Making the Case
for integrated, impartial information and advice about housing and care for older people
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FOREWORD

Housing factors play a critical role in determining our health, well being, independence, and our interaction with the wider community. This is well recognised in the Care Act 2014 and working together across government, housing, health, and social care sectors is vital to ensure people can maximise their well being. This is why organisations across the sectors have come together to sign up to a Memorandum of Understanding to set out our shared commitment to joint action and see real joined up solutions on the ground. This report is an important contribution to that commitment.

It is often said that ‘information is power’, and it is certainly the case that good quality, impartial information and advice plays a critical role in enabling older people to make informed decisions about their later life, housing, and care, all of which fundamentally underpin wellbeing.

This report will be an important resource for service planners, commissioners, and providers to support integrated information and advice solutions that offer joined up help for older people, their families, and carers, whilst giving the best possible value to both commissioners and providers across health, housing, and social care.

The Association of Directors of Adult Social Services is delighted to endorse the report and through the Association’s Housing Policy Network we will continue to play our part in ensuring housing is a key component in the integration of Health and Social Care.

Neil Revely
Chair – ADASS Housing Policy Network
WHO’s WHO

This is a joint publication by the leading organisations concerned with provision of housing, care and financial information and advice for older people.

About Care & Repair England
Care & Repair England is an independent charitable organisation which aims to improve older people’s housing. It believes that all older people should have decent living conditions in a home of their own choosing. It innovates, develops, promotes and supports practical housing initiatives (including information and advice) & related policy and practice which enable older people to live independently in their own homes for as long as they wish, particularly for older people living in poor or unsuitable private sector housing. Its ‘Silverlinks’ programme supports improved decision making in later life.

www.careandrepair-england.org.uk
info@careandrepair-england.org.uk

About Independent Age
Independent Age supports older people across the UK and Ireland through the ‘ABC’ of advice, befriending and campaigning. It offers a free impartial, independent information and advice service and a network of volunteers provide befriending to those who need company and support. It uses the knowledge and understanding gained from its frontline services to campaign for a fair deal for older people – a reasonable income and quality of life, fair access to information and advice especially on social care issues, and an opportunity for all to contribute to our communities.

www.independentage.org
partnerships@independentage.org

About AgeUK
Age UK is a national charity which provides free and independent information and advice to older people, their family, friends and carers. It provides an extensive range of information guides, detailed factsheets and interactive online tools. Its national advice line answers 300,000 enquiries per year, and offers information, signposting and in-depth advice. A network of local Age UK partners across the country provide advice and practical support for older people on benefit entitlement, how to access the care they need and on housing options.

www.ageuk.org.uk
advice@ageuk.org.uk

About Foundations
Foundations oversees a national network of over 170 home improvement agencies (HIAs) and handyperson providers across England. It aims to build a vibrant and sustainable HIA sector, supporting more people to take control of their lives and maintain independence at home. HIAs aim to improve the quality & choice of suitable housing for older people, focusing on providing good quality, accessible advice and information so older people can make planned choices about appropriate housing, and supporting them to adapt their homes as their health and needs change especially through later years.

www.foundations.uk.com
info@foundations.uk.com

About Elderly Accommodation Counsel (EAC)
EAC is a registered charity with a mission to help older people to make informed choices about meeting their housing and care needs. It has delivered a free, independent advice service since 1985, underpinned by comprehensive information about services and accommodation for older people across the UK.

www.housingcare.org

About FirstStop Advice
Led by EAC, FirstStop Advice is a voluntary partnership of national and local organisations dedicated to providing comprehensive information and advice about housing, care and support, plus related financial matters, to older people. The organisations and networks above are the core FirstStop partners. The FirstStop Advice service is delivered via a website, national advice line, a network of local casework/advice services and peer to peer support.

www.firststopadvice.org.uk
info@firststopadvice.org.uk

About ADASS
The Association of Directors of Adult Social Services (ADASS) represents directors and senior managers of adult social services departments in English local authorities. Directors (DASSs) have statutory responsibilities for the social care of older people, adults with disabilities and adults with mental health needs. In many authorities ADASS members also have responsibility for housing, leisure, libraries, culture, and community safety.

www.adass.org.uk/housing
OVERVIEW

Good quality, impartial information and advice plays a critical role in enabling older people to make informed decisions about their later life housing and care, both of which fundamentally underpin wellbeing.

Most people experience a series of significant life transitions as they become older (eg. retirement; bereavement of partner and/or friends; changes in health situation). Each raises issues and questions about living arrangements and related finance that may not have been faced before.

- **This report sets out the case for the provision of integrated information and advice for older people, which encompasses housing, care and finance that enables people to manage life changes.**

- **It also demonstrates why information and advice is valued most by older people if it is comprehensive, independent, impartial and free of any conflicting interests.**

- **It illustrates the resulting benefits, both fiscal and social, of provision of integrated information and advice.**

**Why now?**

- The Care Act 2014 introduces a duty (from April 2015) for local authorities to ensure that information and advice on care and support is available to all.

- The Care Act Statutory Guidance makes it clear that this duty includes information and advice about related housing and finance as well as care, and that these are interconnected.

- The Guidance sets out in more detail essential levels of provision of integrated information and advice.

- The Law and Guidance go significantly further than the requirements under earlier social care and current housing legislative requirements.

- The Care Act 2014 reinforces the importance of integrating health, care and ‘health related’ support – the legal definition of ‘health related’ specifically includes housing.

- The national ‘Memorandum of Understanding to support joint action on improving health through the home’, signed up to by DH, DCLG, NHS England, LGA, ADASS, PHE and 15 other national organisations, calls for ‘cross-sector partnerships [across social care, health and housing], nationally and locally, to design and deliver...integrated and effective services’.

**Better integration between care and health has been a national policy for some time; the strong emphasis on inclusion of housing is new.**

**Who is the report for?**

It is a practical resource for the planners, commissioners and providers of care, health or housing services (including information and advice) to enable them to meet the challenge of integration of provision.

