



Response to '*Independence, Well-being and Choice*'

Submitted to the Department of Health

By Care & Repair England, July 05

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1. About Care & Repair England

1.1. Care & Repair England is a national charity established in 1986 to improve the housing and living conditions of older and disabled people.

1.2. Its aim is to innovate, develop, promote and support housing policies and initiatives which enable older and disabled people to live independently in their homes for as long as they wish.

1.3. The interconnection of housing, health and social care has been at the forefront of Care & Repair England's work. A major part of the wider remit of the charity has been to champion joint initiatives between housing, health and social services at a local service delivery level.

2. About This Submission

2.1. We welcome the publication of Independence, Well-being and Choice and particularly endorse the acknowledgement of the importance of housing to well being in later life.

2.2. Our comments are primarily about the housing related implications of providing social care for adults in later life.

2.3. These comments are to a significant degree shaped by the views expressed by older people at a series of housing 'listening events' that we have been involved with around England over the past 2 years (see enclosed brochure – *Housing for an Ageing Population*).

2.4. The key messages emerging from these events can be summarised thus:

Older people want information and choice, leading to accessible, affordable, spacious and secure accommodation.

- We want accommodation that is well designed, allowing people to live independently, with access to social activities and support.
- We would choose to remain in our homes, but we will require services to enable us to maintain our independence, such as practical help with small repairs and adaptations.
- We want greater choice and control over our housing – so we need better information.
- We want better, well-located, diverse move-on housing options of a decent size.
- We want housing that offers safety, security and peace of mind. We want independence, not isolation.

When planning housing and services, speak to older people, listen to what we say and act upon it.

3. Our Response to the Specific Consultation Questions

3.1. Chapter 3: Setting Clear Outcomes

Q1. We agree that these are desirable outcomes, but also acknowledge that the most difficult challenge is to turn such broad objectives into reality.

Q2. We suggest that suitable housing has a major role to play in achieving these outcomes and to achieve these will require close co-operation with ODPM eg. around application of Lifetime Homes to new build and refurbishment, to reform of delivery of adaptations and reform of Supporting People.

3.2. Chapter 4 – Individual Budgets

Q10. With regard to individual budgets, we have some concerns about the practicalities of combining one off payments eg. for equipment or an adaptation, with ongoing revenue costs and the potential negative impact that this could have on delivery of crucial adaptations.

- There is currently scope for savings and increased efficiencies through better contracting to deliver minor adaptations on a fast track basis, particularly through Home Improvement Agency (HIA) Handyperson services. If adaptations were incorporated into individual budgets and each individual then had to organise their own adaptation and purchase this on an individual basis, not only could this result in a higher unit cost, but it could also make the process slower.
- Unless handled carefully it could also make delivery by small scale, voluntary sector providers such as Age Concern or HIAs difficult to sustain because of unpredictable income streams. Thus the added value that these schemes bring through their links to the wider services that their managing agent provide could be lost.
- There is still no reason why the individual could not have a greater degree of control over the aids and adaptations that they require through other proposed changes eg. greater self assessment. But great care would be required re: the mechanics of incorporation into individual budgets.

3.3. Chapter 5: Prevention Issue

Q12 We fully endorse an increase in emphasis on preventative interventions, particularly with regard to housing related issues.

- As a number of reports by the Audit Commission and others have shown, undertaking a small but essential repair or adaptation to a person's home can have an enormous impact on the sustainability of their independence, their health and well-being.
- Current preventative services have been undervalued and under-funded – a situation exacerbated by FACs.
- FACS has resulted in a major shift to crisis intervention for the highly dependent few and a reduction in help in the many who just need '*that little bit of help*'.

- The increasing difficulties faced by older people seeking more minor adaptations eg. help to wash and bathe independently, are a direct consequence of the inappropriate application of FACS and it will take a significant change of direction of social services to meet the aim of earlier, preventative interventions.
- However, the potential gains are enormous. It is possible to employ a handyperson undertaking small repairs and adaptations for hundreds of older people for the cost of one residential care home place, let alone the cost of hospital admission and care for a hip fracture resulting from a fall.
- Inevitably there will be an overlap period where resources are needed just to sustain those already in high dependency situations alongside extra resources to implement a preventative programme – such a transition will therefore need to be carefully considered and costed, utilising up to date demographic data about the increasing numbers of very elderly people.

