Developing integrated, impartial information and advice about housing and related care and finance
A guide for commissioners

A Summary

This guide is based on the experience of EAC FirstStop[i] working with local FirstStop partners. It offers commissioners model clauses which can be used in specifications describing services providing housing and related care and finance advice for people in later life.

It includes a number of options to enable commissioners to make use of clauses and/or sections which are relevant to local circumstances.

B Introduction

The Care Act 2014, and Guidance, places new duties on local authorities to ensure that integrated information and advice services covering social care, housing and related finance are available to all. There is also growing pressure on the NHS and Social Care to move towards prevention and away from crisis interventions such as when older people are admitted to hospital.

Integrated information and advice plays an important role in prevention, a significant element in the Care Act, as well as in the delivery of key outcomes and targets for Adult Social Care, the NHS and Public Health. These connections are clearly set out in the ADASS endorsed report, **Making the Case for integrated, impartial information and advice about housing and care for older people[ii].**

National government has supported pioneering work to demonstrate the value of such integrated information and advice through the EAC FirstStop programme. A recent independent evaluation[i] concluded that the Department of Communities and Local Government investment of just under £500,000 to fund 16 local pilot projects has resulted in £11.5 million annual savings arising from the avoidance of falls, unplanned hospital admissions and GP appointments.

This guide is set out in a series of sections and includes model clauses to enable commissioners of services providing information and advice about housing options and related care and finance for older people to develop a specification for such services.

It includes options to enable commissioners to use the clauses and/or sections which are relevant to their local circumstances. Commissioners may wish to supplement clauses from this guide with additional clauses reflecting local priorities, taking account of other local services which may support the delivery of the required outcomes.

[i] For further details see Notes at the end of this Guide
[ii] http://careandrepair-england.org.uk/wp-content/uploads/2014/12/Making-the-Case-final.pdf

Commissioners will also want to consider how services can be designed to offer best value and provide people with information and advice which best meets their needs. They may also wish to consider a variety of ways to access and deliver information and advice including face to face advice for those with more complex needs, together with telephone and web-based services and volunteers for peer to peer support.

In particular commissioners may wish to consider developing local services in partnership with **EAC FirstStop**[iii] and with **Care & Repair England's Silverlinks programme**[iv].

Where sections are sub-divided into a), b) etc... these denote possible alternative groupings of clauses under that particular heading. It is not expected that all the sub-divisions would be required in a commissioning framework.

C Model specification

C1: Overall aims of the Service

a) The Provider will develop innovative and flexible services which are focused on enabling older people to live safely and well in their homes, supporting independence, minimising avoidable risks and reducing the need for care (including unnecessary hospitalisation, premature admission to residential care etc...).

b) The Provider will provide clear, comprehensive, impartial information and advice with regard to housing and related care and finance options in later life to enable older people to make an informed choice regarding:

- remaining in their own homes or finding and retaining suitable alternative accommodation
- feeling safer, warmer, healthier, more independent and more secure in their homes
- avoiding unnecessary medical or social care

c) The Provider will develop partnerships and referral arrangements with other local or national agencies (e.g. EAC FirstStop and Care & Repair England's Silverlinks programme) which provide impartial information and advice about housing options and related care and advice, making best use of available resources and offering different ways to access information and advice as appropriate to the circumstances of the older person and/or their family member or carer.

By providing independent and impartial information and advice on housing options and related care and finance for older people and/or their carers/family members the Provider will:

- support wellbeing and maximise independence
- enable advance planning about later life living arrangements
- broker timely interventions which will enable older people to remain in their own homes or to return to their existing home [or to a suitable alternative home] from hospital without unnecessary delay
- enable the effective delivery of community-based solutions which support independent living
- help prevent, reduce or delay people's dependence on more intensive and acute services

[iii] For further details see Notes at the end of this Guide
[iv] For further details see Notes at the end of this Guide

C2: Meeting strategic objectives

The Service delivered by the Provider should contribute to the following strategic objectives:

- Enabling older people to live independently, safely and well in their own homes for as long as they choose
- Enabling older people to exercise as much choice and control over their home environment as possible
- Supporting people to access and retain appropriate alternative accommodation where this will best meet their needs and will enable them to continue to live independently, safely and well
- Reducing disrepair, reducing significant hazards to health and safety and improving housing conditions
- Reducing accident risks in the home that could lead to preventable injuries and hospital admissions, including through falling, trip hazards and fire risks
- Improving energy efficiency, reducing fuel poverty and contributing to a reduction in excess winter deaths
- Improving older people's sense of safety and security
- Improving independence and mobility within the home
- Increasing economic wellbeing by encouraging investment in people's own homes and maximising their income
- Reducing or delaying the need for primary and secondary health and social care such as GP visits, hospital admissions, re-admissions or residential home care admissions
- Working with partners to ensure rapid, well managed discharge from hospital
- Delivering value for money through supporting the effective use of public expenditure, including grants and loans, and facilitating self-funding by Service Users where appropriate

