



**VIRTUAL CONFERENCE. JUNE 2020**

# **Conference Briefing**

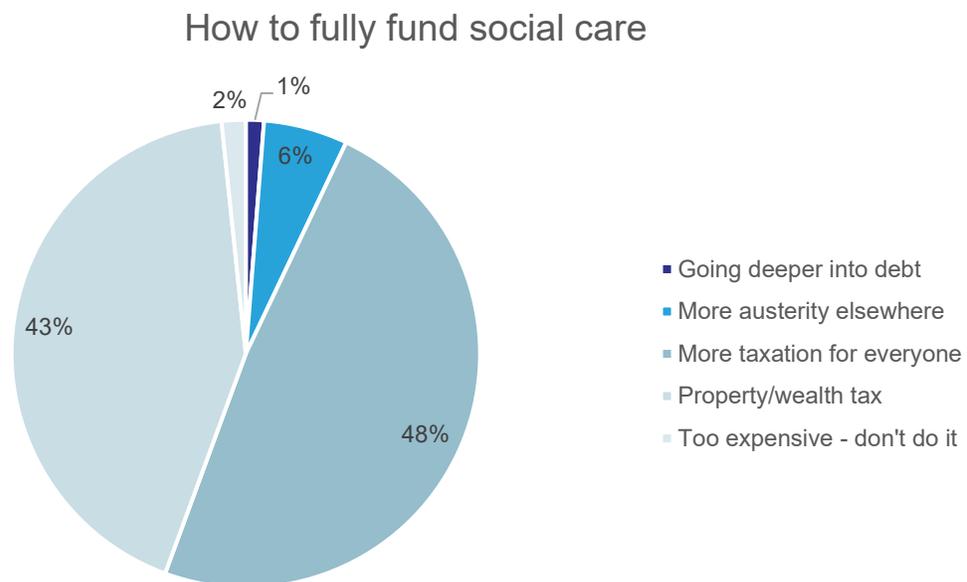
24 June 2020

On Wednesday the 24th June 2020, Foundations, ADASS and the Housing LIN were pleased to host a virtual conference introduced by Luke Hall MP, the Minister for Rough Sleeping and Housing, to draw on the lessons we have learned from our experiences during the Pandemic to inform our National Recovery. The Minister reiterated the commitment by Government to address Rough Sleeping during this Parliament and to invest in move-on, affordable and accessible housing. This conference sought to provide focus to those commitments within the context of the *National Health and Housing Memorandum of Understanding. Improving Health and Care through the Home*.

Key Messages are articulated by leading figures from across the Care, Housing and Health Sector and backed by the lived experience of providers and people during the Pandemic. Speakers, participants and polls during the day reflect and amplify some simple but challenging messages from across the Care, Housing and Health sectors.

## Government should articulate the reform of and make a grand settlement for social care

- Paid for on the basis of fair and broad taxation.



- With adult social care as the focus of an industrial strategy. It is a growing sector which supports greater independence and better outcomes for people, particularly those most impacted by COVID-19

- By creating a 'plurality' of provision both in terms of funding for a range of care and support needs which needs revenue funding and doubling down on building a range of housing options which will require better planning of private and public capital investment.
- It offers huge employment opportunities and through housing offers great redevelopment and regeneration opportunities. COVID-19 has exposed the importance of Home and having your own front door. Therefore, we need to ramp up the supply of the entire range of housing options from Extra Care housing, specialist retirement housing, new accessible housing, affordable housing and retrofitting adaptations in the existing stock.

### Invest in prevention for people in our existing communities and houses. Which means:

- A renewed drive towards living at home or a place which feels like home
- Funding suitable and nice emergency accommodation because it has an immediate health benefit
- Identifying revenue to fund sustainable Health, Social care and housing related support, advice and information services accessible to those who need them in the place they need them.
- Build on the alignment of health services, local government and voluntary sector responses emerging from the crisis by:
  - Ensuring investments in housing, neighbourhoods and communities are designed with the explicit goal of reducing inequalities in health
  - Allocating fair settlements to NHS, local government and VCSE sectors to enable them to provide their part of the solution
  - Revenue fund care and support functions and casework in the range of housing related support services
  - Recognising the incredible importance of housing adaptations, equipment and effective proactive TEC solutions.

Engage with people where they live, whether that is the street, temporary accommodation, social and supported housing or their own homes and communities.

