



Centre for Ageing Better

Work programme consultation

CIH response

May 2015

Emailed to: ceo@agebetter.org.uk

Introduction

1. The Chartered Institute of Housing (CIH) welcomes the opportunity to comment on the proposed work programme of the Centre for Ageing Better.
2. CIH is the independent voice for housing and the home of professional standards. Our goal is simple – to provide housing professionals with the advice, support and knowledge they need to be brilliant. CIH is a registered charity and not-for-profit organisation. We have a diverse and growing membership working in both the public and private sectors, in 20 countries on five continents across the world. Further information is available at: www.cih.org
3. In view of the increasing numbers of older people heading up households across all tenures, the challenge of how to provide homes, services, and neighbourhoods that are good places in which to age well, is a concern for many of our members. Many are developing and delivering services that go beyond housing as ‘bricks and mortar’, and are actively engaged in supporting tenants and wider communities to live independently and well. This includes services that support the preventative agenda, and early interventions, that are increasingly required by public sector services such as health and social care.
4. CIH therefore welcomes the work of the Centre for Ageing Better, with its focus on being a ‘do-tank’, and ensuring that it leaves a legacy for change and improvement in the lives of us all as we age. We would be pleased to discuss further with you how CIH can work with the Centre in respect of the role of housing professionals, and how we might contribute to its work.

The Centre’s vision and four domains for ageing better

5. We agree that the four domains - better health, better finances, better psychosocial life and better places – cover the range of issues that challenge how well we can age and enjoy our longer lives. In particular, place – homes, neighbourhoods, facilities and services, and the means of moving between and accessing these easily and safely – is critical to delivering that vision. Having a safe, warm secure home underpins the ability of people of all ages to focus on and enjoy the other domains of a good life.

The Centre’s aims and objectives

6. We welcome the focus that the Centre has on working with older people themselves to shape their priorities, as well as with other organisations that can contribute to changes to the four domains. The experience of many CIH members is that the best and most lasting achievements are those developed with the active involvement of local communities. The challenges for the public

sector means that services need to be delivered differently, and organisations need to work together across local areas to achieve that change.

7. However, our members frequently experience difficulty in developing professional conversations and building working relationships with other sectors, such as health and social care, because of the nature of the evidence of housing's impact for health and wellbeing, in comparison with that used in other sectors (such as random control tests in health). Some housing organisations are working on developing an evidence base that can address that, such as Family Mosaic's project [Health Begins at Home](#).
8. We are aware of the work of several organisations, such as Public Health England, NHS England and housing bodies, that are working to look at how this evidence 'gap' can be addressed. The multi-agency [Memorandum of Understanding on joint action on improving health through the home](#) has an action plan that looks at this as well as other measures to improve joint working across health, social care and housing.
9. We therefore agree that working with organisations to find ways to bring together the existing evidence, to strengthen the evidence base and to address gaps is a valuable focus for the Centre.
10. Many organisations, including CIH, work hard to identify and highlight successful approaches and therefore, collaborating with these organisations to disseminate that is also useful, in particular to focus on how to take what works and scale it up successfully (and appropriately to other localities). However, we would argue it is less of a priority than work on the evidence base that can help to drive forward better cross-sector working.
11. We are also pleased that the Centre has identified that it will take a robust approach to monitoring the impact and effects of its work, so that it can make changes to its priorities, or changes to programmes to ensure that it delivers and that it reflects what matters most for current and future older people. How it does this to enable a strategic approach that has real impact will in itself be valuable learning to capture as a legacy for other agencies to consider and adopt.

Topics for initial portfolio

12. All of the eight topics identified are significant for us to age well. However, as indicated above, we believe that addressing the issues of place – specifically, sustaining independence in the home, and being ready for ageing locally (i.e. topics four and five) – provide the foundation for achieving effective changes in the other areas. For that reason we would argue for these being early priorities for the Centre.

Sustaining independence in the home (topic four)

Prioritisation

13. Apart from the pivotal role that housing and place has in providing the base from which all other functions of living can be addressed, the current housing crisis both in terms of numbers and standards of housing means CIH sees this as a key early priority for the Centre. The Centre has identified in its consultation paper the numbers of people who are inadequately housed, resulting in difficulties in daily living, and increased incidence of illness and accidents, with subsequent impact on health and care services, as well as poor experiences of longer life.
14. JRF has undertaken studies that indicate how important the home is for older people, both practically and psychologically.ⁱ For people as they age, and /or experience ill health or disability, increasing amounts of time are spent in the home, meaning that measures to ensure it is safe, accessible and warm all grow in importance. And as currently, whilst life expectancy is rising (83 for women, 78 for men at 2008), healthy life expectancy is not keeping pace (66 for women, 64 for men), it is likely to affect many of us as we get older.
15. However, our existing housing stock is inadequate in terms of meeting the needs of the population with mobility and other impairments. Nearly six million homes lack all features that enable disabled people even to visit, let alone live safely in them, compared to about 1.2 million 'visitable' homes.ⁱⁱ New housing is not required to be built to Lifetime Homes or equivalent standards, which means that in new homes as well as current stock, the ability to adapt for any mobility or other impairments as we age will continue to be difficult and expensive. And the numbers of specialist (retirement and extra care) homes are small and unlikely to be developed to such scale to meet the rising numbers of older households (and are most appropriately considered as a valuable option in a wide range of fit for purpose housing solutions for people as they age).
16. So measures that tackle the energy efficiency of homes, that remove features that increase risks of falls or accidents, and that make it easy for people to undertake the tasks of daily living safely (adaptation) are critical for ageing better. In spite of recent increased investment in Disabled Facilities Grants for example, the demand outstrips provision. And many other support services that help people to sustain their independence are being rolled back as local councils/ public services have to concentrate on high level statutory services.

