

Connecting with health and care



About the future HIA project

In Autumn 2007 Foundations, the National Body for home improvement agencies, was commissioned by Communities and Local Government to carry out research and produce a report examining the options for the future delivery of home improvement agency (HIA) services. The report draws on examples from within and outside the HIA sector to highlight possible areas for development. It does not present a 'one-size-fits-all' model, but a series of options that may be appropriate depending on the identified needs of the local population, taking account of other services already in place.

This document is one of a series of project sub-reports, and it looks at the work of HIAs in relation to health and social care services. It provides examples of existing good practice from around the country as well as considering the future role which HIAs can play at the intersection of housing, health and social care.

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The Housing LIN works closely with health, housing and social care policy makers and practitioners to promote new ideas and support change in the delivery of housing with care and support services for older and vulnerable adults. For further information visit www.DHcarenetworks.org.uk/IndependentLivingChoices/housing

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Section 1 – Summary and recommendations

*Lifetime Homes, Lifetime Neighbourhoods: a national strategy for housing in an ageing society*¹ stresses the need for housing services to reconnect with health and social care. It identifies a number of key policy areas that are at the intersection of these different fields:

- Prevention
- Personalisation and choice
- Co-ordination and integration of services
- Care delivered 'close to home'.

Housing interventions and health benefits

The links between poor health and poor housing are well known, and have been extensively documented through the development of the Housing, Health and Safety Rating Scheme (HHSRS).

Past research outlines the potential savings of adaptations and other housing-related measures when compared to potential health and care costs at a later date. Evidence suggests a causal link between housing conditions and mental health, notably depression amongst older people. However, measuring the precise impact of preventative services is notoriously difficult. There is currently a lack of research into the health benefits of home improvement agency (HIA) services, and reviews of existing research into the effects of housing interventions on health have concluded that there is a need for further studies.

Only a limited number of HIAs have direct commissioning links with health and social care commissioners. In particular, the relationship between HIAs and their local primary care trust (PCT) varies widely. A survey of the sector undertaken by Foundations in 2007 found that very few HIAs (just 7%) received PCT funding as part of contracts co-ordinated by Supporting People.

However, many HIAs receive separate health funding for specific projects, for instance hospital discharge schemes operated by HIA handyperson services. Where health funding isn't directly linked to service provision, HIAs often work with local health providers to tackle local health priorities.

This is clearly an area with potential for growth. Advances made by some HIAs can be replicated elsewhere in the sector, particularly as national policy moves towards shared objectives across housing, health and care as well as towards more joint commissioning of services. The development of shared objectives is exemplified by the recent introduction of the local area agreement (LAA) framework.

¹ *Lifetime homes, lifetime neighbourhoods: a national strategy for housing in an ageing society*, Communities and Local Government, February 2008.

HIA and prevention

The value of preventative services has been recognised by health and social care professionals and policy makers, and *Lifetime Homes, Lifetime Neighbourhoods* highlights the importance of housing-related services in meeting the preventative agenda. The white paper *Our Health, Our Care, Our Say*² sets out plans to monitor PCTs on the amount of resources directed into preventative services. Some PCTs currently meet this requirement through hospital discharge schemes, falls prevention schemes and home safety schemes – all of which can be provided by HIAs in a client-centred, holistic way.

Falls prevention has been a recurring element in HIA work over recent years. Minor interventions such as securing a loose carpet or fitting grab rails are low in cost but can considerably reduce the likelihood of a person having an accident or being admitted to hospital.

A number of HIAs provide services to support earlier discharge from hospital. The Community Care (Delayed Discharges etc.) Act 2003 ensures that local authorities minimise the time patients remain in hospital, sometimes by making sure their home surroundings are suitable. Installing equipment or adaptations, or making repairs to someone's home, can ensure that they can leave hospital promptly into a safe environment.

The current agenda on the transformation of social care with its emphasis on prevention is one that fits well with the approach adopted by HIAs. The long-standing relationship between HIAs and social care seems set to be reinforced as social care reforms move forward and integration with the health sector increases.

HIAs have already been involved in Partnerships for Older People Projects (POPPs), taking a proactive approach to engaging with older people and bringing a range of services to them at an early stage, greatly improving the effectiveness of preventative services.

HIA and personalisation

The publication of the *Independent Living Strategy*³ by the Office for Disability Issues (ODI), in March 2008 and the *Putting People First*⁴ concordat in December 2007 confirm the government's commitment to ensuring that 'personalisation' will be at the centre of independent living for disabled people and the development of social care. Central to this new environment are personal budgets (delivered through direct payments and individual budgets) where users of adult social care will have greater control over the money allocated to them.

The Independent Living agenda:

- offers the chance to utilise the client-focused skills that exist amongst HIAs
- potentially increases the need for independent advice and support delivered by HIAs, and
- highlights the change of emphasis in health and social care from service-led to user-led provision.

HIAs can expect the way services are commissioned and provided to change, as well as the role of health and social care professionals (within the context of the personalisation agenda). To attract referrals, HIAs will need to promote themselves to the wider public. They will need to offer services that can be 'purchased' direct by individuals and should adapt to an environment in which older people and disabled people have greater involvement and say in the services they receive.

² *Our Health, Our Care, Our Say: a new direction for community services, Department of Health, January 2006.*

³ *Independent Living Strategy, Office for Disability Issues, March 2008.*

⁴ *Putting People First – A shared vision and commitment to the transformation of Adult Social Care, Department of Health et al, December 2007*

Personal health budgets build on the experience of direct payments and individual budgets and will be piloted from 2009. Personal health budgets are likely to intensify the impact that personalisation is having on the commissioning and delivery of services. Local service providers such as home improvement agencies will need to adjust their services to support personal health budget users, particularly those with long-term conditions who may use their budgets to directly commission non-frontline health services.

*High Quality Care for All*⁵, the Darzi Review of the NHS, set out an aim to bring care 'closer to home'. Housing-related services (regardless of the tenure type they are provided to) have a critically important role in achieving this aim. The Department of Health recognises that health service provision should not be confined to hospitals, health centres or GP surgeries but should also be available in people's homes. Providers of housing intervention services can help facilitate links between health services and individuals.

HIAs and commissioners and providers of health services

In 2007, the Department of Health launched its World Class Commissioning programme, challenging PCTs to significantly develop their commissioning capability and achieve improved health and wellbeing outcomes for their local community.

These aims cannot be achieved unless there are close and productive relationships between PCTs and other key partners. Home improvement agencies can facilitate these relationships by providing services that deliver specific local health and housing outcomes. Joint Strategic Needs Assessments present an opportunity for providers of housing-related support services such as HIAs to feed in intelligence about gaps in provision and demand for services within sections of the population that are less well mapped.

The relationship between HIAs and general practitioners (GPs) is largely undeveloped. There have been isolated instances in the past of local HIAs linking up with GPs to deliver 'repairs on prescription' type services (for example, a GP could refer a patient with a respiratory condition to an HIA energy-efficiency service which then solves damp or other problems). Some HIAs advertise their services in GP surgeries, but more have a much better developed relationship with district nurses.

Practice-based commissioning is a programme which gives GPs direct responsibility for commissioning services to meet their patients' needs. It is therefore in the interests of HIAs to develop and maintain links with GPs as they will increasingly become a potential source of funding for services. Practice-based commissioning is expected to expand to encompass housing-related support and interventions such as aids and adaptations, and HIAs should prepare for this shift in service commissioning.

Conclusions and recommendations

For health and social care commissioners:

- HIAs can provide efficient and effective low-cost housing-related interventions with potential benefits to health budgets. Health commissioners and providers should consider HIAs as potential suppliers of housing-related services with beneficial outcomes to their patients, and as a method of delivering some of their wider objectives arising from their own and shared policy agendas.

