

**ALL PARTY PARLIAMENTARY GROUP ON  
HOUSING AND CARE FOR OLDER PEOPLE**

# **Living Well At Home Inquiry**

**Editor: Jeremy Porteus, APPG Inquiry Secretary**

**JULY 2011**



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## Chair's Foreword

Amidst the national interest in the growing need for care and support for an ageing population, this report highlights the importance of the home in the current debate. Unsuitable housing is often the reason why an older person must go into expensive residential care or must stay in hospital; suitable housing means independence for longer and a good quality of life in older age.

Some of us will sensibly down-size to an easy-to-manage, companionable, energy-efficient, retirement apartment, and more of these, for sale and rent, are needed. But most of us want to stay put in our family home. As the nation studies the recommendations of the seminal Dilnot Commission, this report looks at current funding and administrative arrangements that leave far too many older people and their spouses or other family carers, struggling against the indignities and hardships of coping in homes that have become quite unsuitable.

Members of our Inquiry were struck – and sometimes shocked – to hear of the obstacles to getting assistance with basic home improvements, or domiciliary help unless care needs have become critical. And yet we have noted that relatively modest investments in helping people remain independent – that little bit of help in the home or quite simple adaptations, from hand rails to stair lifts – can save the costs and traumas of moving into residential care. And safer, more accessible, homes can help the NHS with fewer accidents, fewer patients in hospital, early discharge and fewer expensive re-admissions.

The Inquiry recognises the problem that it is usually the social care or the health budgets that gain when older people are enabled to stay comfortably in their own homes; but it is the housing budgets that so often bear the cost. We strongly advocate the joined-up approach in which the three strands of health, social care and housing all pull together. With the current emphasis on localism, we see the strategic role of local Councils – soon to be operating with Health and Wellbeing Boards that need to take housing issues very seriously – as critical to this approach.

Our Inquiry turns the spotlight on the barriers to older people living well at home: delays and duplication in assessments of what an individual needs; insufficient funds for preventative home care, and inflexibility in administering personalised support; shortages of Disabled Facilities Grants for home adaptations (and of occupational therapists to advise on them); under-resourced – and relatively few – home improvement agencies and handy-person schemes to get things done for older home owners.

It makes perfect sense for central and local government to invest in care and repair services for those who stay put. But some of the funds needed for a new drive to sustain independence at home will, no doubt, have to come from releasing equity held by owner occupiers. The simplest form of equity release is in moving to a specially designed retirement apartment, usually freeing up a family property for the next generation. But better equity release schemes – alongside the insurance against catastrophic care costs proposed by the Dilnot Commission – could be even more important in funding home improvements and preventative extra help to enable older people to live well at home for longer.

In discussions on the Government's forthcoming White Paper on Social Care, and the legislation that will follow, we hope this report will stimulate greater understanding of the all-important housing dimension.

I conclude with sincere thanks to my fellow Inquiry Members – Margot James, MP, Nick Raynsford, MP, and Baroness Barker - who all join with me both in congratulating our Inquiry Secretary, Jeremy Porteus, for his masterly synthesis of all the material presented to us and in expressing our appreciation to all our witnesses who provided us with invaluable evidence.

**Richard Best**

**Chair, All Party Parliamentary Group on Housing and Care for Older People  
July 2011**



## Summary of recommendations

### A new “Living Well at Home” strategy for older people (Chapter 2)

*That Government should help to promote a new overarching vision of housing for older people to provide the catalyst for statutory, voluntary and commercial organisations, older people, family and carers to identify and maximise the housing solutions across all tenures for older people*

*That local authorities should be at the heart of implementing “Living Well at Home” strategies and that the new Health and Wellbeing Boards should give equal attention to housing, health and social care*

*That the Homes and Communities Agency should give greater priority to taking forward recommendations from the Housing Our Ageing Population: Panel for Innovation (HAPPI) to stimulate social and private sector developers to build more high quality housing that meets the lifestyle choices of older people*

### Planning and ‘age-friendly’ communities (Chapter 3)

*That Government should make specific provision on planning for an ageing society in the National Planning Policy Framework, to facilitate the supply of sufficient housing for older people to meet the demands and overcome the barriers to moving*

*That Government should give impetus to local government, planners, designers, architects, developers, providers and older people’s organisations to embed ageing in their local strategies and encourage the adoption of Lifetime Homes Standards as part of local ‘age-friendly’ neighbourhood criteria*

### Sustaining advice and information services (Chapter 4)

*That Government should provide long term funding to FirstStop as part of a commitment to a “Living Well at Home” strategy*

*That local authorities should adopt the Fit for Living Network’s criteria and be encouraged to coordinate the provision of face-to-face housing information and advice services for older people in their areas and identify sustainable investment in them*

*That local authorities and service providers should improve the way they produce and convey information for older people about the service options, costs, quality outcomes and sources of further assistance that can both educate and enable older people to plan for their future housing and care needs and aspirations*

### Raising the stakes in equity release (Chapter 5)

*That Government and the private sector should come together to convene an industry-wide task group to stimulate development and growth in equity release products for older people; this group should explore the potential for a government backed bond and kitemark*

*That local government, in collaboration with partners from statutory, voluntary and commercial sectors, should develop a community of practice with supporting advice and information tools to raise awareness and offer reassurance about the availability of equity release, private finance and loan facilities for older people*

### Adapting to a more integrated approach (Chapter 6)

*That Government should reconsider the abolition of Private Sector Renewal funding for home improvements that make the homes of low income elderly owner occupiers fit to live in*

*That local authorities should make full use of central government funding for Disabled Facilities Grants and, as appropriate, work with Health Trusts to secure additional resources for aids and adaptations that can save NHS funds*

*That Government should encourage local authorities and the NHS strategically to commission integrated community based support, Home Improvement Agency and handy-person services for older people across housing, health and social care, thereby combatting fuel poverty, and reducing excess winter deaths, accidents in the home, and longer stays in hospital*

*That local statutory, voluntary and commercial housing, health and social care, along with professional bodies such as Foundations and the College of Occupational Therapists, should produce joint good practice guidelines and procedures that facilitate effective, person-centred, transfer of care back home following a hospital admission*

## Maximising choice and personal control (Chapter 7)

*That social and private sector housing organisations embrace the principles of personalisation and understand the implications of the future self-funding / commissioning / procurement of person-centred housing related care and support services*

*That central and local government work together to explore ways of making the most of opportunities for Telecare to reduce the risks facing those with care needs who are living independently and to provide support and reassurance for family carers, as well as saving public expenditure on care costs*

*That central government should play its part in supporting and co-ordinating the on-going economic impact assessment and monitoring of Supporting People grants to determine more precisely “what works” and ensure the most efficient targeting of available resources*

## Strengthening the strategic links between housing, health and social care (Chapter 8)

*That Government should use the provisions of the Health and Social Care legislation to ensure that housing matters are covered by Health and Wellbeing Boards*

*That Joint Strategic Needs Assessments (of Local Authorities and primary health care) include reference to housing and long term care and support solutions that promote independent living for older and vulnerable citizens as part of ‘age-friendly’ care*

*That Government should invite partners from local authority social care, health and housing related support partners to develop a successor Supporting People performance framework to inform policy and practice at the local level*

## Chapter 1 - Introduction

Over the next 20 years all industrialised and developing countries will experience a demographic shift with longer lives and fewer babies and therefore from predominantly younger populations to older ones. As a result, current care models are unsustainable and inadequate in terms of efficiency and effectiveness. Change is a necessity and innovative approaches will be needed to improve quality of life and provide better housing, health and social care for people as they age.

### Key data

- In the UK, the number of people aged over 65 is projected to rise from 10.1million to 16.7million over the next 25 years
- In 2008, there were 1.3 million people in the UK aged 85 and over. This number is projected to more than double to 3.3 million by 2033
- Between 2008 and 2033, the number of people aged 90 and above is projected to more than triple by 2033, whilst the number of people aged 95 and over is projected to more than quadruple
- Estimates state that public spending on social care will need to triple over the next 20 years to keep pace with the ageing population, and
- Already over half of NHS spending in Britain is on people over 65

As major new research from the Organisation for the Economic Cooperation and Development on the state of Britain's ageing population has recently forecast:

*“a combination of low birth rates and rising life expectancy will force the UK to spend an extra £80 billion each year on pensions, long-term care and the health service by 2050”.* (1)

Meanwhile, an explicit aim of the incoming Coalition Government was: *‘We will help elderly people live at home for longer through solutions such as home adaptations and community support programmes’.* (2)

Indeed, the majority of older people live well into old age and generally want to ‘live well at home’ by remaining independent and in control of how and where they live their lives; where possible, they wish to continue to be connected to their families, social networks and/or communities, and to be able to access care or support of their choice locally, in dignity, as and when they need it.

