

# **The Housing and Ageing Alliance**

## **Response to Caring for our Future: Shared ambitions for care and support**

### **1. The Housing and Ageing Alliance**

The aim of the Housing and Ageing Alliance is to bring about improvements to the housing and living conditions of older people. The Alliance believes that homes, communities and housing related services should be planned and designed in ways that enable choice, control, inclusion and independence in later life.

Whilst members of the Alliance will have submitted their own responses to Caring for our Future this response focuses specifically on the housing aspects of the Government's review of social care and support. The Alliance sees people's homes as central to their quality of life, their health and their need for care and support. We urge the Government to recognise the role that housing plays in 'Caring for our Future' and plan accordingly.

Membership is drawn from a wide range of national organisations including: *Age UK, Anchor, Care & Repair England, Chartered Institute of Housing, Counsel and Care, Elderly Accommodation Counsel, Foundations, Hanover, Housing Learning and Improvement Network, ILC-UK, McCarthy & Stone Retirement Lifestyles Ltd, National Housing Federation, Retirement Housing Group and Older People's Action Groups and Forums representatives from London and the North East of England.*

We have set out the group's general comments and have identified our specific comments under each of the priority headings leading to a short conclusion.

### **2. General comments**

#### ***2.1 Housing must be part of the integration of services given its clear role in prevention***

Housing is still marginal in social care and health policies and practice yet it is fundamental to prevention. This must change.

There continues to be lack of choice in housing and community based solutions across all sectors for older people. We welcome the focus on stimulating the care market and urge that this aspect of reform considers links with diversity and choice in the housing market to support independent living.

There is an imperative to integrate housing, care and health both strategically and operationally for the good of older people. This is all the more critical given that the Government has just produced its housing strategy with the announcement of a new deal for older people.

New national legislative framework for social care needs to set early intervention and prevention (enabling independent living) on the same footing as crisis intervention (residential care.) For this to work effectively housing solutions and choices will need to be better understood and acted upon in health and social care policy and practice. The White Paper offers the opportunity to ensure that this happens.

Effective early intervention and prevention measures which deliver improved health and independence for adults will need to be a cross departmental priority at a national level and an outcomes measure at a local policy, planning and front line delivery level.

At a local level there should be a duty to integrate service commissioning and funding in housing, health and social care with a specific duty to jointly plan and commission preventative measures that enable people to live independently. Government should consider how it can incentivise health, care and housing communities to ensure that this happens. Health and Well Being Boards should also have a clear leadership role in this integration, working to a common outcomes framework.

## ***2.2 The shortfall in funding social care must be addressed***

There is a huge shortfall in the funding for social care and a rapidly ageing population. The Alliance adds its voice to the calls made for swift action to implement the Dilnot recommendations.

We welcome the fact that the Dilnot proposals will particularly benefit those on modest incomes and address the care funding concerns of low income, low equity home owners so offering a fairer protection of older people's assets.

## **3. Comments on the six priority areas**

### **3.1 Supporting greater prevention and early intervention**

People's health and well-being, their physical and mental capacity, and hence their need for social care, are affected by a wide range of determinants, including financial situation, family circumstance, social networks, housing and wider living and working environments.

A broad range of early interventions have quantifiable, beneficial effects on health and well-being, and hence contribute to prevention of subsequent social care and health need.

In particular, the physical characteristics of homes and neighbourhoods have measurable impacts on the physical and mental health of individuals. Practical measures such as warm, safe, well designed housing, effective delivery of home adaptations, the provision of supported specialist housing in all sectors, aids, equipment and assistive technologies all have quantifiable effects with regard to health, well-being and independent living.

Effective early intervention and prevention measures which deliver improved health and independence for adults needs to be a cross departmental priority at a national level and an outcomes measure at a local policy, planning and front line delivery level.

The focus on those with needs that are 'substantial' misses real opportunities for preventative measures and challenges whether such preventative services would be included in the Dilnot care costs cap. This could stop people from spending themselves on preventative measures.

