HOUSING LIN POLICY BRIEFING

Department of Health's White Paper

Our health, our care, our say; a new direction for community services

The White Paper is divided across the following chapters:

1. Community based care
2. Enabling health independence and well-being
3. Better access to general practice
4. Better access to community services
5. Support for people with long term conditions
6. Care closer to home
7. Putting people in control
8. Making sure change happens
9. A timetable for action

There are also a series of appendices including consultation on the Green paper and the Vision for Adult Social Care.

The White Paper sets out a new direction – a radical and sustained shift in the way services are delivered.

Context fore the White Paper
- Advances in trade and technology and the prospect of living longer
- Growth in numbers of older people
- Medical science, assistive technology and pharmaceutical advances will change health and social care and support more people at home

Goals
- Health and social care services to provide better prevention and early intervention
- Give people more choice and influence
- Tackle inequality and improve access to community services
- More support for people with long term conditions

This briefing paper sets out the main messages in the White Paper together with specific references to the ways in which housing and housing related care and support services are expected to contribute to the delivery of this agenda.

Chapter One – Community based care

The aim is to shift away from the current system based around acute care towards prevention and community based care, alongside a shift in resources from the former to the latter.

This process will involve the 'whole system' – social care, primary care and community services such as transport and housing that contribute to community well-being. Primary Care Trusts (PCT's) and local authorities will drive this re-alignment and encourage the independent and voluntary sector to get more involved with delivery.

> *Housing References*
> *There is recognition of the contribution housing makes to community well-being (paragraph 1.29)*

Chapter Two – Enabling health independence and well-being

Preventing ill-health and supporting people to play a role in local communities are key elements of government policy, together with regeneration and building sustainable communities. The paper makes an explicit link to *A Sure Start to Later Life; Ending Inequalities for Older People* (social Exclusion Unit Report published on 26th January 2006). Sure Start will include a network of "one stop shops" containing health, social care, housing leisure, education and voluntary and social opportunities.

There is encouragement for greater joint working between health and local government.

The proposed outcomes in the Vision for Adult Social Care, set out below will be developed into measures for Local Area Agreements (LAA's).

- Improving health and emotional well-being
- Improved quality of life
- Making a positive contribution
- Choice and control
- Freedom from discrimination
- Economic well-being
- Personal dignity

Sustainable communities Strategies set the priorities for LAA's and Local Strategic Partnerships (LSP's) commission services to deliver them.

Planning and budgeting cycles for the NHS and local government will be aligned starting in 2007/08.

A key feature is shifting towards prevention and recognition that as well as good health and a healthy life-style housing, transport and leisure can achieve significant improvements. The Pilots for Older People's projects (POPP's) will be used to demonstrate how innovative partnerships can deliver improved outcomes for older people.

Health living services will be provided in GP surgeries, pharmacies, community centres and sheltered housing schemes.

.Chapter Three – Better access to general practice

This chapter on primary care services includes:
- Helping people register with the GP practice of their choice
- Rewarding responsive providers
- Increasing provision in deprived areas
- Helping practices to expand
- Reviewing the funding of NHS Walk-In Centres
- Giving people more information on local services
- Improving the availability and quality of provision in deprived areas

Chapter Four – Better access to community services

This chapter looks at the whole range of services in the community. People will be given more choice and control over their care services through extending the availability of direct payments. An example is given of Kent County Council where people have an electronic client card to spend their direct payment, similar to a debit card.

There will be individual budgets which will bring together separate funds from different agencies – social services, community equipment, independent living fund, Access to Work, disabled facilities grants and the Supporting People programme. Individuals will have a single sum allocated to them and held on their behalf, like a bank account.

There will be a national approach to risk management in social care to address the issues raised by direct payments and individual budgets.

The national clinical Director for Older People will shortly be publishing 'Next Steps' which will include plans to ensure dignity in all care settings, improved services for people with strokes, falls and complex needs and information technology for personalised care and promoting healthy older age.

