Communities and Local Government

Care Services Improvement Partnership CSIP

Integrated Care Network

Commissioning housing support for health and wellbeing

July 2008

What is the Integrated Care Network?

The Integrated Care Network (ICN) provides information and support to frontline NHS, Local Government and Third Sector organisations seeking to improve the quality of provision to service users, patients and carers by integrating the planning and delivery of services.

Key to the role of the ICN is boosting communication between frontline organisations and government, so that policy and practice inform each other effectively.

The ICN is part of the Care Services Improvement Partnership (CSIP). It can be found at *www.icn.csip.org.uk*

Care Services Improvement Partnership

The Care Services Improvement Partnership (CSIP) was launched on 1 April 2005 after a formal public consultation. Our main goal is to support positive changes in services and the well-being of:

- People with mental health problems
- People with learning difficulties
- People with physical disabilities
- Older people with health and care needs
- Children and families and
- People with health and social care needs in the criminal justice system.

The ICN offers advice on partnerships and integration that cut across all services in health and social care. It works closely with other networks and programmes across CSIP to ensure synergy in improvements.

About the author

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Before beginning to work independently, she worked at the King's Fund as manager of a national project on primary care and older people followed by two years as a Fellow in Organisational Development at the Office for Public Management.

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DH INFORMATION READER BOX

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Contents

Foreword

The Integrated Care Network's (ICN) key aim is to achieve better services through the sharing of expertise and best practice around integrated service planning and provision.

This report reflects those goals by seeking to help commissioners in health, local government and other public services encompass the crucial issues of housing and its key role in promoting health and wellbeing. It aims to help them to:

- respond to housing, care and support as part of their commissioning strategies
- make best use of resources by building on existing expertise and
- increase joint working between health, local government and other sectors.

Housing, care and support are critical to success in achieving key outcomes for health and wellbeing, such as helping people retain their independence and remain in control of their health care and lifestyles. This position was also emphasised in *Putting People First*, the 2007 concordat between Central and Local Government and the NHS, as reiterated in the recent Department of Health consultation, *The Future of Care and Support*.

The end product of better commissioning of housing-related services by health and social care partnerships is more effective and more personalised services for vulnerable people and those who might become vulnerable if their housing does not adapt to reflect their changing circumstances. Other benefits of suitable housing range from reduced health inequalities and lower rates of offending to greater independence and improved mental health.

This report also builds on the February 2008 ICN publication, *A Practical Guide to Integrated Working*. This document aimed to help illustrate the different models through which localities can achieve true integration across care services, including the importance of meeting changing housing needs.

Slowly, but surely, the Government's bid to transform care and support for adults is taking shape. Effective commissioning of housing improvements boosts independence and makes best use of resources to deliver care closer to home – making it an integral part of the integration agenda.

Finally, in commending this report to you, I would urge you to find out more about the work of the ICN and the other strands of Care Services Improvement Partnership (CSIP Networks (including housing, better commissioning, telecare and personalisation) at *www.icn.csip.org.uk*. The ICN exists to provide a resource for its membership, and we warmly invite you to join.

Jeremy Porteus

National Programme Lead
Care Services Improvement Partnership Networks

Executive Summary

Who is this report for?

The purpose of this report is to help commissioners in health, local government and other public services to:

- increase the positive impact of commissioning on the health and wellbeing of their local populations by addressing housing support in their strategies
- most effectively meet relevant Public Service Agreement (PSA) targets by building on existing expertise and systems
- increase joint working between health and local government and other sectors to achieve better services.

This report contains:

- explanations of what housing-related services are and what funding streams and national programmes they sit within
- evidence that these services can offer cost-effective mechanisms for promoting health, independence and wellbeing; while reducing demand for costly services.

This publication has been commissioned by the Integrated Care Network (ICN) at the Care Services Improvement Partnership (CSIP), together with Communities and Local Government and the Department of Health (DH). It builds on the recent guide from the ICN, *A Practical Guide to Integrated Working* which is recommended as a companion to this publication (see *www.icn.csip.org.uk*)[1]

Structure of the report

The report includes information about types of need, various support models and the policy background, as well as implications and practice examples. To help readers we provide here a summary of where to go within the document for different types of information.

Introduction	Section **1**
A description of housing support services	Section **2**
Evidence about the link between housing, health and wellbeing	Section **3**
Illustration of relevant commissioning policy/ systems followed by their implications and action points for commissioners	Sections **4**
Where to go for expertise to support commissioning	Section **5**
Case examples of housing support services and their outcomes	Section **6**

Executive summary: key messages

- joint commissioning of housing support is currently under-developed. Evidence strongly suggests that timely investment in housing support can reduce demand for more costly services and enable the full benefits of other services, such as health care, to be realised.
- housing-related services are likely to offer a cost-effective mechanism for reducing dependency and promoting independence, health, wellbeing and social inclusion across a range of departmental objectives. For example, a report published by Communities and Local Government estimated that the housing support allocated within the *Supporting People* programme provided net financial benefits of £2.77 billion per year – against an overall investment of £1.55 billion.
- the role of housing support services in promoting heath, independence and wellbeing ensures relevance to a number of key national programmes, including those aiming to:
  - reduce re-offending
  - increase employment
  - promote physical and mental health and reduce health inequalities
  - increase individual choice in care and support options
  - encourage a single, community-based integrated social and health care support system and
  - promote independent living.
- there is considerable interdependence between housing, health and social care in promoting wellbeing, the joint planning, funding, commissioning and provision of services via health and social care partnerships. It is identified in national policy as crucial to meeting shared performance goals, for example greater efficiencies and PSA targets *(see appendix A for details)*.

1 Introduction

Joint commissioning

The underlying principle in current national policy across the public sector is the allocation of resources to achieve improved outcomes for communities and individuals. To achieve the best possible outcomes services must respond to needs in ways that reflect the everyday lives of individuals. This has led to policies that require separate organisations (and services within organisations) to co-operate in service commissioning and delivery.

National policy emphasises the need for joint commissioning between local government, health and other bodies with an interest in planning, funding and providing services. Such organisations are expected to work together within local systems, including:

- contributing to a Joint Strategic Needs Assessment (JSNA) to identify the pattern of need in their local areas
- developing a long term vision to meet needs via a sustainable community strategy and
- setting out priorities for the area, agreed between Central Government, the local authority, members of the Local Strategic Partnership (LSP) and other key partners. This is achieved through the Local Area Agreement (LAA).

Managing performance

From April 2009, public sector performance in joint commissioning will be assessed through a single Comprehensive Area Assessment (CAA) that will include how effectively resources have been invested and the extent to which improved outcomes for service users have been achieved (see below). The national performance indicators, from which each area will agree up to 35 improvement targets within their LAA, contain many that are directly linked to housing support *www.icn.csip.org.uk/_library/Resources/Housing/Support_materials/Briefings/Briefing21_CAA.pdf*

The National Improvement and Efficiency Strategy contains ambitious efficiency targets for local spending. The strategy, published by Communities and Local Government in January 2008, sets out how Central and Local Government will provide the support that local partnerships will need to deliver excellent LAAs. *www.communities.gov.uk/documents/localgovernment/pdf/649026.pdf*

As illustrated later in this report, timely investment in housing support can reduce demand for more costly services and enable the full benefits of other services, such as health care, to be realised. Local authorities will be supported by Regional Improvement and Efficiency Partnerships to adopt strategies that can improve outcomes and efficiency across whole systems. This is in contrast to focusing on the activities of single organisations.

Housing support is key to better outcomes

This report can help develop and improve housing support, which is critical to success in achieving health and wellbeing outcomes. This is summarised below in relation to key policy areas.

Supporting People

Supporting People is a cross-cutting programme launched in 2003. It was created from resource streams across government to provide coherent funding and policy for housing support to the most vulnerable in society. Local authorities, rather than Central Government, determine how they focus their *Supporting People* funds, based on the needs and priorities in five-year *Supporting People* strategies. The *Supporting People* programme has made a significant contribution to effective outcomes and efficient use of resources.

Physical and mental health linked to housing

It is clear from research that housing problems are strongly linked with physical and mental illness (examples are provided later in this report). There is growing evidence that with early intervention it is possible to prevent many vulnerable people getting into a downward spiral where their physical and mental health deteriorates alongside their housing circumstances.

