



Foundations

Housing, Health & Care integration toolkit

V9 - January 2016

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About Foundations

Foundations is the National Body for Home Improvement Agencies and Handyperson Services in England as appointed by the Department of Communities and Local Government.

Foundations' remit includes:



Engagement with providers and commissioners to monitor the sector and enhance the quality and reach of home improvement agency services



Arranging events and training



Developing tools and resources



News and publicity

For more information visit: www.foundations.uk.com

About Home Improvement Agencies (HIAs)

Home Improvement Agencies (HIAs), sometimes known as Care & Repair or Staying Put schemes, help vulnerable people maintain independence in their own homes.

Their services include:

- visiting clients at home or providing detailed telephone advice;
- setting out housing options to help clients decide what type of housing is best suited to their changing needs;
- checking entitlement to any financial help, including grants and charitable funding;
- project management, drawing up plans, getting estimates and liaising with others involved in any building work/adaptations needed, such as council grants officers and occupational therapists;
- provision of handyperson services, to carry out small jobs around the home, help with gardening, or coming home from hospital; and
- helping to make homes more energy-efficient.

A searchable directory of accredited HIAs and handyperson services is available at:

www.findmyhia.org.uk

Foreword

The Foundations Housing, Health & Care Integration Toolkit was first launched in December 2013 during a series of seminars facilitated by Foundations on the Integration Transformation Fund (ITF) which is now called the 'Better Care Fund'.

Since launch, the toolkit has been utilised extensively by home improvement agencies and other housing support providers to help build a compelling case for integrating housing within the fabric of health and social care provision.

This new, fully revised version of the toolkit now makes reference to alignment with key issues highlighted in the new Care Act (2014) and considers local variations of outcome frameworks.

As in the previous version, the tool takes as its starting point a housing risk or issue framed in language commonly employed in such documents as Joint strategic Needs Assessment (JSNA). The tool then shows how Home Improvement Agency / Handyperson service interventions can mitigate such risks, and aligns them to specific outcomes in the frameworks of Adult Social Care, Public Health, and NHS England. A supporting evidence section provides hyperlinks to reports and other documents to support the case for housing interventions.

It is our aspiration that the tool is used by HIAs and Handyperson services, and indeed any of the related housing support providers to build a compelling case for the inclusion of such services within the planning of local authority's housing strategies which feed into the plans of Health and Wellbeing Boards (H&WBB) and Clinical Commissioning Groups (CCGs).

As before we aim to keep the toolkit as relevant as possible and as such will be subject to a regular and on-going program of update and improvement and for this reason we encourage users of the toolkit to provide feedback to us on its use and any areas which you feel should be included in future releases (feedback via info@foundations.uk.com).

Issue / Category	How Achieved via HIA / HP Activity	Benefits Realised	Social Care Outcomes Framework	NHS Health Outcomes Framework	Public Health Framework	Evidence
Adapted Homes Encompassing: <ul style="list-style-type: none"> • Prevention of premature mortality • Better use of adapted housing stock • Minor adaptations / ICES 	<ul style="list-style-type: none"> • Falls prevention interventions • Home Improvements • Minor adaptations • Equipment supply and installation • Telecare installation • Adapted housing register • Housing options • Trusted Assessor • Handyperson interventions • Self-funded interventions 	<ul style="list-style-type: none"> • Fewer deaths from cold related conditions • Fewer deaths from falls • Fewer hospital admissions leading to fewer deaths through hospital acquired infections • Reduced social care admissions • More housing choices • Better housing conditions for vulnerable / disabled • Reduced delivery costs • Quicker installation 	<ul style="list-style-type: none"> • (Domain 4) Safeguarding adults whose circumstances make them vulnerable and protecting them from harm • (Domain 1) Enhancing quality of life for people with care and support needs • Enhancing quality of life for people with care and support needs • Proportion of people using services who have control over their life. • Carer reported quality of life • Domain 2) Delaying and reducing the need for care and support • Proportion of older people (65+) still at home 91 days after discharge into rehab/re-ablement service • Effectiveness of re-ablement services • Delayed transfer of care from hospital, and those attributable to adult social care 	<ul style="list-style-type: none"> • (Domain 1) Preventing people from dying prematurely • Potential years life lost from causes amenable to health care • (Domain 3) Helping people to recover from episodes of ill health / injury • Emergency readmission within 30 days of discharge from hospital • Proportion of older people (65+) still at home 91 days after discharge into rehab/re-ablement service • (Domain 3) Proportion of patients recovering to their previous levels of mobility / walking ability at 30 and 120 days 	<ul style="list-style-type: none"> • (Domain 4) Mortality from preventable causes • Domain 4) Mortality from all cardiovascular disease • Mortality from respiratory disease • (Domain 4) Hip fractures in over 65s • (Domain 4) Health care, public health and preventing premature mortality • Emergency re-admission within 30 days of discharge from hospital 	<ul style="list-style-type: none"> • Housing Health Cost Calculator - BRE/RHE 2014 • Home Adaptations for Disabled People – Consortium of 3rd Sector organisations hosted by Care & Repair England - 2013 • Building a business case for investing in adaptive technologies in England - LSE 2012 • Assessment & prevention of falls in older people – NICE 2014 • Environmental Burden of disease associated with inadequate housing – World Health Organisation 2011 • Independent Age regional data matrix. A snapshot of every top tier authority showing numbers in receipt of care, attendance allowance, with a disability or long term health condition