- The report explains local authorities’ new obligations with regard to integrated information and advice about care, housing and finance.

- It demonstrates the wider cost benefits, as well as the value to individuals, of providing information and advice which is holistic, impartial & independent of commercial or conflicting interests.

**What does it cover?**

- The report describes how integrated housing, care & financial information and advice can be an important vehicle for delivering new duties and requirements under the Care Act.

- It shows how integrated housing and care options advice services help health and care organisations achieve some of the key elements in their Outcomes Frameworks, and how this can be formalised in service specifications.

- It demonstrates how the best current provision of information and advice can be built on and extended.
Case studies illustrate the fiscal and social benefits of this integrated provision and the added value that the voluntary sector can bring.

They show how important it is to integrate information about finance and housing with care and support options advice.

**Who has produced this report?**

This joint report is from the leading national voluntary sector organisations concerned with the provision of integrated information, advice and practical support for older people ie. Age UK, Care & Repair England, EAC First Stop, Foundations & Independent Age.

**Why is this issue particularly important?**

- Improved wellbeing and prevention are at the very heart of the Care Act.
- Housing suitability is enshrined in the legal definition of wellbeing.
- Integrated information and advice about care, housing and related finance are important elements of a local preventative strategy.
- The Care Act brings in a new payment system for social care which takes into account assets. For most older people their main or only asset is their home. Hence fully informed decisions about care can only be made if housing and financial circumstances are also addressed when delivering information and advice about care & support options.
- Integration across the boundaries between social care, health & housing is a policy priority but housing has not always been adequately addressed.

The new requirements with regard to provision of information and advice provide an ideal opportunity to put aspirations for integration across care, health & housing into practice.

Failure to do so will result in higher social care and health costs and cause great hardship to individuals.

**The inextricable link: Care, health, housing & finance**

For older people themselves, their homes are central to their quality of life and a major determinant of their ability to live independently and well.

The impact of housing quality & suitability on health has long been recognised. Unsuitable housing can cause or exacerbate health problems and increase care needs, hence more appropriate housing can improve wellbeing and reduce calls on the NHS and social care.

- The Building Research Establishment quantified the annual cost to the NHS of specific aspects of housing disrepair alone as being in excess of £1billion.

Decisions about where to live and access to care & support are underpinned by individuals’ financial circumstances and assets - hence the need for fully integrated information and advice which straddles social care, housing & finance.

Organisational and financial attention has so far been primarily on the integration of social care & health, with housing considerations something of an afterthought.

Joint initiatives which have involved housing alongside health & care have been patchy, too often seen as ‘extras’ rather than core statutory provision, despite growing evidence of their effectiveness. Learning has not always been embedded into local systems let alone rolled out more widely across the country.

The Care Act 2014 and the associated Statutory Guidance recognise this gap in previous policy and practice and aim to redress some of that imbalance.

The organisations involved in this report welcome the new emphasis. We know these services work and want to do everything we can to promote, extend and embed best practice.

*We hope that this report makes the case for integrated care, housing & finance information and advice and helps to move ‘integration’ from a good idea in policy to practical reality.*
Recommendations

- National government departments (DCLG, DH, DWP & DECC) should work together to ensure that they commission more integrated, impartial national information and advice services for older people which address care, housing & related finance.

- Local authorities (all levels) should work with health sector partners (including CCGs and Hospital Trusts) to commission integrated, independent local information and advice services for older people that encompass care, housing and finance, offer practical support to implement choice, and which work in partnership with national specialist information and advice providers.

- The providers of not for profit, impartial information and advice should collaborate on the development and dissemination of innovative models of delivery.

- Research councils, government departments and the commissioners of research should invest in testing ‘what works best’ in the provision of integrated information and advice for older people.
In debates leading up to the Care Act there was widespread agreement that future approaches to integration must include housing.

Integration between social care, health and health related services (which are defined as including housing) was acknowledged as critical to the success of the Care Act’s implementation.

Information and advice were identified as a crucial element in the new adult social care system.
The Dilnot Commission report, the White Paper preceding the Care Bill, debates around that Bill, the subsequent Care Act 2014, Statutory Guidance and related Regulations all recognise the impact of housing on health and wellbeing. All specifically mention the advantages of integrating housing with health and care, highlighting the importance of information and advice.

Promoting wellbeing is the core principle underpinning the Care Act [the Act], and ‘...local authorities must promote wellbeing when carrying out any of their care and support functions.’ [Care Act Guidance, Clause 1.2] ‘Promoting wellbeing’ includes ensuring that older people are able to remain living as independently and as well as possible in their own homes. Hence taking into account housing is an integral element to effective implementation of the Act.

Clause 1 of the Care Act sets out the Duty of the local authority to ‘Promote Individual Well-being’.

There is a nine point definition of ‘wellbeing’ in the Act (Clause 1(2)) which includes point (h) suitability of living accommodation. This is expanded upon in the Statutory Guidance as follows:

15.53 Housing plays a critical role in enabling people to live independently and in helping carers to support others more effectively. Poor or inappropriate housing can put the health and wellbeing of people at risk, whereas a suitable home can reduce the needs for care and support and contribute to preventing or delaying the development of such needs. Housing services should be used to help promote an individual’s wellbeing, in which people in need of care and support and carers can build a full and active life. Suitability of living accommodation is one of the matters local authorities must take into account as part of their duty to promote an individual’s wellbeing.

Care & Support Statutory Guidance, para 15.53

Clause 4 of the Care Act sets out the Duty of the local authority with regard to provision of information and advice.

Clause 4 (1) of the Care Act states: A local authority must establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers.

‘Joining up housing with care and support offers the potential to make measurable improvements in patient experiences and outcomes’

Lord Howe speaking for the government in the Lords debate on the Care Bill: Hansard 9/10/13

“We are clear that local authorities.....must... give information and advice on suitable and specialist housing options, as well as housing adaptations, under clause 4, and integrate this with other housing information that they or another authority provide in their area. ... We would expect local authorities to align these information services in line with their duties towards integration in this Bill.”

