Integrating housing, health and care

(and lowering costs and improving services and improving workforce satisfaction!)

Alan Long
Mears Group
The impact of poor housing
Does health get housing?

- 70% of GPs feel that housing support services are crucial to patient health …

- … but 8 out of 10 are unsure how to commission support services that can keep older and vulnerable people out of hospital

NHF survey of GPs, July 2013
Housing is doing much already

- Providing a gateway to your residents for public health campaigns
- Providing specialist care and support
  - Mental health, learning difficulties, alcohol and substance misuse
- Keeping people out of hospital
  - By supporting older and vulnerable people and those with long term conditions in their homes
- Community wellbeing
  - E.g. Employment and apprenticeships, financial inclusion and money advice
And there is more that could be done...

- Information for GPs and practice managers on housing and how it can help
- How GPs and housing providers can pool their intelligence to develop better ways of supporting people with long term conditions
- Exploring how housing providers can become part of the extended primary care team
- Working together to tackle fuel poverty
- Spreading good practice
- Engaging housing providers as active partners in the Better Care Fund
The problems with the current system that can work against us

- Task and time system that creates dependency
- Fragmented and inaccessible services
- Commissioners don’t buy integrated services and there is often poor dialogue with providers
Most people want

- A high quality service that improves her sense of well being
- To stay in their own home as long as she possibly can
- To continue to live the life he/she enjoys
- To define what quality means to them, not what someone else says it is
- To have the reassurance that the people who look after them, have a track record of delivering quality
Most people get..

- Well meaning people but...
- Disjointed services
- Poor advice
- A sense of isolation and vulnerability
Mears independent living

Assistive Technology → Personal Care → Complex Care → Housing Support → Repairs & Maintenance → Aids & Adaptations
A simple change...
Joining up Care workers and Repair operatives

- Many vulnerable people don’t report repairs
- Care workers trained to spot and report housing repairs
- Report directly into housing maintenance provider
- 24 hour fix on risks identified e.g. Falls

Joiner Graham said,
“It was really good to have someone there who knew Florence well so she felt at ease whilst I was working”.

Florence said,
“It took all the worry out of reporting a repair”.

Care worker Claire said,
“Being able to arrange a joint visit helps to make people feel safe when having a tradesperson in their home. The service users know they can trust us so it is one less thing for them to worry about”
A strategic change...

Wiltshire model - Outcome based services

- Integrated service across care, health, assistive technology and adaptations
- Care commissioned on outcomes basis not task and time
- Real focus on avoiding unnecessary escalation of care costs, hospital admissions and residential care
- Team of multi skilled care workers who can provide both care and housing support
- Age UK part of Support planning
- GP clusters being created
- Payment by results element

Outcome Headings

1. I can manage my personal care
2. I can keep myself safe all of the time
3. I can eat, drink and prepare my meals
4. I can make decisions and organise my life
5. I can participate in my local community
6. I can maintain my home
From a single contact point...

- Care and support - Flexed to need
- Telecare
- Home adaptations or support to move home if needed
- Benefit advice
- £60 laptops and digital training
- Volunteer support for Gardening, getting to Church, Days out etc…
One example

- A house-bound lady with multiple conditions was getting 4 x 30 min per day “task and time” type support

- Comprehensive plan put together led by her addressing physical and emotional needs- Her Well Being

- This person came into our office on her own to thank us for changing her life

- She now receives very little support
Torbay and South Devon NHS Trust

• Single lead provider
• Integrate a range of services from a broad range of providers
• Strong partnership co-ordination across a range of independent living services
• Developing a population based outcomes based payments system
• Ethos of connecting with voluntary sector
• April 2015 start
## An old idea reinvented?
### Home Improvement Agencies

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Services</th>
<th>Delivery</th>
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</thead>
<tbody>
<tr>
<td>Tackling isolation and life change issues</td>
<td>Managing affairs, Housing support and options, Signposting, Falls prevention, Social + Financial exclusion</td>
<td>Case manager</td>
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<tr>
<td>Keeping people safe at home</td>
<td>Category 1 housing hazards, Handyperson, Warm Homes, Reducing abuse risk, Crime and fire reduction</td>
<td>Operatives</td>
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<tr>
<td>Staying at home/ Out of hospital</td>
<td>Aids and adaptations, Assistive technology</td>
<td>Trusted Assessor</td>
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<td>Operatives</td>
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Summary

- We make joining up services so much harder than it needs to be
- Some ideas can be simple to implement and make a difference
- Housing needs the forum and the local leadership to make its case to the NHS
John Bryant
Head of Commissioning: Adult Social Care
Fourth best-rated tourist destination in the UK by Trip-Advisor and Number One Seaside Resort - 2015
First Impressions

Belies what is really happening

- 9 years of difference in life expectancy
- 17 more years of ill health for some
- 35% on welfare benefits
- 25% of U25s unemployed
- Highest numbers of children with CPP
- Highest numbers of teenage pregnancy
- Increase in self harm in young people
- Increase in drug and alcohol misuse
<table>
<thead>
<tr>
<th>Our Challenges &amp; Care Act 2014</th>
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<tbody>
<tr>
<td><strong>Personalised</strong></td>
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<td><strong>Holistic</strong></td>
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<td><strong>Investment</strong></td>
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<td><strong>Risk</strong></td>
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<td><strong>Data</strong></td>
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<td><strong>Partnership</strong></td>
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<td><strong>Care &amp; Support</strong></td>
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# IMPACT – WHY DO IT?

<table>
<thead>
<tr>
<th>Fewest excess bed days</th>
<th>In south west in country &gt;75yrs + 2 admissions</th>
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<tbody>
<tr>
<td>4th Lowest non-elective bed days</td>
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<td>Lowest occupied bed days</td>
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<tr>
<th>44.6% Torbay</th>
<th>58.0% National</th>
<th>Lowest rate hospital deaths-England</th>
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<table>
<thead>
<tr>
<th>25%</th>
<th>3.5 hours &lt;5 days</th>
<th>Intermediate care provision</th>
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<td>65%</td>
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<tr>
<th>8 weeks</th>
<th>48 hours</th>
<th>Waiting Time - Physiotherapy</th>
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<tr>
<td>2 weeks</td>
<td>2 days</td>
<td>Waiting Time - Occupational Therapy</td>
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<tr>
<th>50%</th>
<th>24 hours or less Achieved</th>
<th>Request for equipment to be delivered</th>
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<tbody>
<tr>
<td>Provider</td>
<td>Commissioner</td>
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<td>--------------------------------</td>
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<td>Integrated Provision</td>
<td>Integrated Purchasing</td>
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<td>Innovation in the gaps</td>
<td>Who is buying?</td>
<td></td>
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<tr>
<td>Revenue stream</td>
<td>Purchasing systems - the old model of care</td>
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‘Will the dogs eat the dog meat?’
Bill Aulet – Disciplined Entrepreneurship

<p>| Amortisation of costs &amp; ROI   | System footprint – sectors and geography          |</p>
<table>
<thead>
<tr>
<th><strong>Living Well@Home</strong></th>
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<tr>
<td><strong>Integration</strong></td>
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<td><strong>System Partners</strong></td>
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<td><strong>Outcomes</strong></td>
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<td><strong>Payment &amp; Reward</strong></td>
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Our challenge
As commissioners and providers who are prepared to shape the system is:
To make the right thing to do the easiest thing to do