Adapted Homes in context of the Care Act (guidance available here: <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>)

The care act places a great deal of emphasis on the prevention and delay of situations which make a person more likely to require care and support from statutory or non-statutory services. The area of adapted homes is an area which greatly contributes to this agenda and is one in which HIAs and handyperson services have expertise. Some of the key clauses for consideration when making a case for HIA support are listed below:

2.9 – Delay: Tertiary Prevention

Adaptations to minimise or prevent the effect of disability or deterioration for people with established or complex health conditions

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- Aids and minor adaptations to remain free of charge – extra value?

11.7 Opportunities in the intermediate care field, with minor adaptations supporting reablement following hospital discharge

15.7d – Some specialist housing associations or HIAs may offer a support service which could form part of a jointly agreed support plan. A housing assessment should form part of any assessment process, in terms of suitability, access, safety, repair, heating and lighting (e.g. efficiency).

15.12 – At strategic level there are many examples of how local authorities can integrate services, including jointly funding home adaptations to ensure people with changing care needs are able to maximise their independence and live well at home for longer.

15.62 – Housing and housing services can play a significant part in prevention, for example from a design/physical perspective, accessibility, having adequate heating and lighting, identifying and removing hazards or by identifying a person who needs to be on the housing register. In addition housing related support, i.e. services that help people develop their capacity to live in the community, live independently in accommodation, or sustain their capacity to do so. Community equipment along with telecare, aids and adaptations can support reablement, promote independence contributing to preventing the need for care and support.

20.36 – Where the first authority has provided equipment, it should move with the person to the second authority where this is the person's preference and it is still required, and doing so is the most cost effective solution. This should apply whatever the original cost of the item.

Home Safety Encompassing: <ul style="list-style-type: none"> • Falls prevention • Housing options 	<ul style="list-style-type: none"> • Major / minor adaptations • Handyperson interventions • Trusted assessor • Home safety checks / trip hazards 	<ul style="list-style-type: none"> • Fewer accidents • Reduced hospital and care admissions / re-admissions • Reduced care packages • Reduced medical interventions • Improved mortality 	<ul style="list-style-type: none"> • (Domain 4) Safeguarding adults whose circumstances make them vulnerable and protecting them from harm 	<ul style="list-style-type: none"> • (Domain 1) Preventing people from dying prematurely • (Domain 5) Treating and caring for people in a safe environment and protecting them from avoidable harm • (Domain 3) Proportion of patients recovering to their previous levels of mobility / walking ability at 30 and 120 days 	<ul style="list-style-type: none"> • (Domain 4) Health care, public health and preventing premature mortality • Emergency re-admission within 30 days of discharge from hospital • (Domain 4) Hip fractures in over 65s 	<ul style="list-style-type: none"> • Minor Adaptations Without Delay – RCOT 2006 • Revaluation of Home Accidents – ROSPA 2010 • Assessment & prevention of falls in older people – NICE 2014
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Home Safety in context of The Care (guidance available here: <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>)

Home safety not only covers the more obvious use of aids and adaptations, but also incorporates the use of housing options to determine if a particular dwelling is no-longer suitable for the occupant. Some key clauses in the care act which relate to home safety are detailed below:

2.8 - In order to identify those individuals likely to benefit from targeted services, local authorities may undertake screening or case-finding, for instance to identify individuals at risk of developing specific conditions or experiencing certain events (such as strokes or falls).

2.24 – Whilst local authorities may choose to provide some types of preventative support themselves, others may be more effectively provided in partnership with other local partners including specialist housing providers or some carers’ services. A local authority’s commissioning strategy for prevention should consider the different commissioning routes available, and the benefits presented by each. This could include connecting to other key areas of local preventative activity outside care, including housing, planning and public health.

15.61 – A local authority must provide, or arrange for the provision of services that contribute towards preventing, reducing or delaying the need for care and support. Housing and housing related support can be a way to prevent needs for care and support or to delay deterioration over time. Getting housing right, and helping people to choose the right housing options for them, can help to prevent falls, prevent hospital admissions and readmissions, reduce the need for care and support, improve wellbeing, and help maintain independence at home.

