

How low-level housing-related services contribute to the DH preventative agenda

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Some Facts and Figures

- 90% of older people live in ordinary housing, whether rented or owned
- 67% of older people were owner-occupiers in 2005
- Disabled people are twice as likely as non-disabled people to be social housing tenants
- In 2004, 3m older households lived in non-decent homes
- Every year around 20,000 more older people die in the winter months than in other months
- People aged over 65 spend over 80% of their time at home. Both contact with neighbours, and the number of trips made outside the home, tends to decline with age
- In 2006, 1.5m individuals reported having a medical condition or disability that required specially adapted accommodation
- Research suggests that while most older people would prefer to continue living in their existing home, the most common reason for those people who were considering a move was that their home was inappropriately adapted for their (often progressive) mobility difficulties or health problems (Scottish Government 'Time to Move?' 2006, CLG New Horizons Research 2008)

Prevention in Housing, Health and Care

“We will boost preventative housing services through investing in proven approaches, such as advice and information, adaptations and repairs, which can prevent health and care crises for individuals”

**Lifetime Homes, Lifetime Neighbourhoods:
a national strategy for housing in an ageing society, 2008**

“The time has now come to build on best practice and replace paternalistic, reactive care of variable quality with a mainstream system focussed on prevention, early intervention, enablement, and high quality personally tailored services”

