B1: Promising practice connecting health and housing: Older People

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Chair:  Amy Swan  
Policy Officer  
National Housing Federation
Portable Care Packages: Care from Housing to Hospital
Portable Care Packages

The Portable Care Packages: Care from Housing to Hospital Project is investigating the possibility of extra care staff from the housing sector to continue to provide aspects of support and care during tenant's hospital stay.
Service Rationale

- Many older people do not have relatives or carers to speak up for them.
- They can experience a lack of communication and involvement in their treatment and care from hospital staff.
- For those with dementia they are more likely to have poor communication skills, their behaviour can be challenging.
- They are more likely to be dependent on others.
- The hospital environment can be a frightening and frustrating place.
- We all know that there are instances where basic dignified care is not being provided e.g.
  - Lack of privacy for personal needs
  - Failing to meet nutritional standards
  - Inadequate staff attitudes and behaviour towards older people.
- Lack of knowledge as to what was happening to our tenants while they were in hospital.
- Returning home in a worse state of health than when they were admitted.
- Inappropriate discharges.

Dr Claire Keogh
Service Aims

- Explore the effectiveness and impact of extra care keyworkers continuing to provide aspects of tenants care whilst they are in hospital
- Improve the hospital experience for older people
- Aid smooth and timely transition in and out of hospital
- Relieve pressure on hospital staff
- Make better use of hospital resources
- Increase hospital staffs understanding of the needs of patients with specialist needs such as those with dementia and recovering from a stroke
Funding and Support

- Project conducted by Housing 21 Research and Evaluation Unit
- Funded by the Department of Health - Innovation, Excellence and Service Development Fund
  - Supported by:
Background - Intervention and Control

- 2 Bristol based extra care schemes have been selected
  - **Intervention Site**
    Extra Care Housing Scheme, 48 flats, 8 of which are specifically for people who have had a stroke. 23 domiciliary care workers employed to deliver the service
  - **Control Site**
    Extra Care Housing Scheme, 49 flats for people from black and Ethnic minority groups and 8 flats specifically for people with hearing impairments
- Chosen due to
  - Similar care profiles – Broad mix of tenants with cognitive disabilities, physical care needs and general support needs
  - Likelihood of being admitted in participating hospital sites
- 2 NHS hospital sites based in Bristol
### Implementation

- The project is being implemented in 2 stages (phase 1 has been operational for 1 year)

<table>
<thead>
<tr>
<th>Phase One</th>
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<tbody>
<tr>
<td><strong>Advocacy</strong></td>
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<tr>
<td>Tenants to be as actively as possible in their care and treatment whilst in hospital</td>
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<tr>
<td>A means for older people’s voices to be heard</td>
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<td>Assist in the safeguarding of rights and the wellbeing and dignity of patients</td>
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<tr>
<td><strong>Information</strong></td>
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<tr>
<td>Keyworkers will provide information regarding tenants care needs to:</td>
</tr>
<tr>
<td>Nursing staff</td>
</tr>
<tr>
<td>Doctors</td>
</tr>
<tr>
<td>Occupational/Physio Therapists</td>
</tr>
<tr>
<td>Hospital Social Work Team</td>
</tr>
<tr>
<td><strong>Support</strong></td>
</tr>
<tr>
<td>Being and friendly face</td>
</tr>
<tr>
<td>Ensuring tenants have appropriate care</td>
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<tr>
<td>Supporting family and friends</td>
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Implementation cont....

○ **Phase Two**

Keyworkers will also undertake more practice tasks such as:
- washing
- dressing
- bathing
- toileting
- assisting with eating and drinking
- aiding mobility

NHS research and ethical approval obtained for phase 2

All interventions will be dependant on current care package provided by the Local Authority

Practical tasks will be determined by senior extra care management team and clinical ward leads

All interventions will be dependant on patients medical condition and treatment.

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Intended Outcomes

- Keyworkers to become a representative and spokesperson for patients who will share knowledge and experience with medical professionals when responding to older people and their care needs.

- The implementation of extra care staff following tenants into hospital should illustrate improvements to:
  - The hospital experience for older people
  - The admission and discharge process
  - Shorter hospital stays
  - Fewer hospital re-admissions
## Initial results

### Intervention Group - over 12 month period

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of tenant hospital admissions</td>
<td>10 (5 M - 5 F)</td>
</tr>
<tr>
<td>Total number of admissions</td>
<td>16</td>
</tr>
<tr>
<td>Number of Hospital Days</td>
<td>202</td>
</tr>
<tr>
<td>Number of Keyworker Visits</td>
<td>32</td>
</tr>
<tr>
<td>Total Number of Care Hours</td>
<td>42.2</td>
</tr>
</tbody>
</table>

### Control Group - over 12 month period

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of tenant hospital admissions</td>
<td>11 (7 M - 4 F)</td>
</tr>
<tr>
<td>Total number of admissions</td>
<td>19</td>
</tr>
<tr>
<td>Number of Hospital Days</td>
<td>191</td>
</tr>
</tbody>
</table>
Initial Results

