

This paper relates to

Agenda Item 5



Report to: Integration Joint Board

Title/Subject: Strategic Plan

Date: 4 December 2015

Submitted By: Interim Chief Officer

Action: For Decision

1. PURPOSE OF THE REPORT

- 1.1. The purpose of the report is to provide an update to the Integration Joint Board on the Strategic Planning arrangements.

2. RECOMMENDATION

The Transitional Board is asked to:

- 2.1. note the content of the report
- 2.2. consider the draft Housing Contribution Statement at section 6.8 for approval to consult as part of the Strategic Plan consultation.

3. BACKGROUND

- 3.1. The Board members are aware that the Integration Joint Board (IJB) is responsible for the preparation of a Strategic Plan in relation to the functions delegated to it by the Council and NHS Board. The Board is required to establish a Strategic Planning Group as part of the process to prepare the Strategic Plan for their area.
- 3.2. The IJB will oversee the development and delivery of the Strategic Plan for the integrated functions and budgets that they will be responsible for. The plan is to be prepared before the integration start day as defined in the Act, which will be no later than 1 April 2016.

4. STRATEGIC PLANNING GROUP

- 4.1. In line with legislative requirements, the Strategic Planning Group (SPG) has been involved in the development of the draft Strategic Plan. The group will

meet again on 15 January 2016 to consider the feedback from the consultation on the draft Strategic Plan. This will inform the development of the final plan for consideration by the Integration Joint Board.

- 4.2. The Strategic Planning Co-ordinating Group has continued to meet on a fortnightly basis to ensure the production of the draft Strategic Plan and easy read version. The group has also supported the engagement and consultation arrangements.

5. STRATEGIC PLAN

- 5.1. The preparation of the Strategic Plan is clearly defined in the Act and includes:
 - the board prepare proposals for what the strategic plan should contain, and seek the views of its Strategic Planning Group on the proposals
 - take account of any views expressed to prepare a first draft of the strategic plan, and seek the views of its Strategic Planning Group on the draft
 - take account of any views expressed to prepare a second draft of the strategic plan for wider consultation in line with all prescribed consultees.
- 5.2. The draft Strategic Plan was approved for consultation by the Integration Joint Board on 6 November 2016.

6. HOUSING CONTRIBUTION STATEMENT (HCS)

- 6.1. Housing has an important role to play in the delivery of coordinated, joined up and person-centred health and social care services. Successful integration of health and social care services should provide for more people to be cared for and supported in a homely setting. Housing Contribution Statements (HCS) were introduced in 2013 providing an initial link between statutory housing strategic planning through the Local Housing Strategy and that of health and social care.
- 6.2. The Local Housing Strategy (LHS) is a legal requirement under the Housing (Scotland) Act 2001 and is the local authority's sole strategic document for housing which must set out its strategy, priorities and plans for the delivery of housing and related services. The Act states that the LHS must be supported by a Housing Need and Demand Assessment.
- 6.3. The first Housing Contribution Statement was developed in partnership with the group developing the Joint Strategic Commissioning Plan. As with the requirements at the time, it had a focus on older people. It was informed by gaps identified in the Local Housing Strategy 2011-16 resulting in the housing Change Fund projects and the requirement for an Older Peoples' Housing Plan. The first HCS was reviewed positively by Scottish Government. The second HCS for Falkirk is attached as appendix 1.
- 6.4. The Scottish Government have since issued a Housing Advice Note (HAN), which is attached at Appendix 2 for information. It is of relevance to IJB's and to

local authorities in their role as strategic housing and planning authority, and to Registered Social Landlords.

- 6.5. The advice note covers the key aspects of joint working arrangements that are required at local level between integration authorities and the housing sector. There will be a particular connection with local authorities and their statutory role as to strategic housing and planning authorities. Registered Social Landlords and other housing service providers are also vital partners in both the planning and delivery of housing, care and support services.
- 6.6. The second HCS takes the first HCS as a starting point and is informed by consultation with stakeholders including older people for the draft Older Peoples' Housing Plan and the analysis carried out for the second Housing Need and Demand Assessment. The draft Older Peoples' Housing Plan focuses on Council Housing with Care and services to assist an older person remain in their own home. The Housing Need and Demand Assessment is a legal requirement which must identify the contribution that Specialist Provision plays in enabling people to live well, with dignity and independently for as long as possible. It must identify any gap (s) / shortfalls in that provision and the future level and type of provision required.
- 6.7. With the establishment of the integration authorities and localities, Housing Contribution Statements now must become an integral part of the Strategic Plan. As a minimum they must set out the arrangements for carrying out the housing functions delegated to the integration authority under s(29)(2)(a) of the 2014 Act, and the expectation is that they will also, in accordance with s(29)(2)(c), set out an overarching strategic statement on how the integration authority intends to work with housing services, whether delegated to or not to deliver its outcomes.
- 6.8. Housing services colleagues are involved in the Strategic Planning group and have developed a draft Housing Contribution Statement for the Falkirk area. This will form a discreet part of the Strategic Plan. The attached draft Housing Contribution Statement has been prepared in line with the suggested template contained within the housing advice note. The Integration Joint Board are asked to consider this for consultation as part of the Strategic Plan consultation exercise.

