



BRIEFING PAPER FOUR

Opportunities to Improve Health and Well-being: Integrating Secondary and Acute Health Care and Housing in the New NHS

This paper is one of four briefings on personalisation, public health reform, and the emerging primary and secondary health care landscapes by the Housing LIN. These accompany the recent Chartered Institute of Housing paper, 'Localism: delivering integration across housing health and care', supported by the Housing LIN.

The other briefings in this series are:

Briefing No.1 - Housing support and personalisation: practical advice for the current moment

Briefing No.2 - Public health and housing: we can get it right

Briefing No.3 - The new NHS commissioning landscape and its impact on housing and care for older people

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1. Introduction

In 2011, the challenge facing the NHS and its local authority partners in funding terms alone is considerable. The promised increase in funding for the NHS of 0.4% per annum in real terms is well below the 2.3% needed to cope with the inflation in health care associated with new technology and new drugs. At the same time, there is a similar reduction in the settlement for local authorities. So health and social care is facing a period in which it needs to deliver any improvements in service and manage increased demand with reduced resources¹.

The economic climate, reductions in funding and changes to the welfare system mean that there is a need to do more with less and to ensure that what is funded has maximum impact and is recognized by end users as being so. In delivering the required cost reductions Clinical Commissioning Groups (CCGs) will be looking to their local providers to work together to ensure that better patient outcomes are delivered at lower cost. Where appropriate there will be greater choice for patients and greater integration between health, social care and community services.

Housing organisations have a lot to offer key role to play in engaging with their local health care commissioners in helping them with these challenges. However, it may be that it is in the integration of services between providers that they most have the most to offer. Post the Health and Social Care Bill there will be an increased focus on integration of care pathways – especially for those with long-term conditions. Whether it is in the delivery of services that meet improved health and well-being outcomes to those who experience some of the worst health inequalities or the delivery of early intervention services for those experiencing their first psychotic episode or in providing non-institutional forms of provision for people with dementia housing organisations have a good track record in reducing the demand for acute health care services. In addition, they have developed flexible, responsive community based services for the vast majority of older people who live in their own homes and who actively choose to remain doing so.

In this paper we will look at the current policy and operating context for the NHS; the contribution that housing services can make to meet the challenges that lie ahead and how housing organisations can work to create a more integrated system. And finally, we will set out some key messages for health and housing investors on the one hand and housing and health providers on the other.

2. Changing Policy and Operating Context

As set out in third Housing LIN briefing in this series, there has been much focus in recent months on the introduction of new commissioning structures in the NHS². However, there will also be a number of changes that impact specifically on their behaviour and require new approaches from providers. In particular, these are the duty of Monitor (the Foundation Trust regulator) to promote integrated services for patients across health, social care and other community services and the requirement for Health and Well-being Boards to join up commissioning to secure better outcomes for the local population.

Following the recommendations of the Future Forum³, the Government has backed the idea of giving the NHS Commissioning Board the role of deciding when competition is beneficial in the NHS. The Board will be given the authority to decide how choice and competition

¹ Appleby et al (2010) Improving NHS Productivity : More with the same not more of the same. London : King's Fund

² Appleton S (2011) The New NHS Commissioning Landscape and Its Impact on Housing and Care for Older People, Housing LIN : London

³ NHS Future Forum Recommendations to Government.

www.dh.gov.uk/en/publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127443

should apply to particular services, including guidance on how services should be integrated. The NHS Commissioning Board will also be expected to develop tariffs for integrated pathways of care, and explore opportunities to move towards single budgets for health and social care.

Health and Wellbeing Boards will now have a role in authorising Clinical Commissioning Groups and the on-going monitoring of their performance. They will also have a role in checking that the plans of the CCG are in line with their health and wellbeing strategies. They have been given more teeth to ensure that there is greater integration between health and social care at a local level.

The introduction of commissioning from “any qualified provider” (AQP) is likely to be postponed until April 2012 and will be restricted to services covered by the tariff. Currently, the Government is proposing to encourage services from “any willing provider” only where patients assert that there is a lack of choice and selected community services.