⁵ *High Quality Care for All: NHS Next Stage Review Final Report, Professor the Lord Darzi of Denham KBE, June 2008.*

- HIAs can play an important role in delivering greater personalisation of social care services and realising the aspiration of independent living for older people, disabled people and vulnerable people. They can provide tailored housing interventions which have been demonstrated to be effective in preventing, or alleviating, a wide range of physical or mental health problems.
- For housing-related interventions to be targeted more effectively, there is a need for further research into the quantified impact of housing interventions on specific health conditions. There is scope for both national and local action to meet this need, and Foundations will pursue this goal at a national level in partnership with the government and the HIA sector.

For HIAs:

- HIAs should adapt their services to meet the emerging health and social care agendas, in particular prevention, personalisation and choice. The personalisation agenda will change the way services are provided and commissioned. HIAs have the opportunity to maximise independent living amongst traditional client groups and users of social care services through providing personalised housing interventions that are commissioned directly by individuals or groups.
- HIAs should take proactive steps to enhance partnership working with the health sector and should seek to maintain a dialogue with colleagues at the PCT and GP practice level.
- HIAs must look beyond their role in operational delivery and seek engagement at a strategic level with health and social care. Local strategic partnerships and local area agreements are changing the landscape of funding for HIA services. HIAs should look at how they can demonstrate to commissioners that their services contribute towards specific targets in local area agreements. HIAs should seek representation on their local strategic partnership and get involved in the ongoing review of their local area agreement, as this will be main focus of joint commissioning work between local authorities and health authorities.
- HIAs should be aware that the emergence of the new community equipment retail model and the personalisation of social care creates new marketplaces for services. HIAs will have to be aware of these if they are to be competitive and sustainable.

Guide to other sections of this report

Section 2 of this report provides the policy framework, with details of current policy initiatives in housing, health and social care which are relevant to home improvement agencies. Drawing on existing literature, it considers how far the links between housing interventions and beneficial outcomes for health and wellbeing have been made.

Section 3 uses case studies to set out the details of how HIA services operate and what they can contribute to preventative health objectives.

Section 4 looks at emerging health and social care agendas relevant to HIAs, focusing on the personalisation of services and how this may lead to new opportunities for HIAs.

Section 5 looks at the moves towards better partnership and co-ordination between health and social care commissioning and housing support services. It then examines how HIAs can contribute to this. It also gives some good practice examples of how HIAs, health commissioners and service providers can work together.

Section 2 – The role of HIAs in relation to health and social care

2.1 Introduction

A number of the principles set out in *Our Health, Our Care, Our Say*, *Lifetime Homes*, *Lifetime Neighbourhoods* and the final report of the Darzi Review of the NHS: *High Quality Care for All* have major consequences for the home improvement agency sector. Four main policy areas will influence the future relationship between HIAs and health and social care commissioners:

- Prevention and early intervention
- Personalisation and choice
- Co-ordination and integration of services
- Care delivered ‘close to home’.

Lifetime Homes, *Lifetime Neighbourhoods* draws on these themes and identifies a role for HIAs in delivering adaptations and other forms of housing interventions to meet health and social care objectives. The links between poor health and poor housing have been known for a long time and have been extensively documented through the development of the Housing, Health and Safety Rating Scheme. *Lifetime Homes*, *Lifetime Neighbourhoods* emphasises the importance of reconnecting housing, health and social care and reiterates the impact of housing on health:

“Poor housing is associated with ‘winter deaths’, a range of health problems in older people, such as heart and respiratory conditions, as well as serious injuries and deaths from falls.”(page 122).

Our Health, Our Care, Our Say highlights many of the same themes as *Lifetime Homes*, *Lifetime Neighbourhoods*. Building on this, the Darzi Review of the NHS, *High Quality Care for All* calls for improvements in health care through:

- ensuring every PCT commissions comprehensive wellbeing and prevention services, in partnership with local authorities, to offer personalised services to the local population
- A Coalition for Better Health, with a set of new voluntary agreements between the government, private and third sector organisations on actions to improve health outcomes, and
- supporting GPs to help people stay healthy – with incentives for maintaining good health as well as good care, strengthening the *Quality and Outcomes Framework* and practice-based commissioning.

The *Independent Living Strategy* and *Putting People First* have confirmed the government’s commitment to the personalisation of social care and related services. Disabled people can now expect to have greater control over the services they use, and service providers are expected to adapt to an environment where individuals will purchase services direct from them.

From April 2008, top-tier local authorities are required to carry out a Joint Strategic Needs Assessment in partnership with their PCTs to identify needs and plan for services over the medium and long term. The new performance framework for local authorities ties in local partners, including health, at every stage, through development of sustainable community strategies down to local area agreements, where organisations work together on key local priorities.

HIAs can expect to operate in this environment of greater co-ordination and integration of services.

Partnerships for Older People Projects (POPPs)

Having identified the potential benefits that early intervention and preventative measures can have on health, the Department of Health has tested a number of innovative approaches through its Partnerships for Older People Projects (POPPs) pilot scheme. The ethos behind POPPs is very similar to the approach taken by HIAs, and a number of HIAs have been involved in the projects. An interim progress report on the POPPs⁶ found the following benefits:

- POPP pilot sites are demonstrating a reduction in hospital emergency bed day use compared with non-POPP sites.
- Pilot sites are reporting improved access to services for excluded groups through proactive targeting, greater publicity and strong links with the voluntary sector.
- Partnerships between statutory organisations and the community and voluntary sectors are perceived to be of a better quality than before POPPs.
- Older people's health (including mental health) and wellbeing needs are becoming better integrated within the wider strategic service planning agenda.
- Users are reporting improved quality of life in five areas being monitored during the pilot process – mobility, washing/dressing, usual activities, pain and anxiety).

2.2 Why housing interventions are important to health and social care

Most people in our society own their own homes and want to live independently into old age. Figures collected in 2006⁷ show that homeowners account for 77% of households where the oldest person was aged between 65 and 74, and for 69% of households where the oldest person was aged 75 or over.

Ageing, however, often brings decreased mobility so that full use and enjoyment of the home becomes hazardous or impossible. Even simple home maintenance tasks such as changing light bulbs or smoke alarm batteries, or replacing broken drawer handles or window latches, can prevent proper enjoyment of the home. Without help, risk of injury is increased – particularly from falls. Each year, 28-33% of people aged 65 or over in the UK (and 32-42% of those over 75) experience a fall⁸.

⁶ *National Evaluation of Partnerships for Older People Projects: Interim report of progress, Department of Health, October 2008.*

⁷ *ONS Labour Force Survey, available at <http://www.communities.gov.uk/housing/housingresearch/housingsurveys/surveyofenglishhousing/sehlivetables/trendstenure/>*

⁸ *Spotlight Report 2007 – Spotlight on older people in the UK, Help the Aged 2007.*

Often, housing interventions can be relatively simple but effective. Measures such as securing loose stair treads or fitting new light bulbs can reduce falls, especially for people suffering from sight loss⁹. Housing interventions can also benefit the health of those providing care to others. In 2001, almost 2.8 million people aged 50 or over living in private households in England and Wales provided unpaid care for family members, friends or neighbours¹⁰. Adaptations can reduce the need for carers to lift or support individuals, which in turn reduces the risk of back injury and other problems.

The ability of home improvement agencies to support large numbers of people, particularly through services delivered by handypersons, can provide a convincing economic case in terms of:

- the number of people receiving services, and
- the cost of work compared with the costs of downstream health and social care provision.

The potential benefits of housing interventions on physical and mental health are illustrated in table 1 below.