> *Housing references*
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> *There are important policy drivers for housing in this chapter. They include giving people more choice through the development of Direct Payments (paragraph 4.21) and Individual Budgets (paragraph 4.29).*
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> *There is recognition of the needs of vulnerable groups such as the homeless who find it difficult to access health and social care services. DH and ODPM are encouraging housing and health services to work together to improve well-being and prevent homelessness (paragraphs 4.66 and 4.70); the needs of people with learning disabilities in particular being supported to live in ordinary housing (paragraph 4.90); the complex needs of offenders who may also have drug alcohol and mental health problems (paragraph 4.92). In addition, there is reference to meeting the needs of people with dementia and the recent service development guide, Everybody's Business – Integrated mental health services for older adults (paragraph 4.100).*

Chapter Five – Support for people with longer term needs

This chapter looks at care and support for people with ongoing needs. There are estimated to be 15 million people in England with long-term health needs and this will grow by over a million each decade as a result of the ageing population. In future health and social care will focus on supporting these people to understand and take control of their conditions.

The way forward is to move hospital care into the community. Examples given in support of this include the following references to;
- the TELeHEART programme in America for veterans with high risk of cardiovascular disease
- house alarms linked to a call centre staffed by a nurse
- telecare as part of intermediate care
- telemedicine including spirometric and cardiac readings from the home to detect acute episodes early and minimise or eliminate the need for hospital admission
- in-home touch screen and video link for patients to self monitor and provide information to health professionals
- bed sensors that detect if people have returned to bed safely during the night

The Department will work with a number of NHS, social care, private and voluntary sector partners to establish a number of demonstration projects. Each will have a population of around 1 million and start by the end of 2006 and share early findings by the end of 2008.

> *Housing references*
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> *The chapter reiterates the focus on prevention and the early use of low-level support services, for example, those provided through Supporting People programme (paragraph 5.11). It also recognises the contribution that housing provision and services makes to promoting well-being and independence for people with long term needs (paragraph 5.12).*

There is significant emphasis on the growing application of assistive technologies to support people at home, and the DH's allocation of the £80m Prevention Technology Grant to social services over the next two year (paragraph 5.38). This will enable social services authorities to work closely with community health, housing and housing related support providers eg, community alarm and floating support services, to commission services to older and vulnerable people (paragraph 5.40). A similar briefing on the White Paper and Telecare can be downloaded from www.changeagentteam.org.uk/telecare or www.icesdoh.org/telecare.

Chapter 6 – Care closer to home

This chapter looks at the types of care that should move from hospital into community settings. DH is working with the specialist associations and Royal Colleges to define clinically safe pathways for the provision of care closer to home.

One of the ways of shifting social care resources is to increase the number of people (particularly older people) that can be cared for at home or in community based settings such as Extra Care housing, through increased use of intermediate care, community equipment, intensive home care and support for carers. For the NHS PCT local delivery plans will not be signed off unless there is a clear strategy for the development of primary and community care and accompanying shifts in resources.

There is a need for a new generation of community facilities, places where a wide range of services can work together such as community hospitals.

New housing developments impact on primary care and community services. The NHS is being encouraged to work closely with planning authorities and DH is proposing a guide to assist with this.

There is also support for co-location of health, social care and voluntary and community services. DH will be working with ODPM to see how capital funding streams can be aligned to develop joint capital projects.

Housing references
While this chapter acknowledges that residential care offers some people high levels of personal care, it also encourages supporting people to stay on in their own homes. There is again specific reference to the growing role of extra care housing and other support services (paragraph 6.26). This will have implication for commissioners and providers of housing, care and support for older and vulnerable adults and forecasting future demand. The Housing LIN website has a range of reports and factsheets on commissioning and managing housing with care services.

There is also reference to work with the ODPM on improving the way home adaptations, the use of Disabled Facilities Grants and closer integration with Community Equipment Services to help accessibility and adaptability of the built environment (paragraph 6.27). This will have implications on how health and social care economies work closely with home improvement agencies and handyperson services, Community Equipment Stores to support local hospital discharge arrangements, step-up/step-services and more intensive home support (paragraph 6.37).

