

Living well with dementia:  
A National Dementia Strategy  
Considerations for Housing Providers

## **Living well with Dementia: A National Dementia Strategy Considerations for Housing Providers**

### **PURPOSE OF PAPER**

This paper provides an overview of Living well with dementia: A National Dementia Strategy, identifies the potential impact of this Strategy on the housing sector and NHC members, and provides some points for consideration in delivering and developing housing services in light of its objectives.

### **BACKGROUND**

This briefing paper follows on from the Northern Housing Consortium's preliminary National Dementia Strategy paper published January 2008 which was designed to assist NHC members to influence the shaping of the Strategy at that time.

The last briefing posed a number of questions to NHC members about the role that the social housing sector could play in the Strategy and requested comments and evidence from members to support a full response to the consultation.

The Consortium subsequently attended a Care Services Improvement Partnership (CSIP)/Alzheimer's Society listening and engagement event in July 2008 to share the views of our members, ensuring that the voice of the north directly contributed to the shaping of the draft Strategy prior to it being made available for national consultation.

The views that NHC members shared on what the National Dementia Strategy should focus upon are encompassed within this briefing in considering whether we feel that the Strategy has sufficiently acknowledged the role of housing in this agenda.

### **INTRODUCTION**

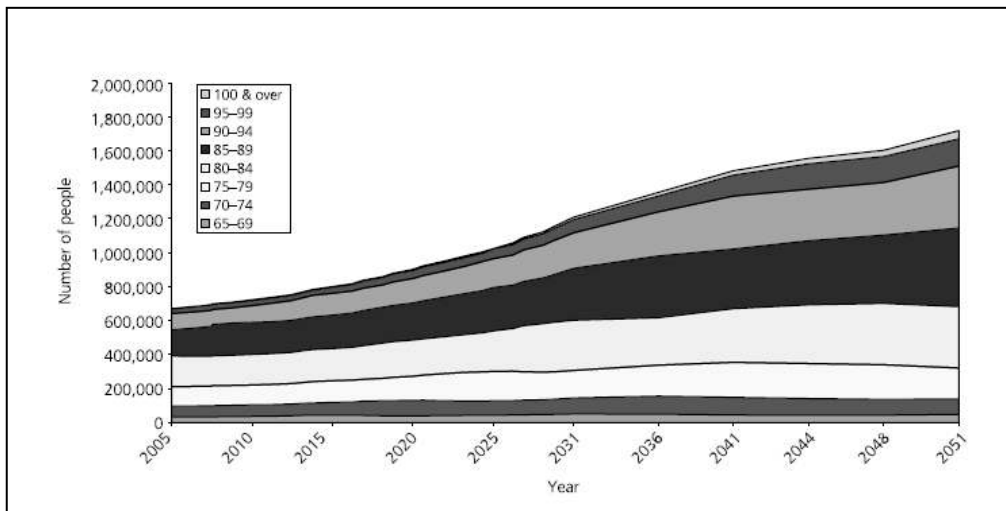
The Strategy, published 3 February 2009 defines dementia as a term used to describe 'a syndrome which may be caused by a number of illnesses in which there is a progressive decline in multiple areas of function, including decline in memory, reasoning, communication skills and the ability to carry out daily activities. Alongside this decline individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering, which cause problems in themselves, which complicate care, and which can occur at any stage of the illness.'

Dementia is a terminal condition but people can live with its symptoms for 7-12 years after diagnosis. It is therefore essential to get services right through consideration towards better peer support networks, improved end of life care, housing for people with dementia, and the particular needs of early onset dementia.

Based on these facts, dementia poses a significant challenge to society. The associated statistics are shocking, and cost implications daunting, and are not restricted to health services alone.

#### Extent of the condition:

- There are currently 700,000 people with dementia in the UK
- There will be over a million people with dementia by 2025
- One third of people over 95 have dementia and the proportion of people with dementia doubles for every 5 year age group
- Two thirds of people with dementia are women
- There are over 11,500 people with dementia from black and minority ethnic groups in the UK
- There are currently 15,000 younger people with dementia in the UK, and is likely to be hugely underestimated by up to three times.



