DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE
ADULT CARE BOARD

THURSDAY 13TH SEPTEMBER 2012
2:00PM TO 4:00PM
COMMITTEE ROOM 1, COUNTY HALL, MATLOCK,
DERBYSHIRE, DE4 3AG

A G E N D A

1.	Welcome & Introduction from Cllr Charles Jones	Cllr Jones
2.	Noted Apologies: A Layzell, T Wright	
3.	Draft Minutes from the meeting 12th July 2012 (attached)	
4.	Matters Arising: • Safeguarding	
5.	Integrated Care: CCG's: Update on developments around Single Point of Access	J Stothard/ CCG's
6.	Co-ordination of Joint Commissioning	B Robertson
7.	Joint Commissioning Update (attached)	J Matthews
8.	HealthWatch Presentation	C Selbie
9.	CCG Development & Authorisation	CCG's
10.	Healthier Homes in Derbyshire (attached)	D Arkle
11.	Derbyshire LINk Annual Report (attached)	J Willis
12.	Health & Wellbeing Strategy: • Comments on Final Draft • Role of Adult Care Board in Delivery	All
13.	Health & Wellbeing Board Issues: • Agenda Items for 27th September 2012 Meeting	All
14.	The next meeting of the Adult Care Board will take place on 15th November 2012 at 2:00pm in Committee Room 1, County Hall, Matlock.	
15.	Any other business	

Julie Hardy
PA to Bill Robertson, Strategic Director - Adult Care Department
Tel: 01629 532008
E-mail: Julie.hardy@derbyshire.gov.uk

DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

MINUTES OF A MEETING HELD ON THURSDAY 13TH SEPTEMBER 2012 AT 2:00PM DERBYSHIRE COUNTY COUNCIL, COMMITTEE ROOM 1, MATLOCK HQ

PRESENT:

Cllr Charles Jones	Derbyshire County Council Cabinet Member (Adult Care) **Chairman**
Cllr Barbara Harrison	Erewash Borough Council
Cllr John Lemmon	South Derbyshire District Council
Cllr Lilian Robinson	North East Derbyshire District Council
Bill Robertson (BR)	Derbyshire County Council – Strategic Director Adult Care
James Matthews (JM)	Derbyshire County Council – Adult Care
Mary McElvaney	Derbyshire County Council – Adult Care
Andrew Milroy	Derbyshire County Council – Adult Care
Andrew Mott	Southern Derbyshire Clinical Commissioning Group (CCG)
Alison Pritchard	NHS Derbyshire County / Derbyshire County Council
Jo Smith	South Derbyshire CVS: representing voluntary & community sector
Jennifer Stothard (JS)	North Derbyshire CCG
Wendy Sunney	Hardwick Clinical Commissioning Group (CCG)
Barry Thacker	Derbyshire Police (representing Russ Foster)
Jacqui Willis	NDVA: representing voluntary & community sector

IN ATTENDANCE:

Julie Hardy	Derbyshire County Council – Adult Care (Minutes)
David Arkle (DA)	Amber Valley Borough Council
Colin Selbie	Derbyshire County Council – Adult Care

APOLOGIES:

Cllr Stuart Ellis	Derbyshire County Council Support Cabinet Member (Adult Care)
Cllr Dave Allen	Derbyshire County Council – Elected Member
Bryan Bennett	Derbyshire Fire Service
Avi Bhatia	Erewash Clinical Commissioning Group (CCG)
David Collins	North Derbyshire Clinical Commissioning Group (CCG)
Russ Foster	Derbyshire Police (represented by Barry Thacker)
Lynn Harris	Derbyshire County Council – Safeguarding Board
Bruce Laurence	NHS Derbyshire County / Derbyshire County Council
Andy Layzell	Southern Derbyshire Clinical Commissioning Group
Steven Lloyd	Hardwick Health Clinical Commissioning Group (CCG)
Rakesh Marwaha	Erewash Clinical Commissioning Group (CCG)
Jackie Pendleton	North Derbyshire Clinical Commissioning Group (CCG)
Steve Pintus	NHS Derbyshire County / Derbyshire County Council
Helen Robinson	Derbyshire Carers

Trish Thompson	NHS Derbyshire County
Gavin Tomlinson	Derbyshire Fire Service
Clare Watson	Tameside & Glossop PCT (CCG)
Tammi Wright	Derbyshire LINk

Minute no	Item	Action
	WELCOME FROM CLLR CHARLES JONES AND APOLOGIES NOTED	
ACB 051/12	**MINUTES FROM THE MEETING ON 12TH JULY 2012 & MATTERS ARISING** The minutes from 12th July 2012 were noted and agreed. • 042/12: It was noted that a copy of the final Safeguarding annual report was made available.	

052/12	**INTEGRATED CARE**
	J Stothard presented the Board with an update on integrated care and the single point of access for the North:
	• Programme of work in place.
	• Series of workshops have been held.
	• Another series of workshops are being held over the next few weeks.
	• Single Point of Access (SPA) in place for urgent referrals.
	  ▪ SPA was set up last year for winter period as a pilot service for part of the North Derbyshire area.
	  ▪ 90% of people had successful packages of care.
	  ▪ Discussions in Dales & High Peak to roll out over the next few months in preparation of the winter period.
	  ▪ Another set of public engagement events will take place.
	• A Milroy updated that the winter pressures pilot for North East Derbyshire & Chesterfield was able to demonstrate an improvement with better outcomes, which set a challenge of how to extend the scope of the model. Issue for Adult Care on resourcing this change due to acceleration of social care support to people.
	W Sunney presented an update for Hardwick:
	• SPA also been looked at by Erewash. Also looking at mental health element which will be integrated into the SPA.
	• At advanced stage of rolling out the virtual ward within Hardwick.
	A Mott presented an update on South Derbyshire:
	• There will be 3 SPA's which are due to start next month. (City, Amber Valley/South Derbyshire and North/Erewash).
	• Winter pressures are the key focus.
	• BR stated that happy to go along with the local arrangements, as long as they are coherent and patient experience is the same. Service Response: BR requested a joint session on this to confirm how Derbyshire will be covered / expectations etc. J Stothard agreed to convene the meeting, with Derbyshire County Council, to confirm everyone's mutual understanding.
	• Agreed for J Stothard to bring a progress update to the next Board.
	• Permanent/consistent rebalance of care into community, out of hospitals – not purely focussed on winter pressures.
	• J Willis provided feedback that virtual wards had worked really well.
		JS
		
		JS

053/12 **CO-ORDINATION OF JOINT COMMISSIONING**

- BR informed the Board that discussions are taking place with Children & Younger Adults around how to bring together work around the joint commissioning agenda to establish a steering / co-ordination group to maintain an overview of complex arrangements.
- An initial meeting has been arranged for 2nd October 2012.
- Feedback from this will be presented at the next Adult Care Board. **BR**

Terms of Reference

- At the Adult Care Board in September 2011 the draft terms of reference were tabled. These are to be revised at the 2nd October meeting and presented back to the Adult Care Board for agreement and sign-off. **BR**

054/12 **JOINT COMMISSIONING UPDATE**

- J Matthews presented the Board with an update regarding the delivery of the Joint Commissioning Priorities as endorsed by the Shadow Health and Wellbeing Board.
- Cllr Harrison raised the issue of supporting employers regarding how to handle a person with mental health issues. JM confirmed support is currently available for employers but recognised the point made.

For more information please contact James Matthews at james.matthews@derbyshire.gov.uk or on 01629 532004.

055/12 **HEALTHWATCH**

- C Selbie presented the Board with an update on preparing for HealthWatch Derbyshire.
- Multi-disciplinary project team established by the Health and Wellbeing Board.
- Aim to have HealthWatch Derbyshire in place by April 2013.

For more information please contact Colin Selbie at colin.selbie@derbyshire.gov.uk or on 01629 532131.

056/12 **CCG DEVELOPMENT & AUTHORISATION**

- A Mott presented the Board with an update for South Derbyshire CCG. 360º stakeholder surveys are now completed and results are being collated.
- J Stothard presented the Board with an update for North Derbyshire – stakeholder surveys are being collated.
- W Sunney presented the Board with an update for Hardwick. Staffing is being built up – statutory roles are being recruited to.

057/12 **HEALTHIER HOMES IN DERBYSHIRE**

- D Arkle presented the Board with an update on achieving Healthier Homes in Derbyshire.
- Health & Social Care colleagues need to be aware of Healthier Homes and services that can be provided to residents' homes, in order to assist older people to maintain their independence in their own home, for longer.
- Agreed to put forward to the Shadow Health & Wellbeing Board.
- Agreed to look into the use of First Contact, as evidenced by an evaluation showing health professionals have not engaged with the First Contact process making few, if any referrals.

- Agreed to look at housing contributions and how we can look at ways of playing this development into different areas for delivery.
- Planning Policy: Lifetime homes accessible & affordable homes – successful development throughout London. DA confirmed that research is on-going regarding this. Agreed that DA, JM & CCG representative would meet to look through the recommendations and develop practical steps forward. **DA/JM/ JS**

For more information please contact David Arkle at david.arkle@ambervalley.gov.uk or on 01773 841334

058/12 **DERBYSHIRE LINK ANNUAL REPORT**

- J Willis presented the Board with an overview of the Derbyshire LINk Annual Report, highlighting LINk public/patient activities, engagements and outcomes for the period April 2011 to March 2012. The Board noted and received the report.

For more information please contact Tammy Wright at TammiWright@avcvs.org or on 01773 512076.

059/12 **HEALTH & WELLBEING STRATEGY**

- The consultation closed on 2nd September and the Shadow Health & Wellbeing Board would consider the final strategy at its next meeting.
- A Pritchard confirmed all comments are being looked at.
- 203 questionnaires were returned in total.
- An initial evaluation of results show that around 80/90% were supportive against the proposed actions to take forward.
- The Health & Wellbeing Board meet at the end of September where the final version of the strategy will be endorsed. Once published, will look into the timescales for implementation.
- Role of Adult Care Board in Delivery:
  - Once the Shadow Health & Wellbeing Board have endorsed the plan at the meeting on 27th September, can be taken forward to the Joint Commissioning Co-ordinating Group arranged for 2nd October.
  - Incorporate into the Adult Care Board Terms of Reference for the next Adult Care Board meeting in November.
  - Need agreement between the Health & Wellbeing Board, Adult Care Board and the Children's Board for responsibility of delivery.

For more information please contact Alison Pritchard at alison.pritchard@derbyshirecountypct.nhs.uk or on 01332 888149.

060/12 **HEALTH AND WELLBEING BOARD AGENDA**

- The following agenda and information items for the Shadow Health and Wellbeing Board to be held on Thursday 27th September 2012 were discussed. Items to be taken forward were:-
  - Health & Wellbeing Strategy
  - Update on Joint Commissioning
  - HealthWatch

DATE OF NEXT MEETING

The next meeting of the Adult Care Board will take place on Thursday 15th November: 2:00pm – 4:00pm Committee Room 1 County Hall, Matlock.

DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

MINUTES OF A MEETING HELD ON THURSDAY 12TH JULY 2012 AT 2:00PM DERBYSHIRE COUNTY COUNCIL, COMMITTEE ROOM 1, MATLOCK HQ

PRESENT:

Cllr Charles Jones	Derbyshire County Council Cabinet Member (Adult Care) **Chairman**
Cllr Dave Allen	Derbyshire County Council – Elected Member
Mary McElvaney	Derbyshire County Council – Adult Care
Brian McKeown	Derbyshire Police (representing R Foster)
Andrew Milroy	Derbyshire County Council – Adult Care
Andrew Mott	Southern Derbyshire Clinical Commissioning Group (CCG)
Alison Pritchard	NHS Derbyshire County – Public Health
Bill Robertson	Derbyshire County Council – Strategic Director Adult Care
Cllr Lilian Robinson	North East Derbyshire District Council
Mark Self	Derbyshire Probation Service
Jo Smith	South Derbyshire CVS: representing voluntary & community sector
Jennifer Stothard	North Derbyshire CCG
Jacqui Willis	NDVA: representing voluntary & community sector
Tammi Wright	Derbyshire LINk

IN ATTENDANCE:

Julie Hardy	Derbyshire County Council – Adult Care (Minutes)
Lois Race	Derbyshire County Council – Adult Care
Alice Sanghera	Derbyshire County Council – Adult Care
Katey Twyford	Derbyshire County Council – Adult Care
Julie Vollor	Derbyshire County Council – Adult Care

APOLOGIES:

Bryan Bennett	Derbyshire Fire Service
Avi Bhatia	Erewash Clinical Commissioning Group (CCG)
David Collins	North Derbyshire Clinical Commissioning Group (CCG)
Cllr Stuart Ellis	Derbyshire County Council Support Cabinet Member (Adult Care)
Russ Foster	Derbyshire Police
Lynn Harris	Derbyshire County Council – Safeguarding Board
Cllr Barbara Harrison	Erewash Borough Council
Bruce Laurence	NHS Derbyshire County / Derbyshire County Council
Andy Layzell	Southern Derbyshire Clinical Commissioning Group
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Wendy Sunney	Hardwick Clinical Commissioning Group (CCG)

Trish Thompson	NHS Derbyshire County
Gavin Tomlinson	Derbyshire Fire Service
Clare Watson	Tameside & Glossop PCT (CCG)

Minute no	Item	Action
	WELCOME FROM CLLR CHARLES JONES AND APOLOGIES NOTED	
ACB 039/12	**MINUTES FROM THE MEETING ON 17TH MAY 2012 & MATTERS ARISING** • The minutes from 17th May 2012 were noted and agreed.	
040/12	**HEALTH & WELLBEING STRATEGY** • A Pritchard presented the Board with an update on the Health and Wellbeing Strategy. The full draft strategy is now out for consultation which ends on 2nd September 2012. Documents can be located on the Derbyshire Partnership Forum website at: http://www.derbyshirepartnership.gov.uk/thematic_partnerships/health_wellbeing/strategy/default.asp?VD=healthstrategy • The focus of the consultation is on the proposed actions. For more information please contact Alison Pritchard at alison.pritchard@derbyshirecountypct.nhs.uk or on 01332 888149.	
041/12	**JOINT COMMISSIONING** **PROGRESS ON JOINT COMMISSIONING:** • J Vollor presented the Board with an update on the delivery of the Joint Commissioning Priorities as endorsed by the Shadow Health and Wellbeing Board and the associated processes. Updates were presented on the following areas – to be noted for information: o Frail Older People and Dementia o Carers o Learning Disability o Disabled People or People with Sensory Impairment o Transition to Adult Life o Implementation of the Autism Act o Mental Health Services o Joint Commissioning System • A scoping exercise around early onset of dementia currently being looked at. A further report on this will be reported on in the near future. For more information please contact Julie Vollor at julie.vollor@derbyshire.gov.uk or on 01629 532048. **NEXT STEPS:** • B Robertson confirmed that a development day is being held on 13th July 2012 which the LGA is facilitating, focussing on how to develop coherent integrated system approaches. Long term conditions and carers are being focussed on. • Process of authorisation of CCG's – the potential possible role of GEM, Commissioning Support Unit is still emerging. • Three big issues are apparent following the Adult Social Care White Paper publication on 11th July 2012: o Money: demographics	

- Costings / Carers
- Additional monies transferred from Health, factored through commissioning boards and not CCG's.

- Considerable pressures and challenges ahead due to lack of resolution of the longer term funding of social care.
- Carers will have the same rights to an assessment as clients to have their eligible needs met.
- J Stothard commented that the proposed integration will reduce fragmentation across the systems – this will definitely improve the life of carers and clients.

042/12 **SAFEGUARDING**

- J Ryalls presented the Board with an update on the work of the Derbyshire Partnership for Safeguarding Adults at Risk (DPAR) Board.
- CCG's will have a 'safe and well check' from the Board to check commissioning arrangements are approved by the Board.
- Joint set of policies and procedures now in place across Derbyshire County Council and Derby City.
- The Board are invited to note and comment on the draft Annual Report of the Safeguarding Board for 2011 - please forward any comments direct to J Ryalls.
- It was confirmed that training is available from Derbyshire County Council to support voluntary and independent providers.
- Adult Safeguarding Board is going to be a statutory function as part of the new Adult Social Care Draft Bill.

For more information please contact Jill Ryalls at jill.ryalls@derbyshire.gov.uk or on 01629 532471.

043/12 **PREVENTION STRATEGY: IMPLEMENTATION REFRESH**

- J Brown presented the Board with an update on the work which is to be undertaken to re-fresh the Adult Care Prevention Strategy 2011-2014.
- Derbyshire County Council Cabinet approved the Adult Care Prevention Strategy 2011-2014 in January 2011. It is now considered appropriate to review the implementation of the strategy, taking into consideration national and local developments over the last 18 months.
- It was agreed to establish a Task and Finish Group reporting to the Adult Care Board to undertake this work following a Prevention Strategy stakeholder meeting to be held in September. The stakeholder meeting would invite participation from health commissioners and providers, public health, Derbyshire LINk, CVS/VCS, Advice Derbyshire, District/Borough Councils, Police/Community Safety, Fire and Rescue Service and Derbyshire County Council service departments.
- The strategy will be reviewed in 2014 for cost effectiveness.
- Public Health outcomes to be looked at alongside the ASC and NHS outcomes.
- Do any of the prevention outcomes/measures need adjusting, taking on board the 3 new outcome frameworks which were not in place when this strategy was created. JB to action. **JB**

For more information please contact Jem Brown at jem.brown@derbyshire.gov.uk or on 01629 532068.

044/12 **HOUSING RELATED SUPPORT**

- A Sanghera presented the Board with an update on the development work on Housing Related Support services, Assistive Technology Services and the use of Disabled Facilities Grants.
- In 2011-12 the Housing Related Support programme supported 25,375 vulnerable people to live independently in their own homes. Vulnerable groups supported include young people, older people with support needs, people with learning disabilities, and people with mental health problems.
- Work is continuing with the 'tri-borough' consortium, comprising Chesterfield, Bolsover and South Derbyshire District Council, to provide a Countywide alarm monitoring service. Competitive Dialogue procurement is also underway to secure a partner with appropriate expertise and investment in Assistive Technology equipment and services, to establish a joint venture. Other related Services are also progressing for example:
  - Tenders for warden services to be provided on a floating support model including responding to a community alarm are currently been evaluated.
  - The core (county wide) Handy Van network capacity will be increased in order to meet the expected growth in demand for the installation, servicing and maintenance of the community alarm and Telecare equipment.
- Evidence demonstrates that an accessible, adapted home can make a significant contribution to improving older and disabled people's quality of life. Adaptations can enable independence, help to prevent accidents, particularly falls, and reduce hospital and care home admission rates. Suitably designed or adapted housing has a direct effect on reducing the cost of health and social care services.
- The effective delivery of major housing adaptations is a crucial element in supporting the independence of disabled people of all ages. The primary funding mechanism is the mandatory Disabled Facilities Grant (DFG) administered by District Councils. A key focus of our work is on improving the effectiveness of processes through planning and the development of shared operating systems/approaches.
- In 2011-12 a total of 311 DFG's were completed.
- The County and District Borough Council's DFG Strategy Group is currently revising the County DFG strategy.
- Board Members are asked to note the progress on Housing Related Support Services, Assistive Technology Services and the use of Disabled Facilities Grants. Agreed.
- Future update report will be presented in the near future.
- Cllr Allen requested more information on the return on investment and the quality of services that are being funded. **RP/JM**
- The referral process for Housing Related Support was raised by the Police: need to ensure all partner agencies are aware of all the various ways of referring someone.
  It was confirmed that the various routes for referrals could be found by using the Service Directory link:
  Access the service: Social care and health - Derbyshire County Council

(The Service Directory is attached to the bottom of this page on the DCC website).

For more information please contact Ram Paul at ram.paul@derbyshire.gov.uk or on 01629 532015.

045/12 **ACCOMMODATION, CARE & SUPPORT STRATEGY**

- K Twyford presented the Board with an update on the plan to deliver the Accommodation, Care and Support Strategy for Older People in Derbyshire. The plan was approved by Cabinet on 20th February 2012.
- The plans set out to reconfigure accommodation, care and support for older people through 4 Specialist Community Care Centres and 2 dispersed rural centres which will consolidate specialist dementia services across the county; supported by a network of Extra Care schemes providing a range state of the art apartments with on-site personal care and support, some with additional specialist services; and an increased range of agreements with partner agencies, including to deliver health and wellbeing zones.
- Three Extra Care schemes are already operational at Whitfield House in Glossop, Waltham House in Wirksworth, and Stonelow Court in Dronfield. The Staveley Community Care Centre is already open, and has been operational since March 2010.
- The Oakland Scheme in Swadlincote will include 88 extra care apartments and a specialist community care centre comprising a health and wellbeing zone, day care services accommodating a total of 20 people at any one time, 16 long term dementia beds, 8 respite beds, 8 intermediate care beds and a suite of therapy/clinic rooms. In addition there will be a range of community facilities such as restaurant bistro, gym, shop, hairdressers and multi-purpose room.
- Two Specialist Community Care Centres are currently being designed with a view to progressing to a planning submission on 12th July 2012. The two sites are in Darley Dale (on land adjacent to the Whitworth Hospital) and in Heanor. Presentations on both designs are being made to local town councils.
- The Council is in the final stages of closing a contract with Chevin Together Housing to deliver up to 600 units of Extra Care housing across the county. An initial 197 units are planned for Foolow Court, Chesterfield; Cressy Fields, Alfreton; and Market Street Clay Cross. The Foolow Court site will use land that is being transferred from Chesterfield Borough Council, and has successfully had a planning application determined.
- The Council has started a Competitive Dialogue process to secure further partners to develop and operate the remaining extra care units required to deliver the ambitious plans to have extra care housing within 5 miles of most people in Derbyshire. 12 sites have been identified for inclusion in the procurement. A consortium has been invited to take part in detailed discussions about a possible solution. It is anticipated that a proposal will be put forward to Cabinet by December 2012, with deliver of schemes between 2014 and 2017.

