

Response

Caring for our future: shared ambitions for care and support

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Date: December 2011

Ref: NS.CS.2011.RS.22

Following our earlier submissions to the Law Commission review of Social Care and the Dilnot Commission on the Funding of Care and Support, the National Housing Federation welcomes this further opportunity to give our views on the priorities for improving care and support. In this response, we focus on the most relevant questions to our housing association members.

A settled home is essential to a person's health and wellbeing and must be in place if other interventions are to be fully effective. Housing and housing-related support plays a critical role in promoting health and personalised social care.

1.0 Key Recommendations

- A diversity of provision is central to personalisation and choice. The Government should ensure that different service models and contracting arrangements can develop, including a range of housing, care and support options. The Government needs to work with local authorities and other partners to develop the market to expand and embed the integrated provision that people need.
- It is vital to use legislation like the Health and Social Bill and subsequent guidance to join up housing, health and care. To achieve this we need to see housing representation on the Health and Wellbeing Boards and ensure that housing associations contribute to Joint Strategic Needs Assessments.
- Widespread cuts to housing-related support by many local authorities will make it harder to deliver the Government's social care vision because they strip away a vital layer of preventative support. The Government must address the needs of many clients who need lower levels of support, in addition to those who have higher needs. There needs to be a robust framework for accountability of local spend on preventative support to give a sharper focus on these services.
- Government policy around eligibility criteria for NHS continuing healthcare, as well as social care, needs to be much clearer and more consistently applied across the country in order to achieve independence and choice.
- In order to promote preventative interventions, the Government needs to ensure that Payment by Results (PbR) models work well for all population groups. PbR models should therefore incentivise the right outcomes, balance risks and deliver long-term as well as short-term interventions.
- The Federation strongly supports the Dilnot Commission's report and we recommend a single assessment for funding both care and support. This is vital to ensuring fair, transparent processes that help all those groups who need care to access it.

2.0 Background

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

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

3.0 Question 2. What are the priorities for promoting increased personalisation and choice?

Delivering personalisation and choice requires a broader shift than focusing solely on individualised funding. It is also about 'a broad range of choice in the local care and support market, including housing options, and personalising the way in which care and support services are delivered.'¹

The emphasis of current policy is on bringing a range of support and care services closer to home and delivered in the community by primary care professionals and a range of partners from across the private, public and voluntary sectors. Housing is crucial to realising this vision. Settled accommodation provides a base from which people can access a range of health and other services in the community and enables them to receive support in their home, or much closer to home.

For personalisation to be effective, there needs to be a diversity of provision. Different people will want to exercise varying levels of control and so different models of service provision and contracting arrangements should be allowed to emerge to meet these needs. 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, a core service offer alongside a 'menu' of options available for purchase from a range of providers, and local authorities commissioning organisations to deliver more individualised services within block contracts. Housing providers are also extending personalised services to people in the wider community.

¹ Think Local, Act Personal, 2010.

http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/THINK_LOCAL_ACT_PERSONAL_5_4_11.pdf

Example: Personalised dementia services

MHA (Methodist Homes) has particular expertise in dementia care and run specialist services in both care home and domiciliary care settings. For example, in Leeds, MHA has developed an extra care housing scheme offering a choice of dementia care services, not only to the people living there, but also day care in a state of the art day centre and an outreach dementia service to older people in the local neighbourhood, both during the day and at night.

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 and contracting that work for service users, commissioners and providers.

An increasing number of people are purchasing their own care and support through personal budgets. The health and social care system can be complex and in order to purchase appropriate services, individuals need access to good advice, information and support. When a person is able to choose the services which suit their requirements and preferences, it is more likely that the desired outcomes will be achieved. This can also lead to financial efficiencies and contributes to delivery of the Quality, Innovation, Productivity and Prevention agenda.

The Federation believes that greater priority should be given to services which provide independent information and brokerage by independent providers. This could include housing associations, who have a strong reputation of being a trusted organisation with a good knowledge of a range of services in the local community.

