### **The Housing and Ageing Alliance**

## Comments on JSNA and joint health and wellbeing strategy draft guidance: 16 February 2012

#### 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.

The Alliance sees people's homes as central to their quality of life, their health and their need for care and support. The Alliance has long argued that whilst health and social care integration has been the 'holy grail', housing is of equal importance and needs to be acknowledged as one of the three pillars of enabling later life independence.

It has produced a briefing which set out 12 ideas for Smarter Spending on housing in an ageing society.

http://www.housinglin.org.uk/\_library/Resources/Housing/HAA/Housing\_and\_Ageing\_Alliance\_ Brochure\_2010.pdf

Membership is draw 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.

#### 2. Introduction

The comments from the Alliance are focused specifically on the importance of housing to health and wellbeing. We argue that housing must be more central to the JSNA and joint health and wellbeing strategy guidance. We have therefore focused our comments on Questions 1 and 6 of the feedback proforma.

#### 3. General comments

Housing must be a much more integral part of the JSNA and health and wellbeing strategy guidance given its central role in enabling people to live in good health and its contribution to prevention strategies.

Housing is still marginal in health and social care policies and practice yet housing quality and suitability underpins good health, wellbeing and plays a key role in prevention.

There continues to be lack of choice in housing and community based solutions across all sectors for older people. Joining up the JSNA with local strategic housing market assessments and integrating housing into joint health and wellbeing strategies is required. This will provide a stronger analysis upon which to base commissioning of more joined up services focused on independent living for those with health and long term care needs.

There is an imperative to integrate housing, care and health both strategically and operationally for the good of older people. This has been identified by the recent Health Select Committee report<sup>1</sup> which calls for a single commissioning process and a single outcomes framework for older people's health, care and housing services with a new duty on clinical commissioning groups and local councils to create this. This is all the more critical given that the Government has recently produced its housing strategy with the announcement of a new deal for older people and is poised to produce its White Paper on social care with its response to the Dilnot review of social care funding.

We believe that 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.

This has been identified as a key priority in the recent Health Select Committee report mentioned above and should lead to a review of the draft guidance on the role of the JSNA and local joint health and wellbeing strategies. Health and wellbeing boards should have a clear leadership role in this integration, working to common outcomes and commissioning frameworks.

#### 4. Specific comments linked to the feedback proforma

# Question 1 a) and b) Does the draft include guidance on all the essential elements of good JSNA and joint health and wellbeing strategy processes? Are there other things to include that would be helpful?

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.

The guidance as drafted gives little prominence to the impact of housing suitability and condition on health even though housing conditions have a causal link to a wide range of common chronic health conditions, including respiratory illnesses, stroke, heart disease and depression, as well as impacting on risk of injury and accidents, particularly falls amongst older people. The Building Research Establishment<sup>2</sup> quantifies the costs to the NHS of specific aspects of poor housing as over £600 million per year.

Housing options, needs and housing circumstances linked to accessible and well served neighbourhoods should be identified as a key consideration in developing the JSNA and housing solutions seen as a critical component of joint health and wellbeing strategies.

<sup>&</sup>lt;sup>1</sup> HC 1583, Fourteenth Report of Session 2010-12 8<sup>th</sup> February

www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/news/12-02-02socialcarereport/

<sup>&</sup>lt;sup>2</sup> M Davison et al (2010) The real cost of poor housing BRE <u>www.brebookshop.com/details.jsp?id=325401</u>

The following points should be reflected in the guidance so that housing is identified as a critical factor in improving health and wellbeing in a locality and measures set out to tackle housing issues that impact on health and wellbeing.

- 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 and across all tenures, aids, equipment and assistive technologies all have quantifiable effects with regard to health, well-being and independent living. Accessible and well served neighbourhoods can enhance wider wellbeing and ensure healthy and supportive communities. A recent report published by DCLG considers how lifetime neighbourhoods (that is those designed to be inclusive) can help with the Government's commitment to enable older people to live independently.<sup>3</sup>
- 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. Health and wellbeing boards have a crucial role in delivering this change working alongside clinical commissioning groups.
- The cost implications for health and social care if the preventative role of housing is not • addressed are substantive. This is both in terms of health and care expenditure and the social cost of failure to plan and commission services that enhance people's health and wellbeing. There is wide and expanding evidence base<sup>4</sup> concerning the value of housing interventions to care and health planning and provision. This includes evidence of reablement, the impact of supported housing, home adaptations and other environmental interventions such as falls prevention all of which is strong and well documented. Two very recent reports have summarised much of this evidence base.<sup>5</sup> A recent report on the evaluation of extra care housing has identified its role in supporting independent living and offering a cost effective alternative to more institutional care.<sup>6</sup> We have also welcomed the Government's support for the development and delivery of handyperson services – an independent evaluation of these services has recently been published.<sup>7</sup> We therefore urge that the guidance draws much greater attention to effective housing interventions such as these that contribute to meeting health and care needs.

