The South Essex Commission of Enquiry into Co-operation between Housing, Health and Adult Social Care

Hearing 1 – 17 September, 2010, Wat Tyler Park, Pitsea

An Introduction by Lorna Payne, Corporate Director of Community Well-being at Thurrock Council

Why have a Commission of Enquiry into Co-operation in South Essex?

Because we face some major challenges in the years ahead:

- The challenge of the growing numbers of older people who may need advice or assistance to cope with the effects of aging
- The challenge of the number of people with long terms conditions like diabetes or heart disease who, thanks to developments in medicine and surgery, can now look forward to a long life but will need some help to make the most of it
- The challenge from the generation now getting old who have much higher expectations than those that have gone before who perhaps didn't expect to live so long.
- the public finances in the years to come – so we expect to have to do more, and to do things better but with perhaps only 75% of the funding we had in the past.

This is an Enquiry into Co-operation – because strategic functions for Housing, Health and Adult Social Care are not located in 1 organisation and if we are to leverage in the creativity, innovation and resources for the benefit of the sub-region, we need to strengthen our joint offer.

And, we cannot do more of the same – that is simply not affordable – we need to do things differently and so we need to engage the whole community of interested parties, service providers, users and carers to find the right solutions.

The Commission is made up of a good mix of senior executives from the participating organisations, and independent members such as the Chartered Institute of Housing, to ensure we have some external challenge within the process, and we can draw upon good practice from outside the sub-region.

We have already started work on some major areas that jointly concern housing, health and adult social care and four task groups have been initiated. In order to accelerate the work of these groups, we designed some questions for the hundred people attending Hearing 1 to consider during the Roundtable discussions in the morning. The summary of those discussions follows, and our intention is that these will inform the next stages of work by our Task Groups.

Please scroll down to read more about our Round Table discussions

Home Adaptations – Questions

Q 1 Information and advice
How can we make it easier for residents of any tenure to get clear, timely and accurate information so that they know what their options are?

Q 2 Funding for home adaptations
Budgets for adaptations are constrained and demand is continuing to increase. What options do we have to square this circle and prevent waiting lists?

Q 3 Social Housing Landlords
For residents in social housing, some needs can best be addressed by moving to a more suitable home. However not all landlords know which of their properties are suitable for which needs or have good matching arrangements. What can be done to help improve this?

Q 4 Choice and control
How can we increase choice and control for residents in respect of adaptations. We know that the current funding system can be complex and unfair, do we need to lobby central government to change this?

Q 5 Public Sector Procurement
Across the sub region we spend millions of pounds each year on home adaptations with each organisation procuring this work in different ways. Are there ways we could do this better together? How do we keep local control and accountability and carry out more coordinated procurement?

Q 6 Improving efficiency
Would a shared team/shared services approach to housing adaptations between housing/health/social care improve services whilst reducing bureaucracy and cost. Are there particular areas that should be targeted for shared services/shared teams? How can we both keep services local and join up services?

Q 7 – Do you have any other suggestions you would like to make to the Commission of Enquiry in relation to this topic?

Home Adaptations – Answers

Q1 How do we make it easier for residents to receive information to ensure quick, timely, accurate adaptations

It was generally agreed that early access to advice and information about housing options, including adaptations was essential and that there should be a single point of advice to promote services and encourage people to think about their future needs. This could be achieved though a web based service. However it was also acknowledged that the need for adaptations often arises at a moment of crisis.

It was noted that residents can be resistant to the need for adaptations and this also needs to be tackled. One suggestion was to raise awareness of what can be provided through a 'show flat' for both residents and professionals.

One innovative suggestion was that Estate agents and supermarkets could provide information for private/owner occupiers as well as tenants , alongside better use of libraries, GPs, and community information services as it is important that residents know what is possible.

A further suggestion made was that an over 50s information pack should be developed which could be produced by either central government or by local authorities.

It was noted that Housing providers including Councils, ALMOs and RSLs have budgets for minor adaptations, and have some staff trained to carry out assessments for adaptations, but there is a need to make more use of other staff who visit people in their homes. There is a need to make a broad range of staff aware and knowledgeable about what could be available to assist independent living. This would enable better and more timely advice to residents.

However residents in private housing do not have the same access to information and assessors, and consideration needs to be given to providing training for community group representatives and other partner organisations to assist private sector residents.