Example: Independent Support Planning Service

Essex Coalition of Disabled People runs an independent support planning service. At present it operates mainly in social care, but increasingly its reach has extended to health and some housing services. In this model, people who have experience of navigating the health and social care system can support those who are 'new' to it. The navigator is a single point of contact for information and advice, care and support planning and liaises a range of agencies, but is independent of them.

NHS continuing healthcare supports personalisation

A number of Federation members report difficulties in securing NHS continuing healthcare funding alongside social care funding for some service users.² Without NHS continuing healthcare funding, some people with high levels of need for health services, have no option but to move into expensive residential or nursing care, which is usually funded from social care budgets. Conversely, where NHS continuing healthcare funding is available, it enables them to carry on living in their home with support from family and other agencies and offers them a cost-effective alternative.

We strongly support the Law Commission's recommendation to put NHS continuing healthcare on a firmer statutory funding and the Dilnot Commission recommendation that a new eligibility framework for social care must be aligned with, if not integrated into, the assessment process for NHS continuing healthcare. The resulting policy must be clear, transparent and consistently applied across the country.

4.0 Question 3. How can we take advantage of the Health and Social Care modernisation programme to ensure services are better integrated around people's needs?

Better integration of health and housing will help to achieve improved outcomes for vulnerable people. Improving people's health is rarely delivered or sustained by clinical interventions alone, but is dependent on the wider determinants of health, such as housing.³ Housing and support are health interventions which can help people improve their wellbeing, manage their health better and prevent the need for more acute services.⁴ A lack of housing can impede access to treatment, recovery and social inclusion.

We believe that it is vital to use the legislation like the Health and Social Bill and subsequent guidance to promote better understanding about the wider determinants of health and to achieve greater engagement with partners outside the health sector. There needs to be much greater awareness of the value of non-clinical services among GPs, fellow members of clinical commissioning groups (CCGs) and a range of other local agencies. This includes ensuring that there is housing representation on Health and Wellbeing Boards and that housing associations contribute to Joint Strategic Needs Assessments.

² NHS continuing healthcare is a package of care arranged and funded solely by the NHS to meet physical and/or mental health needs that have arisen because of disability, accident or illness. It can be provided in any setting including, but not limited to a care home, a hospice or a person's own home. From *NHS Continuing Healthcare and NHS-funded nursing care*. Factsheet 20, Age UK (2011).

³ As highlighted in the *Marmot Review, Fair Society, Healthy Lives* (2010).

⁴ A cross departmental report produced in 2008 by Communities and Local Government, the Department of Health and the Department for Work and Pensions concluded that 'decent housing makes a fundamental difference to mental and physical health and wellbeing and has a critical contribution to make to the value and effectiveness of the health and care systems'.

4.1 Transition

Transitional housing models offer people who have had a period in hospital an alternative to long-term residential care. This supports a more personalised approach, which promotes independence and is also cost-effective. It avoids delayed discharge fees and is also efficient use of adapted stock which may have previously been vacant. In this model, following discharge, a person can move into a transitional flat to build up confidence, mobility and living skills to enable them to return to their home or supported independent living, instead of to residential care.

Example: Transitional housing

Havebury Housing Partnership, in conjunction with NHS, have transformed an unused managers flat in Bury St Edmunds for people to use when they are discharged from hospital or are waiting for adaptations to be carried out to their own home. Havebury charge £155 per week including a service charge. This is a considerable saving on the local cost of a hospital bed - at around £400 a day, totalling £2,800 a week. Savings are also likely for social services, with potentially less need for registered care.

5.0 Question 4. Prevention: how could we support more effective prevention and early intervention to keep people independent and in good health for as long as possible?

The Federation strongly supports preventative services as part of the care and support system. As the Dilnot Commission Report recognises, integrating housing, health and care is essential to delivering preventative services that deliver better outcomes (see Question 7).