Security Encompassing <ul style="list-style-type: none"> • Older people's perception of community safety • Domestic violence 	<ul style="list-style-type: none"> • Crime reduction interventions • Housing options • Safe-rooms • Alarms • Target hardening • Information and advice • Signposting / knowledgeable point of contact 	<ul style="list-style-type: none"> • Improved safety and security • Reduction in fear • Reduction of incidence of domestic violence • Improved mental health and wellbeing • Protection of vulnerable people 	<ul style="list-style-type: none"> • (Domain 4) Proportion of people who use services who feel safe • Proportion of people who use services who say those services make them feel safe and secure • (Domain 4) Safeguarding adults whose circumstances make them vulnerable and protecting them from harm 	<ul style="list-style-type: none"> • (Domain 4) ensuring that people have a positive experience of care • Access to primary care services • (Domain 5) Treating and caring for people in a safe environment and protecting them from avoidable harm 	<ul style="list-style-type: none"> • (Domain 1) Older people's perception of community safety 	<ul style="list-style-type: none"> • Reducing Burglary Initiative – The Home Office 2001 • Key statistics on the prevention of domestic abuse – CAADA 2012
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Security in context of The Care (guidance available here: <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>)

Security goes beyond the bricks and mortar of the home. Whilst practical home security measures are vital in keeping vulnerable people safe, casework helps identify wider issues of abuse and neglect:

14.17 - Domestic Violence- including psychological, physical, sexual, financial, emotional abuse and so-called 'honour' based violence

14.22 – Financial abuse is the main form of abuse by the office of the Public Guardian, both amongst adults and children at risk. Financial recorded abuse can occur in isolation, but as research has shown, where there are other forms of abuse, there is likely to be financial abuse occurring. Although this is not always the case, everyone should also be aware of the possibility.

<p>Homelessness</p> <p>Encompassing:</p> <p>Prevention of homelessness</p>	<ul style="list-style-type: none"> • Housing options / moving on services • Income maximisation • Debt advice • Equity Release • Credit union loans 	<ul style="list-style-type: none"> • Maintaining homes and tenancies 	<ul style="list-style-type: none"> • (Domain 1) Proportion of people with learning disabilities living in their own home / with their family • 	<ul style="list-style-type: none"> • (Domain 4) ensuring that people have a positive experience of care • Access to primary care services 	<ul style="list-style-type: none"> • (Domain 1) Statutory Homelessness • (Domain 1) People with mental illness or disability in settled accommodation 	<ul style="list-style-type: none"> • The Care Act, Personalisation and the new Eligibility Regulations – A discussion paper about the future of care and support services for homeless people in England - 2015 • Single Homelessness Report - JRF 2000 • Homelessness Prevention: Can we afford not to? - Depaul UK 2011 • LGA Report Builder enables subscribed users to build detailed demographic profiles of an area
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Homelessness in the context of The Care Act (guidance available here: <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>)

Although not a core HIA deliverable, interventions in the form of income maximisation, debt advice and access to equity release schemes or credit unions can all contribute towards maintaining homes and tenancies. The key areas where homelessness is referenced in the Care Act are detailed below:

Section 1 Wellbeing key elements:

- Personal dignity, including treating the individual with respect;
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;
- Control by the individual over day to day life;
- Participation in work, education, training or recreation;
- Social and economic wellbeing;
- Domestic, family and personal relationships;
- Suitability of living accommodation;
- The individual's contribution to society

There are three main areas in which the Care Act touches on homelessness: it requires that Welfare Authorities make provision for advice and assistance, including in housing related support and financial management; it entitles all people who may have a care need to an assessment, and if eligible, to a personal budget; and they must assess the suitability of an individual's living accommodation. Local Authorities must consider how to meet a person's needs rather than considering what service they might fit into. In the past, homelessness has not necessarily been seen as a Social Care 'need', resulting in many people not receiving the support they might need.

Additionally, the Care and Support (Eligibility Criteria) Regulations 2014 require that an adult will meet the eligibility criteria for Adult Social Care if their need arises from a physical or mental impairment or illness, which limits their ability to undertake two or more of a list of specified outcomes, which will significantly impact on their wellbeing. Managing and maintaining nutrition, maintaining personal hygiene, managing toilet needs, being able to make use of their home safely, maintaining a habitable home environment, and maintaining family relationships are all specified outcomes which HIAs can assist with, and which could result in homelessness if not dealt with (for example, through relationship breakdown, anti-social behaviour, poor financial management leading to rent or mortgage arrears). HIAs are well placed to assist in ensuring these outcomes are able to be met.

