



Creating Sustainable Communities: Supporting Independence

Consultation on a Strategy for the Supporting People Programme

Submitted to the ODPM
By Care & Repair England

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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. OVERVIEW

2.1. We welcome the publication of *Creating Sustainable Communities: Supporting Independence* and particularly endorse the acknowledgement of the centrality of housing to well being in later life.

2.2. The main focus of Care & Repair England is housing for older people in private sector housing, particularly lower income owner occupiers. Our comments are primarily about the supporting people related implications of this sector.

2.3. We note that the original intention of Supporting People (SP) was to support people across tenure.

2.4. However, because the starting point for the SP system was based on a mapping of services that already existed, which were to a large degree focused on social rented housing, it is not surprising that the current SP system has continued in this vein, with limited progress towards this cross tenure approach (whilst recognising that there has been some growth of innovative "lower level" floating support across tenure).

2.5. This remaining imbalance does need to be addressed, especially when we reflect on the following facts:

- 30% of all households are older people.
- 90% of older people live in general housing stock.
- 71% of households are now owner occupied.
- Half of all poor householders are now owner occupiers.
- one of the major social changes of the last 20 years has been growth of owner occupation amongst lower income groups.

2.6. One of the challenges to commentators on proposed reform of SP is that the wider health and social care fields are also undergoing reform - alongside local government reform. These proposals have yet to be announced, therefore comment on the interconnections is difficult.

2.7. However, with health and social care a greater emphasis on preventing and addressing people's "lower level" needs is widely anticipated, alongside a shift to control by

the individual eg. individual budgets. This is an important factor to take into account in any changes to SP and developments will need to complement such changes.

3. SUPPORTING PEOPLE IN ITS STRATEGIC CONTEXT

3.1. With regard to a more integrated approach to strategic planning there need to be incentives for compliance (penalties for non-compliance) with a strong central directive which requires SP to be part of an integrated service planning framework (eg. local strategic partnerships).

3.2. In an ideal world we would wish to see integration of budgets as well as planning integration.

3.3. However, in a non ideal world, we have some serious concerns about removal of ringfencing of SP funds (because of the significant risk of monies being used for education, children's services and other compulsory activities and statutory functions, (not to mention more politically popular expenditure).

3.4. Therefore powerful safeguards would need to be put in place eg. enforced targets and financial penalties should ringfencing be removed.

3.5. We applaud the principle of a greater focus on outcomes whilst drawing attention from a research and evidence perspective, to a major difficulty in measuring outcomes for low level preventative services and proving that interventions cause a particular outcome.

3.6. Enabling older people to live independently in their own homes for as long as this is their preferred option would be the ultimate outcome that we would endorse. However, to prove and measure a causal link between this outcome and a cluster of services received by an individual is either impossible or complex and expensive.

3.7. A delicate balance will need to be struck here with, we would suggest, a greater focus on service user groups determining service commissioning and judging outputs and outcomes. For example, in the case of older people, they could be involved in setting priorities for service commissioning, based on a wider local older people's strategy which had set global aims, objectives, priorities and desired ultimate outcomes.

4. OBSTACLES TO SUPPORTING PEOPLE TO REMAIN IN THEIR OWN HOMES

4.1. As concluded in a number of reports, (eg. Social Exclusion Unit, Joseph Rowntree Foundation's "*Small Things Matter*") many older people require relatively modest levels of practical help in order to remain in their own homes. Furthermore, many older people are reluctant to approach statutory services for such assistance because of concerns about being seen as dependent.

4.2. Home Improvement Agencies (HIAs) have been most successful at supporting people to live at home via practical support services and also at reaching people that other services don't reach. However, their funding remains problematic and many struggle to survive on very limited funds.

4.3. The real potential of home improvement agencies to deliver comprehensive support to enable older people to live in their own homes for longer has hardly been realised – mainly due to lack of funding and the low priority given to this area of service development. However, we do get a glimpse of their real potential in a few areas eg. Bristol, Manchester, Warwickshire, Blackpool and much can be learned from these – even though here they still exist on short term contracts, disparate funding sources and are constantly facing uncertainty about the continuation of areas of their service provision.

4.4. The recent final report from the Social Exclusion Unit about excluded older people (a Sure Start to Later Life) does refer to the potential for ‘super-agencies’ and this would be a useful model to build into the future Supporting People programme.

4.5. The trend towards spot contracting of services linked to the assessed needs of each individual service user has not helped the development of HIAs or other services which help the less dependent. The concentration of help on those with the greatest dependency, (as has become the case in social services both with the application of Fair Access to Care and the PSA target for social services to increase the proportion of older people supported to live at home intensively) has further concentrated help on the few rather than the many.

4.6. The lack of targets and financial incentives to meet lower level needs has thus contributed to the slower development of small scale, preventative services that this review of SP could help to address.

4.7. Additional factors to note with regard to supporting older owner occupiers to live independently are the major problems of obtaining home adaptations and the substantial reductions in help for low income householders in poor quality private sector housing since the introduction of the Private Sector Housing Renewal Regulatory Reform Order. All have added to the difficulties of supporting independent living in the general housing stock.