Good housing is in itself a preventative investment. For example, settled housing improves health and reduces the incidence of respiratory and other diseases. Housing associations and support providers deliver preventative services which can intervene early and provide the right packages of support to meet their needs before their problems become more severe. By promoting independence, improving people's health and reducing the need for more acute care services, housing associations deliver cost-effective support.

The cost benefits of these services are well documented and an independent analysis shows that a £1.6bn annual investment in housing-related support services leads to cost savings of £3.41bn to the public purse. This includes avoiding £315.2m in health costs in a year.⁵

⁵ Cap Gemini, *Research into the financial benefits of the Supporting People programme*, CLG, 2009

Several housing associations run Home Improvement Agencies (HIAs) that provide value for money and make a significant contribution to the prevention agenda. HIAs are local not-for-profit organisations which run a variety of services for people who are older, disabled or on a low income. These include: giving advice and assistance on repairs and handyperson services, to carry out small jobs around the home, help with gardening, or coming home from hospital.

Example: Discharge Support Service

Orbit Heart of England runs Staffordshire Home Improvement Agency, which offers a number of services including the hospital discharge support service. The service is financed by a grant of £20,000 per annum and in 2010-11, it completed 232 priority 1 hospital discharge cases. In comparison, the cost of a bed per night is £340 and the 'fine' for a delayed discharge is £200, so net of the grant, this service saved up to £105,280 in health and social care expenditure. It also provided older people with the equipment (handrails, etc) and support to help prevent or reduce further accidents and hospitalisation and so potentially enhanced their independence and well being.

Such benefits can only be achieved provided there is sustained investment in lower level interventions. The Government's response needs to address the wide range of clients who need lower level preventative support, not just those with the highest needs.

Federation members are deeply concerned that cuts to housing-related support means that many local authorities are having to concentrate funding on the most critical cases, making it difficult to maintain a focus on prevention. These cuts make it harder to deliver social care outcomes because they strip away a vital layer of preventative support. Such approaches may deliver immediate savings, but lead to higher costs in the health and social care system as increasing numbers of people have to reach crisis point before they are able to access help.

Given these challenges, there needs to be a clear and robust framework for local transparency and accountability for spending on housing-related support services which are a lifeline to some of the most vulnerable people in society. 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.

The Federation is deeply concerned about the potential impact of reform proposals to Housing Benefit in supported and sheltered housing and have submitted a response to the Department for Work & Pension's consultation on this issue.⁶ The DWP proposes a radical shake-up of the existing system, proposing a flat-rate of payment removing the link between housing benefit and real housing costs. Those with the most severe needs may also have the opportunity to apply to a capped local fund to pay for some of the additional costs they face. This will move from a system of entitlement to legitimate higher housing costs to one of discretion where many vulnerable people may lose out. The proposals consulted on pose a great risk to many existing supported and sheltered housing schemes. If these proposals are taken forward we believe they will make it much harder for vulnerable people to access and sustain the accommodation they need to live independently. This will have a considerable negative impact on the outcomes for older and vulnerable people across health and social care.

Future proposals for new funding arrangements for care and support must be able to adapt to take into account increased pressures on the benefits system.

Sharing professional expertise, knowledge and data

Effective multi-agency working is key to supporting prevention. Staff from housing associations providing care and support are experienced professionals in regular contact with vulnerable people and so have much knowledge and expertise to contribute. However, persistent boundaries between services mean that partnerships are not always as effective as they could be in sharing information between providers and across service areas.

Housing associations collect a range of data, which could be shared with external partners, with the customer's consent and in compliance with data protection and client confidentiality.

As mentioned in Question 2, housing representation on Health and Wellbeing Boards and the participation of housing associations in producing Joint Strategic Needs Assessments, are critical ways of capturing the knowledge and experience of housing providers and using this to improve services. Central Government should encourage local authorities to 'think housing' and to open up more opportunities for housing providers to be involved in multi-agency approaches that are used to address health and social care needs, such as hospital discharge meetings.

