A Housing-Led Vision for Proactive Care

Powered by ‘Independent Living as a Service’

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Executive Summary

Independent Living as a Service (ILaaS) is a new model for delivering proactive, preventative, and person-centred support — through housing. It recognises that the places where people live are the front line of health and care, and that by building services around the home, we can improve outcomes, reduce system pressure, and help people live well for longer.

This paper sets out a housing-led vision for ILaaS, anchored in the government's regulatory reform of supported housing, and designed to meet the practical needs of commissioners, housing providers, and system leaders. ILaaS is not simply an upgrade to telecare — it is a new service infrastructure, integrating connected technology, human support, and data-driven triage into a coordinated offer delivered where people live.

We present a series of eight commercial models, including three that provide direct return on investment for housing providers. These are backed by real-world use cases, policy alignment, and a call to move beyond small pilots towards scalable, accountable provision. The paper also outlines the infrastructure required to deliver ILaaS at scale — through Integrated Living Response Hubs — and makes six practical recommendations to shape the future of proactive care in housing.

This is not a proposition for one organisation. It is a call for multi-agency collaboration — to move from siloed services to shared outcomes, from reactive care to intelligent prevention, and from institutional thinking to home-first independence. The time to act is now.

Why Now?

There is a window of opportunity to create a new standard for independent living in the UK — and ILaaS is the right model at the right time.

- Government reform is reshaping the supported housing landscape, with new national standards and licensing schemes on the way. Providers need a credible, compliant way to deliver responsive services and evidence quality.
- Integrated Care Systems are evolving rapidly, with new NHS reforms and a forthcoming Ten Year Plan expected to further reshape their role in prevention and place-based delivery. Yet many ICSs still lack practical mechanisms to embed housing into their core models. ILaaS offers a tangible route to bridge that gap — aligning housing, health, and care around shared outcomes.
- Technology capability is advancing rapidly — but without service redesign, its value is limited. ILaaS harnesses technology within a wider operating model.
- Commissioner pressure is growing. Budgets are tight, demand is up, and care backlogs remain unresolved. Proactive, housing-led models can relieve these pressures — and are deliverable now.
- Public expectations are shifting. People want to remain independent, in their homes, with services that are joined-up and human. ILaaS meets this expectation head-on.

The imminent NHS Ten Year Plan will place further emphasis on prevention and integrated neighbourhood models — but without a credible way to include housing, these ambitions will remain incomplete. ILaaS provides the delivery infrastructure to make integration real.

The alternative is drift. More uncoordinated pilots. More fragmentation. More pressure on a system already stretched thin. ILaaS is a path to coordinated, scalable, and sustainable reform — but only if we choose to build it.

Introduction

Health and social care systems across the UK face rising demand, workforce pressures, and financial constraint. Traditional, reactive models of care are increasingly unfit for purpose — especially for older adults and people living with long-term conditions. Yet solutions remain fragmented, often trialled in isolation, and rarely sustained at scale.

This paper sets out a vision for Independent Living as a Service (ILaaS) — a new, scalable model of proactive care rooted in the home and coordinated through housing. Unlike conventional technology-enabled care, ILaaS integrates digital tools, human support, and data-driven triage into a cohesive, locally-delivered service. And unlike historical attempts to "add" housing into clinical care, ILaaS positions housing as the delivery platform, not an afterthought.

The model aligns closely with the government's reforms to supported housing regulation, including the introduction of licensing schemes and national quality standards for sheltered and extra care schemes. It complements recent sector blueprints from TSA and ADASS on proactive and preventative care, and builds on Housing LIN's long-standing advocacy for housing at the heart of

health and care integration. ILaaS can help providers meet — and evidence — these expectations, while also unlocking value for health and care partners.

This is not a blueprint for one provider — it is a system-level proposition for how local authorities, ICSs, housing providers, and technology partners could fund, commission and deliver independent living at scale. The paper includes practical use cases, a detailed model description, and eight worked commercial scenarios — three of which demonstrate direct return on investment to housing providers. Our ambition is to stimulate a national conversation and help catalyse a shift toward proactive, place-based care.