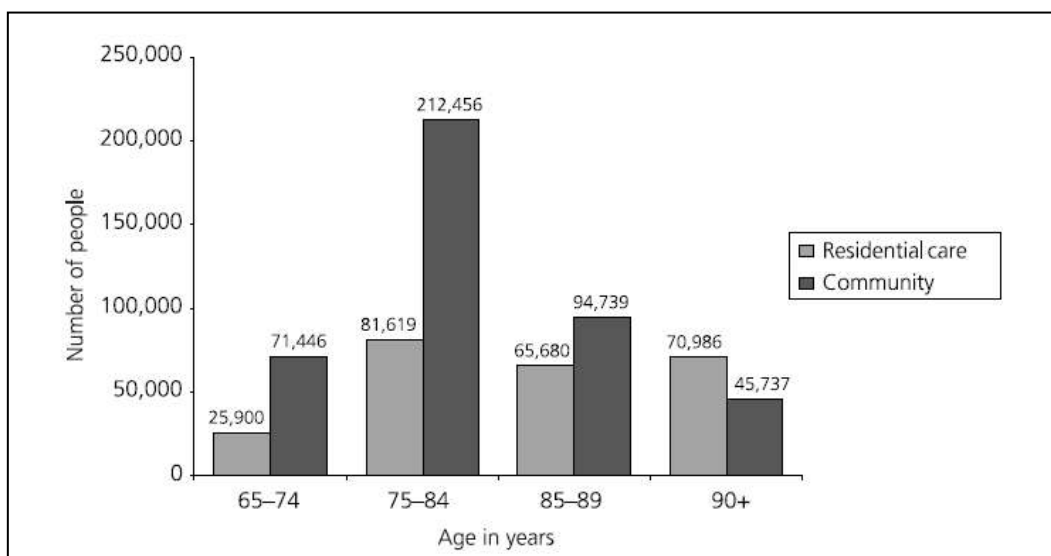
Age (years)	Total (%)
65-69	1.3
70-74	2.9
75-79	5.9
80-84	12.2
85-89	20.3
90-94	28.6
95+	32.5

### Health implications:

- The financial cost of dementia in the UK is over £17 billion a year and is expected to increase to £50 over the next 30 years
- 60,000 deaths a year are directly attributable to dementia, and delaying the onset of dementia by 5 years would reduce deaths directly attributable to dementia by 30,000 a year
- Fewer than half of older people with dementia ever receive a diagnosis.
- Dementia affects one person in 20 aged 65+ and 1 person in 5 aged 80+
- Dementia costs the health and social care economy more than cancer, heart disease and stroke combined.

### Independent living and dementia

- Two thirds of people with dementia live in the community while one third live in a care home
- 64% of people living in care homes have a form of dementia
- The proportion of those with dementia living in care homes rises steadily with age, from 26.6% of those aged 65-74 to 60.8% of those aged 90 and over
- Over 500,000 family carers save the UK over £6 billion a year by providing unpaid care to relatives with dementia
- A third of people who provide unpaid care for an older person with dementia have depression



## **THE ROLE OF HOUSING**

The housing sector has developed over the years to mean so much more than just bricks and mortar. Housing and housing-related organisations employ staff who design, develop or deliver homes and services to people who have or may develop dementia. The housing sector is intrinsically involved through retirement schemes, specialist housing (such as Extra Care), community alarm centres, home improvement agencies, providers of assistive technology initiatives for people with dementia, providers of floating support and of general needs housing, architecture, building and surveying departments, and front line housing professionals that also link the world of housing with health and social care.

In addition it is also very true that the housing sector can make a significant contribution around dementia in a number of ways, particularly in providing services which promote well-being and prolong independent living for people in the early stages of dementia when formal care provision may not be available or wanted.

Housing professionals can also make a valuable and significant contribution if they are given the necessary training, information and incentives to engage with all health agendas, including dementia.

However, despite this the role of housing within health is often misunderstood and still very much underestimated in its potential, sometimes hindered by the fact that selling the benefits of the role of housing and housing related preventions can be very difficult without the backing of a clear and robust evidence base. It is therefore vital that the housing sector ensures it not only engages with this agenda, but also gathers and uses evidence on its interventions to help bolster the message that housing is an important piece to the jigsaw.

## **THE STRATEGY IN BRIEF**

Living well with dementia: A National Dementia Strategy aims to ensure that significant improvements are made to dementia services across three key areas: improved awareness, earlier diagnosis and intervention, and a higher quality of care.