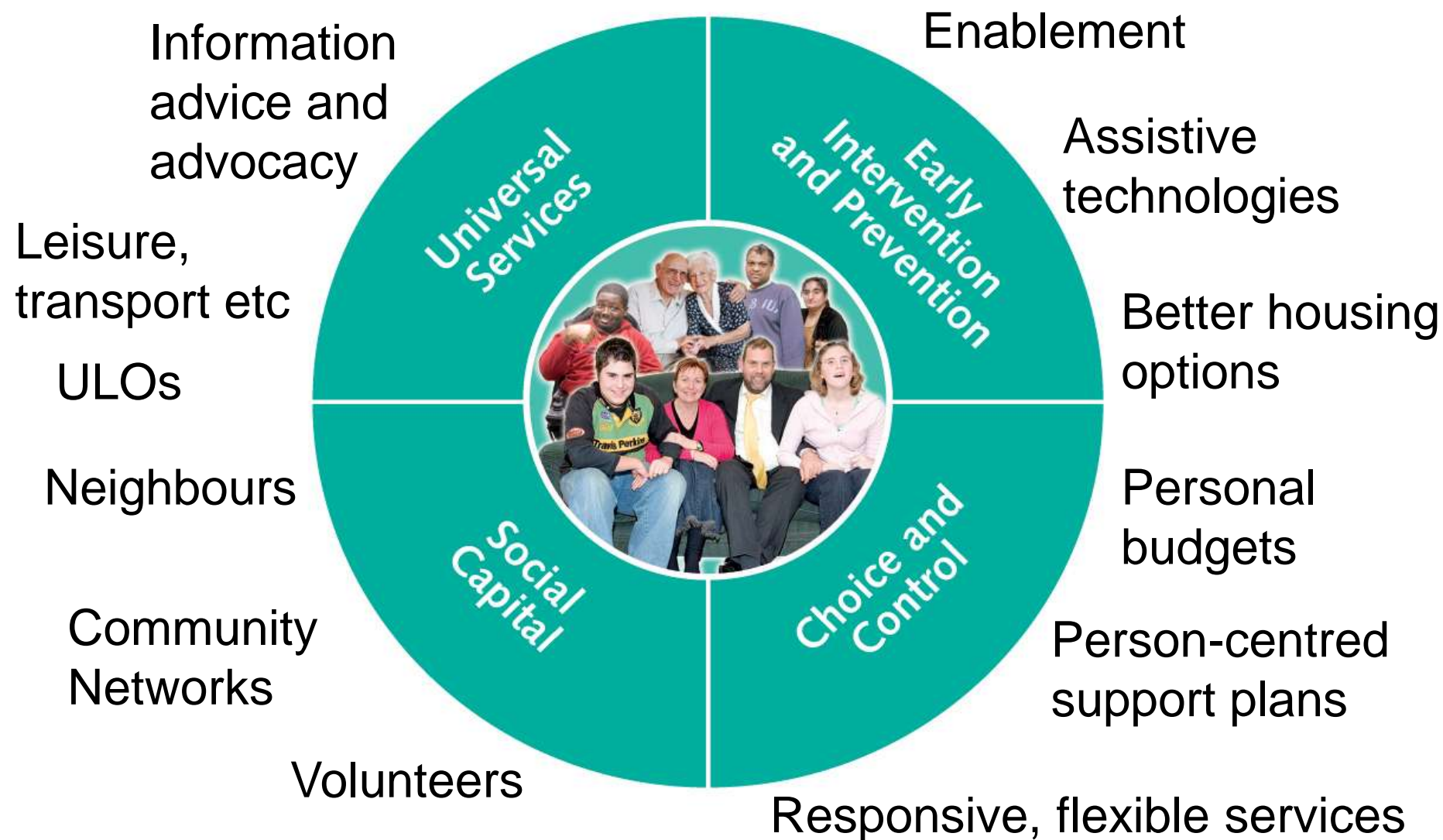
Putting People First, 2007

“An integrated approach to health and wellbeing will require a step change in the relationship between local NHS organisations, local government, other relevant statutory services, employers, third sector and independent sector providers. We want to ensure synergy between the development of vibrant primary and community care services and the ‘Putting People First’ transformation programme led by local government”

Next Stage Review, Darzi, 2008

Putting **People First**

Transforming Adult Social Care



Housing and Prevention – Examples

Primary Prevention

Housing Options information and advice, enabling older and disabled people to plan ahead for their own futures. Preventing decisions being made too quickly and without the right information after a health or social care crisis.

Secondary Prevention

Integrated housing, health and social care interventions, targeted at the people most at risk of needing social care support in the near future. This could include low-level signposting services providing information about a wide range of services available locally.

Handyperson services, offering ‘that bit of help’ to enable people to stay living in their own homes for longer, whether it be assistance with the garden, small home repairs, or advice about assistance with fuel costs.

Tertiary Prevention

Home improvement agencies, providing large scale adaptations to older and vulnerable people’s homes, enabling them to maximise their mobility in the home.

Complexities of Building an Evidence-Base for Prevention and Early-Intervention

- It has long been accepted that low level support to older people is highly valued by them. 'Low level support' is a label conferred on services that are relatively low cost and associated with definitions of a low level of need in older people associated with rationing processes.
- However, Clark et al. argue that:
- *'...the services described as 'low level' by professionals are those very services identified by older people as being of high value to them.'*
- Areas consistently identified by older participants in the research as of high value were help with housework, gardening, house repairs and maintenance, security, laundry and opportunities for social participation (Clark et al., 1998, p. 9).
- Complexities of proving the benefits and cost-efficiencies often include establishing a causal link between a specific service and its outcomes, the fact that costs and savings often fall to different sectors and organisations, the inevitable difficulty of trying to assess what would have happened had a particular intervention not been available, and the subjectivity of many quality of life measures.

Housing and Prevention - the Evidence

- DH Partnerships for Older People's Projects including housing -based services
- DH Predicting Social Care Costs Project building on the PARR tool – focus on targeted intervention
- LinkAge Plus led by DWP, providing older people with wide range of integrated services, including housing
- Supporting People Benefits Realisation Local Model led by CLG – important that SP funding continues to be used to support preventative interventions, and that commissioners avoid temptation to divert this funding to support more intensive services
- Foundations Future HIA Project highlighting preventative benefits of HIA services including to the health and social care system
- Health and Safety Rating System - hazards in the home and links to health inequalities – opportunity to inform evidence base on links between housing and health

Partnerships for Older People's Projects: 2008 Findings

- 99,988 individuals had received, or were receiving, a service within the POPP programme across 470 projects and within 29 pilot site areas, including universal information and advice, handyperson services, equipment, and home adaptations.
- POPP pilot sites continue to have a demonstrable effect on reducing hospital emergency bed-day use when compared with non-POPP sites. The results show that for every £1 spent on POPP, an average of £0.73 will be saved on the per month cost of emergency hospital bed-days, assuming the cost of a bed-day to be £120. Initial savings are mostly to the health system.
- The POPP projects are having an effect on how users perceive their quality of life as a whole. Following the project, users report that they see their quality of life as improved.
- Users also reported that their health-related quality of life improved in five key domains, (mobility, washing/dressing, usual activities, pain and anxiety), following their involvement in the POPP projects.
- An analysis of those sites where data are currently available (11 out of 29 sites) appears to demonstrate the cost-effectiveness of POPP projects.
- The POPP programmes also appear to be associated with a wider culture change within their localities. Generally, there seems to be a greater recognition of the importance of including early intervention and preventative services focused toward well-being.
- POPP partnerships across the health and social care economy seem to have strengthened and accelerated developments around joint commissioning. In particular, there has been recognition of the value of involving voluntary and community organisations in service planning and delivery.
- Involvement of older people within the POPP sites appears to be focused on the delivery of services; almost half the staff in the projects across the POPP programme are older volunteers.

