

<b>3 November 2011</b>		<b>ITEM</b>	<b>7</b>
<b>Health and Well-Being Overview and Scrutiny Committee</b>			
<b>Update Report on the south Essex Commission of Enquiry and two major initiatives for change</b>			
<b>Portfolio Holder:</b> Councillor T Fish, Portfolio Holder for Adult Social Care Councillor A Smith, Portfolio Holder for Housing & Regeneration			
<b>Wards and communities affected:</b> All		<b>Key Decision:</b> Non-Key	
<b>Accountable Head of Service:</b> Les Billingham, Head of Adult Services, People Services			
<b>Accountable Director:</b> Jo Olsson, Corporate Director of People Services			
<b>This report is Public.</b>			
<b>Purpose of Report:</b> To update Overview and Scrutiny about the work of the South Essex Commission of Enquiry into co-operation between housing, health and adult social care, and the action to progress two initiatives arising from that work to improve the health and well being of our residents.			

## **EXECUTIVE SUMMARY**

This report describes two major initiatives arising from the work of the Commission of Enquiry. The initiatives aim to:

1. prevent, where possible, inappropriate admissions to hospital and residential care, and to enable residents to return home in a safe and timely manner, by working with our housing and health partners to deliver integrated community-based housing, health and adult social care services;
2. improve housing choices for older people across all tenures by ensuring planning guidance takes full account of the needs of older people, and through opportunities to improve or remodel housing for older people so that it better meets their needs as they age.

The initiatives are closely aligned with the strategic priorities of the council, they fit well with the current review of the management of the Council's property assets, and they are highly relevant to meeting the needs of our ageing population.

It is proposed that the potential to add further value to the initiatives, by collaborating with other councils in south Essex to deliver this change, will also be explored.

These factors, together with the opportunities provided by the changing health landscape (with the introduction of Clinical Commissioning Groups) to develop a more integrated housing, health and adult social care offer for older people, will make them a priority for both Elected Members and officers.

Further details about the work of the Commission of Enquiry are provided in Appendix A. Further details about these two initiatives are given in Appendix B.

## **1. RECOMMENDATION:**

### **1.1 That Overview and Scrutiny are asked to note the contents of this report.**

## **2. TAKING FORWARD THE TWO INITIATIVES**

2.1 The two initiatives described in this report came out of the work of the South Essex Commission of Enquiry into co-operation between housing, health and adult social care which was led by Thurrock Council in autumn 2010.

2.2 The initiatives will commence with a programme of analysis and feasibility studies. Analysis of care pathways is needed to determine how best to implement a holistic housing, health and social care offer for older people, in conjunction with our health and housing partners. Feasibility studies will be needed to shape the planning guidance to stimulate the development of the homes needed by our ageing population, and how best to regenerate our sheltered housing so that it is capable of meeting the changing health and social care needs of residents as they grow older.

2.3 Subject to Cabinet approval, the ambition is to develop an integrated housing, health and adult social care service, in conjunction with our health and housing partners, during the course of the next 12 months, with full implementation in 2012/13. The timescale for the work to develop and agree planning guidance would similarly be 2012/13. The feasibility study for a programme to regenerate our sheltered housing and develop new housing will be undertaken in the coming months. If the feasibility study is successful, and subject to planning and consultation, a regeneration programme of 5 to 15 years, may be needed with new homes developed before any existing homes are remodelled.

2.4 The initiatives described in this report will be eligible for Department of Health funding from Adults' Personal Social Services: Specific Revenue Grants And Capital Grant Allocations for 2011-12 and 2012-13.

## **3. CONSULTATION**

3.1 Taking forward such an ambitious programme of work will require community leadership to engage local communities, carers, local developers and to encourage their positive involvement.

3.2 Any specific proposals that would impact on individual service delivery will be subject to statutory consultation and will be undertaken in accordance with Thurrock's existing policies and practice.

**4. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT**

**4.1 Corporate Policies**

4.2 The Community Strategy and Corporate Plan, and the Supporting People Commissioning Plan for Older People's Services 2006 are relevant to the Project.