*“With the current demographic changes in society, any policy with the power to reduce the costs of health and social care for older and disabled people and enable resources to serve more people must be of interest to Government. If the policy also produces improved quality of life outcomes, it will be all the more welcome.”* (3)

We noted that, in recent years, there have been incremental policy developments, pepper-potted investment and practice improvements that have helped begin to transform the range and quality of housing, care and support choices available for older people. For example, we noted the recommendation in the Government's Public Health White Paper:

*“... Public health will be better integrated with areas such as social care, transport, leisure, planning and housing, keeping people connected, active, independent and in their own homes. Neighbourhoods and houses can be better designed, and enhance the health and wellbeing, of an ageing population.”* (4)

The Department of Communities and Local Government outlined the development of local service reengineering, such as more flexible accommodation with care services in

extra care housing as an alternative to residential care; the enhanced role of local handy-person services to help reduce accidents in the home; and funding from the Department of Health to local health and social services on the utilisation of new and emerging technologies to prevent avoidable hospital admissions.

In its evidence, the College of Occupational Therapists referred to the work of the Audit Commission and highlighted that more investment in housing adaptations and equipment would deliver significant savings to the National Health Service and to social services budgets, but funding silos and the lack of coherent structures, compounded by the lack of clear evidence, have created barriers to such investment. (5)

As we established, there is still a long way to go for a growing population of older people to have their housing, care and support choices fully realised and for the wider economic benefits to materialise. We therefore call on Government, public and private bodies, voluntary organisations and social enterprises, older people and representative organisations to make the case for “living well at home”.

*“We need to change our thinking about housing and older people from one of delivering specialist services to more market driven, mainstream consumer choice”*  
(Nick Raynsford MP, APPG Inquiry, 27 March 2011)

Taking this forward, we voiced the need for a radical rethink in the way in which society can support older people to live well at home in a dignity. The lack of suitably designed housing and adaptable homes designed for independent living will limit consumer choice and the opportunity for self-help for the new population age profile. We are unanimous in stating that doing nothing is not an option and there is a need to grasp the opportunity to come up with a new and improved strategy for older people for the next 25 years. This must cross the housing, health and social care divide (see chapter 8) and, above all, meets older people's rising expectations and transforms service provision to ensure “living well at home”.



## Chapter 2 - Transforming housing for an ageing society

**Key issue:** The current supply of housing is unable to meet adequately the needs of an ageing population

It is estimated that more than 3 million people over 65 receive public funded services - such as home care, home improvement and/or housing related support services, and community alarm/Telecare services - to help them live well at home. Many more older people receive informal care and support; while a silent majority pay themselves or have private insurance to cover care costs. But meeting growing needs represents a major challenge for the UK.

### Key data

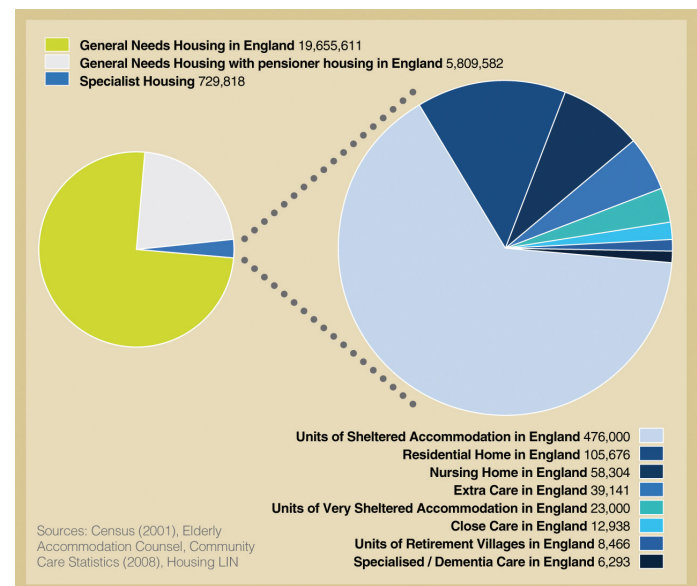
- Older people's aspirations are increasing, with a desire to live at home independently for as long as possible, exercising greater choice and control over access to timely person-centred care and support provided at home
- 2 million older people currently need care services but do not receive any services (PSSRU)

In the face of the growing challenge of housing an ageing population, we reviewed the track record of how well the housing needs of older people have been reflected in Government policy and funding initiatives. We found that the national housing strategy for an ageing population provided a coherent framework for local authorities to plan, commission and develop housing for older people. (6) Not least, since 2004, the Department of Health and the Homes and Communities Agency (HCA), formerly the Housing Corporation, has allocated over £800 million in capital grant funding for local authorities with adult social care responsibility and their housing partners to invest in specialist housing for older people.

However, we also noted that in practice, the strategy largely resulted in a greater focus on specialist housing and housing related care and support services for older people, rather than a broader, more market driven or mainstream provision that enables older people to live well at home.

We observed that new build Extra Care Housing and some remodelled sheltered housing, largely provides independent living for older people in social rented accommodation with additional personal care and/or support requirements commissioned separately by the local authority or self-funded. However, as is outlined in the *Housing our Ageing Population: Panel for Innovation* (HAPPI) report, such accommodation is still relatively scarce, amounting to only 1% of housing occupied by older people. The overwhelming majority of older people are homeowners. (7) HAPPI pointed out that the scarcity of supply of desirable 'care ready' properties in later life can contribute to older people moving to residential care in the absence of any other form of accommodation that meets their low level care and support needs. Indeed, we noted that, in one evaluation of triggers for a move to residential care, as many as 31% of placements could have been avoided if alternative housing choices had been available locally. (8)

**Figure 1: Profile of dwelling types for older people**



(Source: HAPPI report, HCA 2009)

We drew on the work of HAPPI which called for positive action in response to the UK's ageing population and, in relation to living well at home, we recognise the relevance of their recommendations for opening up the supply of accommodation to deliver a better mix of housing for older people, including:

- that the building of new homes for older people should be a national priority, not least because it will release under-occupied family homes for the next generation
- local authorities through their strategic housing, care and planning responsibilities should co-ordinate new efforts by housing providers, social and voluntary services to provide solutions to the deficit in attractive new apartments for older people
- housing associations, in partnership with the HCA, should maximise the potential of design and innovation in developing both mainstream and specialist housing for older people, and

- house-builders need to be aware of the burgeoning market for new types of housing for older people, especially for “last time buyers”. Raising levels of awareness could include devising an aspirational HAPPI ‘kite mark’ with older people alongside annual design awards to promote the best examples (9)

In its evidence to our Inquiry, the Association of Directors of Adult Social Services (ADASS) said that local authorities should also be encouraged to develop their housing and care plans against a growing diversity of consumer choices and they should help facilitate the development of a wider range of attractive housing alternatives locally that reflects residents’ needs and preferences at different stages of their later life. ADASS reported that some authorities, such as Staffordshire County Council, had already taken up the challenge and were now investing strategically in market facing housing and care solutions that engaged social housing and private sector providers and involved older people; they were modelling supply and demand, and commissioning flexible housing with care over the next 20 years in a planned way (see example below).

#### Example: **FlexiCare Housing in Staffordshire**

Staffordshire County Council’s strategy, *The Best of Both Worlds*, sets out a framework which will shape and support development of high quality and sustainable places for older people to live. It is supported by the NHS, and its flexible Extra Care Housing (FlexiCare) is a county-wide strategy adopted by Borough Councils and Districts as well as social housing and private sector retirement housing providers.

FlexiCare provides a housing choice for older people with varying care needs and enables them to live as independently as possible in their own self-contained homes. For those residents in need of care, they will be assessed for financial assistance through the Fair Access to Care Services assessment and some people will pay for their own care costs. With pressures on residential care and nursing homes in the County, it is estimated that 9,541 units of FlexiCare accommodation are required by 2030 to keep pace with demand and population growth in Staffordshire.

For more information: [www.staffordshire.gov.uk/](http://www.staffordshire.gov.uk/)

We were also made aware of the importance of ‘downsizing’. We received evidence from The Housing Forum’s Affordability Later in Life Working Group that:

*“Most of us will opt to stay in our own homes for as long as possible or until a move is forced upon us through ill-health, bereavement or other factors. Providing care and support to enable ‘staying put’ must therefore remain central to our focus although, with longer term care costs factored in, this is often not the most cost effective solution. Around 30% of our family housing stock is under-occupied by couples or single older people and this trend is set to escalate sharply unless attractive alternatives can be offered.*

*Appropriate housing for older people is therefore not a peripheral issue. It is fast becoming one of our major challenges in terms of mainstream housing supply. When people choose to downsize it is generally on the basis of attractive, good quality and more practical accommodation offering a lifestyle alternative in the right locations. Evidence suggests, however, that this is in very short supply.”* (10)

In addition, information supplied to us by the National Housing Federation (NHF) suggests that there are already 70,000 people aged over 60 effectively on a waiting list for suitable housing and related support services. This figure is expected to quadruple to a least 300,000 by 2019. At the same time, the NHF also point out that there is a sizeable group of affluent older people who want preventative housing options to enable them to ‘downsize’ and release equity to help pay for care if required, without jeopardising their ability to enjoy retirement and continue to live independently for longer. (11) However, as the OECD have reported, less than 0.05% of older people in Britain currently take up equity release or insurance based products. (12)