Table 1 – The potential health benefits of housing interventions*

Aspect of the home	Housing intervention	Potential health benefits
Problems with temperature, damp or ventilation	Home safety check, energy efficiency work	Improved physical and mental health due to alleviating these problems
Safety from intruders	Home safety check, fitting security measures	Potentially significant benefits for mental health due to reducing the person's fear of crime and their feelings of isolation
Accessibility	Major adaptation	Improved sense of wellbeing, alleviating existing physical problems, preventing or delaying the onset of future physical problems. Reduced back problems or other physical problems for carers
Fire safety	Home safety checks, fitting smoke detectors etc.	Reduced risk of injury or death from fire
Falls or other injury prevention	Home safety checks, handyperson services and small repairs services	Prevent injury as a result of falling (for example, injuries to hips or wrists)
Decoration	Decorating service	Significantly improved mental health
Minor repairs	Handyperson and small repairs	Reduced likelihood of injury as the result of an accident
Minor adaptations	Handyperson or other service capable of delivering adaptations	Eases existing physical pressures and reduces the likelihood of injury as the result of an accident

*Adapted from *All pull together: The role of housing in public health* – a presentation by Carl Petrokofsky, Specialist in Public Health, Government Office for the South East at the Better Homes, Better Health seminar, London, 23/07/2008. See 'References and useful publications' for a link to the presentation.

⁹ *Lighting the homes of people with sight loss: an overview of recent research*, Thomas Pocklington Trust, 2007.

¹⁰ *General Household Survey, Office for National Statistics Census 2001, Office for National Statistics, 2005, available at <http://www.statistics.gov.uk/ccij/nugget.asp?id=1268>*

The role of housing interventions in achieving Darzi's vision

The Department of Health's Housing Learning and Improvement Network has highlighted the important role that the quality of housing and housing support services will play in enabling good health and achieving the aims of the Darzi Review of the NHS. It identifies that housing will play an important role in the following ways.

Prevention

Evidence shows that the quality of people's homes can have a major impact on health outcomes. Poorly heated homes, or those which cannot be adapted to support changing needs, can lead to poor health or increased admissions to hospital due to falls, worsening health or accidents.

Homes built to 'lifetime home' standards, which are properly insulated and located in an area that people feel safe in, will lead to improved health and wellbeing through reduced accidents and a safer environment. This will encourage people to exercise and interact with their wider neighbourhood.

Evaluation of interventions funded by Supporting People suggests that housing support services, including floating support, can make a significant contribution to improving individuals' physical and mental health and to reducing emergency admissions to hospital.

Empowering patients

Enhanced 'housing with care' models (such as 'extra care' housing) allow people to maintain their independence. Though people retain their 'own front door', they also have full access to care and support tailored to their individual needs.

More housing choice, and more information about the options available, enables people to make their own decisions about their future and about how they access support as their needs develop.

Quality of care

As health and social care services move towards providing more support to people in their own homes, the quality of care is likely to be closely linked to the quality of the housing people live in.

Accessible and appropriate housing will help to allow health and care services to be delivered at home, affording greater levels of dignity and improved outcomes for patients.

Integration of services

In extra care housing, integrated health care can often be provided alongside social care and housing support services, benefiting residents alongside the wider neighbourhood.

Home improvement agencies and community equipment services can work closely with the NHS and others to promote safety at home, and – in many cases – allow people to be discharged from hospital more quickly.

Innovation

Innovative models of housing and support are being developed in partnership with health and social care, led by a whole range of providers in response to public demand. Providers include the private sector, social enterprises and third sector. This innovative activity is expected to continue as health, housing and social care partners develop integrated accommodation and care and support strategies aimed at promoting choice and control, improving health outcomes for their whole populations.

2.3 Evidencing the benefits of housing interventions

Measuring the precise impact of preventative services is notoriously difficult and there is currently a lack of research into the health benefits of HIA services. Reviews of existing research into the effects of housing interventions on health have concluded that there is a need for further studies to measure impact so that the housing and health sectors can target resources and services more effectively¹¹.

Some literature does outline the potential savings of adaptations and other housing-related measures when compared to potential health and care costs at a later date. *Better outcomes, lower costs*¹² summarises existing evidence and makes a number of points in this respect. Evidence suggests a causal link between housing conditions and mental health, notably depression amongst older groups¹³.

With reference to specific health benefits, several reviews find evidence to support their links with housing interventions:

a. Improving a client's mental health

*Good housing and good health? A review of recommendations for housing and health practitioners*¹⁴ found that:

“Each study that assessed changes in mental health following housing improvement . . . reported improvements in mental health.” (page 17)

b. Preventing illness or injury

*Housing and public health: a review of reviews of interventions for improving health*¹⁵ noted:

“There is review-level evidence to suggest that home hazard modification interventions that seek to remove and repair safety hazards are effective in reducing falls in older people. This effect was strongest for people with a history of falling prior to intervention and men aged over 75 years.” (page 6)

c. Promoting independent living and greater wellbeing

*The costs and benefits of independent living*¹⁶ outlines some of the benefits to clients of independent living as well as the potential financial savings. The review points out that supporting people to live independently is likely to result in long-term savings at the service delivery level and will also, to a larger extent, produce savings for the government due to reduced pressure on health services and improved tax revenues.

¹¹ *Housing and public health: a review of reviews of interventions for improving health*, National Institute for Health and Clinical Excellence, 2005.

¹² *Better outcomes, lower costs, Implications for health and social care budgets of investment in housing adaptations, improvements and equipment: A review of the evidence*, Office of Disability Issues, 2006.

¹³ *Good housing and good health? A review and recommendations for housing and health practitioners*, Care Services and Improvement Partnership and the Housing Corporation, 2007.

¹⁴ *Ibid*

¹⁵ *Ibid*

¹⁶ *The costs and benefits of independent living*, Office for Disability Issues, May 2007

*Better outcomes, lower costs*¹⁷ summarises existing evidence relating to savings for health and social care budgets as a result of investment in housing adaptations and improvements. The report should remind HIAs and commissioners of the benefits of housing adaptations, and provide supporting evidence for those who wish to outline the benefits of HIA work. The report notes the following:

- The provision of adaptations and equipment that enables someone to move out of a residential placement produces direct savings, normally within the first year.
- People fall whilst waiting for adaptations, which are frequently delayed by lack of funding. The average cost to the State of a fractured hip is £28,665. This is 4.7 times the average cost of a major housing adaptation (£6,000), and 100 times the cost of fitting hand and grab rails to prevent falls.
- Providing adaptations and equipment can speed up hospital discharge or prevent hospital admission by preventing accident and illness.
- Interventions based on providing adaptations and equipment are highly effective in preventing physical health problems.

2.4 The challenge facing HIAs

Currently HIAs receive approximately one-third¹⁸ of their funding from Supporting People grant. The transformation of Supporting People grant into part of Area Based Grant is a process which will lead to a large element of HIA funding being determined by social care teams working within local authorities. It is likely that housing-related support services will need to demonstrate their value more directly in terms of health and social care benefits in order to secure continued funding.

Historically, the links between HIAs and providers and commissioners of health services have been limited. Many HIAs still lack any direct contacts with health and social care commissioners. In particular, the relationship between HIAs and their local PCT varies widely. A survey of the sector undertaken by Foundations in 2007 found that just 7% of HIAs receive PCT funding as part of core service contracts co-ordinated by Supporting People. A significant number of HIAs receive separate health and social care funding for specific projects (for example, there are 88 hospital discharge schemes operated by HIA handyperson services¹⁹). However, doubts remain as to how many agencies operating such services have developed any form of strategic partnership with their commissioners or whether they are merely regarded as a means of delivering services on the ground.

Despite the apparent lack of success for the sector in developing strong commissioning links to health, some agencies have been at the forefront in efforts to improve health and social care professionals' understanding of the links between poor housing and poor health through the development of the Healthy Homes training initiative (see the case study in Section 5.1.)

¹⁷ *Better outcomes, lower costs – Implications for health and social care budgets of investment in housing adaptations, improvements and equipment: a review of the evidence, Independent Living Review, The Office for Disability Issues, May 2007*

¹⁸ *A survey undertaken by Foundations for CLG in 2006 identified that Supporting People grant accounts for 30% of funding.*

¹⁹ *Foundations Handyperson e-Survey, June 2008.*

High Quality Care for All has a number of implications which should facilitate greater links between health providers and commissioners and home improvement agencies. To ensure they receive funding from health and social care, the challenge for agencies is to:

- deliver preventative services and work with commissioners to prioritise and target these services more effectively at people who need them most
- demonstrate how well their services meet the ambition to deliver much greater personalisation and choice, particularly within social care
- work strategically to develop relationships with commissioners from health and social services which extend beyond a frontline delivery role, and
- be aware of local and national initiatives to quantify and evaluate the benefits of housing interventions, and work with these if possible.



