Submission

Health Select Committee Inquiry on Social Care

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Health Select Committee Inquiry on social care – Submission by the National Housing Federation

The National Housing Federation is the voice for affordable housing in England. Our members provide two and a half million homes for more than five million people. Every year they invest in a diverse range of neighbourhood projects that help create strong, vibrant communities.

Approximately half of our members deliver housing, care and support services to some of the most vulnerable people in society, including people with learning disabilities, people with mental health problems, older people with care or support needs, homeless people, and women fleeing domestic violence. The wide range of services provided includes: help in setting up and looking after a home or tenancy, support with developing independent living skills, help to develop social networks, manage money and to stay healthy and access health services, and assistance to arrange repairs and home improvements as well as social care.

1.0 Summary of recommendations

- The Health and Social Care Bill and subsequent guidance should join-up housing, health and care. To deliver improved outcomes there needs to be clear and practical links with housing through Health and Wellbeing Boards, local strategies, needs assessments and commissioning.
- We support the implementation of the Dilnot Commission’s recommendations as a clear way forward on the funding of future care needs and integrating health, care and housing.
- Widespread cuts to housing-related support by many local authorities will make it harder to deliver the Government’s vision for social care because they strip away a vital layer of preventative support. There needs to be a robust accountability framework for local spending on preventative support services.
- Local leadership and innovation is required to pool budgets and incentivise a focus on prevention in commissioning of services.
- Local authorities should actively manage their local market of care and support. This should entail ensuring a diversity of housing, care and support options to meet local needs and building in sufficient preventative services to reduce demand on acute services.

2.0 The role and value of housing associations to social care

Housing associations provide a wide range of services that deliver social care outcomes. Strong partnerships between housing providers and local health and social care commissioners bring together the necessary expertise and capital and revenue funding to ensure viable and appropriate services. This submission highlights a number of effective examples of this. However, there is a bigger opportunity to include housing as an integral part of strategic planning and commissioning of care services in the future.

A care system that delivers better outcomes for individuals and communities, personalised and preventative services alongside efficiency savings necessitates integration with housing and support.
The Health and Social Care Bill, and subsequent guidance, is a significant opportunity to join up housing, health and care. To achieve this at a local level we need to see housing representation and voice on Health and Wellbeing Boards and ensure that housing needs are integrated into Joint Strategic Needs Assessments.

The Government’s vision for social care, set out in *Capable Communities and Active Citizens* emphasises the importance of individuals having control over their own care, and the need for a diverse range of providers to deliver personalised care and support. Housing is recognised in the vision as an important wider support service that enables the care system to build community capacity and deliver preventative services that intervene early.

Where people live is one of the key determinants of health. Good housing is in itself a preventative investment. Settled housing improves health and reduces the incidence of respiratory and other diseases.¹ For people with a mental illness, for example, having a settled and secure place to live is critical to recovery.

Appropriate housing with care and support can also enable people to remain independent and receive health, social care and support services in their home rather than have to move to more institutional settings, including hospital. Delivery of preventative services to people as they age, or their needs change, can reduce or slow the need for more intensive and expensive support services and interventions. Housing associations can offer flexible levels of support in a community setting, and can provide better outcomes at lower costs for people and their carers than traditional high cost nursing and residential care.

Housing associations are major developers and managers of both mainstream and specialist housing specifically designed and built to facilitate and deliver care and support services. Most people aim to, and do, remain in their own homes throughout their lives. If these homes are adapted as people’s physical needs change or designed with flexibility built in from the outset, this facilitates the delivery of social and domiciliary care and support services to people within their own homes assisting them retain their independence.

For some people with care needs, specialist housing is more appropriate, as it is designed to facilitate and provide the support and care services they require. The spectrum of services range from low level support to more intensive care and support, for example:

- Sheltered housing, extra care housing, and care and support services for older people to help them continue to live in their own home rather than move into residential care;

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- Supported housing and flexible support to help people with mental health needs stabilise their lives, recover or maintain a tenancy and live more independently;
- Services for homeless people with complex and multiple needs. This includes drug and alcohol misuse and mental ill health, where clients can fall between the gaps between traditional services.

3.0 Evidence of the value of housing to health and care

As well as achieving health objectives, housing-related support is cost-effective and offer good value for money. Through the wide range of care and support services that housing associations provide, real cost benefits are delivered across a range of service areas.