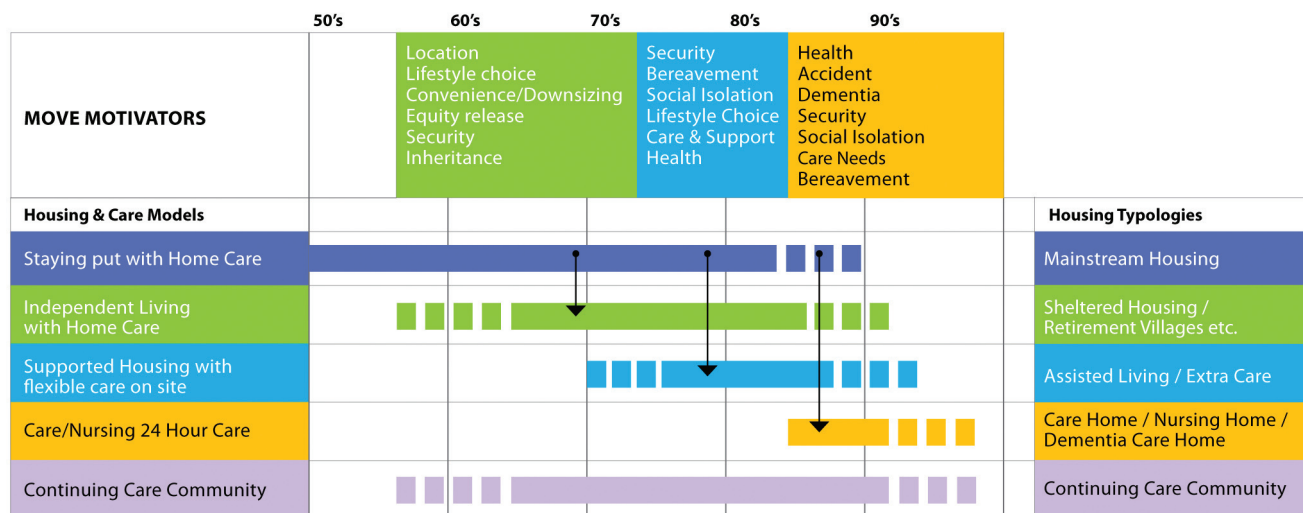
#### Report: **Breaking the Mould: Re-visioning older people’s housing**

This report by the National Housing Federation describes a number of business opportunities that an ageing population brings. The report argues that housing providers should build larger, more accessible flats and houses which are attractive to older owner-occupiers who want to move to an easy-to-manage home, but are not attracted to traditional models of older people’s housing. It offers examples of how care, support and other practical services such as handy-person or ‘help at home’ services can be developed and offered to all older people in all types of tenure, including people who would pay for such services from a trusted provider.

For details: [www.housing.org.uk/](http://www.housing.org.uk/)

We concluded that progress has been made in recent years to put housing for older people ‘on the map’. However, in the light of projected increases in our older populations and the need to make best use of limited resources, we observed that there is still an urgent need to raise the profile of housing for older people. We see much merit in the Coalition Government setting out a fresh housing strategy for older citizens to age and live well at home. We propose that this should encapsulate the HAPPI recommendations, perhaps involving older people in designing an aspirational housing ‘kite mark’.

**Figure 2: Move motivators in later life**



(Source: *Affordability Later in Life, The Housing Forum, 2011*)

### Recommendations: a new "Living Well at Home" strategy for older people

*That Government should help to promote a new overarching vision of housing for older people to provide the catalyst for statutory, voluntary and commercial organisations, older people, family and carers to identify and maximise the housing solutions across all tenures for older people*

*That local authorities should be at the heart of implementing "Living Well at Home" strategies and that the new Health and Wellbeing Boards should give equal attention to housing, health and social care*

*That the Homes and Communities Agency should give greater priority to taking forward recommendations from the Housing Our Ageing Population: Panel for Innovation (HAPPI) to stimulate social and private sector developers to build more high quality housing that meets the lifestyle choices of older people*

## Chapter 3 - Building and planning for 'age-friendly' communities

Key issue: The built environment must enable older people to actively participate in their local communities, not exclude them

In a society which has an ageing population and, in future, will have more older people than younger people, there is a compelling need to do much more to improve the accessibility of older people's housing. But it's about more than accessibility design standards for the home. It's also about what and how we design for an 'age-friendly' community.

### Key data

- By 2036, there will probably be 2.3million people aged 85 and over, an increase of 184%. This will mean greater demand for accessible housing and neighbourhoods designed to maximise the quality of life of all residents, including those with physical disabilities, sensory need or dementia
- There is significant variation between areas in the size of their 65plus populations. The 2001 census identified 31 largely rural or coastal councils with a population in which 30% or more of its households were older person households
- By 2029, most rural areas will see an increase of 36 per cent in their 65 plus populations (compared to 23% in urban areas) with the over 75s being a higher proportion of the increase.

In its evidence to our Inquiry, Age UK promoted the principles of stronger communities and inclusion for older people. Age UK drew attention to the manifesto, Towards Common Ground, which outlined what could be done to ensure that the physical design of places both empowers and enables people to be active in older age. It recommended ten components that should be the minimum requirement for successful neighbourhoods and communities in order to avoid ageism being 'designed in'.

### Example: **Towards Common Ground, Age UK/Help the Aged**

The ten point manifesto includes:

- (1) Access to basic services
- (2) Safe, secure, clean streets
- (3) Realistic transport options for all
- (4) Public seating
- (5) Information and advice
- (6) Lifetime homes
- (7) Older people's voices heard
- (8) Places to meet and opportunities to participate
- (9) Pavements in good repair
- (10) Public toilets

For details: [www.ageuk.org.uk/](http://www.ageuk.org.uk/)

We recognise the equalities aspect and 'ageist barriers' that the built environment can present to older people, in particular, constraining their effective participation in their community. We noted that the parallel Equalities and Human Rights Commission Inquiry on Older People and Human Rights in Home Care will be reporting later in 2011. Emerging findings suggest significant deficiencies in the way personal care is delivered. (13)

We also received evidence from the International Longevity Centre-UK (ILC-UK) that the built environment affects the physical activity of older people – the amount of open space and ease of pedestrian access can enable older people to get out and about, access local amenities thereby reducing loneliness and isolation and making a positive impact on health and wellbeing. ILC-UK cited the work of the World Health Organisation on 'age friendly cities' and suggested that 'localism' could bring opportunities in the development of communities that meet the needs of older people and, in particular, "put the lifetime back into Lifetime Neighbourhoods". (14)

### Resource: **WHO 'Age-friendly' Cities**

An Age-friendly City is an inclusive and accessible urban environment that promotes active ageing.

For details:

[www.who.int/ageing/age\\_friendly\\_cities/en/index.html](http://www.who.int/ageing/age_friendly_cities/en/index.html)

We also noted that many older people live in housing that has not been built to adapt to their changing need.

*"Adapting older people's homes without also adapting their neighbourhoods may only have a minimal effect on improving quality of life – older people need age friendly homes and neighbourhoods to stay independent"* (15)

We recognise that there is a shortage in supply of accessible housing across all tenures and we are concerned that only a minority of all new housing is built to Lifetime Homes Standards. Furthermore, with the abolition of regional spatial strategies and Government proposals to reduce regulatory burdens, some concern was expressed to us that this would result in the diminution of national standards and local building control over the regulation and development of new accessible and adaptable housing for older people. To address this, we recommend that local authorities should adopt Lifetime Homes Standards (16)

in their Local Plans as part of their commitment to an inclusive approach to 'age-friendly' communities.

Our attention was drawn to research undertaken by the University of York which suggested that very few local authorities have made any explicit reference to 'age-friendly' strategies in their local community plans (17); a notable exception is the work of the Elders Council of Newcastle upon Tyne (see below).

#### Example: **Newcastle - an age-friendly city**

In September 2010, the Elders' Council of Newcastle held a workshop with older people to stimulate discussion with a range of partners on 'Newcastle – an age-friendly city' and develop a neighbourhood charter. Early results from this work include:

- A commitment from Newcastle City Council to introduce adult exercise equipment in three parks in the city – Newburn Riverside, Nunsmoor and Exhibition Parks;
- The launch by ING of a 'Use our Loos' scheme in the city centre
- Participation in the 'Getting Out and About Easily' event (February 2011) which will contribute to Newcastle's Movement and Access Plan; and
- Participation in work on developing more housing choices for older people and services which will help people to make timely decisions about where they live.

For details: [www.elderscouncil.org.uk/](http://www.elderscouncil.org.uk/)

We also heard that although there is a great deal of volatility in the housing market (18), there is a growing recognition that planning, new build and/or existing stock management and community regeneration projects need to adopt an 'age-friendly' approach. We believe there is the opportunity to make this more explicit in local planning and design criteria. In particular, we took note of a recent report commissioned by a leading private retirement housing developer that suggests that the Government's forthcoming National Planning Policy Framework should include recognition that demographic change and an ageing society are central issues for planning; this highlights the importance of strategic housing market assessments in each area and the potentially huge market for social housing and private developers. (19) We agree that the market should offer older homeowners and tenants more opportunities, and local planning authorities should be better equipped to facilitate this.