Section 3 – Preventative services

3.1 Prevention and early intervention

Health funding has tended to focus on short-term acute services. However, prevention and early intervention have taken an increasingly important place in the strategic planning of health and social care services at a national level. *Our Health, Our Care, Our Say* sets out plans to monitor the amount of money PCTs dedicate to spending on preventative services. Some PCTs already target resources for prevention through hospital discharge schemes, falls prevention schemes and home safety schemes – all of which can be provided by HIAs. The Darzi Review of the NHS argued that the NHS needed to place emphasis on preventative services, calling for health to work with local partners to commission ‘comprehensive wellbeing and preventative services’.

Lifetime Homes, Lifetime Neighbourhoods recognises the importance of preventative housing services, in particular information and advice services and repairs and adaptations services.

Predictive modelling

Lifetime Homes, Lifetime Neighbourhoods sets out plans to make greater use of modelling to establish a stronger case for preventative services:

“We will pilot a predictive risk modelling approach that identifies individuals who are at risk of both health and care crises, a year early. This technology will also provide a tool for developing the business case for preventative investment, showing pro-rata savings to both health and care across a local population and will help with predicting future population needs. For this reason, there may be other applications for this in the areas of joint commissioning and performance management, as well as simply to identify individuals for preventative services”. (page 128)

Building on the Patients at Risk of Re-hospitalisation (PARR) models, the King’s Fund has created the Combined Predictive Model which integrates various health data sources to predict the risk of admission to hospital across the population. By identifying people at risk of hospital admission at an early stage it is hoped that PCTs will be able to target services more efficiently and effectively.

Recent bidding guidance produced by Communities and Local Government for enhanced handyperson services, many of which will be delivered by HIAs, encouraged the development and use of predictive modelling and other targeting techniques.

3.2 HIAs delivering preventative services

HIAs deliver a range of services with preventative outcomes. They:

- carry out a structured needs assessment, which identifies housing issues to be addressed and links clients to the appropriate resources and services (whether provided by the agency or by others)
- carry out home safety and security checks which identify potential hazards such as trailing wires
- provide low-cost repairs
- install equipment (for example, smoke alarms, grab rails and telecare equipment that needs fixing to a wall)
- carry out odd jobs (for example, putting up shelves, re-hanging doors) to assist older and disabled people to maintain their homes
- provide major adaptations (for example, fitting a stairlift or installing a wet room)
- signpost people with complex health or social care needs (including mental health support needs) to the appropriate health and social care agencies
- identify and fill gaps in local preventative services and lobby for the future commissioning of those services, and
- identify people who are at risk of a health crisis because of health or social care needs, isolation or loss of independence, and who may be considered 'hard to reach', for example, older people with mental-health difficulties or black and minority ethnic populations.

Case study: Anchor Staying Put Wealden and Lewes – POPPs-funded Navigator Service

A number of HIAs are involved in the Department of Health POPPs-funded schemes across the country, including Anchor Staying Put Wealden and Lewes which has developed a Navigator Service.

The Navigator Service is a pilot project run by Anchor Staying Put Wealden and Lewes across East Sussex. POPPs funding is used to target older people with moderate needs who are at risk of a health crisis. The service's 'navigators' visit people at home, carry out a needs assessment and signpost them to local services, activities or other support. Financial support is also offered through Community Grants, which can be used to pay for exercise classes, carers, transport and handyperson services, and services that improve wellbeing.

All older people with moderate needs are eligible for the Navigator Service, regardless of their tenure or financial circumstances. The service is free as core funding covers all costs. Since the service was launched in July 2006, over 1,500 people have received help to access services and support to help them live independently.

One of the key elements to the scheme's success is its strong customer focus. The team of four navigators have all been trained as trusted assessors²⁰. They take a flexible approach to ensuring the needs of individual clients are met and have an extensive knowledge of the services available to older people. The majority of referrals to the Navigator Service are received direct from the NHS, and other referrals come from social services and the voluntary sector.

By signposting older people to community activities, enabling them to access transport, and listening carefully to exactly what clients want and need to live an independent life, the agency can see positive and very real improvements in their clients' wellbeing. One of the main benefits is that the service has helped clients to reconnect with their local community and have more active lives, which has alleviated mental health issues and reduced the likelihood of crisis points and the need for health service involvement.

The agency has made steady progress and is now exceeding its target of over 200 referrals a month.

Case Study: Age Concern Milton Keynes HIA – delivering a preventative service as part of a wider referral gateway

Age Concern Milton Keynes HIA delivers a Safe At Home service that aims to:

- reduce fire and crime, and the fear of fire and crime, amongst vulnerable adults
- recognise poor housing conditions and actions that can be taken to support people to live safely in their own homes by improving their quality of life, and
- undertake preventative interventions by establishing a person's health, environmental, housing, security, safety and social circumstances at the first point of contact.

The service is a multi-agency initiative comprising the HIA, Milton Keynes Community Safety Partnership (Milton Keynes Council), Thames Valley Police, Buckinghamshire Fire and Rescue Service and the NHS (the PCT and Milton Keynes General Hospital).

The multi-agency scheme has been designed so that the first person from any professional agency who visits a vulnerable adult at home can identify their areas of need using a standard set of questions. The professional makes the client aware of the services and assistance available to them. Assistance can then be offered by completing a Safe At Home Action Form and returning it to the Safe at Home Co-ordinator, who enters the information into a single client record on a database.

The database automatically forwards requests for the client's chosen work to be undertaken by the appropriate organisation and the co-ordinator organises the response and monitors progress until a satisfactory conclusion is reached.

²⁰ AssistUK has produced *A Competence Framework for Trusted Assessors* which focuses on the skills support workers should have to help disabled people and their carers get the right equipment.

Example

A district nurse visits a vulnerable person and identifies that the client's home lacks a smoke alarm. With the client's agreement, the district nurse completes a Safe At Home Action Form and sends it to the Safe At Home Co-ordinator. The co-ordinator enters the details and request for the smoke alarm into the Safe At Home database, which automatically generates an email to the Fire and Rescue Service. The Fire and Rescue Service then installs a smoke detector in the client's home. Once the work is complete, an email is sent to the Safe At Home Co-ordinator to confirm this and the database is updated accordingly.

From September 2006 to February 2008, 232 Safe At Home Action Forms were submitted to the co-ordinator. This has resulted in about 455 separate actions to remedy risks identified in clients' homes.

Each organisation taking part (Fire and Rescue, the police, PCT, Milton Keynes Borough Council and the Crime Prevention Partnership) contributes £7,000. The client pays standard charges for equipment installed (smoke detectors fitted by the fire service are free).

3.3 Falls prevention and home safety checks

Falls prevention schemes have been an increasing element of HIA work in recent years. HIAs can make people's homes safer places to live by doing rapid repairs and adaptations that help prevent falls. Small or 'minor' work such as securing loose carpet or fitting grab rails are inexpensive and can considerably reduce the likelihood of a person being admitted to hospital.

Prevention of Falls Service provided by Care & Repair (Leeds) Ltd

Care & Repair (Leeds) offers a free Prevention of Falls Service to all people aged over 60 in the city. People can refer themselves to the scheme if they are worried about falling in their home but referrals may also be received through social services, GPs and other agencies.

The agency:

- surveys the client's home for hazards
- provides grab/stair rails and carries out safety measures such as securing loose carpets
- carries out a bathing assessment and provides equipment
- gives practical advice about how to avoid falls
- gives advice about other services which the client may be eligible for, and
- checks that the client is receiving all the benefits that they are entitled to.

Clients who speak Urdu or Punjabi can choose to receive the service in their own language.

The service is funded by Leeds NHS Primary Care Trust.