What Is ILaaS?

Independent Living as a Service (ILaaS) is a flexible, data-enabled service model that helps people live independently for longer, with timely support, early intervention, and clear escalation pathways. It is delivered through housing settings, enhanced by connected technology, and underpinned by integrated data and triage.

At its core, ILaaS combines:

- Connected Technology – sensors, wearables, wellbeing check-in tools, telehealth devices
- Human Support – wellbeing calls, local responders, housing officers, informal carers
- Data-Driven Insight – algorithms and analytics to detect pattern change, deterioration, or risk
- Integrated Escalation Pathways – linking into GP practices, community services, social care, and voluntary sector
- System Interoperability – real-time visibility via NHS Shared Care Records, write-back to GP systems, and housing CRMs

ILaaS is commissioned not as a product, but as a service and can be commissioned by local authorities, ICSs, or directly by housing providers— delivered via housing providers, paid through subscriptions, gain-share, or pooled budgets, and measured against real outcomes. It is ideally suited to regulated supported housing, where standards now include expectations around responsiveness, resident engagement, and joined-up service delivery.

The technology-enabled care (TEC) industry is a vital partner in delivering ILaaS. Providers of platforms, devices, analytics and digital services play an essential role in creating the infrastructure that enables proactive care at scale. But ILaaS is not just a technology proposition — it is a systems proposition, in which technology is integrated into a wider service model. Scale is our friend: the greater the adoption, the more cost-efficient the technology becomes, the more consistent the data insights, and the more robust the system response. That's why TEC providers, housing organisations and public commissioners must work together to co-create open, scalable and outcomes-focused services — not just point solutions.

A Community-Scale Vision for ILaaS in Sheltered & Extra Care Housing

Across the UK, over 634,000 units of supported housing exist, with the largest share in sheltered and extra care schemes. As the government rolls out the Supported Housing (Regulatory

Oversight) Act, housing providers will be required to meet new national standards and licensing requirements. ILaaS can provide the framework, data, and functionality to support compliance — while transforming lives.

A Day in an ILaaS-Enabled Sheltered Scheme

- Morning check-in: Smart home sensors and wearables track routine activity. Subtle deviations from normal patterns are flagged automatically.
- Mid-morning intervention: A tenant's inactivity prompts a call from the ARC. Early-stage illness is identified and addressed with community nursing support. An admission is avoided.
- Afternoon integration: Intervention data is written into the NHS Shared Care Record and the housing CRM. Everyone from the GP to the housing officer sees the same story.
- Evening response: A resident triggers a wearable alert. A shared responder attends quickly. 999 call is avoided; the incident is logged, learned from, and used to shape future care.

These scenarios demonstrate ILaaS not as a 'telecare upgrade' — but as a new architecture for regulated, person-centred, accountable support in supported housing settings.

What ILaaS Looks Like in Real Life

Case Study 1: Jean's Story – Proactive Care Before Crisis

Jean, 83, lives alone in a sheltered housing scheme in Rotherham. She has mild heart failure and early signs of frailty but enjoys her independence and tends her garden every morning. Through ILaaS, motion sensors in Jean's flat detect a sudden drop in her activity over a few days — her usual morning routine has stopped. The Integrated Living Response Hub picks up the alert and makes a proactive wellbeing call. Jean mentions feeling unusually tired and dizzy. A responder visits the same day and refers her for a GP review. It turns out her medication needs adjusting. Crisis is averted, and Jean is back in her garden by the weekend — no hospital admission, no fear, just timely, joined-up care. Her daughter, who lives 200 miles away, receives a reassuring text through the family app.

