



Evidence to the House of Commons Health Committee
Inquiry into Delayed Discharges

By Care & Repair England

CONTACT DETAILS FOR CARE & REPAIR ENGLAND

Third Floor, Bridgford House, Pavilion Road, West Bridgford, Nottingham, NG2 5GJ

Tel: 0115 982 1527 Fax: 0115 982 1529

e-mail: careandrepair@freenetname.co.uk

website: www.careandrepair-england.org.uk

Contact: Sue Adams (Director) e-mail: sueadams@freenetname.co.uk

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1. Care & Repair England

- 1.1. Care & Repair England is a national charity 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. One of its main achievements over the past 15 years has been the development of local home improvement agencies, often referred to as Care & Repair or Staying Put. These services help mainly older and disabled people who are living in poor quality private sector housing, to carry out essential repairs and adaptations.
- 1.3. The interconnection of housing and health has been at the forefront of Care & Repair England's work. A major part of the wider remit of the charity has been to champion joint initiatives between housing, health and social services at a local service delivery level.

2. This Evidence

- 2.1. The aim of this evidence is to highlight one specific aspect of delayed discharge from hospital – the problem of older and disabled people being unable to return to their own homes until essential repairs and adaptations have been carried out.
- 2.2. It is not a comprehensive submission about all aspect of discharge from hospital but highlights the findings of recent research carried out by Care & Repair England. '*On the Mend**1 examines hospital discharge services which help to speed up this process of repair and adaptation and thereby enable people to leave hospital faster.

Mr Watt is a private tenant. He was unable to be discharged from hospital because his landlord refused to mend a dangerously broken banister. Discharge was delayed for 6 weeks whilst both social services and health authority solicitors were involved in negotiations with the landlord's solicitor. The hospital discharge service was approached and they immediately sent in the handyperson (acting upon the clients instruction) and the banister was repaired within hours, enabling Mr Watt to return home immediately.

Source: *On the Mend**1'

3. Housing and Health

- 3.1. Poor housing has an adverse effect on people's health and contributes to delayed discharge from hospital and higher readmission rates. Whilst to date these have not been quantified in detail, the Standing Committee on Public Health*2 estimated that the cost of poor housing to the NHS could be as much as £2.4 billion p.a.
- 3.2. There are 1.5 million unfit homes in England *3, with an estimated 2 million in need of adaptations*4. Most of these homes are owner occupied*5, and most are lived in by older people, with women over 80 being by far the most likely to be living in poor housing*6 and ethnic minority households also more likely to face poor housing conditions*7.

4. How Do Housing Conditions Impact On Hospital Discharge?

In two main ways:

- i) When an elderly or disabled person is waiting to leave hospital, their home may be visited by an occupational therapist or social worker to check that it is suitable. If the home is found to be unfit or in need of adaptation, there may be considerable delays whilst work is carried out. During this time the person may remain in hospital or be sent into residential care, both of which are expensive options if the person does not actually need the associated medical and care services. *8 note Audit Commission research

- i) A person may be discharged back to a home which is unfit and not adapted (see attached Appendix A - Description of the experience of Mrs Wood). This in turn can lead to further health problems and re-admission to hospital.

5. Is There A Solution?

- 5.1. Delayed discharge from hospital is a complex problem and there are no simple solutions. Whilst the falling number of residential and nursing care places is a significant factor, the vast majority of older and disabled people leaving hospital are returning to ordinary homes in the general housing stock. Ensuring that those homes are fit and adapted can contribute both to fast and effective discharge and also to enabling people to live independently.
- 5.2. Home improvement agencies and other service providers have developed effective, fast small repairs and adaptations services which help to improve discharge arrangements and reduce the risk of hospital admission (eg. improving home safety and preventing falls, repairing heating systems in order to improve respiratory problems and avoid hypothermia).

Mr Dunn is 90 yrs old. He lives alone in his own leasehold flat. Following several months in hospital after a fall, he was referred to the hospital discharge service when he was medically fit. The social worker felt that he could not be discharged to his unfit home and he was offered residential care, which he refused. The hospital discharge scheme caseworker arranged a home visit with Mr Dunn and a care manager. The flat was extremely cluttered and dirty with no hot water in the kitchen, an inaccessible bath, broken lavatory and a large hole in the flat roof over his kitchen. With Mr Dunn's agreement clearance and cleaning of the flat was arranged and applications made for 3 minor works grants for installation of a shower, a new lavatory, repairs to the roof and a hot water boiler. A community care grant was obtained for a bed, cooker and fridge. The care manager arranged for regular home care and Mr Dunn is now happily living independently at home.