We also agree that there is a compelling case for a more strategic 'age-friendly' approach to planning in the future that enables better access to community amenities, helps facilitate social networks and community engagement, adds to the quality and choice of accommodation and related services for older people across all tenures, and transforms the wider built environment and green space for all.

## Recommendations for planning and 'age friendly' communities

*That Government should make specific provision on planning for an ageing society in the National Planning Policy Framework, to facilitate the supply of sufficient housing for older people to meet the demands and overcome the barriers to moving*

*That Government should give impetus to local government, planners, designers, architects, developers, providers and older people's organisations to embed ageing in their local strategies and encourage the adoption of Lifetime Homes Standards as part of local 'age-friendly' neighbourhood criteria*

## Chapter 4 - Improving Access to Advice and Information

Key issue: Comprehensive information and advice on housing choices for older people needs to be freely available to both support informed decision making and galvanise the development of new products that respond to their demands and aspirations

### Key data

The main areas in which older people want information and advice on their housing are:

- Advice on moving – often around a crisis, such as a bereavement or a fall
- Advice on staying at home, and being able to deal with disrepair, adaptations, benefits and finances
- To know the options and their implications – “should I stay or should I go?”
- General housing issues – housing rights, housing benefit and income issues

(Cambridge Centre for Housing and Planning Research, University of Cambridge. HCS Journal, Feb 2010)

During the course of our Inquiry, the Department for Communities and Local Government confirmed further funding of £1.5 million over two years for “FirstStop”, the national housing information service and telephone advice helpline for older people. We greatly welcome this commitment to “FirstStop” and recognise that it is important that people are given the right kind of information, at the right time, so that they can make informed decisions about their options to live well at home, about more suitable accommodation in their areas; about welfare benefit or financial advice; or about how to navigate the availability of practical support and care.

Furthermore, we believe that the provision of accurate, impartial, appropriate and accessible information, advice and practical help, as identified by the “Fit for Living Network” (under the auspices of the Housing Action Charitable Trust), are crucial components that enable vulnerable and marginalised older people to live independently in their own homes, for as long as they choose, and to make informed decisions about alternative housing and care options. For example:

### Example: **Somerset West Care and Repair**

This service provides information and practical assistance to older people about their housing options. It has been assisting a particularly vulnerable client group and supporting people in making a move is a key part of the service. This involves direct practical assistance with a case worker often working with the older person over a long time period, including helping people to bid for properties under Choice-based Lettings, taking them to view them and packing and unpacking their belongings during the move, in addition to giving support such as benefits checks.

Many of the older people they assisted had a history of repeat falls and hospital admissions as a result of housing that was no longer suitable. For example, some clients had been unable to manage the stairs in their home for some time and had been living in one room on the ground floor and required a lot of help from care agencies. Where the case worker was able to help them to move to alternative accommodation, such as sheltered housing, the clients were able to remain living independently with less care support. The case worker was able to direct older people with less intense needs requiring general information to the national FirstStop telephone helpline and website.

For details: [www.firststopcareadvice.org.uk/partnerships/somerset.aspx](http://www.firststopcareadvice.org.uk/partnerships/somerset.aspx)

### Resource: **FirstStop – free information and advice for older people**

Funded by the DCLG and the Big Lottery Fund, FirstStop is a free information and national advice service designed to help older people decide how best to meet their needs for support, care and suitable housing. It offers expert advice and support to older people, their families and carers on housing, care, money and rights. In particular it gives advice about:

- care in any setting from one’s own home to a care home
- housing options from adapting one’s own home or choosing retirement housing to care homes, including searchable databases of accommodation available in the UK
- money and benefits, including funding and financial advice for long term care and equity release, and
- rights to help older people get help, care and support they need, when they need it.

For details: [www.firststopadvice.org.uk/](http://www.firststopadvice.org.uk/)

We also acknowledge the core components for the delivery of sustainable advice services for older people developed by the “Fit for Living Network”. They include:

- Independent and impartial information and advice accessible by older people living in all tenures to achieve real choice and control about one’s living situation in later life
- A preventative approach that includes provision of clear information to enable choice e.g., on the long-term costs of home-ownership, and
- Local housing options advice and information services that offer advice, advocacy and practical help, including home visiting and on-going support to implement chosen housing options, tailored to individual circumstances (20)

In conclusion, the Government’s timely contribution to “FirstStop” but also pressed for a firmer commitment nationally and locally of more sustainable funding as part of new long term strategy for older people. We believe it could become:

*“the AA equivalent for housing advice services for older people”.*

(Margot James MP. APPG Inquiry, 30 March 2011)

#### Example: **Nottinghamshire County Council**

This project has two caseworkers who work to support owner occupiers and tenants across tenures to consider alternative housing options, make housing applications and help co-ordinate practical aspects of moving. It signposts service users to information and advice about welfare benefits and local support services and to advice about sources of funding that might help them to improve, repair and adapt their home or to understand the range of housing and options available.

Many of the clients with complex needs do not easily fall under the remit of social services and the case workers are helping them to resolve their housing and care problems before they reach a crisis, such as a fall, which may lead to an unwanted move into residential care. Even when clients have moved, the case workers have organised home adaptations which support independent living in new properties.

For details: [www.firststopcareadvice.org.uk/partnerships/nottinghamshire.aspx](http://www.firststopcareadvice.org.uk/partnerships/nottinghamshire.aspx)

## Recommendation to sustain advice and information services

*That Government should provide long term funding to FirstStop as part of a commitment to a “Living Well at Home” strategy*

*That local authorities should adopt the Fit for Living Network’s criteria and be encouraged to coordinate the provision of face-to-face housing information and advice services for older people in their areas and identify sustainable investment in them*

*That local authorities and service providers should improve the way they produce and convey information for older people about the service options, costs, quality outcomes and sources of further assistance that can both educate and enable older people to plan for their future housing and care needs and aspirations*

## Chapter 5 - Raising the equity stakes

Key issue: Many existing equity release products fail to address the needs of low income, older householders

*“It has been estimated that people over 65 own 80% of private wealth in the UK, controlling £460 billion in unmortgaged equity alone – enough money to fund the NHS for 10 years” (21)*

There is growing evidence that older people are willing to use equity to fund home improvements and repairs, and additionally care and support. In many instances, the ability to release equity provides a potential for funding care and support at home or to fund a move to alternative housing with care, such as Extra Care Housing.

### Key data

- About 3 in 4 of those now retiring are owner occupiers
- 69% of 65-74 year olds and 66% of people over 75 own their homes outright
- 84% of couples have property valued at over £100k. They represent the group with the largest purchasing power (JRF, 2010)
- It is estimated that there is a total of over £900 billion equity in the value of older homeowners’ homes, which raises the potential to release wealth to meet any future accommodation costs and contribute to the costs of their care. (DCLG, 2008)

We noted that many older homeowners have low to moderate levels of equity in their properties and the current lender market to support them is still very immature. Moreover, few older households are convinced of the value of most equity release products and, consequently, this potential source of funding for living well at home is not being opened.

However, as society becomes familiar with opportunities to release equity from the home, we recognise that a greater emphasis will be needed on the home being the “first call” on funds to ensure independent living for the future. We are of the opinion that unless basic home improvements or adaptations are undertaken first, delivering care services alone will never be wholly effective. As a result, there is also a need to make older householders aware of the importance that the first call on any funds released should be for paying to ensure that their property is ‘fit for purpose’ and can enable them to continue to live well at home.

Of course, equity release will not be a solution for owners with low value properties. For these, the public funding described in the next chapter will be essential and the Inquiry Members are very concerned at overall reductions in public investment for private sector home improvements.

We also heard evidence from the London Rebuilding Society (LBS) and the Home Improvement Trust (HIT) that those hardest hit by these changes will be the increasing number of low income, older home-owners living in poor quality, unsuitable and energy inefficient homes, many of whom who had exercised the ‘Right to Buy’ in the 1980s and 1990s. They explained that many home-owners in this situation now struggle to meet the cost of repairing and adapting their home, even with the type of loan services that both the LBS and HIT provide (see examples below).

### Example: **London Rebuilding Society ‘equity swap’**

London Rebuilding Society (LBS) is a Community Development Finance Institution established in 2001 as a not-for-private-profit social enterprise. Working in partnership with several local authorities, it offers a home improvement scheme for low income or vulnerable homeowners in East London whose homes are inadequate or in disrepair.

In exchange for a percentage of the equity in the homeowner’s property (an ‘equity swap’), LRS manages the entire works process and can even arrange for any temporary accommodation and storage that might be required whilst improvements or repairs are being undertaken. Works are financed through an equity reversion mechanism known as an equitable mortgage. LRS pays for all costs upfront. It works out what the costs are as a percentage of the improved value of the property. Then, when the homeowner sells their home they pay LRS the same percentage of the value on sale.