- In addition to the Community Care Centres, a range of specialist facilities and services are to be commissioned in at least eight of the extra care schemes, some of which will be registered with the Care Quality Commission.

The next steps for delivery of the plan include:

- Consultation with affected residential care homes, residents, relatives and staff.
- Cabinet decisions on individual residential care homes.
- Continued procurement and working with partners to deliver the accommodation.
- Work with partners to agree, jointly commission and deliver service models.
- The Adult Care Board noted the update report.

For more information please contact Katey Twyford at katey.twyford@derbyshire.gov.uk or on 01629 532449.

046/12 **CLINICAL COMMISSIONING GROUP DEVELOPMENTS**

- J Stothard to schedule an update on integrated care for the September Adult Care Board meeting. **JS**

047/12 **NUTRITION & OLDER PEOPLE**

- B Robertson updated the Board on local actions to improve levels of nutrition among older people who are underweight.
- BR is now a member of the national taskforce for malnutrition.
- A copy of the 'How to Eat Well' brochure was circulated for information, which is a guide for older people who are underweight.
- In 2011 the County Council's Improvement and Scrutiny Committee – People produced a report on 'Nutrition for Older People in the Community and Care Settings including Hospitals'. The report identified positive work taking place in some parts of the county and following a stakeholder Nutrition Summit, produced a set of recommendations.
- A multi-agency implementation team has taken forward the recommendations and made considerable progress in delivering improvements.
- Linked to the Improvement and Scrutiny Review the County Council has set up a major publicity initiative to offer advice to Older People about good nutrition.
- A Mott requested a break-down of results. BR agreed to provide comparable data by provider. **BR/JV**
- The Board agreed to organisations represented at the Adult Care Board participating in the publicity initiative.

048/12 **WELFARE REFORM ACT**

- L Race presented the Board with an update on the Welfare Reform Act 2012 which is a major piece of social security reform, highlighting some of the main issues which have a significant impact.
  - Universal Credit
  - Personal Independence Payment
  - Social Fund: Community Care Grants & Crisis Loans
  - Localised system for Council Tax Benefit

- BR is convening a new multi-agency working group to meet and discuss the implementation and implications of the new Act and how it will be shaped for the future. **BR**
- It was agreed to invite voluntary sector representation to a seminar to help shape social fund responsibilities, looking at potential risks to vulnerable people and families. **LR**

For more information please contact Lois Race at lois.race@derbyshire.gov.uk or on 01629 531536.

049/12 **WHITE PAPER: ADULT SOCIAL CARE**

- M McElvaney presented the Board with an update following attendance at an ADASS/SCIE Seminar on 10th July 2012.
    - Prevention Agenda: Statutory responsibility of local authorities
    - Involving communities in decisions
    - New requirement to provide more accessible information by April 2013
    - Strong emphasis on improving quality of care
    - Carers to be classed in same light as people they care for
    - Dignity & Respect: New code of conduct
    - Critical issue is unclear funding
- Further details can be found at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

050/12 **HEALTH AND WELLBEING BOARD AGENDA**

- The following agenda and information items for the Health and Wellbeing Board to be held on Thursday 26th July 2012 were discussed. Items to be taken forward were:-
    - Safeguarding
    - White Paper
    - Joint Commissioning

DATE OF NEXT MEETING

The next meeting of the Adult Care Board will take place on Thursday 13th September 2012 - 2:00pm – 4:00pm Committee Room 1 County Hall, Matlock.

Agenda Item: 7

DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

13th September 2012

JOINT COMMISSIONING UPDATE

1. Purpose of the Report

To update the Adult Care Board about the delivery of the Joint Commissioning Priorities as endorsed by the Shadow Health and Wellbeing Board.

2. Information and Analysis

At its meeting on 29th March 2012, the Shadow Health and Wellbeing Board endorsed the Joint Commissioning priorities for 2012/13 that had been agreed by the Adult Care Board at its meeting on 15th March 2012.

Since the July Adult Care Board meeting, the following actions have been completed:

- Community Lives:
    - Cabinet Report 24th July 2012 – agreed. An extended period of engagement will take place; the approach is being developed together with the Community Lives Communication and Engagement Sub-Group, which includes clients and family carers. This will run in parallel to, and be informed by, the on-going implementation of personalisation and Self Directed Support.
    - Developing a Service Improvement Plan based on the 12 Working Together for Change workshops.

- Intermediate Care:
    - Being developed as part of the Integrated Pathway work.

- Employment:
    - Proposing a strategic approach to meet agreed targets for supporting people with LD and MH into employment; and for young people in Transition.

- Stroke:

  - Progress has been made in agreeing the inclusion of Early Supported Discharges within existing resources.

- Young Onset Dementia:

  - Dignity in Care
  - Development of the Silver Standard.
  - Continuing applications for Bronze are being sent in.

  Advocacy:

  - Jointly undertaking a review of Advocacy Services to improve geographical access.

- Lead Commissioning:

  - Scoping and developing proposals for Carers and Learning Disabilities continues.
  - To bring a report to the Adult Care Board in December.

- Carers

  - Proposing to refresh the existing Carers Strategy starting in September.
  - New information leaflet is being written, to include update information on sitting services and carers PBs.
  - BME Project – Carers network event has been held; further actions have included an event with the Chinese Association.

CONCLUSION

The development set out in this report relate to agreed joint priorities which are consistent with the emergent Health and Wellbeing Strategy for Derbyshire.

They are tangible achievements reflecting good joint working between the developing clinical commissioning groups, adult care and district and borough councils. This joint working will be further strengthened as joint commissioning structures and relationships are consolidated in the coming period.

OFFICER RECOMMENDATION

That the progress on delivering the Joint Commissioning system and priorities for 2012/13 is noted.

Julie Vollor
Group Manager - Commissioning

Agenda Item: 10

Achieving Healthier Homes in Derbyshire
How can housing reduce inequalities?

Executive Summary

The association between housing conditions and physical and mental ill health has long been recognised and there are a broad range of specific elements relating to housing that can affect health outcomes. In delivering the Health and Wellbeing priorities, housing will be a fundamental factor in any success.

In the recent publication of Caring for our Future reforming care and support the Government has explicitly recognised that care and health services need to work with housing and are proposing to make it a legal requirement to cooperate.

Poor housing conditions often coexist with other forms of deprivation (unemployment, poor education, ill health, social isolation etc.), making it difficult to isolate, modify and assess the overall health impact of housing conditions. Improving housing standards should be a fundamental part of future public health strategies that seek to reduce health inequalities and District and Borough Councils will work with partners to increase the understanding of the benefits of investing in housing.

The document sets out the current local policy reasons for including housing conditions and its availability as part of the prescription for improving health outcomes. The report describes an overview of housing and the various functions that contribute. The report sets out some key challenges and makes some recommendations for further action. The success of this work will be that there will be joining up of services with systematic flows of referrals and provision of advice and widening of choice.

Investment in addressing fuel poverty, housing standards and the supply of affordable housing choices are key preventions that will pay dividends in time. The costs associated with delayed discharge from hospital alone justify greater understanding of how joining up services will result in better outcomes for our residents.

Effective referral systems are needed to ensure that one agency that comes across a client that would benefit from being put in touch with another agency. The key is to make this as simple as possible. The county wide First Contact scheme offers the opportunity to do this particularly when a client might have multiple needs, but there are other appropriate mechanisms when the issue is about one issue.

It has been identified that there are significant barriers in the lack of housing training for both social and health care professionals that means that some of the ‘simplest’ interventions are just not being used. Health and social care professionals will have profound pressures on time which might reduce their capacity to make referrals for their clients, but not making referrals may prolong the problem.

New ways of funding interventions are required. Disabled Adaptations for example are a social care intervention that is part of the County Council’s menu of options, but have been reliant on the Boroughs/Districts to fund them. The better we are at delivering, the more money that is spent so you enter a vicious circle, the bottom line being that very few if any areas consistently come close to meeting the Government’s targets. A solution must be found because it have been proven that a well-timed adaptation will pay for itself time and gain by keeping someone out of care or out of hospital.

Tackling standards in the private rented sector requires enforcement resource and very few Councils have the luxury of delivering a proactive programme. In areas like Liverpool Health have substantially invested in enforcement in higher risk housing as part of an overall package recognising that this will have substantial benefits in addressing the underlying causes of ill health in these properties.

Continued investment in housing related support services by Adult Care and joined up commissioning where possible, adds significant value to the health and wellbeing outcomes for Derbyshire’s vulnerable residents.

The ingredients are present to increase the process of tackling of health inequalities but there is so much more that public service could achieve by thinking beyond traditional narrow boundaries and focusing on the client.

Agenda Item: 10

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Achieving Healthier Homes in Derbyshire

How can housing reduce inequalities?

Contents

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1. Introduction

In its well respected findings the Marmot Review provided evidence that proves the detrimental impact that housing can have upon the health of individuals and families. This could be due to the availability, suitability or condition of the property[1].

Whilst the primary duty for housing planning, strategy and enforcement rests with Borough or District Councils, the ability to benefit in terms of reduced costs for care services will be realised by other agencies predominantly health and social care service providers.

In the recent publication of Caring for our Future reforming care and support the Government has explicitly recognised that care and health services need to work with housing. Conversely Planners will need to take into account local strategies to improve health and social wellbeing[2].

The joint strategic needs assessment for Derbyshire shows an increasing trend in the numbers of people aged 65 years and over. These people are likely to place an increased burden on health and social care services not only because of the increased numbers but because they are also likely to be living longer with more long term health conditions.

Derbyshire has a positive history of partnership working between housing, health and social care organisations. This strength needs be built upon to ensure that all agencies are able to respond to the future housing and health needs of the population.

1.1 What is meant by housing?

Housing relates to a wide range of services including:

- identification of housing needs and demands
- future housing development
- access to appropriate forms of housing
- support for vulnerable residents to maintain their accommodation or access accommodation appropriate to need
- enforcement and other services that address the standards within the home

Housing is a key determinant of health. Evidence shows that poor housing conditions cause accidental injury, exacerbate existing health conditions, make treating health conditions difficult and have a huge social impact upon the ability of individuals to achieve their potential in education or employment. At the highest strategic level, the Marmot Review[3] of health inequalities equates housing conditions as one of the key social determinants of health inequality, alongside child development, education, employment, and standard of living.