Some homeless people who are offered accommodation may find it difficult to adequately maintain their homes. HIAs can be instrumental in helping people keeping them in good repair and free from clutter, vermin and structural deterioration, which could lead to them losing their tenancy. Poorly maintained homes can also become targets for anti-social behaviour. Similarly, broken ties with family or other support networks can lead former homeless people to seek friendships which may be inappropriate or become abusive. When carrying out repairs in people's homes, these risks may lead to a care need being identified.

Although the Care Act's prevention strand focusses on delaying or preventing the onset of Care needs, it is difficult to envision how being made homeless would not impact on a person's wellbeing. Being able to maintain a safe and secure home is key to addressing other needs.

<p>Energy Efficiency / Fuel poverty</p> <p>Encompassing:</p> <ul style="list-style-type: none"> • Fuel poverty • Carbon reductions 	<ul style="list-style-type: none"> • Advice and information • Energy efficient heating • Income maximisation • Combatting fuel poverty • Home energy efficiency audit • Energy efficiency measures • Home safety checks • Almonising 	<ul style="list-style-type: none"> • Improved mortality • Reduced hospital admission / re-admission • Reduced usage of primary care services • Reduced use of medication • Warmer homes and increased thermal comfort • Reduction in health conditions triggered by excess cold • Reduction in numbers of people in fuel poverty • CO2 Reduction through more efficient use of energy in the home • Reduction in proliferation of polluting sources of domestic heat sources 	<ul style="list-style-type: none"> • (Domain 4) Safeguarding adults whose circumstances make them vulnerable and protecting them from harm 	<ul style="list-style-type: none"> • (Domain 1) Preventing people from dying prematurely • (Domain 1) Under 75 mortality rate cardiovascular disease • (Domain 2) Enhancing quality of life for people with long-term conditions • (Domain 3) Preventing lower respiratory tract infections in children from becoming serious (reducing emergency admissions) • (Domain 3) Preventing lower respiratory tract infections in children from becoming serious (reducing emergency admissions) • (Domain 5) Treating and caring for people in a safe environment and protecting them from avoidable harm • Health related quality of life for older people 	<ul style="list-style-type: none"> • (Domain 1) Fuel Poverty • (Domain 1) Improving the wider determinants of Health • (Domain 1) Health protection – Air Pollution(Domain 1) Health protection – Air Pollution • (Domain 2) Health Improvement • Self-reported wellbeing • (Domain 4) Mortality from preventable causes • Domain 4) Mortality from all cardiovascular disease • Mortality from respiratory disease • (Domain 4) Health related quality of life for older people 	<ul style="list-style-type: none"> • Hill's Report: Getting the measure of fuel poverty - CASE 2012 • Charitable Trust Reports - EAGA • Marmot Review Team report on effects of fuel poverty – FOE 2011 • The Energy Company Obligation
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Energy Efficiency / Fuel Poverty in the context of The Care Act (guidance available here: <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>)

Action to tackle excess cold is one of the major aspects of HIA / Handyperson work. The impact of excess cold cuts across many aspect of the Care Act, with key areas detailed below:

Section 1 Wellbeing key elements:

- Physical and mental health and emotional wellbeing;
- Control by the individual over day to day life;
- Social and economic wellbeing;
- Domestic, family and personal relationships;
- Suitability of living accommodation.

Cold homes cause both physical and mental harm. They can lead to circulatory problems as blood becomes thicker in lower temperatures, leading to stroke and heart attacks, as well as reduced mobility leading to falls or other injury. Inadequately heated, ventilated and insulated homes are more likely to have mould or damp problems, leading to respiratory conditions and can make existing illnesses worse. Poor heating is often caused by poor insulation or ventilation systems, inadequate or poorly fitting doors and windows, and high fuel costs when compared to relatively low incomes.

Stress and anxiety can be caused by difficulties in keeping warm, and one problem can quickly lead to others. For example, a poorly insulated home can lead to higher fuel costs, leading to less food or an inability to pay for cooking fuel, leading to malnutrition, anxiety and depression, which can in turn lead to mobility problems and a higher risk of harm through falls or circulatory problems.

For homes with more than one person in it, this can add a further strain on domestic relationships: carers will find it more difficult to provide the help needed, and are more likely to suffer stress and poor health themselves, and children's ability to study and partake in social relationship may suffer, for example.

HIA interventions clearly have the potential to significantly increase a person's wellbeing by making physical improvements to the home to increase thermal warmth. Benefit checks can ensure people have adequate incomes to pay for fuel. Accessing grants for upgraded heating and boiler systems, and signposting to debt advice, fuel tariff switching or other forms of support such as befriending or housing support can help people maintain their social and economic wellbeing, maintain control over their lives, and improve mental and physical health. Links with Housing Options services may also be useful for helping people move home in extreme circumstances, or access temporary accommodation where significant work is required.