For details: [www.londonrebuilding.com/home-improvement-services/](http://www.londonrebuilding.com/home-improvement-services/)

### Example: **Home Improvement Trust/Houseproud**

The Home Improvement Trust, a non-profit organization, runs the Houseproud scheme, in partnership with local authorities and home improvement agencies across England and Wales. Houseproud helps homeowners or leaseholders aged 60 or over – or homeowners of any age who are disabled or have a disabled person living with them – to carry out and fund major work on their homes (see example



with Dudley Building Society below), including no-risk equity release loans.

For example, the following loan options are typically available to single people or couples who are 60 or over or households with a disabled person of any age:

#### *No service loan*

This loan only needs repaying when the property is sold, whereupon, the bank or building society will take the original amount of the loan (the capital), plus all the interest that has accumulated, from the proceeds of the sale.

#### *Interest-only loan*

Only the interest on the loan is required to be paid each month. The actual amount borrowed (the capital) does not reduce and is repaid when the property is sold.

When the property is sold, the bank or building society will take the amount of the original loan, plus any outstanding interest, from the sale proceeds to repay the loan.

#### *Capital and interest repayment loan*

This is a straightforward mortgage where monthly repayments cover both the interest and part of the original amount borrowed (the capital). The length of time over which money is borrowed is agreed with the lender. Typically, the shorter the period, the higher the monthly repayments will be but the sooner the loan will be repaid in full.

For more information: [www.houseproud.org.uk/](http://www.houseproud.org.uk/)

We also received information from the Joseph Rowntree Foundation's equity release pilot programme (due to report shortly). Their interim findings highlighted a number of barriers to the widespread take up of equity release, in particular:

- the reluctance to reduce the amount they can leave to their family;
- anxiety that drawing on their housing equity is risky, not good value for money, and complicated;
- worry over being vulnerable to financial exploitation, and
- concern that it may reduce their entitlement to means-tested benefits, thus making it not worthwhile. (22)

Furthermore, we noted that, for older people the independent finance options currently available to people on low incomes and/or holding moderate assets to meet the costs of repairing and adapting their homes are limited. Products such as equity release are often considered a 'high risk' by banks, building societies and other commercial lenders. As a result, we acknowledged that the market is still very immature and relatively small scale which, in turn, 'inhibits' market development.

To address this and improve market conditions for equity release, we learned that the "Fit for Living Network" has identified the following requirements:

- A better understanding of older people's attitude to credit and evidence of what they want which informs the development of new products and improvements to existing products
- Support for local authorities to combine grants for support for this group into fair and affordable finance, e.g. through place based budgeting, through raising local bonds, or investing from their pension funds working with established local finance intermediaries
- The use of integrated public funding to provide the subsidy or gap, with which to gear up and attract long-term fair and affordable finance, from sources such as the Big Society bank, and mainstream providers of finance/equity
- The development or support of zero or low-interest loans, support in accessing DWP mortgage interest payments, and equity release type products which protect the rights of home-owners
- Recognition that it is important to differentiate between the need for small loans and finance for major repairs; each will require different solutions. The smaller the loan requirement, the less complex the process should be
- The development of integrated, but locally sourced, information, advice and support services to enable older and vulnerable low income home-owners to make informed choices and access appropriate fair and affordable finance
- The engagement of housing providers, e.g. through making services and/or home improvement products available to home-owners and/or working in partnership with Community Development Finance Institutions and Credit Unions to enable the provision of appropriate financial products (23)

#### Example: **Dudley Building Society**

The Dudley Building Society works in partnership with Houseproud and has an empathy with the needs and concerns of older and disabled persons.

The Society has agreed to make funds available at competitive rates and for eligible borrowers to provide guarantees of no repossession and no negative equity. Therefore, an older homeowner taking out a Houseproud loan provided by the Dudley Building Society will not, under any circumstances, be forced to sell their home whilst it remains their primary residence and will never have to repay more than the value of their home at the time of sale.

The Society has made available funding of over £50million for the provision of loans through the Houseproud. This funding is available for a variety of loan options which are both affordable and tailored to meet the needs of older people and can be used to fund repairs, improvements and adaptations throughout England and Wales.

For details: [www.houseproud.org.uk/](http://www.houseproud.org.uk/)

On the evidence presented, we conclude that there is a potential market for the right products, provided they meet older people's expectations and requirements. However, we suggest that this needs Government involvement, support and incentives to create confidence and achieve deployment on a much larger scale; for example, the development of a 'bond' and/or 'kite mark' - as is being pioneered by the

SHIP Equity Release initiative to guarantee a level of information, financial support and quality assurance for aids and adaptations and property maintenance to support independent living. We consider that there is considerable merit for key stakeholders - also involving the Financial Services Authority - to investigate this further.

### Recommendation to raise the stakes in equity release

*That Government and the private sector should come together to convene an industry-wide task group to stimulate development and growth in equity release products for older people; this group should explore the potential for a government backed bond and kitemark*

*That local government, in collaboration with partners from statutory, voluntary and commercial sectors, should develop a community of practice with supporting advice and information tools to raise awareness and offer reassurance about the availability of equity release, private finance and loan facilities for older people*

## Chapter 6 - Adapting for an ageing society in practice

Key issue: Adapting existing accommodation can be a cost-effective and efficient way of enabling older people to stay in their own homes and prevent a costly move

*“Most councils don’t know enough about the costs of their ageing population to take important decisions... preventative services and working more effectively with other organisations could deliver substantial cost savings.” (24)*

Government has estimated that up to £2.7 billion could be saved each year through person-centred support for people with long-term conditions such as diabetes, by enabling them to manage their conditions better themselves, treating them closer to home and avoiding unnecessary hospital visits (25). We heard that the evaluation of the Partnerships for Older People Projects (POPPs) found that low intensity practical support services, such as handy-person schemes, had by far the highest impact on health-related quality of life for all the service types examined. (26)

### Key data

- The average cost to the State of a fractured hip is £28,665. This is 4.7 times the cost of a major housing adaptation and 100 times the cost of fitting hand and grab rails to prevent falls
- Falls leading to hip fractures cost the NHS £726million annually. Housing adaptations, including better lighting, can reduce the number of falls
- Housing adaptations reduce the need for daily visits and reduce costs for more intensive home care
- Postponing entry into residential care by just one year through adapting peoples’ homes saves £28,080 per person
- Evaluations from local Telecare interventions reveals savings around emergency hospital and residential care admissions
- The average cost of a Disabled Facilities Grant pays for a stair lift and level access shower. These items will last for 5 years. The same expenditure would be enough to purchase the average home care package for just one year and three months

We also heard that while new housing may be the answer for some people, there is also need to consider how to make best use of existing stock and make it ‘fit for purpose’ for an ageing population, including more integrated Telecare, adaptations and handy-person services.

*“Handy-person services are the gods of the older persons’ world”*

Baroness Barker (APPG Inquiry, 30 March 2011)

The DWP’s Office for Disability Issues, in its review of evidence on the implications for health and social care budgets of investment in housing adaptations, improvements and equipment, revealed that the lack of timely provision of equipment and adaptations is highly effective in preventing further physical health problems which could have a detrimental effect of someone’s ability to live well at home. (27) For example, their ability to cope with everyday living tasks, orientate or overcome hazards in the home.

Whilst many people will arrange for such adaptations and equipment using their own resources, for those on low incomes there is a national mandatory grant system, Disabled Facilities Grant (DFG), administered by local housing authorities, as well as obligations on Social Services to assist disabled people under the 1970 Chronically Sick and Disabled Person’s Act.

DCLG told us how the national DFG funding had increased year on year, currently standing at £180 million

for 2011/12. However, this national rise had not always resulted in local budget increases, particularly since the cessation of the legal requirement for local authorities to make a specific minimum contribution. A number of organisations that gave evidence highlighted the significant gap between the overall level of funding allocation and the scale of need for adaptations assistance, recently quantified in the DCLG Commissioned Report by the Building Research Establishment. (28) Consequently, Charities and Benevolent Funds, as highlighted by the Royal British Legion, are facing a rise in requests for help with home adaptations and equipment on a scale that they are unable to meet.

We heard from individual older people about the undignified situations that they were facing due to a long wait for a DFG, which can run to years. These included living, sleeping and eating in a single room with a commode, being strip washed or, as one witness put it, spending three years ‘dragging’ her husband up the stairs even after having had hip replacement surgery herself. In the latter case, it was evident to us that the numerous visits and assessments carried out by professionals over 3 years had probably cost more than the stair lift which the older person needed!

We were concerned to learn from Care and Repair England that the £317 million private sector housing budget (2010/11), allocated regionally, through which local authorities have provided loans and grants for

home improvements and repairs has recently been cut by 100% with the abolition of regional spatial strategies and associated funding streams. Care & Repair England warned of the consequences and its impact on small urgent repair grants, loans funds and equity release for essential home repairs, home improvement agency services, handy-person schemes undertaking minor repairs and adaptations. Local authorities have also been known to have previously pooled this funding with other grants, such as Disabled Facilities Grants (DFGs), to enable a holistic approach to tackling disrepair and improvements.

