



Comment on Proposals to Introduce a System of Reimbursement around Discharge from Hospital by Care & Repair England

1. About Care & Repair England

- 1.1. Care & Repair England is a national charitable organisation established in 1986 to improve the housing and living conditions of older and disabled people. Its aim is to innovate, develop, promote and support housing policies and initiatives which help older and disabled people live independently in their homes for as long as they wish.
- 1.2. In February 2002 Care & Repair England published a report (*On The Mend*) which examined the role of a range of hospital discharge services, particularly those which enabled older people to return to their own homes through carrying out home repairs and adaptations.
- 1.3. The charity also presented evidence to the House of Commons Health Committee Inquiry into delayed discharge from hospital and made a number of recommendations with regard to improving discharge through addressing related housing needs.
- 1.4. Therefore our comments on this proposal are primarily based on our experience of the needs of older and disabled people who are returning to their own homes after their time in hospital and the way that housing can play a central role in a persons ability to live independently post discharge.

2. General Comments about the Principle of Reimbursement

- 2.1. Concern that this will have a negative impact on partnership working.
 - 2.1.1. Whilst fully acknowledging that there is a problem with current practices around discharge, we are concerned that these can only be solved through greater partnership working between housing, health and social services.
 - 2.1.2. To achieve this there needs to be a positive attitude to co-operation and the move towards pooled budgets and a move away from a finance driven, 'blame culture' has helped in some areas to improve practice.
 - 2.1.3. We are therefore concerned that the proposed system would set back this partnership agenda and contribute to the growth of a new area for financial disputes which would not ultimately bring about benefits to patients.
- 2.2. Concern about creating a disincentive for health services to financially contribute to joint initiatives which improve discharge arrangements

2.2.1. Joint commissioning of services which improve discharge arrangements has been encouraged by a series of government policy and guidance documents. Our research into home improvement/ adaptation related hospital discharge services revealed that with a few exceptions, the main bodies funding such initiatives were social services and housing. It has proved extremely difficult to persuade health bodies to make a fair contribution to such initiatives even when financially they would benefit from faster discharge arrangements.

2.2.2. Should the current proposals be adopted there would be even less incentive for health sector commissioners to contribute financially to such services as the financial burden of delayed discharge would be transferred to social services and housing.

2.3. Concern about inappropriate discharge arrangements

2.3.1. There is also a general concern that the proposals could lead to inappropriate discharge arrangements. There is some evidence that whilst delays in discharge are decreasing, readmission rates are increasing. Financial pressure could result in older people being discharged to an inappropriate home, or before adequate support packages could be put into place. Again, this would not benefit the person, which ultimately should be the aim of any new system.

3. Specific comments

3.1. Associated housing related services

3.1.1. One of the main services provided by housing authorities which relates to hospital discharge is assistance with adaptations. The problems with disabled facilities grants (DFGs) have been extensively documented by many parties, including the Audit Commission.

3.1.2. It is also widely recognised that the current arrangements for adaptation of the homes of older and disabled people are highly unsatisfactory, with a complex array of funding streams and departmental responsibilities causing confusion and delays.

3.1.3. Delays in completion of the adaptations necessary to enable a person to leave hospital and live independently can be caused by a number of factors, including

- lack of money available for adaptation grants (LAs are provided with a fixed pot of money by central government for DFGs and in many areas demand far outstrips supply)
- flawed administrative systems
- shortage of specialist staff, particularly occupational therapists
- shortage of suitable builders and related technical problems

3.1.4. Clearly not all of these factors are within the control of the housing authority. There could be significant scope for disputes over responsibility if a reimbursement system was applied in the case of DFGs.

3.1.5. There is also an issue with regard to the speed at which adaptations can realistically be completed. Whilst many medium scale works (bathing/ access/

stairlifts) could be organised within weeks, more major adaptations can take many months to complete.

- 3.1.6. To therefore suggest 3 days to put together a care plan (which is supposed to address housing need) in the case where adaptations are needed is an unrealistically short timescale.
- 3.1.7. Whilst there are options in some areas for discharge to alternative, temporary accommodation whilst the adaptation is being carried out, this is not yet an option in every area. Furthermore, the proposal would create a disincentive for the health sector to financially contribute to these alternative housing arrangements (In the example of good practice cited in *On the Mend* health sector funding was being used to meet the cost of retaining a sheltered housing unit for temporary accommodation whilst adaptations were completed).
- 3.1.8. The government determined DFG budget is not adequate to meet adaptation needs in many parts of the country. To penalise housing authorities who do not adapt patients homes fast enough through the introduction of a recharging system does not appear to be either constructive or fair until this resource issue is addressed.
- 3.1.9. A further related function of housing authorities is the provision of financial help for low income owner occupiers whose homes require essential repairs and improvements. Undertaking an essential repair can enable a person to be discharged more safely to their own home and can be a necessary part of a discharge plan (eg home care workers are not allowed to go into a home where there is unsafe wiring).
- 3.1.10. Central government has recently introduced major changes to the provision of help for people in private sector housing and draft guidance on the implementation of these new regulations was only issued in July 02. There will be a one year transitional period during which time housing authorities should discuss their proposed plans for helping private sector householders with health and social services planners.
- 3.1.11. Consideration of hospital discharge schemes is suggested in the guidance. We would suggest that here is a further reason for at least delaying recharging for a year whilst this new related area of policy and legislation is applied.
- 3.1.12. Local housing authorities are also awaiting (overdue) government guidance on drawing up their strategies for housing older people. They have to submit these plans in the summer of 2003, yet further reason to at the very least postpone the introduction of recharging.
- 3.1.13. One general point with regard to housing. We are concerned that further financial pressure on social services with regard to getting people out of hospital more quickly would increase the incentive to admit older people into residential or other institutional care, as this may be a faster option than adapting a person's existing home and putting together a care package. Furthermore, forced sale of a person's home reduces the financial cost to the authority as the person then has to meet their care costs from their own assets. This is counter to the stated intention of assisting more older people to live independently in their own homes.

4. Conclusion

We fully agree with the statement that the area of delayed discharge is one that needs further action to ensure that past progress is maintained and improved. We believe that the way to do this is to provide tightly controlled extra funding to create and promote beacons of good practice, including development of housing related hospital discharge services, and we would welcome the opportunity to work with the Department on this issue.

In conclusion we would suggest that;

- the proposed recharging system should not be implemented as it would have a negative effect on joint working
- if it is decided that the system will go ahead it should at least be delayed until 2004, during which time the Department should fund and promote models and beacons of good practice which avoid the need for recharging. This also fits in with the introduction of new legislation and guidance for local housing authorities with regard to their private sector housing policies and older people's housing strategies
- a fundamental review of the home adaptations system is undertaken
- there should be a significant increase in the level of central government funding for adaptations, particularly for disabled facilities grants.

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