1.2 Why is housing relevant to health?

Evidence shows that the greatest risks to health with regard to housing are as a result of cold, damp and mouldy conditions. The strongest links are between reported illness in children, and damp and mould. These illnesses include respiratory problems (including asthma) and conditions including aches and pains, 'nerves', diarrhoea, headaches and fever. Adults also face these problems but to a

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lesser extent. Cold conditions are statistically associated with an excess of winter deaths and attributes of internal air quality (tobacco smoke and carbon monoxide) are known to be damaging to health. Overcrowding and living in high-rise flats are associated with depression, although other factors are strongly influential, and anxiety and depression increase with the number of housing problems.[4]

There are also issues with young people who 'sofa surf', informally staying on the sofas of friends for short or longer periods of time. This can move into being classed as private fostering which should by law be reported to the Local Authority, but in practice rarely is.

The evidence for the positive social impact of better housing is overwhelming. Improving the quality, size and quantity of housing, and improving the quality of neighbourhoods where lower income households live will have a positive effect in reducing criminality and ill-health and improving educational attainment.[5]

Collective budget constraints provide an opportunity to improve the health outcomes for our communities and reduce health inequalities through improved integration of services which may previously have been delivered in isolation.

This approach requires all health, housing and social care agencies including the emerging Clinical Commissioning Groups and GP's to better understand underlying housing conditions.

For example Care and Repair England identified that a critical factor with regard to older people's admission into and time spent in hospital along with decisions to move into care, is the condition of the individuals home. This fundamental issue however receives little attention in any current health pathway design. Further evidence also states that access to appropriate housing, equipment, assistive technology and Telecare could affect whether, and for how long, any benefits of a re-ablement service are sustained[6].

Housing and the life course approach

Table 1 summarises the impact of the strategic housing disciplines on the life course approach advocated by Marmot [7].

The table provides a summary of an indication of the impacts of elements of housing on the stages of life. Live and work well have been amalgamated.

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Table 1: Contribution of Housing to the Life Course approach

	Start Well	Develop Well	Live/Work Well	Ageing Well	What Can Be Done?
Fuel Poverty	A warm home is critical to the earliest stages of life. Cold and damp housing is likely to cause lifelong respiratory illnesses and will exacerbate existing illnesses meaning more trips to the GP and/ or hospital.	Children's ability to do homework and concentrate is likely to be inhibited by a cold house. Existing respiratory and coronary health conditions will be made worse meaning more trips to the GP and/ or hospital. The increasing cost of childcare means that young children are likely to be at home for significant periods of the day, sometimes in homes which are not heated sufficiently.	For those on low incomes the fear of rising energy prices adds to the mental health concerns of many households in fuel poverty. Returning to a cold home is mentally challenging and will exacerbate certain conditions. The current high levels of joblessness among young people means that many of them are at home during the day and may not be able to afford heating. A cold and damp house is likely to contribute to increases in sickness rates. Less money is likely to increase the numbers of boilers that break down Many households are facing the heat or eat dilemma	Living in a cold house will exacerbate existing health conditions and social care needs, and will increase the risk of hospital admissions from strokes and heart attacks, as well as an increase in care hours. Falls are more likely to be linked to hypothermia, increasing the time needed in care. Treatments of leg ulcers etc. will take longer Older people often do not understand how to heat their homes effectively and are fearful of the bills and consequently under heat their home.	All Councils are offering insulation schemes that are heavily subsidised. Councils employ Energy Officers or have access to experts that can provide home energy advice. What is missing is an effective referral system from health and social care professionals to put hard to reach customers in touch with the advice they need. Greater promotion of credit unions and other saving schemes DCC Adult Care provide welfare benefits advisors and fund housing related support for older people, who can advise about bills, debts, and income maximisation. The DCC Handy Van Network can help with energy efficiency advice.

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	Start and Develop Well	Live/Work Well	Ageing Well	What Can Be Done?
Homelessness	Access to suitable safe and warm accommodation is critical in that instability will lead to a chaotic life and lack of routine and structure. This will undermine the basic needs in a child's development. Main causes of homelessness are eviction from a private tenancy, domestic violence and eviction from the family home	Access to a stable home is a key building block to seeking and maintaining employment. Those facing homelessness lack some of the basic skills such as managing finances that will lead to other problems and such a chaotic lifestyle. Lack of employment can result in loss of home with increased stress/depression	Whilst homelessness itself is not a significant issue for older people what is the fact that so many older people live in homes that they cannot afford to heat and maintain. This sometimes does result in loss of the home due to risks to their health and a likely transfer to care	Greater emphasis on the causes of homelessness and putting sustainable measures in place to prevent the crisis that forces an individual or family unit to leave their home. More effective interventions at the earliest stages. DCC Adult Care fund Housing Options specialist services for both Older People and people with a Learning Disability.
Housing Advice	Many of the cases of damp and mould that blight the early years for children are avoidable through the provision of good advice about how to manage moisture in the home. This can include very simple messages like opening key windows and reducing the amount of washing being dried inside.	For those of working age access to a range of information regardless of tenure. An Adult Care funded Housing Choices service for people with a Learning Disability can support people to secure properties including supported living shared accommodation.	Access to housing choices is critical. Currently a jointly financed Housing Advice service for older people operates across the county. The key is to encourage older people to think about what they need from their home before a crisis such as hospital admission	Timely supportive housing advice should be an important aspect of social care and health prevention strategies. This requires effective joining up of local services and improved pathways.

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	Start and Develop Well	Live/Work Well	Ageing Well	What Can Be Done?
Access to Affordable Housing	Access to safe, warm affordable housing underpins basic human needs. A more contented parent in a safe home is more likely to be able to focus on the development of their baby and child as they develop	For those of working age and on low income if too much is paid on rent this leaves less to spend on feeding themselves and their family and for heating their home. The increase in part-time employment and the decrease in full-time employment leads to difficulties for families and young people in affording housing. In addition young people are finding it increasingly difficult to raise the deposits that are now needed to purchase their first home. This results in young people either having to continue to live with their parents, which may cause stress and depression, and if partners also move in, overcrowding. Alternatively they are forced into rented accommodation which drains their finances and delays even further the possibility of purchasing their own property.	For older people access to worry free social housing can provide a positive alternative what might be perceived to be on offer. There are a range of schemes for different needs that offer more comfortable life in later years rather than the fear of isolation.	By working collectively both the numbers and choice of housing supply can be increased. Realistic choices will be needed for the future reflecting societal and individual needs. Better use of various sources of evidence to inform strategic planning to secure various forms of housing supply for future needs

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	Start Well	Develop Well	Live/Work Well	Ageing Well	What Can Be Done?
Access to adaptations	Unlikely to be an issue for the child but a disabled parent with a child may need adaptation to help access facilities within the home	Adaptations are increasingly required for many children with complex needs once their weight puts their parents/carers at risk. Adaptations are complex and are often very expensive. In many cases adaptations to houses use up significant space, sometimes leading to cramped conditions for children who need to play. Adaptations can make a very positive contribution to making the life easier for children caring for disabled parents or family members.	Although numerically less common, many adaptations are installed for those of working age. Providing an adapted home is a key part of securing independence for young adults. For those with degenerative lifelong illnesses there may be a need for multiple adaptations There are approximately 150 children and young people in Derbyshire, who are known to be caring for their parent. Appropriate adaptations to a property can make a significant difference to enabling the parent to be more independent and thereby relieve the pressure on the child.	The main adaptations (DFGs) include stair lifts, ramps, level access showers and hoists to enable older people to access basic bathing amenities and to be able to move around their home safely. Adaptations are best used as a preventative measure rather than post accident.	Councils fund DFGs following recommendations. Councils are taking a more strategic approach and are encouraging people to exercise housing choice rather than adapting properties. There seems little logic adapting a house that is too small or the owner does not have the means to heat or repair The Handy Van Service can provide some minor adaptations and small repairs, contributing to falls prevention.

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	Start Well	Develop Well	Live/Work Well	Ageing Well	What Can Be Done?
Condition of owner occupied housing	Babies' health and development will be affected if they live in accommodation that is in poor repair or cold and damp. Pregnant mum's are less likely to give up smoking if they are unhappy with their home environment	Children's health, safety and development will be affected if they live in accommodation that is in poor repair or cold and damp. Families live in cold homes are more likely to eat 'comfort' food in winter which may not be as healthy.	Grants are no longer available for owner-occupiers to repair their homes and as such will need to take on loans or secure funding from alternative sources. Loans may take a long time to become accepted meaning that risks of accidents and ill health are greater as hazards are not addressed. Financing home repairs will be a source of stress particularly if extensive mortgages have been taken out.	Many older people can be described as asset rich cash poor in that there is considerable equity tied in their property. Many older people endure a home that is not effectively maintained and puts their health at risk. Risk of fall and impact of a cold home is greater. Often it is the bigger structural tasks that are put off causing a spiral of decline which then puts the health of the occupant at risk.	Strategically information and advice needs to be more widely available so that culturally home owners are encouraged to have money for repairs or to understand how to finance repairs. For later years older people need to be encouraged to think about their options of moving to more suitable accommodation before a crisis. This requires a far greater level of support. For owner-occupiers in poor quality housing the DCC Adult Care commissioned Home Improvement Agencies can help.

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	Start and Develop Well	Live/Work Well	Ageing Well	What Can Be Done?
Housing Standards in the Private Rented Sector	Those children living in the poorest standards of housing because of their parent's poverty are put at risk from both acute and chronic conditions. Cheapest rented homes are usually older properties, less energy efficient and in poorest repair. Conditions like asthma are far more likely. If the home environment is poor a child's physical and cognitive development are likely to be affected. Accidents in the home are more likely with the result of more GP visits and hospital admissions	Living in a poor property with a difficult landlord can be very stressful and can add to the health conditions. A rented property in poor repair is likely to lead to more falls downstairs and trips. Poor kitchen design and layout will result in scalds and burns. In the worst case preventable fires will lead to death. Tenants feel vulnerable and are often reluctant to complain about their housing conditions.	Many older people stay in the same rented property for years tied into lifetime tenancies. This can involve the tenant being responsible for repairs or with very low rents the landlord is reluctant to repair the property. Many older people put up with poor quality accommodation because it is what they have got used to even though their health is suffering	More effective referral routes so that enforcement officers can address poor standards. Many landlords will try get away with not investing in their stock if they can. Those at risk can be offered and supported to access safer alternatives. Incorporation of monitoring of minimum standards for placements. Greater interaction with Derbyshire Fire and Rescue and other bodies.