Case Study 2: Michael and Linda – Living Together, Supported Separately

Michael and Linda, both in their seventies, live in an extra care apartment in Liverpool. Michael has dementia, while Linda is his main carer — fiercely independent but exhausted. Their scheme is ILaaS-enabled. When Linda reports feeling overwhelmed, the housing officer notes it and flags it to the Integrated Living Response Hub, which links into the shared care record. Within hours, a social prescriber calls Linda to offer respite options, and Michael's risk profile is updated for additional check-ins. The ILaaS platform coordinates regular wellbeing calls and adds a wearable for Michael so Linda can rest easier. Their tenancy is sustained, Linda avoids crisis, and Michael continues to live in the place he knows — with dignity and continuity.

Case Study 3: Nina – Voice-Activated Support for Peace of Mind

Nina, 76, lives in a retirement flat in Newcastle and prefers not to wear a pendant. Her ILaaS setup includes a connected Alexa device and a discreet GPS-enabled wearable. When she feels unwell

one afternoon, she says, “Alexa, I need help,” triggering a wellbeing check via the Integrated Living Response Hub. Her wearable confirms she’s at home, and a responder is dispatched. While it turns out to be a minor dizzy spell, Nina’s daughter is notified and reassured. The voice interface gives Nina confidence to remain independent, while the system ensures her safety without compromising dignity.

Case Study 4: Residents at Willow Court – Digital Access to Healthcare on Site

Willow Court is an extra care scheme in Manchester serving 40 older residents, many with complex needs. The scheme is fully ILaaS-enabled, with shared digital infrastructure. Through the platform, residents can schedule video consultations with GPs and community nurses from their own apartments, and use a touchscreen hub in the communal lounge to order repeat prescriptions. One resident, Paul, recently avoided a hospital visit when a chest infection was caught early through a virtual consult. Staff at the scheme use the same system to flag concerns and escalate to the local multidisciplinary team — keeping health and care support embedded in daily life.

Commercial Models With Financial Return to Housing

If we want housing providers to lead the delivery of proactive care, we must give them a stake in its success. For too long, the value they create — through stable tenancies, crisis prevention, and resident engagement — has gone unrecognised in commissioning and unfunded in practice. These commercial models turn that equation on its head. They show how housing organisations can invest in Independent Living as a Service (ILaaS) and see a direct financial return — not through rents or traditional grants, but by sharing in system-wide savings and service efficiencies. These are not speculative ideas; they are grounded in real service costs, housing business drivers, and the emerging regulatory framework for supported housing. If the sector is serious about rebalancing care around the home, then these models offer a route to fund it — credibly, sustainably, and at scale.

Model 1: Housing ROI via Risk-Sharing and Gain Share

This model is designed for housing providers operating in close partnership with local authorities that are under increasing pressure to reduce care costs while maintaining standards. Here, the housing provider co-invests in the deployment of ILaaS across its schemes — particularly those serving older residents or people with complex needs — and enters a contractual gain-share arrangement with the local authority. If ILaaS reduces demand on statutory care (e.g. by delaying home care packages or residential placements), the local authority agrees to share a portion of those verified savings with the provider. This creates a compelling business case: housing organisations are empowered to fund service innovation from their operating budgets with the confidence that they will receive a return if the system benefits. The approach also supports compliance with the emerging national standards for supported housing by embedding responsive, outcomes-focused services directly into scheme delivery. For the local authority, the model offers a means to shift from upfront capital investment to outcomes-based expenditure. For residents, the outcome is earlier support and sustained independence — delivered by familiar, trusted actors within their housing environment.

Model 2: Social Impact Bond (SIB) Led by Housing Provider

This model is particularly suited to progressive housing associations and partners with a strong impact mission, seeking to attract external capital and demonstrate their role as anchor institutions. Under this arrangement, the housing provider leads or co-leads a Social Impact Bond in partnership with a local authority or NHS body. Investors fund the ILaaS service upfront, and the commissioner makes outcome payments when specific targets are achieved — such as reduced tenancy failure, fewer emergency call-outs, or improved wellbeing metrics. The model is verified by an independent evaluator, giving all parties confidence in the attribution of value. What makes this approach powerful is its alignment of social mission with financial rigour. Housing providers demonstrate their ability to deliver meaningful outcomes that extend beyond bricks and mortar. Commissioners avoid the risks of paying for unproven services, and investors gain the opportunity to support measurable social change. This model supports regulated housing schemes by embedding transparent, data-led service delivery that meets both compliance requirements and tenant expectations. Most importantly, it allows ILaaS to be positioned not as a cost, but as a high-return social infrastructure investment.