3.4 Hospital discharge services

A number of HIAs provide hospital discharge services. In 2003, the government introduced legislation through the Community Care (Delayed Discharges etc.) Act to ensure that local authorities address the issue of reducing the time that many people (mainly older people) remain in hospital. Installing equipment or adaptations, or doing repairs in a person's home, can ensure that the person goes home to a safe environment when they leave hospital. HIAs are well placed to provide rapid response handyperson and adaptations services as part of a PCT's approach to hospital discharge.

HIA hospital discharge services can deliver some or all of the following:

- Practical support, including preparing the house before the person comes home and making sure it is warm and comfortable
- Making sure transport is arranged to take the person home
- Carrying out a simple home safety check, providing some repairs and adaptations direct and referring other issues to appropriate agencies and services
- Offering follow-up visits to discuss safety and housing needs with the individual
- Providing follow-up housing-related support, including encouraging the person to access other services such as benefits and income checks.

The following two case studies illustrate different approaches to providing hospital discharge services adopted by particular HIAs.

Case Study – Care & Repair West Norfolk Hospital Discharge Service

Mrs B

The service took a call from Community Rehabilitation to advise that Mrs B was being discharged from hospital. The rehabilitation team was concerned that Mrs B's kitchen cupboard door could fall on her and also that she had been climbing on a ladder trying to replace the batteries for her smoke detector. Mrs B was wary of strangers and the rehabilitation team was unsure of the exact date she was going to be discharged. However, they were advised that there was Warden cover for the property.

Care & Repair West Norfolk arranged a joint visit with the Warden on the first day Mrs B was at home. Their handyperson replaced the smoke detector with a brand new unit so that the client would not need to try to change the batteries. He made the cupboard door safe, however he found a number of other cupboard doors that were also in poor repair, with hinges wearing out. He also made these safe. The agency then identified the type of hinge, found a source of supply and went back and replaced all the faulty hinges on a second visit.

Case Study – Manchester Independent Living Service

The Manchester Independent Living Service (MILS) provides an eight-week period of practical low-level support to older people living in their own homes to ensure they can access the right support to continue living independently. MILS is a partnership between Anchor Staying Put and Manchester Care & Repair and was set up in 2002.

Within MILS there are two Home from Hospital caseworkers. The caseworkers are based at Manchester Royal Infirmary and work citywide across all tenures. Referred by care managers, occupational therapists and home pathway teams, the caseworkers visit the hospital to assess the patients' discharge needs and support their return home to independent living. Priority is given to people who have little or no other support. The aim of the services is to prevent readmission to hospital.

During the eight-week period where support is provided, the team makes sure that their clients are receiving all the community services available. If the client needs further help, they will receive a further eight weeks of support consecutively or may be re-referred to the MILS team at a later stage.

The caseworkers focus on practical issues in returning home from hospital such as:

- co-ordinating work from the HIA handyperson to make safety and security checks, fit hand and grab rails, move furniture, fit key safes and so on
- improving heating and insulation through Warm Front grants or other forms of funding
- ensuring the house is in good repair
- referring the client for aids and adaptations
- looking at end of life support needs where appropriate, such as debt counselling or making a will
- linking into a dispersed community alarm scheme
- maximising income through benefit checks and help with making applications
- helping with translation needs and cultural preferences – almost half the clients are from black and minority ethnic communities
- looking at housing options if the client's home is no longer suitable for their needs, followed up with practical support to move home, sell belongings and so on
- introducing services to the client (such as befriending, bereavement support or debt counselling) and supporting clients to build their confidence in them
- supporting the client with social inclusion issues (for example, escorting them to their first visit to a day centre or luncheon club), and
- assisting with changes to make independent living a reality (for example, help purchasing a cleaning service, home care or shopping delivery service, improving their relationship with neighbours, or helping them to pick up a pension).

3.5 Avoiding a crisis – supporting people with mental health needs

Levels of depression and instances of other mental health issues amongst older people is a major and growing problem facing front-line health services in the UK. The number of older people with symptoms of depression which are severe enough to warrant intervention will stand at 3.5 million by 2021 if current prevalence rates remain the same, and there will be nearly 1 million people with dementia²¹.

The Department of Health's National Dementia Strategy aims to raise awareness of dementia, ensure early diagnosis and intervention, and improve the quality of care that people with dementia receive. Objective 10 of the Strategy relates to housing and assistive technology.

Care & Repair England's Living on the Edge report²² and Age Concern's *Improving services and support for older people with mental health problems* report set out a strong consensus that housing measures can have a major impact on alleviating mental health needs and preventing them developing.

Housing can affect the mental health of older people in a number of ways, including:

- difficulty in maintaining their home (for example, repairs are needed, or the garden is unmanageable)
- mood (for example, through poor lighting or a cluttered or crowded living space)
- fear of crime, and
- social isolation.

A range of HIA services can have a positive impact on mental health and therefore meet the aims of the *National Dementia Strategy*:

- Caseworkers, in particular caseworkers with specialist training such as those involved in a pilot programme at Orbit Care and Repair Coventry²³, are able to provide tailored measures to remedy housing problems and improve mental wellbeing.
- Handyperson, repair and small adaptation services can help people feel safer in their own homes and improve their living environment (for example, through work that reduces 'hoarding' or by improving lighting in the home).
- Home safety schemes can ensure a person feels more secure in their own home by installing security measures.
- Contact with HIA staff and referrals from these staff to other services can help reduce isolation.

²¹ *Improving services and support for older people with mental health problems*, Age Concern, 2007.

²² *Living on the Edge*. Care and Repair England, 2008.

²³ *Ibid.*

3.6 Reducing the health impacts of fuel poverty

Fuel poverty, cold weather and poor housing can have a negative effect on health, particularly for older people. In 2005/06, there were 25,700 excess winter deaths in England and Wales (excess winter deaths means the number of deaths during the winter months minus the average for the rest of the year)²⁴. Measures such as insulating a house, removing damp and installing new boilers and heating systems can have major preventative effects on the health of residents, increasing life expectancy and alleviating or preventing specific health problems such as asthma. Many HIAs are providing energy efficiency work direct or supporting clients to obtain grants for such work. HIAs can make homes more energy efficient by:

- providing low-level energy efficiency measures such as installing energy-saving light bulbs or fitting draught excluders
- carrying out energy efficiency surveys
- referring individuals to specialist contractors to carry out large-scale energy efficiency measures such as insulating boilers, fitting new boilers and fitting cavity wall insulation, and
- assisting people to obtain grants aimed at making homes more energy efficient, such as Warm Front Grants.

Black Country Housing Group – Health Through Warmth

The Health Through Warmth scheme was established by npower in 2000 in partnership with the NHS and National Energy Action (NEA) and operates in a number of different parts of the country. It aims to help the government meet its objective of ensuring that no vulnerable household will be in fuel poverty by 2010.

Black Country Housing Group has been heavily involved in the operation of the scheme in Dudley. From 2000 to 2007, nearly 2,000 customers benefited from the scheme. The scheme involves close partnership working between Dudley Metropolitan Borough Council, Dudley Primary Care Trust, npower, the National Energy Action Groups and Black Country Housing. The scheme:

- commits to £30,000 funding for a dedicated Health Through Warmth Co-ordinator, who is key to refining systems and processes and oversees referrals from enquiry to completion
- is centred within Black Country Housing Group's Care and Repair (HIA) department, ensuring that related housing needs are also addressed
- provides training across the region for people employed in health and community sectors who champion best practice in terms of delivering the scheme, and
- uses Neighbourhood Renewal Funding for a dedicated nurse to work one day a week on the project, reducing pressures on NHS services. The nurse works with local GP surgeries where clients with chronic lung disease have been contacted to see if assistance is needed. A 50% take-up was achieved in some areas.

²⁴ *Health and Winter Warmth – reducing health inequalities, Department of Health, 2007.*

3.7 Telecare

Technology is increasingly viewed as a means of preventing ill health and reducing hospital admissions (for example, by installing telecare in the homes of people at risk). Telecare is equipment used to remotely monitor a home environment to reduce the risks encountered as part of independent living.