The Strategy is designed to be a catalyst for change in the way that people with dementia are viewed and cared for in England. Although part of the aim of the Strategy is to overcome health inequalities around dementia (the postcode lottery), it is noted that the pace of implementation will vary, depending on local circumstances and the level of development of each NHS and local authority area, and therefore implementation for all areas will not necessarily be possible within five years. Implementation support is to be provided at a national, regional and local level to assist and networks, events and materials will be provided by a national co-ordination team, and the housing sector should ensure that it draws on this resource as required.

## **STRATEGIC OUTCOMES**

The Strategy is particularly outcome focussed and these are divided into three broad themes:

- Raising awareness and understanding
- Early diagnosis and support; and
- Living well with dementia

## **STRATEGIC OBJECTIVES**

The strategy identifies **17 key objectives** which, when implemented, largely at a local level, should result in significant improvements in the quality of services provided to people with dementia and should promote greater understanding of the causes and consequences of dementia.

These objectives have been identified as priorities for delivery which, alongside the care pathway, sets out a vision of what a good dementia service should look like. The objectives are set out in life course order rather than priority order, and each sets out a case for change. The strategy is intended to help commissioners to look at their existing services and plan for the future in their own area, and also provides strategic vision for others in working with people with dementia. The Strategy also includes guidance on world class commissioning and links to the implementation plan which can be found on the Department of Health website at [www.dh.gov.uk/dementia](http://www.dh.gov.uk/dementia)

Of the 17 objectives set, some are clearly health sector orientated, whereas in others there is a significant contribution which the housing and housing related support sector can make.

This briefing focuses on those objectives with more of a direct link with the role of the housing sector and provides some points for consideration for housing providers:

### ***Objective 1: Improving public and professional awareness and understanding of dementia***

*Public and professional awareness and understanding of dementia to be improved and the stigma associated with it addressed. This should inform individuals of the benefits of timely diagnosis and care, promote the prevention of dementia, and reduce social exclusion and discrimination. It should encourage behaviour change in terms of appropriate help-seeking and help provision.*

### ***NHC view***

The housing sector could and should be at the heart of public awareness raising, having key linkages with residents and communities, and access to many public buildings such as community centres and educational establishments.

In addition, the Strategy highlights the need to train staff on dementia awareness and is quite prescriptive on how this should be done. Housing providers are often a first and regular point of contact to the public, and as such need to embrace this objective. Provision of staff training and awareness raising sessions would help ensure that the housing sector is ahead of the game in terms of good quality service provision to people with dementia and their carers. In order for this training to be effective and purposeful, it needs to be of both high quality and content, and housing providers need to evaluate how the knowledge and skills gained are transferred and implemented within their organisation.

There are many crossed strands between Housing, Health and Social Care, and recognising this in order to join up working practices more effectively, and in particular to engage in cross sector *training*, would dramatically improve understanding of each other's roles and aid better service provision around dementia in the future. For example, there is a clear role for housing in ensuring promotion of dementia awareness is disseminated to the wider community through its raft of public services, tenant participation and resident involvement functions which would help tackle the public perception of dementia and remove the stigma attached.

As life expectancy continues to rise nationally, housing providers will be dealing with the effects of an ageing society more and more, most notably as people remain in their own homes for longer. In light of the ageing population projections, even mainstream housing providers will be seeing the impact of dementia first hand, and no longer just those providers specialising in older persons housing.

#### **CONSIDERATIONS FOR HOUSING PROVIDERS:**

- Good quality staff training is key to delivering the Strategy as housing professionals are often a key point of contact to the public
- Housing providers should be at the core of public awareness raising, having frequent and regular access to residents and wider communities
- Discrimination and exclusion can be tackled head on with inclusive service design, public information campaigns and community engagement events to address issues around stigma
- Joining up training between housing, health and social care would aid understanding of each others' roles and the housing and care pathways for individuals and carers affected by dementia

#### **Objective 2: Good-quality early diagnosis and intervention for all**

*All people with dementia to have access to a pathway of care that delivers: a rapid and competent specialist assessment; an accurate diagnosis, sensitively communicated to the person with dementia and their carers; and treatment, care and support provided as needed following diagnosis. The system needs to have the capacity to see all new cases of dementia in the area.*

#### **NHC view**

Although it is the responsibility of the health sector to diagnose and assess people with dementia, housing professionals can still play a vital role in recognising the early signs of dementia and signposting tenants and residents to advice services where appropriate. For example, housing support workers and warden control centre response teams are very well placed to recognise early signs amongst their older service users and advise on early intervention measures, such as signposting to a memory clinic (to roll out nationally under the Strategy) – with far more effective results than late diagnosis of the condition.