Lord Howe [op cit]
The Statutory Guidance to the Act clarifies the intention of the Act with regard to provision of information and advice as follows:

### Care Act Guidance Section 3: Information and Advice

There are 69 paragraphs expanding on the provision of information and advice. Below are a number of key paragraphs with regard to integrated provision.

3.5 The local authority must ensure that information and advice services established **cover more than just basic information** about care and support and cover the wide range of care and support related areas set out in paragraph 3.22 below. The service should also address, **prevention** of care and support needs, **finances**, **health**, **housing**, employment, what to do in cases of abuse or neglect of an adult and other areas where required. In fulfilling this duty, local authorities should consider the people they are communicating with on a case by case basis, and seek to actively encourage them towards the types of information and/or advice that may be particularly relevant to them.

3.24 The breadth of the circumstances under which information and advice must be provided, and the overall duty to promote individual wellbeing, means that local authorities **must ensure that the subject matters covered by their information and advice available to people in their areas go much further than a narrow definition of care and support**. The service should also include, but not be limited to, information and advice on:

- available housing and housing-related support options for those with care and support needs;
- availability of services that may help people remain independent for longer such as home improvement agencies, handyman or maintenance services;
- availability of befriending services and other services to prevent social isolation;
- availability of intermediate care entitlements such as aids and adaptations;
- eligibility and applying for disability benefits and other types of benefits;
- raise awareness of the need to plan for future care costs;
- practical help with planning to meet future or current care costs;

[Note - there are eight further bullet points]
Information and advice about local care, support, housing and finance options are seen as “the... essential building blocks to all of the reforms and [to] many of the specific duties the Act introduces.” (Guidance Section 3 para 3.7).

Such information and advice allows individuals and their carers to make informed choices about their future. The Act and the associated Statutory Guidance make it clear that such information and advice must be made available for all local residents... The information and advice service must cover the needs of all its population, not just those who are in receipt of local authority funded care or support (para 3.11).

Integrated information and advice also features extensively in the Section concerning ‘Integration, co-operation and partnerships’.

This includes two sub-sections about housing and makes an unequivocal statement concerning the importance of integrated information and advice which includes housing:

15.65 A local authority must establish and maintain a service for providing information and advice on relevant housing and housing services which meet care and support needs. The authority [is] expected under this duty to understand, coordinate and make effective use of other statutory, voluntary and private sector information and advice resources within their area in order to deliver more integrated information and advice.

The Guidance makes it clear that the local authority does not have to be the provider of information and advice (15.65), but is obliged to ensure co-ordinated delivery and to make use of existing information and advice (local and national), specifically mentioning the organisations involved in this report (15.67).

The sub section concerning integration of information and advice on housing is reproduced in full overleaf.
Extracts from the Care Act Guidance
Section 15: Integration, co-operation & partnerships

Sub Section: Integrating information and advice on housing

15.65. A local authority must establish and maintain a service for providing information and advice relating to care and support, and this must include advice on relevant housing and housing services which meet care and support needs. The authority is not required to provide all elements of this service, rather, they are expected under this duty to understand, coordinate and make effective use of other statutory, voluntary and/or private sector information and advice resources within their area in order to deliver more integrated information and advice.

15.66. A person-centred approach to information and advice will consider the person’s strengths and capabilities and the information or advice that will help them to achieve their ambitions. Information and advice should include services in the home that bring health, care and housing services together. This means that information and advice on housing, on adaptations to the current home, or alternative housing options or housing related services should be included. This will enable a person to choose how best they can meet or prevent their needs for care and support. (See chapter 3 on information and advice).

15.67. A person using care and support or carer should be supported to make fully informed decisions about how to prevent or meet their needs for care and support. A local authority should make use of information and advice that is already available at local and national levels.

Examples of some national resources are;
www.firststopcareadvice.org.uk
www.moneyadviceservice.org.uk
www.nhs.uk/CarersDirect/Pages/CarersDirectHome.aspx
www.foundations.uk.com

15.68. People’s care and support needs, their housing circumstances and financial resources are closely interconnected. It is only with full knowledge of the care and support options open to them, including possible housing options and the related financial implications that people will be able to exercise informed choice. For example, some people with their families have made early decisions about moving into residential care possibly sooner than is necessary. Information and advice about the full range of accommodation/housing options and how these might be funded can contribute to more informed decision making for individuals and can extend independent living. Carers in their local population when drawing up Joint Strategic Needs Assessments, including their need to participate in paid employment alongside caring responsibilities. [SIC]
CASE STUDY

Inextricably linked: Trust, impartiality - and giving people time

Mrs Brown, 83, owns her small terraced home in Leeds. She has lived alone since she was widowed five years ago. She has good neighbours who look in on her and a grandson, who lives five miles away, visits regularly.

Mrs Brown has poor mobility, with arthritis and problems with the muscles in her legs amongst other conditions. A walk-in shower installed with the help of Leeds Care & Repair made a big difference for a number of years, but the steps from her front gate to the pavement were becoming increasingly difficult to manage. Worry about not being able to get out and about, maintain her late husband’s garden or ‘ending up’ in a care home was making her depressed. She thought about moving, but found the prospect daunting.

Mrs Brown contacted Care & Repair again and she was put in touch with one of their Silverlinks volunteers, Mr West, who is 75 years old and had faced similar housing issues himself. He visited Mrs Brown to talk through her worries and the pros and cons of moving home. He also told her about the Leeds Directory, a list of trusted traders, and through this she was able to find someone to tidy the garden. Mrs Brown decided that she would stay put for the moment.

A couple of months later, she requested another chat with Mr West. They talked through where she might move to and the type of accommodation that would suit her best. Mr West went with Mrs Brown to visit several sheltered housing schemes in the area she preferred. She found a place she likes, which is also closer to her grandson making it easier for him to visit, and is now waiting for a vacancy. She says that by getting this good information and advice, and having the time to think it through with someone who was impartial, has been a great help and she is looking forward to the move “not with a sense of joy, but without a sense of fear either”.