A number of organisations that gave evidence stated that the relatively modest sums for home adaptations come from the housing budgets, but they result in savings in other sectors, i.e. health and social care. They expressed concern that this may result in lower prioritisation of adaptation provision.

#### Example: **West of England Care & Repair**

West of England Care & Repair in Bristol receives about 200 enquiries for people who require substantial repair work to their homes. These enquiries are made by primary care and social care professional to facilitate successful discharge from hospital, and as part of the process of implementing new or supporting existing re-ablement and recovery care packages at home. Without the service, clients would either remain in hospital 'blocking' a £1,000 bed per night or be recommended residential care, often because of a lack of heating or hot water.

For details: [www.wecareandrepair.org.uk/](http://www.wecareandrepair.org.uk/)

In its evidence, the Chartered Institute of Environmental Health also highlighted the cost benefits of housing interventions in tackling health inequalities and the effect of not intervening - for an individual, the loss of independent living; or increased hospital admissions or residential care placements within local health and social care economies.

Foundations, the national umbrella body for Home Improvement Agencies, gave evidence on the benefits to the sector from two tranches of funding for re-ablement services allocated by the Department of Health; in the first instance, £70 million in 2010/2011 for post hospital discharge support for independent living and a subsequent £162 million in 2011/12 to increase capacity across the NHS and local government, including in home care, investment in equipment, adaptations, Telecare and energy efficiency.

One way in which the homes of older people can prove miserable, and a hazard to health, is in their lack of insulation and adequate heating systems. A definitive study by Professor Sir Michael Marmot (30) highlights the dangers of premature deaths in cold weather - "excess winter deaths" - alongside the hardships created by fuel poverty (where the occupier spends more than 10% of net income on their fuel bills).

We welcome the Green Deal to be introduced by the forthcoming Energy Act: this will enable costs of improving energy efficiency to be repaid over a period of years through increases to fuel bills that are offset by the energy savings. However, there is likely to be anxiety on the part of older home owners who may not wish to take on this "debt". The energy suppliers promoting the arrangements will need to give special emphasis to the sensitive marketing of the Green Deal needed for the older client. And there is clearly a vital role here for the Home Improvement Agencies. We heard from LGID that the Chartered Institute of Housing had reported that every £1 spent in improving heating in houses saves the NHS £34 over ten years. (29) Witnesses highlighted the ways that shortcomings in provision of DFG, or adaptations assistance more generally, can have a direct impact on health care provision including delayed hospital discharge, higher re-admission rates, a greater level of falls, premature admission to residential care and higher community support provision costs.

A number of organisations who submitted evidence suggested that, while the evidence of the 'health dividend' for early housing intervention is clear, housing and related services for older people often lacked co-ordination, found it difficult to 'unlock' NHS funding, and were largely developed opportunistically rather than as part of a coherent local strategic health improvement plan, joint commissioning or local ageing well strategy.

However, we also heard innovative approaches that were beginning to overcome local commissioning and funding obstacles to deliver improved outcomes for older people. These included:

#### Example: **Papworth Trust**

Papworth Trust has 5 multi-area Home Improvement Agencies (HIAs) covering 12 District Councils, 2 Unitary Authorities and 1 London Borough. The Trust are fully committed to the benefits and support the HIAs provide to both the health and social care sectors in delivering preventative and early intervention services.

In order to ensure our service meets the needs of both customers and commissioners we are in the process of changing the way we operate to reflect the new challenges ahead. Some of the key areas where we are working towards service improvement are:

- Joined up commissioning to achieve best value. For example, we are having discussions, led by Thurrock Council, to look at opportunities for pooling local authority budgets to achieve better value and increase the scope of the service offering.
- We have sent detail proposals to Southend Council for divesting budgetary responsibility to the HIA, which, if accepted, should significantly reduce the waiting times for adaptations to be completed, as well as achieving some modest cost savings.

- We are in the process of multi-skilling our teams, particularly with regards to OT skills. This is aimed at working towards a single point of assessment, as well as providing development opportunities for our teams.

With the possible changes to local grant arrangements these measures will also enable us to market a full end-to-end service for self-funding customers.

For details: [www.papworthtrust.org.uk/](http://www.papworthtrust.org.uk/)

In its evidence to us, Mears Group also outlined how they are developing an integrated care offering, seeking to provide local authorities and health with solutions for meeting the dual challenges of increasing care needs from an ageing population and significantly reduced budgets. Rather than local authorities procuring reduced levels of individual care and support services, Mears seek to reduce their and their partners' transaction costs by improving local commissioning and service procurement through a 'one stop' package of domiciliary care, housing repair, adaptations and Telecare services to, in turn, release any efficiency gains into direct service delivery.

#### Example: **Integrated housing, care and support - Mears Group**

Mears offers a broad spectrum of flexible care at home services including: respite care, re-ablement care following an episode of illness or stay in hospital, domiciliary care for day to day domestic and personal support, live-in 24 hour care and palliative care. Alongside this, Mears has traditionally worked closely with local authorities and housing associations to deliver repairs and property maintenance services.

Mears recognise that 'prevention works' and that rapid response to repair or adaptation needs can help get someone home from hospital sooner, or reduce the number or length of home care visits, leading to significant cost reductions as well as giving a greater sense of dignity and independence to the individual.

For details: [www.mearsgroup.co.uk/](http://www.mearsgroup.co.uk/)

We accepted that there is scope for greater efficiency in the system. At a time of rising pressure on public expenditure some of the improvement in provision of help with home adaptations must come from efficiency saving and noted that streamlining processes to save on staff time, radical reviews of systems of delivery, grant reclaiming, block contracting, recycling/reallocation of adapted property and greater use of new technology have all been applied effectively in some areas and need to be more widely adopted across local economies. They were firmly of the opinion that a more integrated systems and services approach would achieve improved outcomes, linking closely with the Government's health and social care reforms to develop more locally driven community based adaptation services.

However, it was also pointed out that the most efficient of systems cannot work effectively if there are still insufficient resources. We trust local authorities will apply every penny of Disabled Facilities Grants allocated by central government and, indeed, will seek extra support from Health Trusts whose budgets will be eased if there are fewer accidents in the home, earlier safe hospital discharges and fewer readmissions caused by housing problems.

Care and Repair England, among others, reiterated their concern about the potential impact of the recent cessation of the Private Sector Housing Renewal Budget, which until 2010-11 had been the primary source for home improvement funds and loan facilities. A leaking roof or dangerous wiring can be just as likely to drive an older person out of their home as the absence of adaptations like a walk-in shower or level access in place of hazardous steps. For those on the lowest incomes – perhaps with properties where equity release is not an option – there is no substitute for the public sector investment that can, in reality, save health and social care costs.

## Recommendations to adapt to a more integrated approach

*That Government should reconsider the abolition of Private Sector Renewal funding for home improvements that make the homes of low income elderly owner occupiers fit to live in*

*That local authorities should make full use of central government funding for Disabled Facilities Grants and, as appropriate, work with Health Trusts to secure additional resources for aids and adaptations that can save NHS funds*

*That Government should encourage local authorities and the NHS strategically to commission integrated community based support, Home Improvement Agency and handy-person services for older people across housing, health and social care, thereby combatting fuel poverty, and reducing excess winter deaths, accidents in the home, and longer stays in hospital*

*That local statutory, voluntary and commercial housing, health and social care, along with professional bodies such as Foundations and the College of Occupational Therapists, should produce joint good practice guidelines and procedures that facilitate effective, person-centred, transfer of care back home following a hospital admission*

## Chapter 7 - Enabling choice and control in care and support

Key issue: Putting older people at the centre of service design helps to improve outcomes

Following the publication of the Commission on Funding Care and Support's report (31), the nature of social care requires urgent reform that puts in place a fairer and more equitable system to provide protection and reassurance for the delivery of and paying for care and meeting the future needs for older people. The majority of adult social care services such as home care, residential care and day care are already delivered by the private sector or voluntary/charitable agencies, either via contract with local authorities or directly with individuals through a mix of public and private funding. The Commission's proposals are 'in tune' with our recommendations to develop financially sustainable products to insure for care costs and better coordination and integration of services that enable older people to live well at home in later life.

Indeed, increased choice and control for customers is central to public service transformation; in particular, for older people to be in a position to choose to receive services at home or close to their own home. This will require a different set of relationships between landlords and tenants, people who use housing related services and their provider and those who are responsible for commissioning them or shaping local markets.

### Key data

- The Government expects that, in 20 years' time, 1.7 million more adults will have a need for care and support
- In April 2010, 815,000 older people were assisted by the Supporting People regime
- 61% of local authority expenditure on adult social care is allocated to older people's services
- 85% of older people do not use local authority care services
- Only 3.6% of eligible people aged 65 and over have used a Direct Payment.

