



Housing, Health, and Care Programme

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On behalf of the Housing, Health and Care Programme

Background

- The Housing, Health, and Care Programme is our response to the commitment we made to addressing Housing as a key wider determinant of health and wellbeing in our ICP Integrated Care Strategy
- Our vision, co-produced with stakeholders is that:
 - *people can be healthy, live the life they want and do the things that are important to them, as independently as possible*
- The programme is co-led by four organisations working together



- During 2023 we have agreed a vision and 3 key priority workstreams and have set up robust governance and programme resource to support their delivery - plus a community of practice to support local ownership and respect local plans in train, whilst building cross boundary partnerships to better address some challenges and maximise our national voice

Three Priority Workstreams



Complex Needs: We will deliver integrated models of support to reduce the number of people in or at risk of long-term hospital care

Older People: We will identify and provide choices to live independently

Warm and Dry: We will identify and reduce non-decent and/or cold and damp homes across both rented sectors

Four Cross-Cutting Themes

Co-Production: Listen to, learn from, and act on the voice of people with lived experience

Strategy: Regional and local strategies based on a robust assessment of current supply, future needs, and evidence-based models of delivery

Delivery: A clear investment strategy across the region, driving integration and making use of technology enabled care

Ways of Working: Fit for purpose governance for the programme; engaging with system leaders



Complex Needs: Integrated models of support to reduce the number of people in or at risk of long-term hospital care

The challenge:

- People (all ages) with physical and mental health conditions including people with a learning disability and autistic people
- Those conditions:
 - Are long-term, and have a significant impact on people's lives, usually co-occurring
 - Can prevent people from accessing services and support
 - Can lead to people being in highly restrictive environments for a long time
 - Require focused, creative commissioning
- Complexity of individual needs can lead to a lack of a strategic or long-term approach to planning and investment, compounded by the different NHS and LA planning and funding regimes

The proposed response

- A “Market Position Statement” by March 2024:
 - A clearer understanding of supply, demand, need, workforce, and gaps
 - Learning from best practice and a direction for developing new models of housing, health and care
- After that the development of :
 - An integrated housing and care strategy for the region – to include agreement where appropriate to cross boundary investment plans
 - A long-term, multi-level investment and development pipeline

Older People: We will identify and provide choices to live independently

The challenge:

- Aging population has grown, with people living with (multiple) long term conditions for significant portions of their life
- Expectations for and opportunities in relation to healthcare intervention have risen
- Family dynamics have shifted – fewer two parent one worker families with capacity to support aging parents
- Heavy demand outstrips supply in the housing market meaning older peoples' housing is competing with more lucrative development opportunities for House Builders

The proposed response:

- Promote lasting and effective co-working between health and care teams working in urgent community response to older people
- Develop and test new homebased technologies that support independent living – e.g. 'The Virtual House'
- Strengthen local strategic plans for older people's housing with improved support and engagement from health services – especially the developing integrated neighbourhood teams

Warm and Dry: reduce non-decent and/or cold and damp homes across both rented sectors

The challenge:

- Top priority for our Housing Team colleagues in wake of the tragic death of Awaab Ishak
- Major challenges in the NENC Housing Stock
- Capital availability is tight
- Particular challenge in private rented sector – especially with absent/difficult to track down landlords and tenants who are nervous to report issues

The proposed response

- Bringing together of multiple data sources to better target investment where it can improve health most and use of health care and other trusted public servants, e.g. Firefighters to make every contact count support people to report cold and damp issues
 - Durham County Council Warm and Healthy Homes Project
- Build the business case, financial and climate for investment in addressing cold and damp, ready for future investment pots

Programme approach – spotlight on the community of practice

- **Purpose:** Supporting local ownership and delivery, sharing good practice and building wider partnerships and voice
- **Key responsibilities:** An open and inclusive forum, knowledge sharing, supporting delivery of the programme, self-sustaining collaboration
- **Membership:** A wider group of local authority housing and commissioning, ICB commissioning, housing providers, health partners, people with lived experience – connecting and complementing



- Collective voice of housing in the north – 140 councils, housing associations, ALMOs, MCAs.
- Member-led
- Insight, influence and solutions

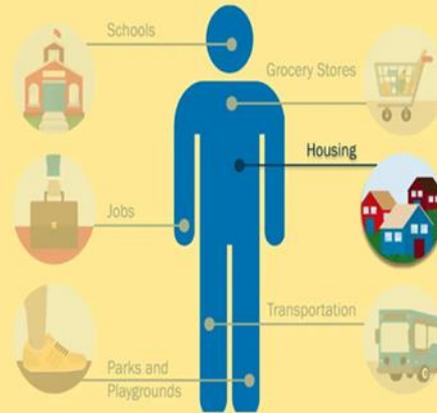

**OUR MEMBERS
OWN OR MANAGE
9 OUT OF 10
SOCIAL RENTED HOMES
IN THE NORTH**

**About the
NHC**



People, Health & Housing

PEOPLE GET SICK BECAUSE OF THEIR SOCIAL AND PHYSICAL ENVIRONMENTS



“

Our home is not just a dwelling place. It should be a place of comfort, shelter, safety and warmth...it is the main setting for our health throughout our lives