Benefits to NHS/Public Health:  
- better management of long term health conditions  
- reducing risk of hospital admission/readmission  
- faster, safe hospital discharge (should she be admitted)  
- falls risk reduction

Benefits to Social Care;  
- improved wellbeing  
- enabled safer independent living  
- avoidance/delay of care home admission  
- enabling best use of personal resources  
- reduced isolation  
- greater choice and control
CHAPTER 2

Helping to deliver health & social care outcomes

Integrated information and advice services addressing housing, care and related finance contribute to the key Outcomes that the NHS, adult social care and public health partners have to work to.

The associated common Outcomes could be included in local information and advice service specifications and measured as part of performance monitoring.
Achieving Common Outcomes

Integrated housing, care and finance information and advice can help to achieve a number of shared and complementary adult social care, public health and NHS outcomes. These include helping achieve better outcomes in areas addressed by the Better Care Fund.

There are links between integrated information and advice to all domains of the Adult Social Care Outcomes Framework (ASCOF) (Figure 1).

For example, homes which are appropriately designed and/or adapted can enhance the quality of life of individuals with health and support needs and their carers. Hence information and advice about adapting the home, making home improvements and/or moving to more suitable accommodation can all contribute to achieving these Adult Social Care Outcomes:

- Enhanced quality of life
- Delaying/reducing need for care
- Ensuring positive experience of care and support
- Protecting from harm

Home adaptations often give people more control over their lives. Timely adaptations & equipment help prevent delays in discharge from hospital; facilitate re-ablement; delay or reduce subsequent need for care and support; improve the quality of carers’ lives, and help carers continue to cope.

The right information, advice and support can especially help the many older people with long-term conditions that limit mobility. Adapted bathrooms can restore personal dignity. Stairlifts can re-establish access to all the rooms of a house. A mobility scooter, and associated storage and access ramps, can help people to reconnect socially, regain independence and enhance quality of life.
### Social Care Outcomes

<table>
<thead>
<tr>
<th>Domain 1: Enhancing QOL for people with care and support needs</th>
<th>Integrated info &amp; advice offer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure: People manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs</td>
<td>Adapt homes to make them more suitable &amp; enhance independence</td>
</tr>
<tr>
<td>eg. 1B. Proportion of people who use services who have control over their daily life</td>
<td>Make homes warmer and more comfortable; deal with fuel poverty</td>
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<table>
<thead>
<tr>
<th>Domain 2: Delaying and reducing the need for care and support</th>
<th>Make homes safer – falls prevention, safety measures, telecare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure: Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs</td>
<td>Support to move to alternative home</td>
</tr>
<tr>
<td>eg. 2C. Delayed transfers of care from hospital</td>
<td>Help with financing moves, repairs, adaptations</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 3: Ensuring that people have a positive experience of care and support</th>
<th>Organise service/help to enable hospital discharge/avoid readmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure: People know what choices are available to them locally, what they are entitled to, and who to contact when they need help</td>
<td>Link to handyperson services to make homes safer</td>
</tr>
<tr>
<td>eg. 3D. The proportion of people who use services and carers who find it easy to find information about support</td>
<td>Money advice to enable paying for care/home alterations/living costs</td>
</tr>
<tr>
<td></td>
<td>Link to befriending/related services</td>
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*Figure 1: Some Adult Social Care Outcomes to which integrated information and advice services (covering housing, care & finance) contribute*
Figure 2: Public Health Outcomes Framework: Examples of indicators to which integrated (housing, care & finance) information & advice contribute

<table>
<thead>
<tr>
<th>Public Health Outcomes</th>
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<tbody>
<tr>
<td><strong>Outcome 1: Improving the wider determinants of health</strong></td>
</tr>
<tr>
<td>Objective: Improvements against wider factors which affect health and wellbeing and health inequalities</td>
</tr>
<tr>
<td>Examples of related Indicators</td>
</tr>
<tr>
<td>1.15 Statutory homelessness</td>
</tr>
<tr>
<td>1.17 Fuel poverty</td>
</tr>
<tr>
<td>1.18 Social isolation</td>
</tr>
<tr>
<td>1.19 Older people’s perception of community safety</td>
</tr>
</tbody>
</table>

| **Outcome 2: Health improvement** |
| Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities |
| Examples of related Indicators |
| 2.23 Self-reported well-being   |
| 2.24 Injuries due to falls in people aged 65 and over |

| **Outcome 4: Healthcare public health and preventing premature mortality** |
| Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities |
| Examples of related Indicators |
| 4.11 Emergency readmissions within 30 days of discharge from hospital |
| 4.13 Health-related quality of life for older people |
| 4.14 Hip fractures in people aged 65 and over |
| 4.15 Excess winter deaths      |
Figure 3: NHS Outcomes Framework: Examples of indicators to which integrated (housing, care and finance) information & advice can contribute to achieving improvement

<table>
<thead>
<tr>
<th><strong>NHS Outcomes</strong></th>
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<tbody>
<tr>
<td><strong>Domain 1: Preventing people from dying prematurely</strong></td>
</tr>
<tr>
<td>Overarching indicator</td>
</tr>
<tr>
<td>eg. 1a Potential years of life lost (PYLL) from causes considered amenable to healthcare</td>
</tr>
</tbody>
</table>

| **Domain 2: Enhancing quality of life for people with long-term conditions** |
| Overarching indicator |
| 2 Health-related quality of life for people with long-term conditions |
| Improvement Areas |
| Ensuring people feel supported to manage their condition |
| 2.1 Proportion of people feeling supported to manage their condition |
| Reducing time spent in hospital by people with long-term conditions |
| 2.3i Unplanned hospitalisation for chronic ambulatory care sensitive conditions |
| Enhancing quality of life for carers |
| 2.4 Health-related quality of life for carers |
| Enhancing quality of life for people with dementia |
| 2.6i Estimated diagnosis rate for people with dementia |
| ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life |