It was also agreed that health care workers also need to be more aware of the services available and be able to provide advice to residents.

A proposal was put forward to develop village agents who would be volunteers/paid workers who could disseminate information/be assessors.

It was also seen as important to use the existing media through local papers/radio to ensure levels of awareness about services.

Q.2 Funding Adaptations

A Financial Assessment to qualify for adaptations was seen as essential, with a pro rata sliding scale to income. This should be supported through advocates who can be used to ensure better take up and success in receiving funding/services. Where DFG's are assessed by the County on behalf of the Districts, there needs to be a single financial assessment process with residents only needing to tell their story once.

Long waiting lists are now a problem for all Councils and there are currently too many steps in the process with blockages occurring at many stages - these areas of blockages need to be addressed. One suggestion put forward was that there should be a single specialist who undertakes the whole of the process to assess, design and commission adaptations.

A list of Approved Providers of adaptations should be available to those who can afford to pay for their own adaptations.

Telecare services need to be more widely known about and publicity/information about this is needed. Provision for smart technology should be made in new homes for life. It is important that developers/planners should be thinking about the future use of the homes, not just accessibility. It was also acknowledged that

not all homes were being built to 'Homes for Life' standards and this needs to be accelerated.

There is also a need for better commissioning across the region and there is a need to look at opportunities for this to be joined up. It was also considered that there was a need to prevent silo working through looking at more integrated teams and services.

It was also felt that there needed to be a streamlined process for installing adaptations, with the potential for quick wins from the installation of minor adaptations whilst major adaptations are being approved

Many present also felt that more work was also needed on prevention with a focus on the life skills needed in terms of growing old as well as encouraging people to take part in activities that help lead to better health.

Q.3 Social Housing – Matching need with available housing

There needs to be accessible housing registers for social housing across the sub region that provide a database of homes with adaptations which then enables people to be matched with properties. These are in place in some areas but not others. However it was also considered that there are issues around the suitability of stock in some areas.

The Choice Based Lettings system for letting homes in the social housing sector (CBL) is not well understood by all residents who are seeking a home. Those in need of help in using the system are not always aware that there is an assisted bidding option available. This needs to be addressed.

This lack of understanding was thought to also apply to non housing professionals working with families who do not always understand the process for making nominations, using the CBL scheme.

A query was raised as to whether landlords are asking the right questions about peoples' health needs and there may be a need to redesign the assessment forms used.

There was also a further suggestion that there could be a policy of buying back council stock (RSLs & councils) to assist people remain in their homes. However it was noted that this would need resources. Resources were also raised in relation to work to fund Decent Homes and extending this to include any adaptations required.

It was also suggested that Empty homes strategies should include looking at adaptations for varying needs.

Q.4 Choice and Control

It was strongly felt that there needed to be flexibility between different funding streams. This would enable resources to be used to better effect eg adaptations money could be used to help move someone into a more suitable home rather than install expensive adaptations in an existing home.

It was further proposed that there should be a simplified procurement process that enables the resident to make the purchase with appropriate quality control measures in place.

It was noted that these measures would need legislative change.

Q.5 Public Sector Procurement

It was generally agreed that there needed to be a more joined up approach to procurement and that there were many opportunities for collaborative and joint procurement in this area across all the agencies involved.

It was considered extremely important that there should be 'Control and Accountability' in any joint procurement.

Approved contractors should be identified by Councils and form a list available to residents looking for these services.

It was noted that staff resources may be required to ensure sub regional contracts work well at the local authority level and there would need to be clarity of responsibility and accountability between councils and the sub-region.

There was general support for a buying consortium for adaptations which needed to be coupled with a way of making the access process simpler. It was also considered important that resources should be used flexibly.

The quality of the adaptations installed needs to be improved and consortium working will be a way to achieve this. It is also important that residents are involved in the decisions on what is needed and how it will be used and discussions therefore need to be appropriately tailored.

It was also felt that handyperson arrangements across the sub region needed to be standardised.

One further suggestion put forward was that there should be a sub-regional lettings policy to allow carers to move relatives nearer to them

Q 7 – Do you have any other suggestions you would like to make to the Commission of Enquiry in relation to this topic?

Some attendees raised the point that it was important that a consistent service be provided to residents regardless of tenure.