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	Start and Develop Well	Live/Work Well	Ageing Well	What Can Be Done?
Empty Properties	Addressing empty properties is about bringing empty properties back into use as family homes.	Families often are faced with negotiating probate processes through inheritance that are very long winded and can be stressful. Living next to empty properties can be stressful and pose a risk to children if they are not adequately secured.	Older people often remain in their home when it is unfit and this then takes a long time to bring back into use once they die or they move to residential or nursing care	Providing a strategic approach to tackling empty homes and providing advice to home owners to ensure transfer. Encouraging homeowners to invest so they need less work between owners

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1.3 The benefits of improving housing.

I. The Individual

Preventative action to reduce the effect of poor housing on health should be a priority. A well timed intervention will benefit the client and may reduce their need for health and social care in the future.

The following are practical but simple examples of the impact of preventative housing action on health;

- a missing handrail which if replaced may prevent a fall down the stairs
- A referral for a benefits check for an individual who is struggling to heat their home Benefit identification will increase their income and prevent or minimise fuel poverty issue.
- A referral for loft and cavity wall insulation and energy advice will reduce future fuel bills and enable the individual to keep warm.
- Support to replace a fraying carpet preventing future falls.
- Support to access funding for a new boiler leading to reduced fuel costs and improved heating in the property.
- Support to secure a loan to pay for repairs to the roof reducing anxiety associated with damp further affecting the home.
- Advice on reducing damp and mould growth to prevent respiratory conditions in young children or vulnerable adults.
- Advice on home options including practical support to move to more appropriate accommodation; smaller, adapted, without stairs etc preventing potential future crisis situations.
- Enforcement action against a landlord for repairs and maintenance of property, gas and electrical appliance preventing injury or carbon monoxide poisoning.
- Support to provide and install smoke detection equipment for people will vulnerable or chaotic lives.
- Adaptations carried out to a disabled persons home to allow them to remain independent and prevent or delay need to go into care home.

Professionals who visit people at home are ideally placed to identify all of the above problems. The time to make a referral to the agency that can provide the support is minimal, but is likely to save considerable health and social care investment in that individual in the future.

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Case Study
The Borough Council received a telephone call from a Mental Health Nurse regarding one of his patients who suffers from severe depressions and had other illnesses. She is 79 and the nurse stated that the house she was living in felt cold when he visited and that some of her other conditions would be exacerbated by the cold and the nurse asked if there was any help we could offer. The Council's Energy Officer arranged to meet him on his next visit to the lady to check the house for insulation.

At the visit some of the rooms of the bungalow had low temperatures even though the central heating was full on. The property could not have cavity wall insulation, but the loft was not up to standard so the Council was able to arrange for the loft insulation to be topped up to 270mm (at no cost to the lady as she was over 70). The radiators were barely warm, so with the permission of the owner the radiators were bled and they became instantly warm. We arranged for the loft to be insulated and this was carried out two days later.

II. Provider and commissioner of health and social care services

The NHS spends £600 million treating people every year because of poor housing[8]. (Living Well at Home – All Party Parliamentary Group on Housing and Care for Older People 2011) Circulatory conditions are affected as a cold home increases the risk of strokes, the majority of falls including hip fractures occur within the home environment and a child who is affected by respiratory disease made worse by damp and mould in their home may go on to require medical support throughout life because of the environment in which they live. 1.4 million people have a medical condition or disability that requires specifically adapted accommodation. The average cost for the installation of a stair lift and level access shower is £6,500. This is equivalent to the cost of providing a social care home package for one year and three months, yet the adaptation will last considerably longer than that. A Care Home placement in Derbyshire can cost approximately £400 per week and an hour of home care support from an agency can cost around £13.00. Any reduction in these interventions as a result of preventative work to improve the quality or suitability of an individual's housing can therefore benefit Adult Social care by way of reduced packages of care. The improved quality of life as a result can bring additional benefits.

A process which would enable health and social care professionals to refer on housing problems for the people they visit would be effective and efficient. It would minimise the exacerbation of the health or social care condition due to housing conditions and would reduce the risk of a person being admitted to hospital, delayed being discharged or being transferred to care simply because the home they live in does not meet their need. A failure to take into account a person's housing needs can undermine health and social care investment.

Progress has been made in children's services, across Derbyshire and Derby City, to develop a 'Transforming the Lives of Children (TLC) process which will be used by practitioners in all sectors, working with families experiencing difficulties. The initial engagement document has an explicit section on housing needs and asks families to score their needs. It will also give advice to practitioners about what to do if the family identify their housing situation to be a significant issue.

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1.4 Drivers for Change

1.4.1 Policy documents

A number of recent national and local policy documents highlight the need for integration of working between organisations to minimise the impact of inadequate housing on health. These are:

Public Health Outcomes framework

D1.1 – Children in Poverty
D1.6 - People with mental illness and/or disability in settled accommodation
D1.11 – Domestic Abuse
D1.15 – Statutory Homeless
D1.17 – Fuel Poverty
D2.24 – Falls and injuries in the over 65's
D4.3 –Mortality from causes considered preventable
D4.3 – mortality from cardiovascular diseases (including heart disease and stroke)
D4.13 – Health related quality of life for older people (placeholder)
D4. 15 – Excess winter deaths

NHS outcomes Framework

The following is taken from the NHS Outcomes Framework 2012/13 and sets out the 5 main domains.

Domain 1	**Preventing people from dying prematurely;**
Domain 2	**Enhancing quality of life for people with long-term conditions;**
Domain 3	**Helping people to recover from episodes of ill health or following injury;**
Domain 4	**Ensuring that people have a positive experience of care; and**
Domain 5	**Treating and caring for people in a safe environment; and protecting them from avoidable harm.**

People's housing conditions are part of the environment that will be one of the determinants that will affect the domains.

Child Health Outcomes Framework

The following is taken from the Derbyshire Children's and Young People Plan 2009-12. *'Derbyshire is a comparatively healthy place to grow up for many children. However health outcomes for both children and adults are uneven and children in disadvantaged areas experience significantly poorer health. There is a clearly established relationship in poorer communities regarding high rates of teenage pregnancy, childhood obesity, alcohol abuse by young people and low rates of breastfeeding. Areas of multiple deprivation exist in all districts of Derbyshire but are concentrated in urban industrial areas in the east of the county where health outcomes for children are poorer. However, closer analysis shows there are small pockets of deprivation in otherwise affluent areas of Derbyshire and this also adversely affects health outcomes for children.* The

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housing conditions will have a significant contribution to addressing health inequalities of children and young people.

Adult Care Prevention Strategy White Paper

In the recent publication of 'Caring for our Future reforming care and support' the Government has explicitly recognised that care and health services need to work with housing. Conversely Planners will need to take into account local strategies to improve health and social wellbeing. The document sets out a range of housing support functions that are in important part of care particularly for the elderly. Reference is made to the value of home improvement agencies, Handyvan, home options, Telecare, Telehealth and disabled adaptations.

http://www.derbyshire.gov.uk/images/Prevention%20Strategy%20External%20v%20%20FINAL%2013.6.11_tcm44-177417.doc

Derbyshire County Council's own prevention strategy sets out the services that they fund that are housing related support functions that are critical in addressing the health of Derbyshire's more vulnerable residents. This prevention strategy includes the older persons advice service, the home improvement agency and the Handyvan service all of which the Government recognises as being important in providing care and support.

Health and wellbeing strategy for Derbyshire

There are 5 priority areas that have been set out in the draft Health and Wellbeing Strategy.

Improve health and wellbeing in early years. Every child fit to learn and attain the highest levels of literacy. **Focus on early identification and intervention of vulnerable children and families (including children with disabilities)**

Promote healthy lifestyles by developing services to prevent and reduce harmful alcohol consumption, substance misuse, obesity, physical inactivity, smoking and sexual ill-health. **Focus on preventing and reducing alcohol misuse, obesity and physical activity**

Promote the independence of all people living with long term conditions and their carers. **Focus on providing community based support, self care and care close to home, including increased use of evidence-based telehealth and telecare**

Improve emotional and mental health and provide increased access to mental health services. **Focus on improving access to the full range of evidence-based psychological therapies (services that offer treatments for depression and anxiety disorders and other complex mental health problems)**

Improve health and wellbeing of older people and promote independence into old age. **Focus on strengthening integrated working between health and social care providers and housing-related support services**

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Housing conditions of the target clients are an underlying determinant that will impact on the success of these 5 priorities. There are specific references to housing functions within the final priority, relating to older people;

• All partners ensure that their front-line staff take account of and respond to people's housing conditions when planning care and support
• Promote the lifetimes homes standard
• Strengthen partnership initiatives to reduce fuel poverty
• Enable access to low-level support services such as repair, maintenance and adaptation services that promote independent living (e.g. Handy Van and Trusted Trader schemes)

Joint Strategic Needs Assessment for Derbyshire

The Joint Strategic Needs Assessment has been jointly completed by Derbyshire County Council with Derbyshire County Primary Care Trust (PCT), Tameside and Glossop PCT, GP practices and the Department of Health and the Office for National Statistics amongst others, routinely capture data about the wellbeing needs of the people they serve. For example, the age profile of the Derbyshire population and data about health conditions that predominantly affect Derbyshire people. Although the JSNA is a national initiative, it is very much about uncovering the issues that adversely affect the health and wellbeing of Derbyshire people. The Health and Wellbeing Boards will be responsible for making decisions based on the findings of the JSNA. Local JSNAs have been prepared to reflect different priorities in each Borough.

Area Health Profiles

The following indicators have a strong correlation with housing conditions.

3- Statutory Homeless
4- GSE Achieved (5A*- C Inc. English and Maths)
5- Violent Crime (domestic abuse)
24- Hip Fractures in 65 years and over
25- Excess Winter Deaths
26- Life expectancy – Male
27- Life Expectancy – Female
31- Early deaths cancer (radon/smoking)

National Policy Guidance

Recognition of the role of housing and its interdependence with health and social care is evident in recent government policy and guidance[9].

The recommendation in the Government's Public Health White Paper: states

" Public health will be better integrated with areas such as social care, transport, leisure, planning and ***housing****, keeping people connected, active, and independent and in their own* ***homes****. Neighbourhoods and houses can be better designed, and enhance the health and wellbeing, of an ageing population*."[10]

The Revision to 'The Operating Framework for the NHS in England 2010/11[11] 'encourages the use of services such as community health services; social care; and

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support re-ablement to help people with poor physical or mental health accommodate their illness by encouraging the use of services such as community health services; social care; home adaptations (including Telecare, Telehealth), and extra-care housing. These services should contribute to improved patient outcomes and significantly reduce the risk of emergency re-admission into hospital, which increased by 50% from 1998/99 to 2007/08.

A local government report published by the Audit Commission in February 2010,"Under pressure: Tackling the financial challenge for councils of an ageing population"[12] also looks at the savings for councils that could flow from preventive services and better work with other organisations home adaptations (including Telecare), and extra-care housing to facilitate discharge

The recent changes under the Health and Social Care Act 2012 present opportunities for a fresh approach. Organisations should consider how the positive impact of housing on health can be maximised and both efficiencies of care and spend be achieved.