We also noted that the Commission picked up on the Government's Vision for Adult Social Care, *Capable Communities and Active Citizens* and its White Paper, *Equity and Excellence: Liberating the NHS*. These maintain the Government's drive towards the personalisation of public services in health and social care as reiterated in *Think Local, Act Personal* (see below). This sector wide commitment to moving forward with personalisation for all users as the norm by April 2013 and, along with community based support, provides a framework that underpins a more outcome focused approach to ensure that as many people as possible are enabled to stay healthy and actively involved in their

community for longer, reducing people's reliance on paid support, thereby delaying the need for targeted interventions.

We heard from Methodist Homes Association (MHA) that the greater personalisation of services is right in putting older people at the heart of housing, health and social care and making choices about their own care. MHA suggested that personalisation will lead to a wider range of care and support services, assuming older people are allowed to direct their own care and providers are allowed to respond flexibly and with innovation to meet expectations. Hanover Housing Association have likewise stated:

*"what is important is that we do not revert to a system where the price paid for public funding was a loss of autonomy and control". (32)*

### Think Local, Act Personal

In relation to housing and housing related care and support, *Think Local, Act Personal*, identified the following housing/accommodation interventions:

- Supporting prevention and avoiding crisis admissions to hospital and other high cost services combining health and social care personal budgets, crisis support, equipment, adaptations, reablement and better use of housing opportunities
- Promoting the delivery of a broader range of housing/accommodation designed to offer more supportive environments to people with care and support needs, and
- Supporting community capacity to people make use of informal support from family, neighbours, volunteers, community enterprises and live-in support tenants

(Source: Think Local, Act Personal leaflet, 2011)

### Example: 'Live at Home' scheme

Delivered mainly through volunteers, Methodist Homes Association (MHA) Live at Home is a service provided in over 50 localities through a partnership between MHA and local committees. It aims to reduce loneliness and isolation, support the independence of local older people, and maintain their health and well-being. The needs and interests of local older people determine the shape of services and activities, in particular, to:

- offer information, advice and advocacy to older people in their own homes
- promote independent, active and fulfilled living
- provide a sense of security and community, and
- is an example of 'Big Society' and localism in action

In 2010, Live at Home schemes had over 8,000 members, 2,020 volunteers and 147 mostly part-time staff members. All 52 schemes provide a befriending service to older people in their own homes, regular newsletters and signposting; most provide a range of activities, outings, interest groups and transport.

For more information: [www.mha.org.uk/](http://www.mha.org.uk/)

We also received information from providers on how local authorities can help older people make choices on the best use of resources to achieve better outcomes. It was noted that some older people may simply not want the ‘hassle’ of an individual budget, were content with the services they currently received or had difficulty understanding what choices were available due to poor access to local advocacy or brokerage services. (33)

However, emerging examples of practice in building community capacity, including new social enterprises that are able to provide that personal assistance or purchase services collectively, include:

#### Example: **Up2Us**

This project funded by the DH and DCLG for two years which seeks to develop and test approaches in six localities in England that encourage individual budget holders to jointly purchase care and support, facilitated by housing associations, to overcome:

- Individuals’ lack of power to impact on the development of new services and to drive up quality of existing services for social care and support, and
- The fear that new and existing service provision is unsustainable due to fragmentation of the market putting at risk economies of scale

The pilots in Oxfordshire, Kensington & Chelsea, Barking & Dagenham, Kent, Norfolk and Knowsley focused on increasing the purchasing power of people with Individual Budgets and Direct Payments, enabling them to act collectively to pool their resources and purchase the care and support they require. In turn, this has helped to drive up service quality, stimulate growth of new services, and ensure that service users have a stronger voice in the new social care and support market.

For more details: [www.hact.org.uk/up2us](http://www.hact.org.uk/up2us)

#### Example: **Shared Lives - Community Catalysts**

Community Catalysts is a social enterprise owned by the NAAPS UK. It is a network for family-based ways of supporting adults and aims to harness the talents of people and communities to provide high-quality small scale and local support services, and to make sure that people wherever they live have real choice of local social care, health and other community resources.

NAPPS uses different approaches to work with individuals, community groups and professionals to enable people to achieve goals such as:

- being in control of their services and their lives.
- pursuing ordinary lives within their chosen families and relationships.
- being valued by their communities and feeling like they belong.

Approaches include Homeshare, Shared Lives and micro-providers

For details: [www.communitycatalysts.co.uk](http://www.communitycatalysts.co.uk)

We also noted that there have been continuing developments in “Telecare” – the remote monitoring of emergencies and lifestyle changes for individuals with care and support needs who are living in their own homes. Through various sensors placed around the home, the user can be supported by external monitoring with family members or emergencies services alerted if there is cause for concern. (34)

Using falls detectors, medication reminders, property exit sensors (for people with dementia who are at risk of wandering out of the house during the night), flood sensors, and other devices, Telecare equipment can reduce the need for resident carers and through rapid interventions, minimise problems caused by falls or other incidents. But investment in these services is very patchy and some have suggested there would be considerable benefit if the State offered universal free Telecare to all.

#### Example: **North Yorkshire County Council**

North Yorkshire has made Telecare available to those requiring community services support. An evaluation suggests that nearly half of those helped to stay at home would have had to go into residential or nursing care and for those receiving more than ten hours home care, there was a reduction in the number of hours needed. Average savings for each Telecare user are around £3,600 per annum.

For details: [www.northyorks.gov.uk/index.aspx?articleid=3198](http://www.northyorks.gov.uk/index.aspx?articleid=3198)

In relation to revenue investment and supporting the move towards personalisation, concern was voiced about the 12% local budget reductions and the ‘unringfencing’ of Supporting People and social care monies under the new Formula Grant arrangements with effect from April 2011. It was suggested that, with no a statutory duty to support older and vulnerable people through Supporting People, the low level support services - the very services that are preventative in their ethos and enable older people to “live well at home” - are likely to be threatened as financially pressed councils seek only to assist those people assessed as in need of substantial or critical social care. Indeed, it was

pointed out to us that some local authorities are beginning to fill the funding gap by raising the threshold for when they offer any funding for services such as social care. (35)

With regard to the latter, the Care Quality Commission (CQC) in their latest review of the state of adult social care in England indicate that 72% of councils have already chosen to focus their funding for social care solely on people whose needs are substantial or critical. The CQC reports that:

*“As criteria are tightened, increasing number of people become ineligible for public funding. They have to fund their own care, if they are able to, otherwise the responsibility for providing care and support falls increasingly to carers and families.... As the population ages and financial pressures grow, we expect access to publicly-funded care will become further restricted.” (36)*

In its evidence, Local Government Improvement and Development made a strong case for more local flexibility as part of the Localism Bill so that local leaders can be more responsive to residents’ housing, care and support needs and aspirations, offer more choice by involving and articulating community priorities, and ultimately be held locally accountable. We are concerned that one of the key planks for measuring accountability for housing related support outcomes, the Supporting People Quality

Assessment Framework at the Centre for Housing Research, University of St Andrews, had been terminated by the Government. We believe there is a need for a national, formal mechanism to track local authority expenditure, to assess any cost benefit and outcomes from services, including the impact of more flexible services to older and vulnerable people. We note that many authorities are continuing to use the Centre to monitor performance in 2011/12 but uncertainty remains for future years.

ADASS explained that local authorities faced severe financial challenges across all publicly-funded services, such as leisure and libraries, and suggested that there is therefore good reason to offer more discretion and flexible budgeting locally. However, they commented that they were beginning to see some supported housing providers ‘exiting’ the Supporting People market. This was due to a combination of a lack of confidence in local commissioning intentions and a loss of funding when ‘block’ contracts were not being renewed and/or being replaced with individual personal budgets. They recommended that the economic impact of personalisation on housing providers should be reviewed in a year’s time, when the twin-track effects of Supporting People may be more fully felt and the scale of the take-up of individual budgets realised.

## Recommendations to maximise choice and personal control

*That social and private sector housing organisations embrace the principles of personalisation and understand the implications of the future self-funding / commissioning / procurement of person-centred housing related care and support services*

*That central and local government work together to explore ways of making the most of opportunities for Telecare to reduce the risks facing those with care needs who are living independently and to provide support and reassurance for family carers, as well as saving public expenditure on care costs*

*That central government should play its part in supporting and co-ordinating the on-going economic impact assessment and monitoring of Supporting People grants to determine more precisely “what works” and ensure the most efficient targeting of available resources*



## Chapter 8 - Housing Cares: connecting with health and social care

**Key issue:** Housing interventions can reduce demand on primary and acute healthcare through effective preventative solutions

The NHS and local authorities are navigating their way through a complex and challenging period of change. Organisational structures are in transition alongside a move to transfer responsibility for the commissioning of local primary healthcare services to General Practitioner Commissioning Consortia; public health services to Public Health England (with Directors of Public Health located in local authorities); and acute hospital healthcare to NHS Foundation Trusts. These changes also present separate challenges for housing and housing related support services as they begin to understand the new health and social care architecture and the strategic connections and personal relationships they need to build or maintain to maximise the benefit of their services for older people.

