CIH briefing: Care Bill (House of Commons committee stage)

1. General comments

1.1 CIH welcomes the Care Bill and the drive towards more effective integration of care, support and health services to deliver better outcomes of health and wellbeing for individuals.

1.2 We fully support the aim to increase a shift to prevention/ delay and reduction of higher care needs and prevention of ill health, through better integration. We acknowledge the increased focus on housing and its importance in achieving the aims of the Bill, through:
   • Inclusion of suitability of accommodation in the wellbeing definition
   • The explicit reference to housing as health-related service provision
   • Inclusion of district authorities in two tier areas, and of private registered providers of housing in the general duty to cooperate.

2. Risks to effective integration with housing

2.1 However, we remain concerned that the delivery of the important ambitions of the Care Bill will be compromised by the lack of integration with housing services, and a failure to capitalise on the demonstrable effectiveness of decent, affordable, accessible housing and related support services to achieve this.

2.2 To support housing organisations partner effectively with health and care, CIH and Housing LIN developed a framework focused around the outcomes set for health, public health and social care; we are committed to supporting housing professionals engage with this critical agenda.

   • Safeguarding

2.3 CIH remains concerned about the lack of explicit reference to local housing authorities and providers as partners for Safeguarding Adult Boards (clause 43 and schedule 2), although we acknowledge the general duty of cooperation in clause 6.

2.4 We have developed work to support housing to engage effectively as partners around the safeguarding agenda, following on from an article by Imogen Parry in CIH’s key publication (Learning today, leading tomorrow)

2.5 Local housing authorities’ role in coordinating wider relationships with housing and support providers, and with local private sector landlords, can play a pivotal role in supporting protocols and procedures to support wider engagement in safeguarding
locally. The increasing vulnerability of many tenants of council/ALMO and housing associations, in general needs homes as well as specialist accommodation, makes them critical partners in identifying people potentially at risk and enabling a proactive approach to maintaining people’s safety.

- **Cross funding**

2.6 We are concerned that a strict reading of clause 23, prohibiting cross funding of other housing services (under the Housing Act 1996) may lead to retrenchment from joint commissioning of housing support services and disabled facilities grants (which remain mandatory for local housing authorities), in spite of the understanding of ‘health-related services’ (referred to in clause 3) as inclusive of housing. Again we would welcome the opportunity to work with the department on guidance on this matter, if clarification on the face of the Bill is not possible.

3. **Further opportunities for integration**

3.1 We believe that further opportunities for integration could be strengthened on the face of the Bill by explicit reference to housing services in respect of the following:

- *The importance of housing in preventing the need for care and support (clause 2) to achieve a shift of focus on commissioning for prevention.*

3.2 Delivery of a full range of preventative and integrated services in a local area will require mechanisms for local housing authorities and housing providers to facilitate, identify and deliver home-based solutions to meet individual and community care and health needs.

3.3 Local health bodies, social service and authorities, and housing providers should work together to understand where costs build up in different parts of the care and health system, and to recognise the value of safe, accessible, affordable and settled homes, housing-related support and home-based care services across primary and secondary care. This includes working together to identify the need for specialist and accessible/adapted housing. This could help to reduce the pressure on local hospitals and residential care which are often accommodating older people who would be happier and healthier in their own, independent but supported homes.

3.4 Engagement with housing should take place through health and wellbeing boards, local strategies, and needs assessments across housing, care and health, and directing local commissioning plans. As the Health and Social Care Act 2012 does not provide a specific framework for housing to engage with health, and vice versa, housing authorities and housing providers are struggling to engage with the new local structures. The Care Bill provides an opportunity to resolve this.

- *The inclusion of housing options in the advice and information provided by local authorities (clause 4).*
3.5 Information and advice services across housing, health and care should ensure that individuals in need of care are aware of housing options and housing-based services as part of the local care market. The draft Bill places duties on adult social services and local housing authorities to work together; ensuring that housing options are included in information and advice on care and support is a sensible extension of this.

3.6 Valuable resources already exist in relation to housing and care (run by the Elderly Accommodation Council), including a telephone information line – FirstStop - for older people. This and other resources should be considered in any ways to take forward and develop information and advice. FirstStop has enabled a more integrated local approach in some local authority areas, whereby a number of local partners utilise the national resource provided by FirstStop in their own local areas. This could be a useful model for local authorities when developing information and advice available locally as part of responses to the Bill. Social housing providers deliver a range of advice and information services to their tenants and, in some areas, to people across housing tenures in their localities. There should be a clear link between, and signposting across, the services to enable people to understand the range of options available for meeting their needs, particularly at early stages to prevent/delay increased needs for care.

- *The inclusion of housing in assessments for care and support needs, and referral to the relevant local authorities where housing issues/solutions are identified (clause 9) and particularly on discharge from hospital needs (schedule 3).*

3.7 Integrated working between housing, care and, where appropriate, health (for hospital discharge) is key to safe and effective delivery of care, and timely hospital discharge, and to ensure that the ‘suitability of living accommodation’ or home environment is recognised.

3.8 The recognition of the critical impact of the home for achieving this led to a hospital2home resource pack developed for the different groups of professionals involved, by leading experts across the health, care and housing sectors. A number of highly successful rapid response schemes by Home Improvement Agencies have developed in different localities as a result.

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About CIH

CIH is the professional body for people working in housing. Many of our 22,000 members deliver housing management and support services to people who require care and support, both in general and specialist housing environments. For many others, housing support services make a significant contribution to preventing the need for more intensive care provision, by helping people to manage and maintain their homes and tenancies, access volunteering opportunities, and supporting people into employment, education or training – all of which are major contributors to greater health and wellbeing.

CIH’s Director of Health and Wellbeing, Domini Gunn, gave oral evidence to the Joint Committee on the early draft of the Bill, and at the Committee’s request we provided additional written evidence.

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