Community Encompassing: <ul style="list-style-type: none"> • Social isolation • Rogue traders 	<ul style="list-style-type: none"> • Home safety interventions • Security lighting • Use of voluntary organisations • Use of day-centres • Volunteer home-visitors • 	<ul style="list-style-type: none"> • Reduction in social isolation • Increased confidence and ability to self-help • Increased wellbeing • Reduction in crime • Reduction in abuse and targeting of vulnerable groups for crime 	<ul style="list-style-type: none"> • (Domain 4) Proportion of people who use services who feel safe • Proportion of people who use services who say those services make them feel safe and secure • (Domain 4) Safeguarding adults whose circumstances make them vulnerable and protecting them from harm 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • (Domain 1) Improving the wider determinants of Health • (Domain 1) Older people's perception of community safety • (Domain 1) Older people's perception of community safety • (Domain 1) People with mental illness or disability in settled accommodation • (Domain 2) Health Improvement Self-reported wellbeing 	<ul style="list-style-type: none"> • Have you got what it takes? Working with health and care systems – Home Office 2012 • Preventing loneliness & Social Isolation: Interventions & outcomes - SCIE 2011
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Community in the context of The Care Act (guidance available here: <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>)

HIAs have a large part to play in the development of better community infrastructure. Firstly in terms of interventions to tackle social isolation, be facilitating access to community services, but also by making communities safer by driving out rogue traders, and stimulating the local economy via income maximisation and the use of local contractors. Key aspects of 'community' in context of the Care Act are detailed below:

3.24 – The breadth of the circumstances under which information and advice must be provided, and the overall duty to promote individual wellbeing, means that local authorities must ensure that the subject matter covered by the information and advice available to people in their areas go much further than a narrow definition of care and support, and cover all those subject matters listed in

3.22. Depending on local circumstances, the service should also include, but not be limited to:

- Availability of services that may help people remain independent for longer, such as home improvement agencies, handyperson or maintenance services
- Availability of befriending services and other services to prevent social isolation

6.101 - It should help the person needing care or their carer to think more broadly about what support might be available in the local community or through their support network to meet their needs and support the outcomes they want to achieve.

6.124 – The carer must also be providing 'necessary' care. If the carer is providing care and support for needs which the adult is capable of meeting themselves, the carer may not be providing necessary support. In such cases, local authorities should provide information and advice to the adult and carer about how the adult can use their own strengths or services available in the community to meet their needs.

<p>Protection from abuse</p> <p>Encompassing:</p> <ul style="list-style-type: none"> • Rogue traders • Safeguarding vulnerable adults 	<ul style="list-style-type: none"> • Quality Mark • Approved contractor lists • Trustmark Scheme • Handyperson services • Training • Policies & procedures to increase awareness of vulnerability and abuse issues 	<ul style="list-style-type: none"> • Protection from abuse • Reduction of financial abuse of older / vulnerable people 	<ul style="list-style-type: none"> • (Domain 4) Safeguarding adults whose circumstances make them vulnerable and protecting them from harm 	<ul style="list-style-type: none"> • (Domain 5) Treating and caring for people in a safe environment and protecting them from avoidable harm 	<ul style="list-style-type: none"> • (Domain 1) Older people's perception of community safety 	<ul style="list-style-type: none"> • Living Well At Home Inquiry – Housing LIN 2011 • Study of Elder Abuse in UK – DoH & Comic Relief 2007 • No Secret – DoH 2008
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Protection from Abuse in context of The Care Act (guidance available here: <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>)

The HIAs ethos of driving out rogue traders, and casework skills enables them to play a leading role in protecting vulnerable people from abuse. Key Care Act clauses in relation to this are detailed below:

Section 1 Wellbeing key elements

- Personal dignity, including treating the individual with respect;
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;
- Social and economic wellbeing;
- Domestic, family and personal relationships.

The Care Act is clear that people should be protected from harm and abuse as part of the wellbeing principle described in Section 1, and Section 14 of the Statutory Guidance is specifically about safeguarding vulnerable adults. Harm could be physical, emotional, financial, domestic, or sexual, includes neglect and omission to act, and can also include self-harm, self-neglect and hoarding. This relates to carers as well as the individual receiving the care, especially if they are struggling to cope.

There are two main aspects of this strand that are relevant to HIAs: ensuring HIA officers and contractors going into people's homes are appropriately trained, work safely and are trustworthy; and ensuring that visiting officers and contractors can recognise the signs of potential abuse or exploitation (whether long term, serial or opportunistic) and have clear mechanisms for dealing with any concerns they may have.