Model 3: Tenancy Health Performance Model

This model speaks directly to the internal economics of housing management. Every year, housing associations incur significant costs associated with failed tenancies — from voids and arrears to emergency call-outs, antisocial behaviour, and reactive maintenance. This model proposes that ILaaS be funded directly by the housing provider as a cost avoidance strategy, focused on maintaining tenancy stability and resident wellbeing. By targeting residents at risk of crisis — for example, due to age, isolation, or unmanaged health conditions — ILaaS can act as a preventative service that flags deterioration early, enables support, and sustains tenancies that would otherwise collapse. The return is tangible and measurable: fewer evictions, reduced legal spend, less intensive maintenance, and improved staff efficiency. Because the funding and benefits stay within the housing provider, there is no need to wait for external commissioner buy-in — making it ideal for large associations seeking to modernise their offer or smaller providers looking to improve margins while meeting new regulatory expectations. The residents benefit from continuity, familiarity, and a sense of support embedded in their housing experience — rather than being passed between fragmented services.

Complementary Models from the Wider System

While housing is the natural anchor for ILaaS, its success depends on alignment with wider parts of the system — particularly local authorities, the NHS, and place-based partnerships. The following models illustrate how ILaaS can be embedded beyond housing-led settings, through pooled budgets, shared commissioning, and collaborative investment. Each offers a pathway to deliver joined-up, preventative care at scale — and many can be layered onto housing-focused delivery to accelerate impact. These are not alternatives to housing leadership, but enablers of it: mechanisms to bring health, care, and community partners into the same outcomes-focused model.

Housing has been chosen as the anchor for ILaaS because, unlike other parts of the system, it is both place-based and long-term in nature. Housing providers remain in people's lives for years,

often decades — offering a continuity and presence that health and care services struggle to match. Meanwhile, local authorities face significant social care pressures but often lack the flexibility or budget certainty to invest in new models. The NHS, for its part, remains focused on clinical outcomes and system recovery, with investment often drawn towards acute services.

The result is a familiar system trap: one part invests (often housing), while another part benefits (typically health or care) — with no mechanism to share the value or coordinate the approach. ILaaS proposes a different way: with housing as the convenor of outcomes, coordinating upstream investment in order to reduce downstream demand. This provides a stable foundation for truly joined-up support — if the system is willing to work around it.

Model 4: Local Authority Gain Share

This model provides a pragmatic starting point for commissioners looking to reduce long-term care costs through targeted, measurable interventions. A local authority funds ILaaS for a defined cohort — for example, older adults at risk of escalation to residential care — and agrees in advance that if system savings are realised, a portion will be shared with the delivery partner. This allows providers to build services that are not simply specified on hours or visits, but on outcomes achieved over time. The financial structure is transparent: if ILaaS helps people avoid or delay entry into formal care, or reduces the intensity of support required, the savings are calculated and shared. For the provider, this offers a clear incentive to invest in early engagement, smart triage, and human follow-up. For the local authority, the model supports innovation without relinquishing financial control. It also aligns well with the current shift towards outcome-based commissioning and long-term sustainability in adult social care budgets. Residents benefit from timely, unobtrusive support that keeps them independent — often without needing to enter formal care pathways at all.

Model 5: NHS–Housing Subscription Model

This model is particularly effective in areas with strong Integrated Care Systems and high volumes of supported housing. Here, the housing provider includes ILaaS as a standard part of the tenancy offer for all residents, particularly those in older persons' accommodation or extra care settings. The NHS, recognising the system benefits — reduced falls, fewer unplanned hospital attendances, earlier recovery — agrees to co-fund the service through a per-person subscription. The cost is split between the housing provider (as part of their landlord or support offer) and the local NHS (as a preventative healthcare investment). What makes this model compelling is its simplicity: rather than counting interventions, the system pays a flat rate based on enrolled population, with the expectation of downstream savings. For housing, it improves resident outcomes and service differentiation. For ICSs, it represents a population health solution rooted in place. And for residents, it provides assurance that their needs are proactively monitored and addressed — without the stigma of being 'in care'.