**5. IMPLICATIONS**

**5.1 Financial**

To follow

**Implications verified by:  
Telephone and email:**

**5.2 Legal**

To follow

**Implications verified by:  
Telephone and email:**

**5.3 Diversity and Equality**

5.3.1 These initiatives will be progressed in line with the Joint Strategic Needs Assessment and the Health and Well-Being Strategy. The initiatives have the potential to enable the Council to better meet the housing, health and adult social care needs of individual residents and the wider population in Thurrock. The initiatives will require their own Equality Impact Assessments to ensure the equality and diversity issues are addressed.

**5.4 Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

None

**6. CONCLUSION**

- 6.1 The south Essex Commission of Enquiry provided an effective mechanism for the Council to engage its statutory partners, neighbouring councils, private and voluntary organisations and residents in considering how best to meet the housing, health and adult social care needs of our ageing population.
- 6.2 These two initiatives, which came out of the work of the Commission of Enquiry, will deliver lasting change by enabling older residents to stay safe and well at home, to avoid unnecessary and inappropriate admissions to hospital and care homes, and to have greater choice of housing.

**7. BACKGROUND PAPERS USED IN PREPARING THIS REPORT:**

- 7.1 The Report of the Commission of Enquiry, March 2011

**8. APPENDICES TO THE REPORT:**

- 8.1 Appendix A – BACKGROUND TO THE COMMISSION OF ENQUIRY
- 8.2 Appendix B – FURTHER DETAILS ON THE INITIATIVES

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## APPENDIX A – BACKGROUND TO THE COMMISSION OF ENQUIRY

- 1.1 The brief of the Commission of Enquiry was to examine how housing (across all tenures) can contribute to health and well-being; the design, location, condition and accessibility of housing and local amenities all contribute to the life-chances of residents and their ability to live as full and active a life as possible in their own homes and communities. The right home and the right support can rarely be achieved solely by one agency and will often be dependent on effective co-operation with Health and Social Care, as well as a range of private, voluntary sector and community based organisations.
- 1.2 Some of the questions considered by the Commission of Enquiry included:
  - ‘How do our current housing strategies, policy and practice align with the transformation agenda for adult social care?’
  - ‘What needs to change so that the personalisation of services is reflected in the housing choices available to people?’
  - ‘How do we engage our private sector, third sector and community groups in building a new personalised approach to provision?’
  - ‘What new roles, relationships and service configurations might emerge as a result of re-framing the housing service?’
  - ‘How do we shape new supply to meet current and future needs and minimise the need for future investment to enable residents to remain in their homes?’
- 1.3 The Commission of Enquiry’s remit encompassed all the councils and local NHS organisations operating within the south Essex sub region: Essex County Council; Basildon District Council; Castle Point Borough Council; Rochford District Council; Southend-on-Sea Borough Council; Thurrock Council; NHS South West Essex; NHS South East Essex.
- 1.4 The Commission of Enquiry held four hearings during the autumn of 2010: on 17 September in Basildon, 23 October in Castle Point, 15 November in Southend on Sea and 17 December in Grays. 80 to 100 representatives from the public, private and voluntary sectors attended each of the Hearings, with over 100 different organisations contributing their views.
- 1.5 A briefing session for Leaders and Portfolio Holders from councils in south Essex was held on 7<sup>th</sup> September 2010. This meeting gave a strong message to the Commission that all the potential benefits of working together to deliver housing, health and adult social care must be explored. It was recognised that with an increasingly ageing population, the current default to hospital and residential care was no longer viable and that there is a need to collectively create the right homes, neighbourhoods and services to support people to remain independent and healthy in their own homes, for as long as possible. A further final briefing for Elected Members was held on 9 February 2011 where the proposals arising from the Enquiry were endorsed.
- 1.6 The Commission of Enquiry was funded by Improvement East, the Regional Improvement and Efficiency Partnership. It published its report in March 2011 on the Thames Gateway South Essex website: <http://www.tgessex.co.uk/>.