Suitable procedures and clear lines of responsibility should be in place to deal with concerns, including where staff are the victim of violence or abuse, or where they are accused of abusive behaviour. Staff need to be awareness trained to a level suitable for their role, and be able to know what to do in an emergency. They should also be able to identify risk factors that could lead to abuse or harm, such as poor security or isolation.

Local Welfare Authorities must co-operate with local housing authorities (district councils), and should co-operate with housing associations in developing ways to keep people safe, while taking account of their wishes, views and beliefs.

<p>Maintaining independence in own home</p> <p>Encompassing:</p> <ul style="list-style-type: none"> • Reduced residential care admissions • Reduced care packages • Increased personalisation • Hospital discharge • Reablement • End of life care • Mental health 	<ul style="list-style-type: none"> • Major / Minor Adaptations • Home improvements • Advice and information • Housing options • Signposting / Knowledgeable point-of-contact • Advocacy • Handyperson interventions • Income maximisation • Project management and co-ordinations • Embedding caseworker support into hospital discharge scheme • Crime prevention measures • Reducing social isolation • Signposting to 3rd sector • Befriending • Debt advice • Hording interventions 	<ul style="list-style-type: none"> • Reduced costs for adult social care • Helping maintain independence at home • Increased levels of confidence • Increase in wellbeing • More effective spend of public funds • Reduction of hospital admissions / re-admissions • Timely transfer of care • Reduced rate of hospital re-admission • Reduced stress • Reduced anxiety • Reduced need for medication • Better quality of death • Ability to act in accordance with wishes of terminal patient / family 	<ul style="list-style-type: none"> • (Domain 1) • Proportion of people using services who have control over their life. • Proportion of people using social care who receive self-directed support and those receiving direct payment • (Domain 2) Delaying and reducing the need for care and support • Proportion of older people (65+) still at home 91 days after discharge into rehab/re-ablement service • Effectiveness of reablement services • Delayed transfer of care from hospital, and those attributable to adult social care • (Domain 1) Proportion of people with learning disabilities living in their own home / with their family • Proportion of adults in contact with secondary mental health services living independently (with or without support) 	<ul style="list-style-type: none"> • (Domain 3) Helping people to recover from episodes of ill health / injury • Emergency readmission within 30 days of discharge from hospital • Proportion of older people (65+) still at home 91 days after discharge into rehab/re-ablement service • (Domain 3) Proportion of patients recovering to their previous levels of mobility / walking ability at 30 and 120 days • (Domain 4) ensuring that people have a positive experience of care • Access to primary care services • Improving experience of end of life care • Improving people's experience of integrated care • (Domain 5) Treating and caring for people in a safe environment and protecting them from avoidable harm 	<ul style="list-style-type: none"> • (Domain 1) People with mental illness or disability in settled accommodation • (Domain 2) Health improvement • People are helped to live healthy lifestyles, make healthy life choices, reduce health inequalities • (Domain 4) Health care, public health and preventing premature mortality • Emergency re-admission within 30 days of discharge from hospital 	<ul style="list-style-type: none"> • Living Well At Home Inquiry – Housing LIN 2011 • Right Care in right Place – CBI 2012 • Lifetime homes, lifetime neighbourhoods – DCLG 2008 • Handy-person Benefits Toolkit – DCLG 2010 • Housing Support for people with mental health problems – CHP 2011 • Tracking Your Preventative Spend: A step by step guide – LGiU 2013 • Effective Strategies & Interventions: Environmental health and the private housing sector – CIEH & University of Greenwich 2014 • Transforming Primary Care – Safe, proactive, personalised care for those who need it most – DoH 2014 • Healthwatch Safely Home report. Detailing failings in hospital discharge and reablement systems - 2015
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Maintaining Independence in the context of The Care Act (guidance available here: <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>)

Maintaining independence is one of the deliverables of a HIA and handyperson service, as such there are lots of opportunities here to make a compelling argument for HIA/HP inclusion in local plans: Details of some of the key Care Act clauses in relation to maintaining independence are detailed below:

1.14(c) – The importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist. At every interaction with a person, a local authority should consider whether or how the person's needs could be reduced or other needs could be delayed from arising. Effective interventions at the right time can stop needs from escalating, and help people maintain their independence for longer.

2.1 – It is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point. To meet the challenges of the future, it will be vital that the care and support system intervenes early to support individuals, help people retain or regain their skills and confidence, and prevents need or delays deterioration whenever possible.

2.9 - Adaptations to minimise or prevent the effect of disability or deterioration for people with established or complex health conditions

- Aids and minor adaptations to remain free of charge – extra value?

2.13 – The term 'rehabilitation' is sometimes used to describe a particular type of service designed to help a person regain or re-learn some capabilities, where these capabilities have been lost due to illness or disease. Rehabilitation services can include provisions that help people attain independence and remain or return to their home, and participate in their community, for example independent living skills and mobility training for people with visual impairment.

