Shaping the Future of Care Together

CIH’s response to HM Government’s Green Paper

November 2009
This response paper consists of

1. General comments on the role of housing in shaping the future of support and care.
2. Responses to specific consultation questions, which include examples of where good practice is occurring which can provide templates for ongoing service development.
3. It will be followed by a full copy of the report CIH has been developing on better strategic links for the future of communities and individuals across housing health and care services.

The Chartered Institute of Housing is the professional organisation for people who work in housing. Its purpose is to maximise the contribution housing professionals make to the wellbeing of communities. The Chartered Institute has over 20,000 members across the UK and the Asian Pacific working in a range of organisations - including housing associations, local authorities, arms length management organisations, the private sector and educational institutions.

1. The role of housing in shaping the suture of support and care.

CIH has welcomed the Green Paper and specifically the acknowledgement that housing has a role to play in future considerations of delivering care services. It has identified that there needs to be much closer working across the sectors, and this needs to happen strategically as well as operationally. The strategic links will be an important part of how the market is managed locally to ensure that there are a range of high quality solutions for individuals as they consider their care and support needs. CIH would stress that housing based solutions should clearly be one of the ways considered for individuals in terms of meeting health and care needs.

The paper did not explore in full the way that housing can be part of the solution for future care needs and options. It needs to go beyond the question of whether or not equity can be released from housing, and at what stage in a person’s lifetime, although this is one of the issues raised by the paper, as part of the way people might make the payments required in all of the partnership approaches (where they have these assets and experience high care needs).

In the long term, the type of housing that will be developed, for example in areas of major growth or regeneration, or how existing housing will be used, is a critical element in how care and support solutions can be delivered and what these might cost. CIH would welcome a more detailed exploration of this in the White Paper due in 2010, and in the options taken forward at national and local levels in the future.

In growth and regeneration areas, housing that meets Lifetime Homes Standard (LHS) and neighbourhoods that maximise the opportunities for mobility and social engagement, to give and receive support (the Lifetime
Neighbourhoods Standard), must be part of the way local authorities and partners plan strategically for meeting the current and future needs of our ageing society. LHS will ensure housing that is more easily and cheaply adaptable than much existing housing stock, which will support people living safely for longer and at lower cost (for care and support), in their own home, and support the delivery of more personalised services where increased care needs are identified. Housing market assessments and Joint Strategic Needs Assessments must cross reference projected needs, and together inform the vision and plans made for local areas. (This is an important element in the CIH/ DH’s Housing LIN report to follow, and will shape not only commissioning of care services, but also of the type and range of housing required.)

Where the critical issue for local areas is the nature of the existing stock (i.e. not an area of major growth or extensive regeneration), the strategic assessments must inform how local authorities and partners plan for adaptations and increased standards in existing stock – through increased investment in disabled facilities grants, or investment in improvement schemes, affordable warmth schemes etc. All of these can benefit by increasing safety in the home, reducing risk of accidents and falls and supporting better delivery of care services. The value of this – investment in relatively moderate adaptations, and the savings this can provide in preventing increased care and health inputs – has been demonstrated several times in Audit Commission reports, the most recent being Don't Stop Me Now. Care and Repair England have also produced briefings and evidence on the importance of adaptations to support and care solutions for older people.

New and additional technology delivered into the home is also an important element in future planning for maintaining people safely at home, and when used in conjunction with high quality responsive support and/or care services, can do much to reduce the need for long term/residential care, as can increased options in housing with care, such as extra care or very sheltered schemes, i.e. planning for and providing a range of safe and attractive housing options as part of the foundation for reduced care services and support for speedy re-ablement following hospital discharge. Examples are given as part of the response to the specific consultations questions below.

In all of this, the future of care and support needs to be planned with a broader range of partners involved, including housing and planning strategists, to ensure that we are creating/shaping the right neighbourhoods which will support increased activity and healthy lifestyles, and more effective delivery of care in a range of settings. This is the critical foundation upon which the debates about the nature and extent of care services needed in the future should take place.

2. Consultation questions.

Question 1.
CIH strongly supports the six essentials listed that all should be able to expect in relation to care services (and a National Care Services specifically) in the future.

