



**Housing LIN**

*Connecting people, ideas and resources*

## **Why social care should care about housing**

*Written by Jeremy Porteus, founder and director of the Housing LIN*

**With a need to save money, integrate services and ensure people are properly supported, how can care services work with local government housing teams and specialist housing providers to offer more flexibility and choice within existing stock?**

Social care providers might be excused for thinking they're on top of integration. With the arrival of the Better Care Fund (BCF) and the Care Act, the word has been the subject of plans, meetings and special working groups in every top-tier local authority for at least 18 months. Frustrated policymakers have, of course, been trying to encourage it for at least two decades.

However, much of the recent focus has been on promoting coordination and partnerships across health and social care. This risks continuing a long pattern of ignoring or under-using the contribution housing and related services could make in this area. The calls to action in this regard are mounting.

In December last year, the Association of Directors of Adult Social Services joined NHS England and a range of health, social care and local government organisations in publishing a memorandum of understanding (MoU) voicing their commitment to integration.

*It says, 'The right home environment is essential to health and wellbeing throughout life. We will work together across Government, housing, health and social care sectors to enable this.'*

The MoU outlined how the right home environment can delay and reduce the need for social care and NHS interventions, including avoiding preventable admissions to residential or nursing homes.

My organisation, the Housing LIN (Learning and Improvement Network) helped develop the memorandum. It was gratifying to see NHS and social care leaders endorse the role of housing in people's health and wellbeing. However, we all must now ensure that this is reflected at local policy and commissioning level and on the frontline?

### **Housing needs**

In October 2014, NHS England published its high profile *Five Year Forward View*. Its call for an £8bn increase in annual NHS spending dominated the limited debate around health and our ageing population during the recent General Election campaign.

However, as most CMM readers will recall, the plan pledged to identify £22bn in efficiency and productivity savings. The document's authors, at the top of NHS

England, clearly expect much of that figure to be delivered through integration and prevention.

The *Forward View* talks about working with social care and highlights the integrated management arrangements funded through the £5.3bn BCF. The housing needs of older and vulnerable people are a key element of that transformation. The last English Housing Survey revealed that 58% of people who own their homes outright are over 65. Some of these people need reasonably priced services from a trusted provider, such as a home improvement agency, to help them live independently. Some require home help or nursing services to meet increasing care and support needs at home. Others will be thinking about a move to smaller, more age-friendly housing – whether in a specialist scheme or in general housing.

What do these people want from the services they receive now and in the future? How can care services work with local government housing teams and specialist housing providers to offer more flexibility and choice within existing stock?

Social care staff should be able to offer advice as older people and those with long-term conditions make important decisions about their future housing needs and aspirations. Ideally, every local authority will have a strategy for maintaining and improving the housing stock to support independent ageing. This would include helping those in privately-owned or rented housing.

In 2013, the Housing LIN worked with Elderly Accommodation Counsel on a free online resource SHOP@. It includes 150 types of data that local authorities in England can use to predict the likely balance between demand and supply for specialist housing over the next 20 to 30 years. Endorsed by the Department of Health, SHOP@ is partly a response to research suggesting that the shortfall in specialist housing units is already approaching 300,000.

The analysis tool helps local authorities to:

- predict the need for specialist housing provision;
- forecast an under-supply or over-supply;
- assess the future demand by different types of tenure; and
- prioritise areas for investment and development.

It promotes the type of joined-up approach that we are all supposed to be taking.

Local authorities and the NHS would certainly reap dividends by using part of the £5.3bn BCF to support technology-enabled care (see figure 1). Money from the BCF and the specialised housing funds overseen by the Department of Health should provide the platform for more, and better-integrated, capital investment in housing for older people.

### **Figure 1: Housing, wellbeing and prevention – the evidence**

Investment in home repairs, adaptations, specialist housing and advice and information services reaps financial savings for the NHS and social care. It also improves the lives of vulnerable people.

For example, two-thirds of people in acute hospital beds are over 65. However, hospital discharge schemes that offer housing help to speed up patient release. This can save local government social care budgets at least £120 per person per day.

Research has also found:

- Handyperson services, which provide fast, low cost help with adaptations and repairs, can save the public sector £1.70 for every £1 spent on these services.
- Those in extra care housing are less likely to enter residential care or have emergency admissions to hospital.
- Around a quarter of extra care housing residents with social care needs require a less intensive support package.
- Each year, one-third of people over 65, and almost half of those over 85, have one or more falls, many of which are preventable. A single hip fracture costs the State nearly £30,000 on average – 100 times the cost of installing hand and grab rails in the average home. Hip fractures also contribute to up to 10% of decisions to enter residential care.
- Adaptations can reduce or even eliminate the costs of homecare packages, with savings ranging from £1,200 to £29,000 a year.

However, we know that solutions to today's public policy challenges must go beyond funding.

### **Getting to know each other**

Those working in social care and housing know little about the skills and services the other can bring to the party. We need more joint training of housing, social care (and health) professionals.

*A Housing skills and learning in a new health and social care landscape* from a forum organised by Skills for Care and Asset Skills (now the Building Futures Group) acknowledged as much and went further. It pointed to 'a lack of acknowledgement or appreciation of the crossover work that some staff do'. For example, some housing officers are involved in care work.

The paper floated the idea of a new type of role, a hybrid one with a clear skillset. However, it acknowledged that staff would require significant learning and development to build the necessary skills – and said no such package currently exists. We need to urgently develop multi-agency training across housing and social care as part of staff development. This should cover basic person-centred concepts.

Existing housing and social care courses could contribute elements to the proposed new hybrid qualification. Such an approach could foster effective, integrated learning and improvement qualifications that provide continuing professional development pathways. Health and Wellbeing Boards (HWB) are also crucial in promoting housing's role. The question is whether many boards have the strong housing presence required if they are to work with other sectors in delivering personalised, integrated care and support.

We need decent homecare and other support delivered in people's own homes. That is predicated on providing older people with the aids and adaptations and decent, energy-efficient homes that promote independence, health and wellbeing.

The forum paper referred to above also suggested that HWBs should have a checklist of housing, social care and health outputs and outcomes. The Housing LIN and the Chartered Institute of Housing are currently working on developing a new template (see figure 2).

## **Figure 2: A local checklist to aid housing and social care integration**

- Do your service's clients feel lonely or isolated? Are staff aware of suitable housing with care solutions that can help your clients connect with the local community?
- Have you considered how housing should be part of an assessment process that prevents, reduces or delays an adult social care need?
- Are providers of specialist housing and related services engaged with your local health and wellbeing boards?
- Has your local authority calculated the likely demand for specialist housing as the population ages? Has it used online tools such as SHOP@ to forecast that demand and to assess whether current plans for meeting it are adequate?
- Have your local integration efforts improved the commissioning and planning of local specialist housing and housing services for older people?
- Do your colleagues, leaders and partners recognise that ensuring vulnerable people have the housing and related services they need can reduce demand for health and social care services?

Meanwhile, the return of public health responsibilities to local government has led some councils to provide public health training for frontline staff, particularly housing teams. Such interventions geared towards prevention illustrate the possibilities. You and your colleagues in social care, health – and yes, housing – do not need to wait for new structures, powers or tools. They're out there. Seize the day.

*This blog first appeared as an article in Care Management Matters in July 2015.*

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