Integrated services

In adult social care the policy direction is summarised in *Putting People First*, a concordat between Central Government departments and representatives of Local Government, NHS and care providers.[2]

The concordat describes ways to work towards a single community-based support system focused on the health and wellbeing of the local population. Such a system includes health care services, public health, social care, housing, employment, benefits advice and education/training. The intention is to re-design services around the needs of citizens with the aim of maximising individual independence and economic/ social participation.

Reducing offending

The *National Strategy to Reduce Re-offending 2008* is also based on partnership working while the *National Commissioning and Partnership Framework* outlines the importance of LAAs in developing co-ordinated services[3]. It is known that difficulties with housing following release from custody contribute to the risk of re-offending; currently 55% of offenders re-offend within two years.

Increasing employment

Obtaining stable housing is essential to gaining and maintaining employment. *Health, Work and Wellbeing,* a strategy from the DH and the Department of Work and Pensions (DWP), makes clear the importance of partnership – especially between health and employment services – in supporting people into employment[4].

Independent living

Independence, choice and control are seen as key outcomes in national policy. *The Independent Living Strategy* brings together Central Government policy in health, local government, transport, education and work and pensions[5]. The strategy is focused on supporting disabled people over 14 years

old to have the same life opportunities as other citizens. The strategy promotes developments that are directly relevant to housing support:

- developing more preventive services that avoid or reduce levels of disability
- investment in accessible housing, adaptations and equipment
- active involvement of disabled people in assessment of need, together with planning support underpinned by advocacy and advice
- personalisation of services by matching them to the life choices of individuals (e.g. enabling employment or supporting people with dementia to remain in their own homes)
- increased control over services through the allocation of funds that individuals can use as they wish (e.g. Direct Payments and Individual Budgets).

Supporting People Outcomes Framework

Communities and Local Government implemented the national *Supporting People Outcomes Framework* on 31st May 2007; it collects information on how successful the housing support services funded by *Supporting People* People have been in helping vulnerable people achieve greater independent living. The framework is based on the Department for Children, Schools and Families's *Every Child Matters* five high level outcomes. These are:

- economic wellbeing
- enjoy and achieve
- be healthy
- stay safe
- make a positive contribution.

Under each of these outcomes are several specific *Supporting People* indicators.

Reducing health inequalities

National targets exist to reduce inequalities in infant mortality and inequalities in life expectancy at birth by 10% by 2010. Alongside health services, other factors such as poor housing conditions and unemployment play a significant part in these variations.

A recent report by Health England, *Economic Incentives for Long Term Health Gain*, looked at economic incentive schemes and how agencies could tackle behaviours such as alcohol abuse, drug mis-use and poor diet which can cause these inequalities.

Better outcomes from resources invested

Housing support services are essential parts of health and social care. Investing in these services can produce significant savings through improved efficiency and effectiveness. Research published in January 2008 by Communities and Local Government showed that the net financial benefit per year from *Supporting People* is £2.77 billion – against an overall investment of £1.55 billion[6].

Such benefits arise because a moderate investment in housing support allows other service interventions to be effective. For example, support to stop substance misuse is most likely to be effective when an individual is not constantly worrying about housing problems.

Individuals who are street homeless and admitted to hospital are more likely to be able to comply with follow-up on discharge if they get support to find housing and register with a GP. An older person treated for hypothermia in hospital returning to a poorly heated house is likely to be re-admitted unless the heating and insulation of their home is improved.

Integrating housing support services into the infrastructure

While individuals with enthusiasm are important to promote change, we also need to have systems that enable integrated services to be delivered – and which also ensure continued momentum.

Increasing profile for housing and housing support

The importance of housing and housing support is at the forefront of national policy for economic development and social inclusion. The Housing Green Paper *Homes for the Future: More Affordable, More Sustainable*, published in July 2007, proposes large increases in numbers of homes and recognises the need for improved design and accessibility to meet all needs. See: *www.communities.gov.uk/documents/housing/pdf/439986.pdf*

In May 2008 the Government launched a consultation on how care and support services should develop in the future. These services include many that are housing related. The aspects being considered are:

- improving the range and quality of care and support
- how to pay for these services and
- how the service can be delivered in a more effective and integrated fashion.

The consultation will last from May to November 2008 and more detail can be found on the relevant website: *www.careandsupport.direct.gov.uk/background/*

2 What are housing support services?

This chapter explores the extensive range of housing support services that can be provided to improve outcomes for individuals and communities.

Housing needs

To experience a good quality of life, people need a home that meets the following requirements:

- a home and community you feel comfortable in, where you can go about daily activities without feeling at risk from other people's behaviour and you can use all the home's facilities
- an affordable home
- a place that you are able to keep warm, dry and well-maintained
- a place you can welcome friends and family and from which you can maintain social contact and other activities and
- in an area that is convenient for the services and people you want to contact.

Achieving these requirements can be difficult for individuals in certain circumstances. The most obvious of these factors are:

- inadequate income
- mental or physical health problems/ disabilities which prevent individuals carrying out their normal day-to-day activities within the home
- services that a person needs are inaccessible due to location and/or their abilities (e.g. mobility, transport or anxiety)
- an individual or family does not have the resources (income, information or skills) to maintain the fabric of the home, manage housing and other costs or fulfil tenancy requirements
- an individual is ejected from their home or leaves due to conflict with, or fear of, other people in the home or
- the neighbourhood is perceived to be unsafe.

The reasons why individuals and families experience these problems vary widely. It is possible to identify factors that can lead to such problems and these include:

- having been in prison and/or at risk of offending
- misusing drugs or alcohol
- mental health problems – including permanent cognitive impairment (dementia)
- having learning difficulties
- having physical or sensory disabilities, including age-related frailty

- being at risk of domestic violence or other forms of abuse
- having uncertain status e.g. asylum seekers
- a history of tenancies breaking down and/or homelessness
- unemployment, bankruptcy and marital breakdown and/or
- teenage parenthood.

Types of housing support

Housing support helps people when they experience the type of circumstance outlined above. The aim is to enable people to stay in their homes and live independently, if that is possible, and sometimes to secure alternative housing. The range of housing problems is broad and support services reflect this.

Examples include:

- help with learning skills to live independently, such as cooking and budgeting
- support in gaining and maintaining settled accommodation
- help to identify training and job opportunities
- help to access necessary utility services such as gas and electricity
- help to increase income by claiming benefits or grants (and through employment)
- help to ensure that housing meets individual accessibility, health and safety needs e.g. through repairs, equipment, adaptations, improved lighting, telecare, remote health monitoring (telehealth) and personal alarms and
- support to integrate into neighbourhoods and develop or maintain social networks.

Support services can be provided by staff attached to specially designed accommodation, for example sheltered or extra care housing and hostels. Increasingly what is called 'floating' support is also available and this is flexible. It can be provided to people wherever they live. A review in 2008 into the effectiveness of floating support identified the following benefits:

- this type of support can be provided to anyone who needs it, irrespective of the type of accommodation in which they live
- the separation of support from housing allows floating support workers to be advocates for the service user – rather than representatives of the landlord
- services are flexible and can respond rapidly to crises or emergencies
- people in isolated or rural areas can be provided with support in their own homes – services can have a greater 'reach' than accommodation-based services
- the level of support can be tailored to meet the needs of individuals and the hours for individuals can be adjusted
- floating support adopts a 'holistic' approach to assessing an individual's needs and acts as a focal point for brokering access to other services
- it can be focused to meet strategic objectives, such as tackling homelessness (by sustaining accommodation), crime, anti-social behaviour and wider social inclusion issues

- it can deliver health and social care outcomes – including prevention of hospital re-admissions, support through hospital discharge, reduction of substance misuse and reduced institutional care and
- positive outcomes for service users – including improving quality of life, learning independent living skills, accessing training/employment and improving health.

Supporting People

Supporting People is a cross-cutting programme launched in 2003. It was created from funding streams across the Government to provide coherent funding and policy for housing support to the most vulnerable in society. Local authorities, rather than Central Government, determine how they focus their *Supporting People* funds, based on local needs and priorities. More than one million people a year benefit from *Supporting People* including older people, people with mental health problems and learning difficulties or people who are vulnerable in other ways.