The Department of Health’s Care Services Efficiency Delivery team’s research compared the outcomes and costs of a number of housing-related support projects with the likely alternative services for clients if those projects were not available. This demonstrated that investment in a range of preventative support and housing based services leads to better outcomes for the users of the service, their families and brings savings to the tax payer, through, for example, the avoidance of hospital admissions and reduced numbers of children being taken into care. They also enabled people to exercise greater independence, choice and control over their lives.²

Between 2003 and 2009, housing-related support services were funded through the Supporting People programme The Cap Gemini study of the benefits of the Supporting People services estimated that a £1.6bn annual investment in housing-related support services generated annual cost savings of £3.41bn to the public purse, including to health and social care.³

² Department of Health, Support Related Housing Incorporating Support Related Housing into your Efficiency Programme (2009) www.dhcarenetworks.org.uk/csed/Solutions/supportRelatedHousing/
Frontier Economics’ analysis of capital investment in specialist housing with care and support concluded that investment by the Homes and Communities Agency in specialist housing for nine client groups delivers an annual net benefit to the exchequer of £639m; including £219m a year from older people’s housing, £199m a year from specialist housing for adults with learning disabilities and £187m a year from specialist housing for people with mental health problems. The Department of Health highlighted this research to local authorities in its December 2010 Local Authority Social Services Letter regarding capital grant funding.

The Marmot Review of health inequalities identified housing conditions as one of the key social determinants of health inequality, alongside child development, education, employment, and standard of living. The Review also recognised the need for developing sustainable places and communities, something that many housing associations are engaged in.

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### 4.0 Challenges and opportunities in integrating housing and care

#### 4.1 Joining-up commissioning

Many local areas are progressing partnerships with housing associations to improve services, achieve better outcomes and reduce costs. However a number of barriers exist to fulfilling this potential. One of the key challenges is the need to join-up strategic and local commissioning between housing, social care and health. Research published by the National Housing Federation has shown that only 20 out of 152 Primary Care Trusts scored highly (level three or above out of four) on the previous collaborative working competency.

The financial benefits of housing-related care and support services often extend the beyond local authority to other areas of public spending, like health and wellbeing and community safety. Gaining local support for such schemes means local partners need to align priorities and funding streams across a number of different organisations and service areas. To achieve this they need to be ways of valuing and prioritising broad health and wellbeing outcomes across health, care and housing.

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6 Ibid

7 Health Mandate, Housing for Health: Worlds Aligned, National Housing Federation, 2010.
The Government supports Community Budgeting as a route to pooling local funding to improve services and focus more on outcomes rather than the limited scope of existing services or budgets. Initial pilots have focused on intensive support for families with multiple problems and opportunities should be sought to extend this approach to delivering health and wellbeing outcomes in community settings.

The changes in commissioning that will be delivered through the implementation of the Health and Social Care Bill create opportunities to build in joint working and partnership between health, social care and housing so that the cost savings identified above can be realised and that people receive the services that they choose, in homes that they want to live in. While the Bill creates a framework and environment that is more conducive to the integration of local services it does not guarantee it. Local leadership, consultation and involvement of housing providers will be critical for the new bodies and forums to connect housing, health and care together in ways that will deliver better outcomes. Links with housing could be made at all stages of service planning, commissioning and delivery.

Recommendations:

- Housing needs voice and representation through the Health and Wellbeing Boards to help local integration of services beyond health and care.
- Joint Strategic Needs Assessments of health and care needs (JSNA) should be linked to an up-to-date housing needs assessment. As JSNAs are developed they should draw on the knowledge and intelligence held by housing associations about the health and care needs of vulnerable groups.
- Clinical commissioning groups (CCGs) and local authorities should align their strategies and commissioning functions to ensure they are making the best use of their shared resources and enabling more people to receive the care they need outside hospital settings.
- To ensure the Bill's commitments to tackling health inequalities are actionable and meaningful local strategies should be informed by data from housing and support providers to focus attention on marginalised groups and communities who experience particularly poor health outcomes. This should include data on the needs of those with experience of homelessness or vulnerable people in poor or unstable housing. These groups will have severe needs but may be numerically small and not clearly defined unless existing assessments of housing and health disadvantage are brought together.
- Local authorities should test a variety of approaches to pool and align budgets to deliver more joined-up housing, care and support. This could include exploring the use of a community budget approach to bring together capital and revenue funding for supported housing.
- To improve outcomes and make more effective use of resources, health commissioners should work with housing associations to plan how housing fits into integrated care pathways. Nationally, the NHS Commissioning Board should champion and lead and help co-ordinate this.
4.2 Investment in preventative services

There is a growing evidence base that housing-related interventions can prevent or delay people entering the social care system and produce better outcomes for people at a lower overall cost. As the Dilnot Commission Report recognises, integrating housing, health and care is essential to delivering preventative services that deliver better outcomes.