The cost implications for social care and health if the preventative role of housing is not addressed are substantive. This is both in terms of health and care expenditure and in the social cost of denying people services that enhance their wellbeing. There is much evidence now about the value of housing interventions to care and health planning and provision. For example the evidence on reablement, on the impact of supported housing, on adaptations and

other environmental interventions such as falls prevention is strong and well documented. Two very recent reports have summarised some of this evidence base<sup>1 2</sup> and a report on the evaluation of extra care housing will be published shortly.<sup>3</sup> We also welcome the Government's support for the development and delivery of handyperson services which, in many areas, are a model for social enterprise. We urge Government to ensure that the White Paper identifies and promotes the range of housing based solutions to social care and health needs.

Good outcomes should focus on the quality of life for the person, enabling independent living and enhancing wider well-being, rather than just defining 'prevention' as preventing the use of publicly funded services e.g. hospital admission/ GP visits etc. If the success of prevention is only measured in the short term within these narrow definitions, it misses the point regarding long term life improvement.

We propose that the meeting of the cost of adaptations should be included in the Dilnot proposed calculation of the maximum that individuals would pay in total for their care. This could help to incentivise people to plan and aid prevention. There could also be mileage in extending VAT exemptions for adaptations work.

We were also pleased to see the Dilnot Commission report noted that specialist retirement housing, including models such as extra care housing, could make a valuable contribution to the provision of support and assistance for older people. DCLG's recent Housing Strategy also noted that the Government will encourage local councils to make provision across all tenures for specialist housing options including sheltered and extra care housing.

To work together on prevention and early intervention requires joint strategic planning and shared objectives across health, social care and housing. We would welcome the inclusion in the White Paper of multi-agency planning involving housing as well as social care and health authorities working together to plan for a range of housing types including specialist and retirement housing across tenures, given its preventative role.

### **3.2 Taking advantage of health and social care modernisation to ensure services are better integrated around people's needs**

The Alliance is seeking better integrated, seamless provision for those who need health and care services.

Health and social care integration has been 'the holy grail' of provision, something which has been aimed for, albeit it may be difficult to achieve. Housing is central to the care and health process and yet is still marginalised. Including housing in the equation, and considering the environment in which health and social care services are provided is a key factor in better integration - the three pillars of independence. Integrating services around people's needs means integrating housing.

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<sup>1</sup> Pathways to prevention. Hact 2011

[http://hact.org.uk/wp-content/uploads/2011/11/Pathways\\_to\\_prevention\\_new.pdf](http://hact.org.uk/wp-content/uploads/2011/11/Pathways_to_prevention_new.pdf)

<sup>2</sup> Housing, prevention and early intervention work: a summary of the evidence base. Housing LIN 2011

<http://www.housinglin.org.uk/Topics/type/resource/?cid=8378>

<sup>3</sup> Improving housing and care choices for older people: an evaluation of extra care housing. PSSRU University of Kent. Dec 2011

There is an imperative to integrate housing, care and health both strategically and operationally for the good of older people. This is all the more critical given that the Government has just produced its housing strategy with the announcement of a new deal for older people.

Better value for money will be achieved if this tripartite integration could be achieved. Separate funding streams and different priorities can be barriers to this. However integration must not be achieved by the 'medicalising' of social care and housing.

Future proofing all new homes (including the application of lifetime homes design standards<sup>4</sup>) would help people to live independently across the lifespan enabling people to live safely in their own home for longer and can save resources through improved health and wellbeing. Social care and health cannot be seen in isolation from housing policy and investment.

The role of housing specifically in hospital discharge schemes needs to be better understood and seen as more central to the discharge planning process. Fast track adaptations and housing related support services can lead to better outcomes for individuals and savings to the public purse.

Local and health authorities should have a specific duty to jointly plan and commission preventative measures that enable people to live independently. Government should consider how it can incentivise health, care and housing communities to ensure that this happens. Health and Well Being Boards should also have a clear leadership role in local health, social care, public health *and housing*. While we were pleased to see a recognition of 'care close to home' through the delivery of emerging technologies in the recently published Operating Framework for the NHS for 2012/13 it is disappointing that it does not specifically include housing in its focus on the role of the Health and Well Being Boards.

### **3.3 Promoting increased personalisation and choice**

As the Government's social care vision recognises there must be a plurality of provision to make personalisation a reality. The cross-sector agreement for taking forward personalisation, *Think Local Act Personal*,<sup>5</sup> states that good practice means the provision of a 'broad range of choice in the local care and support market, including housing options'. This means that choice in housing is as crucial to choice in care and health.

