

Norfolk District Councils – local authority in-house home improvement agencies

Good practice theme

1. Partnership working to facilitate rapid and safe hospital discharge arrangements through home improvement agencies

Context

The large rural county of Norfolk has a population of 898,400 with an above average older population (21% of the population are over 65 years vs 18% UK average).

There are seven district, borough and city councils. Five of those authorities (South Norfolk, North Norfolk, Breckland, Broadland and Norwich) were involved in the 'District Direct' initiative described below.

The issue of delayed transfers of care across England and the impact on patients has been well documented. It is known that one of the contributory factors in some of the longest delays relate to housing circumstances including homelessness and property accessibility and condition.

By 2016 in Norfolk the Better Care Fund Integrated Team was already established with hospital discharge protocols agreed with district councils. However an officer in South Norfolk Council in the Healthy Living Service was tasked with ensuring closer and more effective working practices in this topic area as it was suspected that the content of the protocols was not sufficiently known and embedded in relevant service areas across Norfolk.

In 2017 a series of meetings were held with a wide range of managers and practitioners in the health, care and housing sectors for a candid discussion of how best to address the delayed transfer of care issue and hence confer better health outcomes for patients.

Older people over 65 was the main focus for improvements as even those in reasonable health entering hospital can over a ten day period lose 14% of their hip and muscle strength, 12% lung capacity and experience an overall decline in mobility and fitness. For an older frail patient the impact on their life expectancy and independence is life changing not least because those entering a temporary residential placement are more likely to remain there. This is not usually the preference of older people themselves or their family and can involve major costs for them and the statutory sectors.

Thus the aim of the meetings was to agree a way of working that minimises negative outcomes arising from hospital admissions and instead develop services that facilitate a rapid discharge to a safe home environment.

A fundamental requirement for housing interventions to work effectively in this context was a notification of a patient's circumstances as early as possible and not at the point of intended discharge. This essential requirement helped shape the development of the District Direct pilot scheme involving housing practitioners from five district councils which was scoped in May 2017 and launched in September 2017.

1. Partnership working to facilitate rapid and safe hospital discharge arrangements

Resourcing the pilot scheme

The District Direct pilot was initially resourced by five district councils (South Norfolk, North Norfolk, Breckland, Broadland and Norwich) for a twelve week period. One officer from each council was seconded, each on a one day per week basis and physically located within the Norfolk and Norwich University hospital integrated discharge team.

At the time of launch each authority were allocating the same level of commitment to the initiative although they did not know the proportion of patients from each authority area who would ultimately benefit from the scheme. Hence the arrangements relied on local councils taking a risk in good faith at that time.

It was a conscious decision that the professional backgrounds and skills of the five individuals would be wide ranging so that there could be learning from each other. However at its inception it was recognised as important that some of the respective skill sets included experience of homelessness, housing adaptations and welfare benefits. For the scheme to operate effectively there was also an element of trust between the councils as on any particular day an officer could be assisting individual patients residing in any of the other council areas so a knowledge of services across the five council areas was vital. Arrangements to cover absence due to leave or sickness were also required.

One of the factors viewed as enabling this initiative to be established was a track record of joint working by the participating councils. This included developing a common set of principles arising from a review of adaptations to reduce waiting times for adaptations in 2010 and subsequently meeting regularly to identify and address emerging issues within the county.

How the scheme operates

Each of the five officers was co-located in the integrated hospital hub and importantly had access to hospital information systems. District Officers working within the hospital signed up to a data sharing agreement, all data was collected within the NNUH system and only anonymised data was shared outside of the system. All patients within the service sign a consent form to share their personal information for the purpose of discharge. The hospital discharge coordinators employ a triage process via a series of five key questions to identify patients at the point of admission who display the potential to experience a delay in the discharge process. The questions relate to:

1. whether they have a permanent home address
2. the tenure of the home
3. accessibility in the home including use of facilities
4. an ability for them to undertake small repairs or modifications in their home and
5. whether they have regular and frequent contact with one or more people.

Dependent on the answers to those questions, and with consent of the patient, they are then referred to the District Direct officer on duty.

That officer will visit that person on the ward, undertake an assessment, liaise with the patient's home district and put an action plan in place with the patient (and the patient's family if they have one) to support them to return home safely and maintain their independence as much as possible.

All five councils operate their own in-house home improvement agency which for this initiative included a co-located occupational therapist resource. Agency staff have received basic assessment training from Adult Social Care (formulated by both districts and ASC). Assistance through advice and liaison is also offered to patients who live outside of the five participating council areas.

Feedback from the participating officers indicates that in addition to administering individual cases on presentation they have helped give more general advice to health practitioners relating to community based services including housing considerations. Consequently, it is hoped that an improved knowledge of such services can be ultimately shared between groups of health practitioners to the benefit of patients.

Outcomes from the pilot scheme

The pilot scheme was evaluated by the hospital and considered a successful venture by the health and social care sectors and so was extended to March 2018 to fully cover the Winter Pressures period.

In the duration of the initial 17 weeks, leading to the decision to extend the District Direct Scheme until March 2018, it achieved the following:

- Supported 106 patients with 75% being over 60 years of age

- Provided 170 wide ranging interventions with housing adaptations and access issues being the most common, comprising 54% of the total.
- Bed days reduced by 386 on a five day week basis so saving £77,000 in that time period. Extrapolation over 12 months on a seven day week basis would lead to savings of £330,000 for the NHS
- Halved average length of stay in geriatric medicine beds and overall average length of stay for all assisted patients by 42%
- Interest being shown to extend the scheme to other hospitals and mental health inpatient settings in Norfolk

It was subsequently agreed to further extend the District Direct scheme into 2018/19. The scheme has political support, received a lot of publicity and other hospitals in Norfolk considered whether to replicate the arrangements.

An analysis of the home address of all patients receiving support in 2017/18 has been undertaken which shows major differences in the numbers in each local council area. This has not yet led to the reapportioning of resource from each local authority but there is a confidence that if this did occur it would not undermine the cross county partnership working.

Future ambitions

The District Direct scheme has reinforced the importance of capturing and evaluating personal health and wellbeing outcomes arising from housing interventions. Currently across the county there is no standard way of undertaking satisfaction surveys or evaluating outcomes. A combination of Norfolk and Norwich University Hospital, Adult Social Care, Clinical Commissioning Group and District Council analysts are working together to collate both patient and organisational outcome across Norfolk.

The District Direct scheme has generated a more consistent approach in facilitating the initial discharge from hospital to home across the five council areas. However, there are still differences in the way that the Regulatory Reform Order operates in each council for various forms of discretionary assistance. Whilst there is much common ground there is an ambition to reduce those differences so that the service user experience is more similar across the county. The degree of similarity and differences are collated (by the Integrated Housing Adaptations Team Coordinator who operates county wide), within a working document that attempts to demonstrate how each district council contributes to Better Care Fund outcomes.

The scheme has now been mirrored at the Queen Elizabeth Hospital in King's Lynn, drawing on the District Direct learning & funded for the first 12 months by Breckland and West Norfolk council. It was launched in June 2018, with two staff sharing the duties at the hospital, one from the Integrated Housing Adaptation Team & one from the Breckland and West Norfolk housing team.



Contact

Sam Cayford Healthy Living Manager scayford@s-norfolk.gov.uk



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