## APPENDIX B – FURTHER DETAILS ON THE INITIATIVES

- 1.1 In the context of the growing demands on health and adult social care budgets, the Commission of Enquiry was clear that the lack of suitable, integrated community based facilities and services gives rise to unnecessary and inappropriate admissions to hospitals and residential care homes.
- 1.2 A further stark finding of the Commission of Enquiry was the lack of housing choices for people as they get older. This problem is further compounded by the mismatch in housing tenure; the vast majority of householders in Thurrock are owner-occupiers (74% for the 75 to 84 age group based on the 2001 Census) for whom council sheltered housing (targeted at those aged 60+) is not likely to be an attractive or necessarily appropriate option.
- 1.3 In the light of these findings two initiatives are proposed which aim to:
- One prevent, where possible, inappropriate admissions to hospital and residential care, and to enable residents to return home in a safe and timely manner, by working with our housing and health partners to deliver integrated community-based housing, health and adult social care services;
- Two improve housing choices for older people across all tenures by ensuring planning guidance takes full account of the needs of older people, and through opportunities to improve or remodel housing for older people so that it better meets their needs as they age.
- 1.4 To achieve this requires a significant development programme to:
- transform service delivery of housing and adult social care services by working closely with our housing and health partners to develop a more holistic response to the needs of older people, and
  - using the Council's role as a planning authority, and its asset base of sheltered housing, as an engine for regeneration to stimulate the development of better homes and neighbourhoods for older people.
- 1.5 In relation to the first work stream, there is significant potential to influence the health offer, working with GP practices and the Clinical Commissioning Groups. Our Health partners are driving forward work on prevention, unplanned care, admissions avoidance and delayed discharge so there is an opportunity to create a much more effective approach by integrating social care and housing as part of the solution. Many calls on acute care could be avoided if there was a more integrated community-based approach to early prevention and re-ablement. An obvious example here, would be the deployment of aids and adaptations as part of a care package, thus avoiding delayed discharge – which is a drain on NHS resources and often highly detrimental to the individual's recovery. The Dept of Health Circular LASSL(DH)(2012)2 2000, reported that the Audit Commission found that 14% of all delayed discharges were the result of a lack of equipment. With the aim of enabling people to remain in their own home and preventing needs escalating, the NHS has allocated £70m for investment in re-ablement services in 2010/11.

- 1.6 In relation to the second work stream, there is great potential to link in with the HRA Business Plan and the property asset management review so that the value of our sheltered housing can be optimised by making it more accessible and better suited to the delivery of health and adult social care in old age.
- 1.7 Having led the Commission of Enquiry work to examine the benefits of co-operation between housing, health and adult social care in south Essex, it is clear neighbouring councils are also interested in progressing these types of initiatives. Indeed there are likely to be benefits in some level of collaboration because the issues affect other councils and, they too, will need to address them. For example, Commission of Enquiry's Older Persons Housing and Planning Task Group was in agreement about the importance of clear planning guidance on housing design for an ageing population, and the benefits of councils working together to produce such guidance.
- 1.8 Equally, in relation to health care, there is a strong appetite for the councils whose residents use BTUH, to have consistent approaches to hospital admissions avoidance and discharge planning. And because in taking forward any solution councils would be likely to engage the same developers or service providers, there are clear benefits in them working together to share best practice, and to adopt consistent approaches except where to do otherwise would add value.
- 1.9 Although there are clear benefits in collaboration, it will be necessary to progress these initiatives alone, if need be, as there would be considerable financial risks in the longer term, if no action was taken. The increasing pressures on social care budgets is shown by the growing numbers of older people and working age adults requiring care and support. This growth in the need for services is conservatively estimated to result in £1m of extra costs for the Council over the next 4 years.

## **2 RATIONALE FOR THE TWO WORK STREAMS**

- 2.1 The Corporate Plan 2011-2015 identifies 5 priorities to make Thurrock a place of ambition, enterprise and opportunity, where communities and businesses flourish. The priorities contain the following objectives:
- Creating quality housing and enhancing the built environment for all communities;
  - Improving infrastructure to enable delivery of new employment, housing and community facilities;
  - Enable vulnerable people to exercise choice and control;
  - Change the way we do things to reduce costs and improve choice.
- 2.2 The two major initiatives described in this report will help take forward these corporate objectives, making a significant contribution to improving the quality of life of local residents.

