



Housing must be at the heart of the vision for health

By Paul Burstow 4 March 2021



Paul Burstow

Paul Burstow is independent chair of Hertfordshire and west Essex Sustainable Transformation Partnership and chair, the Social Care Institute for Excellence.

Paul Burstow discusses the crucial link between housing and health that missed its spot in the recent white paper

There is a mantra right now which is doing the rounds: “Every decision about care is a decision about housing”. It sounds simplistic, but actually, it holds a lot of truth. More than ever, our health and independence are linked to the places where we live. Even so, are we looking enough towards housing, as we think about the future of health and care?

The new health and care white paper charts a welcome path towards closer partnership working between the NHS, local government and other local organisations, through the creation of statutory Integrated Care Systems made up of an ICS NHS bodies and the ICS Health and Care Partnerships. Local government will be at the heart to these new arrangements, as they should be, but there is a housing shaped hole in the white paper. This is a gap we need to think much more about.

230,000 units by 2030

In a report from a commission I co-chair with Sir David Pearson and Professor Julienne Meyer, we call for a new vision for housing with care; that is, housing designed for people who need access to care as well as a place to live. These forms of housing, such as extra care and independent living, can massively improve people’s health and wellbeing, as well as help to reduce demand for hospital care; but the country only has 70,000 extra care units when 230,000 are needed by 2030. In his recent updating of the original Marmot report on health inequality – The Marmot Review 10 Years On – Marmot concludes that: “Poor-quality housing harms health and evidence shows that

exposure to poor housing conditions (including damp, cold, mould, noise) is strongly associated with poor health, both physical and mental.”

The lack of high-quality housing options for older people particularly those who need care and support, is a problem that will only grow as our population ages - one in four people will be over 65 by 2048. To make matters more challenging, our current approach to planning and commissioning housing is often fragmented, and led by cash-starved adult social care services, rather than seeing the whole picture and taking a system approach.

From Dagenham to Wakefield

Thankfully, some health systems are pointing away forward. In Lewisham, NHS providers (primary care, acute and mental health) are adopting a “One Estates” policy. Working with the local authority and community partners they are investing in the Barking Riverside development to include a new health and wellbeing hub, bringing together a range of services for the local community and Extra Care housing.

In Wakefield, a pilot was established in 2015 aimed at tackling loneliness and fragmented care by joining up services for older people in care homes and independent living schemes. Originally launched in March 2015, the pilot worked across 15 care homes and two extra care facilities. Following the success of the pilot, this was expanded in 2017 to 27 care homes and six independent living schemes – formerly sheltered housing. As a direct consequence of this scheme, hospital admissions from care homes, extra care and support living have all fallen, saving the NHS millions, and more important still helping people to live better with multiple health conditions.

In Greater Manchester, the Health and Care Partnership, is delivering an ambitious programme to dramatically improve the quality of housing for older people and those with learning disabilities, leveraging health, social care funding and inward investment from housing developers, to massively scale up the quantity of supported living homes, extra care homes, shared lives places and improve the quality of care homes. To make this happen, Homes England, NHS Estates, One Public Estate have come together to facilitate conversations on use of land for supported housing. Plans are on track to deliver 8,500 additional units of extra care housing by 2035. This ambitious expansion plan has only been made possible because of the close partnership working between the NHS, social care and housing partners.

What can be done to shift the dial on health and housing? Firstly, when it comes to writing the guidance in support of the white paper, we are clear that it strongly recommend that planners and housing developers have a seat at the table of Health and Care Partnerships.

Key activities

Next, we need to support ICSs to drive a stronger housing agenda, shaped by the very latest evidence. Local system’s plans must contain a stronger focus on housing and health. Key activities that could be led locally include: Working with partners and being

creative about how the NHS estate is used, to scale up extra care housing, which is proven to reduce hospital admissions and GP referrals; or embedding housing options services into hospital discharge teams - and in A&E to prevent admissions; and providing specialist housing support advice in hospitals, targeted at people with long-term conditions including mental health needs, learning disabilities or dementia.

Back to that crucial link between care and housing. Good housing with care is at the heart of having a good quality of life; that's why we feel that our Commission is so important. Do join us as we continue this discussion and as we flesh out a workable blueprint for the future.

Please get in touch with the Commission's secretariat via rebekah.luff@scie.org.uk to share any thoughts on this paper and examples of good practice.

The Commission on the Role of Housing in the Future of Care is funded by the Dunhill Medical Trust and led by SCIE.