⁶Housing Benefit Reform – Supported Housing Consultation Response
http://www.housing.org.uk/publications/find_a_publication/care_and_support/housing_benefit_reform_-_suppo.aspx.

Incentives for change

Payment by Results (PbR)

The Federation recognises that the Government sees PbR as a key mechanism for delivering value for money in public services. PbR can promote prevention, but there are significant challenges to making PbR work for vulnerable people in a social care context. These include incentivising the right outcomes, balancing risks and delivering longer-term as well as short-term interventions that are more easily measurable. Pilots are already underway involving local authorities, housing associations and other providers, to test out ways to apply PbR to housing, care and support.

As PbR is expanded into the care and support system, it is crucial that the Government works with the breadth of the provider sector, to benefit from the learning from a variety of different services and client groups. The Government also needs to ensure that future PbR models focuses care and support providers on the right outcomes and enables all parties to overcome the challenges mentioned above.

The Federation would welcome the opportunity to share with commissioners our members' experience of PbR methods in housing, care and support as they develop.

Incentivising change at a community and individual level

Housing associations are working with different partners and in different ways to encourage individuals and communities to take more responsibility for their health and well-being.

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.⁷

⁷ National Housing Federation Neighbourhood Audit 2008

http://www.housing.org.uk/membership/about_our_members/neighbourhood_audit_2011/neighbourhood_audit_2008.aspx

Example: Health Trainers

In January 2009, Cross Keys Homes set up a dedicated community investment team to deliver £1m of projects aimed at reducing levels of deprivation and improving residents' quality of life over a five-year period. This included *Keys to Health*, a partnership with Peterborough Primary Care Trust, which provides two health trainers to work with residents to help them tackle health issues, such as weight management, help to stop smoking and to make healthy lifestyle choices.

Example: Family Intervention Projects

Midland Heart's Family Intervention Project in Wolverhampton provides intensive support to build and maintain a stable family environment and co-ordinates a multi-agency network to address wider needs. In addition to tackling issues such as substance misuse, anti-social behaviour and truancy, children and young people's resilience is increased through accessing community activities. Through such projects individuals and families are supported to take more responsibility for their health and wellbeing.

Housing providers are widening the scope of housing options they offer to older people. (See also Question 5 below). If people have a range of attractive choices to suit their needs, they are more likely to make an earlier move to more appropriate housing on the basis of a lifestyle choice rather than a crisis decision. For example, extra care schemes are one way to enable people to proactively plan for later life rather than wait until crisis point. The levels and intensity of the care can flex as their needs change.

Example: Extra Care Scheme

Endeavour Housing Association, based in Stockton, operates a number of extra-care schemes for people like Mrs W. Mrs W, a 92-year old lady who previously lived in a local authority sheltered housing scheme, with a part-time manager and out of hours cover. Mrs W felt isolated and became depressed. She was admitted to hospital on a regular basis because of her angina and panic attacks. Since moving into Endeavour's Extra Care Scheme where she has access to 24 hour care, Mrs W has only been admitted to hospital three times and no longer has panic attacks, her angina is much more stable and she no longer requires anti-depressants.

6.0 **Question 5. What are the priorities for creating a more diverse and responsive care market?**

Housing associations are independently regulated not-for-profit social businesses, many of them charities, who are trusted partners in the area. They have a proven track record in providing responsive services to individuals and the wider community. Housing association provision of social housing in England has increased from 30% in 2000 to 55% in 2010.⁸

Example: Breaking the Mould of older people’s housing and support

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

- 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, better integrating housing into the care pathway and delivering flexible support to people in their homes.⁹

The Federation welcomes the aims of the Open Services White Paper that there should be ‘independent providers of all sizes from any sector.’¹⁰ As this paper identifies, to make this vision a reality, central Government will need to work with local authorities to develop the market to expand housing and care services and embed the integrated provision that people need. This needs to be addressed at different levels:

Joining up the market: local authorities need to use their strategic position locally to facilitate increased opportunities for dialogue and joint commissioning with a range of partners in the area. It is particularly important that Clinical Commissioning Groups and Health and Wellbeing Boards understand the value of housing-related support to health and to open up the vision and scope of their commissioning beyond a clinical focus.