2.21 - Through the assessment process, an individual will have direct contact with a local authority. A good starting point for a discussion that helps to develop resilience and promotes independence would be to ask "*What does a good life look like for you and your family, and how can we work together to achieve it?*" Giving people choice and control over the support they may need and access to the right information, enables people to stay as well as possible, maintain independence and caring roles for longer.

2.41 – Many different kinds of service, facility or resource can be preventative and can help individuals live well and maintain their independence or caring roles for longer.

2.52 – Regardless of whether or not a person is ultimately assessed as having any needs at all, or any needs to be met by the local authority, the authority must in any case provide information and advice in an accessible form, about what can be done to prevent, delay or reduce development of their needs.

<p>Wellbeing</p> <p>Encompassing:</p> <ul style="list-style-type: none"> • Utilisation of green space • Increased quality of life • Independence & wellbeing • Wellbeing impacts on the wider community 	<ul style="list-style-type: none"> • Major / Minor adaptations • Independent living / independent living centres • Supply and fit of aids and equipment • Gardening services • Decorating services • Path clearances • Information and advice • Reducing social isolation • Post bereavement support 	<ul style="list-style-type: none"> • Longer life • Reduced need for medical intervention • Reduced care costs • Increased mental health and wellbeing • Increased use of garden space • Reduction in targeted crime 	<ul style="list-style-type: none"> • (Domain 1) Enhancing quality of life for people with care and support needs • Enhancing quality of life for people with care and support needs • Proportion of people using services who have control over their life. • Proportion of people using social care who receive self-directed support and those receiving direct payment • Carer reported quality of life • (Domain 1) Proportion of people with learning disabilities living in their own home / with their family • Proportion of adults in contact with secondary mental health services living independently (with or without support) 	<ul style="list-style-type: none"> • (Domain 2) Health improvement • People are helped to live healthy lifestyles, make healthy life choices, reduce health inequalities • (Domain 2) Enhancing quality of life for people with long-term conditions • Health related quality of life for older people • (Domain 2) Enhancing quality of life for people with dementia (a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life). 	<ul style="list-style-type: none"> • (Domain 1) Older people's perception of community safety • (Domain 1) Utilisation of green space for exercise / health • (Domain 4) Health related quality of life for older people 	<ul style="list-style-type: none"> • A better Life: Valuing Our Later Years – JRF 2013 • Living Well At Home Inquiry – Housing LIN 2011 • Wellbeing in Old Age: Findings from participatory research – University of Brighton 2012 • The Wellbeing Measure - NCP • Cost Benefit Analysis guidance for Local Partnerships –HM Treasury / PSTN / New Economy 2014 • Transforming Primary Care – Safe, proactive, personalised care for those who need it most – DoH 2014 • CFWI – Understanding the wider public health workforce in England. A report, which gives recognition of the work that other professions do to promote healthy living.
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Wellbeing in the context of the Care Act (guidance available here: <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>)

The notion of 'wellbeing' is probably the core theme of the care act. Below are the areas as detailed in the Care Act:

The Care Act defines the key aspects of 'Wellbeing' as:

- Personal dignity
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over day-to-day-life (including the way care and support is provided)
- Participation in work, education, training and recreation
- Social and economic wellbeing
- Domestic, family and personal
- Suitability of living accommodation
- The individual's contribution to society

The Care Act sets out how people's care and support needs should be met and introduces the right to an assessment for anyone, including carers and self-funders, in need of support.

The Care Act's 'wellbeing principle' spells out a local authority's duty to ensure people's wellbeing is at the centre of all it does. The Care Act places a greater degree of emphasis on outcomes and helping people to connect with their local community. Also, for the first time, people's eligibility for services will be the same across England. Additionally local authorities are now allowed to contract-out social work functions such as assessment.

In terms of a HIA's contribution to the wellbeing principle, attention can be drawn towards the holistic nature of a HIA assessment, taking into account not just the needs of the client themselves, but also their home environment and its impact on the needs of carers. The ability for assessments (maybe for DFGs), to be outsourced by a local authority, can present some opportunities for HIAs especially in the use of Trusted Assessors.

