**Housing Directors Network**

**Attendees**

Scott Sanders – Corporate Director – Derwen & Chair

Tim MacDermott – Director of Operations – MTHA

Kevin Barry – Group Director of Service Delivery – Cynon Taf Community Housing Association

Michele Morgan – Asst. Director of Housing and Communities – Monmouthshire HA

Janet Bochel – Director of Customer Services and Development (Deputy Chief Executive) – Taff HA

Justin Wigmore – Assistant Director of Housing - Melin

Victoria Slade – Director of Housing - MVH

Andrew Myatt – Director of Communities and Housing – Tai Calon

Brett Sadler – Assistant Director Neighbourhoods - NWHA

Cath Stenson – Acting Director of Community Housing and Support – BronAfon

Donna Lloyd Williams – Director of Corporate Services – First Choice HA

Lynda Sagona – Director of Housing and Communities – United Welsh

Hugh Irwin – Head of Service, Thrive – United Welsh

Aiden Ackerman – Director of Customer Services - MWHA

Jeremy Porteus – Housing LIN

**Actions**

* Hugh to feed VFM points into CHC/ Chairs’ discussions about VFM
* Project to examine Physical Adaptations Grants? Discuss on Yammer
* Discuss on Yammer how to take forward an initiative to better understand the aspirations of tenants as they age
* CHC to explore ways to share learning from English Health/Housing approach to developing ‘A MOU to support joint action on improving health through the home’.
* Some expansion on the points around NORCs (below) on Yammer may be of value to others

**Updates**

**National Council**

- CHC Group restructure:

Community Housing Cymru’s Executive Committee approved a staffing restructure and ratified closure of the Group’s North Wales Office at their meeting on Monday 1st June 2015.The restructure proposals are a response to a number of business drivers including reduced funding for Care & Repair Cymru and the recent decision to seek a new sustainable home for CREW from 2016/17. In addition, the changes proposed are designed to enable CHC to continue to represent housing organisations effectively in a changing environment where the Welsh Government are receiving additional powers. The restructure proposals have also taken into account discussions with a wide range of member organisations and our National Council on CHCs new Corporate Plan which will come into effect in 2016/17.

As a result, 11 posts within CHC and across the wider group are at risk of redundancy, and we have commenced a consultation process with staff affected.

- Collaborative voice pre elections:

Stuart presented to the Council on working with a range of different housing related agencies to ensure that housing is at the top of AMs’ agendas in the lead up to the election.

**Chairs meeting**

Scott fed back to the group that the chairs of CHC’s forums and networks had met to discuss a new approach to this aspect of CHC’s offer to members. The proposed amendment would mean that all areas worktocover 4 cross-cutting topics throughout the year, which would mean a more collaborative approach could be taken in response to the key issues which face the sector. Further information on this will be shared as appropriate.

**Value ForMoney**

Hugh fed back key points from Housing Services Forum (minutes on Yammer) as well as noting the work that has been taken forward

Key points to take forward from this discussion:

-         Can we work with an amended version of the HACT model? Talk to HACT about the issues to see if they can provide a more credible solution for the sector.

-       We need to build better relationships with big investors in the housing sector. These major contributors understand what’s going on with the sectorin England but not Wales.

- Value Wales toolkit is critical according to Welsh Government, but the sector needs to educate the regulator – this is not going to meet the needs of VFM, alone.

ACTION – Hugh to feed these points into CHC/ Chairs’ discussions about VFM

**Jeremy Porteus’ Presentation: Changing Demographics among Social Housing Tenants**

*Please see presentation for key points; notes below with links added where appropriate:*

* We’re active consumers in general, but do not consider later life purchases of care, etc.
* Filkin report – we’re woefully underprepared to house the aging population – emphatic need on collaborative work to address the specialist housing needs for older people.<http://www.parliament.uk/business/committees/committees-a-z/lords-select/public-services-committee/report-ready-for-ageing/>
* Housing and Aging Alliance (*N.B. some brilliant resources available here*): <http://www.housinglin.org.uk/AboutHousingLIN/HAA/>
* Very low level of shared ownership and home ownership among Extra Care stock for older people – Housing LIN will be doing research on what the state of PRS Extra Care
* Big challenges re: conditions management (health and social care)
* Residential care (specialist) – 23,000 – quality and accessibility is questionable.
* Minor trend for older people downsizing and buying into specialist extra care PRS stock.
* Quality of extra care and sheltered
* In England – definition of extra care is changing dramatically – about 17 or 18 models (check out LIN website) considered EC. Partly due to lack of SP funding.
* ADASS report – only about 6% of social services spend in England is on preventative support (inc. housing).<http://www.adass.org.uk/full-report-adass-budget-survey-2015/>
* Nationally – growing move to designing out issues through better stock. All Party Parliamentary Group for housing for aging population – HAPPI reports<https://www.gov.uk/government/publications/housing-our-ageing-population-panel-for-innovation>