However, the vast majority of local authorities in the country set their eligibility criteria for care at ‘substantial’ and above. Between 2003 and 2009 the funding for a number of preventative services such as support for older people living in sheltered housing or independent living skills for people with a learning disability or mental ill health came from through Supporting People funding. This programme existed alongside, rather than integrated into, local authority responsibilities for adult social care. While housing-related support also provides assistance to those outside the care system but in need of support, these services picked up some of the lower level needs within the low and moderate Fair Access to Care Services (FACS) criteria.

The Spending Review 2010 maintained national investment in Supporting People services in cash terms over the next four years. However, as part of the Spending Review’s commitment to give local authorities more freedom funding for these services was rolled into the Formula Grant. There is no statutory duty to support many of the groups assisted by Supporting People services and no clear mechanism for service users, citizens and providers to track the funding that local authorities have allocated and spent on those services.

A survey of Federation members last year found that about three-quarters of respondents expected cuts of over 12% over the next four years. Over 40% of respondents were expecting cuts of over 21%. We have since seen local authorities pass budgets with large cuts to housing-related support services for this financial year.

During this time of such significant cuts in public spending and wide scale reform to public services, there is a need an opportunity to reassert the importance of preventative services in meeting people’s needs. Without this vital layer of preventative housing-related support it will be impossible to deliver the Government’s social care vision or improve outcomes for a number of excluded and marginalised client groups.

Recommendations:

- To achieve a focus on prevention the future care system needs to extend its commitment to integrate services beyond health and care to housing and community support. National and local commissioners need to be able
to value and prioritise services that prevent the need for acute services and save costs across the whole system.

- Central government should support and champion a framework for local transparency and accountability for the expenditure on housing-related support as lifeline services for some of the most vulnerable in society.
- Local authorities should prioritise strategically important housing related support services and avoid cutting non-statutory support services disproportionately.
- Local authorities should also be supported to provide comparable information on expenditure, provision and outcomes of services for vulnerable people as part of the Government’s broader commitment to openness and transparency in public services.

4.3 Combining capital and revenue funding

Some housing schemes will have both social care and health investment to deliver services and capital funding to develop or remodel accommodation to deliver those services from. In developing a new specialist housing scheme a housing association may be able to obtain a proportion of the capital costs from public grant, however it will also borrow money and often draw on its own resources as well. The Spending Review 2010 brought in a new investment framework for the building of affordable housing, including supported and specialist homes. The overall capital grant was cut by 63% and new homes will be funded through a new Affordable Rent product. The Homes and Communities Agency retain a strong corporate commitment to deliver a proportion of supported and specialist homes through the reduced funding pot. However, the scale of cut to capital investment requires housing associations and social care commissioners to look to alternative sources of capital investment to meet the scale and diversity of local needs.

To fund the management of the scheme and deliver housing services, the association receives rent and service charges from residents. The care and support services are commissioned by and contracted and funded by local authority social care teams, sometimes through prevention strategies or Supporting People teams and/or health.

A number of schemes provide a mix of housing tenures. This is often a vital way of meeting the range of local needs but it also creates a complex web of funding and relationships that housing associations and commissioners have to manage and deliver through. This can involve partnerships with different tiers of local government, and bringing together capital funding, discounted local authority land and land purchased from the NHS estate.\(^8\)

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\(^8\) For a case study of this, see, National Housing Federation (2011) Breaking the Mould:Re-visioning older people’s housing, pp21-22 www.housing.org.uk/publications/find_a_publication/care_and_support/breaking_the_mould_re-vision.aspx
Housing is integral to delivering genuinely personalised services. An individual’s housing circumstances can make a huge difference to their ability to exercise choice and control over their care and support. However, with greater use of individual purchasing, there is a risk that some accommodation-based models of care and support may become unviable because of the degree of core costs of housing-based projects. This would be counter-productive to true personalisation and reduce the level of choice and range of services available to clients. However, several pilots have shown the different approaches housing associations and commissioners can take personalise services in a way that combines meaningful choice and control for service users with a degree of block-contracting maintaining overall scheme viability. Different clients want different levels and types of choice so a diversity of approaches is needed to achieve personalisation.