Initial phase 1 costings indicate:

**NHS Savings:** Contributed towards
- Number of bed days saved (19) = £6,365
- Number of bed days saved through ‘4 managed readmissions’ (127) = £44,375

Total NHS saving - **£50,740**

**Local Authority Savings**
- Number of care hours saved on hospital discharge (69) = £962.00
Initial Results

- Keyworkers have provided hospital staff with vital information regarding tenants care needs, current state of health, medication and family circumstances.
- They have ensured that tenants eating, drinking, toileting, pain and personal hygiene needs were addressed.
- This information has had a significant impact on the personal care they receive whilst in hospital.
  - Hospital staff have a more comprehensive understanding of tenants care, communication and medical needs.
  - Keyworkers have been able to improve communication between the hospital staff and patients with hearing impairments by advising staff that one was able to lip read and another could use a ‘chatter box’ communication aid.
Initial Results

- Keyworkers were able to liaise with hospital social workers and district nurses to solve a number of issues resulting in a patient facing the possibility of residential care who was able to return to his own home with only minor changes to his care plan.
- Keyworkers are involved in the discharge planning process which has resulted in tenants being discharged home as soon as they are medically fit.
- Tenants are more involved in their care and treatment.
- They are happier and pleased to see a friendly face – this has proved invaluable to those with specialist needs.
Next Stage

- Get phase 2 up implemented
- Complete a comparison to ascertain which tasks were most effective
- Wide dissemination of results
- Develop a ‘roll out’ programme for other H21 services and NHS Trusts
Contact

- For further information or a copy of the final report please contact

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Promising Practice: Connecting Health and Housing for Older People

Mick Sanders

Head of Norwich Integrated Commissioning Team

24 April 2012
Overview

- Benefits of integration
- Norfolk integrated commissioning
- Added value of housing support to emerging health priorities
- Concluding remarks
Policy Drivers

• Health service reforms: -
  – Clinician led commissioning
  – Localism
  – Stronger emphasis on integration
  – Putting patients first
  – Financial austerity
  – Public health and Health and Wellbeing Boards

• Social care: personalisation, budget pressures, co-production, commissioning authority etc.

• Norfolk keen to integrate social care, health and housing support
Added value of Integration

- A ‘one stop shop for community commissioning’
- Expertise in commissioning across health, care and housing
- New thinking to old problems
- Networks to resolve issues
- A focused and evidence-based approach
- A resource to deliver local priorities
Norfolk Integrated Commissioning

- June 2011 start at Primary Care Trust offices
- 4 locality teams on Clinical Commissioning Group
- County Commissioning Team
- Learning Difficulties, Mental Health and Substance Misuse not included
- Acute commissioning not included
- April 2012 co-located with Norwich Clinical Commissioning Group
As was...

NHS Out of hospital Services:
  Inc Frail elderly
  Long term conditions
  Community health services
  Community beds
  Carers
  End of life
  PHBs

Social Care Services:
  Inc Domiciliary care
  Residential care
  Community care services
  Carers
  End of life
  PBs

Supporting People housing related services:
  Inc Supported housing
  Floating support
  Socially excluded groups
  Employment
Integrated commissioning

Person at the centre

NHS

Social care

Supporting People

Community around them

PERFORMANCE

COSTS
QIPP: Components of Holistic Frail and Older Pathway include:

- Mrs Smith in Torbay
- Identifying those at high risk of admission
- Case management function
- Telecare & telehealth
- Community ‘sub-acute’ beds
- Medicine for the elderly / dementia support
- Practice focused multi-disciplinary teams
- 2 for 1 savings on investment
The New Health Landscape

- Clinician led commissioning
- Localism
- Putting patients first
- Closer integration
- Financial austerity
- Public health and Health and Wellbeing boards – ‘coming home to local govt’!

Norfolk County Council
... and housing

* Commissioning: evidenced based approach through the SP programme
* Localism: local focus of many housing providers
* Putting patients first: tenant participation and service user engagement well developed
* Closer integration: already multi-disciplinary
* Financial austerity: long experience at belt-tightening and redesign
* Contribution to public health
• Housing a significant determinant of ill health
• Offer to CCGs
• Think ‘prospective Frail Older People’
• Strategic and enabling work
• Local democratic mandate (in LG)
• Sheltered housing and floating support
• Personalised budgets and self directed support
• Home Improvement Agencies: adaptations, falls prevention, affordable warmth, housing options etc.
• Public health outcomes framework
Concluding Remarks

• Cultural and language barriers
• Common commissioning and procurement skills
• Evidence added value. The GP ‘what’s in it for me’ question
• Make the most of opportunities
• Solutions to health increasingly outside medical and clinical interventions
• Health professionals need help to understand housing solutions
• The 3 legged stool health, social care and housing
• Significant change needs to be within 6 months
Your feedback is important to us!

Thank you for attending and please don’t forget to complete our online feedback questionnaire. You will be sent an email shortly or use the QR reader on your Smartphone. Thank you.