7. CONSULTATION AND ENGAGEMENT ARRANGEMENTS

- 7.1 Arrangements are in place to engage with key stakeholders and obtain feedback. This includes:
 - Targeted sessions with key groups
 - Distribution of the draft plan through global email distributions to employee groups, partner organisations and through meeting networks
 - Web-based information including a web-based survey, which was also made available in paper format. This will be hosted on the NHS Forth Valley website with links to this from Falkirk Council website.

8. CONCLUSIONS

- 8.1. An Equalities Impact Assessment will be required for the Strategic Plan. The partnership will use a range of information to inform the EqlA, including the equalities data being collated as part of the Strategic Needs Assessment.

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Date: 23 November 2015

List of Background Papers:

Transitional Board report: 6 February 2015 – Planning Requirements

Transitional Board report: 1 May 2015 – Strategic Planning

Transitional Board report: 5 June 2015 – Strategic Planning

Transitional Board report: 7 August 2015 – Strategic Planning

Transitional Board report: 4 September 2015 – Strategic Planning

Transitional Board report: 2 October 2015 – Strategic Planning

Integration Joint Board report: 6 November 2015 – Strategic Planning

Housing Advice Note

Statutory Guidance to Integration Authorities, Health Boards and Local Authorities on their responsibilities to involve housing services in the Integration of Health and Social Care, to support the achievement of the National Health and Wellbeing Outcomes.



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The Aim of this Guidance

This Guidance is intended for use by Integration Authorities, Health Boards and Local Authorities. Section 53 of the Public Bodies (Joint Working) (Scotland) Act 2014 (“the Act”) requires Integration Authorities, Health Boards and Local Authorities to have regard to this guidance when exercising functions under the Act . This guidance focusses on housing services as an integral part of person-centred approaches and the wider delivery of health and social care integration.

This guidance applies especially to the preparation of Integration Authorities’ Strategic Commissioning Plans (section 5), which must include a Housing Contribution Statement (see section 7).

1. Introduction

- 1.1. The Scottish Ministers consider it essential that housing services are coordinated with health and social care in order to achieve joined-up, person-centred approaches.
- 1.2. The [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) establishes the legal framework for integrating health and social care in Scotland. The Act requires each Health Board and Local Authority to delegate some of its functions to an Integration Authority. One of the aims is to address challenges associated with the current health and social care system in Scotland, including the need to respond to an ageing population which will put increasing strain on demand led services and budgets. A key aim of integration is to shift the balance of care from acute to community-based settings, and to ensure services and resources can be used more flexibly to better meet need, including through earlier intervention to take future demand out of the system.
- 1.3. Secondary Legislation and Guidance, including advice notes, support the arrangements for integrating health and social care, in order to improve outcomes for patients, service users, carers and their families. **This Housing Advice Note (HAN) is statutory guidance to Integration Authorities, Health Boards and Local Authorities under the Public Bodies (Joint Working) (Scotland) Act 2014.** It applies especially to the preparation of Integration Authorities' Strategic Commissioning Plans, which must include a Housing Contribution Statement (see section 7). It is also of relevance to Local Authorities in their role as the strategic housing and planning authority, and to other housing organisations such as Housing Associations¹.

2. The Role of Housing in the Integration of Health and Social Care

- 2.1. Local Authorities, Housing Associations and other housing organisations can make a contribution to the achievement of many of the [National Health and Wellbeing Outcomes](#). For example, Outcome 2:

'People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community'.

¹ Or 'Registered Social Landlords'

2.2. Successful integration of health and social care services should provide for more people to be cared for and supported at home or in a homely setting. Outcome 2 aims to ensure delivery of community based services, with a focus on prevention and anticipatory care, to mitigate against inappropriate admission to hospital or long term care settings. It recognises that independent living is key to improving health and wellbeing, and responds to the Scottish Ministers' commitment to support the reshaping of services to better care for and support the increasing number of people with complex needs.

2.3. The housing sector has for many years contributed positively to improving health and well-being across our communities. However this now has to be taken to a new level to respond to the emerging challenges. For example it is not only about enabling independent living for people, but also being more effective in preventing admissions to hospital, alleviating delayed discharge and contributing to tackling health inequalities affecting the population.

2.4. Housing organisations have a track record of providing holistic support to tenants, residents and homeless people, which makes them well placed to align their services with integrated health and social care services. Examples of housing services which contribute to the achievement of the Health and Wellbeing outcomes include:

- Providing and maintaining modern homes which meet the diverse needs of tenants, including those with particular needs;
- Arranging and undertaking adaptations to council and Housing Association homes, and helping owners and private tenants to fund and undertake adaptations; providing preventative services such as Care and Repair and "handyperson" schemes;
- Repairing and upgrading social rented housing;
- Providing technology and telecare to help people manage their lives at home;
- Ongoing housing support to those who need help to manage their life in their home; this can range from low level activity (such as tenancy support) to more intensive support for those with complex needs. It can be provided by social landlords² and other organisations to tenants and others in housing need.
- Giving advice to those facing difficulties with their housing, including those facing increasing frailty and those at risk of homelessness; this can include advice on housing choices, welfare advice, advocacy support, befriending services, and assistance in finding alternative housing.