The Department of Health is encouraging the development of telecare through £80 million invested over two years. *Lifetime Homes, Lifetime Neighbourhoods* identified telecare as: “*part of the wide spectrum of home adaptations... ranging from grab rails to smart homes*”. (page 126)

Types of telecare include:

- falls sensors
- fire alarms and smoke alarms
- automatic lighting sensors
- window and door sensors
- carbon monoxide, temperature and hypothermia sensors
- bed and chair sensors, which alert somebody if a person gets out of their chair or leaves their bed, and
- movement detectors.

Telecare equipment can be provided as part of community equipment through social care and health authorities, but many people are now making their own arrangements and purchasing the equipment themselves. HIAs can support social care, health or consumers directly by assessing a client and suggesting suitable equipment²⁵.

Users may have a problem installing some types of telecare equipment. HIA handyperson services can assist by installing the equipment in the client’s home. HIAs could do this work:

- through a contract with the client, social care, or health
- on a retainer basis, or
- in partnership as the preferred installer of a supplier.

HIA involvement in telecare provision is discussed further in the Future HIA project report focusing on handyperson services²⁶.

²⁵ HIA staff can be trained as *Trusted Technicians with the skills to assess and recommend appropriate equipment suitable for the client’s needs and home*.

²⁶ *The Future Home Improvement Agency: Handyperson services report, Foundations and Communities and Local Government, 2009.*

Section 4 – Personalisation

4.1 Independent living as a government strategy

*Putting People First*²⁷ states that:

- 20% of the English population will be over 65 by 2022, and
- by 2027, the number of people over 85 will have increased by 60%.

As well as these demographic changes, older people, disabled people and people with mental health problems are increasingly demanding equality in every aspect of their lives. It is within this context that the government is enhancing independent living amongst older and disabled people.

Greater choice, control and self-determination for users of health and social care services is now a central theme in government policy, including the *Independent Living Strategy* and *Lifetime Homes, Lifetime Neighbourhoods*. The publication of *Putting People First* confirmed the government's commitment to ensuring that personalisation is at the centre of developing social care and independent living for disabled people.

Central to this new environment are personal budgets which give people who use Adult Social Care services more control over the money allocated to them. Personal budgets are delivered through direct payments and individual budgets, and are funded solely from Adult Social Care. Individual budgets pull together other sources of funding in addition to Adult Social Care.

A green paper due later in 2009 on the future of care and support is expected to extend the personalisation agenda.

Putting People First

Putting People First sets out the context behind personalising Adult Social Care. It acknowledges that the vast majority of people want to live in their own homes for as long as possible. People will want more choice and control over their own lives. As a result, the care system will shift from being reactive and prescribed to being personal and preventative, enabling people to achieve independent living.

The expectation is that over time, people who use social care services and their families will commission their own services. Personal budgets will ensure that people who receive public funding can choose their own support – much as self-funders do now. Local authorities and the health sector will work in partnership with a broad range of service providers, including the third sector.

²⁷ *Putting People First – A shared vision and commitment to the transformation of Adult Social Care*, Department of Health et al, December 2007 (page 1)
http://www.dh.gov.uk/en/PUBLICATIONSANDSTATISTICS/PUBLICATIONS/PUBLICATIONSPOLICYANDguidance/dh_081118

Agreed shared outcomes should ensure people are supported to:

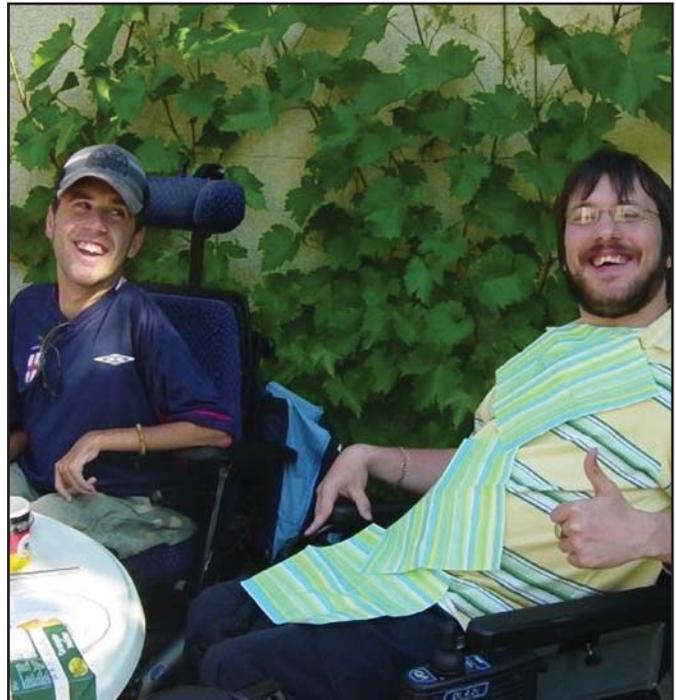
- live independently
- stay healthy and recover quickly from illness
- have as much control over their own life as possible (or, where appropriate, the lives of their family members)
- participate as active and equal citizens, both economically and socially
- have the best possible quality of life, and
- keep their dignity and respect.

Person-centred planning and self-directed support will become mainstream and lead to individually tailored support packages. Personal budgets will be given to everyone eligible for publicly funded support from Adult Social Care, unless they need to access services in an emergency. Direct payments will be used by increasing numbers of people, as defined by targets in local area agreements.

In December 2007, Health Secretary Alan Johnson announced an extra £520 million of ring-fenced funding to assist with the transformation of social care. This money will be allocated to councils as a Social Reform Grant over the next three years and includes some NHS resources to recognise the benefits that social care can have on people's health. The grant is a clear acknowledgment by the Department of Health that independent living measures and personalisation will benefit NHS services.

High Quality Care for All has continued the independent living and personalisation themes. It proposes to give patients more rights and control over their own health care through:

- greater access to primary care, with 150 GP-led health centres (polyclinics) and 100 new practices in England open to everyone, seven days a week, from 8am to 8pm
- ensuring everyone with a long-term condition has a personalised care plan
- introducing pilot personal health budgets, and
- delivering care close to home with greater use of technology for planned care and outpatient care not always meaning a trip to hospital.



4.2 HIAs delivering personalised services

Personalising social care provides opportunities for home improvement agencies resulting from:

- greater awareness of the importance of housing in social care
- the benefits of early intervention and preventative measures, and
- greater recognition of non-statutory services by commissioners and service users.

The Independent Living agenda:

- offers HIAs the chance to use their client-focused skills
- increases the need for independent advice and support (which could be delivered by HIAs, building on a number of the messages set out in *Support for Choice*²⁸), and
- highlights the change in emphasis in health and social care from service-led to user-led provision.

In an environment of personal budgets, HIAs can expect individual people to purchase services direct from them. HIAs will need to mould and construct their services to reflect this, including:

- promoting themselves to the wider public in order to attract referrals
- offering services that can be 'purchased' by individuals direct, and
- adapting to create an environment in which older and disabled people have more involvement and say in the services they receive.

Individual budgets pilot programme

Thirteen local authorities took part in the individual budgets pilot programme in 2007. Six funding streams were available to these local authorities:

- Council-provided social care funding
- Supporting People funding
- Independent Living Fund
- Disabled Facilities Grant
- Integrated Community Equipment Services
- Access to Work.

Each of the local authorities approached the pilot in different ways, with different groups of service users offered individual budgets and using different funding streams.

The evaluation of the individual budget pilots indicates that an independent third party is needed to provide advice and support to some users of individual budgets²⁹.