Model 6: Charity and Personal Contribution Blend

In this blended funding model, a charitable organisation or philanthropic fund partners with a local authority and individuals themselves to provide enhanced ILaaS for a particular group — such as people with dementia and their carers. The charity contributes funding to make the service more comprehensive, adding features such as carer alerts, wellbeing apps, or digital engagement tools. Individuals may choose to top up with personal budgets or discretionary contributions, often

supported through direct payments or informal arrangements. The result is a flexible and deeply personalised service that exceeds what public funding alone could offer. For housing providers, this model allows greater tailoring of services while remaining within regulated standards. For local authorities, it leverages voluntary sector support and avoids full-cost responsibility. Charities benefit from demonstrable outcomes they can use to justify further fundraising or influence policy. Most importantly, residents and families receive services that reflect their needs and values — delivered with dignity, choice and control.

Model 7: Pooled Commissioning Across Housing, Health and Care

This model involves a true integration of resources at the place level. A pooled budget is created, drawing contributions from the local authority, NHS, and housing provider or supported housing management organisation. ILaaS is then deployed across a defined population — for example, residents in all sheltered schemes across a borough. The aim is to achieve joint outcomes: reduced crisis calls, sustained tenancies, improved wellbeing, and fewer A&E visits. Governance is shared, outcomes are monitored collectively, and each party retains access to real-time data. This model is ambitious, but increasingly viable as ICSs mature and joint commissioning becomes more commonplace. For housing providers, it offers long-term certainty and a seat at the table. For commissioners, it reduces duplication, aligns efforts, and maximises value. For residents, it creates seamless, responsive services that don't depend on which part of the system they "belong" to — everything just works, coordinated from the home outward.

Model 8: Developer-Investor Partnership for New ILaaS-Ready Schemes

This final model is future-facing. It involves designing ILaaS directly into the physical and financial architecture of new housing schemes — particularly extra care or supported living. The developer builds in the infrastructure for smart technology, shared responder resources, and digital care connectivity. The investor (which could be an ESG fund, pension provider, or strategic HA partner) recognises that ILaaS improves long-term value by reducing voids, increasing occupancy, and future-proofing the scheme for demographic demand and regulatory requirements. Operational revenue from ILaaS forms part of the asset's income model, alongside rent and service charges. For local authorities, this provides modern, compliant provision without upfront capital outlay. For housing associations, it strengthens their position in blended care markets. And for residents, it means that even in a new-build environment, independence is the default — not the exception.

Barriers to Realising the Vision

- Housing is not yet treated as a care partner. Strategic commissioning often excludes housing associations from planning and funding conversations.
- Benefits are misaligned. NHS gains system savings, while housing or local authorities pay for innovation — slowing adoption.
- Commissioning frameworks lack housing metrics. Outcomes like tenancy sustainment, voids avoided, or resident satisfaction are rarely counted.
- Sheltered and extra care are under-leveraged. Despite being ideal environments, these settings are not consistently integrated into system thinking or funding.

- Regulatory uncertainty remains. While supported housing licensing is coming, it's not yet clear how compliance will be funded or measured — ILaaS offers a ready solution. By capturing structured data on engagement, wellbeing interventions, responsiveness, and outcomes, ILaaS generates the kind of real-time evidence that future regulators are likely to expect — and housing providers can use to demonstrate quality.

Strategic Recommendations

The following recommendations are intended to advance the ambitions set out in the TSA/ADASS Blueprint and Housing LIN frameworks — moving from strategic intent to operational delivery through ILaaS.