⁸ Figures provided by the Department for Communities and Local Government, as quoted in Open Services White Paper 2011

⁹ http://www.housing.org.uk/publications/find_a_publication/care_and_support/breaking_the_mould_re-vision.aspx

¹⁰ HM Government : Open Services White Paper 2011

Entering the market: enabling a level playing field for independent providers, to give shape to the ‘any qualified provider’ provisions in the Health and Social Care Bill. This includes addressing access to capital and more open tendering and commissioning processes. There must be a balance of providers. Accessible information must also be widely available, so that individuals and organisations purchasing services are well-informed about their choices and have fair access to a range of providers.

Managing the market: in the challenging economic climate, is even more important to ensure that quality is not compromised by cost-pressures.

Much more priority must be given to strategic planning for care and support at a national and local level. Planning strategies must support a broad range of housing options and encourage an appropriate mix of provision which goes beyond extra care and specialist housing. The draft National Policy Planning Framework should contain provisions that local housing plans will be deemed sound only if they make provision for a full range of care and accommodation options for all social care client groups.

See also the Federation’s separate submission to the Discussion Paper *Oversight of the Social Care Market*.

7.0 Question 7. Do you have any other comments on social care reform, including the recommendations of the Commission on Funding of Care and Support?

The Federation welcomes Commission’s report which we believe is as a positive step towards clarifying and simplifying funding for care. We welcome the Commission’s broad recognition that housing plays a critical role in improving well-being and delivering better outcomes for individuals.

We fully support the recommendation that eligibility criteria for service entitlement should be on a standardised national basis to improve consistency and fairness, with portability of assessments. (Recommendation 6).

We believe that the Report’s emphasis on prevention and early intervention is crucial. We are disappointed that the Commission recommends setting the minimum national eligibility criteria at ‘substantial’, albeit in the short-term. In order to realise the human and financial benefits of ‘spending to save,’ the lower thresholds of ‘low’ and ‘moderate’ needs must be urgently addressed.¹¹ This would help to ensure that people in urgent need of lower levels of housing-related support can access help before their needs become acute and more expensive to deal with.

¹¹ *Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care - guidance on eligibility criteria for adult social care*, DH 2010

We believe that a single assessment for funding both care and support is helpful to ensuring fair, transparent and effective funding arrangements. A single system would also promote integrated service delivery across health, social care, housing-related support and other areas, even if an individual's needs cannot be met through social care. Currently, there is a lack of collaborative working between sectors. Federation research in 2010 found that under the previous Government's World Class Commissioning competencies, only 20 out of 152 Primary Care Trusts scored well on the relevant indicator.¹²

We support greater development of different financial products, including equity release, to enable owner occupiers to continue living independently, whether paying for care services at home, downsizing or moving into supported housing. There are several different models of equity release available to older people, but many are inflexible and do not entirely meet people's needs.¹³ Much more could be made of funding options for care and support services if an aspirational housing, care and support offer for older people is part of the funding equation.

Housing providers are already developing different models of equity release, including arrangements where associations provide repairs and adaptations, or care and support in exchange for acquiring equity.

¹² National Housing Federation, *Housing for Health: worlds aligned* (2010)

¹³ *Aspiration Age*, a report by One Housing Group in 2009 found that equity release was used to fund care and support for older people in only 1 per cent of cases, compared to 70 per cent of cases where it is used for home improvements or adaptations. See http://www.onehousinggroup.co.uk/papyrus/files/documentmanager/Aspiration%20Age_full%20report.pdf