#### **CONSIDERATIONS FOR HOUSING PROVIDERS:**

- Ensure all staff have a full understanding of dementia and its early signs, and are able to signpost or refer people to health services appropriately and with confidence

#### **Objective 3: Good-quality information for those with diagnosed dementia and their carers.**

*Providing people with dementia and their carers with good-quality information on the illness and on the services available, both at diagnosis and throughout the course of their care.*

#### **NHC view**

The Strategy points out that it is not simply information on available local health services that should be made widely available, but generic public information such as general awareness raising leaflets on dementia, and diet and lifestyle information which could be displayed in public venues such as housing offices, libraries etc. This is clearly an area where housing providers can assist with the dissemination. The Northern Housing Consortium also advocate that general public information on the benefits/range of assistive technology should also be promoted more widely as its use in the home can dramatically improve quality of life and prolong independence. This is outlined in more detail under objective 10 below.

#### **CONSIDERATIONS FOR HOUSING PROVIDERS:**

- Housing can play a crucial part here in information dissemination by ensuring that information is available on services such as telecare and telehealth, generic dementia awareness raising materials and promotion of wellbeing advice and sessions etc is available and prominently displayed

**Objective 5: Development of structured peer support and learning networks.** *The establishment and maintenance of such networks will provide direct local peer support for people with dementia and their carers. It will also enable people with dementia and their carers to take an active role in the development and prioritisation of local services.*

#### **NHC view**

Although the Strategy's primary focus of this objective is on peer support and networking from a 'managing dementia' perspective via peer advice and practical/emotional support, the principle can also be transposed to empowering people with dementia to be involved in developing other local services. For example the new independent regulator of affordable housing in England, the Tenant Services Authority (TSA) is dedicated to engaging with *all* members of society regardless of disability or accessibility issues to help shape the future services of social housing providers. Another consideration for housing providers in ensuring that people with dementia are empowered in making their own life choices is to ensure that Choice Based Lettings schemes are accessible, for example by providing advice, assistance and support from trained staff, allowing advocates to bid on applicants' behalf and facilitating automated bidding facilities for the most vulnerable of service users.

Ensuring this level of engagement with people with dementia can also reap benefits on an aggregate level by providing information to commissioners and providers on the local needs of people with dementia and their carers to further inform the development of services.

#### **CONSIDERATIONS FOR HOUSING PROVIDERS:**

- Ensure that public engagement on shaping services includes the widest range of residents possible, including people with dementia
- Consider the role of social enterprise and community initiatives for people with dementia in providing suitable activities to stimulate mental and emotional well-being. For example there are visual art enterprises within the UK, and international examples that have been proven to help alleviate the associated problems of isolation and depression.

#### **Objective 6: Improved community personal support services**

*Provision of an appropriate range of services to support people with dementia living at home and their carers. Access to flexible and reliable services, ranging from early intervention to specialist home care services, which are responsive to the personal needs and preferences of each individual and take account of their broader family circumstances. Accessible to people living alone or with carers, people who pay for their care privately, through personal budgets or through local authority-arranged services.*

### **NHC view**

A person with dementia has the same right to access high quality services as any other person in society. These may be commonly used services such as housing, transport or leisure facilities, or services more specific to the needs of a person with dementia, ranging from assistance with physical health, personal care and support to home and recreational activities and garden maintenance schemes.

Housing can again play a key role in ensuring that the services within its remit are accessible to all, including people with dementia, and that staff are trained to deliver these services in a manner which maintains the dignity and respect of the service user.

The key services that spring to mind here are the provision of assistive technology solutions such as telecare and telehealth which can support the independence and leisure opportunities of people with dementia, and 'Just Checking' - a system which offers monitoring of activity patterns in the home which can enable early diagnosis and appropriate care planning as a result. Both of these solutions can offer a dramatically improved quality of life, and link heavily with Objective 10 of the Strategy below.

