

CIH consultation response



CLG Select Committee: Inquiry into adult social care

About CIH

Chartered Institute of Housing (CIH) is the independent voice for housing and the home of professional standards. Our goal is simple – to provide housing professionals and their organisations with the advice, support and knowledge they need to be brilliant. CIH is a registered charity and not-for-profit organisation. This means that the money we make is put back into the organisation and funds the activities we carry out to support the housing sector. We have a diverse membership of people who work in both the public and private sectors, in 20 countries on five continents across the world.

Further information is available at: www.cih.org

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Introduction

CIH is the professional body for people working in housing. Many of our members work in housing support functions that result in engagement and involvement with adult social care departments. Housing that is safe, warm, accessible and fit for purpose is a critical support to maintain people's health and wellbeing. Housing and support providers are increasingly understood as valuable partners for adult social care and NHS teams, particularly around hospital discharge, re-ablement and maintaining capacity to undertake the activities of daily living. Our members are therefore often aware of and support tenants and residents who require and/ or are receiving care.

CIH is also a member of ADASS's housing policy network, and a founding signatory to the memorandum of understanding on joint work to improve health through the home.

CIH has had a longstanding programme of work around housing, health and social care, because we are convinced that accessible and appropriate housing is critical to people's wellbeing. We have also had a significant focus on housing for older people, given the impact of an ageing population, with the attendant increase in long term limiting conditions and frailty, and the need for increased investment in adaptable and accessible homes to support people as they age.

Is funding for adult social care adequate?

ADASS's budget survey 2016¹ revealed that, in 2016/17, adult social care directors were looking to make savings of £941m, following on from five years of ongoing savings equating to 31 per cent/£4.6bn. This is even though 93.4 per cent of authorities had applied the full 2 per cent precept for adult social care allowed in the Spending Review 2015.

We note however, that the precept results in large variation in funding, with the areas of greatest demand for social care raising the least. The precept raises £380m but the National Living Wage (an important policy to address the difficulties of recruitment and retention in a vital service) will increase costs to £520m. In addition, the growth in our ageing population is anticipated to increase costs of £413m in 2016/17. So we have real concerns that the overall funding will not be sufficient to address increasing demand and costs, with a consequent reduction in scale and quality of services as a result.

Prevention and early intervention

The Care Act 2014 has reinforced an emphasis on prevention and early intervention, alongside integration of health and social care, in the overall focus for Directors. This is where housing and support services can play a significant partnership role of benefit to care and health. However, previous experience from the Supporting People programme demonstrated that, however valued these services are, they are at risk in the face of the need to address statutory services. This was particularly so as the ring-fence was removed at the same time as the overall financial settlement for local authorities faced severe reductions. The focus on preventative services under the Care Act and the Better Care Fund must lead to sustained investment in services that can deliver cost effective and improved outcomes for people needing care and support.



Case study

North Tyneside Homes has remodelled both its sheltered housing schemes and the scheme manager service to provide homes that support health and wellbeing.

The service now provides flexible support focused on prevention and enablement of wellbeing, reducing dependency on high cost health and care interventions. Scheme managers have been trained to refer residents to the NHS Trust's admission avoidance team, in the process helping that team to meet their objectives. They can also make direct referrals to the emergency care practitioners' team to access community services such as occupational therapists. The pilot project's advisory board included the director of public health and director of adult social care.

More available in CIH/ Housing LIN's [New approaches to housing for older people](#)

Better Care Fund and Disabled Facilities Grant

CIH welcomed the establishment of the Better Care Fund (BCF) with its ambition to increase community services and shift reliance from expensive acute services, with a particular focus on prevention of hospital admission and institutional care. We recognise that, within the BCF, the Disabled Facilities Grant (DFG) has been included and received significant increase – from £220m to £394m in 2016/17, and £500m anticipated by 2019/20.

The additional funding is a demonstration of how well investment in housing interventions has delivered better outcomes and effective use of funds for health and social care partners. It is also a reflection of the increasing demand which an ageing population drives. Foundations' recent report on DFGsⁱⁱ highlights that a fifth of older people live in homes lacking basic 'visitable' access standards (level entry threshold, ability to move in main downstairs rooms and access to a WC at entry level) and the Building Research Establishment estimates that 43 per cent of homes would require major work to achieve that standard. And there is a significant lack of alternative accessible options for older people; we are developing only approximately 8,000 specialist homes compared to 30,000 in the 1980s.ⁱⁱⁱ

We believe that there should continue to be ongoing increased investment in the BCF as health and social care partners increase their partnership approaches with housing authorities and providers to develop additional services to support people remaining well at home, and out of hospital/institutional settings for longer.

However, anecdotally there is still variable involvement and integration of local housing authorities, particularly in two tier areas, in the development of health and wellbeing strategies and action plans to support the BCF. This is spite of the fact that local housing authorities retain the statutory obligation in respect of DFGs. Many authorities still contribute significant amounts of their own resources to complement DFGs. CIH believes that it is important to sustain the levels of investment into DFGs within the BCF, as well as increasing the opportunities and incentives for joint working across health, social care and housing in how the BCF is used to best effect, to support people and reduce reliance on high cost care and health interventions.

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We believe that greater integration across all the partners, in the health and wellbeing boards and other fora could also strengthen local strategic plans for housing, and the delivery of more accessible and specialist homes to support older and disabled people. This in the long term would provide more accessible accommodation, enabling people to continue to undertake the daily activities of living and, where care is provided from family, friends or formal care services, the right homes and adaptations also help them to care effectively and safely.

Effective approaches

There are examples of integrated or joint working across housing, health and care in delivery of DFGs and more effective support for self funders. Many demonstrate how to make significant increases in the number of people whose needs are met and in efficiencies gained. In some examples this also includes advice on housing options so that people can decide on the best home environment to meet their needs, as well as aids and adaptations.

Case study

Suffolk Orbit Care and Repair covers a largely rural area and works with and across city, county, borough and district authorities. It delivers a cost effective adaptations and handypersons service, plus hospital discharge, falls prevention and dementia support services, as well as other specialised schemes. It includes housing options – information, advice and support to move home in partnership with EAC/ First Stop (funded through DCLG).

More detail on this and other effective adaptation schemes are available at [Home Adaptations Consortium website](#)

Conclusion

In summary:

- Despite the additional 2 per cent precept on the council tax allowed in the Spending Review 2015, CIH is concerned that the funding levels for adult social care are inadequate to meet the increasing demand and complexity of cases in our ageing population
- The Care Act 2014 has increased a focus on prevention and early intervention, reflected in the Better Care Fund and the increased level of Disabled Facilities Grant within it. However, demand is increasing alongside the funding, and we are not investing adequately in new accessible and specialist homes
- More integration and joint working across health, social care and housing, through the Health and Wellbeing Boards, could increase the spread of good practice in delivering effective adaptations services and strategic planning for more accessible new homes

ⁱ <https://www.adass.org.uk/adass-budget-survey-2016-full-report>

ⁱⁱ Foundations (2016) The Disabled Facilities Grant: Before and after the introduction of the better care fund

ⁱⁱⁱ Demos (2014) for APPG on Housing and Care for Older People, The affordability of retirement housing