² Local Authorities and Housing Associations

- For those who do become homeless, providing emergency accommodation, temporary accommodation and settled accommodation, in each case with the appropriate level of housing support;
- Providing housing and tenancy support to young people leaving care as well as access to other services.

2.5. This Advice Note covers the key aspects of joint working arrangements that are required at local level between Integration Authorities and the housing sector. There will be a particular connection with Local Authorities in their statutory role as strategic housing and planning authorities. Housing Associations and other housing service providers are also vital partners in both the planning and delivery of housing, care and support services.

2.6. The remainder of this Advice Note focuses on the main areas of importance in regard to joint working with the housing sector. These are:

- Delegated and non-delegated housing functions (Section 3)
- Some key housing functions of particular relevance (Section 4)
- The Strategic Commissioning Plan and the role of Housing (Section 5)
- Locality Planning and the role of Housing (Section 6)
- The Housing Contribution Statement (Section 7)

2.7. In some sections a box highlights the key advice points to follow in relation to joint working with the housing sector.

3. Delegated and non-delegated housing functions

3.1. The wide variety of housing services outlined in paragraph 2.4 is delivered by Local Authorities, Housing Associations and other organisations in the public, private or voluntary sectors. While some housing functions of Local Authorities must be delegated, many housing functions will remain outwith the formal responsibilities of Integration Authorities.

Delegated housing functions

3.2. The 2014 Act provides the statutory framework for driving forward these changes and is supported by a set of regulations that prescribe the housing-related functions that **must** be delegated by a Local Authority. In addition the regulations set out where Local Authority housing-related functions **may** be delegated subject to local agreement.

A. Housing- related functions that “must be” delegated		
Act	Section/s	Functions
Housing (Scotland) Act 2001	Section 92(2)(a)	Provision of assistance to registered social landlords in relation to provision and improvement (etc) of housing, but only in so far as it relates to an aid or adaptation.
Housing (Scotland) Act 2006	Section 71(1)(b) (2)(e)&(f):	Provision of assistance to any person for housing purposes, but only in so far as it relates to an aid or adaptation.
Local Govt & Planning (Scotland) Act 1982	Section 24	Provision of gardening assistance for people with disabilities and to older people
Social Work (Scotland) Act 1968	Section 12	Assessment of need and provision of social welfare services including residential care, personal care and housing support. (NB: Housing Support is a ‘must’ be delegated function only in so far as it is provided in conjunction with personal care).

B. Housing-related functions that “may” be delegated		
Act	Section/s	Functions
Housing (Scotland) Act 1987	Sections 4, 5 and 5A and Part II	Power of local authority to provide furniture, etc. Power of local authority to provide board and laundry facilities; Power of local authority to provide welfare services; Functions in relation to homelessness
Housing (Scotland) Act 2001	Sections 1, 2, 5, 6, 8 and 92	Homelessness strategies; Advice on homelessness; Duty of registered social landlord to provide accommodation; Duty of registered social landlord: further provision; Common housing registers; Housing support where it provides assistance to sustain accommodation rather than personal care

- 3.3. Where a function is delegated by the Local Authority, the Integration Authority takes on full responsibility for planning and directing the delivery of that service, and for allocating the associated budget.

Joint working with regard to non-delegated housing functions

- 3.4. **The need for coordination between health & social care and housing services applies also to housing functions which have not been delegated**, or indeed which cannot (under the Act) be delegated. It remains necessary to engage with their local housing sector and jointly drive forward the housing contribution to better health and well-being among the population.
- 3.5. Sometimes this will require a rebalancing and reprioritisation of existing services; at other times it may require innovative solutions, for example to enhance preventative care – whether funded by the Integration Authority or from housing resources. The organisational diversity, skills, experience and partnership structures within the housing sector provide a solid foundation for Integration Authorities to engage with housing organisations to find new and innovative solutions to meet local needs.

4. Some key housing functions of particular relevance

- 4.1. This section provides information about key housing services which must or may, in part, be delegated by the Local Authority: adaptations, aids and equipment; housing support; and homelessness services. A good source of evidence on the scale of current, and future provision, of these items can be found in Local Authority [Housing Need and Demand Assessments](#).

Adaptations, aids and equipment

- 4.2. The provision of adaptations, aids and equipment under the Housing (Scotland) Acts 2001 and 2006 must be delegated. This means that Integration Authorities will take on responsibility in relation to adaptations provided to council tenants and those living in the private sector such as home owners and private renters, as part of the planning and direction of integrated health and social care services.
- 4.3. Currently there are different arrangements for funding adaptations for tenants of Housing Associations, which are directly supported by the Scottish Government.

4.4. Further information can be found in a separate [Advice Note](#) about Adaptations, Aids and Equipment.

Housing Support

4.5. Housing support services have developed over a number of years as a response to a wide range of needs, with the aim of helping people to live independently in the community. Recipients of housing support services cover a wide range of population needs including the homeless, people with mental health issues, disabilities, older people and young people.

