NICE National Institute for Health and Care Excellence

Transition between inpatient hospital settings and community or care home settings for adults with social care needs

Consultation on draft guideline – deadline for comments 5pm on 06/08/15 **email:** Transitionshsc@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly. We would like to hear your views on these questions: 1. The Care Act 2014 sets out new housing duties for local authorities to promote integrated health and care. How can local authorities and housing providers better help to assist the type of transition this guideline describes 2. How can technology be better used to assist communication between hospital and community or care home settings as described in this guideline. 3. What are your views on the draft research questions (section 3 of the short version)? Do you know of any research currently in progress that overlaps with these research questions? 4. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 5. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.
Stakeholder organisation(s) (or your name if you are commenting as an individual):	Care and Repair England
Name of commentator (leave blank if you are commenting as an individual):	Jane Minter

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Comment number	Document (**full** version, **short** version or the **appendices**	Page number Or **'general'** for comments on the whole document	Line number Or **'general'** for comments on the whole document	Comments Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
Example 1	Full	16	45	We are concerned that this recommendation may imply that ……..
Example 2	Full	16	45	Question 1: This recommendation will be a challenging change in practice because ……
Example 3	Full	16	45	Question 2: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact……..
1	Full	General	General	Most people in hospital want to go home as soon as possible. Enabling people to return safely home from hospital is not just about the efficient transfer and integration of medical and social care. Faster, good quality discharge from hospital also requires consideration of people's housing and living conditions. This includes fast track repairs and adaptations to ensure that the home is suitable for people to return home. A recent report from Age UK (http://www.ageuk.org.uk/latest-press/archive/age-uk-show-an-escalating-social-care-crisis-in-england/) identified that in the last year alone from (April 2014 to March 2015), shortages in community health and social care services meant the NHS has lost many hundreds of thousands of bed-days while patients wait for the right care and support in the right place with home adaptations being one of the issues identified. In summary this loss included •174,138 days waiting for a place in a residential home •215,662 days waiting for a nursing home place to become available •206,053 days for help from social care workers or district nurses to enable people to return to their own home •41,389 days for home adaptations ranging from grab rails to ramps and stair lifts. With the home in the majority of cases being the place/setting in which people receive their social care and health support decent, appropriate, warm, safe and secure housing has to be seen as a key ingredient in coordinating the transition between hospital and home for older people many of whom will have disabilities and long term conditions including dementia.

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				Unsuitable home conditions can directly cause health problems, and hence hospital admissions and delayed discharges. If individuals are discharged to unsafe, cold, unsuitable homes they are more likely to return to hospital. It is generally better for older peoples' health if they are discharged as soon as they no longer need hospital level medical care, hence addressing housing shortcomings can be a key element of effective hospital discharge. Each year 35% of people aged 65 and over will fall one or more times; 45% of those aged 80 years and over who live in the community fall each year http://www.slips-online.co.uk/resources/Fallsandfractures-effectiveinterventionsinhealthandsocialcare.pdf Of those that fall between 10% and 25% will sustain a serious injury; the personal consequences of a fall for the individual can be significant. Evidence shows falls are a major contributor to hospital admission/readmission and that home hazards contribute to falls. Reducing the risk of falls can support safe, effective transition and home hazards are a key part of that risk reduction as evidenced by NICE guidance on falls prevention. We welcome the references to housing in the guidance and have suggested where the guidance could go further
2	Full	3	11	We welcome the recognition of the suitability of home to hospital discharge
3	Full	4	5-6	Add 'for health and social care **and housing** practitioners' and also add **housing providers**
4	Full	Context 5	27	We welcome the recognition of housing as part of health related services for promoting greater integration
5	Full	Current practice 7	After line 6	We suggest that you add the Memorandum of Understanding produced by NHS England, Public Health England and a range of social care, health, housing and local government organisations in Dec 2014 which shows that the right home environment can: • Delay and reduce the need for primary care and social care interventions, including admission to residential or nursing homes • Prevent hospital admission • Enable timely discharge from hospital and prevent re-admissions • Enable rapid recovery from ill-health or planned admissions. Web link is http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Other_reports_and_guidance/A_Memorandum_of_Understanding_MoU_to_support_joint_action_on_improving_health_through_the_home.pdf
6	Full	Rec 1.3.3 14	24	We welcome the inclusion of housing status

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7	Full	14	28	It would be helpful to define 'places of care'
8	Full	Assessment and care planning Rec 1.3.9 16	16	Add 'assessing their health, social care **and housing** needs'
9		Comm and info sharing rec 1.5.3 17	27	Add health and social care **and housing**
10		Discharge planning rec 1.5.12 19	After line 14	Add **suitability of current housing**
11		Rec 1.5.16 20	6	We welcome the mention of housing
12		Rec 1.5.18 20	13	Amend to the discharge coordinator should discuss **the need for housing adaptations, repairs** and specialist equipment
13		Rec 1.5.18 20	16	Add any specialist equipment, **repairs and adaptations** should be in place at the point of discharge
14		Supporting infrastructure rec 1.6.1 23	After line 25	Add Practical support with repairs and adaptations services such as Home Improvement Agencies