The commissioning body, which is a partnership of the local authority, health and probation, makes overall strategic decisions – and decides on the direction of local commissioning. The commissioning body is supported by a strategy group and a forum involving service providers and service users. In each area there is a *Supporting People* Team, or its equivalent, that delivers services and oversees contracts.

In *Independence and Opportunity,* the Government's strategy for *Supporting People*, ministers announced pathfinders to explore the impact and benefits of delivering *Supporting People* funding through the new Area Based Grant (ABG)[7]. ABG will pool a number of grants, including *Supporting People*, into a single non-ring-fenced grant.

The non-ring-fenced nature of the grant will allow the authority the flexibility to more effectively respond to local need – and to deliver more efficient services that can be tailored to meet the needs of their users. Communities and Local Government aims to include *Supporting People* programme grant in the ABG from 2009/10, assuming pathfinders in 2008/09 do not raise serious concerns.

The *Supporting People* programmes in each locality commission substantial preventive services with many provided by third sector organisations. Investment in this sector is approximately £1 billion per year nationally. The expertise within *Supporting People* programmes is a valuable resource in developing strategies for commissioning housing support as part of delivering LAAs and the new local government performance framework.

Commissioning and providing housing support

Many organisations commission or provide support to enable people to live independently in their own homes. Local authorities commission a range of services including home alarm services, equipment/adaptations and support staff.

The largest group of users are older people. Currently each local authority is responsible for managing the *Supporting People* programme with funding from Central Government.

Some organisations, such as the probation services and post-hospital discharge support teams, have an explicit role in re-settling people into the community. Home Improvement Agencies offer advice and support to vulnerable people whose properties require repairs/maintenance work. The Citizens Advice Bureau and community legal services offer help in claiming benefits and asserting legal rights around tenancies. Primary care trusts (PCTs) might commission remote health monitoring equipment to enable people to manage long-term health conditions safely. The police and fire brigade can offer advice on improving home security and safety.

Incentives for joint commissioning of housing support services

Joint commissioning of housing support is currently under-developed. There are good reasons for commissioners, particularly in local government and health, to include housing support within their joint strategies. There are four important incentives for taking this approach:

- personalisation: the link between housing, health and wellbeing is strong; for many groups it is essential to invest in housing support as part of improving health and wellbeing
- performance: the targets against which the performance of PCTs, local authorities and other agencies are assessed cannot be fully achieved without a more joined-up approach
- prevention: relatively small investment in housing support services can prevent much more costly interventions later
- partnership: organisations are increasingly expected to commit to joint working through methods such as pooled budgets to meet shared outcomes.

The following sections of the report illustrate how these incentives work in practice.

3 The link between housing, health and wellbeing

In this chapter we examine how poor or inappropriate housing affects health and wellbeing – and the impact on both individuals and health services.

Illness and death caused by low temperatures in homes

Living in a home that is cold due to poor insulation, inefficient heating systems and unaffordable fuel bills is a proven cause of illness, particularly in older people. A Help the Aged and British Gas survey in November 2007 estimated that 2.5 million people stay in one heated room to keep fuel costs down. Examples of the health consequences are shown below.[8]

Cardiovascular disease:

- Circulatory diseases are responsible for around 40% of excess winter deaths (approximately 13,000 people in 2005/06).
- The cold increases blood pressure – one study showed a 1°C lowering of living room temperature is associated with a rise of 1.3mmHg blood pressure. A rise in blood pressure during the cold increases the risk of heart attacks and strokes.

Respiratory illness:

- Cause of around 33% of excess winter deaths (approximately 10,500 individuals in 2005/06).
- The cold lowers resistance to respiratory infections. Being cold impairs lung function and can trigger broncho-constriction in asthma and chronic obstructive pulmonary disease.
- Dampness is associated with cold houses; damp increases mould growths, which can cause asthma and respiratory infections. Home energy improvements have cut school sickness by 80% in children with asthma or recurrent respiratory infections.

Cold houses affect mobility and increase falls and non-intentional injuries:

- Symptoms of arthritis become worse in cold and/or damp houses. Strength and dexterity decrease as temperatures drop, increasing the risk of injuries.
- A cold house increases the risk of falls in the elderly.

Mental and social health

- Damp, cold housing is associated with an increase in mental health problems. Social isolation occurs if people are reluctant to invite friends to a cold house. In cold homes where only one room is heated, it is difficult for children to do homework, affecting educational results and long-term work and health opportunities.

Homelessness and ill health

Not having a roof over your head or being in temporary accommodation has severe consequences for individual health. People with chronic health problems are at greater risk of becoming homeless. The CSIP Housing Learning and Improvement Network (LIN) website has a briefing on homelessness.[9] The bullet points below summarise the vicious cycle that individuals can become locked into.

- poor health puts people at risk of homelessness. Significant numbers of individuals find themselves unable to pay the mortgage or rent due to mental or physical health problems. Short-term arrangements like living with friends can often break down, especially for those with mental health or substance misuse problems
- being street homeless increases the risk of poor health. Exposure to infection, the elements and violence is common and people lose control over nutrition, personal hygiene and sleep
- homelessness complicates any efforts to treat illness and injury; the health care systems are not set up to provide services to this group and
- people who are homeless suffer all illnesses at three to six times the rates experienced by others and have dramatically lower life expectancy.

Reasons for older people seeking to move from existing housing

A detailed study by the Joseph Rowntree Foundation of older people moving to housing with care identified several types of housing need that were important triggers in the decision to move[10].

These include:

- financial difficulties
- divorce
- breakdown of informal living arrangements with family or friends
- loss of accommodation linked to employment
- insecure tenure
- access problems caused by lack of lifts to flats above ground floor or difficulties using internal stairs and
- anti-social behaviour in the neighbourhood.

Housing problems, unemployment and health

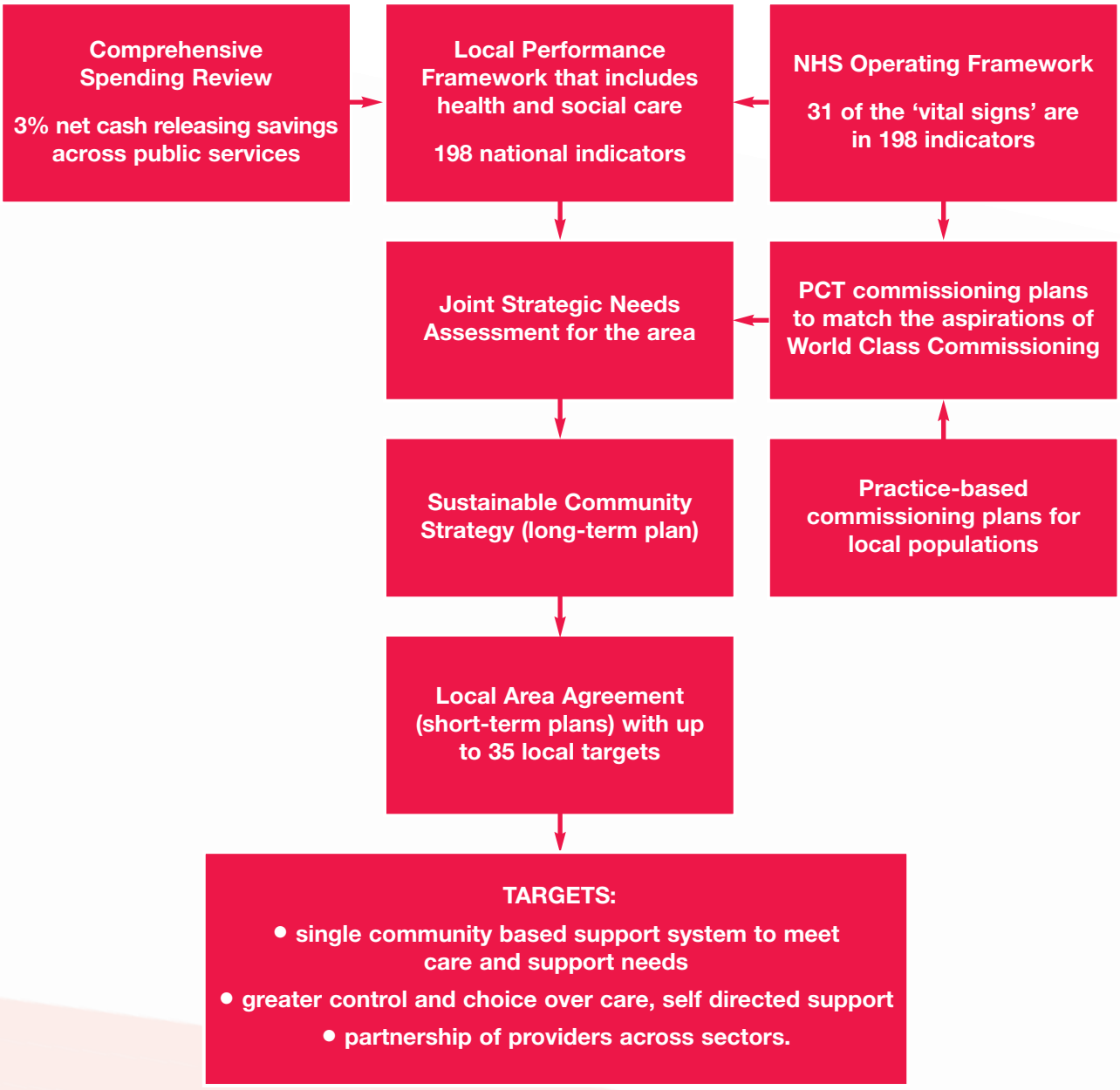
In *Choosing Health: Making Healthier Choices Easier*, the DH identifies the adverse effects associated with unemployment:

- increased smoking at the onset of unemployment
- increased alcohol consumption with unemployment, especially in young men
- more weight gain for those who are unemployed
- reduced physical activity and exercise
- use of illicit drugs by the young who are without work
- increased sexual risk–taking among unemployed young men and
- greater incidence of self–harm, depression and anxiety.

As illustrated in case studies shown later, support to secure settled accommodation helps people to gain and sustain employment.

4 Policy implications and action points for commissioners

This chapter illustrates how investment in housing support can release resources elsewhere and help service users from a variety of client groups. It also shows how bringing together public health, social care and housing support expertise can help in the drawing up of a JSNA.



Overview of commissioning systems

The diagram opposite summarises systems and policy for commissioning health, social care and housing support and illustrates how interconnected they are.

Invest in housing support to improve performance

As illustrated by case studies later in this report, housing support can prevent deterioration in health and wellbeing. These services can also ensure that other interventions such as health and personal care are effective. Based on the commissioning policy and systems *(see diagram)*, the following paragraphs provide detail on implications for commissioners and suggested action points.

Cash releasing value for money gains

Under the Comprehensive Spending Review all public services will be required to achieve 3% net cash-releasing 'value for money' gains per year, between 2008/09 and 2010/11. This will affect both local authorities and PCTs.

The national guidance, such as *Delivering Value for Money in Local Government*, outlines how these gains should be achieved through improved commissioning and procurement and service re-design. The *Value for Money Delivery Agreement* produced by the DH describes areas in which savings could be made – through improving performance – if all areas came closer to the best performers in the country.

The areas where housing support can play a major role in re-ordering services are listed below:

Mental health – reductions in inappropriate admissions and lengths of stay.

The crises for people with mental health problems are often related to a combination of factors, including income and housing. Housing services can reduce the risk of such crises and increase the likelihood of individuals adhering to appropriate treatment/therapy.

Drug treatment – developing alcohol treatment (every £1 spent saves £5 on health, social care and criminal justice)

Housing services that enable people with substance misuse problems to maintain settled accommodation will improve the uptake and likely success of treatment.

Urgent and emergency care – reducing the numbers of ambulance call-outs that result in a trip to hospital

Floating support workers who respond quickly to urgent needs can enable ambulance crews to decide someone is 'safe to leave' (i.e. they do not need emergency admission to A&E). Personal alarm systems and a safe home environment also make this more possible.

Productivity and variation in hospital activity – reducing average lengths of stay and elective and emergency admissions.

Discharge delays can be reduced by speedy arrangement of equipment and adaptations. Reducing falls will lower admission rates.

Action points

PCTs and social services can assess local performance on the above four areas and the costs associated with less than optimal performance. Levels of housing support available to help achieve good outcomes can also be identified by examining current commissioning through *Supporting People*, equipment services and disabled facilities grant.

Local Performance Frameworks

Delivering Health and Wellbeing in Partnership: The Crucial Role of the New Local Performance Framework, describes the elements of the performance framework that will cover both health and social services from 2008/09[11]. It includes the single set of 198 national indicators that will form the basis of performance management of local authorities and their partnerships (including those with health bodies). **There are 22 of these indicators that can be directly linked to housing support and these are set out in Appendix A.**

The *NHS Operating Framework* contains 'vital signs' – performance requirements that need to be reflected in PCT Operational Plans. Thirty-one of these are also within the 198 national indicators. The PCT's operational plan will set out the contribution they intend to make to the LAA.

Action points

When the focus of the *Joint Strategic Needs Assessment (see next section)* is being agreed between partner organisations, it will be important to ensure that housing needs are included. Based on the evidence in this report, it is possible to make a link between gaps in housing support and poor performance in service areas such as emergency bed days, re-admission rates, drop-out rates form drug treatment and levels of depression/anxiety.

Joint Strategic Needs Assessment (JSNA)

The Commissioning Framework for Health and Wellbeing introduced the requirement for local authorities, PCTs and practice-based commissioners to undertake a JSNA – a shared picture of needs across local populations and the basis of joint commissioning (including local housing strategies)[12]. This document also made it clear that NHS funds could be used for a very wide range of needs, including any that are for the prevention of illness (housing support would fall within this category).

Action points

It is essential to build a picture of the groups whose circumstances make maintaining their current home or finding settled accommodation difficult. Commissioners need to know about several aspects of housing support:

- the needs of vulnerable people in the population and where there are gaps in meeting needs
- the profile of housing and tenure patterns and
- plans for housing developments, such as new housing in response to the Housing Bill, which may include provision for vulnerable groups.

The knowledge and skills relevant to the care market, including housing, are spread

across several functions. There is scope to integrate commissioning systems.

For example, some PCTs and social services have created joint commissioning teams in order to have a more coherent approach to data collection and analysis of supply and demand for health and social care.

Other local authorities have integrated housing and adult social services under single management.

Elsewhere, PCTs and local authorities have created single public health posts.

These developments highlight the potential for greater integration in which housing expertise, public health and social care are brought together. This approach will assist areas with their JSNA.

For more information and ongoing updates, please see the ICN website, *www.icn.csip.org.uk*.

PCT commissioning strategies

World Class Commissioning (WCC) was published in 2007 and summarises the direction in which health commissioning should be moving[13]. It has a strong emphasis on outcomes, all of which can only be achieved through partnership between PCTs and other organisations.

These include:

- better health and wellbeing (healthier and longer lives and reduced inequalities)
- better care for all (evidence-based, high-quality and personalised) and
- better value (informed investment and more partnerships with others to optimise care).

Action points

WCC provides a website that can be consulted to keep up to date with continued developments. Details are provided about the vision and competencies for WCC and information will be added about the accelerated development programme and the framework for earned autonomy in due course. See: *www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Commissioning/Worldclasscommissioning/index.htm*

Practice based commissioning (PBC)

Practice Based Commissioning – Budget-Setting Refinements and Clarification of Health Funding Flexibilities, Incentive Schemes and Governance is a key paper for linking housing support and practice-based commissioning (PBC).[14] Within this document is a summary of the menu of areas where practice based commissioners might be able to use funds to commission preventive services, many of which cut across health and social care and have an element of housing support. PBC is expected to develop to cover non-acute services that have a strong preventive element including:

- social and practical support to isolated older people
- self-monitoring equipment for people with long term conditions and
- crisis avoidance and interventions – including aids and adaptations, telecare and equipment.

Action points

Given that housing support services are by their nature focussed on people's homes, there is clear relevance to local primary and community health services. The more settled families and individuals are in terms of their housing, the easier it is to promote their health and treat illnesses and conditions.

Increased safety at home, inclusion in the community and risk management and monitoring are the bread and butter of housing services. This type of support will lead to reduced demand on primary and social care and reductions in emergency admissions. Groundwork on the potential for locality based services would allow for PBC to be developed in this way.

