socio-demographic groups. In 2012, the Government set a target to increase the overall diagnosis rate to 66% and GP’s are monitored on their success in meeting this aim.

Housing data systems can be used to support early intervention programmes. Housing associations are experienced in acting swiftly when frontline intelligence shows that ‘something’s not right’ and taking a ‘case-finding’ approach can build on this.

Using customer profile data to better understand the needs of their older residents has helped many associations ‘age proof’ their strategic development plans and identify potentially vulnerable households. As a result, they are in a better position to offer information and more timely support interventions.

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Housing associations offer a workforce with more frequent ‘doorstep’ contact with older people than many statutory agencies, including GPs. Housing staff can often also help people diagnosed with dementia to access reliable information and home adaptations, as well as helping with practical issues such as managing household bills – all of which supports their continued independence.

Who benefits?

(i) Individuals and communities
Housing associations are increasingly in a position to expand their offer to older people and their families across different housing tenures. This includes people who own their own homes and those living in the private rented sector, as well as those purchasing services with personal budgets.

(ii) Local economies
In its recent report on the state of social care, the Association of Directors of Adult Social Services (ADASS) argues that locally developed care enterprises bring added social value and economic benefits to local areas. It found that they create new training and employment opportunities for local residents, harness the talents of local volunteers and community groups, and make better use of community assets and resources. When care enterprises are delivered in partnership with housing associations, they generate added investment for local affordable homes, as well as better neighbourhoods and improved local services.

(iii) NHS Trusts and acute services
One way in which the NHS might meet some of its £30bn deficit by 2021, while better managing demand for acute services, is to use its land to develop more dementia-friendly housing and alternative community care facilities in partnership with housing associations.

The National Housing Federation has been working with the Department of Health to explore how this repurposing of NHS and local authority-owned land might be achieved. A range of pilots are being discussed that will test the types of funding arrangements and accommodation models that might be provided. Further information is available from the Federation’s Health Partnership Hub.

Aside from work around prevention and early diagnosis, housing associations can also help reduce the pressure on acute hospital beds and provide better outcomes by offering reablement services or step-down accommodation.

Housing associations delivering real outcomes

In the Tees Valley, Coast & Country Housing’s HomeCall service responded to 1,231 falls in 2014/15. 86% of these were dealt with simply by its HomeCall Independent Living Advisor attending the emergency. Without the HomeCall service, the North East Ambulance Service would have been required to respond to an additional 1,064 emergency calls across the Tees Valley in 2014/15, costing it an extra £354,312.

While currently focused on the Redcar and Cleveland area, the ultimate aim is to expand the service across Teesside, North Yorkshire and the North East.

In Birmingham and the West Midlands, Midland Heart has worked with both acute and community trusts to develop reablement units.

‘D47’ – a step-up and step-down refurbished ward within City Hospital – has 20 flexible community care beds for customers aged 18 or over. The average age of the patient is 80 and the average length of stay is 9.6 days, with 85% being discharged to their usual place of residence.

In Sunderland, Gentoo conservatively estimates that 750 people are living with dementia in its properties – a figure set to increase to around 1,000 over the next 15 years.

It has created a ‘Healthwise’ system that pulls intelligence, gained by frontline staff into its housing management system and can proactively flag up that ‘something’s not right’. For example, if maintenance staff are regularly changing the locks due to loss of keys, or if an older person suddenly falls into rent arrears, it might imply someone is experiencing problems with their memory.

The system promotes early intervention and care coordination and enables Gentoo to effectively use in-house interventions and liaise with the appropriate agencies, ensuring the best wellbeing for the individual and their carers.

In Nottinghamshire, Gedling Homes has received £50,000 from Nottinghamshire North and East Clinical Commissioning Group to support 250 carers of all ages, living within its properties. By supporting carers, the CCG is also supporting health and care services, through easing the burden of crisis admissions and early entry into long term care.

Support varies according to need but is broadly split into four categories: Services, physical activity, social inclusion and training. Outcomes that Gedling Homes are aiming to achieve include: reductions in self-reported depression levels, increased mobility, reduced stress, reduction in GP and hospital visits, increased awareness of the available support services, increased physical activity levels, maximised income, and increased skills and employability.

Conclusion

Housing associations are ideally placed to help health and social care commissioners transform care pathways for people with dementia and ensure better health outcomes. They have a long track record of work on the social determinants of health and can help reduce the prevalence of dementia through universal information services and public health improvement programmes. Many actively encourage healthier lifestyles, improving overall health and wellbeing and reducing pressure on NHS services.

Almost a third of housing association residents are aged 65 and over and this proportion is growing rapidly. Customer profile data helps housing associations better understand the needs of older residents and age proof their strategic development plans. Offering detailed demographic profiling data, associations present opportunities for joint working with health and local authority analysts, to better inform joint strategic needs assessments and commissioning plans.

Housing associations can help reduce the pressure on acute hospital beds and provide better outcomes through reablement services or step-down accommodation. They can help improve on early diagnosis and can offer a more person-centred and flexible range of support services and a workforce with more frequent doorstep contact with older people than many statutory agencies, including GPs.

To achieve the necessary transformation of care pathways, cross-sector collaboration, co-production with service users, effective partnership working, and joint planning and strategic investment are essential. Failure to connect with housing associations is a missed opportunity to work together to transform support for families living with dementia, benefitting from cost savings and a wider reach in terms of prevention, early diagnosis, information and support.

To be put in touch with housing associations in your area, please contact:

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References


5. Calculation based on Office for National Statistics (ONS) mid-2013 population estimates for the UK (total population = 64.1 million).


7. National Housing Federation, Can our homes pay for the care we need in older age? Asset wealth and an ageing population, 2015.


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Family Mosaic
Housing & Care 21
Smith Institute
Isos Housing
Gentoo
Riverside
Gedling Homes
Coast & Country
Notting Hill Housing Trust
Home Group
Waltham Forest Housing Association
The National Housing Federation is the voice of affordable housing in England. We believe that everyone should have the home they need at a price they can afford. That’s why we represent the work of housing associations and campaign for better housing.

Our members provide two and a half million homes for more than five million people. And each year they invest in a diverse range of neighbourhood projects that help create strong, vibrant communities.

HACT seeks to influence and innovate in ways which help all housing providers deliver more effectively within their communities.

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