Flexibility of tenure was also raised as a potential response to the need for adaptations.

The needs and role of carers also needs to be recognised.

Although driven by costs, we need to ensure needs of the individual are met – blue sky thinking is required to ensure some quick wins and longer term solutions.

Views were put forward that it was important that we do redefine the offer to residents and that we do accept a degree of risk in day to day living which may affect the extent to which adaptations are recommended. The question was posed as to whether aids and adaptations encourage dependency.

It was generally agreed that for the future, residents would need to have an explicit conversation with staff on the options which were and which were not available through a Housing Options approach. There is also a need for clarity in respect of informing residents that assistance is limited and those with the ability to pay will need to fund their own adaptations.

Research is also needed to explore the extent to which aids and adaptations are effective in reducing dependency and long term care costs.

It was agreed that all new build homes should be built to Lifetime Homes standard incorporating good practise and prevention features.

Thanks to the following people for chairing the discussions and note taking:

Andrew Pike & Keith Cornwell
Simon Leftley & Louisa Moss
Stephen Burke & Terri Cochrane
Professor Andrew Kerslake & Rab Fallon

Planning - Questions

Q1 Flexible design in new housing

a) Is there more we can do through local development plans to ensure new housing developments are designed flexibly to enable residents to remain in their homes as they grow older?

b) What features do you feel should be incorporated in new homes to enable people to remain in their homes as they grow older?

Q 2 Better Co-ordination and understanding of need

How can we better coordinate our planning to reflect the need for a spectrum of supported housing in the future?

a) Are planning professionals always fully aware of what supported housing is needed?

b) Are there ways we can improve and coordinate our evidence gathering and research for future needs across all services?

c) How can we ensure health and social care needs are incorporated within our planning processes?

d) Should we develop common good practice guides/development guides as well as health impact assessments of new developments?

Q 3 Infrastructure

a) How can we ensure we plan for the right infrastructure to accompany new housing developments including the need for health facilities/social provision and housing.

b) What other features are essential to include?

Q 4 Do you have any other suggestions you would like to make to the Commission of Enquiry in relation to this topic?

Planning - Answers

Q.1 Flexible design in new housing

It was noted that the Lifetime Homes Standard is incorporated within LDFs but it may be possible to accelerate provision ahead of national requirements.

The importance of an Access Officer to ensure long term needs are addressed was stressed as this meant there was one designated person responsible.

The timescales for Local Development Plans to be refreshed was also identified as a key issue as this enables planning requirements to be kept up to date.

Attendees also stressed the need for closer working between planning sections at Districts/Boroughs and County in respect of Adult Social Care.

It was also emphasised that best practise should be applied to the design of new housing, including applying the HAPPI principals as well as Building for Life, and that all homes should comply with lifetime homes, including the 16 point blueprint: eg widened doors, ramp access, wider staircase, importance of pavements etc. The importance of flexibility in design was highlighted in order to enable facilities to be installed at a later date, to provide for digital technology/telecare, and to give scope for extensions to be added etc. This brings a requirement for skilled designers who can 'future proof' homes.

The importance of a well designed external environment was also raised.

Some European models were also highlighted including the Dutch approach to retirement villages as well as the German system for mortgages across generations.

Q.2. Better Co-ordination and understanding of need.

It was proposed that planners need to sell the benefits of developing adapted homes to developers during pre application discussions as there is a growing market for this provision.

One suggestion put forward was that experts in disability/older peoples' needs should be co-opted onto planning committees to ensure this perspective is recognised. This could be representation from disability groups. The Third sector generally was recognised as a source of intelligence that could be harnessed more effectively in planning policy.

The JSNA data needs to be used to provide information on high risk groups, and this can then be taken into account in planning policy.

A further suggestion put forward was that Occupational Therapists should be jointly commissioned by health and housing.

It was also proposed that there should be PCT/Health attendance at planning meetings, as well as early involvement in pre application discussions and in the future this would need to involve GP clusters.

The potential for health and social care to be statutory consultees was also raised as well as the importance of Health Impact Assessments on all major planning applications.

Attendees stressed the need for the Commission to speak to developers as they were essential for delivery.

Q.3 Infrastructure

The importance of future proofing communities was highlighted alongside the importance of engaging with care providers and others who were a rich source of data and intelligence on needs.