Local Area Agreements (LAA)

The Local Government White Paper, *Strong and Prosperous Communities,* requires a single set of priorities for local partners as expressed through LAAs, which aim to improve whole localities (rather than individual services within them)[15].

This approach relies on partnership between statutory organisations to meet objectives that they cannot fulfil on their own e.g. improvements in public health, supporting people with complex needs and promoting economic development. Subsequent legislation has introduced a duty on local authorities and health bodies to co-operate in agreeing local targets for service development.

The LAA is now the main system through which PCTs, local authorities and other organisations state their joint commissioning plans for the coming three to five years. The discussions that lead to the development of the LAA need to include issues like how to meet inter-related objectives such as improving safety and perceptions of safety in the streets, reducing levels of drug-related crime and reducing levels of rough sleeping.

The ICN has produced a briefing on the White Paper summarising its implications, see: *www.icn.csip.org.uk/_library/Resources/ICN/Strong_and_Prosperous_Communities_LG_WP_briefing_Jan_ 07.pdf*

Action points

In each locality partners must set some targets for improvement against the national indicators; up to 35 such targets can be agreed. Partners that are interested in health and wellbeing will select local targets that include the development of housing services.

Increasing individual choice and control

The White Paper *Our Health, Our Care, Our Say* emphasises the need for individuals to have greater control over their own health and care and for services to aim at enabling health, independence and wellbeing. It introduced the mechanism of Individual Budgets to give people more choice and control, together with the idea of pooling funds from several sources to create these budgets. The funding sources can include those from *Supporting People*, community equipment and disabled facilities grant as well as social care.

Individual budgets are currently being piloted nationally so evaluation of outcomes is at an early stage. Pilots report that they have had success in combining budgets for *Supporting*

People and integrated community equipment to enable people to meet a range of housing needs from a single pot of money. Given the choice, individuals will often seek different solutions to their needs that are more effective in enabling them to be independent compared to the outcomes of assessments by professionals. (See: *individualbudgets.csip.org.uk/index.jsp*).

Action points

To support this move to greater individual control, commissioners need to develop their role as shapers of the provider market. Providers need to be supported to be more flexible in their approach to meeting individual needs.

Market development

As indicated in a recent report[16] by the Commission for Social Care Inspection (CSCI) local authorities and partner organisations need to give much clearer signals to possible providers and investors about the type of services they wish to commission in the future. The current system tends to promote inflexible care and support services that are not person-centred in which costs are kept down through standardisation and economies of scale.

Effective housing support services must be flexible in aspects like timing as well as the range of support/expertise that a single worker can offer. In the future, greater numbers of individuals will have sufficient funds to purchase their own services and local authorities have responsibility for nurturing a market that can meet their needs.

Action points

It is clear that market development of this type cannot be achieved simply through the issuing of service specifications and invitations to tender. Open dialogue between commissioners, providers and service users is needed in a non-competitive atmosphere where opportunities and risks can be honestly discussed. Commissioners can influence providers in a number of ways, for example:

- through involving current providers in discussions about local needs and service gaps
- by facilitating discussion between service users and providers about service development
- by facilitating co-operation between providers to improve co-ordination of services on the ground
- encouraging new providers across all sectors, including the third sector, by inviting them into discussions and
- through the specification of contracts.

Developing the independent sector

Private sector providers have access to capital if they can produce a convincing business case. Voluntary, community organisations, social enterprises are at a disadvantage in this respect – although social enterprise models may enable easier access to investment compared to voluntary organisations.

Opportunities exist to promote third sector providers by offering three-year funding arrangements and supporting the development of consortia that can spread administrative overheads. The growth of self-directed support (via *Direct Payments*

and *Individual Budgets*) can provide opportunities for social enterprises (and private sector providers) to develop innovative services. This will only happen if potential providers are aware of the changes underway and how funds will flow to individuals.

Action points

The Office of the Third Sector, based in the Cabinet Office, has a role in promoting partnership between Central Government, Local Government and other public services and the third sector. More information can be found on the relevant website, see: *www.cabinet office.gov.uk/third_sector/*

One of the national performance indicators (NI 7) relates to 'an environment for a thriving third sector'. Performance against this indicator will be measured in all areas by a survey of third sector organisations. A briefing paper for Local Strategic Partnerships (LSPs) about this is available, see: *www.cabinetoffice.gov.uk/third_sector/~/media/assets/www.cabinetoffice.gov.uk/third_sector/ni7_briefing%20_note%20pdf.ashx*

A report from the ICN underlines the potential support various models of social enterprise can offer other key Government health policies – such as personalisation, integration and choice. It examines the different models available to NHS organisations or local authorities considering this route, see: *www.icn.csip.org.uk/_library/Social_Enterprise.pdf*

Co-ordinated service delivery

The *Putting People First* concordat announced funding to support system-wide developments to improve health and wellbeing. It emphasises the importance of the JSNA as central to joint planning and a way to plan for a single community-based support system delivered through co-ordination and integration of systems rather than structural change. It foresees self-directed support as mainstream and telecare as integral.

Action points

At an individual level, assessment of needs should include those related to housing alongside health and personal care. It seems likely that the proposed Common Assessment Framework for Adults Services will include housing issues.

However, in advance of these policy developments it is good practice to incorporate housing needs into the Single Assessment Process or equivalent for mental health and learning difficulties. These have domains related to home environment, location of housing, access, finances and daily living.

The aspect of the process that is likely to need strengthening is timely and co-ordinated referral to services. As illustrated in some of the case studies later in this report, a care package may break down due to predictable problems with a tenancy, poor home maintenance or isolation.

Systems that can be used to jointly commission housing support services

Legislation allows commissioners to use their budgets jointly to promote greater integration of services and improved outcomes. Summarised below are three approaches that can be used.

Pooled budgets

Given the overlapping interests of health and local government in this area, there are strong arguments for pooling budgets that have been used by social services and PCTs to fund services that come within the definition of housing support.

In addition, social services and PCTs might divert funds out of existing services and into housing support. For example, money previously used to commission residential intermediate care might be allocated towards floating support for high-risk owner-occupiers to reduce the risk of falls and social isolation. Advice on implementing pooled budgets and other Health Act flexibilities (lead commissioning and integrated provision) is available on the ICN website, see *www.icn.csip.org.uk*.

Lead commissioning

Given the local authority experience of *Supporting People* and housing services in general, a PCT might decide to devolve the commissioning role using a pooled budget to the local authority.

Budget alignment

As an alternative to, or a step towards pooled budgets, it is possible for PCTs and social services to develop a single commissioning plan and agree to use their funds in a co-ordinated way to commission a coherent set of services between them.

Joint steering groups with a wider membership can ensure that all relevant perspectives are included. For example, the probation services and prison might be part of a service to improve housing options and reduce offending.

People with learning difficulties

The *Valuing People Now* consultation paper contains a section on housing and the need to accommodate in ordinary housing people with learning difficulties who are still in institutional settings or living with family in adulthood. See: *www.dh.gov.uk/en/Consultations/Closedconsultations/DH_081014*

Older people

The National Strategy for Housing in an Ageing Society emphasises the importance of joined-up assessment, service delivery and commissioning between health and local government regarding the planning of new housing, improvement of current housing and housing support[17].

The Housing LIN also published a toolkit for producing a local strategy. *More Choice, Greater Voice* is available at: *www.integratedcarenetwork.gov.uk/index.cmf?pid=462&catalogueContentID=2545*

People with mental health needs

The most recent policies relating to mental health emphasise the priority to be given to enabling people to recover and live normal lives in permanent, ordinary housing so they are included in their local communities. The National Social Inclusion Programme is relevant to this area of service development; more details can be found at: *www.social inclusion.org.uk/ home/index.php*

That programme also includes the report, *Mental Health and Social Inclusion* and 12 *factsheets*, all available at *www.socialinclusion.org.uk/publications/Action_on_Mental_Health%20Fact_Sheets.pdf*. One of the *factsheets* is *Mental Health and Housing* with examples and contacts.