The general comments on the importance of joining up housing strategically and operationally can best be highlighted by the significance that good housing can play in prevention of increased care or health needs. Good quality housing, which provides an affordable and warm environment, with adaptations suited to any mobility and sensory requirements, will ensure that people can continue to live as actively and independently as possible at home. Adaptations which may be required to prevent a fall often cost under £1000, compared to the cost of a hip fracture and hospitalisation of £21,000. Housing schemes (such as sheltered or extra care housing) can often also provide a re-ablement service in intermediate care – provision in a setting that is familiar and less institutional, facilitating rehabilitation and regaining of confidence. Good housing coupled with technology can also provide a prevention or reduction of need for higher cost care interventions.
In the access to advice and information, and in the proposals for national assessments, CIH would urge that housing is included in relation to the options and solutions offered to individuals. In relation to housing options for older people, strong information and advice services are provided – e.g. First Stop and other services by the EAC (Elderly Accommodation Council) which could be considered for examples, or for foundation services, to which care and support can be added.

Where the individuals concerned are in housing with support or care provision, it is not just in terms of the physical nature of the building, but the support and input of housing professionals that should be included when gathering information for assessments. Frequently housing professionals,
such as sheltered scheme managers/ support staff have regular ongoing contact with individuals and their input and advice, as well as any implications for the housing service people receive or require, should be part of a comprehensive needs assessment process.

Question 2
In relation to joined up services, CIH argues that this should incorporate not only support, care and health services, but also include housing. This needs to happen at the strategic level, as explored above, so that the full range of housing and other options are available for people at the local level. This strategic partnership should be occurring at the level of the Local strategic Partnership, so that the services relate to and can deliver the identified and shared local vision and priorities set out in the Sustainable Community Strategy and Local Area Assessments.

Evidence from the case studies interviewed for the Housing, Health and Care report illustrate that there are still some barriers to this occurring, including different regulatory requirements, different targets driving decisions, and the pressure of tight budgets. However, where it does work, all have identified some significant factors:

- The right level of representation from partners (able to make and follow through decisions)
- Continuity of representation and the importance of time to build up trust
- Understanding each other’s objectives and limitations
- Finding ways to share expertise, or to gain it across the sectors
- Commitment to working through difficulties
- Preparedness to take responsibility and to share risks
**Practice Example: Blackpool’s strategic and operational joint working**

NHS Blackpool’s investment in adaptations and the work of the Home Improvement Agency sprang from a wider integration and joint working approach that has been driven by health and adult social care sectors, but which also incorporates housing and the police.

Strong historic links between health and social care have been reinforced by both the coterminous boundaries and by co-location of officers. The chief officers of all statutory partners meet on a regular basis, and the LSP has also been reshaped to ensure that small committees can drive forward the priorities of the wider partnership; the health and well being board is chaired by the CEO of the PCT, and has developed the links with and investment of the Home Improvement Agency, in the adaptations and the Affordable Warmth programmes. The high instance of deprivation, the large numbers of older people, and the poor condition of much of the stock have made investment in housing a clear focus to improve health and well being.

In addition to the strong strategic links at director level, the partners have developed a joint training programme for frontline workers across the sectors, again based around the effect of the environment on people’s health. Training is done in house and includes professionals from the Home Improvement Agency, private rented sector housing and health staff. This brings shared expertise and clearer understanding of the wider issues to look for when visiting individuals. It has also contributed to a different culture and way of working, which has broken down professional silos to enable all to be more customer-focused; it means that there is effectively one referral system for customers, with information able to be shared across sectors to find creative solutions for customers.

As one director put it: ‘It has become normal to consider each other in all we are doing’ and has contributed to more satisfaction for the workforce, being able to see the difference of their impact without having to ‘go through so many hoops’.

The strong strategic relationships also mean that together there is a strong commitment to looking across relevant legislation and regulation to find ways to get things done, with a strong sense of trust in taking risks, which the partners believe will equip them well for the challenges with tighter budgets and increased need for efficiencies etc.

**Benefits:**
- Strong strategic relationships to maintain and develop cross sector working
- A culture of shared working at all levels of the workforce
- A more streamlined system for customers
- A joint review of the adaptations process improved delivery (outcomes focused)

(Taken from forthcoming Housing, Health and Care report)
In relation to helping this joined up working happen, government should consider how it can help partners to address the barriers to integration. The local framework of LSPs, changed performance framework, and the new Comprehensive Area Assessments care part of making that happen. CIH is also committed to supporting the housing sector to contribute to the partnership, and has been working with the NHS Alliance and ADASS on the recent report and steps to take partnership working forward. We would be happy to support government’s ongoing efforts to consider and integrate the role of housing in supporting healthy, active and safe communities, and how housing can support the future of care.

3. Housing, Health and Care.

Several of the comments and the examples are taken from/ based on the recent work CIH as undertaken, in partnership with DH’s Housing LIN, and in conversation with ADASS and the NHS Alliance. This report is due to be published at the end of November, and a full copy will be sent.

CIH contact:
Sarah Davis
Senior Policy Officer
sarah.davis@cih.org

www.cih.org