Another factor to bear in mind under this objective is around the vulnerability of people with dementia, for example the risk of abuse such as financial exploitation due to the nature of the condition resulting in heavy reliance on others to manage finances and other essential life tasks. The housing sector again could be well placed to spot and tackle such situations due to regular interaction with tenants and local residents. Housing professionals and services should be aware of the local arrangements for reporting allegations of abuse, and poor standards of care.

#### **CONSIDERATIONS FOR HOUSING PROVIDERS:**

- Ensure services are accessible to everyone, including people with dementia, and are delivered well to ensure the dignity and respect of the service user
- Ensure that staff are aware of what to do in cases of suspected abuse of a person with dementia, or allegations of poor standards of care

### **Objective 7: Implementing the Carers' Strategy.**

*Family carers are the most important resource available for people with dementia. Active work is needed to ensure that the provisions of the Carers' Strategy are available for carers of people with dementia. Carers have a right to an assessment of their needs and can be supported through an agreed plan to support the important role they play in the care of the person with dementia. This will include good-quality, personalised breaks. Action should also be taken to strengthen support for children who are in caring roles, ensuring that their particular needs as children are protected.*

### **NHC view**

The invaluable role of carers is often much understated. One of the positive consequences of a suitable package of care provided by paid carers, and/or through care provided by family or friends can for example offer the opportunity to remain at home and maximise independence for as long as possible – in general a much more favourable alternative to residential care.

Housing Providers have a strong part to play in supporting carers in their role by ensuring that they enable home adaptations and promote and facilitate the use of assistive technology solutions within their own housing stock. This not only provides support and assistance to ease the lives of people with dementia, but also helps to alleviate the burden on carers in terms of reducing some of the physical care requirements and helping to reduce the concern and anxiety that carers can experience when they cannot provide direct care 24/7.

Housing Providers can also contribute in a wider sense by ensuring staff are well trained on dementia awareness to ensure the best levels of service to tenants at all times.

**CONSIDERATIONS FOR HOUSING PROVIDERS:**

- Remember that residential care is not the only solution
- Consider developing, or further developing provision of assistive technology to help enable people with dementia to remain independent within their own homes for longer, alongside a broader package of care.

***Objective 10: Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers.***

*The needs of people with dementia and their carers should be included in the development of housing options, assistive technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services.*

***NHC view***

This objective above all others is significantly housing focussed and clearly links with wider government policy, particularly around the enhanced housing options approach and ageing population agenda, as well as promoting the use of telehealthcare products and services in the home environment to prolong independent living.

***Telecare, Telehealth and Assistive Technology***

Telecare is integral to managing the risks associated with independent living using assistive technology solutions and plays an important role in supporting people with dementia and complementing the support of professional carers/care and support provided by friends and family. It can improve and enhance independence when included within a package of care as a realistic and viable alternative to residential care.

There are very clear links with the national ageing population agenda since figures show that nationally over the next 30 years the population aged 65 years and over is set to rise by a massive 76% (from 9.7 million to 17 million). Furthermore, by 2051 older people with dementia will increase by 150%, and wider disabilities will increase by 200%. These issues are compounded by poor life chances in the north, as the northern regions have the lowest life expectancy and highest levels of incapacity, disability, mental health, and proportion of residents rating themselves as being in poor health in England.

***The Ageing Population***

The NHC Age Friendly Communities in the North project, led by the Policy Team, has been focussing heavily on tackling the ageing population agenda and is conducting research and consultation on its potential future impact on the housing sector in order to provide guidance and support on the subject to NHC members. More details on this forward thinking project can be found at the end of this briefing.

***Enhanced Housing Options***

Enhanced Housing Options is a Communities and Local Government initiative, being piloted through their series of trailblazer authorities focussing on enhancing existing housing options services to include an extended range of advice and assistance on integral issues key to a person's well-being that are beyond 'just housing', such as training, employment and health advice. Integrating health advice into a traditionally 'housing' environment such as a local housing office or within a person's own home during a home visit by their social landlord has the potential to assist with early diagnosis and improve support to people with dementia. This of course could only be provided effectively through appropriate staff training and ongoing staff support as detailed above.

