

CIH response to LGA's social care green paper



Chartered
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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.

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Introduction

CIH welcomes the LGA's social care green paper. With an increasingly ageing population, and more people living longer with long term limiting conditions, the challenge of how we provide a responsive and person-centred care system, that helps people to maximise their quality of life and ongoing engagement with society, is a critical one. Many social housing providers are committed to tenant and community development, going beyond the provision of 'bricks and mortar' to support people to maintain their tenancies, engage with their community and access education, employment and training, as well as support their health and wellbeing across all ages. Social housing providers have made considerable progress in developing links locally with social care and health bodies to extend the impact of their contribution to wider health and wellbeing goals, as evidenced in recent CIH publications ([Sector showcase: housing and independent living](#) with the Housing LIN and [The role of housing in effective hospital discharge](#) with Skills for Care). This includes stock retaining local authority housing providers and Arms Length Management Organisations (ALMOs), as well as housing associations.

CIH's recent publication, [Rethinking social housing](#), included a survey of non-housing professionals, including those in health and social care, to ascertain their views of social housing and how it supports health and wellbeing. The majority were clear about its importance in contributing to people's wellbeing (98 per cent of respondents) and enabling them to live well and connect with other services and opportunities (over 80 per cent).

Our response below to the LGA's social care green paper focuses on the importance of and benefits from partnership between social care authorities and local housing providers, to provide decent, accessible housing and services that support the

wellbeing of individuals, minimise or reduce the need for higher care and support, but also enable carers to give any ongoing support required safely.

Q1. What role, if any, do you think local government should have in helping to improve health and wellbeing in local areas?

Local authorities deliver a number of functions that are critical to the health and wellbeing of individuals and communities, including public health and housing functions. Warm, decent and accessible housing that is affordable is a starting point for health and wellbeing across all ages; the Care Act 2014 included suitability of accommodation as one of the defining features of wellbeing, the principle on which planning for care and support must build.

In two tier areas, the public health and care and support functions are operated by counties and the housing function by districts, but both tiers of government together have a role to ensure that these are understood and planned for strategically to maximise positive outcomes for their local population. Local authorities are well placed not only to bring together services for which they have statutory responsibility, but also other agencies providing statutory and wider services, which together contribute to the overall wellbeing of local people.

Q2. In what ways, if any, is adult social care and support important?

The green paper identified that currently more than 15 million people (about 30 per cent of the population) live with one or more long term condition. Age UK estimates that 1.4 million older people do not receive the help that they need. The recent report from the Equalities and Human Rights Commission into housing and disabled people identified in 2016 that there were 13.3 million disabled people in Great Britain but less than seven per cent of homes had basic accessibility standards. For disabled people of working age living in an unsuitable home means they are four times more likely to be unemployed. For all of these people having an accessible home, and access to the right help and support means that they can live more safely and contribute to their local communities and wider society.

Q3. How important or not do you think it is that decisions about adult social care and support are made at the local level?

Local authorities are well placed to work with their local communities to assess needs and to prioritise and shape local services, including the provision of adaptations to existing homes, and increasing the number of more accessible homes being built. This is important not only in terms of statutory provision but also to support local voluntary and community sector organisations. These can often make connections more widely within local communities, and develop services that provide valuable low level support/ enable early intervention to prevent people needing more formal, higher care provision. This asset-based approach has become an important way that local authorities have responded to the increasing demand for

care and support, and enables them to involve and build on the resources of partner organisations including housing (an example being Thurrock's local area coordinators, in [New approaches to housing for older people](#)).

However, there is a place for a national steer on the scope and standard of services that people should be able to receive, whatever part of the country they are in, for example; through national outcomes frameworks. This gives a level of certainty for people, but also allows flexibility for councils and communities together to set out how they might want to shape and deliver services to meet those standards.

There is value in national inspection and / or regulatory schemes to support this process as well, enabling local communities to assess how well their local services operate and to engage with councils and providers to influence delivery and improvement. The Care Quality Commission does this for care and support services, but there is scope to include regulation or inspection of other services for example; by the Social Housing Regulator, particularly where these have the remit to include direct provision by local authorities themselves as well as other providers.

Q4. What evidence can you provide that demonstrate improvement and innovation in adult social care and support in recent years in local areas?

In spite of the significant constraints on local authority funding at a time when the demand for services, especially adult social care is increasing, some local authorities are working hard to sustain preventative/ low level support services, in the effort to ensure that people can maximise their independence and wellbeing as much as possible, limiting dependence on high cost services. In many cases this is being done in partnership with other local agencies, utilising the local authorities' pivotal role as a strategic leader and convenor of services. These partnerships include local housing providers (both council and housing associations).

Examples:

Nottingham City Care Partnership and Nottingham City Homes piloted and funded housing and health coordinators to find housing options for people who were inadequately housed. The coordinators worked in two teams in the integrated care system; the independence pathway and the coordinated care pathway, taking referrals from health professionals when the housing was identified as delaying discharge from hospital or if the home was identified as negatively impacting on the person's health and risking further hospital admittance. (CIH/ Skills for Care, [The role of housing in effective hospital discharge](#)).