4.6. Housing support services can be delivered in conjunction with personal care and support services, and where this happens the housing support service will be planned and directed, alongside integrated health and social care services, by the Integration Authority. Examples of such services include care at home and support services for people with learning disabilities, mental health problems and / or dementia, delivered in their own homes, sometimes on a 24 hour basis. There are other types of housing support service which do not involve personal care and it will be the decision of Local Authorities as to whether or not they delegate their planning and delivery of these services to the Integration Authorities. Examples of such services include resettlement services, supported accommodation for people who are homeless, sheltered housing services and women's refuges.³

4.7. Overall to achieve improved outcomes across the population it is important that Integration Authorities and strategic housing authorities work closely together on key aspects of housing support including:

- Assessing the range of housing support needs across the population and understanding the link with health and social care needs;
- Identifying common priorities that are reflected in both the Local Housing Strategy and Strategic Commissioning Plan (see also section 5 below);
- Identifying and making best use of resources to meet the housing support needs of the local population.

Homelessness services

4.8. The Act allows for the delegation of various homelessness functions by a Local Authority. The delegation of these functions is **not** mandatory.

³ See also the Care Inspectorate's description of Housing Support services in [Inspecting and improving care and social work in Scotland](#), page 91

However, whether the services are delegated or not, it is imperative that Integration Authorities and strategic housing authorities work closely together on improving outcomes for homeless households, given the acknowledged link with health inequalities. Improved joint working is required on:

- Assessment of the housing, health and social care needs of the homeless population;
- Formulation and delivery of homelessness strategies and the link with the Strategic Commissioning Plan;
- Joint commissioning of advice and support services for homelessness, making best use of the resources available.

Conclusion

4.9. Specifically in relation to adaptations, housing support and homelessness the expectation is that the new strategic planning process for health and social care provides an opportunity to bring together a joint focus on priorities and shared outcomes, and highlight more clearly the housing contribution.

Key Points on Adaptations, Housing Support & Homelessness

- ✓ Adaptations services for council tenants and those living in the private sector must be delegated in tandem with a focus on improving planning and delivery across all tenures.
- ✓ Integration Authorities, Health Boards and Local Authorities need to consider the arrangements for improved joint working on homelessness and housing support.
- ✓ A joint analytical capacity needs to be developed to improve understanding of housing, health and support needs of specific population groups.
- ✓ Joint priorities, resourcing and commissioning for homelessness and housing support should be developed and articulated through both the Local Housing Strategy and Strategic Commissioning Plan.

5. The Strategic Commissioning Plan and the role of Housing

5.1. Strategic planning is a vital part of ensuring that public services remain focussed on the needs of the population, perhaps especially at times when services are being reshaped. Both for housing and for health and social care, the respective legislation sets out specific requirements for strategic planning. This section summarises the main points and describes how planning for housing services and for health & social care can be better aligned.

The Strategic Commissioning Plan

- 5.2. The Integration Authority must prepare and produce a Strategic Commissioning Plan, or SCP (referred to in the Act as a “strategic plan”). This plan will have a 3 year life-cycle and provide the strategic context for the commissioning of services as directed by the Integration Authority. All delegated functions must be included within the plan and an annual financial statement provided. The plan will set out how the delegated functions will be delivered and the resource allocation to support the achievement of national and local health and well-being outcomes.
- 5.3. The [Strategic Commissioning Plan Guidance](#) provides a framework for the operation of the strategic commissioning function by the Integration Authority. Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. The Guidance states that the SCP should ensure correlation with other local policy directions as outlined in, for instance, Single Outcome Agreements, NHS Local Delivery Plans, **Housing Strategies**, NHS Clinical Strategies, community plans and other local corporate plans.

The Local Authority’s Local Housing Strategy

- 5.4. The Local Housing Strategy is a Local Authority’s strategic document for housing and housing services. The Housing (Scotland) Act 2001 sets out the strategic responsibilities of Local Authorities to:
- Prepare a Local Housing Strategy (LHS) and keep it under review;
 - Assess housing needs, demand and condition, including for specialist housing and housing related services (Local Authorities collate evidence on this in [Housing Need and Demand Assessments](#) including on accessible and adapted housing, wheelchair housing, and housing support services for independent living);
 - Assess the level of homelessness and produce a homelessness strategy. (In most cases, the homelessness strategy will form part of the LHS.)
- 5.5. The Housing (Scotland) Act 2006 also introduced a requirement for a Local Authority to include as part of their LHS a strategy detailing a Scheme of Assistance – for improving the condition of houses. This Scheme of Assistance outlines how a Local Authority will help people living in private sector housing (home ownership or private renting) to repair and maintain their homes as well as adapt them to meet their needs (i.e. adaptations services).

5.7. The Scottish Government published updated [LHS Guidance](#) in August 2014 which, among other things, includes a specific focus on specialist housing and independent living, including the role of housing in health and social care integration. It emphasises the need for strategic planners in both the Local Authority housing and planning functions to engage with health and social care planners to share evidence, identify needs and plan solutions for those with ‘specialist’ needs. It highlights the importance of involving stakeholders in the strategic housing planning process undertaken by Local Authorities. These include social services, the NHS and Housing Associations as well as tenants and residents.

Coordinating the SCP and the LHS

5.8. It is clearly desirable for there to be strategic coordination between the expressed approaches of the SCP and the LHS as they relate to health and housing. Three requirements to support this coordination are: the involvement of housing representatives in the Integration Authority’s Strategic Planning Group and localities; shared work on the Needs Assessments underpinning the two strategies⁴; and the production of a Housing Contribution Statement by each Integration Authority, as part of its Strategic Commissioning Plan, to explain how services have been aligned.

