

Report to the Cambridge Sub-Regional Housing Board on:
Developing links between housing and health related budgets and activities

Date of meeting

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From

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Why is the report coming to CRHB?

Following a presentation by Cath Mitchell from NHS Cambridgeshire to the CRHB board, it was agreed that further exploration of joined up project activity between housing and health commissioners and providers was worthwhile. This report updates the board on this area of work.

Decision(s) required from CRHB

- To note, reject and add as appropriate to the suggested areas of potential development
- To agree if we need to prioritise and if so what.
- To confirm delegated responsibility arrangements for areas of potential development as appropriate, ensuring full collaboration with NHS in all tasks undertaken.

Progress to date

- CRHB have a rep (Dan Horn) on the Urgent Care Network Board (UCN) which considers projects that can be funded if the business case clearly identifies return on investment / on going costs savings to reduce acute care costs.
- The Urgent Care Network aims to reduce inappropriate admission to acute hospitals by 20% and ensure number of Delayed Transfer Of Care patients per acute is under 2.5% of available beds and that unproductive beds days for Delayed Transfer Of Care patients in acute NHS settings are reduced by 40%.
- There are currently 26 Business Improvement Activities based around 5 strategic areas for improvement (see attached summary):
 - Integrated information systems
 - Third sector organisation integration into care planning

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- Community service redesign
- Turnaround from acute emergency department and short stay units
- Reduction in delayed transfers of care and unproductive bed days in NHS settings
- Of the 26 activities 6 are specific UCN governed projects, the others are reported through the group as they impact on the overall objective but may have governance arrangements elsewhere.
- There is a robust business case template and scrutiny to go through and therefore CRHB may wish to have a view on where we should focus our efforts.
- Before we commence detailed work we should ensure that the idea has “legs” through Cath Mitchell
- There is also potential to work closer between housing and health to reduce the need for residential care / nursing homes places in favour of solutions which encourage greater independence like extra care.
- A brainstorming session was held in May 11 with housing enablers, providers, and NHS professionals to explore extra care and links with NHS and outcomes will be taken forward by the Extra Care Group in the main.

Housing / Health ideas for Potential Development

a) Ideas to support UCN targets:

- Ringfencing of supported social housing properties to prevent bed blocking and admission to hospital, e.g intermediate care packages / interim bed schemes. Use of a dedicated link to provide info on vacant properties with process to fill vacancies. Use of difficult to lets subject to condition and location. A step down from hospital in nearby sheltered accommodation (source brainstorm session enablers / providers and health – May 2011 – suggested group to explore = Extra Care Sub Group).
- Linked to above explore options for providing waking night provision to help facilitate NHS delivery from supported housing schemes rather than using acute hospitals. Also (linked to c) below) the lack of waking night can be the tipping point into residential care. (source brainstorm session enablers / providers and health – May 2011 – suggested group to explore = Extra Care Sub Group)
- Develop uniformity of approach for allocations across the county , including dedicated links with Care Managers / protocols for use of supported housing professionals in process (source brainstorm session enablers / providers and health – May 2011 – suggested group to explore = Extra Care Sub Group)
- Funding of DFG adaptations from health related budgets to top up other funding streams to speed up delivery of adaptations and reduce hospital admissions from residents falling whilst waiting for adaptation (source MCC places pilot – Suggested group to explore = private sector housing group with NHS representation). Is it feasible to gather evidence of the number of residents who whilst on the list for an adaptation had a fall that led to an acute stay in hospital and does that make a business case to have a funding shift?

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b) Existing UCN related activities / projects that Housing could influence (see attachment). N.B these links may already be in place?

- 1.1 Capacity Monitoring Support Tool – This is where the use of Sheltered / Extra Care highlighted in a) above could feed into this capacity tool i.e to provide info on vacant flats etc.
- 1.2 Directory of Service – Local Service Directory – The description suggests this as a tool for GP's, Primary Care professionals and acute staff with info on all available services. This document possibly would assist Housing providers and other related service providers both professional and voluntary in their engagement with residents.
- 2.1 Help at Home – Check awareness of service through housing providers
- 3.2 UCN falls project involving the Ambulance Service to prevent admissions following a fall if there is no medical need– explore links with housing providers to this project / and the need or relevance for engagement.
- 4.4 Mental Health Frequent Fliers – Identification of frequent visits to emergency departments from residents with Mental Health background who then receive intense 2 month case management to eradicate frequent visits. There is potential here for the SP floating support service to pick up cases at the back end of this intense case management to help sustain the work undertaken. Also consider Tenancies to stabilise their Housing needs eg. Use of Sheltered in the older age groups eg. 55 years
- Section 5 – Reduction in delayed transfer of care and unproductive bed days in NHS settings: Again the projects here may have synergy with the ideas mentioned in a) relating to extra care supported accommodation.

c) Reduce Residential Care / Nursing Home provision in favour of other options which encourage greater independence (all from Extra Care Brainstorming Session – taken forward through Extra Care Group)

- Communication approach to broaden the community, planning and developers awareness of different types of supported housing models. Adult Social Care portal links, A5 flyers etc.
- Exploration of Extra Care Light model in Extra Care group
- Explore private leasehold extra care models and viability of mixed tenure models and fit in sub regional context
- Review the bandings for extra Care support e.g High Care residents in Extra Care is 7 hours which is still relatively low. Could alternative bandings be looked at to reduce need for residential care and possibly linked to supporting reduction in need for acute hospital admissions and speed up delayed transfer of care.
- Review of referral and assessment for extra care – compare with Essex model
- Review extra care models and accessibility for older people with learning difficulties.
- Need from NHS an evidence base to why there is not a need for new Nursing Home / Residential Home in Cambs which can then be factored in to planning policy documents to assist resisting unwanted types of new older people accommodation provision.

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