People who misuse drugs

The positive role that housing and housing support services play in bringing stability to drug users' lives is well recognised. They can provide a stable base from which to engage with treatment services – as well as preventing homelessness. Those with accommodation are reported to be nearly twice as likely to have positive outcomes from their treatment than those who have no fixed living place.

Providers of supported housing and social landlords who provide general needs housing are likely to already be housing drug users. They, along with those providing specialist accommodation, all face the challenge that many people in need of their help and accommodation are likely to be using drugs and/or excessive levels of alcohol.

The Home Office, Communities and Local Government, Ministry of Justice, DH, the, National Treatment Agency and CSIP will produce a joint paper in 2008 on improving practice to integrate housing services for drug users. This will build on other documents such as the toolkit produced by Homeless Link which helps commissioners and providers create more integrated pathways for drug users. The toolkit is available at: *www.toolkits. homeless.org.uk/ cleanbreak*

5 Existing resources and expertise in joint commissioning and housing support

This chapter explains how local commissioners do not have to re-invent the wheel and should instead learn from the plentiful sources of data and solutions already out there.

Housing Learning and Improvement Network

The Housing LIN is part of CSIP Networks within the Care Services Improvement Partnership. The LIN provides opportunities for people to learn from each other through publications, events, newsletters and networking. Case studies of good practice are included in the newsletter and are available through the website. CSIP has several other networks that offer similar support in related aspects of partnership and commissioning. These include:

- Integrated Care Network
- Telecare LIN
- Better Commissioning LIN and
- Leadership and teamwork Development LIN.

Membership is free and further details can be found at *www.icn.csip.org.uk*

Within CSIP there is also the Care Services Efficiency Delivery (CSED) programme. The programme works collaboratively with local councils, the NHS and service providers to develop and support initiatives to gain sustainable efficiency improvements in adult social care. Its work includes community equipment, modernisation of home care and better buying. For more information see: *www.csed.csip.org.uk/*

Supporting People teams, local needs analysis and programmes

In every area there will be a *Supporting People* programme with a team that develops and administers housing support services. These people have considerable knowledge about local needs, the market of providers and relevant national policy. Their work spans housing and social care and they are likely to have built alliances within both fields and understand the constraints on, and opportunities for, partnerships.

They are likely to have reviewed the geographical spread of need for housing support, the balance of owner occupation and social housing and the demand for public and private services.

People with experience in community development

Recent years have seen a growth in initiatives to develop joined-up services that reflect the needs of particular groups of people and the places where they live. Commissioners and providers of these types of community development projects will have experience that is relevant to housing support for various user groups (defined by

age, ethnicity, disability, illness, housing status) or in specific geographical areas.

These types of initiatives include:

Sure Start

Support for children under five years and their families, usually based at children's centres and providing access to support related to health, employment, child care, benefits, housing and training.

Partnership for Older People Projects

Set up in 2006 and 2007, these pilot sites have been developing integrated services for older people to promote health and wellbeing. The services include preventive support, improved transfers between hospital and community services, greater engagement of users and carers in assessment and care management.[18]

Neighbourhood Renewal

A programme that started several years ago and targeted on deprived areas, including the building of neighbourhood management to encourage the engagement of communities in developments and to improve co-ordination of services.

Better Government for Older People

Launched in 1998, this involved 28 pilot projects across the UK with the aim of involving older people in developing improved services and greater community engagement. Services developed in pilots included those related to housing issues.

Learning from the past

Even if initiatives have ended there are likely to be reports, databases and other materials that throw light on local needs, how partnerships worked, who was involved etc.

Experience of the Health Act flexibilities

People who have taken the lead in partnership developments based on pooled budgets or joint commissioning via Health Act flexibilities will have valuable perspectives. There are technical and legal issues that they will be familiar with as well as issues of building partnership between health and local government, service commissioning and joint or lead management of services. The ICN provides information and support regarding this legislation and relevant publications can be found on its website: *www.icn.csip.org.uk*

Third sector/community and voluntary organisations

Many of the case studies shown later in this report include third sector organisations that have developed a broad range of support services for vulnerable groups. These organisations have expertise in designing new services, are often closer to the grass roots in terms of understanding local needs and might be trusted more by users.

They have knowledge and skills to contribute to the process of service specification and commissioning as well as being possible providers

Housing associations

The Government includes housing associations within its definition of the third sector. In March 2007, the housing association sector owned over 2.1 million homes, housing some 5 million individuals and families.

This figure includes over 405,000 units of supported housing and housing for older people – a very large proportion of which will be in receipt of *Supporting People* funding and will have also received capital funding from the Housing Corporation.

Additionally, many residents living in general needs housing will be in receipt of *Supporting People*-funded floating support services.

The support housing association residents receive might be provided by the housing association that owns the property, by another 'specialist' housing association that caters for particular vulnerable client groups or by other service providers. Most housing associations operate across boundaries and will work with a number of local authority commissioning bodies.

Social Enterprise

These are organisations that are run along business lines but where any profits are reinvested into the community or into service developments.

Social Enterpirse is seen as offering a new opportunity for the transition of some services away from traditional health and care services – and offers a potentially new perspective to more traditional voluntary and community sector services. See: *www.integratedcarenetwork.gov.uk/_library/Social_Enterprise.pdf*

Housing Corporation (The National Affordable Homes Agency)

The Housing Corporation is the national government agency that funds new affordable housing and regulates housing associations in England.

Through its 2006/08 National Affordable Housing Programme, the Housing Corporation allocated around £385 million towards housing specifically designed or designated for vulnerable people in supported housing or accommodation for older people. The Housing Corporation encourages the innovative use of joint capital funding opportunities for supported housing projects with other government funding streams.

The Housing Corporation is also the statutory regulator of the housing association sector and monitors their performance through its Regulatory Code and Guidance.

From April 2009, the corporation and English Partnerships will become a new agency, the Homes and Communities Agency.

6 Examples of development in housing support services

Set out below are instances where housing support has achieved service improvement as well as value for money. We also draw on research. Some of the services have been jointly planned and/or funded and all have the potential to be organised in this way.

Reducing health costs

Reducing risk of hip fracture and associated costs

Falls leading to hip fracture are a major problem internationally. In the UK in 2000 they cost £726 million. Housing adaptations, including better lighting, reduce the number of falls significantly.

There is a 30% increased risk of fracture of the hip for older women if they are suffering from depression. There is evidence that the most consistent health outcome of housing interventions is improved mental health. Findings on the impact of adaptations include 70% increased feelings of safety and an increase of 6.2 points in the SF 36 scores for judging mental health.

Visual impairment leads directly to 90,000 falls per year in England and Wales at a cost of £130 million. The chances of hip fracture for those with poor depth perception are six times the norm. Poor quality lighting in the homes of older people puts them at greatly increased risk. Swedish research indicates large savings to be made through improvements to housing and suitable equipment for people with visual impairment.

People can fall while 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[17].

Falls reduction

The *Sure Footed in Salford* pilot was designed to create more integrated management of falls in older people. The aim was to train housing support staff to identify people at risk of falls and assist with preventive measures.

Preventing accidents and reducing emergency hospital admissions were important objectives.

Recruitment to a trial of fall detectors and bed sensors was limited but those who took them up and used them avoided falls during the pilot. The pilot involved housing/planning and community/social care in the local authority, the PCT, Age Concern and user representatives.

Injury reduction in carers

For parent caregivers without adaptations and equipment there is a 90% chance of musculo-skeletal damage, falls leading to hospitalisation and stress caused through

inadequate space. When suitable adaptation/equipment is supplied there is improvement to physical and mental health of the carers.

Facilitating hospital discharge

Savings through adaptations and equipment

The provision of adaptations and equipment can save money by speeding hospital discharge. It can also reduce admissions to hospital by preventing accident and illness. The Welsh Care and Repair agencies' Rapid Response Programme targets adaptations at individuals assessed to be a high risk (for example those recently discharged from hospital). Estimated savings are between £4 million and £40 million.

Practical support at time of hospital discharge

Age Concern South Staffordshire provides services in seven hospitals, including two in neighbouring authorities. Each year it supports over 3,000 people, almost half of whom are over 80. Its service provides a range of practical supports: shopping, prescription collection, food preparation, heating, cleaning, transport to appointments, home safety checks and remedial work, bill payment and contact with relatives.