<http://cfg.homesandcommunities.co.uk/ourwork/happi>

* Housing Design Awards demonstrate that industry is starting to focus on design of older people’s housing (35% of entries were for the HAPPI award)
* Wellbeing of Future Generations agenda is advanced in Wales
* NHF Report into the NHS’s estate found that £6bn of residential accommodation could become Sup Housing – only £56m sold last year – lack of understanding of the housing market within the NHS’s estates dept. <https://smithinstitutethinktank.files.wordpress.com/2014/09/nhs-surplus-land-for-supported-housing.pdf>
* Developing a memorandum of understanding with health & housing and social care – being led by public health England – 6 point plan.**Action –CHC to explore ways to share this learning** ‘A MOU to support joint action on improving health through the home’. See later slide.
* Manchester Experience – 10 LAs in G Manchester pooling budgets re: health and social care – HAs up there are working closely. Social prescription is becoming a theme.
* England have had a capital fund – Wales hasn’t.
* Newport – work on care pathways for those with chronic conditions
* HCA and GLA DH Care and Support Specialised Housing Fund – funding no issue but planning has been.
* Public Health relationship to housing in Eng (based round MOU) = excellent. Good e.g. of work together – Tenant spending £40 on cigs a week – PHE work on smoking cessation and money can go to rent arrears.
* Housing: Task orientated – outcomes focussed – list of ways to work with SS.
  + We need to use the language of health and social services to talk to them about specialist housing and the impact it can have.
* Economic case for independence at home:
  + E.g. given was Brunel Homes in Bristol – at any one time 24 residents in NHS beds permanently – costing £4m p/year - working with NHS to establish how they can overcome this.
* Dementia friendly neighbourhoods – Dementia champions – e.g. Guinness Partnership = dementia friendly org. Right through their stock – all staff involved. Report:

<http://www.housinglin.org.uk/Topics/browse/HousingandDementia/Provision/SpecialistHousing/?&msg=0&parent=5050&child=9599>

* Be aware of peer-to-peer support in hospital discharge.
* Partnerships that work well:
  + 1. Remodelling of social care
  + 2. One Housing Group – working to provide support to people with acute mental health problems
  + Haringey – health and wellbeing board undertaking health equity audit – looking at frequent issues.
  + Staffs CC and Accord – creating dementia centres of excellence – focus on dementia cafes then developing from there.
  + Housing staff based in hospitals to help with discharge.
  + Manchester – social prescription – local ccg funding housing advice centres
  + Peterborough
  + SuttonColdfield – working on re-ablement to provide a ‘hospital at home’ facility.
* Challenges in Wales:
  + Reviews of sheltered housing – fit for purpose?
  + How do we map sheltered housing and supply?
  + SHOP@ Tool.<http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareStrategy/SHOP/SHOPAT/>?
  + LIN are working to provide a tool which will show in every LA in Wales what the supply of various older people’s housing will be, Used in England to talk to partners about need – shows oversupply of residential care, undersupply of extra care.
  + Underoccupation is an issue – need to understand levers necessary to get people to move. Tenant incentive scheme?
  + Case to be made for more funding from WG for improved housing quality standards
* Consultation
  + Older people want to be consulted on how their housing is provided
* Co-production with tenants – what does this look like? It works acc to the evidence (see Trailway Court graph)
  + ASCOT – Adult Social Care Outcomes Tool
  + <http://www.pssru.ac.uk/ascot/>
  + Good e.g. of link between housing and health – good quality food and drink is key to mental/physical health.
* Building Healthy Relationships
  + Do we have enough opportunities to demonstrate to partners or potential partners our work to improve health and wellbeing.
* Is the aging population a corporate priority?
* We need to be much more positive about our aging society

JB –          England – NHS land - market value?

JP -          HCA negotiating land value – concern that land is being undersold

-          5 point rule governs sale of land – one org tried to create a 6 point – social benefit. Essentially negotiating that land should be sold off more cheaply because of the social benefit.

LS – Release of public land – is there anything being done in England re: initial peppercorn rents for social care sites?

JP - Keepmoat and Wilmott Dixon are doing this.

SS – SHOP@ tool – we have dialogue with LA re: supply and demand – defaults to the housing register initially. Tool would provide a much more effective private/social demand in the LA. Tell us more…

JP: developed by Essex and Suffolk initially – their planning auths were being inundated by spec demand for land for social care. Their planning teams found thatthere was no plan for extra care etc. development – Elderly accommodation council (?) – demand/ supply/ social services/ planning/ housing data all overlaid. Outright sale or shared ownership were the main demands – helped inform broad strategic housing plan. Kent LA are working to expand the tool to cover housing for those with disability, learning difficulties.