- More than consultation, engagement means to ensure that vulnerable people have a smaller number of more consistent relationships which in the words of the Shared Lives ambassador: ‘Work together to get each other through it’.
- In order to scale personal responses there is a need to foster genuine ownership by taking local asset based approaches; whether that is with residents of social and supported housing, people living with mental ill health or learning difficulties, people whose immigration status makes them vulnerable to exploitation and homelessness or older and disabled people isolated in their own homes and communities.
- To listen and hear their voice is likely to mean strengthening people’s housing rights and reducing health inequalities by:
  - Reducing forced moves to care homes
  - Some guarantees against forced moves from emergency and intermediate accommodation,
  - Acting on what people tell us about the importance of SPACE and internal and external design principles and set some standards.
  - Aligning housing benefit with the real cost of housing, which should reduce as we build more affordable homes.

Unusually for an event whose participants were motivated by an interest in closer working across health, housing and social care, these key messages are shared regardless of tenure or vested interest. It is rare for the housing and care sector to generate consistent and shared messages. Over 800 separate policy makers and practitioners attended the event through the day. All brought specific and particular expertise and experiences from the whole range of housing and care sectors. Nevertheless, the key messages shine a light not on the fractures in our society exposed by COVID-19 but the community of interest created by it.

Yet in the course of the day speakers and exemplars were able to shine very bright lights on some of the issues exposed by COVID-19 and working through the pandemic. It is worth reflecting some of that in this briefing.

## ‘Every Care Decision is a Housing Decision’

During the pandemic housing has played an increasingly important role in achieving the protection we sought - people staying at home, protected the NHS and saved lives. For many their existing home whether that was the street, or their own home was not safe to be in and people needed care and support to weather the crisis. James Bullion, President of ADASS, acknowledged that the way people were discharged from hospital in the early days of the crisis exposed the binary choice between Own Home and Care Home as unfair. It has reinforced the need to let go of models of care that people do not like and develop a new offer of care which may include care homes able to cope with lower occupancy, with infection control and with stable staffing but should make us think differently about other options. In particular, he argued for Health and care considerations to influence Local Plans, a major expansion of accessible and specialist housing for older people and a properly funded partnership approach as part of the Transforming Care programme. A post-conference blog by ADASS President, James Bullion, for the Housing LIN can be found at:

<https://www.housinglin.org.uk/blogs/COVID-19-Housing-Rights-and-Social-Justice/>

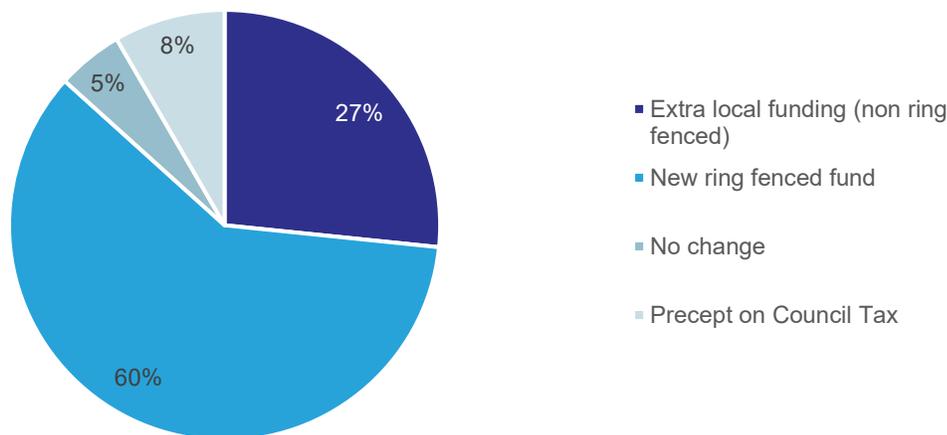
How a properly funded partnership approach might be achieved was suggested by Alex Fox from Shared Lives who echoed James Bullion’s assertion that COVID 19 had called time on tolerating certain models of care and argued for greater investment in the design, recruitment and management of care and support based on real relationships. He is able to point to the success of his own organisation in enabling 14,000 people to form caring and supportive relationships with people they have chosen as well as international examples such as Buurtzorg in the Netherlands.

To the challenge of scaling this to respond to the level of need that exists in England he suggested we take a partnership and asset-based approach which combines formal and informal responses, foster genuine local ownership and is properly funded at the micro level.

There is a way in which this reflects the development of an alliance of equals across NHS, local authority and voluntary sectors in Bristol under pressure of the pandemic and Lockdown. Local people and voluntary sector organisations were able to mobilise much more quickly and meaningfully than the statutory sector, however it is only with the support of the statutory sector as equals in the partnership that this care and support response by organisations best placed to deliver it may be sustained. In a poll asking people whether and how funding for informal and formal support delivered by

community organisations should be sustained, 87% of conference participants suggested there should be new funding from government with the majority wanting it to be ringfenced.

