

National Institute for Health and Care Excellence

Stakeholder comments proforma – engagement exercise for quality standard on transition between inpatient hospital settings and community or care home settings.

Please enter the name of your registered stakeholder organisation below. NICE is unable to accept comments from non-registered organisation or individuals. If you wish your comments to be considered please register via the NICE website or contact the registered stakeholder organisation that most closely represents your interests and pass your comments to them.	
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Please note: comments submitted are published on the NICE website.	
Would you like to express an interest in formally supporting this quality standard? <input type="checkbox"/> Yes	

Key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
Separately list each key area for quality improvement that you would want to see covered by this quality standard. EXAMPLE:	EXAMPLE: There is good evidence that appropriate and effective pulmonary rehabilitation can drive significant improvements in the quality of life and health status of people with COPD.	EXAMPLE: The National Audit for COPD found that the number of areas offering pulmonary rehabilitation has increased in the last three years and although many people are offered referral, the quality of pulmonary rehabilitation and its availability is still limited in the UK. Individual programmes differ in the precise	EXAMPLE: Please see the Royal College of Physicians national COPD audit which highlights findings of data collection for quality indicators relating to pulmonary rehabilitation. http://www.rcplondon.ac.uk/resources/chronic-obstructive-pulmonary-disease-audit

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<p>Pulmonary rehabilitation for chronic obstructive pulmonary disease (COPD)</p>	<p>Pulmonary rehabilitation is recommended within NICE guidance. Rehabilitation should be considered at all stages of disease progression when symptoms and disability are present. The threshold for referral would usually be breathlessness equivalent to MRC dyspnoea grade 3, based on the NICE guideline.</p>	<p>exercises used, are of different duration, involve variable amounts of home exercise and have different referral criteria.</p>	
<p>Key area for quality improvement 1</p> <p>Develop standards for tackling people's housing needs and circumstances as an essential part of hospital admissions prevention and hospital discharge planning</p>	<p>Most people in hospital want to go home as soon as possible, Preventing admissions due, in part, to the impact of a poor and unsuitable home environment and ensuring early discharge to a suitable, warm safe home will help to improve transitions.</p> <p>Many older people are living in homes that do not meet the Decent Homes standard.</p> <p>Cold and unsuitable home conditions can directly cause health problems (such as heart disease, stroke, respiratory, arthritis and risk of falls), and hence hospital admissions and delayed discharges. If individuals are discharged to</p>	<p>The Care Act expects local councils to ensure the integration of care and support including housing. In the Care Act guidance 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.</p> <p>The NICE guidance on transitions between inpatient hospital settings and community care or care home settings for adults with social care needs has, in line with the Care Act 2014, covered health related provision (including housing) as well as health and other care and support.</p> <p>Developing quality standards in this area would help to further integrate housing solutions into what is a transition home. If people are to be supported to stay home for longer (out of hospital) or get home sooner it stands to reason that where they</p>	<p>1. A report from Age UK (http://www.ageuk.org.uk/latest-press/archive/age-uk-show-an-escalating-social-care-crisis-in-england/) identifies that 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.</p> <ul style="list-style-type: none"> •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

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	<p>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.</p> <p>Cold homes have a serious impact on older people's health. On average, over each of the last few years, there have been 27,000 excess winter deaths; more than 90% of these deaths occur in the over 60s age group and can be attributed to cold-related illnesses such as heart attacks, strokes and respiratory conditions.</p> <p>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-effectiveinterventionsinhealthan</p>	<p>live and the suitability of their home is a key component of that transition. Whilst some people will have no concerns about their housing many will need repairs and adaptations and advice and support to keep them safe and secure, particularly older people with long term health conditions.</p>	<p>lifts.</p> <p>2. A report from BRE (Building Research Establishment funded by PHE - Homes and Ageing in England has identified that poor housing for older people costs the NHS at least £634m every year. Two million older people live in homes that fail to meet the Decent Homes Standard, with 1.3m in a home with a serious hazard, resulting in high costs to the NHS, particularly due to cold related health problems and falls.</p> <p>http://www.bre.co.uk/filelibrary/Briefing%20papers/86749-BRE_briefing-paper-PHE-England-A4-v3.pdf</p> <p>3. A report from Care & Repair England 'If only I had known...' evaluated projects to enable older people and their carers to make informed decisions about future housing, care and support either following hospital admission or where a person had a long term health condition.</p> <p>No longer being able to climb stairs, use a bath or a standard height WC are common housing difficulties that impact on older peoples' ability to leave hospital. Practical housing help to adapt or repair the home, or moving home if this is not</p>