²⁸ *Support for Choice: Information, advice, signposting and advocacy, Foundations, 2008.*

²⁹ *Evaluation of the Individual Budgets Pilot Programme: Final Report, Social Policy Research Unit, University of York, 2008.*

4.2.1 Brokerage in the context of personalisation

“The problem for many people who take up an individual budget is that they are unaware of what is available. Advocacy and brokerage services should play an important part here and the funding and development of this service should not be forgotten” *Our health, our care, our say – One year on, Making it Happen – The Third Sector*, Department of Health 2007 (page 6)

Not everyone who receives an individual budget will have the skills or inclination to organise it to meet the needs identified in their Support Action Plan. Therefore, people can use some of their individual budget to ‘employ’ a broker of their choice. The broker could support the client to set up an individual budget or organise how it is spent, including managing on the person’s behalf the administrative processes around running a bank account and appointing and monitoring the support services they want. The broker could also organise adaptations to the client’s home.

There is no obligation that a broker has to be qualified to carry out this role, and it is up to the client to choose their broker. There are potential roles for HIAs here, such as:

- identifying gaps in the provision of brokerage services and filling those gaps where appropriate
- working closely with social care services (and users of social care services) to identify opportunities where brokerage services can enable independent living, and
- developing services (including brokerage services) for users of direct payments and individual budgets, or working closely with others to ensure such services are available.

Further discussion of the role of HIAs in this context is provided in the *Support for Choice* sub-report.

Case Study – Working on behalf of clients: Action Disability Kensington and Chelsea

Action Disability Kensington and Chelsea is a user-led organisation, run and controlled by disabled people. It provides support to disabled people to live independently and also campaigns on disability issues.

Like HIAs, Action Disability Kensington and Chelsea offers a client-focused approach while working closely with the local authority, and is able to work on the client’s behalf. The organisation was involved in the individual budgets pilots during 2007, providing third party advice and support to people who received individual budgets.

During the pilots, Action Disability Kensington and Chelsea’s role was to promote, advise and publicise individual budgets to a wide range of possible users in Kensington and Chelsea, including:

- people with physical and sensory impairments
- people with learning difficulties, and
- older people.

The organisation also provided information on the use of individual budgets and their advantages, and gave training, support and advice to disabled and older people who were eligible for an individual budget, to enable them to set up support packages. Particular attention was paid to:

- explaining individual budgets
- setting out the opportunities and choices available to individuals
- managing support packages, and
- providing ongoing support to budget users when they need it.

The process

Although the pilot period has finished, individual budgets are still operating in Kensington and Chelsea. Disabled people who are eligible complete a Single Assessment Questionnaire, which identifies the amount of money (individual budget) the person requires to meet their weekly support costs. The person is advised of this sum, which is then put into the person's bank account.

The person then produces a Support Action Plan, identifying how they are going to meet their needs and spend their individual budget. This plan, and the individual budget, are totally under the disabled person's control. They negotiate with providers how their care and support will be delivered and agrees the price with their chosen provider direct.

If the person is able to finance their Support Action Plan on less money than the allocated amount, they are able to keep this additional money to enhance their quality of life. Therefore, the disabled person has the motivation to negotiate contracts that are effective and cost efficient, as there is a potential 'reward' for well-managed budgets. Each year, Social Services will review with the disabled person how they are meeting the objectives in their Support Action Plan.

Action Disability Kensington and Chelsea were well placed to provide brokerage services to individuals in their area. Currently Action Disability Kensington and Chelsea charges £1,200 a year to provide brokerage to a client.

4.3 Community equipment retail model

The Department of Health has developed a new retail model for community equipment, which has been piloted in Cheshire and Oldham. The retail model aims to give users more control over the type of equipment they use. It focuses on supplying community equipment to service users through a prescription scheme and retail outlets (allowing people to choose the items they buy).

The community equipment retail model does not include wheelchairs or telecare at this stage.

Cheshire County Council Retail Model

The community equipment retail model which has been rolled out across Cheshire is the most developed example to date. It involves 16 retail outlets at present, with a further three outlets (independent living centres) soon to be added to the list.

The earliest retail outlets opened in October 2007, and the loans store closed on 31 March 2008. The county council worked with the retailers to compile a standard catalogue of 50 items of equipment. Since the loan store closed, everyone who needs equipment listed in the catalogue has been given a prescription voucher, which can be used to buy the equipment from the retail outlets.

Equipment is demonstrated to clients at the retail outlet and all equipment comes with thorough instructions. The current 16 retailers deliver and fit items where necessary, and the client owns the equipment once they have bought it.

At the time of writing, there is not much evidence to show that individuals are adding their own money to prescription vouchers to buy suitable, but more expensive items. This is expected to become more common as the market matures. However, evidence does show that people are using the stores to buy additional pieces of equipment.

People tend to use their nearest store, but as the market matures there is an expectation that they will begin to make consumer-style choices about which retailers they use. The intention is that all retailers should stock the items in the standard catalogue, which will ensure that people have a genuine choice about where they buy items.

There is no system for recycling items once people no longer need them, although there are organisations which are interested in collecting, recycling or reusing items where appropriate.

4.3.1 HIAs and the retail model

The retail model presents a number of opportunities for HIAs to:

- get involved in the retail process by forming partnerships with independent living centres or other third sector organisations to sell items (private retailers already deliver and fit items and want to do this themselves in order to maximise income)
- deliver and fit items
- provide ongoing maintenance for larger items of community equipment that are included in a local retail catalogue, and
- recycle equipment.

For HIAs to access what will be a competitive market, it is likely that agencies will need to:

- work with third sector retail outlets and private retailers, and
- identify the opportunities that the retail community equipment model presents in their area.

Section 5 – HIAs and commissioners of health and social care services

5.1 A new commissioning and provider environment for health and social care

“Sufficient and efficient services that prevent problems and promote well being require whole systems working. We will take action to further join-up assessment, service delivery and commissioning to deliver better personal outcomes for older people”.

Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society, Communities and Local Government, 2008 (page 121)

Lifetime Homes, Lifetime Neighbourhoods calls for greater co-ordination and integration of housing, health and social care services, with clear messages for the way services are commissioned. The vision proposed in *High Quality Care for All* suggests greater levels of integration of services achieved through closer co-ordination of commissioning bodies, particularly between PCTs and local authorities. This builds on the Department of Health’s World Class Commissioning programme launched in December 2007, which challenges PCTs to significantly develop their commissioning capability to improve health and wellbeing outcomes for their local community.

The provision of health and care services is also set to alter radically. The separation of commissioning and health care provision is one of the most significant changes happening within the NHS to achieve better integration of commissioning. (This is set out in the guidance *Transforming Community Services: Enabling new patterns of provision*³⁰.) This is likely to produce a wide range of models of community health provision, with the development of alternatives to NHS-led provision – for example, social enterprises, charitable organisations or private companies led by existing NHS clinicians. At the same time, initiatives are being developed to improve delivery by joining up different forms of provision, such as primary and secondary care clinicians, or health and social care professionals, and possibly third sector providers. The Integrated Care Pilot programme will run up to 20 pilots for two years to explore a wide range of different collaborative models.

5.2 Practice-based commissioning

Practice-based commissioning is when services to meet patients’ needs are commissioned locally by GPs. It gives primary care professionals control over resources and allows them to develop more responsive and innovative models of joined-up support within communities.

Practice-based commissioning will also encourage practices to devote more resources to prevention. The idea is that practices will free up money to commission preventative measures to tackle the areas of high spending. Care packages will be separated into components (such as hospital discharge) which will be individually priced and purchased.

³⁰ *Transforming Community services: enabling new patterns of provision, Department of Health, 2009.*

5.2.1 HIAs and GPs

“Partnerships are fundamental to effective local intervention. Local GPs can identify older people who have started to become socially isolated and need help to get back in touch with their communities and the services on offer. The GP is often the person that older people turn to for help and advice.”

Don't stop me now – Preparing for an ageing population, Audit Commission, 2008 (page 63).

HIAs' relationship with GPs is less developed than with PCTs. However, there have been instances of HIAs linking up with GPs to deliver 'repairs on prescription' type services. Because practice-based commissioning gives GPs direct responsibility for managing the funds that follow patients through their care pathway, they will increasingly become a source of funding for services such as hospital discharge schemes and housing-related support and interventions such as aids and adaptations. HIAs should prepare for this shift in service commissioning and develop and maintain links with GPs in their area.