You can contact any of the Northern EHO Trailblazers for advice and support on enhancing your housing options service. Further details on Enhanced Housing Options can be found at <http://www.communities.gov.uk/publications/housing/expandingchoice>

### **Independence at Home**

Residential Care is never the only potential solution to be considered, as there are many alternative options available, such as living independently at home with appropriate intervention, assessment and care through multi-faceted and personalised support at home during any crisis.

We had hoped that the Strategy would emphasise in greater detail the contributory role that housing can play in adding to the value of helping people to maintain independence in their own home for longer, but Objective 10 is the only reference that explicitly spells out the housing sector's part.

Drawing back to assistive technology as a potential tool to aid independent living, a greater understanding and evidenced research into its benefits would help bolster the argument for a housing provider to 'spend to save' on this form of assistance as an investment in the future happiness and wellbeing of its residents, with the additional saving on the cost to other sectors through fewer GP visits, hospital admissions etc as a result of falls and other incidents in the home associated with dementia.

#### **CONSIDERATIONS FOR HOUSING PROVIDERS:**

- In areas not already developing or delivering Enhanced Housing Options services, consider training your Housing Options staff on dementia awareness to improve level of service to people with dementia and their carers
- Engage in offering telehealthcare solutions to your tenants if you are not already doing so
- Look to further develop your assistive technology services to meet the needs of people with dementia and their carers – and not as an 'add on' service, but a key part of everyday life, enabling many tenants to remain in their own home for longer
- Consider the infrastructure required for a successful telehealthcare scheme - the installations are only as good as the quality of response from the housing providers' end
- Consider the need to measure the impact of telehealthcare solutions to provide an evidence base of its benefits to enable further development of these kinds of services based on the cost saving impact for housing sector and on other arenas such as health and social care, and the improved quality of life for the user

### **Objective 13: An informed and effective workforce for people with dementia.**

*Health and social care staff involved in the care of people who may have dementia to have the necessary skills to provide the best quality of care in the roles and settings where they work. To be achieved by effective basic training and continuous professional and vocational development in dementia.*

#### **NHC view**

This Objective is very specific to health and social care professionals. We had hoped for a clearer focus on training for housing professionals, and although Objective 1 spells out the need for a improved public and professional awareness around dementia, it is at a broad awareness raising level. See Objective 1 above for the NHC view on how housing can and should benefit from the value of good quality comprehensive training on dementia to assist in providing a high level of service.

## CONSIDERATIONS FOR HOUSING PROVIDERS:

- Be pro-active in having your housing professionals trained in dementia awareness as outlined in the Strategy
- Go over and above awareness raising and deliver high quality training to staff on dealing with customers and tenants with dementia to further improve your services

### **Objective 16: A clear picture of research evidence and needs.**

*Evidence to be available on the existing research base on dementia in the UK and gaps that need to be filled.*

#### **NHC view**

Housing is a key contributory factor to the reduction of health inequalities, improved mental health and greater independence. The housing sector also has a solid understanding of its residents, communities and neighbourhoods and as such has a key role to play in the gathering of evidence around dementia through mechanisms such as Joint Strategic Needs Assessment.

It should be considered that in addition to evidencing more demonstrable cost saving efficiencies, it is also important to attempt to measure wider factors such as health, housing and wellbeing in the broader sense.

In practice, the housing sector needs to shout louder about its essential role and its ability to positively impact on the health and wellbeing of individuals and communities. To strengthen this point, the housing sector needs to build up a robust evidence base of its housing related interventions and the outcomes achieved to demonstrate its position in the health arena and help to highlight how this links to the strategic priorities of commissioners and facilitates joint strategic planning.

One way of achieving this is through the use of national indicators for local authorities and local authority partnerships, and in particular adoption of NI 124 on 'people with a long term condition supported to be independent and in control of their condition'. NI 124 focuses attention on patient experience against exact national policy aims for people with long-term conditions. Long-term conditions describe people who suffer from a health condition that remains with them for the rest of their life and includes dementia. In the North of the 198 National Indicators, only 24 of the 76 local authorities have included NI 124 in their chosen NI set of 35. This demonstrates that there is a relatively low existing priority towards addressing dementia in the north, something that NHC would like to see increase in the future.