| **Domain 3: Helping people to recover from episodes of ill health and following injury** |
| Overarching indicator |
| 3a Emergency admissions for acute conditions that should not usually require hospital admission |
| 3b Emergency readmissions within 30 days of discharge from hospital |
| Improvement Area |
| Helping older people to recover their independence after illness or injury |
| 3.6i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation service |

| **Domain 4: Ensuring that people have a positive experience of care** |
| Improvement Area |
| Improving people’s experience of outpatient care |
| 4.1 Patient experience of outpatient services |
| Improving hospitals’ responsiveness to personal needs |
| 4.2 Responsiveness to in-patients’ personal needs |
Below are examples of the information and advice connection to a selection of Outcomes, all of which are subsequently illustrated in the case studies in this report.

**ADULT SOCIAL CARE OUTCOME**
Domain 1: Enhancing quality of life for people with care & support needs  
**MEASURE:** People manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs  
Integrated information and advice services play a critical role in enabling older people to make informed decisions and control their lives. Suitability of accommodation is one of the indicators of wellbeing set out in the Care Act. Enabling people to feel in control of where they live, manage their current home and/or move to a more suitable home is fundamental to quality of life.

**PUBLIC HEALTH OUTCOME**
Domain 4: Preventing Premature Mortality  
**INDICATORS:** Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities  
Poor, damp housing causes or exacerbates certain illnesses, including respiratory & heart diseases and other long term health conditions. Equally, if an individual is discharged from hospital to an inadequate home environment (eg a home which is cold and/or has features which increase the risk of falling) rapid readmission is more likely. By improving the home the likelihood of GP visits/hospital admissions due to problems such as cold related illness & falls is reduced.

**NHS OUTCOMES FRAMEWORK**
Domain 2: Enhancing quality of life for people with long term conditions (LTCs)  
**INDICATORS:** Reducing time spent in hospital for people with LTCs/ enhancing quality of life for carers  
Unsuitable or substandard housing which is not adapted to enable safe independent living results in reduced functional ability, increases the risk of hospitalisation and makes the role of carers more difficult. Information, advice and support to address housing, care and financial issues results in improvements to patients’ living situations, thereby enhancing quality of life and meeting these indicators.
Local information and advice service specifications can include data gathering linked to these high level outcome indicators. This can help all parties focus on the key issues of helping to give choice and independence to service users and their carers, and improving and maintaining their overall wellbeing. (See Appendix 1).

**Cost benefits**

Integrated information and advice reduces costs in a number of ways including:

i) Reducing health care costs through:
- better management of long term health conditions, hence reduced GP visits
- enabling faster, safe hospital discharge
- reducing rates of readmission
- falls reduction

ii) Reducing Social Care costs through:
- avoidance/delay of care home admission
- reducing the amount of care home needs
- enabling best use of personal resources

These aspects are illustrated in the case studies in this report and have also been cited in information and advice service evaluation reports (see example).

Source: Cambridge Centre for Planning and Housing Research DCLG funded evaluations of First Stop Information and Advice services
Inextricably linked:
**Housing, loneliness, low income and health problems**

Seventy-nine-year-old Mr Michaels has lived in his own flat in the same area of London since he first moved to the UK in the 1960s but he doesn’t know many of his neighbours. He lives alone and has one daughter who lives near him but other family members are abroad. He contacted Independent Age as he was feeling increasingly isolated. They arranged for a regular volunteer visitor, Adam, who has called in once a month for the past two years.

With the support of Independent Age Mr Michaels obtained grants for a new sofa (after the old one broke) and to replace the floor of the bathroom, which had rotted through and was dangerous (Mr Michaels lives on a low income with no savings left).

Increasing health & mobility problems mean it is becoming increasingly difficult for Mr Michaels to get in & out of the bath so Independent Age is helping him to arrange adaptations. Grab rails have already been put up in the flat to help Mr Michaels move around his home. These small, practical interventions, organised through the national advice service, mean that Mr Michaels is able to stay living safely & well in his own home, which is what he wants to do.

**Benefits to NHS/Public Health:**
- better management of long term health conditions
- falls risk reduction
- reducing risk hospital admission/readmission
- faster, safe hospital discharge (should he ever be admitted) because the home is already adapted/safe and with a volunteer link established

**Benefits to Social Care:**
- improved wellbeing
- enabled safer independent living
- avoidance/delay of care home admission
- enabling best use of personal resources
- reduced isolation
Why are integrated information and advice services needed?

From their personal experience, most people understand that their home, health condition and potential need for personal care are connected. But few understand how provision of healthcare, social care and housing related help is organised, let alone how these may be financed. The system is complex and varies by locality as well as personal and family circumstance.

The Care Act brings in significant changes. Even greater numbers of people are likely to seek information and advice in order to understand the personal implications of this new system.

The need for care and health services is significantly influenced by housing conditions, whilst both housing and care options are largely determined by personal finances, including use of any housing equity. A truly informed choice can only be made if all three elements are addressed by information and advice services.
Recent research (see box on page 24) has identified common problems with information and advice arrangements, particularly on social care and support. These include

- no integration across housing, health and care, making it much harder for individuals to navigate the system without help
- inadequate independent support and/or advocacy for those involved in assessment or other interaction with local authorities; and
- limited information and advice for homeowners/those with assets who have care and support needs.

Many callers to our telephone advice lines assume that if they, or a family member, cannot cope in their current home, the only alternative is to go into care. There is little awareness of the range of possible home adaptations, equipment, telecare/telehealth or floating support services that might assist people to live safely & well in the current home, if that is their preference, let alone knowledge of alternative housing possibilities, including supported housing.