It links users to opportunities for social contact and activity and has enabled users to claim over £2 million in benefits each year. By addressing not just practical, but also emotional, social and financial needs, the services ensure safe discharge and help to restore confidence, motivation and inclusion. The resulting re-admission rate is less than 3%.

Earlier discharge and reduced re-admissions

The *On Track* service in Doncaster provided floating support for young people (16-25) with dual diagnosis (mental illness and substance misuse) at risk of being homeless or already homeless. The service aimed to intervene early and maintain contact with service users so that improvements were sustained.

The support workers ensured that people could be discharged from hospital as soon as they were ready, liaising with housing providers to either set up or maintain tenancy arrangements and co-ordinating other services.

Re-admission rates fell significantly for those supported. Take-up of health and other services increased and people remained engaged with support services in a way that they had not done before. At the end of the pilot period the service was integrated into the Doncaster Dual Diagnosis Strategy.

The service was provided through a voluntary sector housing organisation and commissioned via the *Supporting People*/Housing services of the local authority in co-operation with the local community mental health team.

Improved care and reduced bed occupancy in mental health

The Adult Mental Health Care Group at Sheffield Care Trust has introduced a discharge facilitator scheme. During 2003/04 bed occupancy averaged 119% (in four wards with 106 beds in total) and on average 20 beds were occupied by service users ready for discharge.

Approximately half the delays were people waiting for supported accommodation: the

problems included basic tenancy issues, benefits and grant applications to support furnishing new homes or secure funding arrangements.

Discharge facilitators aim to create co-ordinated and timely discharge for patients who have difficulties with benefits or housing. The client group included people who were at risk of becoming homeless or who had financial difficulties (e.g. through rent arrears), were homeless upon admission or became homeless during their in-patient care. Others' housing requirements had changed due to their new care needs.

Impact on service delivery:

- the acute inpatient service between 2004/05 had 892 admissions, of which 182 were supported by the discharge facilitators
- bed occupancy has reduced from 119% (2003/04) to 108% (2005/06), and
- out-of-town referrals have reduced from 52 (2003/04) to 13 (2005/06).

Impact on service user experience:

- of 182 service users identified as at risk of losing their home or needing a change in accommodation during 2004/ 05, 67% did not experience any delays in being discharged and periods of delay halved
- 20% of service users accessed the support
- 60 individuals were helped to find new accommodation and
- positive service user feedback regarding focus on service user choice – practical support provided including being accompanied during a 'move' and while 'settling in'.

Reducing health inequalities

Improving health of sex workers

The *SwanNest* service in Northampton meets the accommodation and health needs of sex workers or people at risk of becoming sex workers; 80% of whom were homeless and 90% drug mis-users.

The aim was to increase take-up of supported housing and improve access to primary health care and treatment for sexually transmitted infections. The longer-term aim was to help individuals leave the sex industry.

A tenancy support worker offered help in gaining and maintaining accommodation and two beds were available for people needing support before gaining a tenancy.

Development work with other agencies led to improved access to short term accommodation (e.g. night hostels) for sex workers. The service enabled approximately half of the homeless individuals to move to long-term housing.

Registration with GPs increased as did take-up of drug treatment. The pilot developed through partnership between the PCT, council, police, drug services, primary care practice and voluntary sector.

Improving health of people with HIV/AIDS and communication difficulties

This pilot was to provide support services for people living with HIV/AIDS who were either homeless or at risk of homelessness and who had communication difficulties.

The aims were to make contact with individuals who found it hard to access support, to increase tenancy

achievement/sustainment and improve their general health. One objective was to increase numbers registered with GPs.

The service was provided by the Terrence Higgins Trust and commissioned by Southwark and Lambeth councils and Lambeth PCT (commissioning voluntary sector services for Lambeth, Southwark and Lewisham PCTs). The service was able to help people that the traditional *Supporting People* programme had been unable to support effectively.

The outcomes included better self-reported health for 80% of users, take-up of antiretroviral medication, new registrations with a GP, new attendance at HIV clinics and effective maintenance of tenancies. The use of a well-established voluntary organisation helped with access into networks of services, lack of stigma and service flexibility.

Support for people with dual diagnosis

In Hull a new service, *Clearview*, opened in March 2007. It is delivered in partnership between Hull's *Supporting People*, Health and Adult Social Services teams and the Drug Action Team in conjunction with the accommodation provider English Churches Housing Group.

The aim is to provide medium-term accommodation and support services to people with complex support needs, such as drug/alcohol dependency and mental health issues or other complex needs. The service is intended for vulnerable people with chaotic lifestyles who are committed and motivated to accessing treatment, establishing stability and maintaining a drug-free life. Service users live in a safe, supportive environment to enable them to address their individual issues and goals.

The service aims to develop working partnerships with local support agencies in order to deliver integrated housing support services. The staff team provides a seven day, 24-hour housing and general counselling and support service.

Staff focus on relapse prevention, sustaining/maintaining tenancies and encouraging service users to implement solutions to problems or challenges. The service is jointly funded by adult social services, the PCT, Drug Action Team and *Supporting People.*

Employment and mental health services via primary health care

Covering four GP practices, Jobs in Mind at St James House, Camden in north London, has provided supported employment services since 1999. Most clients have severe and enduring mental heath problems and receive incapacity benefit and have typically been unemployed for over five years.

The service is based on the well-researched *Individual Placement Support* and *Supported Employment Models*, as well as rigorous monitoring and evaluation of outcomes with user involvement. It uses a structured person-centred approach to assessment, action planning, support, review and care management.

This enables clients to choose, reach and maintain vocational outcomes. Last year the service supported 22% of its clients into paid employment, 24% into voluntary work and 27% into education and training.

Preventing admission to residential care

Assistive technology for people with dementia

This service was provided by Dane Housing in Cheshire and aimed at enabling people with dementia to stay in their own homes for longer.

Assistive technology was installed in the homes of 75 people with dementia and a comprehensive manual – including details about referral and assessment procedures – was developed. Partnerships were developed with hospital discharge teams to enable effective planning for technology as part of returning home.

Some cases were being considered for permanent residential care. As evidence about the benefits of such technology emerges, national policy is for both health and social care to invest in telecare as 'integral not marginal'.

Moving out of residential care into ordinary housing

Adaptations – improved quality of life and reduced costs

For a seriously disabled wheelchair user, the cost of residential care is £700-£800 a week – £400,000 in 10 years. In a London borough two wheelchair users were able, after the adaptation of suitable properties, to leave residential care placements that had been costing the local authority a total of £72,800 per year.

This will achieve annual savings of over £30,000 for each of them after the first year. One or two similar cases per housing authority would produce savings in England of £10 million annually, growing incrementally each year[19].

Equipment enabling people to live at home

A social services authority, by spending £37,000 on equipment, was able to achieve savings of £4,900 per week in respect of residential care for ten people. The outlay was recouped in less than eight weeks.

Mental health

Devon Partnership NHS Trust which provides mental health services, and the *Supporting People* team are setting up a jointly commissioned service aimed at people with high-level or complex mental health needs.

Most will be coming out of residential care.

The service will be accommodation based. Housing support staff will work alongside a nurse manager who will provide clinical support and ensure links to the community mental health teams.

Reducing or removing need for personal care

Adaptations – cost reductions

Adaptations that remove or reduce the need for daily visits by care workers pay for themselves in a time-span ranging from a few months to three years and then produce continuing annual savings.

In the cases reviewed, annual savings varied from £1,200 to £29,000 a year.

Significant savings in home-care costs are mainly found in relation to younger disabled

people. Delay in getting work done can lead to more costly options. One person received 4.5 additional home-care hours a week for 32 weeks, at a total cost of £1,440 – when a door-widening adaptation costing £300 was delayed for seven months for lack of funding[19].

Better health and inclusion in rural areas

Run by Age Concern Northumberland, this service aims to enable older people living in the rural extremities of the county to come together for cultural and health events and to do their shopping.

Each year, between 1,000 and 1,750 people participate and this has resulted in improved health, reduced social exclusion (particularly of older men) and more people staying in their own homes. People who had been totally reliant on home help services for shopping (and therefore had little reason to leave their homes) have developed new friendships and regained some independence.