Outcome	Indicator		% of LAs in Region		
	No	Indicator Name	NE	NW	Y&H
Adult health and wellbeing					
	NI 124	People with a long-term condition supported to be independent and in control of their condition	8	27	13

However, other NI's relating to mental health, and the prevalence of their adoption in the North are:

Outcome	Indicator No	Indicator Name	% of LAs in Region		
			NE	NW	Y&H
Tackling exclusion and promoting equality	NI 145	Adults with learning disabilities in settled accommodation	0	0	7
	NI 149	Adults in contact with secondary mental health services in settled accommodation	0	0	7
	NI 141	Number of vulnerable people achieving independent living	25	45	47
	NI 142	Number of vulnerable people who are supported to maintain independent living	25	27	27

This shows that regional concern for more generalised 'mental health' and 'vulnerability' is higher and may encompass a degree of dementia within these wider definitions, but is still not particularly prevalent as an identified priority.

There is a lack of understanding on the cost efficiency savings impact that housing can have on health services, for example the cost of supporting people at home versus the cost of residential care/extra care, and the savings on the raising costs of dementia to the NHS that assistive technology in the home environment can have. Gathering comparative data to demonstrate these savings is crucial, and furthermore, savings made could be re-invested into services.

Non-financial costs are even more difficult to quantify. The impact of housing interventions on quality of life, social inclusion impact, ability for couples to remain together and reducing pressures on carers are examples of the wider impact.

#### CONSIDERATIONS FOR HOUSING PROVIDERS:

- Monitor, measure and **evaluate the impact of housing interventions** to evidence and demonstrate dementia related interventions
- Go a stage further and produce a **strong business case** quantifying the wider cost saving impact of housing interventions to use to shape future service design and build a case for future spend in this important area
- Use this business case to aid **engagement with the health sector** and Primary Care Trusts (PCTs) and forge a partnership focus on key related service areas – potential to tap into alternative funding streams by demonstrating the case
- Consider ways to measure the broader **links between housing, health, independence and wellbeing**

**Objective 17: Effective national and regional support for implementation of the Strategy.**

*Appropriate national and regional support to be available to advise and assist local implementation of the Strategy. Good-quality information to be available on the development of dementia services, including information from evaluations and demonstrator sites.*

**NHC view**

Although the Strategy states that the Department of Health will provide support for ‘all those involved in implementing the strategy locally to ensure its delivery’, it is heavily focussed on more diagnostic support to local health and social care. However, as the housing sector has a key role to play, any support offered to help deliver the strategy should be sought out and taken advantage of.

In addition the strategy is to link in with Primary Care Trusts, Strategic Health Authority leads, Local Authorities in relation to the implementation of the Putting People First agenda on personalising care services and will work in collaboration with Joint Investment Plans (JIPs) and Regional Improvement and Efficiency Partnerships (RIEPs).

In terms of longer term planning which includes anticipated changes in demographic infrastructure, the Joint Strategic Needs Assessment (JSNA) will also be drawn upon in considering ‘the big picture’ in terms of the health and wellbeing needs and inequalities of the local population. This new duty upon local authorities and PCTs in England is heavily dependent upon data collection and analysis, covering a wide range of issues including forecasting the prevalence of dementia and other long-term conditions. The role of the housing sector in being involved in this process is crucial to ensure that relevant housing related data is included in the exercise, and demonstrate the value of housing’s input into the health arena.

**CONSIDERATIONS FOR HOUSING PROVIDERS:**

- Take up the regional support on offer and advice available to help implement the Strategy at a local level
- Consider workforce training on dealing with customers and residents with dementia
- Consider whether a customer profiling exercise would assist you in knowing the needs of your residents, and therefore help you to tailor services to meet those needs
- Keep abreast of the latest Housing, Health and Social Care policy by joining our Integrated Living Network which will keep you informed on related NHC conferences and events, briefing papers and policy updates.

**IN CONCLUSION**

So, does the Strategy adequately reflect and acknowledge the valuable contribution that the housing sector can make to improving services for people with dementia?

We welcome those housing links that the Strategy *has* picked up, namely around housing options, and assistive technology solutions, but had hoped for a much greater focus on the wider potential interventions that the housing sector can offer. However, with this in mind, we also acknowledge that a number of the strategy’s objectives, despite their intended health focus, can be transposed onto the housing sector to positively contribute to their intended outcomes. These include objectives such as good quality public information and awareness raising, and staff training to recognise the early signs of dementia and improve customer service delivery to people with dementia. However, NHC cannot help but feel somewhat disappointed that the role of housing did not receive a much higher profile within the Strategy, given its clear potential to make a

considerable impact, and the fact that housing is widely recognised a key social determinant of health and well being and therefore a crucial element to strategic planning.

