

# Housing and community care checklist

This checklist covers general issues that local authorities and other agencies are encouraged to consider when developing housing strategies and community care plans, and has been used by Government Offices for the Regions and the Social Services Inspectorate as a basis for discussion of joint planning with local housing and social services authorities.

A fuller version is contained in the joint Department of Health / Department of the Environment, Transport and the Regions guidance for local authorities and other agencies entitled *Housing and Community Care - establishing a strategic framework* (available from Department of Health publications, P.O. Box 410, Wetherby, West Yorkshire, LS23 7LN).

*Note: The terms 'housing', 'social services' and 'health' are used in this document because the organisation of the delivery of these services will vary (eg housing and social services may be different functions of a single department in a local authority, or functions of different departments within an authority, or the responsibility of different authorities).*

## **1. Is joint strategic planning between housing, social services and health being achieved?**

Joint strategic planning and joint assessment are the key elements of delivering community care. The need for joint strategic planning was emphasised in Housing and Community Care circular 10/92 'Housing authorities and social services authorities are asked to co-operate fully in the planning and assessment procedures'.

Housing officers have sometimes found it difficult to access joint planning systems for community care. The best results seem to occur where special arrangements are in place to address the interface with housing. A number of different approaches have proved successful, such as the use of joint strategic panels, joint work on the community care plan or on housing strategy statements, the use of jointly employed staff to develop joint strategies, the nomination of key staff in housing, health and social services to co-ordinate policies.

Sometimes the planning arrangements may involve a group of officers, departments or authorities working together (eg a group of district councils working with the county council). However, action can be co-ordinated by one officer, department or authority taking a lead and progressing work through bilateral contacts with others. Practical guidance on joint planning is given in 'Implementing Community Care - A Framework for Integrating the Housing Agenda', published by the Community Care Support Force.

In preparing the housing input to the joint planning process, housing officers should take account of the views of service users and may need to work with providers, such as housing associations. [see also separate item on involving service users]

The authority should be able to demonstrate that effective mechanisms are in place to enable joint planning between the housing, social services, and other relevant statutory and voluntary agencies.

Social services have lead responsibility for community care, and so should be involved in, or kept aware of, dealings between housing and health, and with care providers.

## **2. How does joint planning on community care link in with the control of and allocation of resources?**

Joint planning must be effectively linked with the control of resources if it is to achieve its purpose. This may be achieved by ensuring that those with control of the authority's resources are fully engaged in the joint planning process, and through other mechanisms, such as working together to joint fund particular projects.

The authority should be able to demonstrate how joint planning can and does influence the application of resources; ie the allocation of existing housing, new housing investment, and revenue expenditure.

## **3. How is housing involved in developing the community care plan and any local Community Care Charter? How is social services involved in developing the housing strategy?**

The National Health Service and Community Care Act 1990 requires social services to draw up a Community Care Plan for their area. Section 46 of the same Act requires them to consult housing in so far as these plans affect or are affected by the availability of housing in their area. In some areas consultation is a formal process:- in others it less so. However it is important that plans are jointly agreed in order to deliver community care services effectively. Joint DETR/DH guidance 'A Framework for Local Community Care Charters' suggests that if the social services decides to prepare a local community care charter, then it should be closely linked to the Community Care Plan.

Lack of evidence of joint work on one or other of these documents may indicate that joint planning processes have not been formed or are not working as intended.

## **4. Are there nominated officers in housing, social services and health with specific responsibility for managing the interface between housing and community care?**

One of the key themes to emerge from the community care seminars and other work in this area is the importance of nominating officers in housing social services and health to be responsible for community care, for carrying out joint planning, for delivering community care services, and to act as contact points if problems arise. One of the development points from the 'Housing and Homelessness' report was that 'Lead managers need to be designated, particularly in SSDs, to take responsibility for co-ordinating community care and housing policy and practice'. Nominated officers need to be sufficiently senior to be able to make an impact within the organisation and externally.

The authority should be able to identify where responsibility rests for co-ordinating the integration of housing and community care services, both within housing, and in social services and the other agencies that housing deal with on community care issues.

## **5. How is housing alerted by social services and health to the housing needs of community care clients?**

Social services are responsible for assessing individuals' community care needs. Section 47 of the NHS and Community Care Act 1990 requires social services to notify housing of any apparent housing needs, and invite them to assist in the assessment. Circular 10/92 'Housing and Community' care states that referral procedures will need to be developed and agreed locally. Also,

under Section 114 of the Local Government and Housing Act 1989, social services have a role in advising housing on applications for disabled facilities grants. Ideally assessments made by health and social services should trigger a housing needs assessment (and vice versa). Institutional and cultural barriers may work against integrating housing and community care assessments and there are also issues of sharing information and confidentiality. Several useful mechanisms might be employed here; the development of joint protocols, the sensible sharing of referral information so that duplication and repetition are avoided, automatic cross referral or the use of a joint assessment panel drawn from housing, health and social services. A more radical approach that might be feasible in some circumstances could be for individuals to be trained to carry out both community care and housing needs assessments.