### Key data

- The NHS spends £600 million treating people every year because of poor housing
- 1.4 million people have a medical condition or disability that requires specifically adapted accommodation
- The number of people with dementia is expected to double to over 1.5 million over the next 30 years
- Two thirds of acute hospital beds are occupied by people over 65

Much of the evidence to us emphasised the importance of good quality housing for older people in meeting their individual health and wellbeing needs and making the lives of their carers a bit easier. We noted the experience of the service users from the Royal British Legion and Age UK that housing and housing-related support can offer significant improvements to the way that they, their families and friends live, such as:

- protecting people from serious harm - home safety checks to prevent falls or use of Telecare to provide reassurance
- tackling the wider determinants of ill health - overcoming loneliness and isolation through safer neighbourhoods and befriending services
- preventing ill health - tackling disrepair, making home improvements – “that little bit of help”
- prolonging life expectancy e.g. ‘adding life to years’ through access to alternative housing with care, adaptations
- supporting health improvement - promoting healthy eating and information e.g. on obesity and weight, oral health, diet and nutrition

With regard to the latter, we also heard from the British Association for Parenteral and Enteral Nutrition (BAPEN) that malnourished and dehydrated people are admitted to hospital more frequently, stay on wards for longer, succumb to infections more quickly and can end up being admitted to residential and nursing care. BAPEN has estimated that £13 billion of associated health costs was spent on malnutrition and that improved nutritional care would result in substantial savings to the NHS. (37) (A very recent review by CQC supports these findings) (38)

At a strategic level, we note that under the reform proposals, the primary and acute health care will see significant

changes to funding placed via GP Commissioning Consortia with the abolition of Primary Care Trusts and Strategic Health Authorities from 2013 and a new NHS Commissioning Board. GP consortia will have a greater say in commissioning services to meet the needs of their patients and local community, a high proportion of whom are older people with a long term condition. It will therefore be in their interest to commission ‘holistic’ services, at scale, that can reduce demand on primary care and prevent or delay admission (or a readmission) into hospital, including housing and housing related support services that can offset planned or unplanned healthcare. Innovative national and local examples include:

### Example: **DALLAS**

The Government’s Technology Strategy Board has invested up to £23million in the UK-wide Delivering Assisted Living Lifestyles At Scale (DALLAS) programme. It will establish 3 to 5 communities of 10,000 people or more across the UK and will show how assisted living technologies and services can be used to promote well-being and provide top quality health and care, enabling people to live independently at home. The aim of the communities will be to open new markets in social innovation, service innovation and wellness, enabled by technology.

DALLAS also seeks to bring it all together alongside a preventative and wellbeing approach and show that technologies and services can be made available at sufficient scale and cost to enable independent living. In addition, it will help to grow the assisted living sector in the UK and help British companies to take advantage of increasing global demand for assisted living goods and services.

For details: [www.innovateuk.org/](http://www.innovateuk.org/)

### StayWell, Age Concern Kingston upon Thames

Initially funded as a pilot by NHS Kingston Primary Care Trust, the StayWell programme utilises a proactive case finding approach by working alongside 7 local GP practices to offer an early intervention and preventive service. Practice managers screen patient lists looking for risk indicators e.g. taking 4 or more prescribed medications or known to be socially isolated. Thus, older people who are living independently, but fall just outside the critical and substantial Fair Access to Care Services (FACS) criteria, and are therefore not usually known to Social Services, are offered practical support and a wide range of low-level interventions as cited by a local GP.

*“Our relationship with Age Concern Kingston (as an innovative player in the third sector) is very consistent with our philosophy as a practice of trying to develop positive strategic relationships with key players that can benefit the long term care of our population, particularly influencing the non-health related factors that are an integral part of remaining well and functioning to the highest level that is attainable.”*

(Dr C. Alessi - Senior Partner, Churchill Medical Practice, Kingston upon Thames)

For details: [www.ageconcernkingston.org/](http://www.ageconcernkingston.org/)

### ‘Counter Attack’ scheme

The ‘Counter Attack’ scheme managed by Blackpool Care & Repair was launched in 2006 in partnership with the NHS. Its ethos was to engage health and social care professionals across Blackpool to refer individuals that were routinely presenting with cold related illnesses. This included local GP surgeries, social worker and falls ‘matrons’ from the local hospital. The scheme would then assess safety risks to individuals and carry out remedial works.

The success of the scheme in reducing hospital admissions has led to further NHS funds to the HIA to address cold related illnesses, plus a direct referral protocol between local GPs and Care & Repair is being developed to improve service coordination.

For details: [www.blackpool.gov.uk/Services/A-F/CareandRepairScheme/](http://www.blackpool.gov.uk/Services/A-F/CareandRepairScheme/)

Evidence presented by Orbit Group drew on the Better Government for Older People programme and the Partnership for Older People’s Projects (POPPs), indicating that prevention and early intervention support for older people works best where there is close integration across housing, health and social care. They cited the economic evaluation of the POPPs programme that for every £1 spent on such services to support older people, hospitals were found to save £1.20 in spending on emergency beds. (39) However, as the Centre for Policy on Ageing have highlighted:

*“the issue here is that the NHS saves, but local authority social care and housing still spends, making the argument for a transfer of funding from the NHS budgets or for closer joint working.”* (40)

We wholly acknowledge the lack of incentives for housing’s active involvement in health and social care economies to support older people to ‘stay put’. In the absence of a ‘payment by results’ funding framework, that recognises the care efficiencies achieved by housing interventions, we noted that there was often little encouragement for joint working and poor reward on housing’s capital or revenue outlay. Furthermore, with the abolition of the Supporting People outcomes framework (as noted earlier), we conclude that there is no longer an adequate means for local commissioners and/or providers to measure the benefits of an intervention and Government to draw on this information to shape policy development and future funding requirements e.g. in the next Spending Review. We therefore called for an industry led review on the types of outcomes that would usefully contribute to ‘unlocking’ future investment.

In its evidence, the Local Government Improvement and Development (LGID) pointed to the introduction of a new public health service for England within a local government setting, as set out in the aforementioned Public Health White Paper, and explained that local authorities will employ Directors of Public Health and that £4 billion is ‘ringfenced’ to commission public health services, through Health and Wellbeing Boards and Public Health England.

In addition, from April 2013, LGID highlighted the new public health duty upon local authorities requiring steps taken to improve the health of their population. The duty will require commissioners to produce and apply a Joint Strategic Needs Assessment (JSNA), informing a new statutory Joint Health and Wellbeing Strategy and all local commissioning, including public health.

### Report: **Enhanced Joint Strategic Housing Needs Assessment: A best practice guide**

Local Government Improvement and Development has published a best practice guide on JSNAs. This guidance advocates for a link between the assessment and housing intelligence – a shared understanding is more likely to inform effective joint approaches to reducing inequalities and improving outcomes. It recommends that the JSNA should help inform local housing commissioning.

For details: [www.idea.gov.uk/](http://www.idea.gov.uk/)

We recognise that the proposed Health and Wellbeing Boards, along with local JSNAs, will be critical for identifying ways in which housing and housing-related support can be part of a local solution for meeting older people’s on-going health needs, tackling health inequalities and transforming the wider health determinants of an ageing community. We recommend these links be strengthened strategically and operationally at a local level.

## Recommendations to strengthen the strategic links between housing, health and social care

*That Government should use the provisions of the Health and Social Care legislation to ensure that housing matters are covered by Health and Wellbeing Boards*

*That Joint Strategic Needs Assessments (of Local Authorities and primary health care) include reference to housing and long term care and support solutions that promote independent living for older and vulnerable citizens as part of 'age-friendly' care*

*That Government should invite partners from local authority social care, health and housing related support partners to develop a successor Supporting People performance framework to inform policy and practice at the local level*

## Chapter 9 - Conclusion

The All Party Parliamentary Group on Housing and Care for Older People has previously concerned itself with the nexus of housing, health and social care. We have tended to concentrate on care issues (including paying for care), residential care, and housing-with-care (new Extra Care housing and upgraded sheltered housing). We have not looked specifically at meeting the housing and care needs of those who choose to stay at home, hence this “Living Well at Home” Inquiry to explore the key issues for older people and define what actions are required to deliver for those that wish to stay put.

*“The Commission understands the critical role that housing provision plays in improving well-being and delivering better outcomes for individuals. Being housed in suitable accommodation can improve someone’s overall quality of life by offering greater security, support and peace of mind. Specific support through aids, adaptations and home modifications can help people remain at home and manage needs better.”*

### The Dilnot Commission on Funding of Care and Support

We believe the time is right, with the spotlight now on the nation’s growing requirements for care services, to recognise the value of housing in preventing the need for institutional care, in easing pressures on the health service and in enabling more of us to “live well at home” as we all grow older. We hope our Inquiry has shed light on the contribution to be made by greater integration of health, social care and housing and we look to the decision-makers in central and local government, and in the private and voluntary sectors, to rise to the challenges ahead.

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## Appendix One

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