Housing associations can be skilled local partners for local social care and health bodies. Housing associations bring the expertise in housing design and development and are able to lever in private finance in the form of loans to co-fund schemes. However the association takes a risk that the specialist building will continue to be used as a resource for the local community to meet the identified need. This highlights the need for local commissioners to fully understand the valuable role that housing play in delivering their social care outcomes.

**Recommendations:**

- Nationally the NHS Commissioning Board should support trusts, social care departments and providers to explore ways to link capital and revenue funding to deliver the specialist and supported housing we need.
- The Government should support the development of a wide range of personalised options and help share learning between local authorities and providers on models of services, contracting and brokerage that work for service users, commissioners and help sustain a variety of accommodation-based projects.

### 4.4 The Dilnot Report and use of housing equity

We support proposals made in the Dilnot report to explore how equity release models may be developed and diversified to meet a range of needs.

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Research by One Housing Group has shown that equity release is currently used to fund care and support for older people in only 1% of cases, compared to 70% of cases where it is used for home improvements or adaptations. Surveys and focus groups with older people have demonstrated an interest in using equity to fund care and support in old age, but also pointed to the need for products need to be simple to understand, cheap to administer, and flexible enough to adapt as care and support services develop to meet a range of different personal circumstances.\(^\text{11}\)

**Recommendation:**

- More detailed examination should be given to the potential of housing equity to fund care and support services in a planned way so that people have choice and control over both their services and where they live.

### 4.5 Use of assets and the NHS estate

With such significant pressure on public spending and widespread cuts to preventative housing-related support services, commissioners and providers need to look to a variety of different ways of delivering new services.

There are already examples of social services and local authorities providing discounted or free land in order to ensure the viability of new accommodation schemes that deliver local priorities. Flexibilities available to foundation trusts provide opportunities for real innovation and creativity in the use of existing estate. Housing associations are well placed to offer the NHS new ways of using the NHS estate creatively to deliver the facilities that local residents require whilst improving health outcomes.\(^\text{12}\)

**Recommendation:**

- NHS bodies should explore opportunities to use the existing NHS estate in different ways to deliver better health outcomes. This could include for example, partnerships with housing associations to ensure Trusts have accommodation available to support speedy discharge and step-down services.

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\(^{11}\) One Housing Group (2009): Aspiration Age - Delivering capital solutions to promote greater choice and independence for older people [www.onehousinggroup.co.uk/papyrus/files/documentmanager/Aspiration%20Age_full%20report.pdf](http://www.onehousinggroup.co.uk/papyrus/files/documentmanager/Aspiration%20Age_full%20report.pdf)

\(^{12}\) NHS Confederation and National Housing Federation (Dec 2011) – Housing and Mental Health [www.nhsconfed.org/Publications/Documents/Housing_MH_021211.pdf](http://www.nhsconfed.org/Publications/Documents/Housing_MH_021211.pdf)
5.0 Partnership with health and social care: the housing association offer

The rest of our submission highlights a number of examples of the different ways in which partnerships with housing associations can deliver better social care outcomes for a variety of client groups.

5.1 Prevention and Early Intervention

Housing associations and support providers deliver preventative and early intervention services that support or prevent needs becoming more severe. By promoting independence, improving people’s health and reducing the need for more acute care services, housing associations deliver cost-effective support.

Housing associations also have a good track record of delivering services that are designed to promote health and wellbeing, to prevent falls, accidents and promote independence through the provision of technology, equipment or adaptations. PCTs have shown the greatest appetite to commission services that are explicitly designed to prevent hospital admission. As the NHS develops a more mutual relationship with patients and supports them to make good choices about their own health, such services have a clear role to play. In the example below from St Helens the PCT has funded early intervention to prevent over-representation on acute mental health services of people who experience disadvantage.

**Helena Partnership – Community wellbeing**

A Community Health and Wellbeing post, funded by Halton and St Helens PCT, provides preventative services, advice and information to deliver public health improvements in areas of greatest deprivation; it also supports implementation of the local mental health promotion strategy. Working in partnership with the public health delivery team and leads for adult mental health promotion, suicide prevention and child and adolescent mental health promotion, the role has shown improvements in self-reported mental health and reduced likelihood of stair casing into acute services.