C3: Service principles

The Service will be delivered in line with the following principles:

- The Service will be person-centred and flexible, and will provide individuals with information and advice which is impartial and tailored to their personal circumstances. It will be confidential, professional and accurate
- Support will always be focussed on building on people's own interests, resources and capabilities. The Provider will actively promote the involvement of informal support networks (e.g. extended family, friends, neighbours and community groups) in helping to maintain the independence, health and wellbeing of individual older people
- The Service will aim to enhance independent living at home, preventing or delaying the need for more intensive health and social care support.
- The Service will promote and ensure the safeguarding of all those who use the Service
- Individual and cultural diversity needs of service users will be respected at all times

C4: Who will use the Service?

The Service is designed for [below is a list of possible options]:

- people aged 55 and over, particularly to encourage later life planning ahead
- people aged 75 and over
- people aged 60 and over and in one or more of the priority groups identified below

    - people in hospital or at risk of hospital admission/readmission in order to reduce delayed transfer of care
    - people who have been identified as most at risk of falls/who have had a recent fall
- older people living with long term health conditions
- people aged X and over who have been identified as having difficulty sustaining independent living
- people aged 60 or over who may be socially isolated or have other housing-related social or care needs which may lead to increased demand on statutory care services
- The Service is for people living in [any tenure/owner occupiers/private sector tenants/social housing tenants]

C5: Referrals to the Service

a) The Service will accept referrals from any source, including self-referrals.

b) The Service will act as a second-tier information provider. As such it will not accept direct referrals from older people but will instead accept referrals from other services and agencies including [local agencies may be added here].

The Provider will work collaboratively with referral agencies to ensure referrals are appropriate and to minimise the need for further onward referrals.

C6: Service user involvement

Service users should be personally involved in any decision making process that affects their lives and the Provider should only act with the agreement of the service user and/or their carer when appropriate.

a) The Provider will consult and involve service users and their family members to ensure their views are included in the development, implementation and monitoring of the quality of this Service.

b) The Provider will promote regular consultation with service users in order for their views and experiences to be used as a tool for performance monitoring and continuous service improvement.

C7: Service Model (these are example delivery options taken from local partners)

a) The Service will:

- provide a coordinating and brokerage function, supporting and enabling access to a range of services and support to enable service users to continue to live safely and well at home, including comprehensive knowledge of local health and social care services that can meet the needs of older people (e.g. continence advice, falls prevention service) and will work with local health commissioners and providers to support the achievement of health and wellbeing outcomes
- be delivered via a model of community engagement, social inclusion and participation. Where appropriate and practical this should include opportunities for services users to be involved in the delivery of the Service particularly through peer support and participation in housing and care options presentations as ‘experts by experience’
- make use of all available channels of communication to enable people to get the information they need, including by phone, e-mail, internet, leaflets, letter or face-to-face in local offices or at home

- put in place an effective programme of promotion and publicity and proactive identification of customers, ensuring that under-represented groups are aware of the Service, with a particular focus on developing targeted services which reach out to those most at risk, people who are socially isolated and people with no previous contact with statutory services

b) The Service:

- will have an adviser(s) trained as a Trusted Assessor to enable the assessment and provision of minor items of equipment without the need for referral on to a third party. (A Trusted Assessor is someone who has successfully completed an accredited training course in the assessment, use and fitting of basic daily living equipment)
- will work in partnership with relevant agencies to source appropriate equipment e.g. smoke detectors from the Fire and Rescue Service
- work collaboratively with local partner agencies who can offer further support. This may include statutory and voluntary and community sector organisations (e.g. Integrated Community Equipment Store and the Home Improvement Agency)

c) The Provider will:

- provide housing related information, advice and practical support to enable service users make informed choices about the appropriate housing options to meet their health, care and support needs

- provide comprehensive information, advice, signposting and liaison with other agencies, to enable independence, safeguarding, social and welfare needs to be met

- provide a high quality person-centred service that promotes choice and control for the individual

- work with other partners to reduce the risk of admission to hospital or a care home, and enable service users to develop their capacity for independent living, working together with other family members and carers

- assist individuals to identify repairs, maintenance, improvements and simple equipment to enable independence using a range of resources including statutory grants, charitable funds and service users' own resources

