

## Written evidence submitted by Thirteen [ASC 053]

Thirteen is the largest housing association in the North East and among the biggest 25 nationally.

We're more than just a landlord. Our scope extends to supporting people with thoughtful and effective services, improving our homes and estates and building new places for people to live. Our skilled colleagues and committed board directors all work tirelessly to support 70,000 tenants and customers, bringing a breadth of experience and a can-do attitude.

Thirteen has a long history of providing specialised housing in a community setting, with 55 existing schemes across the Tees Valley and the North East, from sheltered housing with a scheme coordinator, to services staffed around the clock. These homes enable people with a wide variety of care and support needs, who may otherwise have to live in residential or health service accommodation, to live independently, in comfort and thrive. In our extra care schemes, we offer activities to help our residents live well, and we have additional facilities to assist with delivering care in the scheme. We have a commitment to delivering dementia friendly services and have some units specifically for people with dementia.

In addition to this we deliver complementary services to support people to live in their homes and remain living independently for longer. We offer an adaptations service, fitting facilities from steps and grab rails, to level access bathing facilities, to ensure that customers can remain living in their existing home for as long as possible whilst preventing their health from declining. Our telecare team offer a 24/7 service, managing sensor technology and answering and attending calls in homes across a number of tenures.

### • How has Covid-19 changed the landscape for long-term funding reform of the adult social care sector?

Coverage in the media around the impact of Covid 19 in the adult social care sector has mainly focused on traditional residential settings such as care homes and it is already well documented that costs have gone up in response to the outbreak whilst income has dropped due to decreased demand and loss of income in these settings.

Covid 19 has also impacted the cost and availability of care in other settings such as the care and support delivered by housing associations. As a sector we support those living in the community either independently in their own home or as part of sheltered housing schemes in self-contained units. The sector also delivers the extra care model where residents onsite can access increasing care as their needs change. Covid has impacted the cost of delivering these services and impacted upon how they are delivered.

Furthermore, the impact of Covid will continue to be felt through the more complex needs of those who survive the illness. We have seen that Covid has disproportionately impacted more deprived or excluded communities/groups and this will in turn impact on the Health, Care and Support needs in these areas. For example, The Northern Health Science Alliance found that Northern England has been hit worse by the pandemic in terms of mortality as well as worsening adverse trends in poverty, education and employment. As a housing provider in some of the most disadvantaged Northern towns, we would like to see more funding in these areas as residents in disadvantaged areas often have more complex care needs. This is supported by data on disability levels and life expectancy in our operating areas. Anecdotally this disparity can be seen within our schemes. A care home in Middlesbrough has an average age 58 whilst a similar setting in the more affluent North Yorkshire has an average resident age of 84. The scheme in Middlesbrough also has more people with complex health needs.

**• How should additional funds for the adult social care sector be raised?**

The Covid 19 crisis has seen housing associations innovate and find new ways of supporting residents through digital platforms and this has in turn highlighted the important role that both Telecare and Telehealth products can play in supporting people to live independently. We would want to see Government investment more in these solutions and whilst the initial outlay would be large, there would be savings further down the line as studies have shown they can prevent hospital admissions or support those leaving hospital and reduce bed blocking. As a housing provider we also see lots of health professionals referring patients who are struggling to live independently to supported accommodation with more intense care. There needs to be greater awareness of the technologies that would allow people to remain in their own home and as a result reduce the social care bill.

We welcomed the recognition that housing providers will be partners in plans for integrated care systems as set out in the Health White Paper however, we would like this to go further and the sector become one of the main delivery mechanisms for health and social care. This is because the sector can provide quickly implementable solutions, prevention and upstreaming interventions to reduce social care costs. In the North East a typical extra care property costs between £160-200 per week while a hospital stay costs £2000-£4000 over the same period. At the moment competing budget pots and targets stop this preventative approach from being taken. Money needs to be spent at the community end rather than the acute care end of the system.

**• How can the adult social care market be stabilised?**

If the Health and Social care budgets are to be pooled as suggested in the Health and Care White Paper and providing the care element is not consumed by health needs, there may be benefits. If money is to come out of the one pot there may be more opportunity for funding up stream services with a preventative element as it would give better oversight of how prevention, care and medical input can complement each other. In addition, the ability to deliver a more strategic response to the countries care and support needs depends on the ability to plan service provision based on local need. This requires funding that is guaranteed over the longer term and streamlined, allowing the right intervention to be delivered at the right time, improving outcomes for clients and reducing costs.

Whilst it is recognised that a joint health and social care budget might support progress towards more integrated care, it will not in itself generate additional revenue. It may seem counter intuitive at this point to suggest that the sector needs a thorough supply chain with providers selected on the basis of outcomes and not solely on cost however, we would argue that services which provide the best outcomes for customers will inevitably save the public purse further down the line. This also fits in with the Governments response to the Health and Social Care Committee report on Adult Social Care: Funding and Workforce as the current model encourages providers to pay low wages to make their contracts competitive. This is not the approach to take if we are want to improve outcomes and grow care as a profession. The care sector needs to be put on an equal footing as other health related career paths and could act as a spring board into other health professions.

To further stabilise the market we would also welcome increased reporting of outcomes by care providers receiving public funds as this would allow commissioners to identify models which produce the greatest impact for their investment and in turn ensure the best use of budgets.

**• How can the adult social care market be incentivised to compete on quality and/or innovation?**

As mentioned in the response to the previous question, we would welcome a focus on quality and outcomes over cost. The key to delivering the most from the adult social care and NHS budget will be putting interventions in place before an individual reaches crisis and needs hospital admission or more intense care. Housing associations are well placed in their communities to deliver such

interventions and as a result need to be wholly involved in integrated care systems moving forward. We would welcome calls for projects or trailblazers to allow the housing sector to demonstrate how working together on shared outcomes will have the greatest impact.

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