5.9. An Integration Authority is obliged by the legislation to establish a **Strategic Planning Group** (SPG) for its area, for the purposes of preparing the SCP. In addition the Integration Authority is required to involve a range of relevant stakeholders, including “non-commercial providers of social housing” and other interests. Housing stakeholders should therefore be fully involved, informed and consulted on the SCP.

⁴ The Joint Strategic Needs Assessment (JSNA) and the Housing Need and Demand Assessment (HNDA)

- 5.10. Underpinning the strategic commissioning plan will be a **Joint Strategic Needs Assessment (JSNA)** analysing the needs of local populations to inform and guide the commissioning of health, wellbeing and social care services within the area. The main goal of a JSNA is to accurately assess the care needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities. Given the strong focus on the importance of home to better health and well-being outcomes, it is imperative that the interaction between housing, health and social care needs within the local population is considered.
- 5.11. There may be opportunities to use evidence of need, collated through the JSNA, as part of the evidence for a Housing Need and Demand Assessment, and vice versa.
- 5.12. The Joint Improvement Team has published a [User Guide](#) for assessing the housing related needs of older and disabled households. The guide's primary purpose is to improve analytical capacity in strategic housing planning and understand better the impact on health and well-being. It has also been designed as a tool in 'making connections' across the housing, health and social care sectors to:
- Develop a deeper shared understanding of local population dynamics and communities, the services and assets that exist and how these are distributed across the local area;
 - Broaden understanding of the structure and features of housing and neighbourhoods and how these facilitate or hinder individuals to live independently for as long as possible;
 - Assess the potential role of specialist housing and well-designed mainstream housing for older and disabled households to inform the setting of joint local strategic priorities;
 - Consider ways in which housing providers could reach people before they require more costly, long-term interventions and contribute to the goal to deliver locally appropriate preventative intervention and services.
- 5.13. Closer alignment of the LHS and the SCP will improve joint understanding of the housing, health and social care needs of individuals and their families and the provision of services by Integration Authorities, Local Authority Housing, Housing Associations and others. **A Housing Contribution Statement, forming a discrete part of the SCP, is required to provide this bridge to the LHS.** Section 7 of this Advice Note gives more details.

Key Points on the SCP and the role of Housing

- ✓ The Integration Authority should involve the Local Authority Chief Housing Officer in current and future discussions on health and social care integration
- ✓ The lead officer/s responsible for the development and implementation of the Local Housing Strategy should be involved in the development of the SCP and the Joint Strategic Needs Assessment (JSNA).
- ✓ The JSNA may consider and draw upon the housing needs and demand evidence outlined in the Local Housing Strategy.
- ✓ In areas where the Local Authority has transferred all its housing stock to a Housing Association, there should be agreement between the Integration Authority and the local housing sector (LA and Housing Associations) on arrangements for representation and input into the Strategic Commissioning Plan process.
- ✓ Best practice would point to a need for the Strategic Planning group in all areas to have at least two housing representatives – one from the Local Authority and one from a Housing Association.

6. Locality Planning and the role of Housing

6.1. The development of **Locality Planning** arrangements is an essential part of the integration agenda. By virtue of section 23(3), all Strategic Commissioning Plans prepared under the Act require to make provision about localities, and [Guidance](#) emphasises that they must reflect closely the needs and plans articulated at locality level. All Integration Authorities will have at least two localities as part of their local arrangements for planning and delivering services and these interests must be represented on the overall Strategic Planning Group.

6.2. Once the localities are established, it is imperative that the wider housing sector is involved in both shaping and delivering the Locality Planning arrangements. Housing organisations such as Housing Associations plan and deliver services at locality and neighbourhood level and have an important role in shaping the joint service response to meet housing, health & social care needs. Housing Associations have also the capability and experience of delivering a wide range of innovative housing, care and other services that positively impact on health and well-being. In many localities they play a pivotal role in shaping and regenerating communities. Consideration should also be given to the involvement of users of housing services and their representatives such as tenants and resident groups in Locality Planning.

Key Points on Locality Planning & the role of Housing

- ✓ The wider housing sector such as Housing Associations should be involved in Locality Planning arrangements.
- ✓ Consider the involvement of tenants and residents groups in Locality Planning.

7. The Housing Contribution Statement

7.1. Housing Contribution Statements (HCS) were introduced in 2013 and provided an initial link between the strategic planning process in housing at a local level and that of health & social care. At that time the HCS had a specific focus on older people and most Local Authorities based their initial HCS on their existing Local Housing Strategy.

7.2. With the establishment of Integration Authorities and localities, Housing Contribution Statements **now become an integral part of the Strategic Commissioning Plan**, and need to be expanded and strengthened accordingly. As a minimum they must set out the arrangements for carrying out the housing functions delegated to the Integration Authority under s29(2)(a) of the 2014 Act, and the expectation is that they will also, in accordance with s(29)(2)(c), set out **an overarching strategic statement of how the Integration Authority intends to work with housing services, whether delegated to it or not, to deliver its outcomes**.