”



Make the housing connection

- Housing was identified as an important social determinant of health in the Marmot Strategic Review of Health Inequalities
- Applicable to all age groups, with body of evidence:
 - Children & accidents
 - Chronic health conditions - all age groups
 - Neighbourhood /housing & life expectancy
 - Overcrowding & educational attainment
 - Mental health/ housing link evidence strong

Dwellings with Category 1 Hazards by Local Authority

	Number of Dwellings	Number of Cat 1 Hazard Dwellings	Proportion of Cat 1 Hazard (%)	Hazards Private Rented (%)	Hazards Social Rented (%)
Sunderland	123,873	11,011	8.9	16.9	6.1
Gateshead	90,878	8,593	9.5	17.8	6.5
Durham	234,634	27,134	11.6	22.2	7.0
South Tyneside	69,499	6,116	8.8	17.6	6.2
North Tyneside	95,882	8,497	8.9	16.7	6.2
Northumberland	151,196	22,347	14.8	27.9	8.8
Newcastle	126,758	11,634	9.2	16.0	5.9
Redcar & Cleveland	62,305	6,461	10.4	19.9	6.6
Middlesbrough	60,964	5,874	9.6	17.3	6.5
Hartlepool	42,643	3,868	9.1	16.5	6.1
Stockton	83,821	6,892	8.2	14.8	5.9
Darlington	49,459	5,669	11.5	21.0	6.9
Carlisle	51,631	9,112	17.6	22.5	6.9
Eden	25,828	8,219	31.8	38.6	9.5
Allerdale	45,983	10,128	22.0	28.4	9.1



Non Decent Homes by tenure
NENC ICP

Non-Decent Dwellings by Local Authority

	Number of Dwellings	Number of non-decent dwellings	Proportion of non-decent dwellings (%)	Non-decent Private Rented (%)	Non-decent Social Rented (%)
Sunderland	123,873	17,975	14.5	25.3	10.2
Gateshead	90,878	14,753	16.2	28.3	11.8
Durham	234,634	39,393	16.8	29.2	10.9
South Tyneside	69,499	10,489	15.1	27.4	10.9
North Tyneside	95,882	14,974	15.6	27.9	11.3
Northumberland	151,196	31,041	20.5	35.0	13.6
Newcastle	126,758	21,814	17.2	28.5	11.8
Redcar & Cleveland	62,305	10,282	16.5	28.8	11.0
Middlesbrough	60,964	9,312	15.3	25.5	10.6
Hartlepool	42,643	6,190	14.5	24.4	10.2
Stockton	83,821	11,211	13.4	22.8	9.9
Darlington	49,459	8,600	17.4	29.4	12.0
Carlisle	51,631	11,128	21.6	30.3	11.5
Eden	25,828	8,728	33.8	46.5	16.9
Allerdale	45,983	11,670	25.4	35.7	13.7

***EPC C or
above by
tenure***
NENC ICP

Percentage of Dwellings with EPC C or above

	Number of Dwellings	Percentage of Dwellings EPC C or above	Owner Occupied	Private rented	Social rented
Sunderland	123,873	44.03	29.49	31.54	54.54
Gateshead	90,878	42.50	34.39	38.89	50.56
Durham	234,634	41.19	31.52	33.61	48.93
South Tyneside	69,499	44.15	34.69	32.94	50.04
North Tyneside	95,882	49.80	42.46	42.22	59.49
Northumberland	151,196	42.21	33.58	24.02	50.93
Newcastle	126,758	45.14	34.85	39.36	51.38
Redcar & Cleveland	62,305	37.80	24.87	25.33	61.39
Middlesbrough	60,964	41.68	27.01	24.41	61.09
Hartlepool	42,643	39.81	30.13	25.39	53.07
Stockton	83,821	45.06	33.38	39.56	56.39
Darlington	49,459	39.72	27.90	39.87	66.82
Carlisle	51,631	39.25	31.26	27.55	48.89
Eden	25,828	33.02	20.37	18.10	45.56
Allerdale	45,983	34.27	22.09	14.91	44.70



Health, care and homelessness

Our offer and our ask

Our offer

- Work with the regional Integrated Care Board to drive forward the integration of housing into health and care strategies across the region
- Strengthen our partnerships with the Police, the Probation Service and the voluntary sector
- Develop a North East Health, Care and Homelessness Work Programme
- Aggregate our investment in community activities and align our priorities with those of the MCA
- Set up a task group to develop innovative trailblazing approaches to tackling some of our most complex issues

Further and faster if the MCA works with us to

- Create new health partnerships and strengthen those already existing, including the Regional Integrated Care Board
- Support our autonomy to prioritise our own work programmes based on an agreed regional approach and the freedom to make local development and commissioning decisions
- Align existing regional funding and work in partnership to place joint regional bids for future related funding

Our Purpose



We are the trusted voice and source of knowledge to enhance the understanding, development and adoption of technology in care.