Decent homes	<ul style="list-style-type: none"> • Removal of Category 1 hazards • De-cluttering • Hoarding interventions • Fire safety interventions • Crime reduction measures • Home safety interventions • Income Maximisation 	<ul style="list-style-type: none"> • Better quality of life • Reduction in number of falls and accidents • Reduction of incidence of cold-related ill health • Reduction in numbers of domestic fires • Crime reduction • Increase in wellbeing 	<ul style="list-style-type: none"> • (Domain 1) Enhancing quality of life for people with care and support needs • Enhancing quality of life for people with care and support needs • Proportion of people using services who have control over their life. • Proportion of people using social care who receive self-directed support and those receiving direct payment • Carer reported quality of life • (Domain 4) Safeguarding adults whose circumstances make them vulnerable and protecting them from harm 	<ul style="list-style-type: none"> • (Domain 2) Enhancing quality of life for people with long-term conditions • Health related quality of life for older people • (Domain 5) Treating and caring for people in a safe environment and protecting them from avoidable harm 	<ul style="list-style-type: none"> • (Domain 1) Improving the wider determinants of Health • (Domain 1) Statutory Homelessness • (Domain 1) Percentage of people affected by noise • (Domain 4) Mortality from preventable causes • Domain 4) Mortality from all cardiovascular disease • Mortality from respiratory disease • (Domain 4) Hip fractures in over 65s 	<ul style="list-style-type: none"> • Housing & Health - CIH 2011 • Decent Homes Better Health – Sheffield Decent Homes Health impact Assessment 2006 • Tracking Your Preventative Spend: A step by step guide – LGiU 2013 • Housing health and safety rating system (HHSRS): guidance for landlords and property-related professionals – DCLG 2006
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Decent Homes in the context of The Care Act (guidance available here: <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>)

HIAs and handyperson services have a significant role to play in the promotion of decent homes standards, especially as many HIAs have staff trained using the HHSRS system. Some of the key clauses where the Care Act reference decent homes are detailed below:

15.62 – Housing and housing services can play a significant part in prevention, for example from a design/physical perspective, accessibility, having adequate heating and lighting, identifying and removing hazards or by identifying a person who needs to be on the housing register. In addition housing related support, i.e. services that help people develop their capacity to live in the community, live independently in accommodation, or sustain their capacity to do so. Community equipment along with telecare, aids and adaptations can support reablement, promote independence contributing to preventing the need for care and support.

Dementia	<ul style="list-style-type: none"> • Navigational aids • Telecare • Home safety checks • Advice and information • Support to carers • Income maximisation 	<ul style="list-style-type: none"> • Longer-term independence • Reduced risk of breakdown in carer support 	<ul style="list-style-type: none"> • (Domain 2) Dementia - a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life 	<ul style="list-style-type: none"> • (Domain 2) Enhancing quality of life for people with dementia (a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life). 	<ul style="list-style-type: none"> • (Domain 4) Dementia and its impacts 	<ul style="list-style-type: none"> • Dementia: Finding Housing Solutions – NHF 2013 • Enable Project – European Commission 2004
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Dementia in the context of The Care Act (guidance available here: <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>)

Dementia is a condition that is high on the agenda of all health and care professionals. Some HIAs have made some tentative inroads into the design and installation of dementia specific interventions. Some of the key areas in which the Care Act references dementia are detailed below:

Section 1 Wellbeing key elements

- Personal dignity, including treating the individual with respect;
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;
- Control by the individual over day to day life;
- Participation in work, education, training or recreation;
- Social and economic wellbeing;
- Domestic, family and personal relationships;
- Suitability of living accommodation;
- The individual's contribution to society.

All nine of the Care Act Wellbeing elements relate to Dementia, although as the condition worsens some elements, such as participation in work, education and training may be diminished. Participation in recreation and social interaction however, as still key parts of a person's emotional wellbeing.

Moving home for someone with dementia can be traumatic, and it is not unusual for people to return to their former home if they have moved to alternative accommodation. Therefore allowing them to stay in their home for as long as they are able may be the most suitable outcome for them. There are many ways of adapting a person's home to help them and their carers cope with the challenges that dementia can bring. These can be fairly minor, such as changing lighting and window treatments to increase natural daylight into the home, to more substantial adaptations to cope with cognitive impairment. These could be, for example, changing floor coverings or work-surfaces to avoid perceptual difficulties (that a floor is wet or damaged, for example), changing kitchen cupboards to glass fronted doors so food is easily seen and people do not forget to eat, and changing tiles and fixtures in bathrooms to improve contrast and visibility. Smoke alarms, CO2 and fire prevention systems (such as sprinklers) are very important in this context.

The use of assistive technology is also a growing area for people with dementia, and upgraded or adapted electrical systems may be required to install AT.

Handypersons are also an invaluable service for people with dementia, and for those caring for or living with them, as they may not be able to undertake small repairs around the home that they previously could, or that were done by their spouse or parent.

All staff should be suitably trained in dealing with people with dementia and their carers, and have a good understanding of how the condition can affect people's behaviour. Carers can be particularly at risk of mental stress and sometimes physical abuse as the condition progresses. Strangers (or perceived strangers) in the home can be disturbing for people with dementia, so contractors and visiting officers need to be sensitive to this when working in the home, and know what to do if there is an incident.



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