Information obtained through individuals' assessments may need to be passed on to their housing provider, and should also inform the strategic planning process.

Authorities should be able to demonstrate that mechanisms are in place for information obtained by social services or health to trigger housing needs assessments, that procedures for joint assessment exist and are implemented eg through a joint panel, nominated person or protocols, and that full use is made of the information obtained.

## **6. What action has been taken to provide joint training for housing/social care/and health staff?**

Joint Circular 10/92 'Housing and Community Care' identified the need for training to increase officers' knowledge of services provided by the other partners in community care. The circular said that "housing authorities should seek opportunities to discuss with social services authorities and those working in the voluntary sector the availability of joint training to build mutual understanding and confidence, and to provide a basis for working together". The need for training was also identified in 'Housing and Homelessness' which found that 'Little emphasis was placed on joint training or staff developments within or between organisations'. The joint seminars also saw joint training as a key priority area.

The ability to work together will be much enhanced if staff are aware of the problems, needs and working methods of the other partners delivering community care. Without this mutual understanding strategic planning and the co-ordination of service delivery is made more difficult and artificial barriers will remain.

Local authorities should have arrangements in place for joint training and/or other mechanisms for ensuring mutual understanding of different agencies role, procedures and culture. This may involve secondment of staff or work experience. Other useful tools are briefing sessions on aspects of the authority's work and directories of services.

## **7. Is sufficient, high quality data being collected to inform housing planning and joint work with others?**

The development of good information systems is vital not only in delivering care to individuals but also in informing strategic planning. One element may be the development of a special needs database. This can be used to match individuals with special housing needs with suitable housing and to quantify the level of unmet need to inform allocation policy and investment priorities. Information on accommodation available can be collected through questionnaire and data on applicants with special housing needs by direct approaches made by applicants or through the

housing referral form. It may be useful to jointly develop compatible systems so that data can be shared. Housing providers, such as housing associations, may be able to help collect information and may require it.

The authority should be able to demonstrate that the information it requires to assess and address the needs of individuals and the local population is collected and is accessible.

### **8. Are users' and carers' preferences identified and taken into account in the strategic planning process, in service provision, and in training?**

'Caring for People' stressed the importance of involving users and carers collectively through community care planning and individually through user led assessment and care management (under Section 46 of the National Health Service and Community Care Act 1990 Social Services Authorities are required to consult voluntary organisations representing users and carers). Users and carers may also have a contribution to make on joint training programmes. 'Housing and Homelessness' found that 'there was little evidence of user or carer involvement in Strategic Planning, or of strategic thinking about how housing, social services and health agencies might jointly find ways of working in partnership with users' As well as working with individual users and carers and representative organisations, authorities may wish to establish mechanisms to ascertain users' and carers' collective views, for instance through surveys or by obtaining feedback after people have been provided with a service. As with other aspects of managing the housing and community care interface, housing will need to work closely with social services and other agencies; housing preferences cannot be addressed in isolation from decisions about how to provide the care and other services individuals may require.

Users and carers may need and want different things; authorities need to be flexible in their approach if they are to achieve the best overall solution in any particular case, and they need to have mechanisms for resolving conflicts.

Authorities should be involving users and carers in individual housing assessments, be able to explain how they handle conflicts between the needs and preferences of users and carers, and be able to demonstrate how the views of users and carers influence strategic decision making and planning processes.

### **9. What mechanisms exist to identify and address the housing needs of people who are being treated in hospital**

'Housing and Homelessness' found that 'hospital staff were often failing to identify housing needs through out-patient consultation and in-patient discharge planning'. Ideally a system should be in place to ensure that either the community care assessment (usually undertaken by hospital social workers) triggers a housing needs assessment or that joint assessment takes place. It is important that housing is alerted early about any housing needs, including aids and adaptations to existing housing, to avoid patients returning to unsuitable accommodation or the need to make crisis allocations that do not match people's needs.

Housing providers, including housing associations, also need to know about the special needs of current or new residents in case there are any implications for their housing management work.

Protocols should be in place between health, social services and housing to address the housing needs of hospital patients, and named individuals should be made responsible for ensuring that the protocols are implemented.

**10. What mechanisms are in place to assess and address the needs of people with relatively low level immediate needs, but who nevertheless require service provision?**

People with high levels of need are the first priority for statutory authorities. However, some people with lower levels of needs may be at risk if those needs are neglected. For instance, an individual whose mental illness is under control may appear to have relatively low priority for the allocation of social housing, but settled housing may be an important element in maintaining that control. Likewise the provision of a little ongoing social services or health service support to such an individual may make the difference between them sustaining their existence in the community or their condition deteriorating and them becoming homeless or requiring hospital treatment. Again, the key is to ensure good communication between the authorities in assessing individuals' needs and circumstances, through appropriate protocols and mechanisms (such as joint assessment).