- provide comprehensive information, advice and practical support to enable service users to choose and move to alternative housing where this will best enable them to continue to sustain independent living

- maximise opportunities for customers to take up other services which could improve their health and wellbeing as well as those that support them to maintain or increase their independence, including provision of advice about welfare and disability related benefits

- the Provider will work closely with other advice services provided by the Council and by voluntary and community sector providers to ensure customers can access a range of advice and information relevant to their needs and aspirations, including accessing appropriate levels of financial advice including independent financial advisers
- provide advice on home safety and security, energy efficiency, and reducing fuel poverty through affordable heating

d) The Service will include the following elements:

Housing and care options assessment and casework

The Provider will:

- discuss with each individual their housing and related care and finance needs and options, including issues relating to health and safety, affordable warmth and home security, and will provide advice and casework as appropriate to enable them to gain and/or retain the ability to live safely and well at home

- take account of any identified health and social care needs for aids, adaptations and assistive technology. Where there is an identified support need the Provider will support service users to access such provision. [The Trusted Assessor – *if there is one* - will be authorised to prescribe low levels of simple equipment as part of this assessment Service users should be referred into any other relevant services, where appropriate]

- Where the need for different accommodation is established and a move is agreed as an outcome, the Provider will support service users to consider their options and take the necessary steps to move to more suitable accommodation. This could include help to make housing applications and help to co-ordinate practical aspects of the moving process

- Where appropriate the Provider will provide advocacy support for service users bidding for homes under Choice Based Lettings schemes to ensure that their banding fully reflects their housing needs including liaising with other services (including GPs) to ensure the service user's needs are fully recognised

Tackling Social Isolation

The Provider will:

- Actively reach out to people who are not engaged with services or their communities

- Develop strong links with other services in the local communities in which they operate and will maintain a comprehensive and up to date knowledge of the opportunities for social and leisure opportunities

- Develop referral pathways with external agencies and departments delivering related services, including broader wellbeing and social engagement services

- Support service users through the provision of information and advice and through brokering service provision for preventative services which may help to reduce social isolation such as befriending, social activities etc.

Economic Wellbeing

The Provider will:

- Give advice and support on benefits and benefits entitlement, and will sign-post to specialist services including independent financial advisers

C8 Outcomes

C8.1 Overarching outcomes for people using the Service

- Older people are provided with a wide range of information that will enable them to make informed decisions about their housing and care choices and maximise their wellbeing
- Older people receive targeted preventative services or assistance at an early stage that will help them remain independent in their own homes and communities or to move to alternative accommodation better suited to meet their needs
- Older people, particularly those who are frail and vulnerable, are able to live safely, warm and well, and feel secure

C8.2 General Outcomes *(It is important to be clear that the outcomes expected can be simply measured and might include self-reported outcomes)*

a**) The Provider is required to work in partnership with commissioners, family members, and other local partners in order to contribute to the following outcomes:**

- Enabling independence, particularly following hospital discharge, working closely with re-ablement services and other community-based preventative services
- Reducing or delaying the need for paid for services through the avoidance of care home admissions
- Ensuring that where necessary people are supported to move to appropriate accommodation which will best enable them to retain their independence and community connections
- Supporting the local authority to make the most effective use of disabled facilities grants by providing a comprehensive review of housing options for all applicants aged 55+

b) The Provider is expected to achieve the following outcomes

i) Prevention:

- Reducing the risk of falls by older people at risk
- Reducing avoidable use of health or social care services, in particular admissions to hospital, residential care or the use of paid for domiciliary care services
- Reducing the risk of hospital admissions through work to improve home safety and accessibility

ii) Independent living:

- Enabling older people to continue to live independently, safely and well at home
- Increasing older people's use of community based services which support independence and help reduce isolation
- Supporting moves to more appropriate accommodation which facilitate continued independent living
- Enabling prompt and effective hospital discharge by brokering housing-related solutions and community support

c) The Service will achieve the following outcomes. Service users:

- will experience improved wellbeing and are better able to manage long-term health conditions or disability
- are able to be discharged from hospital without delay and avoidable admissions to hospital are minimised
- feel safer and more secure in their homes and in the community
- continue to live as independently as possible in their own homes, preventing or reducing the need for paid-for services and preventing or delaying the need for residential care and/or hospital admission
- are signposted to services that support them to maintain their independence and reduce social isolation
- will experience improved economic well-being including increased take up of welfare benefits and better management of personal finances.
- living in unsuitable housing will find and move to more appropriate accommodation
- will access assistive technology, equipment, aids and adaptations