1.4.2 The Role of Clinical Commissioning Groups and other partner agencies

The NHS is undergoing a complex and challenging period of change. Organisational structures are in transition alongside a move to transfer responsibility for the commissioning of local primary healthcare services to Clinical Commissioning Groups; public health services to Public Health England (with Directors of Public Health located in local authorities); and acute hospital healthcare to NHS Foundation Trusts.

The newly emerging Clinical Commissioning Groups (CCG's) will be aware that the average cost of a fractured hip is £28,665. This is 4.7 times the cost of a major housing adaptation and 100 times the cost of fitting hand and grabs rails to prevent falls[13].

For the over 65year age group in 2010/11, NHS Derbyshire and Derby City spent £10million on falls admissions, 3400 people were admitted as a result of a fall and 1400 people were admitted as a result of a hip fracture.

Housing adaptations, including better lighting, grab rails, stair lifts and ramped access, can reduce the number of falls. In addition housing adaptations can also reduce the need for social care visits and reduce costs for more intensive home care. Postponing entry into residential care by just one year through adapting peoples' homes saves £28,080 per person[14].

Intelligent commissioning of services which are integrated and effective at addressing social as well as medical determinants of health will improve patient outcomes. The CCG's have the potential both within their commissioning roles and as representative bodies on the Health and Well being board to lead and influence decision making, ensuring that issues including fuel poverty, excess winter deaths,

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accidents in the home and delayed discharges from hospital due to inadequate accommodation receive attention.

CCG's and local authorities should aim to commission services that are equitable, evidence based, cost and clinically effective. A typical nursing home placement costs £650 per week (range £500-800) whilst excess bed days within an acute care setting are charged at £215 per day. Local research conducted to support the work of the *Total Place Pilot* in Amber Valley identified that in 2009/10 costs of £243,752 were incurred to keep 8 people in hospital or residential care due to inadequate facilities in their own homes. This was only a small sample of the true number in the locality and will be replicated across the county. It illustrates how quickly costs escalate when poor housing prevents a person from living independently at home[15] (re-ablement feasibility study Amber Valley 2010)

Early involvement of local authority housing services would have led to options for alternative accommodation and/or adaptation being implemented enabling the individual to return home sooner.

1.4.3 Role of Directors of Public Health (DPH's)

DPH's are the independent advocate for the health of the people in their area and are moving back into local authorities with the changes in the Health and Social Care Act 2012 and will be able to assist Health and Well-being Boards to rethink service provision.

This could provide a point of contact for service providers and give DPH's a greater opportunity to influence decisions which affect the wider determinants of health such as social care, housing, education and environment. Through their leadership role in the development of both the JSNA and Health and Wellbeing Strategy they will be in a prime position to drive the prioritisation of issues such as housing and health.

They have a strategic population overview with access to detailed demographic and epidemiological intelligence and a vital role in the three domains of public health: health improvement; protection; and in assessing the quality of health and social care. They are skilled in interpreting such intelligence to help decision-makers understand health profiles and the likely impact of health and social interventions. When finances are tight this aids the targeting of investment to those communities where the benefit may be greatest.

The purpose of the NHS is enshrined in the NHS Constitution. *'[The NHS] is there to improve our health and well-being, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives'.*

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2. The current position in Derbyshire

There are many successful housing related services that are primarily provided by District and Borough Councils as set out in 3.1 to 3.8. Health, Adult Care and Children's Services do not access these services frequently enough and so much more could be achieved through improving the way that services work together.

Derbyshire County Council introduced the First Contact programme over 4 years ago. It is now a countywide service that facilitates professionals who come into contact with people, signposting the individual onto services provided by other organisations. Evaluation shows that health professionals have not engaged with the First Contact process making few if any referrals into the service.

It is essential that simple but effective referral systems are implemented between organisations in Derbyshire and First Contact scheme would achieve this. It also complements the "Making Every Contact Count" agenda of NHS organisations. http://nhs.lc/makingeverycontactcount

First Contact is especially appropriate where a client has multiple needs needing multi agency involvement.

http://www.derbyshire.gov.uk/social_health/adult_care_and_wellbeing/prevention/first_contact/default.asp

In Derbyshire it has also been identified that there is insufficient awareness amongst health and some social care professionals of housing issues. This lack of training means that some of the 'simplest' interventions are not being implemented.

Other issues have also been identified for Derbyshire and these include:

The delivery of affordable housing is difficult in the current economic climate and is forcing more and more people into the private rented sector.

Welfare changes and the current economic climate are putting pressure on homelessness services and supporting services that aim to prevent homelessness.

All Councils are promoting insulation schemes to help residents reduce their fuel bills. All Derbyshire's District/Borough Councils and the County Council are active members of the Local Authority Energy Partnership which is working to continue to provide assistance to households to address energy efficiency and reduce carbon emissions.

Disabled adaptations are a mandatory grant paid for by Borough or District Councils. Historically the service has been very patchy and it has become too complex and too bureaucratic. Clients often have to wait for years to receive an adaptation that will make a difference to their life. DFGs are delivered jointly with the County Council. More effective ways of funding adaptations need to be found. There is a Major Adaptations Strategy setting out priorities that is being redrafted:

Tackling standards in the private rented sector requires enforcement resource. Most Borough or Districts only have the resources to be able to provide a service to respond to service requests and have limited scope for proactive inspections. In Liverpool, the primary care trust substantially invested in enforcement in higher risk housing as part of an overall package recognising that this would have substantial benefits in addressing the underlying causes of ill health.

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Housing related support services (formerly the Supporting People programme) has now been absorbed within Adult Care and approximately £15M of investment supporting 25,375 service users is provided each year. The services include provision for people with mental health problems, domestic abuse, adults, young people, Learning Disability and Older People. There are also community alarm, HIA, specialist Housing Options and High Risk Serious Offenders services included in the programme. Some good work is taking place within children's services to mediate between young runaways and their parents to try and mitigate against the possibility of homelessness for these young people.

3. What are the issues for the future?

Housing issues will be present at a countywide level however there will be local variation and a need to prioritise on different issues for different communities. The purpose of the document is to raise awareness of how housing impacts upon health and how failing to address problems of poor or inadequate housing will undermine work of health and social care professionals and put the health of our vulnerable communities at risk.

The challenge is to all professionals to look beyond their narrow disciplines and understand what can be achieved by working together. A partnership approach is required that centres on the views and needs of the people through enabling independence, choice and control of choosing accommodation, supported by including information, advice and advocacy.

Greater understanding is required of how financial limitations in one partner organisation affect the overall outcomes for older and vulnerable people and may impact on other partners through passing of the problem from one agency to another.

Getting full value from health investment means all health and social care professionals who are in contact with older or vulnerable people consider the home environment in which the person lives and how it may affect their health This is important whether seeing the person in their home, in a surgery, day centre or hospital setting.

The training that will be received by practitioners across all sectors of children's services will include explicitly housing issues and what to do if these are identified by a family as causing difficulties.

3.1 Provision of housing/affordable housing

All of the 8 Borough/District Councils have the increased supply of affordable housing as a main housing priority. Grants that have historically been used to support social landlords to build are less available, and this coupled with the general economic slowdown has reduced the supply of new housing across the county. This reduction is limiting choice in housing options and more innovative methods to stimulate housing growth are required.

Each district is responsible for identifying the housing needs of their population and for working with partners within each area to support the supply. Housing stock type varies within each district depending upon historical trends that have informed

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investment decisions. The proportion of stock available for social rent varies significantly across the county.

There are already three Extra Care schemes in Derbyshire; Whitfield House in Glossop, Stonelow Court in Dronfield and Waltham House in Wirksworth. Extra Care apartments are available to buy, to rent, or for shared ownership. The fourth scheme, Oakland in the heart of Swadlincote is due to open in October 2012. The Oakland scheme also includes some new specialist facilities including day opportunities and a Specialist Community Care Centre.

Derbyshire County Council is working with other partners to develop more Extra Care Schemes across Derbyshire so they are available for everyone who needs them. An organisation called Chevin Housing was chosen earlier in the year to deliver up to a further 600 Extra Care units. Planning applications have now been made for Extra Care Schemes at Cressy Fields in Alfreton, Foolow Court in Chesterfield and Market Street in Clay Cross. It is anticipated that planning applications for two further Specialist Community Care Centres in Heanor and Darley Dale will be submitted by July 2012.
Most recently DCC have started the work to identify the best partnership to deliver the remaining 800 extra care units and accommodation for specialist facilities.

3 of the Districts Councils, Bolsover, Chesterfield and South Derbyshire are still landlords providing social housing. High Peak and North Derbyshire Districts provide social housing through arm's length organisations, whilst Derbyshire Dales, Erewash and Amber Valley have stock transfer companies that have limited or no legal ties to the respective Districts. Some of the social landlords have expanded their portfolio beyond the traditional boundary of the home authority.

Each District works with a range of social housing providers in their area to maintain and increase the supply of new affordable housing. This is important as an effective supply increases the choice for vulnerable groups who might otherwise be to resorting to living in the poorest standards in the private rented sector. Social housing provides a range of options of accommodation for young people, families and older people and provides commensurate levels of support. Older owner-occupiers can access social housing and might be encouraged to do so if they cannot cope with their current home. Older people need effective choice that meets their aspirations for their retirement beyond the County Council's extensive plans for Supported Accommodation [16].

Social housing also provides a range of general needs housing for individuals, couples and families and is accessed on a priority basis through a bidding system where individuals express an interest in the property.

Key Challenges

1 How can new housing be provided that meets the future needs of the communities when the rate of new development is very slow

2 How can the future housing needs of older people be met to reflect changes in demographics

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3 In order to improve the quality of life for vulnerable people how can housing that meets basic standards be supplied to satisfy the increasing the number of inclusive, mainstream and specialist housing appropriate for vulnerable families and individuals and through better use of housing resources.

3.2 Fuel poverty

Fuel poverty affects every stage of the life course. Fuel poverty occurs when a household must spend more than 10% of the household income on heating costs. The number of fuel poor households dramatically increased between 2004 and 2010 from 1.2 million to 4.6 million. Rising fuel prices since that point will mean the situation is now undoubtedly worse. The Marmot review found evidence of impacts of fuel poverty on mortality, morbidity and other social outcomes and research shows that countries which have more energy efficient housing have lower excess winter deaths[17].

A wide range of physiological and psychological conditions are exacerbated by low and high temperatures. We have known since 1985 that fuel poverty is a contributing factor in a number of cold, and poor housing, related health conditions, and evidence shows that for every £1 spent on reducing fuel poverty 42p is savings are realised by the NHS[18]. .

The impact of fuel poverty is often related to a mismatch between the house and the person's financial ability to pay for the fuel required to keep the house warm. Thus older people under occupying an old thermally inefficient house are most at risk from the effects of not being able to keep warm. This is the group most at risk of being admitted to hospital as a direct result of the condition of their home.