**The case for integration of prevention and re-ablement services**

- 2.3 Research undertaken by the National Development Team for Inclusion for the Joseph Rowntree Foundation in November 2009 investigated what determines ‘a good life’ for older people in residential care homes. The report found that most older people did not choose to move to the care home and most find that the circumstances that promoted the move were not addressed in the care home.
- 2.4 Oxfordshire County Council in March 2010 identified Incontinence, Dementia, Depression, Visual Impairment, as well as a number of Long Term Conditions, as predisposing factors for a care home admission. Many of these conditions do not of themselves require a move to a care home: it is often the lack of post-crisis support in the community and a lack of appropriate housing that lead to a permanent move into a care home.
- 2.5 Being able to remain at home for as long as possible is both desirable for many people and far more economic for both the individual and the state. The former Strategic Director of Finance at the Department of Health told the Commission of Enquiry that 40% of the costs of a care home placement payable by councils were attributable to the costs of housing the resident. These are costs that when living in their own home would be met by residents themselves, or by Housing Benefit.
- 2.6 In relation to integrating health and social care in Torbay, a Kings Fund Report in 2011 summarised the benefits as follows:
- The daily average number of occupied beds fell from 750 in 1998/99 to 502 in 2009/10;
  - Emergency bed day use in the population aged 65 and over is the lowest in the region at 1920 per 1000 population compared with an average of 2698 per 1000 in 2009/10;
  - Emergency bed day use for people aged 75 and over fell by 24 per cent between 2003 and 2008 and by 32 per cent for people aged 85+ over in the same period;
  - Delayed transfers of care from hospital have been reduced to a negligible number and this has been sustained over a number of years.
- 2.7 To sum up, the personalisation and choice agendas are consistent with an integrated approach to health, housing and social care. And in terms of managing the increasing demands for services from an increasingly ageing population, it is clear that current arrangements are inefficient, expensive and often detrimental to the health and well-being of residents.

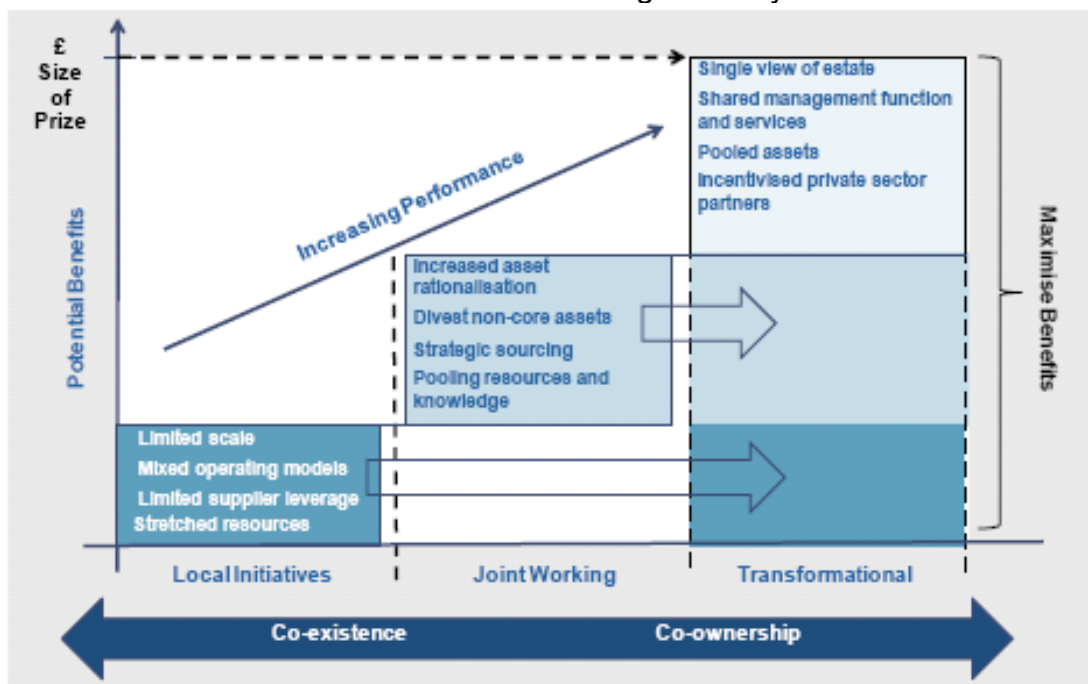
**The case for creating quality housing for older people**