### How should we fund local community and voluntary organisations



### COVID 19 Exposed Homelessness as a Public Health Crisis

The extra-ordinary achievement of the ‘Everyone in’ policy enacted at the end of March provides a unique opportunity for government to accelerate its ambitions to end rough sleeping by 2024. This is due to the very simple fact that most people on the street in March were housed in emergency accommodation by April. In policy making terms, as Public Health England’s Gill Leng highlighted, COVID-19 exposed the inadequacy of care and support provision reliant on shared spaces in night shelters and hostels, with big rooms and people sleeping on the floor with little access to advice, information, support or assessment.

Accommodated in hotel rooms across London and elsewhere providers like St Mungo’s noted an immediate health benefit to people enjoying warm, dry and comfortable accommodation with room service provided by volunteers. This immediate benefit creates the space for other issues to be addressed and should signal to policy makers and government the need to fund suitable and nice emergency accommodation as a first response to homelessness.

However good the emergency accommodation, St Mungo's experience of housing people under COVID-19 reveals much more complex and personal issues for people. Some of these are health and wellbeing related and require the investment in, provision and access to a range of health and care services in emergency accommodation. The experience of wrapping more integrated health, support and housing services round individuals with specific needs has two implications.

1. On the one hand it demonstrates that accessible health and care support combined with specialist casework achieves much better outcomes. Hannah Faulkner and her team have successfully engaged with people they have known about for years but were unable to help.
2. On the other hand it shows that one size really does not fit all and that simple care models are not an adequate response to complex need. Different groups require different solutions if we are in the words of one speaker 'Bring everyone along'.

This plurality of provision was noted by speakers and participants in the conference through all sessions.

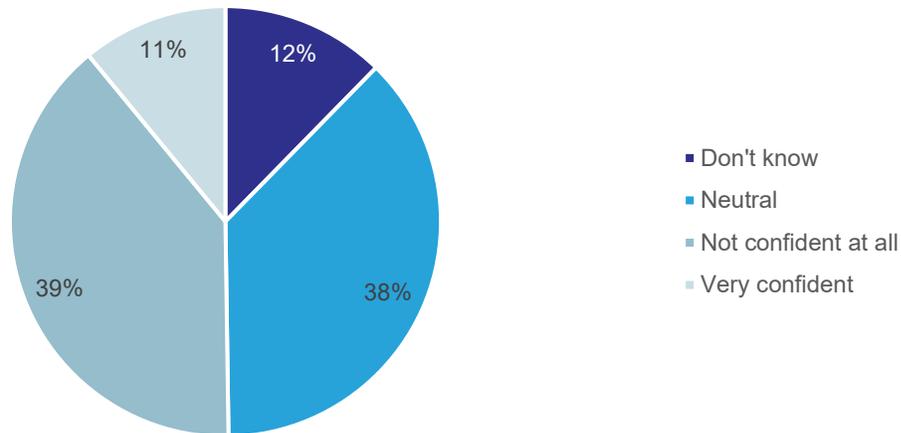
- It was highlighted by the need for women only spaces for vulnerable women at risk of abuse or exploitation
- It was noted in the new approach needed to help people able to access housing only if they were in work by being excluded from the welfare benefit system.
- A hospice provider in the audience highlighted it for homeless people with a palliative (terminal) diagnosis
- Specialist advice and support was required for people whose immigration status precluded them from accessing housing and work.

Preceding and successive sessions noted the necessity of a more integrated health, care and housing offer for people with learning difficulties, victims of domestic violence and people with enduring mental ill-health or dementia.

It is this range of specialist and highly skilled health, care, support and housing services that needs to accompany capital investment in the built environment, homes, adaptations and the technology to connect it all. Because the third lesson from providing hotel accommodation to people experiencing street homelessness is that permanent accommodation must be found to allow us to ease the lockdown from 'everyone in' to 'move on for all'. Confidence amongst policy makers and practitioners at the

conference was low. However, it is here that the opportunity for National Leadership and funding can make all the difference.

How confident are you that rough sleeping can be ended since the "Everyone In" initiative?



### TEC and Technology enabled support

The conference heard from Professor Paul Burstow, chair of the TSA, and Dr Rachel Russell from RCOT how the experience of COVID had prompted them to reflect on the absolute need to retain, regain and maintain functions of normal life for everyone experiencing lockdown and particularly those shielding or in other ways more vulnerable than most. Luke Hall MP, the Minister observed in his introduction that sharing the data of those shielding across health, care and housing authorities made it possible, ‘for the first time...in my lifetime’, to identify people and their needs to provide them with the personalised responses which would address those needs. This is true for rough sleeping but equally true of the 2.2 million vulnerable people for whom emergency support and care had to be organised at short notice. It is probably time to remove some of the barriers which inhibit data rich systems in both the tech and health care sectors to share data that enables housing and care providers to personalise services.