- Embed ILaaS into Supported Housing Licensing Frameworks
  Work with DLUHC and DWP to ensure ILaaS can be used to demonstrate compliance with emerging national standards. The model provides digital audit trails of response times, tenant interactions, escalation pathways and preventative interventions — giving providers the assurance and accountability regulators will require.
- Create a National Outcomes and Investment Framework for ILaaS
  Include tenancy and housing-focused metrics in standard commissioning outcomes.
- Establish Housing-Led Testbeds
  Fund and evaluate ILaaS delivery at scale across 3–5 sheltered or extra care schemes.
- Enable Blended Capital Models
  Use ESG finance and development capital to build ILaaS into new housing stock.
- Align Interoperability Standards
  Ensure ILaaS systems can plug into NHS Shared Care Records, GP systems, and housing CRMs.
- Promote ILaaS as the Standard for Modern Independent Living
  Position ILaaS as the default commissioning model for supported housing — not a pilot or exception.

Delivering ILaaS: The Infrastructure We Need

Realising the full potential of Independent Living as a Service requires more than an evolution of telecare — it demands the creation of a new kind of multidisciplinary delivery infrastructure. The current generation of Alarm Receiving Centres (ARCs), while essential in their time, are not designed to support the blend of proactive engagement, risk triage, digital data flows, and human coordination that ILaaS requires.

What's needed is the establishment of Integrated Living Response Hubs — agile, multidisciplinary contact and coordination centres that combine digital signal processing with clinical insight, social triage, and housing knowledge. These hubs must be capable of managing *both proactive and reactive* interaction, and of escalating to a wide network of responders — not just ambulances or care workers, but also housing officers, community responders, GPs, voluntary sector partners, and even family carers.

These centres go beyond emergency call handling. They analyse real-time data from digital tools, identify deterioration or risk patterns, initiate appropriate outreach, and write data directly into GP systems, shared care records, and housing CRMs. They facilitate early engagement — "call before convey", "check before crisis" — and shift the system away from blunt, episodic responses towards intelligent, place-based continuity.

At Tunstall, this is the space we are preparing to move into. Not simply the evolution of technology, but the creation of a new service and operating model that reflects what modern independent living demands. These hubs will be *enabled by technology, but not defined by it* — rooted in human outcomes, local partnerships, and data integration.

We are clear that this cannot and should not be delivered by any single actor. We envisage a model where multi-agency, multi-provider consortia deliver ILaaS collaboratively — with a core prime integrator providing leadership, infrastructure, standards and assurance. Tunstall is ready to play that role, alongside others who are willing to invest, adapt and lead. In this new operating environment, the winners will not be those who own the most devices, but those who best connect people, services and insight — through housing, with trust, and at scale.

This is the infrastructure ILaaS demands. It is also the system transformation our sector has been working towards for decades — now within reach, if we choose to build it.

What Comes Next

ILaaS is not a distant vision — it is ready to be tested, adapted and scaled today. The question is not whether the model works in principle, but whether we are ready to commission, fund, and deliver it in practice.

In the coming months, we will work with partners to:

- Identify 3–5 real-world testbeds — particularly in sheltered and extra care settings — to pilot ILaaS at scale
- Develop an evidence base around system impact, housing outcomes, and regulatory compliance
- Co-design practical funding routes, including gain-share models, pooled budgets, and tenancy-focused investment cases
- Define the architecture and operating model of Integrated Living Response Hubs, including shared standards and local delivery options
- Engage with national policymakers to align ILaaS with emerging frameworks, including supported housing licensing and the NHS Ten Year Plan

The work starts now — with those who are willing to lead, to collaborate, and to shift the system from intent to action.

Call to Action

This document is a working paper — not a final pitch. It reflects the thinking, experience, and intent of those who believe ILaaS can form the basis of a new approach to care and support in housing.

We are now looking to build momentum around this agenda. That means:

We believe Tunstall has a leadership role to play — not by owning the model, but by helping shape, enable and support its delivery. But we are also clear: this only works if others step forward too.

So this is an invitation. If you see the potential in this model, if you are ready to work differently, and if you believe housing should be at the centre of the future of care — then let's build ILaaS together.