Improving independence and dignity

Adaptations and quality of life

Adaptations produce improved quality of life for 90% of recipients and also improve the **quality of life** of carers and of other family members.

Offered the choice of a carer visiting each day to lift them on and off a commode and to help them to wash, or an automatic toilet and walk-in shower, a disabled person will normally choose the solution that offers **more dignity and autonomy**.

Value for money and independence

There is substantial evidence that for the average older applicant, an adaptation package will pay for itself within the life expectancy of the person concerned and will produce better value for money in terms of **improved outcomes** for the applicant.

The average cost of a disabled facilities grant (£6000) pays for a stair-lift and level-access shower – a common package for older applicants. These items will last at least five years. The same expenditure would be enough to purchase the average home care package (6.5 hours per week) for just one year and three months.

Handyperson service – North and West Sutherland Community Care Forum

Following a number of focus groups with older people in the area, a service was developed to provide practical help with household maintenance with the aim of improving both dignity and independence.

The scheme also led to development of a publication on housing options in response to demand from service users.

Care and Repair England – housing options service

Established in a number of areas, including Derbyshire Dales and East Riding, this service provides information for older owner-occupiers seeking advice on housing problems and options. It is called '*Should I Stay or Should I go?*'

There is also a housing options website; together with training materials for housing advisors. This case study is important because the majority of older people are owner-occupiers and while they may have financial means to exercise choice,

there are few sources of objective information and advice.

Good decisions about housing options can be key to maintaining independence in the future.

Savings and improved continuity of service

Essex and Thurrock Councils have worked together to consolidate 23 providers of 66 services for vulnerable people into three large scale contracts. These should enable people to experience a planned transition from supported to independent housing while receiving continuous support.

The project has already realised efficiencies of £1.2 million per annum, while increasing support by 20%.

Community alarm and warden services

In 2003 Durham County Council took responsibility for contracts for community alarm and warden services. Services had developed on an ad hoc basis resulting in widely differing standards, contract prices and charges – as well as unmet need.

Emergency service providers in the county were also keen to see wider availability of community alarms and warden services. They estimated that emergency calls from older people could be halved if they could work with service providers to reduce falls.

Research showed that over three-quarters of households lived in owner-occupier or private rented sectors with few community alarm or warden services available to these households.

Among owner-occupiers and private renters, four out of five older people described themselves as 'not in good health' in the 2001 census. This is a group most likely to benefit from community alarm or warden services to reduce the risk of crises.

The new specification included a communication hub capable of expansion to meet the requirements of telecare and telemedicine initiatives including:

- warning devices for the home – including gas detection and smoke detectors
- telecare services including lifestyle monitoring and temperature sensors
- devices to support hospital discharge arrangements – including fall detectors and bed sensors
- devices to support telemedicine – including blood pressure monitors, medication monitors, electronic dispensers, door sensors
- devices to promote safety and security – including intruder alarms, and bogus caller alerts.

It is easy to see the mutual benefits to health and social care of investing in this type of preventive service.

Reducing homelessness

A study by Crane and Warnes examined the outcomes for a group of homeless people who were aged over 50 and had been re-housed in a variety of types of accommodation[20].

They found that continued contact with a support worker was important in the early months following re-housing. They also found that a long history of homelessness and association with other homeless people reduced the chances of successful long-term settlement.

This emphasises the importance of services that identify at an early stage people at risk.

Based on the research the most successful schemes in the long term for this group involve support workers who help before and after re-housing and who can provide:

- help to overcome and plan for worries about being re-housed in advance of the move
- Placement in self contained accommodation – either independent or sheltered housing (residential or shared housing arrangements frequently break down)
- help to re-establish previous social contacts or make new support networks within the neighbourhood and
- help with furnishing and decorating accommodation.

More integrated services and cost reductions

Supporting people services

Reviews of *Supporting People* services in Leicester identified a number of instances where service users were receiving advice and assistance from housing support services, as well as a range of other agencies.

This pointed to potential inefficiencies in service delivery, duplication in commissioning, procurement and contract monitoring and difficulties in co-ordination of service.

Knowsley Metropolitan Borough Council found a similar situation when it reviewed its services for people with learning difficulties. The council had contracts for the separate provision of housing support and adult social care services with 11 different service providers.

This involved the provision of 44 separate services to 154 service users and annual expenditure from the *Supporting People* programme of £3.8 million and £ 4.7 million from adult social care budgets.

The councils decided that by jointly commissioning the services as integrated housing support and social care services, the needs of young people, people with learning difficulties and other client groups could be addressed in a co-ordinated way.

This joint approach required an information-sharing agreement between the *Supporting People* team, social care and health care commissioning teams. A single charging policy was introduced for social care and *Supporting People* services and one set of outcomes agreed; together with common input/output/outcome monitoring arrangements.

Cashable savings of approximately £900,000 have been achieved from a combined learning disability budget of about £8 million, with another £200,000 identified.

Leicester identified good practice in joint commissioning and a number of potential models including:

- aligning services to ensure complementary service objectives and delivery arrangements
- integrating provision so that a single service is able to provide for housing support, social care and, potentially, a range of other services
- lead commissioner arrangements where one organisation contracts for a service on behalf of a number of other organisations and
- pooled budgets where health, *Supporting People* or social care funding is combined to purchase a service.

7 Conclusions

Settled, comfortable and accessible housing is fundamental to health and wellbeing, secure employment and social inclusion. Where individuals experience housing-related problems it is often simple services that will improve their situation. The key to good outcomes is person-centred and co-ordinated support.

Timely investment in housing support can reduce demand for more costly services and enable the full benefits of other services, such as health, to be realised. Achieving service outcomes and meeting financial targets means including housing support within wider commissioning strategies.

National policy, local systems and expertise lend themselves to integrated commissioning of housing support. There are substantial resources to help commissioners and providers to develop joint plans and implement them.

This report provides many examples of developments on the ground which are meeting a wide range of needs. We have highlighted where expertise can be found to help commissioners and the evidence to support arguments for funding these services.

The research gathered in this report confirms that sensible and imaginative commissioning of housing support benefits vulnerable people, improves service performance and makes best use of budgets. For these benefits to be realised, all commissioners will need to adopt the type of partnership working that is already happening in many parts of the country and in many elements of health and social care.

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Appendix A

National indicators relevant to housing-related support services. Highlighted indicators are NHS 'vital signs'.

Number	Indicator	Govt ref
Safer communities		
NI 39	Alcohol-harm related hospital admission rates	PSA 25
NI 40	Drug users in effective treatment	PSA 25
NI 18	Adult re-offending rates for those under probation supervision	PSA 23
Adult health and well-being		
NI 119	Self-reported measure of people's overall health and wellbeing	DH DSO
NI 124	People with a long-term condition supported to be independent and in control of their condition DH DSO	DH DSO
NI 125	Achieving independence for older people through rehabilitation/intermediate care	PSA 18
NI 131	Delayed transfers of care from hospitals	DH DSO
NI 132	Timeliness of social care assessment	DH DSO
NI 133	Timeliness of social care packages	DH DSO
NI 134	The number of emergency bed days per head of weighted population	DH DSO
NI 136	People supported to live independently through social services (all ages)	DH DSO
NI 137	Healthy life expectancy at age 65	PSA 17
NI 138	Satisfaction of people over 65 with both home and neighbourhood	PSA 17
NI 139	People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently	PSA 17
Tackling exclusion and promoting equality		
NI 145	Adults with learning difficulties in settled accommodation	PSA 16
NI 146	Adults with learning difficulties in employment	PSA 16

Number	Indicator	Govt ref
Tackling exclusion and promoting equality continuded . . .		
NI 149	Adults in contact with secondary mental health services in settled accommodation	PSA 16
NI 150	Adults in contact with secondary mental health services in employment	PSA 16
NI 141	Number of vulnerable people achieving independent living	CLG DSO
NI 142	Number of vulnerable people supported to maintain independent living	PSA17
Stronger communities		
NI 2	Percentage of people who feel that they belong to their neighbourhood	PSA 21
Local economy		
NI 156	Number of households living in temporary accommodation	PSA 20
NI 158	Percentage decent council homes	CLG DSO
Environmental sustainability		
NI 187	Tackling fuel poverty – people receiving income based benefits living in homes with a low energy efficiency	Defra, DSO

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