C9 Links to statutory outcomes frameworks

The support provided should contribute to supporting the delivery of the following statutory outcomes:

- Helping to reduce the number of people admitted to hospital, residential and nursing care homes (link to ASCOF[v] 2, PHOF[vi] 4.11 and NHS[vii] 3a)
- Reducing dependency on intensive services and enabling people to continue to live safely and well at home (link to ASCOF 2B and NHS 3b)
- Enabling people to receive support in an appropriate setting and enabling independence (link to ASCOF 2C, NHS 3.6i)
- Supporting people to manage their long term condition(s) (NHSOF 2.1)
- Helping people feel safe and reducing the number of falls which result in serious injury (link to PHOF 2.24, PHOF 4.14, NHS 3a and ASCOF 4A & 4B)
- Helping to reduce the number of people experiencing fuel poverty (link to PHOF 1.17 & 4.17)
- Helping to reduce social isolation (link to ASCOF 1 I, PHOF 1.18.)
- Enabling greater choice and control (link to ASCOF 1B, 1C, 3c & 3D)

C10 Outputs

The service should lead to an increase in:

- numbers of people helped to find alternatives, including support to move to suitable accommodation
- number of people enabled to live safely and well at home following the 6 week reablement provision
- number of people provided with 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

[v] Adult Social Care Outcome Framework - https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-ascof-2015-to-2016
[vi] Public Health Outcome Framework - https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency
[vii] NHS Outcome Framework - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/385749/NHS_Outcomes_Framework.pdf

- number of people whose needs have been met without recourse to a Disabled Facilities Grant

C11 Quality assurance

In providing high quality, person-centred and impartial information and advice the Provider should be able to demonstrate compliance with recognised and wherever possible accredited advice standards such as the Advice Quality Standard[viii].

As a minimum the Provider should meet the quality standards set down in FirstStop's Quality Standards Framework 2014 - http://www.firststopcareadvice.org.uk/resources/quality-assurance/qa-standards/

The Provider should incorporate feedback from service users and their family members in any quality assurance framework.

NOTES

1) EAC FirstStop

FirstStop is a voluntary partnership of national and local organisations, led by EAC, and dedicated to providing comprehensive information and advice about housing, care and support, plus related financial matters, to older people.

The FirstStop Advice service is delivered via a website, a national advice line, a network of local casework /advice services and, increasingly, peer support services. Customer volumes include 4million annual website users, 18,000 national Advice Line clients and 20,000 local clients.

For more information - http://www.firststopcareadvice.org.uk/abt/
Email – info@firststopadvice.org.uk

2) Silverlinks

The Silverlinks programme, developed by Care & Repair England, aims to enable older people who are facing life changing choices concerning their homes and living situations to make well informed decisions. It does this mainly by:

- linking older people who are facing a major housing/ care decision with those who have dealt with a similar situation so that they can offer 'peer to peer' support
- running a range of *'Housing & care options in later life'* awareness raising workshops & training for older people, volunteers and professionals. The aim is to cascade greater knowledge to enable informed decision making and also to encourage more people to plan ahead. This work includes enabling older volunteers to undertake 'outreach' talks and events, pre-and early retirement workshops, pass it on training & others
- Most pioneer sites are closely linked to local FirstStop partners as they are complementary to the specialist advice worker role

For more information - http://careandrepair-england.org.uk/silverlinks/
Email – info@careandrepair-england.org.uk

[viii] http://advicequalitystandard.org.uk/

3) Referral protocols

The effective delivery of housing and care options advice services requires the development of clear referral pathways, together with protocols covering issues such as data collection and data sharing. As referral arrangements vary this guide does not include specific model clauses. For a discussion on some of these issues please see Signposting, Referral and Referral Networks – Discussion Document[ix]

4) Monitoring and evaluation

It is essential that housing and care options advice services collect data to enable the service to be effectively monitored and evaluated. The comprehensive collection of data will also enable services to provide evidence regarding their impact and value for money. Data for monitoring and evaluation may be collected using existing data collection tools (for example, Charity Log[x] which is used by many local Age UK organisations or Foundations' HIA Case Manager[xi] , used by Home Improvement Agencies).

EAC can also provide a simple Excel-based monitoring framework for capturing data about outputs and outcomes delivered by housing and care options advice services. EAC can also provide straightforward data collection tools to capture feedback from service users incorporating some of the key outcomes of the Care Act 2014.

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[ix] http://asauk.org.uk/wp-content/uploads/2013/09/Signposting-and-Referral-Networks-Discussion.pdf
[x] http://www.charitylog.co.uk/
[xi] http://www.foundations.uk.com/about-us/our-services/hia-case-manager/