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	<p>dsocialcare.pdf</p> <p>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.</p> <p>Evidence shows falls are a major contributor to hospital admission/readmission and that home hazards contribute to falls.</p> <p>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</p> <p>Given the importance of housing to health, effective transitions require links to initiatives that help people to repair and adapt their home to make sure their living environment supports their health and well-being preventing hospital admission and/or supporting people to go home quickly and safely.</p> <p>It also requires links to</p>		<p>possible, can therefore make all the difference to the hospital discharge, as well as older people's quality of life at home. Housing advisers were located within pilot area hospitals working with patients and health staff to improve the transfer of older patients from hospital to home. They made sure that patients were returning to a suitably repaired or adapted home, or to a different home, thereby reducing the risk of readmission as well as improving older peoples' quality of life.</p> <p>Evaluation reports about the programme describe the work in detail, demonstrating how housing help improved the lives of older patients as well as resulting in quantifiable savings for health and social care.</p> <p>Link to summary http://careandrepair-england.org.uk/wp-content/uploads/2014/12/IOIHK-Brochure-Hospital-Housing.pdf</p> <p>4. A report from EAC/First Stop - Making the Case sets out how local integrated FirstStop housing and care information and advice services help to deliver on care and health outcomes, improve the well – being of older people and make</p>

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	<p>information, advice and support services for older people and their carers on their housing choices whilst in hospital or where they are in touch with health professionals.</p>		<p>savings to the public purse.</p> <p>The report is the result of an independent evaluation using data from DCLG (Department of Communities and Local Government) funded local housing and care options advice services and interviews in four local areas with service users, key local stakeholders and staff.</p> <p>It identified a saving of £11.5 million to health and care services from an investment of less than £500,000 by DCLG to 16 local FirstStop services in 2015 – 16. This was due to the avoidance of falls, preventing unplanned hospital admissions and GP appointments. Local FirstStop services also identify and secure aids, adaptations and improved heating and, where appropriate, alternative housing options to support successful hospital discharge for people with complex health conditions.</p> <p>http://www.housingcare.org/downloads/kbase/3432.pdf</p>
Key area for quality improvement 2			
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improvement 3			
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Additional developmental areas of emergent practice	<p>There are emerging examples of good practice in linking housing and health to reduce admissions and improve discharge. Some examples are identified on our website at http://careandrepair-england.org.uk/home-from-hospital-initiatives/. These include housing advisers working in hospitals and with GP's and Home Improvement Agencies offering fast track repairs, adaptations and handyperson services to support people to get home from hospital. We would welcome standards that identify this good practice so that it becomes available in all areas of the country as an integral part of discharge planning.</p>		
Additional evidence sources for consideration	<p>We would ask that two further reports are added to the list of key policy documents, reports and national audits to the Quality Standards Topic Overview to ensure that housing issues are considered in scope in the quality standard. These are</p> <ul style="list-style-type: none"> • Memorandum of Understanding on integrating housing with health which has been developed with a range of partners such as DH, DCLG, PHE, ADASS, NHS England, LGA http://careandrepair-england.org.uk/wp-content/uploads/2014/12/A_Memorandum_of_Understanding_MoU_to_support_joint_action_on_improving_health_through_the_home.pdf • Hospital2home resource pack – a very practical guide to considering older people's housing situation in hospital discharge developed with a range of partners including DH, DCLG, ADASS, LGA, RCN, Age UK http://www.housinglin.org.uk/hospital2home_pack/ <p>We are aware that, in developing the guidance on this topic, we offered evidence on the impact of housing interventions to NICE which did not meet your criteria for inclusion. Much of this was focused on the impact of housing adaptations and repairs on health outcomes. 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)</p> <p>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.</p> <p>We would also draw attention in this context to the planned programme of the Centre for Ageing Better which aims to share and</p>		

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	<p>apply evidence to help people age better. http://www.ageing-better.org.uk/our-work/topics In its recent topic list it has identified homes and neighbourhoods as being critical to enabling people to remain independent and has set an agenda on this area - one action being to synthesise evidence about which home design and adaptations are most cost effective. In their report they state that providing adaptations to support an older person to remain at home for just one year can save £28,000 on long-term care costs (http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/making-health-care-systems-fit-ageing-population-oliver-foot-humphries-mar14.pdfliver et al 2014)</p> <p>Including a consideration of people’s housing needs and circumstances in the NICE quality standard would not only help to deliver better quality for people but also save on health costs.</p>		

Please email this form to: QStopicengagement@nice.org.uk Closing date: 5pm on Monday 21st December 2015