We are already seeing new forms of integration between primary, secondary care and housing. The Housing LIN and the National Mental Health Development Unit have published examples of where housing and housing related support services are part of an established pathway. This includes an award winning integrated housing and health services at Mill Rise Village in Newcastle-under-Lyme, Staffordshire (see Housing LIN case study No.47). NHS Foundation Trusts are also forging joint ventures with housing associations to secure a supply of housing services as a way of delivering better outcomes at reduced cost.

Across the UK there are a number of integrated care pilots which are designed to explore different ways in which health and social care could be provided more seamlessly so that the health and well-being of individuals is improved. The aim of the pilots is to look beyond traditional boundaries (e.g., between primary and secondary care or between healthcare and social care) in order to develop new, more integrated models of service delivery⁴. Hopefully, the introduction of AQP and new models of integration presents new opportunities for providers of housing and housing related support to offer new forms of provision. For example around end of life care, continuing care, and reablement services such as intermediate care and/or telecare.

If this is going to move beyond a number of case studies then a number of things are going to have to come together:-

- i) Providers will want to form supply-chains and agree incentives to transfer inpatient care to community settings.
- ii) The financial flows need to allow resources to follow the care as it moves from one provider to another⁵.
- iii) Housing, investment (both capital and revenue) will need to be aligned with other forms of investment and in particular ensuring that a strategic approach is being taken to the supply of housing for the repatriation of out of area treatments or alternatives to other residential forms of provision.
- iv) The Homes and Communities Agency (HCA) will need to enable housing associations who want to be creative with assets to do so and to invest in the renewal of existing stock as well as new developments.
- v) NHS Foundation Trusts may wish to use their own assets – be that buildings or land to enable the effective extension of the care pathways into the community.

Within a context of ‘localism’, local authorities will want to build on existing self-help and community based initiatives and target resources to support local people to take

⁴ www.nuffieldtrust.org.uk/projects/index.aspx?id=801

⁵ Humphries R and Curry N (2011) Integrating Health and Social Care : Where Next ? London : King's Fund

responsibility for the resources that can be help meet their needs. Given the proposed introduction of the 'community right to challenge' this could be a useful way of ensuring that all of a communities needs are met. This could also include reducing the duplication of assets both within sectors and between sectors and make more creative use needs to be made of the existing NHS estate and future procurement to provide accommodation, to provide an income stream to support services and to convert into housing and housing adaptations.

3. Housing's Contribution to Health and Well-being

For older people, people who have problems with their mental health or people with learning disabilities, there is now evidence that housing and housing related support services can deliver better outcomes at lower cost⁶. The current crisis provides an opportunity to accelerate the provision of 'care closer to home', identify the demand for new purpose-built, special housing and/or to adapt the home to enable independent living.

The majority of older people are able to live independently in their existing accommodation, self managing with no or little care or support. However, there has been an increase in the average age at which some people choose or find themselves needing to move into some form of designated housing and accommodation for older people. Along side this, the age profile of those living in housing schemes designated for older people, both rented and leasehold, is increasing. This has led to a rise in the levels of dependency and the need for more personal care and support, as well as accessing a wide range of primary care, outpatient and community pharmacy.

As outlined in the Housing our Ageing Population: Panel for Innovation report⁷, traditional forms of sheltered housing have come under pressure from a number of directions. Many schemes are no longer fit for purpose. Poor locations, poor accessibility levels and small dwelling sizes have led to a decline in demand. This has seen in policy and provision a shift towards a more integrated response that moves away from traditional housing based responses on the one hand and traditional care based solutions such as residential care on the other.

In response, a number of providers have sought to develop a service model that is resilient to the demands of an older and potentially frailer population whilst enabling them to maintain an independent lifestyle. Typical developments include the provision of a restaurant, additional communal spaces and twenty-four hour staffing. In particular, they facilitate the delivery of care within the home. This responds to a desire on the part of older people to retain an affordable housing based context for their old age for as long as possible, in a tenure of their choice and in a setting that is flexible enough to respond to their changing needs.