People often know even less about finance; for example, many wrongly assume that social care will be provided free of charge to all (Cabinet Office report 'Barriers to Choice' finding). They do not know what financial help may realistically be available. Few will have considered other financial options such as use of housing equity eg. through downsizing, relocation or loans. Housing and care options decisions are inextricably linked to a person's income, savings and assets, hence these issues tend be of major concern.
Research into current information and advice provision

Cabinet Office

A study for the Cabinet Office, Barriers to Choice, identified a widespread lack of information required to make informed choices, especially on the subject of social care. In this area it found that many people needed signposting and interpretation, including requiring face-to-face advice, in order to make sense of information and make an informed choice.

Independent Age

In 2012 the Think Local Act Personal partnership commissioned Independent Age to work with local authorities, service providers, service users and carers to map existing systems for information and advice for people with social care needs and to identify any issues.

The study identified problems with the quality and availability of information and advice including:

- a lack of independent support for individuals being assessed
- a lack of joined-up advice covering care and housing/benefits options
- a lack of information about service availability and quality
- a lack of signposting to financial advice
- a focus on those without assets, with poor support for homeowners.
CASE STUDY

Inextricably linked: Housing tenure, finance and health

Mr Trent is 80 years of age and his wife is 76. They lived in their own modest house in Nottingham, which they owned, with local family support. Mr Trent has pancreatic cancer and is undergoing chemotherapy. Since his diagnosis they receive disability benefits, but their monthly income is still quite limited.

Mrs Trent was increasingly concerned about her husband’s health and his inability to move around their home, particularly going up and down the stairs, without getting breathless. He started to sleep downstairs on the sofa and was becoming quite depressed about this.

They decided to look at moving to a more suitable home to help Mr Trent’s health and hoped to ‘trade down’ to free up some much needed finance. Mrs Trent contacted Age UK Nottingham (an EAC FirstStop partner) who arranged for their housing & care options adviser to visit the Trents to discuss their health and financial circumstances, and possible housing options. The adviser provided Mr & Mrs Trent with information about various accommodation possibilities, and left them to spend some time thinking about what would be best for them.

It became clear that they did not have enough housing equity to buy the sort of home that they needed and so they decided to apply for social housing. As homeowners, they had not even realised that they could do this. The AgeUK adviser helped Mr & Mrs Trent to make an application and liaised with the local social housing providers to ensure that their health needs were fully taken into account.

Mr & Mrs Trent have now moved to smaller, level accommodation which is well designed to meet Mr Trent’s health needs. His mental health has improved since he is no longer sleeping on a sofa, anxious about his housing and money. The family too are extremely relieved that Mr Trent can now concentrate on his recovery from the cancer without the housing and financial stress.

Benefits to NHS/Public Health:
• better management of health conditions
• reducing risk of hospital admission/readmission
• faster, safe hospital discharge
• falls risk reduction

Benefits to Social Care:
• improved wellbeing
• enabled safer independent living
• avoidance/delay of care home admission
• enabling best use of personal resources
CHAPTER 4

Current Provision

Elderly Accommodation Counsel FirstStop, AgeUK, Independent Age, Foundations, Care & Repair England and related local agencies [primarily home improvement agencies and local AgeUKs] all offer older people information and advice that can help them to make informed decisions about their housing, care and related finance.

All offer information which is impartial and independent. They perform complementary roles, cross referring where appropriate in acknowledgement of each other’s specialisms.

• Last year over five million people used our websites to find out about their housing, care, support and related financial options.

• Through our organisations’ telephone advice lines and linked face to face help via local staff we advised and helped 733,225 older people, their carers, families and friends about aspects of housing, care and related finance in later life.
With ‘older age’ lasting from 60yrs to over 100yrs for some people, alongside a wide range of life situations and experience, there is clearly a very wide spectrum of requirements and needs for information and advice.

The ways that older people access information and advice varies widely and changes over time and as personal circumstances alter. Some people are regular users of online information, some read printed guides and leaflets, and sometimes people need to talk to someone either over the telephone or face-to-face.

Information and advice therefore has to be delivered in a variety of formats, at varying levels of detail to meet a wide range of needs and requirements at different points in older people’s lives (Figure 4).

This is in line with the recommendations made in the report of the Low Commission on the future of advice and legal support in 2014.

The organisations involved with this report are providing and facilitating services at all levels.

• **Websites** provide up to date information and signposting, often accessed by relatives and carers as well as older people themselves.

• **Printed information** leaflets, brochures, booklets and more in depth materials help older people to access information and signposting in easy to read and accessible formats.

• **Telephone advice lines** provide information and advice for those who do not have access to, or do not want to use, websites and for those who need more than straightforward ‘standard’ information. They provide more in depth, personalised advice, explanation and signposting, and the opportunity to talk through issues and options with experienced advisers.

• **Local face to face** – local partner organisations provide a personal visitor or caseworker able to help people address the complexities that surround their specific housing & care decision in older age, as well as providing support for those individuals who clearly need and would benefit significantly from this in order to act on their decisions.

"It was a huge relief to have someone like [the housing and care options adviser] helping and supporting me with all the issues and the confusion which goes with everything I have to deal with. I would have been lost without her help."
It is important to note that ONS (2014) internet use figures show that 70% of women & 53% of men aged 75+ have never used the internet. Whilst the level of internet use will continue to increase over time, there is an older cohort which is likely to never use this information source. Around 74% of people aged 55-65yrs use the internet daily, hence the ‘younger old’, carers, family members, professionals and friends make use of websites to find information to help themselves and others. Nevertheless, there remains a critical role for telephone and face to face provision both for the older old who are digitally excluded and also for anyone who at some point simply needs to discuss their particular situation in person.

Figure 4: Information needs to be available in a variety of formats and targeted to different situations

Dept for Communities & Local Government

The sheer scale of demand from older people for information and advice from all of the organisations concerned with this report provides a clear indication of the level of need – and of what works. In particular older people value impartial, integrated housing, care and related financial advice.
Service user surveys show very high levels of satisfaction. For example, the independent evaluation of EAC FirstStop carried out by the Cambridge Centre for Housing and Planning Research found that of the service users who received face to face support from the local partners, 99% would recommend the service to other older people.