- 2.8 For many years there has almost been a policy of segregated, specialist housing for older people with a model of, at best, sheltered bungalows and at worst bed sits. The sheltered housing that does exist is mainly in the social rented sector and designed to standards that mean for many tenants the accommodation cannot offer ‘a home for life’. The lack of lifts in our sheltered housing schemes, for example, often means that people with mobility



problems are forced to move into residential care for the lack of more appropriate options.

- 2.9 Tenure is highly significant because across Essex, 75% of households are owner-occupiers compared to 69% nationally and in south Essex the proportion is 85%. The 2001 Census shows that the proportion of older owner occupiers in Thurrock, while lower, will grow significantly in the next 10 years. Many older people are asset rich and in the future councils will need to ensure they can use those assets to help meet their needs housing, health and adult social care needs.
- 2.10 A report by Henley Business School<sup>1</sup> highlights other benefits: “home owners aged 65 and older collectively own £1 trillion of housing equity” and although most want to stay put “as many as 130,000 older people moved in 2008.” The report notes that in doing so they boost local housing markets, with £1.1b being released for every 5,000 houses sold, with two thirds moving from homes with 2 or 3 bedrooms.
- 2.11 Initiatives are therefore proposed to improve the housing prospects of older people in Thurrock by developing supplementary planning guidance to ensure new homes meet the needs of older people, and to explore the feasibility of improving and remodelling the sheltered housing estate to provide homes that are more suitable for people in their older age.
- 2.12 It will also be helpful to explore further the benefits of a collaborative approach to improving the sheltered housing estate. A recent study of property asset management across Essex, Southend and Thurrock<sup>2</sup>, undertaken by PWC and Local Partnerships, illustrated the range of options and the corresponding benefits of collaboration in asset management by councils.



<sup>1</sup> Housing markets and independence in old age, Professor Michael Ball, May 2011

<sup>2</sup> East 17 Sizing the prize, Improvement East 2010

- 2.13 The work undertaken by Commission of Enquiry's Older Persons Housing and Planning Task Group identified an appetite for joint working between the south Essex authorities in relation to the regeneration of the sheltered housing estate. Specifically, these include:
- sharing skills and knowledge through, (for example, the professional networks built up with the Commission's Task Groups,) to address a range of common tasks and challenges, and to develop detailed business cases and implementation plans, including the potential for pooling assets;
  - collaboration in relation to development plans to ensure co-ordinated approaches to the market so as not to over-stretch bid or development capacity;
  - improved negotiating position with developers from common design and planning standards for south Essex.
- 2.14 This commitment to co-operation has been confirmed in the recent consultation on the sub-regional housing strategy.
- 2.15 The potential benefits of large scale regeneration programmes for the sheltered housing estate include:
- improvement to the quality of housing stock for all ages but with particular relevance to older people as a result of the development of social and private sector homes which were "care ready";
  - stimulating the local housing market by freeing up family sized homes, and also freeing up equity locked into those homes, which would bring general economic benefits but also allow more older people to fund their own social care;
  - economic stimulus as a result of inward investment and the opportunity to create jobs for local people;
  - working with specialist agencies to develop a local skilled construction workforce which would also involve engaging brokerage organisations to address local worklessness.

### **3 DELIVERING THE PROPOSALS**

#### **The integration of prevention and re-ablement services**

- 3.1 In taking forward this initiative, full account will be taken of the current work on unplanned care led by the PCT. The Council will, however, harness a much wider range of non clinical resources to avoid unnecessary hospital and care home admissions, including housing advice, housing options, supported housing, home adaptations, benefits advice and leisure services.
- 3.2 The broad work plan for this initiative encompasses:
- working closely with GP practices to provide local access to a range of housing, health and social care services for those with needs related to illness, injury or surgery or long term conditions;
  - ensuring the range of housing services needed are in place to provide timely and intensive support at home to prevent admissions, and in discharge planning, and in step up, or step down provision;

