



THE COMMISSIONER PERSPECTIVE ON INTEGRATION AND EVIDENCE

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Commissioning from a Housing perspective

- Who do we work with?
- What do we commission?
- How does this fit with the Health and Social Care Integration agenda?
 - Aligning what we do to their priorities
 - Developing services that support delivery



What evidence do we want?

- Evidence of need for services
 - Need within population cohorts
 - Gaps in service provision
- Evidence of effective service delivery
 - Outputs meeting local / national targets
 - Outcomes
- Having this understanding based on health, care and housing



Housing evidence

- We don't have it!
- What other evidence exists?
- Take a chance on what might work – test new approaches
- Monitoring and evaluation – building our evidence base



Health evidence

- What do health have that will help us commission effective services?
 - Health specific data
 - Data that enables work with housing
- The data sharing issue
- Case studies and anecdotal evidence



Evidence based commissioning in Bolton

- Sheltered Housing Health Prevention pilot
- Working with Bolton Foundation Trust

- Postcode based data matching on A&E attendances and non elective admissions

- Identification of 'hotspots' for positive preventative outreach

- Monitoring and evaluation by Public Health



Evidence based commissioning in Bolton

- Falls Prevention Home Safety Check
- Working with Adult Social Care

- Using data on stock condition, falls hazards and Homecare provision

- Home Safety Check delivered by Home Improvement Agency to identify hazards in the home and person based falls risks

- Case study evaluation



Evidence based commissioning in Bolton

- Targeting Households with Long Term Conditions
- Working with Bolton CCG
- Using data on stock condition overlaid with prevalence of Long Term Conditions at LSOA level
- Targeting of capital home improvement schemes to improve living conditions of those with health issues
- Monitoring by CCG and Housing Strategy
- Potential to extend using CCG modelled data on patients at risk



Thank you for listening

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