5.3 Influencing commissioners and health and care providers

Local authorities and their partners, including PCTs, are required to carry out a Joint Strategic Needs Assessment (JSNA). This provides an opportunity for home improvement agencies to have direct input into the planning of housing support services with health outcomes. The JSNA is likely to be reviewed every three years in line with the local area agreement review cycle, and as providers of services which impact on the health and wellbeing of the population, HIAs can make a positive contribution to this process. HIAs can draw on the knowledge gained from carrying out exhaustive assessments of client needs, then seeking to match those needs with services on the ground. This role places them in a good position to feed back intelligence to the JSNA about gaps in provision.

At an operational level, HIAs can help facilitate the crucial links needed between PCTs, local authorities and others and be the mechanism through which specific local health and housing challenges are met. Bristol Care and Repair's Healthy Homes training highlights the ability of HIAs to identify links between health, care and housing and bring together various agencies through shared objectives.

Bristol Care and Repair – Healthy Homes training

Bristol Care and Repair provides Healthy Homes training to a wide range of people who visit older and disabled clients in their homes. The training highlights the impact of poor housing conditions on health and gives delegates the skills to help older and disabled clients improve their housing conditions.

Bristol Care and Repair designed the concept in 2000 and won a Department of Health award for its innovation and potential for replication across the country. In 2006 the agency was commissioned by Care and Repair England to develop a national template.

Recently the scope and focus of the training has expanded to an even wider range of people who can help the agency and others access the vulnerable and isolated groups who need the service most.

Bristol Care and Repair has a strong track record in engaging health partners, receiving substantial PCT funding. Since 2000, over 70 sessions have been delivered in Bristol to over 1,300 people. There are now courses for fire-fighters, the commercial sector (for example, private companies running homecare services) and faith-based courses supporting people who provide services to individuals in particular faith communities.

Between 2000 and 2007, jobs carried out by the handyperson service increased by 127%, mainly due to referrals from people who attended Healthy Homes training.

As well as highlighting the impact of housing on health to individuals, the Healthy Homes training raises awareness among organisations which may not normally see themselves as being involved in improving housing conditions.

5.4 Achieving health and social care funding for HIA services – good practice approaches

Research carried out by Foundations has identified that home improvement agencies secure funding from health and care commissioners by:

- building relationships with other professionals who share involvement with HIA clients
- effective networking at events where professionals from these different backgrounds come together
- taking advantage of historical links (for instance, colleagues who used to work together), or
- even something as basic as the HIA sharing offices with health or social care commissioners.

While some HIAs will undoubtedly have a head start over others because they have a long track record of providing services for health or social care commissioners, all HIAs need to apply concerted efforts to build and maintain these links. There are a number of building blocks to achieving this:

- Understanding changing local health structures
- Making contacts with key individuals amongst local health service providers and commissioners and maintaining those contacts – for example, inviting members of the PCT onto an HIA advisory board, working with occupational therapists to develop links with other social and health services, and taking advantage of jointly attended events to bring HIA services to the attention of health commissioners and service providers
- Advertising HIA services through health service providers (for example, GP surgeries)
- Understanding the local health priorities in the local area
- Understanding how the local area agreement relates to health
- Using the JSNA, the local strategic partnership and local area agreement process to engage with health, as these processes tie health in
- Relating service outputs to health outcomes
- Identifying areas where local health services require additional support to meet service demands.

Case Study

Blackpool Care and Repair – SEASHORE (Home Safety Checks)

Blackpool Care and Repair is an excellent example of an HIA engaging successfully with its local PCTs and other health partners to secure funding and develop services. The agency shares a building with social services and has built up extensive relationships with health partners.

The SEASHORE (Seeking to Ensure a Safer Healthier Older Residents' Environment) Project is a home safety service that, unlike many similar home safety services, receives PCT funding. The service also uses a checklist that has been developed using indicators from the Housing Health and Safety Rating System. Funding previously came from the Neighbourhood Renewal Fund and the local area agreement, and now comes from the PCT and the local area agreement.

The service was initially set up to tackle high levels of hospital admissions amongst older people in Blackpool. It is free to users, although in some instances if people are referred on to associated services such as gardening or handypersons, these services may charge. The service receives referrals direct from health and social care professionals. Referrals are also received from third sector organisations. Self-referrals are allowed in certain wards. The service employs two inspectors, two handypersons and one administrative member of staff.

The service currently costs £125,000 a year. At the time of writing there have been 2,700 interventions, 850 visits and 262 properties made decent since the service was set up. A case is closed once all interventions are complete.

The Private Sector Housing department initially took the scheme forward with a one-year pilot in 2003. The Neighbourhood Renewal Fund then provided three-year funding which ceased in April 2008, and the PCT is now providing £25,000 a year for three years. This pays for a home safety inspector plus a van and small amount of materials. A further home safety inspector, plus two handypersons and materials, are funded through the local area agreement.

Other services run by Blackpool Care and Repair which have health involvement or funding (or both) include:

- an equipment service
- a falls prevention strategy
- Winter Warmth, and
- a child accident prevention scheme.

The agency also delivers the entire Disabled Facilities Grant budget in Blackpool. The PCT supplements the DFG budget by £150,000 to reduce the waiting time, which previously stood at 22 weeks for an assessment from an occupational therapist prior to Care and Repair taking over in April 2006. The waiting time has now reduced dramatically.

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Appendix A – Individual budgets: case studies

Case Study 1: The Royal Borough of Kensington and Chelsea

Who could use individual budgets?

Older people and people with physical disabilities.

What funding streams were available?

Kensington and Chelsea was the only pilot site to offer individual budgets combining all of the potential funding streams.

What happened?

Initial analysis suggests that despite making all six funding pots available there was very marginal take-up of the funding streams, other than adult social care funding. The council is continuing with individual budgets for those who took them up in 2007. At present there are approximately 50 people with full individual budgets in Kensington and Chelsea.

Was anyone else involved?

The council worked with Action Disability Kensington and Chelsea (ADKC) – an organisation run by disabled people – to enable people to access support brokers if they needed help in organising or spending their individual budget. ADKC offered advice and training to help people to become support brokers so that they can offer their skills to help others who want to take advantage of individual budgets.

Case Study 2 – Gateshead Council

Who could use individual budgets?

People with physical or learning disabilities, people with sensory impairments, and people who use mental health services at times of transition from children's services to adult services or from adult services to older people's services.

What funding streams were available?

Social care funding, Independent Living Fund, Disabled Facilities Grant and Supporting People funding.

What happened?

Most people used the money to meet personal care needs or to access social and leisure activities, including short breaks. In one case, a service user used their budget to redesign their garden into a more relaxing and safe space. Individual budgets were used to purchase equipment in a number of instances. Gateshead Council found that individual budget users tended to make use of social care and Independent Living Fund money, and that younger people were much keener to take up individual budgets than older people. Despite funding being available through Disabled Facilities Grants, there are no instances of these being used as part of a service user's individual budget in Gateshead. There are approximately 30 people on full individual budgets in Gateshead at present.

Was anyone else involved?

External advocacy organisations were involved, both in terms of the management of the pilot and in providing advice to service users.

Case Study 3: West Sussex County Council

Who could use individual budgets?

Older people.

What funding streams were available?

Social care funding, Integrated Community Equipment Services, Disabled Facilities Grants, Supporting People funding and the Independent Living Fund.

What happened?

In West Sussex most users of individual budgets made use of social care funding and not the other available funding streams. There were difficulties in aligning the other funding streams, however Supporting People funding was used by some service users. There does not appear to have been any use made of Disabled Facilities Grants. West Sussex is now mainstreaming personal budgets and rolling them out to all users. As of December 2007, there were 119 people with individual budgets and 619 receiving some form of self-directed support.

Was anyone else involved?

Age Concern sat on the pilot's project board. The local Independent Living Association was also involved and provided some support and assistance to individual budget users. West Sussex has also been in discussion with other stakeholders in anticipation that the personalisation of social care will have far-reaching implications for the commissioning and provision of services.