3.4. Chapter 8: Strategic Commissioning

Q 16 We support a more strategic approach to commissioning. So many preventative services straddle housing, health and social care, and can suffer as a consequence of being “nobody’s baby”.

Q16 As stated above, we do believe that application of a preventative approach is the right one, but with the proviso that you cannot prevent all serious problems and there will still need to be a safety net for those in the most difficult situations.

Q18 With regard to partnership working, it is essential that housing departments are involved in order to achieve the wider aims of enabling independence, well-being and choice.

3.5. Chapter 9: Service improvement and delivery examples

Q20 A large number of home improvement agencies, Age Concern Groups and Help the Aged are involved in the delivery of handyperson services, undertaking small essential repairs, minor adaptations, fall prevention, home safety and security work. We are about to embark upon national data collection about the location and operation of these services (supported in part by the DH Housing Learning and Improvement Network) with the results due for publication in December 05. However, if useful some of the information about models identified could be made available to the Department from the early autumn.

- Our recent report – ‘*Should I Stay or Should I Go*’ illustrates the potential of local ‘housing options’ services to assist older people to move to more suitable accommodation which better enables them to live independently. Such initiatives clearly have a preventative role to play and also meet the agenda of enabling choice through the provision of impartial information, advice and practical help.
- One of the excellent service models identified in our report, *Healthy Homes, Healthier Lives* was the Gloucestershire Fast Scheme. This service offers rapid response minor adaptations and repairs and plays a crucial preventative role. They also operated a safer bathing scheme, meeting the needs of those who did not meet the higher level FACS criteria but who nonetheless required minor bathing aids. Through secondment of occupational therapy assistants to each home improvement agency in the county, block purchasing of equipment and links to the handyperson services this scheme

cleared the waiting list for occupational therapist assessment for disabled facilities grants and met the bathing needs of hundreds of older people at minimal cost.

3.6. **Chapter 12 Working with the voluntary sector**

Q26 If there is to be a real increase in community capacity and better working with the voluntary sector, a critical element is better, longer term joint commissioning and funding.

- The Gloucestershire example illustrates this graphically. The HIAs put a great deal of time and effort into setting up these improved service delivery systems. The Safer Bathing Project was hailed as a huge success by one and all –achieving its aims of both clearing the backlog and also providing a rapid response to ongoing demand. Yet its funding came to an end after one year. Because OT waiting lists have rocketed again it is being re-invented. This is a waste of time, resources and VCS goodwill.
- Where better, longer term commissioning has taken place eg in Bristol, and some positive steps are taken to longer term sustainability there is a very positive impact on relationships and service provision.

4. **Concluding Comments**

4.1. We welcome the publication of Independence, Well-being and Choice and its founding principles.

4.2. However, we do have some concerns about achieving the aims and objectives at a nil-cost basis. Given the ageing of the population this effectively would mean a significant per head reduction in funding at a time when there are growing numbers of very elderly people, including more people with high dependency needs such as dementia and Alzheimer's disease.

4.3. It therefore seems difficult to see how preventative services can be developed and expanded to meet the needs of growing numbers of older people whilst simultaneously meeting the needs of this very elderly population.

4.4. Over time, particularly through use of assistive technology and creation of a physical environment and housing that better meets the needs of an ageing and disabled population, we can move towards reduced needs for ongoing care and support. However strategic planning still has to take account of the general population trends towards the growing numbers of very elderly people and a transition period whilst prevention has an impact.

4.5. It is crucial that the ODPM are fully involved with this transformation of social care. Achievement of many of its objectives will be closely linked to the availability of suitable housing and related housing services – yet in Regional Housing Strategies (which determine investment) there is little or no acknowledgement of either an ageing population or the developing housing needs and aspirations of people with support requirements. There is little hope for an integrated approach at local level to older people's care, health and housing needs, if there is little or no integration of these sectors at central or regional level.