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“MAKING THE LINKS: HOUSING, HEALTH AND CARE”

SPEECH TO EAST MIDLANDS HOUSING FEDERATION

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Introduction

I'm delighted to be here today.

The issue I want to focus on - as the MP for Leicester West and Shadow Minister for Care and Older People - is how we meet the health, care and housing needs of our ageing population.

This is one of the biggest challenges we face in the East Midlands and Britain as a whole, and all of you who work in the housing sector have an absolutely critical role to play.

Ageing population

In less than two decades time, there will be more than 15.5 million people aged over 65 years old - up from 10 million now.

The number of people over 80 will almost double - from 3 million today to 5.8 million by 2030.

According to the East Midlands Housing Federation, this region has the most rapidly ageing population in England. The number of over 65 year olds is predicted to rise by 65% by 2030 and the over 85s by a staggering 150%.

The fact that people are living longer is something we should celebrate.

Whether it's helping look after their grandchildren, volunteering in the community, or boosting our economy - particularly with the spending power of the 'baby boomer' generation - older people make a huge contribution to our society. I see this every day in my constituency, and in my own family.

But our ageing population also has big implications for the NHS, local council services, and housing providers too.

As people live longer, we're seeing more long-term and chronic health conditions.

A third of people aged between 65 and 74 years old, and almost half of those aged over 75, have one or more long-term conditions like diabetes and heart disease.

700,000 people are already living with dementia - a cruel and very distressing disease. This will rise to 1.4 million people in 30 years time.

Increases in life expectancy, combined with changes in the nature of family life, mean many older people are now living on their own, often feeling very isolated and lonely.

Links between housing and health

We cannot adequately meet the needs of our ageing population without decent housing.

Since Edwin Chadwick's "Inquiry into the Sanitary Conditions of the Labouring Population" in 1842, we have known about the relationship between poor housing and poor health.

Damp and cold housing is linked to respiratory illnesses, increased hospital admissions, and excess winter deaths.

Poor housing increases the chance of having an accident at home, such as having a fall if you are a frail older person.

Overcrowded housing, and isolated housing, are linked to mental health problems like stress and loneliness.

The impact of homelessness on health is particularly stark. Homeless people - including those in temporary or bed and breakfast accommodation - are more likely than the general population to have chronic breathing and chest problems, as well as poor mental health. Mortality rates are higher amongst homeless people, especially rough sleepers.

Yet too often housing is still seen as the junior partner in meeting people's health and care needs.

You have worked tirelessly to address this problem, and I have seen the very real achievements and successes you've had, including in my own constituency.

Not long after I was elected as the MP for Leicester West, I visited the Braunstone Health and Social Care Centre - a one-stop-shop in one of the most deprived parts of Leicester, with some of the worst health outcomes.

The Centre has a GP's surgery, community nurses, physiotherapy, a chemist, opticians, mental health advisors, drug and alcohol advisers and family planning services all under one roof.

The former Primary Care Trust in Leicester West, the City Council, Braunstone Community Association and Leicester Housing Association set up this service, backed with an investment of £6.3m, because they recognised that people's physical, mental, care, support and wider housing needs are not separate but inextricably linked.

Providing genuinely integrated services like this is never easy. We haven't made as much progress as we should have done over the past 15 years - and I want to come back to say something more about the reasons for this in a moment.

But the current economic climate risks seeing many of the achievements and improvements you have made going backwards. And it risks making the future changes people in my constituency and across the country desperately need, much harder to achieve.

Growing care crisis

There is a growing care crisis and the system has now reached breaking point.

Local council budgets are being cut by a third over the course of this Parliament.

Adult social care makes up around 40% of local council budgets and is their biggest discretionary spend. So it is inevitable that many local councils are being forced to make cuts in care and support for older and disabled people.

Figures from the Department for Communities and Local Government show more than £1.3 billion has been cut from local council budgets for older people's social care since the Coalition Government came to power.

As a result, councils are restricting the criteria they use to determine who is eligible for care. 8 of 10 councils are now only providing care for people with substantial and critical needs. Preventive services have all but disappeared in many areas.

Many families are struggling to get the home adaptations they need to help them stay living in their own homes. And care charges are increasing - for home help, day care, residential care and meals on wheels - with huge variations across the country.

The cuts in public spending, and our flatlining economy, are having a huge impact on housing too.

House building has fallen by 11% over the last 18 months of this Government compared to the last 18 months under the previous Government.

Labour's Affordable Housing programme has been cut by 60% and only 454 affordable homes were built in the last 6 months – that's across all of England.

Freedom of Information requests from the East Midlands Housing Federation show there has been an average cut in local council housing related support budgets of 6.7% this year, with huge variations across the region.

And yesterday the Government released new figures which show there has been a 14% increase in homelessness in 2011, with a staggering 23% increase in the number of rough sleepers.

Faced with such huge cuts, and ever increasing demand for services, the urge to retrench into silos and pull up the hatches, can be overwhelming.

Yet, as the recent Health Select Committee report on social care warns, there are huge risks in short-term 'salami slicing' services. Cutting preventive care and support not only leads to worse outcomes for users - it can end up costing the taxpayer far more too.

For example, delayed discharges from hospital have increased by 16% in the last 18 months, and now cost the NHS more than half a million pounds every single day, because the right care and support isn't available in the community or at home.