Landscape

17. In such a climate, evidence that can evaluate the value of investment in housing interventions such as affordable warmth programmes, adaptations and other related support to sustain people's independence would be valuable to target interventions and encourage pooled investment from all sectors locally.
18. Previous evaluations were of great value but some are now dated, or difficult to maintain or update because of data collection issues, whilst others would benefit from a more targeted focus on older people for the purposes of the Centre's work.
19. These include:
 - F. Heywood and L. Turner (2007), [Better Outcomes, Lower Costs](#)
 - DCLG (2009), [Research into the financial benefits of the Supporting People programme](#)
 - DCLG (2012), [National evaluation of the Handyperson Programme](#)
 - BRE (2011), [The health costs of cold dwellings](#) and (2014) [Quantifying the health benefits of the decent homes programme.](#)

In addition research and policy work was undertaken on behalf of DCLG in 2014, which has yet to be published, looking specifically at older people's housing issues.

Focus

20. As indicated above, there would be great value in bringing together and updating the current evidence base, and presenting it in a robust format that will address the concerns of health and social care partners.
21. There would also be value in mapping out existing services, such as handypersons/ Home Improvement Agencies and other support services, as these have experienced significant change and roll back where funding has been contracted. However, these are also precisely the preventative and early intervention services that are now vital to achieving better longer living alongside savings for public services.

Ready for ageing locally: what works (topic five)

Prioritisation

22. Whilst the home is pivotal for our wellbeing as we age, being connected in communities is also a key factor, in particular given the numbers of single older person households and the rise of social isolation with its impacts on health. Up to 16% of those over 65 reported feeling lonely and 12% felt isolated.ⁱⁱⁱ

23. We appreciate that the Centre is not currently intending to engage with the issue of housing supply. However, planning strategically to provide the right homes and services in the right places, making access to these easy and well connected with transport etc., is all part of creating decent and age-friendly neighbourhoods. This does not equate only to considering the provision of new retirement or extra care homes, but also the provision of general housing across all tenures, built to good standards and flexible design that enables easy adaptation. Providing more attractive housing options for older people can play a significant part in helping a local housing market to operate more effectively.
24. But importantly for the Centre's work programme, this approach is a key part of the wider strategic planning of well connected and age-friendly localities and places. But this can be difficult in the face of ongoing funding restrictions for local authorities, and even more so where different levels of local government are responsible for different aspects of creating a well designed locality with appropriate services (in two tier areas, where local housing services are developed by the local district and care/ health and other support services at county level).
25. The picture can then be further fragmented as many services are delivered through voluntary, community and third sector groups. The local infrastructure of health and wellbeing partnerships needs to be more clearly and closely connected with important actors at all levels in an areas, and also connected to other key drivers of local development, for example the local economic partnerships (LEPs).

Focus

26. CIH agrees that the Centre could usefully look to evaluate how well local areas are addressing the issue of ageing, and provide support to enable them to improve.
27. The example of Greater Manchester is one that will be of significant interest for housing, health, care and many other sectors as it develops services under its devolved powers. But examples of how greater strategic join up can take place in different areas, and how well the learning can translate across very different local landscapes is equally important, to provide lessons for local authorities, agencies and communities on preparing properly for ageing populations. This will also be a foundation for other priority areas for the Centre such as extending working lives and social connectedness.

Landscape

28. Apart from the significant report of the select committee on public service and demographic change ([Ready for ageing](#) , 2014), other evaluations/ evidence include:

- ILC/ Age UK (2014), [Community matters: making our communities ready for ageing](#)
- Audit Commission (2008) [Don't stop me now: preparing for an ageing population](#) and (2009) [Financial implications for local authorities of an ageing population](#).

Working together

29. On both of these topics, and also more widely where we can support the work of the Centre, CIH would be happy to discuss further:

- The significant role of housing and housing professionals in delivering changes required for better ageing
- The connections via our regional and membership networks to wider housing organisations, as partners in delivering better services
- The networks of local staff, tenants and resident communities
- Support in evidence and information gathering and dissemination of outputs/ outcomes.

30. For further information please contact:

- [Domini Gunn](#), Director of Health and Wellbeing or
- [Sarah Davis](#), Senior Policy and Practice Officer
024 7685 1700.

ⁱ JRF (2004) [From welfare to wellbeing: planning for an ageing society](#)

ⁱⁱ Which are: level access, flush thresholds, wide doors and circulation space, WC at entrance level. See DCLG [English housing survey: profile of English housing 2012, chapter 3](#)

ⁱⁱⁱ SCIE (2012) [At a glance 60: preventing loneliness and social isolation amongst older people](#)