NorseCare and Saffron Housing Trust have worked with Norwich City and County Councils to develop Bowthorpe care village, providing a specialist care home for people with dementia, and a housing with care village with numerous facilities, providing homes for people across a range of ages, with complex health and care needs. It has also led to a partnership with

Norwich clinical commissioning group to develop a primary care service on site, which has been shown to reduce hospital admission and falls, and which has resulted in closer working between primary care services and care facilities being modelled across the rest of the county as a result. (CIH/ Housing LIN, [Housing and independent living](#))

Q8. Do you agree or disagree that the Care Act 2014 remains fit for purpose?

CIH welcomed the Care Act 2014, which was developed through a strong partnership approach, including representatives of housing such as CIH and other partners. It provides a legal and policy framework that supports and encourages local partnerships, and crucially it attempted to set the conditions for more proactive intervention at earlier stages of need, highlighting universal and community based services, including housing, as part of the whole area offer to support health and wellbeing.

CIH was encouraged that its pivotal principle of wellbeing included consideration of the suitability of accommodation. The act also included the requirement to work with local district authorities, and other housing providers as partners on significant measures, such as safeguarding, integration and co-operation. We argued at the time, that this could have been strengthened in some elements (notably inclusion of housing options as part of the local offer of advice and information) but overall it remains a valuable piece of legislation to drive forward the aims of a proactive approach to supporting health and wellbeing, with a greater focus on preventing, reducing and delaying care and support needs.

Q10. Beyond the issue of funding, what are the other key issues which must be resolved to improve the adult social care and support system?

There needs to be greater connection between and strategic working across local authority boundaries where there are two tiers of local government, with strong robust local fora (ideally building on current health and wellbeing boards) to ensure a joint approach to local assessments of needs, engaging with local communities to shape local strategies and set priorities for local services. Many areas with devolution deals have developed clear goals around this, notably Greater Manchester. There should be clear links and cross references across relevant local strategies (including health and wellbeing strategies, local housing strategies) the plans of local clinical commissioning groups, and where appropriate, this should be set out spatially in local plans.

Q22. What evidence/ examples can you provide that demonstrate the impact of other services (council/ other organisations) on improving health and wellbeing?

The examples above demonstrate the value of housing providers as partners for local authorities in planning for the health and wellbeing of people and communities, and in addressing the rising demand for and cost of care and support services.

Decent housing that is safe, affordable, warm and adaptable to needs contributes significantly to the health and wellbeing of the people who live there; conversely, poor housing has high costs for individuals but also for the public services they may need as a consequence. The BRE have estimated that poor housing costs the NHS £1.4 billion a year, largely from the effects of cold and damp, followed by falls.

Housing can also address wider issues that also impact on health and wellbeing. Specialist housing for older people, with support, communal facilities and the opportunities for engagement in social activities, can help to tackle social isolation, reduce anxieties about the home and help people to feel safe and secure. The benefits for individuals and public services have been demonstrated in a report for the National Housing Federation; [The value of sheltered housing](#). Research for the Homes and Communities Agency identified a net benefit from investment in specialist housing for older people of £444 per person per year, and £6,764 per person per year from housing for people with learning disabilities (Frontier Economics, [Financial benefits of investment in specialist housing for vulnerable and older people](#)).

A longitudinal study of the Extracare Charitable Trust's schemes - [Better lives, health, future](#) - evidenced significant benefits of their homes, for both householders and public services. Those benefits included average savings for local authority social care commissioners of between 17.8 per cent (£1,222 reduced spend per person per year) and 26 per cent (£4,556 per person per year).

Q23. To what extent are you seeing a reduction in these?

The programme of funding specifically for housing related support has been massively reduced and in many local areas, no longer exists. This was fundamentally a service that provided low level support, often within specialist housing, and helped to prevent and reduce the need for higher level care interventions, which has largely been lost due to the ongoing reductions in local authority funding and the increase in demand for substantial and critical care. Whilst new specialist housing has been developed, many organisations have had to review and change their support service, and some providers have withdrawn from such development.

Help for people to adapt their home, through disabled facilities grant has seen further government investment, with its inclusion in the Better Care fund, which is very welcome. Demand continues to grow for this, and it is important that the eligibility level for support is not linked to high care needs for it to remain a service that is about helping people to maintain their safety and independence in activities of daily living. There is a vital role for local authorities to ensure that more new homes are developed to higher standards of accessibility to help with the pressure on this budget.

Q26. Should the role of health and wellbeing boards be strengthened or not?

(See also our answer to question 10 above).



These provide a starting point for (and in some areas are working well as) a forum in which local statutory partners, including health bodies and district councils can act with counties as local strategic leaders, to understand local needs and identify the strategic direction for the provision of locally agreed services. However, these do need more strength and ‘teeth’ to ensure that all partners agree and work to this shared approach in their own plans. It should also be the basis to increase the involvement of communities in setting the direction, and increase accountability for provision of services to those communities. A national framework of standards and regulation/ inspection that can also be used by local communities to assess services and hold leaders and providers to account would further strengthen this approach.