Many local authorities have looked to Extra Care Housing as a substitute for the increasingly expensive and unfashionably institutional forms of residential care. Largely funded by the Department of Health and the HCA in recent years, the aspiration has been that Extra Care Housing should provide opportunities for a positive lifestyle in old age, whatever the resident's level of frailty, that residents should be supported in maintaining their independence for as long as possible and care should be delivered in a flexible way as the needs of an individual may change.

The commercial sector has pursued a parallel pattern. The Continuing Care Retirement Community (CCRC) model is generally interpreted as a campus which includes retirement

⁶ Frontier Economics (2010) Report on Financial Benefits of Investment in Specialist Housing for Vulnerable People. Homes and Communities Agency : London.
www.frontier-economics.com/library/pdfs/frontier%20report%20financial%20benefits%20of%20investment.pdf

⁷ HAPPI (2009) Housing Our Ageing Population : Panel for Innovation. HCA : London
www.homesandcommunities.co.uk/housing-our-ageing-population-panel-innovation-happi

housing for independent living with a conventional care home on site to which those with higher care needs transfer. Provision in this sector seeks to address a wide spectrum of markets among that majority of older people who are home owners⁸.

This has been accompanied by a change in the role of the 'sheltered housing warden'. Most sheltered housing officers now work Monday to Friday, most no longer live on the scheme and many now cover more than one site. The role has shifted away from one that is primarily one of friend, or substitute for informal family support towards one of tenant management and facilitator of care and sign-poster to sources of support⁹ - a trend which is replicated in the leasehold sector.

Many schemes have been able to demonstrate savings to commissioners¹⁰. Mainly through the separation of care costs from housing costs and hence the ability to attract subsidy through housing benefit for low income, social rented, older householders or those releasing equity from larger family homes in order to 'downsize' into sheltered housing for sale or shared ownership¹¹.

In relation to primary care, several GP groups have expressed to the author concerns that these services do not necessarily develop close relationships with primary care and that, as a consequence, case management can suffer leading in the extreme to an increase in emergency admissions. Which, leads in turn to the larger question of whether there is an impact on the demand for inpatient / acute health care and whether this is positive or negative? However, a JRF study of an Extra Care Housing in Bradford found that the scheme improved the quality of health and wellbeing for residents and reduced demand on local primary care services¹².

The contribution of housing related support services to promote health and well-being, to prevent falls, prevent accidents and promote independence through the provision of technology, equipment or adaptation. Up until now, health commissioners have shown the greatest appetite to commission those services when they are explicitly designed to prevent hospital admission rather than any wider definition of prevention or well-being.

Home Improvement Agencies have been critical in helping to ensure that people who have been admitted to hospital can have any necessary changes made to their home (be they temporary or permanent) in a timescale that that enables a more speedy discharge home and which supports independent living and the sense of security that someone with a long term condition might need – as well as saving £5 for each £2 invested¹³.

For example Care & Repair England has been working with Somerset West Care & Repair to support a 'Home from Hospital' pioneer service since 2009. It has been working with Community Hospitals in Bridgewater, Deane Barton, Frome, Minehead, Wellington and Williton. Staff from Somerset West Care & Repair undertake a regular 'ward round' to top up packs, talk to ward staff and take direct referrals from patients and professionals of people who would like to discuss their housing and care options and/ or who need practical housing related help in order to be discharged.

⁸ Brown T (2011) Housing an Ageing Population : The Extra Care Solution. Housing LIN : London
www.keepmoat.com/assets/_files/documents/apr_11/hm_1302007458_Housing_an_Ageing_Population_T.pdf

⁹ Appleton N (2010) Survey of residents of McCarthy & Stone Assisted Living developments. McCarthy and Stone

¹⁰ Baker, T. (2002) An Evaluation of an Extra Care Scheme: Runnymede Court, Hanover Housing Association, Estover, Plymouth

¹¹ Sutherland J (2010) Viewpoint on Downsizing. Housing LIN : London.
www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Viewpoints/Viewpoint17_Downsizing.pdf

¹² Baumker T (2008) Evaluation of an Extra Care Housing Scheme in Bradford, JRF : York

¹³ Turning Point (2010) Connected Care Report. Turning Point : London

What remains less well established is the case for support services, be that in Extra Care Housing or in mental health, as contributors to effective demand management. In Learning Disabilities there is a more complete integration of service. In other areas there is a confusion between the benefit of community provider in their own right as opposed to providing an environment for delivering care closer to home on the other.