Rates of fuel poverty are currently at 19% in Derbyshire with significant variations between 15.5% and 24.4% at a District level. Those particularly affected are the elderly, the young and those that are housebound because they have to have their heating on for longer. The construction types of properties in Derbyshire means that they are hard to heat and hard to treat to make them more energy efficient. Rural fuel poverty is a real issue as oil price rises have hit those that are unable to use gas.

Fuel poverty is also prevalent in many of the market towns that have a high proportion of properties constructed prior to 1919 with solid walls and larger rooms.

Second tier authorities provide energy advice and have been promoting insulation measures for many years. The scale of activity has escalated recently reflecting the strategic importance of resident's health from fuel poverty. Second tier authorities can work very effectively to instigate energy efficiency measures at low cost or for free but they require the referrals from health and social care professionals of individuals who are at risk.

From 2013 the way that energy measures are being subsidised are changing with the advent of the Green Deal and the Energy Company Obligation. The primary focus is on carbon reduction through household carbon emissions but there is an opportunity to maximise the benefit to the fuel poor by continuing the positive engagement across public health functions.

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Key Challenges

1 How can vulnerable members of society be given advice and assistance to access affordable warmth?

2 How can partners improve working practices to improve referrals pathways between agencies ensuring that residents access advice.

3 How can opportunities presented by the Green Deal and the Energy Company Obligation to target interventions be maximised?

3.3 Homelessness and its prevention

Homelessness work is vital to protect some of the most vulnerable in society. Each second tier authority must provide a homelessness and housing advice service and has a statutory duty to produce a Homelessness Strategy. All second tier authorities are committed to preventing homelessness at various stages from educating children still at school to commissioning of homeless prevention initiatives such as rent deposit schemes and supported housing schemes. The supply of suitable accommodation is important and increasingly the private rented sector is seen as the solution. The three main causes of homelessness are domestic violence causing someone to flee, eviction by parents and loss of private sector tenancy. What is critical is not just the bricks and mortar, but the appropriate level of support that helps the individuals concerned navigate through the crisis. Like most services, investment in prevention is more cost effective, including the impact on health related support such as drug and alcohol, hospital admissions, mental health etc.

In the next few years the impact of Welfare reform could have far reaching impacts. This will have a direct effect upon the mental health of many residents as they face a range of pressures and costs. Evidence suggests that some private landlords are evicting tenants on benefits placing severe pressure on accommodation for single people. Single people under 35 are likely to be particularly affected due to the extension of the shared room rent levels to 35 year olds from the previous age limit of 25. This will force those on housing benefits into shared houses or Houses in Multiple Occupation. However parts of the county have a limited supply of this accommodation type and officers are looking at how an increased supply of safe shared accommodation can be generated.

Evidence shows that the homeless suffer more ill health than those people who have a stable home. These problems are particularly acute when external temperatures are low. Homeless people also experience more untreated illness and more crime related injury than any other group in society. Mortality levels are higher and death comes 30 years earlier compared to the rest of society[19].

Targeted healthcare services for the homeless could reduce visits to Accident and Emergency Departments, healthcare services provided in homeless shelters could prevent minor health care issues from escalating. Currently in Derbyshire low level health care is being provided in a homeless shelter at Pathways in Chesterfield but we have no other similar provision in any other part of the County. A recent report undertaken by ST. Mungo's and Homeless Link found that 70 percent of the 85

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homeless people they surveyed were discharged directly back on to the street with housing need not being considered as an implicit part of a patients assessment of their healthcare needs.

Key Challenges

1 How can interventions that support those at risk of homelessness be effectively introduced and maintained

2 How can the awareness of the health implications of Welfare Reform be raised amongst health and social care professionals

3.4 Provision of housing advice

Often delivered in combination with the homelessness function Council officers are able to provide a wide range of information and act as a key signposting service to partner organisations. Information and advice will cover a range of housing options and solutions available, advice in tenants' rights and responsibilities, increasingly debt advice, repairs to an owner occupied house and adaptations. What will be increasingly important is how Councils can reach those for whom their current housing situation puts them at risk. The reliance on owner occupation puts pressure on those that lack the funds for repairs. The provision of advice and support to older people and vulnerable groups is a vital mechanism for changing lives by making access to choices available and importantly supporting people to make changes that they would not do on their own.

Case Study
A lady was referred by Adult Care to the Older Persons Housing Options Service. She is an amputee and has other health issues. Living in a privately rented house and having to use a commode downstairs was making life very hard for her. She could not leave her house, as she was not able to negotiate the steps from the back door with her wheelchair.

Even with help as someone would have had to lift her up and support her as the wheelchair was lifted over the steps. If she had stayed in this house she would have needed a stair lift, downstairs toilet, ramps etc installed. She was supported to move to a two bedroom flat with a walk in shower and level access.

Key Challenges

1 How can the availability and promotion of housing options and advice be improved so that health and social care professionals can provide basic advice or effective signposting where it can make a difference to their clients?

2 How can housing options services be integrated into health and social care pathways.

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3.5 Housing repair advice for owner-occupiers

Vulnerable people over 75, particularly low income older homeowners are the group most likely to live in poor housing, with a million occupying non-decent homes.[2]

Councils provide information, advice and in some limited cases grants to owner-occupiers directly or through the two Home Improvement Agencies that operate across Derbyshire. There is no longer decent homes funding for Councils to distribute to owner occupiers. Some Councils are able to use some of their own funds to offer a limited programme of support. There is some limited charitable funding available for interest free loans, but increasingly owner-occupiers will have to fund repairs themselves primarily through releasing equity in their property. This will require a significant culture change and investment in advisory services to give owners the confidence to access loans. There are increasing rates of disrepair in the owner occupied sector and this situation is unlikely to improve as owner-occupiers struggle to pay to maintain their homes. Older people face some stark decisions if they are unable to access funds and are unwilling to take on a loan. The Home Improvement Agencies offer advice and support around this area, linked up with housing options and Handy Vans, these services can prevent a decline in health, prevent an increase in care needs and promote an improved quality of life.

Second tier authorities are dealing with an increasing number of people that have no savings to pay for basic or emergency boiler repairs etc. There are worries about the impact of owner-occupier's ability to be able to deal with the upkeep of their home. A particular concern is when these people do not access help, but become more isolated and endure living conditions that put their health at risk.

Key challenges

1 How can older people be encouraged to engage with professionals before a crisis point?

2 How can home owners be encouraged to plan to take steps for the challenges of older age?

3 How can sufficient housing appropriate for the increased number of older people be provided to encourage people to move prior to a crisis?

3.6 Disabled adaptations

Disabled adaptations enable a person to remain independent in their own home. Funding comes from a variety of sources and the work can range from the provision of handrails to major adaptations involving extensions that cost up to £30,000.

Borough/District Councils have a statutory duty to approve applications for disabled adaptations through a disabled facilities grant programme (DFG) and receive funding from the Department Communities and Local Government to achieve this. However

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Councils have to use their own capital funds to keep pace with demand although there are significant variations.

The mandatory DFG is subject to means tests for adults and satisfaction of eligibility criteria for all. For lifelong illnesses certain clients might need repeated adaptations. Adaptations are designed around an individual's needs, but based on legal limitations. Partners are increasingly seeking to find ways of ensuring that already adapted properties can be reused for other people with similar disabled needs, but this is often not feasible.

Historically the service has been slow and inconsistent across the county. Many Councils are now unable to provide funding to meet the demand. Thus the Borough/District Council budget often sets the speed for the whole programme, undermining the potential benefit to the client. Few Councils have the required capital funding to match demand and in many areas delays are getting longer.

There is a fundamental contradiction in that the better the service is provided in terms of speed the more it costs the Borough/District Council. Thus the budget available appears to dictate the resources committed to delivery. Waiting times now vary significantly across the county.

This is an area of particular concern in that evidence suggests that the needs of disabled people are best served by maintaining their independence.

In financial terms the saving is to the social and health care, but the cost of disabled adaptations has to be met by the Borough/District Councils. This will inevitably be a source of continuing tension between agencies. If waiting times are to be addressed then alternative funding needs to be found at the same time as examining how demand might be reduced.

If an adaptation is in the best interests of the client and their home meets their needs then it should be completed as quickly as possible; but if an adaptation is required and the property in question does not meet their needs by being too big, hard to heat, in poor state of repair, then a range of alternatives should be explored. This requires investment in a housing options service to support people in making these decisions ideally prior to a crisis arising.

Borough/District Councils are looking at the eligibility criteria and in particular the definition of reasonableness.

Collectively, some difficult decisions need to be made that focus on the relationship between the client and their home environment. For those that are under-occupying and cannot afford the maintenance costs and heating bills then is installing an adaptation really the answer? Would there lives not be better served by providing targeted housing advice and encouraging people to move to home that suits their needs for later years

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It is important that investment in DFGs is protected by making sure that adaptations are preserved for future use, as many in the past have been removed once the initial user has moved on.

There are opportunities to examine how adaptations can be delivered differently outside the prescriptive nature of the DFG process. The estimated cost of a level access shower is equivalent to 14 days in hospital. It is recommended that more analysis is completed to identify the additional costs to Adult Care and Health whilst waiting for an adaptation. It is likely to show that in many instances a different form of investment outside DFG would be beneficial especially if integrated into the Personalisation agenda.

In Derbyshire pilots are evidencing the need for the DFG pathway to include interventions at the point of identification or referral, such as housing options advice or HIA advice on self-funding opportunities.

Key Challenges

1 How the delivery of efficient and effective adaptations be financed cost effectively in the future?

2 How can alternative funding for adaptations be secured especially where revenue savings can be demonstrated from capital investment?

3 How can the use of the existing adapted housing stock be optimised to enable those in need to access housing that meets the needs of people with limited mobility?

4 How can the personalisation agenda be optimised for the benefit of clients?

3.7 Enforcement of housing standards: Key Challenges

Some of the worst housing conditions are found in the privately rented sector. Whilst the private rented sector offers a full range of housing options and more choice there can be no doubts that at the bottom end of the market tenants lives are being put at risk. These tenants are a hard to reach group, with many happy to put up with poor standards that put their health at risk because the rents are low. There has been much criticism of the ease at which tenants can be evicted so much so that many only complain to the Council about their property once they know the landlord wants them out. Welfare reforms are putting an increasing number of private tenants on benefits at risk of eviction.

The most common hazards associated with the private rented sector are;

1 Excess cold – with the lowest income households often experiencing the coldest properties. The old and children are particularly vulnerable.