Authorities should be able to show that their assessment procedures and allocation policies are sensitive enough to identify individuals whose immediate needs may appear to be relatively low level, but who should nevertheless have priority for the provision of services because of the potential consequences if those needs are not met.

**11. How does housing co-ordinate the delivery of housing services with the delivery of health and social services?**

Where the authority has its own housing stock, issues arise about liaison between housing workers, social services staff, and health workers. How do housing workers find out about the needs of their clients, any changes in those needs, and the implications for the housing and housing services they require; what do housing workers do if they identify a change in a client's condition or needs? Are protocols in place to enable suitable sharing of client information and to ensure that client confidentiality is not applied in a manner that obstructs work to address individuals' needs and enable them to live safely in the community.

Authorities should be able to demonstrate that they have arrangements in place at the working level to ensure effective liaison with health and social services.

**12. How do authorities ensure that new housing developments and refurbished existing stock intended for people with care needs is designed to accommodate changes in individuals' needs?**

The Housing Corporation framework document 'Housing for older people' emphasises the importance of ensuring that social housing intended particularly for older people is designed to physical standards that enable individuals to continue to live there as they become frailer and minimises the need for people to move from one type of housing to another as their needs grow. This principle is also relevant to housing intended for other special needs groups.

Authorities should be able to demonstrate how they decide what standards they apply to any development work they carry out to provide housing for older people or other special needs groups, and to housing association development proposals that they support.

## **Summary Checklist for Community Care**

### **1. Is joint strategic planning between housing, social services and health being achieved?**

- are there joint strategic panels in place?
- is there joint involvement in the drawing up of the community care plan and housing strategy
- are staff jointly employed in order to develop joint strategies?
- how is the housing authority involved in developing the community care plan?
- are social services involved in, or kept aware of, dealings between housing and health, and with care providers?

### **2. How does joint planning on community care link in with the control of and allocation of resources?**

- how does joint planning influence the application of resources; i.e existing housing, new housing investment, and revenue expenditure?

### **3. How is housing involved in developing the community care plan and any local Community Care Charter and how is social services involved in developing the housing strategy?**

- is there joint working on the area's Community Care Plan and in developing the Housing Strategy?

### **4. Are there nominated officers in housing, social services and health with specific responsibility for managing the interface between housing and community care?**

- are there lead managers with designated responsibility for co-ordinating community care and housing policy and practice within housing social services and other relevant agency?

### **5. How is housing alerted by social services and health to the housing needs of community care clients?**

- are there referral procedures between social services and housing?
- do assessments made by health and social services trigger a housing needs assessment (and vice versa?)
- have joint protocols been developed?
- is referral information shared where appropriate to avoid unnecessary duplication?
- is there automatic cross referral?

### **6. What action has been taken to provide joint training for housing/social care/and health staff?**

- is there a joint training action plan?
- is there a jobswap or a job experience scheme between authorities in place /planned?
- are there secondments between authorities?
- are there joint briefing sessions?
- is there a 'Directory of Services' for each authority?

### **7. Is sufficient, high quality data being collected to inform housing planning and joint work with others?**

- is there a special needs database to match individuals with special housing needs with suitable housing and to quantify the level of unmet need to inform allocation policy and investment priorities?
- is data shared with other housing providers, such as housing associations?

**8. Are users' and carers' preferences identified and taken into account in the strategic planning process, in service provision, and in training?**

- are users and carers involved collectively in community care planning and individually through user led assessment and care management?
- are there mechanisms (surveys requests for feedback) to ascertain users' and carers' views?
- are their mechanisms for resolving possible conflicts between the needs and preferences of users and carers?

**9. What mechanisms exist to identify and address the housing needs of people who are being treated in hospital?**

- are protocols in place between health, social services and housing to address the housing needs of patients?
- are named individuals responsible for ensuring that the protocols are implemented?
- do hospital discharge systems ensure that housing providers are aware of the individual special needs of people leaving hospital?

**10. What mechanisms are in place to assess and address the needs of people with relatively low level immediate needs, but who nevertheless require service provision?**

- are assessment procedures and allocation policies sensitive enough to identify individuals whose immediate needs appear to be relatively low level, but who should nevertheless have priority for the provision of services because of the potential consequences if those needs are not met?

**11. How does housing co-ordinate the delivery of housing services with the delivery of health and social services?**

- how do local authority housing staff find out about the needs of their clients, any changes in those needs, and the implications for the housing and housing services they require?
- what do housing staff do if they identify a change in a client's condition or needs?
- are protocols in place to enable suitable sharing of client information and to ensure that client confidentiality is not applied in a manner that obstructs work to address individuals' needs and enable them to live safely in the community?

**12. How do authorities ensure that new housing developments and refurbished existing stock intended for people with care needs is designed to accommodate changes in individuals needs?**

- Does development work that is initiated to provide housing for older people or other special needs groups incorporate physical standards that enable individuals to continue to live in the same home as they become frailer?
- what standards are applied to housing association development proposals the local authority supports?