Extra Care Housing can demonstrate better and more consistent delivery of health promotion programmed and higher levels of social interaction thus reversing and then slowing down any increase in dependency¹⁴ and higher reported levels of health and well-being¹⁵.

For example, the Enriched Opportunities Programme was designed by the Extra Care Charitable Trust to improve the quality of life for those living with some form of dementia¹⁶. This showed that those on the scheme were half as likely to have to move out into nursing care, had fewer unscheduled admissions, and rated their quality of life more positively.

Foundation Trusts are allowed to keep any surpluses that they develop. They are also able to build balance sheet strength through a more creative use of their estate. As a result, they are looking to partner in new ways so that they can provide services along the whole pathway and ensure that care is provided in the right place, at the right time by the people best placed to deliver it.

For example, 2gether recognised that if recovery was to be the focus of all the organisation's activities then they would need to further develop the role of users within the organisation and to form new relationships with agencies that had different skills. 2gether began to explore the possibility of forming a partnership with Midland Heart to bring into the pathway a range of skills including housing options advice, floating support, life skilling and independent living.

They will be interested in exerting influence over the whole system and ensuring the whole of someone's lived experience is being considered and that the broad range of agencies are engaged on the one hand and that people are able to do more for themselves on the other. In the next section we will look at the potential for the development of a supply chain that includes housing and housing related support services and the new mechanisms that are being developed to enable this.

4. Commissioner and Provider Integration

Commissioners within PCTs and Practice Based Commissioners have worked hard to deliver seamless care across sectoral, institutional and professional boundaries. However, they have been frustrated by both organisational and institutional structures on the one hand and current payment mechanisms on the other¹⁷. There will need to be ways of ensuring that current joint commissioning arrangements can continue. If only to ensure that the current reductions in demand for institutional care continue. Certainly, consortia and local authorities will want to align their resources to ensure that there is no cost-shunting and that they are both making the best use of their joint resources.

¹⁴ Bernard M (2009) Sustainable Futures The Development of New Retirement Villages
www.britishgerontology.org/DB/gr-editions-2/generations-review/sustainable-futures-and-the-development-of-new-ret.html

¹⁵ Appleton N (2009) Study into the Impact of Extra Care Charitable Trust Model on the Health and Social Care Economy. Extra Care Charitable Trust : Coventry

¹⁶ Brooker D (2009) Evaluation of the Enriched Opportunities Programme. Extracare Charitable Trust : Coventry

¹⁷ Lewis R, Rosen R, Goodwin N and Dixon J (2010) Where Next for Integrated Care in NHS Organisations in the English NHS. Nuffield Trust / King's Fund : London

This will require co-operation between commissioners across the system to ensure that there is a strategic approach to commissioning that looks at need over the medium term. Otherwise, the only option that will be available will be to place people out of area or in more expensive forms of provision. Commissioners and providers working together to arrive at good quality measures can be a beneficial approach to both raising the quality of the service and for enhancing working relationships.

Currently, outcomes sit in different places across the system, for example, housing sits within local authority outcomes measures and employment within the NHS Outcomes Framework¹⁸. Hence there is a need to develop outcomes at a local level that work across public health, the local authority and the NHS. Outcomes that reflect the lived experience of the user and that require the whole system to come together to deliver them. It is unclear (at this moment in time) how, and who, is in the best position to support GP consortia and Health and Well-being Boards to address the control and complexity of a 'whole system' approach to commissioning.