7.3. This guidance sets out the new requirements for Housing Contribution Statements. The HCS will now set out the role and contribution of the local housing sector in meeting the outcomes and priorities identified within the Strategic Commissioning Plan. It is the responsibility of the **Integration Authority** to ensure that the HCS is in place as part of the Strategic Commissioning Plan. In practical terms, given the link to the LHS, it is anticipated that the strategic housing authority will assist closely in this, and that the strategic housing authority will make arrangements for the wider housing sector (i.e. Housing Associations) to contribute too.

7.4. LHS Guidance highlights the importance of the HCS to the strategic housing role of a Local Authority. The HCS can be seen as the 'bridge' between a Local Housing Strategy and the Strategic Commissioning Plan. In essence the expectation is that a seamless strategic process develops that is focused on shared outcomes, priorities and investment decisions that positively contribute to health and well-being.

7.5. The HCS therefore must:

- Briefly articulate the role of the local housing sector in the governance arrangements for the integration of health & social care;
- Provide a short overview of the shared evidence base and key issues identified in relation to housing needs and the link to health and social care;
- Set out the shared outcomes and service priorities linking the Strategic Commissioning Plan and Local Housing Strategy;
- Set out the current and future resources and investment required to meet these shared outcomes and priorities, and identify where these will be funded from the integrated budget and where they will be funded by other (housing) resources;
- Provide an overview of the housing-related challenges going forward and improvements required.
- Cover key areas such as adaptations, housing support and homelessness. It will also need to articulate the housing contribution across a wide range of groups including older people and those with disabilities, mental health and addictions

7.6. Annex 1 provides a suggested template for completion of a Housing Contribution Statement.

Key Points on the Housing Contribution Statement

- ✓ The Integration Authority must put in place a Housing Contribution Statement as part of the Strategic Commissioning Plan.
- ✓ The HCS should as a minimum cover:
 - a. The role of housing in the governance structures for health & social care integration;
 - b. The shared evidence base and key housing issues related to health and social care (mirrored across the SCP and LHS);
 - c. The shared outcomes and service priorities for housing, health & social care;
 - d. The current and future housing resource and investment contributing to meeting these outcomes and priorities;
 - e. An overview of future challenges and improvements required.
- ✓ Local Authorities should ensure that Housing Associations and other housing organisations such as Care and Repair services working in the local area are able to contribute to the HCS.
- ✓ While the HCS is the responsibility of the Integration Authority, good practice is that it should be signed off by the Local Authority Chief Housing Officer as well as the IA Chief Officer.

8. Further Information and Assistance

8.1. A range of Guidance has been produced in order to help facilitate the integration of health and social care. The full range can be accessed [here](#).

Annex 1

Suggested HCS format template

HCS Theme	The Local Housing Contribution
1. Briefly articulate the role of the local housing sector in the governance arrangements for the integration of health & social care. (Note 1)	
2. Provide a brief overview of the shared evidence base and key issues identified in relation to housing needs and the link with health & social care needs. (Note 2)	
3. Set out the shared outcomes and service priorities linking the Strategic Commissioning Plan and Local Housing Strategy. (Note 3)	
4. Provide an overview of the housing- related challenges going forward and improvements required. (Note 4)	

<p>5. Set out the current and future resource and investment required to meet these shared outcomes and priorities. Identify where these will be funded from the Integration Authority's integrated budget and where they will be funded by other (housing) resources. (Note 5)</p>	
<p>6. Additional Statement by Integration Authorities. (Note 6)</p>	

Note 1: Integration Authorities are required to set out the involvement and role of the Local Authority Housing Service, Housing Associations and other housing providers and interests in the governance arrangements for the Health & Social Care Partnership. This should be set out clearly taking into account the various levels of potential involvement in relevant structures such as the Integration Authority, Strategic Planning and Locality Planning. It could also include reference to wider consultation or partnership structures with the housing sector.

Note 2: This should briefly highlight the connection between evidence assembled through the Joint Strategic Needs Assessment and the Housing Needs and Demand Assessment (and any associated local housing evidence). It should identify the main housing-related issues for various groups that require a housing contribution to improve health and well-being. For example older people, homeless, disabled people, mental health or other relevant groups. It should also outline any gaps in the joint evidence base and proposals for addressing these.

Note 3: This section should highlight the direct link between the outcomes and service priorities identified in the Strategic Commissioning Plan and the Local Housing Strategy. It should be clear how the housing sector is going to contribute to meeting the outcomes and service priorities in the SCP (which in turn should reflect the contribution to the nine national health and well-being outcomes). Consideration of potential changes to housing services and provision should be part of this.

Note 4: This should set out any challenges identified in the housing system and among providers in improving the housing contribution to health and well-being. Proposals for addressing these challenges should be clearly articulated.

Note 5: This should outline the impact on resources and investment required to deliver the HCS element of the SCP. Consideration should be given to both services and the bricks and mortar element of housing both currently and in the future (at least over the 3 years of the SCP). It should clearly identify key housing resource and investment areas required to implement the SCP and deliver associated shared outcomes and priorities. Examples would include activities associated with adaptations, homelessness and housing support as well as any planned new housing provision to meet particular needs.

Note 6: This section is for Integration Authorities to provide any other additional information that in their view is relevant for their Housing Contribution Statement.