5. POSSIBLE IMPROVEMENTS

5.1. Cross sector strategic planning involving SP, housing (all sectors), health & social services is critical to improving the current situation. If all of these parties, *alongside older people*, were signed up to a set of common objectives to enabling independent living in one’s own home, (combined with an agreed framework of services needed to achieve this objective), there would be far greater potential for reaching agreement on joint commissioning.

5.2. A stronger base for services which are meeting the low level needs of older owner occupiers would result. This is the case for Care & Repair services in Wales, where a plan for each local Care & Repair service is jointly agreed and signed up to by all 3 parties (housing, health and social care).

5.3. In England there is a further problem if SP and local authorities are largely guided by regional housing priorities. This is because of the lack of recognition of housing for an ageing population, or adequate acknowledgement of housing for vulnerable groups in general, in most regional housing strategies. Therefore a system following regional priorities would not serve SP client groups at all well.

5.4. A further obstacle to supporting independent living is the short term contracting of services. It is an essential part of improving services that longer term joint commissioning

and shared contract management (eg. shared objectives/ monitoring/ evaluation) be developed in the interests of efficiency and consistency for service users.

6. INDIVIDUAL BUDGETS

6.1. Whilst fully appreciating the philosophy behind this wider political objective, we would voice a note of caution about the applicability of individual budgets to the sorts of low level preventative services for older people which this response largely focuses on.

6.2. In the interests of efficiency it is important to ensure that more is not spent on the administration of a service (including eligibility assessment, payment processing) than it costs to deliver the service. This would be a risk if individual budgets were applied too extensively to those with low level needs.

6.3. For example, many of those accessing HIA and related handyperson services do so on a one-off or occasional basis. This self-determined use by the older person is an important part of service philosophy re: choice and independence. Furthermore many, if not most, of these lower level support users are not (and do not wish to be) in contact with statutory services and have not been “assessed” for need, as would be required in order to allocate an individual budget. Block contracting will thus be critical for this area of service delivery to develop effectively, unless a radically different approach evolves around self assessment and annual budget allocation.

6.4. There is a further operational issue if voluntary sector providers are to be encouraged to develop and deliver the responsive, lower level services required. Few, if any, would be able to take the financial risks involved, whereby they were reliant on customers opting to spend their small allocations on an ad hoc basis, because of the significant income and cash flow uncertainties that this would create. It is difficult enough to recruit and retain staff given current short term funding mechanisms – this could be even riskier.

6.5. In the case of lower level service we believe that the better way of older people having choice and control over the services available to them should be via older people themselves playing a key role in planning/ commissioning and reviewing services. Individual control and individual budgets are really only meaningful and applicable where more substantial and regular sums of money are involved.

7. SUMMARY

7.1. We are very strongly in favour of support services being provided to a person in the home of their choice, and not being tied to a particular property.

7.2. We believe that highly flexible, low level support services, such as those offered by home improvement agencies and handyperson services, can play a key role in enabling independent living in the general housing stock by more older people.

7.3. We believe that there are limitations to the applicability of the individual budgets model for low level support and what is really needed is better, longer term commissioning of such services.

7.4. We believe that joint planning and commissioning by SP, housing, social services and health, actively engaging with older people to determine priorities, is the key way forward.

Illustrative Case Study

Mrs Smith is 78 and lives alone in her own home. She is worried about a broken stair tread as she was already having difficulty getting up and down the stairs and this makes matters worse. She is very worried about falling since she tripped down the step into the kitchen last year and broke her arm.

She needs someone to fix it who she can both trust (she was burgled last year and is nervous of letting people into her home) and who will not charge too much – on a basic pension she can't afford commercial rate call out charges.

Her house is also very cold, with only a gas fire in the living room and to warm up the kitchen she puts on the gas cooker with the door open.

A comprehensive Home Improvement Agency would be able help Mrs Smith to stay living in her home in greater safety and comfort in a whole range of ways:

- Send in the handyperson to fix the stair tread as a matter of urgency.
- Undertake a home safety check and install small adaptations eg. a second stair rail, a grab rail by the step into the kitchen, and any other risk features identified.
- Refer to WarmFront for possible central heating and insulation
- Check benefit entitlement (so that she had enough money coming in to pay to use the central heating
- Undertake a home security check and install extra measures such as better locks, door chain, spy hole etc.
- Consider applicability of telecare – eg. if Mrs Smith is worried about falling there are various sensor and alarm systems available
- *Perhaps most importantly, they would give Mrs Smith the peace of mind that there was someone to turn to who would help her out with any jobs to her home, thus relieving her of considerable worry and anxiety.*

These actions would meet the objectives of:

- Supporting People (she continues to live in the community)
- The health sector (falls Prevention, better health and well-being, reduced hospital admission)
- Housing (removal of a risk identified under Housing, Health and Safety Rating Scheme)
- Social Services (prevention of admission into care)
- Police (crime reduction)
- DEFRA –(eliminating fuel poverty target)