Targeted Intervention – Predicting Future Social Care Costs

- Commissioned by Care Services Efficiency Delivery unit (CSED) and Department of Health, project led by Nuffield Trust.
- Explore feasibility of building predictive models for future social care usage.
- Using health and social care data to forecast which individuals in a population are at greatest risk of incurring social care costs through loss of independence due to age-related conditions and ill health.
- Preventive interventions would be more cost-effective when offered to people who would, without intervention, go on to require intensive social care.
- Therefore if more effective investment is to be made in prevention, councils need ways of identifying individual risk accurately across their population so they can target effective interventions.
- Model builds on PARR tool and Combined Model which identifies patients most at risk of emergency hospital admission and re-admission.
- Project explores feasibility of using pseudonymous routine electronic health and social care data to inform the model.
- Strong evidence that this modelling is possible, however the amount of data currently available in relation to social care events means that the algorithms will initially have poor predictive power compared to that of the PARR tool.
- Nevertheless there is strong interest in this project in terms of continuing to explore ways of exploiting health and social care information in the common aim of maintaining individuals' independence and developing more cost-effective approaches.

LinkAge Plus: 2009 Evaluation

- LinkAge Plus (LAP), funded by DWP, provides a comprehensive approach for accessible joined-up services for older people, in which older people are at the centre of policy making and service delivery.
- The LAP pilot sites have developed services that are providing that ‘little bit of help’ in order to promote older people’s wellbeing and independence. These ‘upstream’ approaches are also there to prevent or delay the onset of more intensive support.
- Services include housing choices advice; home safety checks; and other housing-related interventions.
- Benefits included: promoting older people’s independence; acting as a catalyst for the increased join-up of services across public services, and the community and voluntary sector.
- Older people stress that it is the small things that make the difference and keep them out of hospital, delay deterioration and delay institutionalisation.
- Benefits of LAP included preventative savings, which can be costed, although this is a highly contested area.
- Interim evaluation uses a case study approach to demonstrate benefits including savings to the public purse.
- Further evaluation report expected soon.

Useful Websites and References

- Clark, H., Dyer, S. and Horwood, J. (1998) 'That bit of help' The high value of low level preventative services for older people, Community Care into Practice Series, Joseph Rowntree Foundation.
- Curry, N. (2006). 'Preventive Social Care: Is it Cost Effective?' Kings Fund Publication attached to the Wanless Social Care Review 'Securing Good Care for Older People'
- ODI's 'Better outcomes, lower costs: Implications for health and social care budgets of investment in housing adaptations, improvements and equipment: a review of the evidence' by Frances Heywood and Lynn Turner, 2007
- http://www.kingsfund.org.uk/publications/kings_fund_publications/appendices_to.html
- <http://www.dwp.gov.uk/ageing-society/linkage/evaluation.asp>
- <http://www.dhcarenetworks.org.uk/prevention/>
- <http://www.dhcarenetworks.org.uk/independentLivingChoices/housing/>
- <http://www.careandrepair-england.org.uk/pdf/healthyhomes.pdf>
- <http://www.viewcare.co.uk/Publications/fallsint.pdf>
- Look out for the new Supporting People Benefits Realisation Local Model soon to be published on the SPK website - <http://www.spkweb.org.uk/>

Conclusion and Questions

- There is evidence of the cost-benefits of low-level housing-related services to health and social care as well as wider improvements in quality of life.
- However, achieving conclusive quantitative proof is difficult in such a complex area with multiple variables and competing definitions of the key concepts.
- This is a difficult time to be expecting health and care commissioners to be investing in prevention as well as managing increasing intensive demand – however, given the evidence which does exist of the benefits of early intervention, can they afford not to?
- This has to be set in the context of the wider transformation agenda, including personalisation and increased choice and control for users of services and patients, as well as better partnership working.
- Opportunities may include marketing HIA services to self-payers and those wishing to spend their personal budgets (or indeed personal health budgets) on housing-related services, as well as persuading health and social care commissioners to invest in HIA services through a business-case approach, including GP commissioners.
- Health and social care commissioners: What are your experiences of commissioning preventative housing-related services in your local area? What have been the challenges? What were the success factors?
- Providers: Do you have experience of working closely with health or social care commissioners? Again, what have been the challenges and success factors?