-          Aneurin Bevan HB and housing LIN are doing a workshop on it in Newport today

-          Major uptake in England. Used as an independent tool to provide outside voice distinct from planners and developers, etc.

-          Free tool if anyone wants to play with it.

<http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareStrategy/SHOP/SHOPAT>

HI – undersupply of extra care – Only meets a very limited supply of the pop (i.e. those on HB who can afford the scheme). Those whoare on low income but don’t qualify for HB can’t access it. Ideal design requirements, as they were, are diminishing in priority because these homes need to be developed for that excluded middle group.

JB – lack of research on the best ways to keep people in their own homes and what this means (adaptations taken out after they leave? For example).

JP: Supporting people in their homes but understanding triggers for move on are key.

SS: Are you seeing a reduction in the internal open space provided in schemes in England?

JP: Yeah – moving away from hay day of 40% of estates being open communal space. Partly due to lack of revenue but also because HAPPI housing is often being made larger with more space inside the home.

JP: Lot of high end extra care homes being built in England by private developers, but often with a S106 agreement and joint working (see Barclay Housing and One HA).

**Breakout Sessions – Key Themes**

**Aspirations/ Design:** Understanding the aspirations of older people is key and not something we are totally on top of. Cardiff, for example, has seen conflicting results of research. The knock-on effect of this is that developing the right products, which meet people’s aspirations and will not be hard to let, is difficult. This was raised by both groups – design quality is important but often, high quality designs are not being let, as intended. Better understanding of what this group wants in future is thus crucial. Also has a significant bearing on future proofing designs. Independent older persons’ dwellings should be designed to improve quality of life. People want more from the design of these types of home – balconies, roof-top gardens, for example. New developments are moving towards smaller communal spaces.

On the subject of design, what products do we offer to sit between general needs and extra care? Commercial builders have homes which sit in between, do we?

**Future Proofing:** Better understanding aspirations of older people will allow for better future proofing of products. Are we taking into account the accessibility of our sites when designing homes for the future (steps, slopes, etc.)? Do we need to undertake mini housing market assessments to understand how best to future proof new developments, including understanding the ‘image’ that prospective tenants want (even down to the name)?

Flexibility in both service delivery and design is needed – “Design For Life”

Action – Discuss on Yammer how to take forward an initiative to better understand the aspirations of tenants as they age

**Social wellbeing**: Not enough research has been undertaken on what interventions are positively impacting on social wellbeing and older people – there is a correlation between social inclusion and poor health and a better understanding of this within our tenants could lead to an improvement in their wellbeing. Similarly, social isolation has a major impact on wellbeing – does this get forgotten? Investment in befriending projects really works in this regard – example given was a Big Lottery funded project which aimed to support people to achieve an independent lifestyle but, crucially, one with connections. Also, we need to look at engaging older tenants in a broad, appealing range of social activities– not just bingo!Provision of real chances to grow friendship is important.

We can take a lot from European (Danish and Dutch) models for improving social wellbeing in communities; the example given was communal meals, the opportunity to attend which is written into tenancy agreements.

**Working collaboratively:**We can’t solely work in the RSL sector and with the Common Housing Register to meet thechallenges of an aging population. We need to improve working relationships with health, for example.Seren demonstrated the market for this change in approach. Is relying on traditional relationships with LAs,Health etc. working? Do we need to go elsewhere? Is it time to review our relationships with LAs?

We need to improve our awareness of the professionals involved with our older tenants and who we should be referring to;the type of professional working with an elderly resident depends on the info we’re provided with. We need to know if, say, extra care is appropriate.

Examples of effective collaboration, which can save significant amounts of money: In One Place (<http://www.wales.nhs.uk/sitesplus/866/opendoc/210372>) and Closer to Home (<http://www.mirus-wales.org.uk/uploads/Closer-to-Home-poster-Feb-2015.pdf>) – it was noted that there is still a way to go for schemes like these, but the potential is clear.

**Assisted Technology:** This can change how we provide services and cut costs, thus fitting into the VFM agenda – It’s maybe not mainstream due to resistance from health (threat to roles and responsibilities?)? The example given was of a pregnant women using telehealth to check blood pressure rather than going to her doctor, which saves her and the doctor time and money. Another example, is the use of iPads for telecare for daily contact, at reduced price to the provider.

**NORCs**: A naturally occurring retirement community—or a NORC (rhymes with “fork”)—is a community that was not originally designed for seniors, but that has a large proportion of residents who are older adults (at least 60 years old). These communities are not created to meet the needs of seniors living independently in their homes, but rather evolve naturally, as adult residents age in place.

<https://en.wikipedia.org/wiki/Naturally_occurring_retirement_community>

<https://www.norcs.org/> - US Site, might provide some additional insight.

These were highlighted alongside the following: ‘Rebrand, Rename, Market’. Not clear what was discussed here, perhaps someone could share on Yammer?