One option that was given a high profile in the Next Stage Review¹⁹, under the previous government, emphasized the importance of what it called Integrated Care Organisations as a way of delivering better care and better value for money. Integrated care organisations take responsibility for the end to end demand management of care pathways across primary, secondary and community care to improve patient outcomes at lower cost. As such, the concept involves providers in sharing responsibility for achieving health outcomes for a defined patient population whilst, at the same time, sharing the savings that can come from better care management and more integrated delivery.

Housing conversations can no longer be so far away from health conversations and local investment planning needs to take this into account. At present, health providers believe that they can spot purchase accommodation and leave the risk with the housing provider. This has to change.

Whether it is formally within the context of an integrated care pilot or as a supply chain, Foundation NHS FTs can use their freedoms to ensure that they are delivering improved outcomes at lower cost. If they are to deliver their cost improvement programmes and make the surpluses necessary for re-investment they will want to partner with agencies with different strengths or different cost bases. This could include:-

- i) Working with handy person schemes to undertaking low-level repairs and improvements that reduce hazards in the home of older households²⁰;
- ii) Working with housing associations to reduce out of area treatments;
- iii) Working with housing associations and support providers to move patients users to lower cost settings and to promote a more therapeutic pathway to recovery²¹;
- iv) Using their land and buildings to create a revenue stream to reinvest in services.

¹⁸ Molyneux (2011) Housing in the Mental Health Pathway to Recovery. NMHDU : London

¹⁹ DH (2009) High Quality Care for All : NHS Next Stage Review Final Report. London : DH

²⁰ Croucher K and Lawson K (2011) Handyperson Evaluation. DCLG : London
www.communities.gov.uk/documents/housing/pdf/1837939.pdf

²¹ Molyneux P (2011) Housing on the Pathway to Recovery. NMHDU : London

5. Conclusion

The downturn provides an impetus within the system to ensure that there is consistent implementation of best practice, the early adoption of innovation, the urgent delivery of productivity improvements and a more mutual relationship between the user and the system to enable them to make good choices about their own health. This means:

- reducing the number of acute admissions;
- accelerating discharge and improving reablement;
- reducing the number of people living in institutional care;
- reducing the numbers receiving treatment out of area.

New forms of alignment between health, housing and social care may emerge from the changes within the NHS. However, it is the way in which they work together that is key. The way in which they align their decision making and the way in which they manage the financial flows that will make the difference. There needs to be a new settlement between the patient and the NHS with all of us looking at how we can make fewer demands on the system. There are a number of key messages that we all need to ensure emerge strongly from the current deliberations :

Key messages:

- Acute health providers will be willing to work directly with housing providers to deliver better outcomes at lower cost as part of their supply chains to deliver integrated pathways;
- Extra-care housing and housing based models of support deliver measurable health outcomes and can contribute to the successful delivery acute providers' cost improvement programmes;
- Housing related support services need to be better defined and more focused on the delivery of health care outcomes;
- HCA investment needs to be aligned with health investment and help with the renewal of existing stock;
- NHS needs to be supported to make creative use of its estate;
- NHS, social care and housing commissioners need to cooperate to ensure that there are integrated services and that financial flows allow for new service models to be delivered.

6. About the Housing Learning and Improvement Network

The Housing LIN is the leading professional 'knowledge hub' for over 5,700 housing, health and social care professionals in England. We have strong links with government, trade and professional bodies and leading industry players across the public, private and third sectors. Our aim is to:

- raise the profile about the housing and care needs and aspirations of older people
- act as a champion for the work on housing with care organisations in the sector
- provide latest publications and tools that can support the way you improve, plan, commission, promote and/or deliver your services
- help you to respond to, inform and influence policy and practice developments and what older people say about service quality
- give you access to our national and regional activities, and
- enable you to benefit from the latest ideas, tools and resources in the field to help raise standards.

For further information about the Housing LIN and to access its comprehensive list of on-line resources, visit www.housinglin.org.uk

The Housing LIN welcomes contributions on a range of issues pertinent to Extra Care housing. If there is a subject that you feel should be addressed, please contact us.

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