The need for joined up working continues to be as essential as ever between housing and health, though there still seems to be an extent of lack of understanding that housing really *is* a key player that can and does bring real opportunities for development in this area. Housing at the heart of strategic commissioning arrangements in the same joined up way could help services become less reactive and more opportunistic.

If the housing sector commits to continuing its good work towards making a difference in health, ensures that it shouts about it more loudly, and continues to seek inroads to partnerships with the health sector (for example through the Joint Strategic Needs Assessment process, or by actively getting involved in networks such as the NHC's Action Learning Group on housing, health and social care), there is scope for some very positive and valuable outcomes for both the housing and health sectors, and more importantly for the users of our services.

### **RELATED NORTHERN HOUSING CONSORTIUM WORK**

Look out for ongoing and future NHC work around dementia and the wider health arena through its Integrated Living Network which includes:

#### **Age Friendly Communities in the North**

The impact of the ageing population and its integral links with dementia cannot be underestimated as older people are highly likely to have other health and social care needs, increasing dementia related care and service needs. Housing providers, in partnership with health and social care, need to gear up housing related services aimed at older people towards meeting the requirements of people with dementia, both now and in the future.

The Northern Housing Consortium is undertaking a multi disciplinary research project to build a holistic picture of what an '*Age Friendly Community in the North*' might look like in the year 2020. The project is based on the central theme of 'inclusive design' and is being informed by developments in national policy, research and innovation from around the world and through extensive consultation with older and younger people across the north of England.

The final report, which is due for publication in late 2009, will be illustrated with a series of case studies based around the residents of an imaginary community in the north. The case studies will highlight how the home, the neighbourhood and services could be delivered in a way which is age friendly i.e. inclusive, promoting quality of life and choice.

#### **Action Learning Group**

The group consists of senior staff from LA's and RSL's looking to learn from one another and improve their performance in the housing, health and care agenda. They have identified 4 areas of interest:

1. Building the evidence base & using data to prioritise interventions and highlight the role of housing in improving health & well-being;
2. Influencing the LSP/LAA/PCT to understand how housing can contribute to health and well-being priorities;
3. Establishing effective partnerships, jointly prioritising/commissioning, engaging with communities and ensuring staff have the skills to operate in this changing world; and
4. Measuring the impact of our interventions.

The group meets quarterly around the three northern regions. Please contact Rachel Collings if you are interested in finding out more or would like to join by email at [Rachel.collings@northern-consortium.org.uk](mailto:Rachel.collings@northern-consortium.org.uk) or telephone 0191 566 1039.

### **Measuring the Impact and Value of Assistive Technology**

Interventions such as telecare and telehealth can provide essential support to people with dementia and other health issues and NHC are presently in the early stages of developing a pilot project with a small number of members to measure the impact of such housing related interventions on health and wellbeing. This will be both in terms of benefit to the individual and their carers and family, and benefit in the cost savings on the health authority, for example through fewer visits to GP and hospital admissions due to reduced rate of injury as a direct result of intervention solutions. The project aims to develop a model to aid this form of evaluation for housing providers to use to help build an evidence base on the value of such interventions to aid future planning, and a case for mainstreaming service provision in the future.

### **Joint Strategic Needs Assessment**

The Northern Housing Consortium are following the JSNA agenda closely and encouraging our members to engage in the process. More information will be made available over coming months.

### **NORTHERN HOUSING CONSORTIUM PUBLICATIONS**

A number of related publications are available at

<http://www.northern-consortium.org.uk/Page/QualityOfLife/briefingreports.aspx>

Age Friendly Communities – International Learning Approaches	August 2008
Age Friendly Communities in the North – Our Early Findings	November 2008
Making Your Sheltered Housing Fit for Purpose – the challenge for sheltered housing providers	July 2008
Mental Health & Housing – Initial Findings from the North East	May 2008
Inclusive Design: how a simple potato peeler can revolutionise your housing service	April 2008
National Dementia Strategy Briefing	January 2008
Putting People First: A shared vision and commitment to the transformation of adult social care	December 2007

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