**Is there Scope to establish a Project to examine Physical Adaptations Grants?**

Focussing on theproblems that arise if a tenant moves out and it’s a family property.

Action – Discuss best way to take this forward on Yammer

**Dementia Schemes**: Should we be considering dementia specific schemes or should we be looking at schemes that can cater for those with dementia amidst a broader population?

**Staffing for Older People’s Schemes:** Floating support (S.P.) used instead of ‘sheltered staff’- this is a different skill set than the traditional housing officer’s role. Are we considering the changing demands on our staff?

**Other Points Raised:**

Residential care in our areas - ? Misplacements

Resales of Equity Purchase - Dangers inherent in doing this

We need better intelligence on the downsize market

The Carmarthenshire Homes Standard study was highlighted (details at: <http://www.whq.org.uk/main/articleDetail.php?ART_id=1052> )

**Housing LIN – overview of forthcoming work**

* 4 main issues – care/funding, dementia, what is extra care?, issues around design quality.
* Dedicated page looking specifically at policy, strategy, funding,
* Developing SHOP@ to improve predictive modelling
* Doing State of the Nation on Extra Care
  + going forward – funding. Aspirations
* Case studies – Family HA, Passion Living (Cartrefi), working with W&W, UW – Housing LIN happy to promote good practice
* Conference planned for later in the year
* Research with Cardiff Uni – housing for older people
* SSIA – research on social isolation – Jeremy happy to update the group whenever we need it.

**Section 95: Co-operation**

The group discussed the proposal recentlyput forward by WLGA for a template agreement, to be signed off by LAs and HAs, which would set out the details of how the two groups will meet the need to co-operate on the exercise of a LA’s homelessness duties.

The consensus was that the proposed document was unacceptable.

The following comments were made:

“The document represents an abdication of Local Authority responsibility. There’s a mixed attitude to it from the 3 LAs I’ve spoken to about it – 2 said that there’s no need for it, given the relationship that’s already in place; 1 welcomed it as an outline of the duty to cooperate.”

“The practicalities of reaching this agreement with the 19 LAs we work in are huge.”

“This is a sign that LAs lack the resources to deliver their homelessness strategies”

“It’s probably illegal to restrict grant funding in the fashion described here”

“This undermines what are often very good relationships with LAs – co-operation should be a 2 way thing”

“Going through LAs in addition to courts etc. is unnecessary and could cause up to 3 months of delay to our processes.”

“It’s practically and philosophically wrong – we’re an independent sector, we are under no obligation to report to LAs in the manner described in the document”

“This is an entirely one way process. We can’t sign an agreement to co-operate unless there are clauses that bind the LA to work with us too.”

“The legal position of the document is unclear. If it has any legal weight then it needs to be taken seriously, if not, then we don’t need to have anything to do with it.”

“This will not enhance our relationships with local authorities”

“The good relationships we have with our LAs are not represented by this document”

“Who is being threatened with the removal of housing grant? This is an ethical issue, which has the potential to have negative repercussions for people in housing need.”

“Has the regulator had sight of this?They don’t have a clear understanding of the responsibilities of LAs and HAsafter stock transfer anyway and this document will only muddy the waters further”.

**Actions from last time**

The group ran out of time to discuss the actions from the last meeting, so a quick overview of how these have been advanced is provided below:

* **HR to liaise with BronAfon and set a date for an ‘open day’ when other HAs can visit and learn from their support-based approach to achieving VFM**

This took place on 18/05 and went really well:

“The day was excellent. BronAfon had clearly put a lot of time and effort into making the day a very good learning experience for everyone.”– Andrew Vye

I’ll put the presentation on Yammer so that it can be accessed by those who couldn’t attend.

* **HR to send out BronAfon HACT report**

Chasing for this.Will put it on the Directors Yammer Group when I get hold of it.

* **HR to ensure that everyone is invited into Directors Yammer group**

Done, to the best of my knowledge. Let me know if you’re aware of any absentees.

* **HR to ensure that details of future meetings are readily available on CHC’s website**

Done.

* **HR to ensure that discussions on future of CHC’s role, the manner in which forums, networks run, etc. are raised within CHC – N.B. forthcoming meeting on the latter point is scheduled for May and chairs have been invited.**

As mentioned in Scott’s opening update. CHC’s chairs met to discuss how these would work in future – covering 4 main topics across all groups and working more collaboratively in future. Further information will be shared as it becomes available.

* **HR to cancel the forthcoming HSF & inform attendees**

Done. HSF was rescheduled and took place on 29/05. Minutes are available on Yammer.

* **HR to discuss webinar provision within CHC**

I’ve raised this and we will be seeking to trial it at the next opportunity.

* **HR to send out Yarlington VFM Self-Assessment Report (see link in relevant notes)**

Done. See minutes from last time.