The potential to expand the use of GP surgeries was discussed including these being used as one stop shops for communities.

It was also considered important that existing provision in communities should be mapped with the assistance of the third sector in order to make the most of existing resources.

The potential for community enterprise was highlighted including community transport and the potential for mobile provision of services.

Q.4 Do you have any other suggestions you would like to make to the Commission of Enquiry in relation to this topic?

An issue was raised about making it easier for people to get planning permission for extensions, possibly through deemed consent.

The need for housing, planning, social care and health to pool resources to have a joint evidence base/ shared intelligence base was proposed. It was suggested that this could take the form of an information portal.

The benefits of a 'Hub and Spoke' model of sheltered housing provision was also highlighted.

The potential for streamlined planning assessment processes was raised together with using agreed checklists to address health and social care issues in individual planning applications.

There was a strong view expressed that there needed to be more co-ordinated planning of infrastructure for health, housing etc through both the Community Infrastructure Levy and through S106 agreements.

It was however recognised that whilst it is important to address new homes, it is acknowledged that new homes represent a very small proportion of the overall housing stock, and there therefore needs to be a continued focus on improving the existing stock.

Thanks to the following people for chairing the discussions and note-taking:

Melanie Harris & Daniel Baker
Steve Neville & Chris Evans
Jonathon Marron & Alastair Pollock

Housing for Older People - Questions

Q 1 Housing Options for older owner occupiers in south Essex
The majority of elderly residents in the sub region are owner occupiers. While many will want to remain in their family home, some will prefer to move to smaller accommodation. At present, most sheltered/retirement housing available is rented, public sector housing with very little private leasehold housing available.

Q 2 Sheltered housing
Much sheltered housing is no longer fit for purpose, is expensive to refurbish and does not meet residents' aspirations, with some being hard to let.
a) Is sheltered housing an outdated concept – now overtaken by new sorts of supported housing provision and advances in technology?
b) Are there better ways of using some of these assets to meet our aims?

Q 3 A new model for supported housing in South Essex?
There are examples of retirement communities that cater for low, moderate and high care needs and offer a mix of rented and owner occupied housing. To be viable, they need to contain a significant number of homes. Is this an alternative approach we should consider for the south Essex region?

Q 4 Staying Put
Most residents prefer to remain in their own homes as they grow older, but could benefit from access to social activities and support. How can we ensure residents are able to access the support and access to services they need without needing to move into a specific type of housing?

Q 5 If there were attractive housing options for older people, should we encourage people to move?
There are many advantages to moving into new housing. These include lower heating bills, freedom from maintenance worries, services and activities on hand.

Q 6 Do you have any other suggestions you would like to make to the Commission of Enquiry in relation to this topic?

Housing for Older People – Answers

Q 1 Housing Options for older owner occupiers in south Essex
A range of suggestions were made regarding how the housing options available to older people could be increased. These included some very innovative suggestions. One suggestion was a '*Buddy up'* scheme. The *Buddy up* scheme proposed that : if two retired persons have large under-utilised houses each, these residents then *buddy up* to enable one house to be sold, profits shared equitably and the other house shared by the two retired persons. It was noted that in this proposal there would be legal issues to resolve and family members would potentially also need to agree but it was considered that this could be a route to enabling people to remain in the community, near carers / family / friends etc.

Under the *buddy up* scheme the financial cost to the state could be alleviated by use of house sale profits and the state could incentivise such a shared approach eg by saying if you do this, we will supply free cleaning / meals / telecare service 24/7 or similar.

It was generally recognised that the current options available are not attractive.

It was therefore felt important that a menu of options should be created, and this would need to involve carrying out a market assessment to ask people what they want for the future.

However it was considered clear that more extra care provision of all tenures was needed across the sub region as well as better quality public sector accommodation. Attendees also considered that there needed to be a re-badging/re- modelling of 'respite' which needed to include options for carers as well as those in need of care.

Other options identified included introducing more equity options (including schemes that offer equity release for relatively small sums), 'buy back' schemes, which would need to be appropriately controlled, improved options for low cost home ownership for older people and broader options for incentivising people to move.

A refreshed approach to 'streets in the sky' for older people was also discussed.

