

Written evidence submitted by the Chartered Institute of Housing [ASC 057]

Introduction

CIH is the professional body for people working in housing. Our membership includes people who work in housing support roles that often require engagement and involvement with adult social care departments. CIH is a member of ADASS's housing policy network, and a founding signatory to the memorandum of understanding on joint work to improve health through the home.

Housing and support providers play a significant role as partners to adult social care and health teams, particularly around hospital discharge and reablement (as demonstrated in the CIH and Skills for Care publication, [Housing's role in effective hospital discharge](#)). Supported housing also provides options for people with learning disabilities to live in the community rather than in institutionalised settings, as illustrated in [Sector showcase: housing and independent living](#) (CIH and Housing LIN). The right housing that is safe, warm and accessible is fundamental to maintaining people's health and wellbeing and being able to continue to undertake activities of daily living as independently as possible. Housing that enables people to care is also critical to support the many family and friends who provide informal care; Carers UK have estimated that between 6.5 million and 8.8 million people provide informal care worth around £132 million ([Facts about carers 2019](#), prior to the pandemic, see below).

There has been a longstanding recognition that funding for social care needs reform, as the existing framework is unsustainable with an increasingly ageing population, and more people of working age with long term conditions requiring care and support. This inquiry provides a further opportunity to address that and consider a wider vision of how to support people to live well.

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

ADASS has tracked in its annual State of the Nations reports the growing concern about the ability to respond to their statutory duties to assess and support people requiring social care. This has been exacerbated by the severe pressures of the pandemic and the additional burdens in relation to appropriate and adequate personal protective equipment (PPE), cleaning requirements, staff cover etc. Whilst government has provided emergency funding to address the immediate pressures from the pandemic, [ADASS](#) anticipate that actual costs will exceed provision. Planned savings of £608 million may not now be realised due to these extra costs. A further £520 million additional funding in 2020/21 was required to meet the same level of need as the year before, due to the

increasing demographic pressures. Only four per cent of directors are confident they have funding sufficient to meet statutory duties, whilst 35 per cent have no

confidence that this will be possible (in comparison to 35 and 6 per cent respectively the previous year).

The increasing demand on restricted budgets has led to reports emerging of additional costs being passed onto people receiving [care](#); in addition in some areas new assessments are being delayed or postponed as councils struggle to meet growing demand alongside loss of providers, workforce pressures (through outstanding vacancies and/or sickness absence). [Further research](#) by Carers UK has revealed the estimated level of unpaid care provided in the lockdown amounts to £135 billion (equivalent to £193 billion a year).

This evidence reinforces the argument that the current system, and levels of funding for long term care, is broken. Whilst more funding is clearly required, continuing without more fundamental reform is unsustainable. Future reform requires a shift to provide effective intervention earlier on, into services that prevent escalating needs, and that sustain people's ability to maintain their own capacity to care (and safely supporting unpaid carers). This requires a broader systems approach to integrate health and care with wider community services and particularly housing.

Decent well-adapted homes, and specialist and supported housing for older and disabled people, including people with learning disabilities, have not only demonstrated savings for both health and social care partners, but in the current crisis, housing providers have also sustained people's wellbeing and provided [additional support](#) either directly and/or through supporting connections to community and voluntary services.

Specialist schemes have also seen fewer incidences of COVID-19 infections and deaths in comparison to rates within care homes. Demand for retirement housing/housing with care may increase in the light of concerns people will have about residential or more institutional forms of care.

The benefits of decent housing and the savings for public services, notably health and social care through preventative services and effective rehabilitation in housing schemes, are becoming more widely evidenced and understood for example:

- Analysis by [Demos](#) (2017) estimates savings for NHS and social care of £486million a year from sheltered housing

- A longitudinal study of the ExtraCare Charitable Trust's wellbeing services illustrated savings for social care commissioners of between 17.8 per cent and 26 per cent per person per year.
- An [evaluation](#) of community rehabilitation services delivered by Look Ahead for people with mental health needs shows annual savings for NHS and local authority partners of £530,000 a year.
- [Research](#) for Mencap in 2018 by the Housing Learning and Improvement Network demonstrated that housing and care costs in specialised supported housing for people with learning disabilities was on average £1,569 per person per week, compared to £1,760 for residential care and £3,500 for an in-patient place.

Reforming social care within a place-based strategic approach

Housing (local planning and housing authorities, and housing providers) need to be partners with local authorities and health bodies to develop and shape strategies to support the health and wellbeing of local communities, and shape the priorities for jointly developing and funding local services including:

- Accessible new homes - using category 2 of the building regulations as the default rather than optional requirement for new homes across a range of design, size and tenure options
- Provision of supported and specialist housing, including retirement and extra care housing. This includes the use of these facilities to support reablement and hospital discharge services
- Flexibility in moving within and between tenures as life situations change (e.g. through allocations systems and support to move to smaller specialist properties, or shared ownership that allows increased staircasing down to release equity as required by the individual/family, that can convert if needed to full rent)
- Ongoing adaptations programmes (by 2050, approximately 80 per cent of our current housing stock will still be in use, so continued investment in adaptations will still be needed).
- Provision nationally and locally for help with funding for housing repairs and renewal schemes, targeted at older and disabled people with limited equity in non decent homes to mitigate the impact on people's health of poor housing (evidenced in [the cost of poor housing to the NHS](#) from BRE which found hazards in housing costing NHS £1.4 billion, with further impacts for wider society and public services). The pandemic has strengthened the evidence of the implications for health and wellbeing, including mental health, where people have had to live in lockdown in poor homes, for example NHC's report [Lockdown, run down, break down.](#)

(Ensuring that community and housing based solutions are connected into the wider approach to caring is also necessary to address issues such as access to appropriate PPE, something which was initially difficult echoing problems experienced across the care sector more widely.)

Conclusion

- The current pandemic has highlighted again the urgent need for more funding and overall reform to make social care sustainable
- The pressures from an ageing population and increased requirement for care and support for working aged adults means we need to shift the focus of care and support to one of earlier intervention, to sustain people's capacity and to address funding pressures
- The role of housing and wider community services needs to be embedded in national and local strategic approaches to achieve this.

About CIH

The Chartered Institute of Housing (CIH) is the independent voice for housing and the home of professional standards. Our goal is simple - to provide housing professionals and their organisations with the advice, support and knowledge they need to be brilliant. CIH is a registered charity and not-for-profit organisation. This means that the money we make is put back into the organisation and funds the activities we carry out to support the housing sector. We have a diverse membership of people who work in both the public and private sectors, in 20 countries on five continents across the world.

Further information is available at: www.cih.org

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