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ⁱHousing Contribution Statement – final draft 6th November 2015

1.) Briefly articulate the role of the local housing sector in the governance arrangements for the integration of health and social care (Note 1)	
Outcomes relevant to the housing contribution	<p>In relation to strategic planning, the Local Housing Strategy (LHS) is the sole housing strategic document for the local area. The LHS 2011-16 highlighted 5 key areas in relation to older people and those with disabilities;</p> <ul style="list-style-type: none"> • There needs to be a co-ordinated approach between housing, social care and health to enable older people to live in the community for longer • There is a need for accommodation for older people with particular needs • The current model of housing with care does not meet current aspirations • There is an increasing demand for aids, adaptations, support and advice • There have been in technology to enable people live in their own home which should be utilised <p>Investment in specialist housing, housing improvements, care & repair services, adaptations & equipment and housing support services has significant potential to bring about positive health and quality of life outcomes for older people and their carers.</p> <p>These services are delivered by Housing Services working in partnership with housing associations (Registered Social Landlords or RSLs), Scottish Government and other council services.</p> <p>Falkirk Council's Head of Housing and representatives from RSLs are represented on the Strategic Planning Group of the Integration Joint Board.</p>
2. Provide a brief overview of the shared evidence base and key issues identified in relation to housing needs and the link with health & social care needs (Note 2)	
Older people	<p><i>Summary of evidence</i></p> <p><u>Population</u></p> <p>The number of people over retirement age is projected to increase by 72% between 2012 and 2037 and by 175% for those aged over 85. (Census 2011 and National Record Scotland 2014 based household projections).</p> <p>The majority of older people live in social rented or owned properties; however, there are an increasing numbers of older people living in private rented sector housing¹.</p> <p>Information from the Scottish House Condition survey highlighted that significant numbers of older people live in housing with disrepair².</p> <p><u>Dementia</u></p> <p>Locally there are 1304 people with a diagnosis of dementia (Information Services Divisions Quality and Outcomes Framework). Research suggests that dementia is more prevalent</p>

¹ Scottish House Condition Survey (SHCS) 2013: <http://www.gov.scot/Topics/Statistics/SHCS>

² Scottish House Condition Survey (SHCS) 2013: <http://www.gov.scot/Topics/Statistics/SHCS>

with ageing and estimates nationally 96% of those with a diagnosis are over 65 (Scotland's National Dementia Strategy 2013-16)³.

Across Scotland the number of people with dementia is projected to double from 2011 to 2031. The % change locally is anticipated to be similar to the national estimate as the projected population increases are similar locally and nationally (Scotland's National Dementia Strategy 2013-16).

Most people with dementia live in the community⁴, initially with the help of relatives and friends, and latterly with support from health and social care services. As a result, people with dementia live in all types of housing. The design of their home will mean that many people with dementia will struggle. If housing is designed well, it can extend the amount of time a person with dementia can remain at home. It can also reduce the sort of adverse incidents that lead to hospital admissions, which in themselves often result in a move to residential care. This is a progression that most people want to avoid, or at least delay as long as possible. In addition to improving housing design, housing providers can now equip their staff to support people who live at home with dementia. The Dementia Services Development Centre also provides best practice on how workers can support people with dementia to live at home with dementia.

Specialist accommodation

There continues to be low demand locally for the 1560 housing with care (HwC)/specialist housing properties with 309 people registered for this accommodation (Falkirk Council (2015) Draft Older Peoples' Housing Plan). In addition some properties are not suitable for HwC 3 as they are upper flats and/ or have external stairs (Falkirk Council (2015) Draft Older Peoples' Housing Plan).

Information supplied by Social Work Adult Services over the last 4 months in relation to delayed discharge for housing reasons indicates on average there are 3 cases (June – October 2015). This can be due to their current home no longer being suitable or awaiting disabled adaptations to their existing home.

There is an increasing demand for disabled adaptations (see section on physical disabilities) for older people due to the correlation between old age and physical disability⁵.

Care at Home

In relation to Home Care, the local figures deviate from the national average over the period 2000-14. The numbers of people receiving home care are increasing locally whereas nationally they are decreasing. There are also a higher percentage of younger people receiving home care locally which increased 2000-14, whereas nationally this decreased (Scottish Government Health and Community Care datasets)⁶.

³ Scotland's National Dementia Strategy 2013-16: <http://www.gov.scot/Resource/0042/00423472.pdf>

⁴ The Dementia Services Development Centre (2013) Improving the design of housing to assist people with Dementia University of Stirling

⁵ Scottish Government (2011) National Strategy for Housing for Older People, Scottish Government, Edinburgh

⁶ Scottish Government, Social Care Services 2014: <http://www.gov.scot/Publications/2014/11/1085/downloads>