The need for radical reform

The need to look beyond traditional organisational boundaries to transform services for older and disabled people, and make better use of public money, existed before the financial crash.

But the current economic climate makes radical reform of care and support even more important than ever before.

We need a fundamental shift in the focus of services towards prevention and early intervention, to help keep people healthy and fit for as long as possible as they get older, and living independently in their own homes.

Services need to be far more joined up and integrated, so people don't have to struggle to between different agencies to get the help they need, and to reduce unnecessary duplication and waste.

Care and support also needs to be far more personalised, to give older and disabled people and their families a greater say and more control. This is particularly important as the more demanding and discerning baby boomer generation reaches retirement.

And we need to achieve all these improvements in the quality of services within very tight budgets - in other words, we need to deliver far more, for far less.

Housing: a crucial partner in reform

Housing is absolutely central to achieving these goals.

The way we plan and design housing is crucial to helping people stay fit, healthy and independent, for example by ensuring they have proper access to transport, health, leisure and other local services.

I know from my previous job, as Director of the Ambulance Service Network, that housing can also play a key role in early intervention.

Identifying older people who might be at risk of having a fall, and ensuring they get the right home adaptations, support from telecare, or community nurses to make sure they get their medicines on time, can improve outcomes and cut costs, through reduced A&E attendance and hospital admissions.

One of the biggest challenges is to ensure there's a genuine choice of housing options and housing related support services for people as they get older - from the public, private and not for profit sectors.

Some people want to 'downsize' as they get older. Many more want to stay living in the family home. We know that very modest investments in handy-men schemes, basic home improvements like stair lifts and hand rails, and home help visits can make a real difference.

Other people like the independence but peace of mind offered by retirement villages, like the Anchor village in Denham that I recently visited, or Extra Care Housing schemes.

Extra Care Housing aims to help older people maintain their independence in private accommodation, rather than end up in residential care. Support staff are available 24 hours a day, there are communal facilities, plus meals, domestic and personal care on offer as and when people need it.

The previous Government invested £227m in Extra Care Housing projects between 2004 and 2010. The national evaluation of these projects showed they lead to real improvements in the physical and cognitive functioning of older people, as well as boosting their social life and activities, at a similar or lower cost to residential care.

Overall, we know that for every £1.6 billion spent on housing related services, £3.4 billion of savings are generated to the public purse.

So improving the links between housing, health and care helps improve the health and wellbeing of older and disabled people, and saves the taxpayer money too.

Making change happen

But how can we make these changes happen? And what lessons can we learn from the many previous policies and strategies that have sought to achieve preventive, integrated and personalised care and support?

The first lesson is that we need to stop the constant structural reorganisations, particularly in the NHS. All the evidence - and experience - shows these reorganisations are disruptive, wasteful, and distracting and rarely if ever deliver the savings they initially set out to achieve.

Reorganisations risk losing vital knowledge, skills and relationships, which then have to be rebuilt all over again. I'm afraid this is exactly what we're seeing with the current NHS reorganisation - before the legislation has even been passed by Parliament.

Of course the way different organisations are structured can have an impact on joint working. If Clinical Commissioning Groups have different boundaries from local council services, or lead to the break-up of joint commissioning budgets, it will make integration far harder to achieve.

The new Health and Wellbeing Boards being set up by local councils have a vital role to play in bringing services together, and it is crucial that they pay equal attention to housing, health and social care.

Second, we need to get the right incentives in the system. An absolute priority must be bringing together the different outcomes frameworks in the NHS, social care, public health and planning so different services work together to achieve common goals.

Genuinely integrated care and support means having integrated commissioning budgets - a point the recent Health Select Committee report on social care made very powerfully.

And it means getting the financial incentives right, including making sure any savings are shared fairly between different organisations. If the NHS keeps all the savings from reduced hospital admissions, due to better housing related support services, what incentive will local councils have to invest?

Last but by no means least, we must go further and faster in empowering older and disabled people and their families.

As a first step, this means transforming the way we provide information and advice to people about the different options that are available to them as they get older.

We all know that information about the care system isn't good enough, particularly if you fund care yourself.

The Law Commission has made a very powerful case for a duty on local councils to ensure every family gets simple, clear and reliable information on the local care and support services that are available. But we also need to improve information about people's housing options too.

And we need to build on the huge strides that have been made in giving older and disabled people more say through initiatives like Direct Payments.

The 2011 National Personal Budget Survey of 2000 users showed that personal budgets and direct payments have had a really positive impact on people's lives, helping them stay independent, be treated with dignity and respect, and have more control over the services and support they use.

Direct Payments have been a liberation for many users, including older people. However, some people don't want the hassle or responsibility of employing people directly, especially if they don't get the right help or support. So we need a range of options - from Direct Payments and Personal Budgets, to Personal Budgets 'Plus', and personalised services too.

Conclusion

To conclude.

Transforming care and support is a top priority for Labour.

One of the reasons Ed Miliband put my role as Shadow Minister for Care and Older People in the Shadow Cabinet is that he understands the issue goes far beyond that of health and social care alone.

Housing is absolutely central to improving the lives of older and disabled people here in the East Midlands and throughout the country.

I look forward to working with you as we develop our thinking and policies in the months and years ahead.