- maximising the role of housing through housing options, housing advice; rehousing; addressing homelessness; home adaptations; floating support; and supported housing services;
- developing an integrated approach with health to funding for adaptations;
- developing a joint approach to funding equipment;
- integrating home adaptations services within hospital discharge and re-enablement services;
- developing a common procurement process across South Essex for adaptations;
- enhancing the handyman services across south Essex in conjunction with Papworth Trust;
- building strong linkages to other resources in the local community in order to maintain residents at home, with support from family, carers, neighbours and other informal care networks;
- where necessary, arranging access to assistance from informal carers, volunteer services or self directed support (either self funded or via personal budgets) where required in the longer term.

3.3 The range of strategic and commissioning authorities, and the different geographical boundaries of the Clinical Commission Groups, hospitals and councils involved, points to the need for a collaborative approach. This work will initially be focussed on south west Essex because of the commitment made by the Executive Director - Adults, Health and Community Wellbeing at Essex County Council to the next phase of work, and also because acute health care is provided in BTUH in Basildon. However the opportunities for collaboration with Southend, which is located in the same PCT Cluster, and neighbouring London Boroughs will also be explored.

3.4 In Thurrock, integration will bring further opportunities in relation to shared and co-located services, and asset management. The new locality based teams and the vision and strategy for Community Hubs could be further developed to include community based health services, and out of hospital care. Discussions with the Clinical Commissioning Groups and GP Practices around the future configuration of services should also provide options for shared use of assets or joint asset management.

#### **Creating quality housing and enhancing the built environment**

3.5 While meeting the requirements of a particular market segment quite successfully, sheltered housing could support other parts of the housing market (where health and social care dependencies are greater), and close the gaps that various reports have identified. For example a review of the 42 Council owned schemes (1,304 homes) was undertaken for the Council in March this year and this found that, as it stands now, the stock profile will not be capable of meeting the needs of many older people, who today are living longer and facing longer periods of illness or disability, leading to lettings to people with lower priority needs.

3.6 A survey undertaken by the Commission of Enquiry Task Group in late 2010 identified a further 3,500 council sheltered units across the other four housing authorities in south Essex. These councils reported the same issues with

their sheltered stock as had been found in the Thurrock Review. However, as the schemes frequently occupy large sites with low housing densities they represent a valuable asset base which could be used to enable the councils to improve or remodel the schemes to better meet housing, health and social care needs in the future.

- 3.7 The envisaged solution would result in a number of these schemes being improved or remodelled. This could give rise to opportunities for using the land to fund the creation of aspirational homes for a range of tenures while ensuring no loss of council homes. Where appropriate, the schemes could be integrated with social and health care facilities. In Thurrock the programme could be taken forward as part of the HRA Business Plan and wider asset management programme, while still maintaining linkages to health so as to take full advantage of opportunities to integrate services. This type of programme if undertaken at some scale, may have a significant impact on meeting the needs of older owner occupiers where at present, the private sector market offer is limited and relatively stagnant, and the social housing offer may not be attractive.
- 3.8 The case for taking forward a programme of work in Thurrock to explore the opportunities for improving and developing the sheltered housing estate now needs to be examined in detail. To test the deliverability of the initiative, it is proposed that a feasibility study in one location be undertaken. A local Registered Provider has offered to assist with the financial modelling and risk profiling of the study.

### **Resourcing**

- 3.9 Subject to Cabinet approval for the initiatives outlined in this report, it is proposed that existing work programmes will be used, where appropriate, to take this work forward. Project management support and specialist advice, will be called on as and when required, at key stages of the work streams.
- 4.10 The initiatives described in this report will be eligible for Department of Health funding - Adults' Personal Social Services: Specific Revenue Grants And Capital Grant Allocations for 2011-12 and 2012-13. The Dept of Health grants cover prevention and re-ablement work such as:
- Innovative alternatives to residential care - supported housing and living (for younger adults) and Extra Care Housing (for older people) which can help people live in the most appropriate accommodation via a range of housing options for differing levels of need and lifestyle;
  - Alternatives to residential care via community based services investment – specifically capital investment making the full use of telecare in a continued support package;
  - Service redesign to the care infrastructure.