There are also major issues for planners and investors in the development and construction

of new hospitals, primary and community health facilities and related social infrastructure (paragraph 6.46). This is likely to impact on Local Development Frameworks, Supplementary Planning Guidance and future Regional Spatial Strategies. The Housing LIN is working with the Royal Town Planning Institute to develop further practice notes to aid planning for an ageing population.

Chapter 7 – Ensuring our reforms put people in control

There is a need for greater involvement from people who use services, including;
- Commissioning and it is suggested this could be encouraged through LAA's as well as DH sponsoring work to develop good practice models of commissioning for people with long term conditions and/or disability. More joint commissioning between local authorities and PCT's will be encouraged through practice Based Commissioning and Health Act flexibilities.
- Planning delivery and design and organisations will be expected to provide information on how they engage with the public
- Using ward councillors as advocates for their communities
- A single complaints system across health and social care
- Where a number of users petition for improvement providers will have to respond within a specified time setting out how they will make improvements or why this cannot be done

Local authorities will be encouraged to work with Regional Centres of Excellence to support their procurement and commissioning activity.

Housing references
This chapter makes reference to better needs assessment arrangements to help inform decision-making, commissioning and investment decision. It highlights the links with Supporting People (paragraph 7.48).

It also refers to Neighbourhood Renewal and wider health impact assessments to tackle health inequalities in deprived areas (paragraphs 7.49 and 7.50).

The Housing LIN has produced a toolkit, *Assessing the Health Risks and Health Inequalities in Housing*, available on Housing LIN website.

Chapter eight – Making sure change happens

To make sure change happens there is recognition of the need for easy access to information. During 2006 DH will review the provision of information and pilot an integrated (health and social care) approach to information.

This chapter repeats messages in previous chapters about the integration of health and social care with the requirement that the NHS and local authorities should integrate workforce planning alongside budgetary planning. Individual budgets will have an impact on workforce roles and there will be a competency for workers trained to help individuals 'navigate' their way through the health and social care system.

Chapter Nine – A timetable for action

This chapter sets out key implementation tasks and their timings.

Conclusions

The White Paper recognises the important role of housing in a number of different ways, including;

- As part of wider public services that contribute to health, well-being and social inclusion
- As a provider of services to vulnerable people such as the homeless, those at risk of domestic violence, people with learning disabilities and older people
- As part of local service infrastructure and part of local 'One Stop Shops' as advocated in the Social Exclusion Report *A sure Start to Later Life*
- Directors of Adult Social Services having responsibility for co-ordinating agencies such as health, housing and transport to promote social inclusion
- Recognition that ill-health is often a symptom of poor or inappropriate housing, often making it more difficult for people to access health care
- Sheltered housing and community buildings as infrastructure for the delivery of health living services
- Housing estates and communities as a locus for the promotion of fitness and improved lifestyles
- Multi-disciplinary networks and teams, co-located with a common assessment involving all key players – social services, housing, NHS and the voluntary sector
- Supporting people to remain in their own home or in new models of provision such as extra care, as an alternative to institutional care
- Impact of new housing development on health and social care infrastructure and the need for joint planning

Case Studies that include housing:
- Connected Care in Hartlepool
- Welcome Centre in Manchester
- Integrated teams in Sedgefield
- Westbury Fields for ever – extra care village in Bristol

A full version of the White paper including an Executive Summary is available at: www.dh.gov.uk under publications.

If you would like to receive further briefings from the Housing LIN and/or information on our regular national and regional events and associated learning tools and resources, please email us housinglin@cat.csip.org.uk or write to Housing LIN c/o EAC, 3rd Floor, 89 Albert Embankment, London SE1 7TP

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Other Briefings in this series:

- The White Paper
- Individual Budgets
- Long-term Health Conditions
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