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2 Falls on Stairs – many properties lack even basic handrails and are in disrepair presenting a hazard

3 Falls on the Level – this relates to avoidable trip hazards inside and outside the home

4 Fire – early warning detection systems are evidence based in saving lives

5 Personal Hygiene – this relates to the ability for the tenant to keep the home clean

The impact of the hazards are split between chronic and acute, expressed over time. Fire and falls related hazards are more likely to result in admission to A&E following an accident, whereas excess cold, damp and mould and personal hygiene result in chronic long-term conditions

Greater investment by landlords in their properties would reduce the problem. Unfortunately the sector has a range of participants and many see it has a hobby and do not fully understand their responsibilities. It is important that second tier authorities continue to look at raising standards by supporting good landlords to get better and focus on the worst landlords with enforcement action to raise standards amongst the worst properties. Health and social care professionals can help by making referrals to their local enforcement team or discussing options to help those that might fear making a complaint.

Key Challenges

1 How can referral pathways be instigated to ensure that second tier authorities can take action to improve the standards of private rented accommodation?

2 How can the most vulnerable in society be given the best support to improve their housing conditions?

3.8 Support for vulnerable groups

A range of services are delivered by a range of organisation that work with vulnerable groups such as people experiencing domestic abuse, people with mental health problems, and child protection. Councils provide, commission and support services that work with vulnerable communities locally.

The County Council through their extensive investment, commission vital housing advice and support services that link in with many of the second tier functions. Services such as the Handyvan, and Older Persons Housing Advice are key mechanisms of achieving the access to housing advice. There appears to be concern about how extensively these services are used and the First Contact Service run by DCC is seen as a key referral pathway through Call Derbyshire. This offers an excellent opportunity to join and link up related services that often run in

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isolation of each other. Second tier services often lack the financial resources to directly invest in the Commissioned services, but are given the opportunity to provide a contribution to their design and delivery.

Key Challenges

1 To understand how the health and social care agenda can be influenced by front line housing staff.

2 To understand how housing related support service resources can be optimised and accessed

3.9 Tackling empty properties

Empty homes are a wasted resource that could be providing safe and warm accommodation. Whilst there will always be a certain number of empty houses because of the natural turnover between owners there are many that lie empty for a variety of reasons. Councils are actively seeking to bring properties back into use.

Key challenges

1 How can advice and support be provided to property owners to ensure that properties are not left vacant

4. The Future

There are some excellent well-established examples of how services can work together across different large organisations to deliver the best possible outcome for the resident concerned e.g. Handyvan service and the Older Persons Housing Advice Service. However many of the examples are not systematic and rely on knowledge of certain motivated and experienced individuals that know what can be done and how the service can be accessed.

Handyvan Case Study

Two handy van operatives were requested to attend a property

Firstly they carried out a full home fire safety check and fitted smoke alarms in the property. Secondly they carried out an extensive security check and fitted a door chain and door alarms. All the windows already had locks but they were stiff and difficult to use so they were all lubricated and double-checked to make sure they worked.

One of the carpets was poorly fitted so they took it up and re-fitted it. The client was grateful and felt very much safer as a result of the measures taken

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As identified in sections 2.1-2.11 there are many different types of housing related services that have a direct and indirect impact on the health of residents. Enforcement officers employed in environmental health roles address hazards in private rented properties that put the health and wellbeing of residents at risk, e.g. ensuring that the private landlord provides improved heating or complete repairs.

There are 100's of professionals that go in and out of people's homes every day across the county to help people and provide vital peripatetic services. Each professional has a different focus for why they are there and what they want to provide, but once over the threshold they have an opportunity to be aware of key indications that the conditions of a home will be detrimentally affecting the health of the occupant. During cold weather it is self-evident where an occupant is struggling to heat the home and a referral to housing will provide quick access to the most relevant support for their needs.

The solution for many of the problems is not always about money, it could be about simply getting the right advice to the client. For example if someone does not know how to operate their heating system they could be wasting considerable sums of money and being colder than they need to. Simple advice provided by a Housing or Energy Officer could make a big difference and keep an older person out of hospital. Housing related advice and support services commissioned by the PCT and particularly Adult Care make a significant difference to the lives of Derbyshire residents, but more use could be made through making the most of existing and improving the effectiveness of improved referral pathways.

4.1 Recommendations for making improvements in Derbyshire?

1. The Derbyshire Housing and Health Group should be set specific tasks to examine areas of best practice and report back to the Health and Wellbeing Board with recommendations for changes to improve outcomes for residents.

2. Work should be completed to identify training and support within call centres and field staff to ensure that the impacts of housing are understood and incorporated into solutions for clients to be build upon the success of First Contact

3. There should be a review of local and county wide access to information and referral pathways to optimise their effectiveness in identifying residents that would benefit from access to forms of housing advice

4. Through case studies and successful examples continue to generate evidence of the value of housing related support as part of a range of preventative steps

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5. Pilot projects within and across Clinical Commissioning Groups should be explored to test what can be achieved through working differently and joint commissioning of services to support priorities

6. Work should be undertaken to seek to secure Investment in new affordable housing, particular housing that supports particular needs and where responsible bodies that own land can influence the type of development taking place.

7. Secure sustainable and more effective delivery of adaptations and housing options advice recognising the benefits of a timely adaptation as a benefit to both the client and health and social care

8. Complete work to ensure that Planning Authorities use health and wellbeing strategy evidence to inform future decisions about housing needs

9. Ensure that there is appropriate housing input into relevant commissioning decisions within Health and Social Care

10. Ensure that bodies collaborate to understand the impact of Welfare Reform and that steps are taken to minimise their impact

4.2 A framework for delivering change:

To support the strategy a framework or action plan has been drafted that will form the basis for work that will be delivered through the Derbyshire Housing and Health Group. It is proposed that an action plan could form the basis to support the delivery of housing and health across the county.

The key will be trying to achieve sufficient buy in and this is where the Health and wellbeing Boards will be critical in supporting and challenging partners to take a more holistic view of health and the impact of housing.

This Document has been drafted by David Arkle Housing Manager Amber Valley Borough Council working with Jane Horton Chair of the Derbyshire Housing and Health Group. Contributions from Jayne Needham NHS Derbyshire County, Alice Sanghera DCC Adult Care and Naomi Compton DCC Childrens Services.

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18 Liddell C, *The Impact of Fuel Poverty on Children*, Policy Briefing for Save the Children, 2008

19 Silent Killer; Crisis December 2011

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Appendix 1 Housing Implications of National Policy

Guidance	**What is emphasized**	Implication for Housing
High Quality Care for all	Access, choice and personalisation and care closer o home	Housing as a place to receive personalised care and support
Putting People First	Control and choice over care and support including where it is received	Housing as a place to received personalised care and support
Independent Living Strategy	Actions needed to overcome barriers to independence including housing.	Well-designed/located housing with support to stay independent needed
Department of Health Business Plan 2008/09	Includes valuing People. It is a programme of learning disability campus closures	alternative community based accommodation is needed
Lifetime Homes lifetime Neighbourhoods	Identifies the key role housing has in terms of prevention, personalisation, co-ordination an integration	Well-designed/located housing with support to stay independent needed
Joint Strategic Needs Assessments (JSNA)	The Local Government and Public Involvement in health act 2007 requires PCT's and local authorities to prepare a JSNA for their area	Housing and supporting people are included as key partners in the JSNA
Department of Health Business Plan 2008/09	Includes the National Dementia Strategy. It envisages earlier interventions and replacing residential care where possible	Suitable housing and support needed to replace residential care

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Agenda Item: 11

DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

13th September, 2012

DERBYSHIRE LINk ANNUAL REPORT OVERVIEW

1. Purpose of the Report

The remit of Derbyshire Local Involvement Network (LINk) is to independently collate intelligence from the public and patients of Derbyshire about their experiences (both positive and negative) of their local Health and Social Care Services.

The purpose of this report is therefore to provide information to the Board contained in the Derbyshire LINk Annual Report highlighting LINk public/patient activities, engagements and outcomes for the period April 2011 – March 2012.

2. Information and Analysis

Membership and Volunteer Involvement

Registered LINk members increased during the reporting period recording 1488 individual members and 319 group members. This represents a 44% and 33% increase respectively on the previous year and equates to a potential collective countywide reach of 46,207 people.

In addition we can track a total of 588,346 web site interactions, representing a 60% increase on the previous year.

Regular voluntary active participation with LINk included:-

-Steering Group Members – (18)
-Authorised Enter and View Representatives – (11)
-LINk Champions – (16)
-Other (including Readers, Researchers and Focus Group Participants) – (812)

- An increase in questionnaire returns to Derbyshire LINk has been noted. For the survey looking at maternity services, and for the reporting period only, 98 returns had already been received. *(This increased to a total of 379 returns once the closing date had been reached at the end of April 2012).*

LINk Activity

LINk undertook numerous countywide engagement activities in order to gain intelligence from patients and the public concerning their Health and Social Care experiences. As trends were identified in the comments received, our work plans became more focussed and included investigation into areas such as Hospital Discharge Process, Observations of Service Delivery at GP Practices, Provision of Footcare Services, focus on the implementation of Self Directed Support, investigation into the Dual Diagnosis pathway.

In addition to these priorities, the staff team investigated further issues that were recognised to be specific to one area for comparison across Derbyshire. This recognition necessitated further LINk intervention and examples of such work are detailed in the accompanying Annual Report.

Furthermore, and in accordance with our remit, Derbyshire LINk made 8 formal requests for information; produced 7 formal reports with recommendations of which 5 have/are actively leading to service review. We also carried out 4 Enter and View visits.

During the year, Derbyshire LINk developed some new initiatives. Worthy of noting are our Children and Young People Engagement Strategy (in response to an Overview and Scrutiny report) which is also especially relevant as we move into Healthwatch. Also, our active volunteer participation in the Equality Delivery System (EDS).

LINk is required to produce an Annual Report for the Department of Health. The DoH have then compared the activity of all LINks across the country and, to date, Derbyshire LINk have compared favourably with the parameters that have been considered in their reports in terms of public engagement, membership activity, formal reports and liason with health and social care providers.

In addition to this, the Annual Report contains testimonials from Derbyshire Health and Social Care providers about the close and successful working practices and relationships we have formed with our Health and Social Care commissioners and providers.

3. Conclusion

We are extremely proud of the working relationships (both formal and informal) we have developed with our key Stakeholders in both Health and Social Care. These communication channels ultimately enable us to ensure the collective voice of the public and patients of Derbyshire is not only heard but, in many cases, acted upon.

We are also pleased with the level of engagement we achieve with mebers of the public, patients and service users.

The public and providers clearly recognise the value of the independent action of LINk. With the intelligence that LINk can supply, providers are more than receptive towards integrating this into their own patient experience recording strategies.

4. Officer Recommendation

1. That the Board receives the Annual report.
2. The electronic link below can be used to forward the Annual Report to other people who may find it of interest:

http://www.derbyshirelink.org.uk/index.php?option=com_content&view=article&id=375:ar11112&catid=910:annual-report&Itemid=66