<sup>5</sup> Pathways to prevention. Hact.2011

<sup>&</sup>lt;sup>3</sup> Lifetime Neighbourhoods, Bevan and Croucher, DCLG, Dec 2011 <u>http://www.communities.gov.uk/publications/housing/lifetimeneighbourhoods</u>

<sup>&</sup>lt;sup>4</sup> University of Birmingham (2010) *The billion dollar question: embedding prevention in older people's services* – 10 *high impact changes* <u>http://www.hsmc.bham.ac.uk/publications/policy-papers/policy-paper-eight.pdf</u>

http://hact.org.uk/wpcontent/uploads/2011/11/Pathways\_to\_prevention\_new.pdf and 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>&</sup>lt;sup>6</sup> <u>http://www.pssru.ac.uk/projects/echi.htm</u>

<sup>&</sup>lt;sup>7</sup> Handyperson's evaluation <u>http://www.communities.gov.uk/newsstories/housing/1848258</u>

- A wide range of housing measures, from future-proofing the design of all homes, building specialist supported and retirement housing to better advice and information, home adaptations, small repairs schemes and practical support at home can all enable older people to live independently, improve their health and reduce care needs. JSNAs, by linking to and informing strategic housing market assessments and local housing and planning strategies, can identify key data on housing that impacts on health facilitating joint strategies to be put in place that improve people's health and wellbeing. For instance, JSNAs can play a key role in integrating health and well-being determinants into a local authority's spatial plan and the future of its built environment.
- Good outcomes in joint health and wellbeing strategies 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.
- To work together on prevention and early intervention requires joint strategic planning and shared objectives across health, social care and housing. The guidance on the JSNA and joint health and wellbeing strategies offers an opportunity to give greater impetus to the increasing calls for multi-agency planning involving housing as well as social care and health authorities. This call for greater strategic links was a key recommendation in the All Party Parliamentary Group on Housing and Care for Older People's Inquiry report published in July 2011.<sup>8</sup> This should lead to working together to plan for a range of housing types and solutions including specialist and retirement housing across tenures, given its preventative role.

## Question 6 Resources, topics and sector leaders to coproduce a suite of wider resources to support health and wellbeing boards

We have identified some of the key resources that should be used (in the footnotes to this document) and propose that there is a specific resource developed that identifies what should be included to ensure a clear focus on the housing aspects of both the JSNA and joint health and wellbeing strategies. This should offer examples where JSNAs have identified the key housing issues and linked their assessments to strategic housing market assessments. It should also include some emerging joint health and wellbeing strategies that include housing more centrally.

Some of the topics that need to be tracked to ensure a broad focus on housing circumstances and options should include:-

- Housing tenure and impact
- Housing circumstances
- Housing suitability and adaptation
- House conditions (across tenure) including disrepair, energy efficiency and fuel poverty
- Household composition and projections
- Housing needs/demand
- Demand for specialist housing, such as extra care or sheltered housing for older people
- Homelessness

<sup>&</sup>lt;sup>8</sup> Living Well at Home Inquiry. All Party Parliamentary Group on Housing and Care for Older People. July 2011 <u>http://www.housinglin.org.uk/Topics/type/resource/?cid=8167</u>

• Demand for housing related support services

Some key resources that could be tapped include the following

- Housing Learning and Improvement Network <u>http://www.housinglin.org.uk/</u> a repository
  of reports and case studies including on the impact of housing on health and on extra
  care housing
- The work undertaken by bodies such as the Chartered Institute of Housing and National Housing Federation on integration between housing, health and care. We identify two examples from the National Housing Federation<sup>9</sup>
- Reports from Care & Repair England <a href="http://www.careandrepair-england-http://www.careandrepair-england-hhhl.org.uk/index.htm">http://www.careandrepair-englandhhhl.org.uk/index.htm</a> concerning housing issues affecting disadvantaged older people including the impact and extent of poor housing on health and the role of housing in hospital discharge
- Hact's Fit for Living Network <u>http://hact.org.uk/fit-for-living</u> which focuses on the needs of vulnerable older homeowners
- Foundation's <u>http://www.foundations.uk.com/home</u> good practice in relation to the Home Improvement Agency Network

We also suggest that the members of the Housing and Ageing Alliance, who are experts in their field and are linked to the topics and resources we have identified above, would be happy to work with DH and others to see the guidance broadened and the good practice identified to make the joint approach with housing, health and social care a reality.

#### 5. 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'. The Government's housing strategy in November 2011 added that it would "encourage local authorities to make provision for a wide range of housing types across all tenures, including accessible and adaptable general-needs retirement housing, and specialised housing options including sheltered and extra care housing for older people with support and care needs."

To help achieve both of these aims, 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 guidance on JSNAs and joint health and wellbeing strategies needs to ensure the setting of a broad framework for early intervention and preventative measure and promote the integration of housing, health and social care. This needs to include a framework for minimum outcomes to be jointly achieved across these three pillars of health, housing and social care with a joint commissioning framework.

The Alliance considers that a wide range of housing measures, from future-proofing the design of all homes, building specialist supported and retirement housing to better advice and

<sup>9</sup> Housing for Health: Worlds Aligned

http://www.housing.org.uk/publications/find\_a\_publication/care\_and\_support/invest\_in\_housing,\_invest\_in\_h.aspx

http://www.housing.org.uk/publications/find a publication/care and support/housing for health worlds ali.aspx Invest in Housing, Invest in Health

information, home adaptations, small repairs schemes and practical support at home can all enable older people to live independently, improve their health and reduce care needs. These issues must be addressed in the further development of the JSNA and in the emerging joint health and wellbeing strategies.

We endorse the need for a commissioning process which has been planned and delivered bringing housing, health and care services together in a single framework. The JSNA and joint wellbeing strategies will be a key tool to enable this to become a reality.

We would be delighted to meet with you to take these issues forward.

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