There is a critical need for independent advice and information on housing, care and finance that addresses long term planning as well as responding to immediate and pressing issues. We recommend that Government – DH, DCLG and DWP, with other Government departments as appropriate, work together to build on First Stop.<sup>6</sup> The need for consistent good quality advice is a key recommendation of the Dilnot Commission and must be addressed to facilitate greater personalisation, choice and control. The Law Commission, too, sets a duty on local

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<sup>4</sup> Revised lifetime homes standards 2010 <http://www.lifetimehomes.org.uk/pages/revised-design-criteria.html>

<sup>5</sup> [http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/TLAP/THINK\\_LOCAL\\_ACT\\_PERSONAL\\_5\\_4\\_11.pdf](http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/TLAP/THINK_LOCAL_ACT_PERSONAL_5_4_11.pdf)

<sup>6</sup> FirstStop Advice is an independent, free service offering advice and information for older people, their families and carers about housing and care options in later life. It is led by the charity Elderly Accommodation Counsel (EAC) working in partnership with other national and local organisations and receives funding from DCLG <http://www.firststopcareadvice.org.uk/>

councils to provide information, advice and assistance. In our view this statute should ask that councils ensure this provision (rather than being expected to provide it.)

It is important to retain Attendance Allowance in its current form as it facilitates prevention, choice and control and maintaining independence.

There must be a national framework for assessment preferably alongside national quality standards.

### **3.4 Creating a more diverse and responsive care market**

The Government has supported the innovation and development of new housing solutions such as extra care housing which we welcome. We also welcome the Government's support to further develop and sustain handyperson services which help people with small repairs, security and safety in the home. Joint planning and commissioning across housing, health and social care is crucial. This must consider the broad housing related agenda including specialist housing and also the provision of adaptations, equipment and aids, telecare as well as planning for people's homes to be warm, safe and well designed. This will have huge dividends in creating greater diversity of provision.

There continues to be lack of choice in housing and community based solutions across all sectors for older people. We welcome the focus on stimulating the care market and urge that this considers the links with diversity and choice in the housing market to support independent living.

### **3.5 Role for financial services market in supporting users, carers and their families**

We would ask that the Government consider how it can further support the development of financial products which help older homeowners in particular to invest in making their homes comfortable and fit for purpose in later life.

With the Government already looking at simple financial products via a Treasury steering group we recommend the underwriting for social lending for property improvements for those with limited income and low equity. The benefits of making the home warm, safe and comfortable for people's health and wellbeing have been well demonstrated and this would support people to help themselves.

We would also urge the Government to continue to work with the financial services sector to explore new opportunities to develop appropriate, safe, 'kitemarked'<sup>7</sup> equity release products that support the financing of repairs and improvements to the homes of vulnerable older people.

### **3.6 Promoting improved quality and developing the future workforce**

There should be national quality and standards and outcomes framework built around the key principles of enabling independence, choice and control.

There needs to be clarity of service provision expectations, wherever a person lives.

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<sup>7</sup> The APPG report of the Living Well at Home inquiry published in July 2011 recommended a kitemark for equity release to give reassurance in the market place <http://www.counselandcare.org.uk/appg-on-housing-and-care-for-older-people>

#### **4. Concluding comments**

The Coalition's Programme for Government in May 2010 made a specific commitment to '*enabling older people to live at home for longer through solutions such as home adaptations and community support programmes*'.

To help to achieve this, enabling independent living needs to be seen as a cross departmental priority as this will result not only in life enhancement, but also wider fiscal benefits.

The new national framework for social care needs to set a broad framework for early intervention and preventative measures and promote the integration of housing, health and social care including a framework for minimum outcomes to be jointly achieved across these three pillars of health, housing and social care.

Given the focus in the Government's social care vision on prevention and early intervention Government needs to place a specific duty on local authorities and health bodies to jointly plan, commission and co-fund a suite of preventative measures in line with the broad national outcomes framework. This should include specific outcomes with regard to the delivery of housing related measures such as community equipment, housing adaptations and supported housing for older and disabled people in ways that are fully integrated with care and health provision. Government should consider how it can incentivise health, care and housing communities to ensure that this happens.

#### **Contact Person for the Group**

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