Individual feedback illustrates the relief felt by users at finding someone they can trust, who takes the time to listen and who has the cross sector knowledge to help.

**What is an integrated service?**

Older people tell us that a ‘one stop shop’ approach, whereby someone looks at their whole situation and can offer information and advice that straddles housing, care, support and finance, is highly valued.

This is illustrated below.

**Figure 5: Integrated Information and Advice**

- Availability of local specialist homes
- Accessing local social housing – local demands, how CBL works etc
- Local private ‘retirement’ market – costs of homes and extras
- Help in moving and setting up home (eg recycled furniture)
- Entitlements to benefits and grants
- Equity release products and homeloans
- Understanding of local charitable grants and loans
- Adaptations and reliable providers (HIAs, trusted traders etc)
- Aids and local Telecare
- Special local schemes eg various ‘warm front’ schemes
- Entitlements to assessments
- Care at home options, inc. self funding/charity funding
- Residential care options
- Charity/volunteer/befriending schemes

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“Having someone to talk to, someone who knew what they were talking about was wonderful”
Inextricably linked: Low income home ownership, housing disrepair, disability, carers and adaptations

Mrs Price is aged 78 and registered blind. She has lived in her own house for over 30 years. She had a heart attack shortly after the death of her husband, who had been her sole carer, and spent several weeks in hospital. No family members live locally.

Mrs Price was medically ready for discharge. She was keen to return home but her social worker deemed it unsafe. Potential hazards included two glass doors and an internal window. The social worker at the local Intermediate Care Centre was considering residential care. Meanwhile she referred Mrs Price to the local housing and care options advice service.

The housing and care options adviser, employed by the local home improvement agency and an EAC FirstStop partner, met with the social worker, community nurse and Mrs Price’s neighbour to agree a plan of action. A telecare ‘button & box’ with pendant was installed. This reassured the neighbour; with this back up available she was happy to be a helping hand as and when needed.

A second meeting involving the agency’s handyperson service identified the building problems and solutions, including the adviser finding the funding to meet the cost of these. Two sockets were relocated to eliminate the risk of tripping on trailing wires, paid for with a small electrical works grant. The adviser found a source of specialist shatterproof plastic panelling to replace the glass in the internal doors and window. A minor works grant met the cost. The handyperson carried out these works.

Mrs Price was then able to leave hospital and moved back home. A prolonged (and expensive) stay in intermediate care, and a possible care home admission, were thereby averted.

Benefits to NHS/Public Health:
- better management of long term health conditions
- reducing risk of hospital admission/readmission
- faster, safe hospital discharge (should she be admitted)
- falls risk reduction

Benefits to Social Care;
- improved wellbeing
- enabled safer independent living
- avoidance/delay of care home admission
- enabling best use of personal resources
Conclusions and Recommendations
Conclusions

- Care, housing and related finance are indivisible when considering living arrangements in later life. Therefore enabling older people to make fully informed decisions requires integrated information and advice provision which straddles housing, care and finance.

- Given the great diversity of older people and their widely differing situations, capacity and resources, information and advice needs to be provided in the full range of formats - internet based, printed, telephone and face to face.

- Older people value highly independence and impartiality in the provision of information and advice. Trust in the provider is a critical consideration.

- In order to meet the full range of older people’s requirements for information & advice, plus support to make and act on their decision, a combination of national specialist provision working in partnership with local information and advice agencies offers the best value.

- There are efficiency gains from the national/local complementary model. It enables older people with greater capacity/personal resources to help themselves through easy access to information, including on-line, and allows the local front line staff to focus more time and effort on those with a greater need for one to one/practical support.

- Although there has been limited systematic, academic study with regard to the impact of information and advice, there is a growing body of other evidence that demonstrates a range of cost benefits and value which underlines the impact of information and advice services, which are providing crucial help to older people and playing a key role in prevention as well as in crisis intervention.

- The involvement of voluntary organisations in delivery gives added value. Volunteers, including older people themselves, make a valuable contribution eg. passing on useful information through wider social networks and offering peer support.

- The duties and requirements of the Care Act, including the specific Guidance concerning integrated information and advice, provide a timely opportunity to review local provision in this important area of support which underpins wellbeing and enables people to make well informed major life decisions.
Recommendations

- National government departments (DCLG, DH, DWP & DECC) should work together to ensure that they commission more integrated, impartial national information and advice services for older people which address care, housing & related finance.

- Local authorities (all levels) should work with health sector partners (including CCGs and Hospital Trusts) to commission integrated, independent local information and advice services for older people that encompass care, housing and finance, offer practical support to implement choice, and which work in partnership with national specialist information and advice providers.

- The providers of not for profit, impartial information and advice should collaborate on the development and dissemination of innovative models of delivery.

- Research councils, government departments and the commissioners of research should invest in testing 'what works best' in the provision of integrated information and advice for older people.
Setting Overall Service Aims

Housing and care options advice services incorporate a number of key principles which underpin the requirements laid down in the Care Act 2014. These include:

- provision of accessible information and advice
- choice and control
- integration of care and support with health and health-related issues, including housing
- prevention or delay of people’s need for care and support
- independent living

These principles can be incorporated into overall service aims in specifications.

Example 1

The aim of the service is to enable older people in the XXX area to live independently in their home of choice, maintaining their health and wellbeing for as long as possible, making informed decisions, making best use of their own resources and to plan ahead through provision of an integrated information, advice and support service which addresses housing, care & support options alongside related finance.