Source: 'On the Mend'

- 5.3. The majority of the people being helped by these services cannot afford to pay for the necessary building work. The most effective housing related hospital discharge services have rapid access to funds (usually via the local housing authority or social services) to meet the cost of small repairs and adaptations.
- 5.4. Where the local housing authority, social services and the health authority all work together and each allocates resources for hospital discharge repair and adaptation costs, the most effective hospital discharge services can be established.

In Bristol, social services provide the home improvement agency with a budget for small adaptations, the housing authority makes available a ring fenced home repairs assistance grant budget (operated on a fast track system) for hospital discharge cases, and the health authority co-fund a handyperson service. Consequently, many repair and adaptation jobs are completed within 24hrs and the majority done within a week.

6. Conclusions

- 6.1. If national targets for improved hospital discharge, improved health and an increase in the numbers of older and disabled people living independently in their own homes are to be achieved, a national housing strategy is needed to ensure greater coherence of public assistance for low income people living in private sector housing.
- 6.2. The imminent ending of a national framework of grants for low income homeowners and the introduction of a new general discretionary power for local housing authorities to provide assistance in the way that they may choose to tackle poor housing could impact on discharge from hospital.

6.3. A positive impact would be the innovative use of this new general power, such as the provision of a rapid response fund for use by hospital discharge services. Housing authorities could be encouraged to develop a radical new private sector renewal policies in partnership with health and social services, pulling together a whole systems approach to housing and hospital discharge. However, there is the significant threat of further reduction of any financial help for low income people in poor private sector housing, with further burdens on the health sector resulting from this

7. Recommendations

- 7.1. The process of discharging patients from hospital should include a full assessment of the home that they are returning to, both with regard to unfitness and adaptation. An understanding of housing repair and adaptation options should be incorporated into the training of all community health professionals. *9
- 7.2. Primary Care Trusts (and future Care Trusts) should be required to develop and support fast track small repairs and adaptations services, incorporating accident prevention and home safety measures.
- 7.3. The forthcoming guidance (currently being drafted by The Department for Transport, Local Government and the Regions) setting out the framework for local authority private sector housing strategies should require local authorities to:
 - a. address how their proposals contribute to the Health Improvement Programme, the Joint Investment Programme and discharge from hospital process
 - b. consider development of a special 'rapid reaction' joint fund (with financial contributions from housing, health and social services) to meet the cost of urgent small repairs and adaptations in the homes of people who are either at risk of hospital admission or who cannot be discharged from hospital until such work can be undertaken.

APPENDIX A

I can tell you from my personal experience about the difference that help with housing problems can make to the lives of people like me.

I came to England from Jamaica in 1963 and trained to become a cook with the London Bus Company. I am 71 now and I have lived in my small townhouse in Hackney for over 30 years. My kitchen and toilet are the only rooms on the ground floor.

After a stroke this year I could only go home from hospital because my bed was brought down to the kitchen. The carpet on the floor was old and frayed and I kept falling. I couldn't go upstairs to my living room, bathroom and bedroom except by crawling there and then I fell. I had a bath once a week when my daughter took me to her home in Dagenham.

I was so upset that I might have to leave the home I loved so much.

All that worry has gone now with the help of Peter, the caseworker from the Hospital Discharge Project. He got me a grant for a new carpet downstairs and handrails and then arranged with social services for a stair lift and walk-in shower to be fitted.

Now I can wash whenever I want and sleep in my own bedroom.

Peter also discovered that I wasn't getting my rightful benefits and when I claimed them my weekly income went up by £78 per week and I no longer have to pay council tax. You cannot imagine the difference that has made to me. I was then put in touch with Sharp End Centre where I go for exercise and some company.*

My home is so important to me and I want to stay here for as long as I can. I feel so comfortable that I have someone like Peter and my home care worker alongside me.

I hope that other people like me wherever they live also will be able to get this help because I know how much has meant to my life.

by Mrs Evelyn Wood, about her experience of Hackney Staying Put Hospital Discharge Service

** Sharp End was one of the first Healthy Living Centres and provides exercise, alternative therapies and counselling for older people.*

APPENDIX B

REFERENCES

- *1 On the Mend, Care & Repair England, 2001
- *2 The Standing Conference on Public Health (SCOPH) Working Group Report, cited in Housing for Health, NFHA 1995
- *3 The English House Conditions Survey, 1996 and The State of UK Housing publ. Policy Press, 2000
- *4 OPCS
- *5 As for *2 above
- *6 The State of UK Housing (as above)
- *7 The State of UK Housing (as above)
- *8 The Way to Go Home: Rehabilitation and remedial services for older people. Audit Commission, 2000
Fully Equipped: The Provision of Equipment to Older and Disabled People by the NHS and Social Services in England and Wales, The Audit Commission, 2000
- *9 Healthy Homes Assessment Training for health care professionals has developed and piloted by Bristol Care & Repair. This was shortlisted for the Department of Health 2001 Health and Social Care Awards.