There was concern expressed that many owner occupiers need 'warden' services provided in their own homes which could be addressed as part of a 'Hub and Spoke' model of sheltered provision. It was acknowledged that this would need to be means tested which could be a barrier for some. There was also a need to focus on assistive technology to enable residents to remain in their homes as well as providing residents with information and access to 'Care and Repair' schemes.

There was also a view that there needed to be a focus on the 'missing' market', in that the needs of the affluent can be addressed by the traditional private retirement market and the least affluent addressed through the social housing market – but the strand in between also needs to be addressed. It was considered that there needed to be different models for different income groups. It was however considered that there needed to be better quality private sector options.

It was also considered that there was a need for people to 'indemnify' themselves against later need and/or this needed to be addressed by landlords and linked to rents/service charges. It was noted that this was an area where there was a lack of professional financial advice and there were also poor links between the public sector and financial services.

Q 2 Sheltered housing

It was generally considered that sheltered housing in its present form was now outdated and had not kept up with modern day demands, much is poorly designed and cannot meet the needs of frailer users and wheelchair users. Some existing users were concerned about the mix of residents within some

schemes, where there were those with high level needs as well as those who were more active and had little need of support.

Suggested alternatives included having more spread out development, a greater mix of clients, have a menu of housing options for members to choose from regarding schemes eg one bed / two bed, small garden or not, access to an allotment space, provide options for voluntary work on site eg in a restaurant / garden / shop as well as providing a social club for residents to engage in etc.

It was also felt that there was a need for less traditional sheltered housing alongside a need for more extra care.

An important feature of all the discussions was choice – offering residents options and providing them with the perspective that they are still controlling key decisions in their lives and not being told what they can do and when.

Q 3 A new model for supported housing in South Essex?

There was generally strong support for a retirement village approach.

It was felt that there should be more like minded communities established where retired / elderly persons were housed in well designed communities where active living events/ social / cultural events were planned and organised for residents to partake in.

This retirement village approach has implications for house builders who could be incentivised by public money/land to build a mixed tenure model There is a growing demand as a consequence of an aging population especially if potential residents could be given assistance to exchange / part exchange their existing home. This also needed to be explored with specialist extra care providers.

There was a view that this approach should be *cradle to grave*, in being well planned socially and physically and involve a wide range of stakeholders from the earliest stage. These could include: potential residents, house builders, voluntary sector, theatre groups, wildlife trusts, building societies, supporters of social enterprise operations (consideration could also be given to the scheme being run as a not for profit housing development) insurance companies, financial pension fund holders etc. This spread of involvement can take decisions beyond *what colour bricks shall we use*, but what activities will we have on site, can we sustain a GP surgery 2 days a week, what active living events and entertainments can we put on, how will public health experts engage with residents etc.

It was felt that this was again an issue of choice and giving people more control over their lives including the running of the development on a social enterprise basis. It is also about prevention, and keeping people out of the health and social care dependency route for as long as possible with appropriate public health involvement.

To fund this there would need to be a mix of sale and rent with the sales profits recycled into the scheme. It was generally felt that people would be willing to use an element of their savings or house sale profits if it was to fund enjoyable living in their retirement.

Q 4 Staying Put

It was generally felt that new housing needs to be smarter and more robust so that it can be modified easily and grow with the person / family needs eg, designed to enable a stanna stair lift being retro-fitted at a later stage.

It was also considered that there was a need to 'invest to save' through the provision of timely adaptations targeted at those areas of significant cost to health eg falls prevention.

Q 5 If there were attractive housing options for older people, should we encourage people to move?

It was generally felt that if the right housing options were developed which offered residents real choice then marketing these options to residents to consider their options would be the right thing to do.

Q 6 Do you have any other suggestions you would like to make to the Commission of Enquiry in relation to this topic?

The contributors to the Commission highlighted that there was a need for good and constant long term marketing of the various schemes available for retirement / care living, and easy means to access information about the schemes.

This marketing should be aimed at the over 50's but also their adult children who may wish to consider such options in discussion with their parents enabling early discussion possibly many years before they need to make a decision.

There was a concern that providers of retirement housing had to be less concerned about the bottom line, and pay more than minimum wage for personnel and not only meet standards but seek to exceed them.

The new models of the future have to entice people in, to persuade people to use some of their savings / capital items etc. To do this, schemes need to be fair, efficient and have more emphasis on quality irrespective of whether they are public or private schemes. It was considered important that this was not a two tier approach.