Example 2

The aim of the service is to enable older people to make informed decisions about their accommodation and care options so that they will be able to:

- remain in their own homes or find and retain suitable alternative accommodation which best meets their health and care needs
- live safely and well at home and retain their independence for as long as is reasonably practical
- avoid the need for any recourse to unnecessary health or social care provision

Linking information and advice services to Outcomes Frameworks

Specifications for housing and care options advice services can include outcomes which support local authorities and Clinical Commissioning Groups (CCGs) in meeting a number of outcomes in the adult social care, NHS and public health outcomes frameworks (ASCOF, NHSOF, PHOF respectively). These may include outcomes such as those that:

- Help to reduce the number of people entering more institutional care or requiring more intensive support in the home (link to ASCOF 2)
- Supporting people to manage their long term condition(s) (NHSOF 2.1)
- Help to reduce the number of falls which result in serious injury (link to PHOF 2.24, NHSOF 3a (emergency admissions)
- Help to reduce those suffering from fuel poverty (link to PHOF 1.17)
- Help to reduce social isolation (link to ASCOF 1 I, PHOF 1.18.)

These outcomes can be incorporated into specifications for housing and care options advice services. For example:

Outcomes

This is an outcome-focused service specification.

The [Housing & Care Options] service provider will be expected to meet the following outcomes:

- Positive experience of care & support - through increasing older people’s knowledge of choices, entitlements and sources of help
- Enabling independence, particularly following hospital discharge, working closely with reablement services and other community-based preventative services
- Reducing or delaying the need for paid for services through the avoidance of care home admissions by providing independent, impartial housing options assessment, information, advice and practical assistance to make homes safer/healthier
- **Retaining independence and community connections** by ensuring that where necessary people are supported to move to more suitable and appropriate accommodation

- **Enhancing quality of life** through improvements to the home environment, including making effective use of Disabled Facilities Grants (DFGs) by providing a comprehensive housing options assessment for all applicants aged 55+ and by providing advice about alternative options which may include both staying put and moving.

### Outputs

Outcomes are usually linked to outputs. Housing and care options advice services can deliver a number of measureable outputs which support commissioners’ objectives in enabling more older people to live independently and well at home and reduce demand on health and care services.

**Outputs may include:**

- Number of older people with increased knowledge of choices, entitlements and sources of help with regard to their care & support eg. through housing & care options workshops
- Number of people provided with I&A to enable them to live safely and well at home following the 6 week reablement provision
- Number of people provided with I&A regarding installation of minor aids and adaptations to enable independence at home
- Number of people no longer requiring social housing as a result of effective housing options advice, information and support to implement choice
- Number of people who have been provided with a comprehensive housing and care options I&A as part of a DFG assessment

### Service models

Housing and care options advice services may incorporate a number of different elements but will include at their core the delivery of housing and care options advice and information and related financial advice.

These elements might include:

- comprehensive housing and care options assessment linked to DFG applications
- multi-agency coordination based on housing & care options assessment for vulnerable older adults at risk of homelessness/hospital/care home admission
- the provision of comprehensive assessments linked to reablement/hospital discharge services. These may incorporate assessments of home safety & security
- the integration of housing options advice in preventative services to maintain independence and well-being linked to community based services such as befriending or peer to peer/ volunteer support and advice
- pro-active information provision to encourage/ enable later life planning ahead and self help and involvement of volunteers eg peer to peer transfer of information

Service models may also be linked to other services such as handyperson and home repairs schemes, home adaptations and DFG support, community equipment, assistive technology including telecare/telehealth, energy I&A, and training and support for other agencies (eg primary health care) on housing, care and health connections. Service models may incorporate support for dedicated access to specialist national advice services eg. EAC FirstStop about specialist housing or Independent Age for comprehensive advice about paying for residential and nursing care.

A comprehensive service model together with a quality assurance framework is available on EAC’s website http://www.firststopcareadvice.org.uk/local-qa-standards.aspx
Appendix 2

References and Related Reports

Care Act, Statutory Guidance & Regulations

Access all documents through:

Briefing - ‘Care Act Guidance - Making the Connection to Housing’ (2014) Care & Repair England

Integration

The Memorandum of Understanding to support joint action on improving health through the home (2014)
www.housinglin.org.uk/Topics/browse/HealthandHousing/HealthPolicy/Policy/?&msg=0&parent=8683&child=9425

Outcomes Frameworks


Wider Housing, Health and Care Connections

www.ucl.ac.uk/gheg/marmotreview


Information and Advice Provision

Cabinet Office Barriers to choice - a review of public services and the government's response (2013)
www.gov.uk/government/publications/barriers-to-choice-public-services-review


Information and Advice for Older People: Evidence Review (2013)

Advice and Information Needs in Adult Social Care (2013) Independent Age/Think Local, Act Personal

ONS Internet Access (2014)

APPENDIX 2 References and Related Reports
Evaluation of Housing & Care Options Information & Advice Delivery

Cambridge Centre for Housing and Planning Research (CCHPR) at the University of Cambridge has been undertaking an independent evaluation of the FirstStop service since November 2009, funded by Dept for Communities and Local Government. These are the main published reports to date:

FirstStop local partners: Costs and potential savings to public budgets of client casework, November 2014
FirstStop Evaluation: Summary to DCLG, July 2014
FirstStop Evaluation: Report on progress of the funded local partners 2013/14, May 2014
Analysis of FirstStop Local Partner Client Case Studies: Did clients benefit long term from the housing options support they received?, April 2013
FirstStop Evaluation Report 2011/12: National & local services evaluation, November 2012
FirstStop Local Partner Value for Money: Analysis of case studies, November 2012
Summary of the FirstStop Evaluation Findings, November 2012

www.firststopcareadvice.org.uk/resources-partners/independent-evaluation.aspx

If only I had known: Integrating Housing Help into Hospitals (2012) Care & Repair England Summary Brochure
www.careandrepair-england.org.uk/wp-content/uploads/2014/12/if_only_i_had_known_summary_brochure_20121.pdf

Overview report

Pilot project evaluation

www.foundations.uk.com/media/129133/support_for_choice_FINAL_web_210409.pdf

Service user satisfaction

Cambridge Centre for Housing and Planning Research (CCHPR) at the University of Cambridge
FirstStop Evaluation (July 2014) Summary to DCLG, CCHPR