We drive quality by setting standards for the sector to improve outcomes that matter to people.



TEC
Quality

Elevating standards and driving continuous improvement in technology enabled care

- The United Kingdom Accreditation Service (UKAS) is the sole national accreditation body for the United Kingdom.
- TEC Quality is the **only** UKAS accredited scheme in the UK for technology enabled care.
- Embeds Quality and Safety into Service Delivery.
- An Outcome Based Scheme that puts the Person at the Heart of Service Delivery.



www.tecquality.org.uk

Delivering a Regional Approach: Northeast and North Cumbria



Technology Enabled Care (TEC) Referral Guidance

Direction on how TEC providers are to establish referral pathways into Urgent Community Response (UCR)



The voice of technology enabled care



Quality Safety Innovation

Version 1.0

5 'gold standard' indicators for areas to work towards

- 1**
There are direct referral routes in place from locally operating QSF-certified TEC responder services, which don't rely on clinician-to-clinician referral
- 2**
Only activity which is inappropriate for UCR response is directed to 999, with responsibility being maintained by the TEC provider until this transfer of care occurs
- 3**
The UCR service has open lines of communication into its locally operating QSF-certified TEC responder services, which limit the amount of rejected referrals due to capacity limitations
- 4**
Training on appropriate available to local QSF responder services, with having an 'accept all' at from providers who've co
- 5**

Develop and implement

Once the current pathway is identified, UCR services and their locally operating QSF-accredited TEC responder services should collaboratively start to develop and implement the referral routes and pathways

Develop:

- A project team**
 - Bring the right people together to further develop relationships including UCR, Responder Services and any relevant local commissioners
 - It's suggested this is led by region/place-based leadership to ensure scale of pathway
 - Determine the dedicated project resource needed to help establish the pathway and manage then project
 - Develop and deliver a shared understanding and buy-in of what needs to be achieved
- The pathway**
 - Clarify the pathways already in place to connect these services, ensuring clear referral processes are in place
 - Develop a shared understanding of the services that are being connected
 - Understand any barriers to implementation, how to overcome them, and who can help
 - Determine use of the TEC Quality Device Support Tool (QDT), and the requirements for using QDT
 - Develop process for direct referral including telephone numbers, a minimum information standard, referral acceptance criteria, etc. with the ambition of making referral straightforward and minimising rejections
 - Determine the training requirements of both the UCR and TEC workforce
- Training**
 - Develop modules collaboratively so that each service understands how the other works, any standard operating procedures processes and communication requirements
 - This should include a focus on integration and collaboration between providers, creating a 'better together' culture

Implement:

The pathway as agreed by the project team through the development stage, carrying out:

- implementation of any phased approach etc.
- Ensuring referral routes are active and all staff are aware
- Any new software or systems are in place and tested

Training

- Deliver training to all the workforce on new processes and pathway including QDT, where applicable
- Ensuring all of the workforce are aware of relevant processes and pathways

Many areas already have a

Colchester

Outcome

- Telcare and an Urgent Community Response (UCR) team have been working together over the last year in a collaboration that's helping to alleviate pressure on Ambulance Services in North Essex.
- The partnership has resulted in a rise in referrals between the two services. Crucially, the UCR takes referrals directly from the Ambulance Service and many are now passed on to Helpline 24/7.
- Between December 2022 and February 2023, it sent an average of 27 Ambulance Service referrals a month to Helpline 24/7 – helping to prevent hospital admissions and unnecessary 999 call outs.

Lancaster

Outcome

- TEC providers, Responder, UCR and Ambulance Services working together to ensure vulnerable people get the most
- Appropriate support in the right place whilst reducing pressure on frontline services
- Between January 2022 and February 2023, Progress responded to more than 13,000 fully-initiated calls of which 94% remained at home
- Plans are now in place to implement these new arrangements across the area covered by the Lancashire and South Cumbria ICB