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15		Rec 1.6.3 24	1	Amend to 'kept up to date with the availability of local health, **housing** and social care services'
16		Research recs 28	After line 26	**Research on the impact of housing interventions on transitions** We note that the guidance references one study which focuses on the role of housing support for homeless people and we suggest this is due to a lack of investment in primary academic research specifically focused on the impact of housing interventions on health and social care and specifically on transitions. There has been some research on falls reduction and on the impact of adaptations and equipment on costs to care and health and wellbeing which are referred to below and would impact on hospital admissions/readmissions. We also recommend that there should be more research in this field. • genHome is a project developed by the College of Occupational Therapy to bring together and map out housing related research and evidence relevant to the needs of disabled and older people, and for this to be available within an accessible database. It is work in progress with its data base accessible by author only – see https://www.cot.co.uk/genhome and contact genhome@cotss-housing.co.uk • A report that looks at the implications for health and social care budgets of investment in housing adaptations improvements and equipment through an evidence review: Better Outcomes, Lower Costs, Frances Heywood and Lynn Turner, Office of Disability Issues, DWP 2007 http://webarchive.nationalarchives.gov.uk/20120305133112/http:/odi.dwp.gov.uk/docs/res/il/better-outcomes-report.pdf • A summary of the evidence for falls reduction including the impact of home hazards assessments produced by the College of Occupational Therapists and endorsed by NICE https://www.cot.co.uk/sites/default/files/commissioning_ot/public/Falls-prevention-and-management-Evidence-Fact-Sheet-June2015.pdf • The impact of effective provision of home equipment and adaptations on hospital discharge was identified in a report by the Audit Commission in 2000 and 2002 http://www.communityequipment.org.uk/wp-content/uploads/Fully-equipped-2000.pdf and Fully Equipped - assisting independence Audit Commission 2002 (Google for PDF) • Building Research Establishment (BRE) work that has modelled and quantified the health risk analysis of specific housing characteristics (such as hazards that reduce the risk of falls and illnesses (e.g. respiratory

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				illness) https://www.bre.co.uk/page.jsp?id=3021 • The billion dollar question: embedding prevention in older people's services – 10 high impact changes Allen & Glasby J University of Birmingham (2010) http://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/HSMC/publications/PolicyPapers/Policy-paper-8.pdf We propose new research to assess the impact of housing interventions on transitions for the reasons set out in our general comments. We believe housing to be an important factor in enabling people to remain out of hospital and more robust research would help to support the drive to greater integration of services including housing as set out in the Care Act and considered in our comment 17 below. Care and Repair England has been looking at how to stimulate fresh research on the impact of housing interventions in health and care bringing together researchers and key stakeholders to work on projects that have practical application. The project is called Catch 22 (See http://careandrepair-england.org.uk/?page_id=205) Work already developing in this field includes the cost/ benefits of adaptations, use of RCT in relation to adaptations, evidence on the impact of falls prevention and work on housing decision making. We would be happy to share this work with NICE
17	The Care Act 2014 sets out new housing duties for local authorities to promote integrated health and care. How can local authorities and housing providers better help to assist the			Question 1: The Care Act expects local councils to ensure the integration of care and support including housing. There is recognition that the suitability of living accommodation is a core component to enable people to live independently and a recognition that getting housing right can help to prevent falls, hospital admissions and readmissions. Housing authorities can help with transition in the following ways • Through local planning and housing strategies ensuring that there is enough suitable housing available for older people and those with care and health needs. This includes ensuring that existing housing is well maintained and repaired and, where appropriate, adapted to meet needs. It also includes developing lifetime homes and age friendly housing as well as specialist housing options based on robust local needs assessments • Through active participation in local Health and Well Being Boards and CCG's assessing what housing is needed to support health and social care services and how housing services can support hospital discharge schemes/ transitions • Through offering and funding housing services including Home Improvement Agencies, handyperson services

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	type of transition this guideline describes?			and other practical support services around the home to enable people to stay independent • Through the funding and provision of independent, impartial housing, care and finance advice and information services working closely with hospitals and other health and care services to ensure older people and their relatives and carers can assess advice and information on the options available at the right time. An example of successful working in this field can be found in our work on 'If Only I had known' which shows the benefits of this type of work to older people and to saving health resources longer term See http://careandrepair-england.org.uk/?page_id=177 Housing providers can help with transition in the following ways • Engage with local Health and Well Being Boards and CCGs to plan housing that supports older people and those with care and health needs to live independently at home • Build lifetime homes and age friendly housing to prevent people finding their homes a barrier to independent living • Support the development and funding of Home Improvement Agencies to help people to repair and adapt their homes • Offer and fund adaptations services in their homes and schemes to support hospital discharge and the prevention admission due to housing factors (e.g. falls) • Support and contribute to the development of independent, impartial housing, care and finance advice and information services to ensure that people have information and advice at the right time

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.

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- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking NICE Pathways.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.