Thanks to the following people for chairing the discussions and note taking:

Sarah Webb & Maureen McEleney
Helen Bowers & Ray Parker
Christian Woodhead & Sarah Carter

Collaborative Commissioning - Questions

Q 1 How do we ensure that:

a) services remain democratically accountable when one council buys services on behalf of another?

b) the services commissioned are person-centred rather than centrally specified?

c) services are relevant and responsive to the local community, including neighbourhood and community organisations, as well as to the council/health organisation responsible for the service?

d) What would be the benefits to service users of direct payments to purchase their services through the collaborative commissioning arrangements?

Collaborative Commissioning - Answers

The need for transparency was noted, as was the need to be clear about what is needed. In particular, commissioners need to really understand what they are buying because what is purchased is the important thing in relation to accountability - not *how* you buy and *manage* it. It should be possible to have services that are both personalised and bespoke and commissioned within a rationalised contracting framework. It was felt this would engender mutual trust between service users, providers and commissioners.

Centralisation could lead to more limited choice for service users. Quality must not be sacrificed to efficiency. So a willingness to devolve power was also felt to be important.

Service specifications need to be based on an inclusive and localised needs assessment (by contrast the Joint Strategic Needs Assessment was felt to be too high level and strategic to really inform the specification of individual services). Increasingly there is a need to link adult social care services to the services that GPs offer (as well as other local stakeholders) to guard against conflicting objectives and to ensure health and social care really work together.

Flexibility in the design and delivery of services is necessary, and this should still be possible in spite of the current financial limitations. Re-ablement services were cited as a good example of recent thinking outside the box.

The approach should be based on community-led commissioning and person-centred services rather than service-directed pathways. This may be a more likely outcome for service users with personal funding in place.

If the contracting arrangements are flexible, care and support services can bring in contributions from a range of providers which will help ensure the Third Sector is not marginalised. It was felt a partnership approach with the Third Sector was crucial if they were to be able to offer efficiencies as a result of public sector collaboration.

Collaboration across Housing, Health and Adult Social Care will assist in managing and stimulating the market. It will also help commissioners and providers more rapidly and comprehensively skill up staff to provide the more effective and more personalised services we will need in the future.

Housing, Health and Adult Social Care should pool budgets and commission integrated services where ever appropriate so as to avoid a fragmented approach to service delivery and to ensure commissioning is focused on service users.

It was agreed that public services working together to procure services could reduce costs by securing large contracts but we need to ensure value for money does not exclude local initiatives and the contribution of smaller providers. We need to simultaneously enhance service users understanding about how best to meet needs and provide the services they require.

Commissioning care and support services close to neighbourhoods and community support will help harness the vision, enthusiasm and energy within those communities.

It may also be appropriate to pool benefit funding with Health and social funding. This could ensure each person gets what they need and doesn't have to apply through various routes. It could also mean there is transparency around what each individual receives.

In relation to both old age and disability, designing in good standards in housing from the start would reduce the need for adaptations and health and adult social care services.

Education was part of the solution to ensuring older people need less help from health and adult social care services.

We need to prepare people better so that they start to think through what they need to do to their own homes to enable them to help keep well and maintain their independence as they grow older. For example, a pre-retirement course could include a focus on what may happen as a consequence of ageing.

Public services should invest more in preventative services and not just for problem solving or crisis services and we need to take a long term view in terms of achieving the right outcomes. For example they could invest in the most overt community issues to prevent them escalating.

A better connected society is needed with community champions and better integration of voluntary sector and local public sector services. Peer to peer support also needs to be enhanced and encouraged.

Informed Choice is essential, with service users having access to the full range of information about what is available and the cost implications of the choices they make. The need to manage client expectations was noted.

While it was noted that Direct Payments were an excellent innovation, they do not appear to suit all service users – there has been more enthusiastic take up by younger service users who prefer to exercise choice about what they spend the money on, for example social activities with their friends.

The South Essex Commission of Enquiry into Co-operation between Housing, Health and Adult Social Care

Round Table Discussions on the morning of Hearing 1 – 17 September, 2010

Thanks to the following people for chairing the discussions and note taking:

Lorna Payne & Beccy Carpenter
Chris White & Gillian Aylett
Pauline Holroyd & Les Billingham