5.2 Low level support that builds recovery and inclusion

Housing associations provide services to the wider community as well to residents of their own schemes. This includes providing a resource for the community or outreach services to people in their own homes. Darwin Court a development by Peabody Housing Trust is a social housing scheme for people over 50 and provides a range of support services to residents. It also has a resource centre on the ground floor including consultation rooms, an IT suite, restaurant and swimming pool, all of which have created a significant community amenity and contribution to health and wellbeing in the area.
Each year housing associations invest in a diverse range of neighbourhood projects that help create strong, vibrant communities. In our neighbourhood audit, the Federation found that housing associations delivered 6,800 diverse neighbourhood services and facilities such as community centres and sports facilities and other initiatives which benefited around 5.5 million people and contributed to the economic, environmental and social stability of local neighbourhoods.\(^\text{13}\)

5.3 **Housing and services that maintain independence**

There is a wide spectrum of housing provision for older people ranging from sheltered to extra care housing.

Sheltered housing may provide an onsite or visiting warden and are usually equipped with telecare systems to provide security for residents and enable them to call for assistance. Whilst care is not provided on site as part of the service, residents may receive domiciliary care in their own homes. Extra care schemes will have a range of facilities over and above those of sheltered housing and have on-site care staff providing services to residents with a range of needs from low to high care including dementia. Extra Care is now being used for intermediate care and rehabilitation as well as longer term housing and offers a route to more integrated delivery of housing, health and social care needs.

The ILC’s report on extra care reported substantial reductions in additional social care needs amongst extra care residents, as well as a lower uptake of hospital inpatient beds and a lower number of falls.\(^\text{14}\)

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**Irwell Valley Housing Association’s Shore Green dementia service**\(^\text{15}\)

Based in the Shore Green extra care scheme in Manchester within 10 flats, the service offers a specialist care service for older people with dementia and other memory loss conditions. The scheme has a communal lounge, kitchen and garden and enables residents to continue a level of independent living in an environment where support is available when it is required and which has been designed to support people with dementia for example: gas monitors, door sensors, and colour coding of areas.

The Care Services Efficiency Delivery analysis concluded that the service at Shore Green offered good value for money: better outcomes were being

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13 National Housing Federation *Neighbourhood Audit* (2008)  

14 *Establishing the extra in Extra Care: Perspectives from three Extra Care Housing Providers*, ILCUK report September 2011, p1

15 This is a summary of the full CSED case study, available online  
www.csed.dh.gov.uk/_library/Resources/CSED/CSEDProduct/shoregreen01.pdf
achieved at a marginal extra cost. Additionally, this cost comparison is before any savings related to A&E, hospital, ambulance or police are taken into account. The evaluation concluded that the Shore Green model would provide people with dementia with a better quality of support and cost the wider health and social care system less than traditional nursing and residential support options.

The Federation’s *Breaking the Mould* project reflects the diversity and changing trends in the social care market for older people. It shows how housing associations are broadening their housing offer for older people, including:

- Developing home ownership options which take into account the high levels of owner occupation and housing equity owned by older people.
- Broadening out services and facilities to the wider community, including services for self funders and providing commissioned services to the wider community, including working with the NHS to accelerate discharge from hospitals, better integrating housing into the care pathway and delivering flexible support to people in their homes.¹⁶

5.4 **Step-down services, accelerating hospital discharge and preventing re-admissions**

Transitional housing models, sometimes also called intermediate care can offer people who have had a period in hospital a transitional flat to build confidence, mobility and living skills or to wait whilst adaptations are completed on their own home. Such services reduce unnecessary hospital stays or referral to residential care.

**Havebury Housing Partnership (HHP) – hospital discharge service**

In partnership with the NHS, HHP in Bury St Edmunds provide a flat for people discharged from hospital or waiting for completion of adaptations to their home. HHP’s weekly charge of £155 is a considerable saving on local hospital weekly bed cost of £2,800. Reduced need for registered care will also save social care budgets.

5.5 **Housing with personalised care and support**

Several housing associations are testing out how personalisation fits into models of specialist housing, which require a degree of stability of funding to meet core costs, which might include twenty-four hour cover and supervision. These models include collective purchasing by service users of a core service offer alongside a ‘menu’ of options available for purchase from a range of providers. Sometimes called a ‘core and flexi’ model this involves local authorities commissioning housing and support providers to deliver more individualised services within block contracts.

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<th>Look Ahead Housing &amp; Care’s Coventry Road service</th>
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<td>Based in London Borough of Tower Hamlets (LBTH) this is a high–needs, mental health accommodation-based service with 20 self-contained flats for clients with a range of complex needs including substance misuse, gambling addictions and forensic histories. Funded jointly by Supporting People and the PCT, the core service provides a fixed range of services required by all clients and needed to run an accommodation-based service. The flexible service provides individual support and a cash budget to enable the service to be tailored to the needs, wishes and interests of the customer.</td>
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