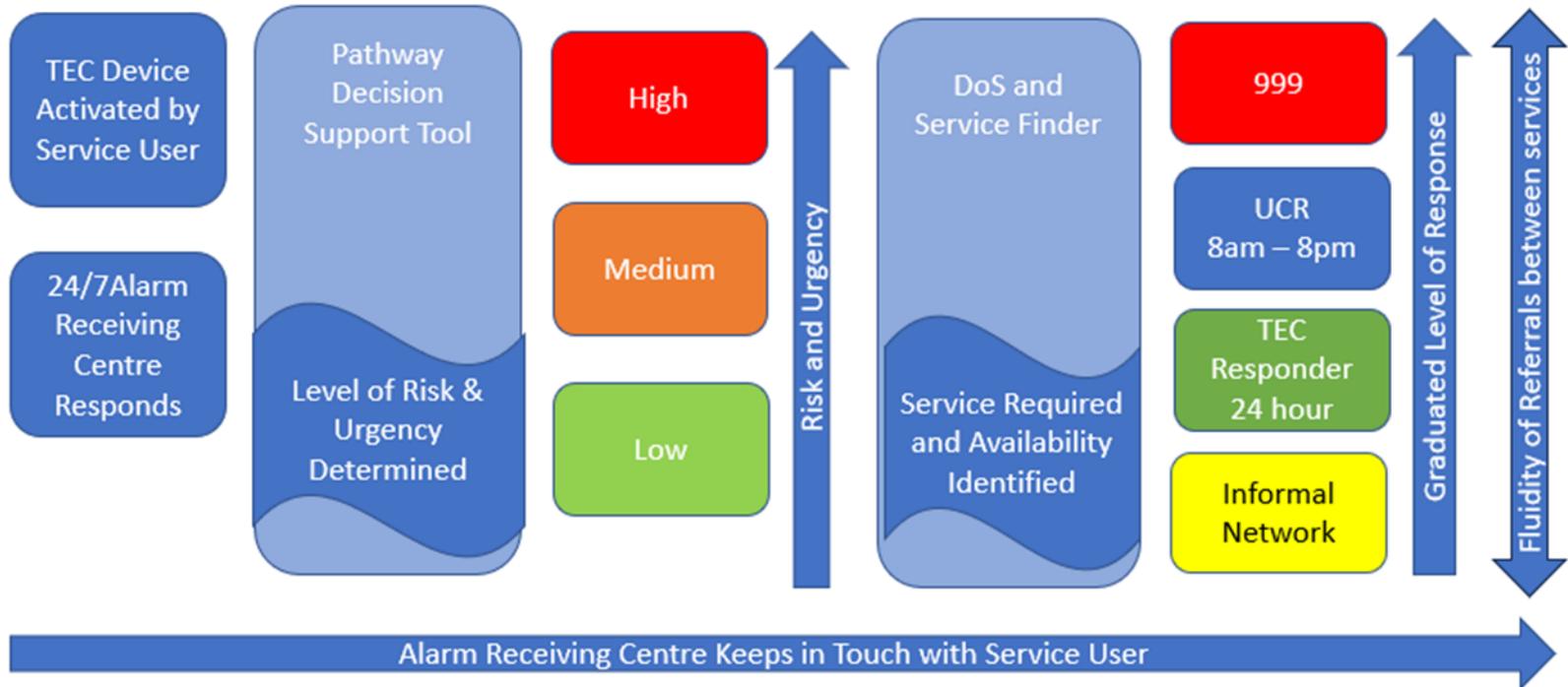
Warrington

Outcome

- Connecting TEC providers, UCR and Responder services together to develop blueprint for integrated services to ensure speedier response when someone is at home and in need of support.
- Services are available 24/7 with attendance is usually less than 60 minutes on average reducing pressure on ambulance services
- Outcomes are positive with 85% of people remaining at home following a visit.

Trailblazer for 2024 – South Tyneside





Moving to a Standardised Approach to Coordination of Care



WARRINGTON
Borough Council



Warrington Borough Council has integrated Urgent Community Response (UCR) with Alarm Monitoring & Falls Response Services.

They have adopted a **Home First philosophy** as an alternative to an ambulance calls.

85%

of calls resolved by Falls Response team: successfully lifted, treated and remaining at home, with no Emergency Services escalation

'An integrated approach allows us to join up the dots with a community model focus; integration of systems and services will enable us to identify the needs of the population at neighbourhood level'

Caroline Williams, Director Adult Services (DASS), Warrington Borough Council

Next Steps and the ask of ICP Board members

- Baseline assessment is underway – will complete in March 2024 – **please support comprehensive returns**
- The Steering Group has commenced and the Community of Practice will convene early in 2024 – **please encourage engagement with your Housing and Social Care teams**
- Collaboration with the Urgent and Emergency Care Network to implement the linkage of TEC providers to urgent community response services – **foster engagement and adoption**
- Strengthen the connection between this programme and those developing under the combined authorities
- Support development of specific initiatives under each of the 3 priorities – with an eye to intelligence on expected national funding pots



Health inequalities and the social determinants of health are not a footnote to the determinants of health. They are the main issue.

— *Michael Marmot* —