What Paul Burstow and Rachel Russell suggest is that in some places, the crisis facilitated a combination of TEC and professionals to help people safely out of hospital, to shift to agile and remote working via mobile devices, apps, guided self-installs and AI driven chatboxes and to focus scarce professional expertise. Neither suggests that technology is the solution. Rather the suggestion is that technology will enable service

redesigns that put the person at the centre and improves the effectiveness of practitioners in carrying out assessments, demonstrating housing solutions and equipment and collaborating with others. The experience of primary care practitioners in shifting to largely remote working demonstrates that this is best approached as a TEC enabled service improvement project not a technological solution. It is a way of flattening the demand curve for more costly interventions.

2020 has been called a year with 3 winters in which there has been no summer to make hay, repair and prepare for another winter. Going into another winter with the lessons learned from COVID means that technology capable of flattening the demand curve should be put into place as a matter of urgency. Early capital investments to embed this across the health, care and housing sector would help with its implementation and boost the economy as the infrastructure was enabled to catch up with events. The adoption of remote and technology enabled working has been incredibly fast in some areas of the health care and housing sectors, driven by the exigencies of the crisis and the conference reflected the belief that there was an urgent need to make sure quality assurance catches up and emerging professional practice is supported.

Technology is no more a one size fits all answer than housing supply or housing related support. Technology enabled care may have the unintended consequence of sharpening social isolation for some.

### **‘Be Kind, kindness is cool, kindness is free, kindness is fair’**

A number of speakers picked up on the theme of psycho-social impacts in the experience of COVID.

- The way it made us prisoners in our own home
- The way it exposed the fragility of our social support networks and separated us from our loved ones and communities.
- The way it swapped the community of the street for a lonely hotel room
- The way it exacerbates long-term cumulative effects of poor, inappropriate and insecure housing on inequalities in health
- The way it has made us insecure about employment, life-chances and access to care and support when we fall ill.

People noted that the psycho-social impact of COVID-19 combined with cumulative effects of inequalities on mental health is likely to increase personal support needs. As one of the key messages of the conference is asking to fund sustainable Health, Social

care and housing related support, advice and information services accessible to those who need them in the place they need them and to engage with people in more meaningful ways, COVID-19 has only served to raise that need further.

Final sessions of conference often have the luxury of amplifying the points made in previous debates. That is true to the extent that all 4 presenters articulated demands to double down on home building of all kinds with the funding of housing related care and support alongside to complement the built environment. Nevertheless, speakers in the final sessions took that as an opportunity to be ambitious about the future. Bruce Moore, CEO of Housing 21, powerfully articulated that what got us through the crisis was not our business continuity plans but our Values and Purpose and called on the health care and housing sector to repay the debt we owe to social care and housing by treating the workforce more fairly, by recognising the need for better standards and design principles in the homes we build and the spaces we create but principally, by calling for the Big Settlement for Social Care.

Meredith Bowles, Mole architects suggests that co-housing provides one model of development which not only creates beautiful and sustainable spaces, including green ones but also strengthens community resilience and cohesion and reduces social isolation. Capital investment to encourage the growth of Co-Housing developments would really help in creating safer, greener communities capable of reflecting the diversity of interests and people in our country.

Lastly, we heard from Chris Naylor of the King's Fund and Joanne Grainger, East Midlands Housing. Chris gave a public health view on the important questions that come up are around the role that housing plays in influencing who has good health and who doesn't and how can we use housing improvements and other housing based interventions as a lever to improve the health and well-being of the population.

He made three key points

1. Health inequalities should play a bigger role in housing policy, as many interventions will primarily help those already in relatively good health
2. The psychosocial factors of poor housing, things like stress, insecurity and isolation, play as much of a role in our overall wellbeing as the physical impact
3. It's these psychosocial factors that have been particularly impacted by the Covid-19 pandemic.

Joanne spoke about the duty of housing and care professionals to move on and drive positive change. She challenged why extra care housing has to be age-specific and not related to the needs of lots of individuals. On a new development they have removed the age restriction and are saying that if you ever need to live in this type of accommodation then we will look at how we can support you to live in this environment.

In taking the lessons of COVID-19 we have to address the weaknesses in our society exposed by the virus. Recovery, Reset and Regeneration suggests that is largely a positive enterprise if we adopt the right values and purpose.

## Useful sources of information

You can watch Recover, Reset and Regenerate at [www.rrrconference.online](http://www.rrrconference.online) or on the Foundations Youtube channel.

To view the national Memorandum of Understanding, visit the Housing LIN Health and Housing Intel. <https://www.housinglin.org.uk/Topics/type/Improving-Health-and-Care-through-the-home-A-National-Memorandum-of-Understanding/>

For more information on Covid-19 and to access a selection of Housing LIN practice briefings for the sector, visit the Coronavirus Info Hub: <https://www.housinglin.org.uk/Topics/browse/HealthandHousing/coronavirus-info-hub/>