	<p>Locally the numbers of clients and hours of homecare received in Council HwC varies by development and not solely by level of HwC (Falkirk Council (2015) Performance and Information Strategic Support Unit Children's Services).</p> <p>Identifying people who may need support or housing with care "cannot be done directly consequently proxies must be found"⁷. One proxy is the number of people eligible for Attendance Allowance (AA)⁸. There has been an increase locally of 15% in AA over 2002-10. This is above the national figure of 13% (Department of Work and Pensions and National Records Scotland Mid-Year Estimates).</p>
	<p><i>Housing Issues</i></p>
	<p>Housing aspirations are changing and there is a move to support people to remain in a homely setting rather than in hospitals/ care homes⁹.</p> <p>Increasing numbers of older people live in private housing therefore it is important to access advice/ assistance organising repairs, providing housing options advice, assistance with financial advice etc.</p> <p>People with dementia live in a range of house types therefore the design of homes can impact on how long someone can live there.</p> <p>There is a need to both explore how design for new build housing and how training for housing, health and social care workers could assist someone with dementia remain at home.</p> <p>There is no specialist housing advice locally for older households and/ or formal procedures in place with providers.</p> <p>There is a potential need for Extra Care housing locally.</p> <p>There is a need to revise the existing model of housing with care for older people locally.</p> <p>There is a need to streamline procedures for disabled adaptations (see section on physical disabilities and question 3).</p>
	<p><i>Gaps/ Proposals</i></p>
	<p><u>Older People's Housing Plan 2016-18</u></p> <p>A number of recommendations are included in the draft Older People's Housing Plan which once approved should be progressed, including</p> <ul style="list-style-type: none"> Jointly develop a single housing, social care and health support/ accommodation assessment tool (<i>National Outcomes 3, 4, 9 Local</i>

⁷ Bale, G (2010), The impact of population ageing on housing in Scotland, Scottish Government, Edinburgh

⁸ Fenton, A, Markhanen, S, (2009), Older people: modelling housing need and demand and supply of potentially suitable housing, care and support services, Centre for Housing and Planning Research, University of Cambridge (unpublished)

⁹ Scottish Government (2011) National Strategy for Housing for Older People, Scottish Government, Edinburgh

	<p><i>Outcomes - 3, 4)</i></p> <ul style="list-style-type: none"> • Review existing bedsit accommodation and consider options for redesign (<i>National Outcomes 3, 4, 9 Local Outcomes -2,3,4)</i> • Look at core and cluster models of housing (<i>National Outcomes 3, 4, 9 Local Outcomes -3,4, 5)</i> • Develop housing option advice specifically for older people's housing (<i>(National Outcomes 3, 4, 9 Local Outcomes 1,2,4,5)</i> • Increase awareness of services such as energy advice and handyperson/small repair scheme (<i>National Outcomes 3, 4, 9 Local Outcomes 1, 2, 3, 4, 5).</i> <p><u>Extra Care Housing</u></p> <p>It is suggested that the Integration Joint Board commission research to identify if there is a need for Extra Care housing. If so it will be necessary to quantify the number of properties and the cost of Extra Care housing which will be required. Any additional funding would have to be agreed. (<i>National Outcomes 2, 3, 4, 9 Local Outcomes 4, 5).</i></p> <p><u>Specialist Advice Services</u></p> <p>It is suggested the Integration Board commission work to do the following:</p> <ul style="list-style-type: none"> • Scope what specialist advice services are available (<i>National Outcomes 1, 2, 3, 4,5,6, 8,9 Local Outcomes 2, 4,5);</i> • Identify if they are fit for purpose (<i>National Outcomes 1, 2, 3, 4,5,6, 8,9 Local Outcomes 2, 4,5);</i> • Train staff across Health, Social Work Adult Services and Housing in making referrals to specialist advice agencies (<i>National Outcomes 8,9 Local Outcomes 1, 4,5);</i> • Formalise referral procedures (<i>National Outcomes 3, 6, 8,9 Local Outcomes 1, 4,5);</i> • Report outcomes on referrals made (<i>National Outcomes 3, 6, 8,9 Local Outcomes 1, 4,5)</i> • <i>Exploring how housing design (particularly for new build) could assist someone with dementia remain in the community for longer (National Outcomes 1,2, 3, 6, 8,9 Local Outcomes 2, 3,4,5);</i> • <i>Exploring how training for housing, health and social care workers could assist someone with dementia remain at home for longer (National Outcomes 3, 6, 8,9 Local Outcomes 2, 3, 4,5).</i> <p><u>Adapting for Change</u></p> <p>It is proposed that the disabled adaptations Adapting for Change project is progressed (see section below on physical disabilities). This is being carried out in conjunction with the Joint Improvement Team (<i>National Outcomes 1,2,3,4,5,7,9 Local Outcomes 3, 4, 5).</i></p>
Physically Disabled people	<p><i>Summary of evidence</i></p> <p>Disabled people are significantly over-represented in the social rented sector (56%). They are also more likely to be pensioners (54%). In Falkirk this is slightly below the Scottish figures at around 45% of disabled people who are social sector tenants and 45% are pensioners.</p>

	<p>Within the Council area it is estimated that 2% of properties require adaptations (SHCS 2013).</p> <p>There are around 300 people with medical priority who may require rehousing (Falkirk Council 2015 Integration Housing Management System).</p> <p>Research¹⁰ undertaken for Horizon Scotland and Chartered Institute of Housing (CIH) estimated a total number of 119,800 wheelchair users in Scotland, of whom 17,000 had unmet housing needs. According to the national 2009 Scottish House Condition Survey 3% of households in Scotland reside in the Falkirk area. It can therefore be reasonable to estimate that 3% of the 17,000 wheelchair users with an unmet housing need in Scotland can be found in Falkirk. This gives a total of 510 all tenure units needed locally. This figure compared to the local figure is more robust as it covers all tenures.</p> <p>Based on above research and analysis it is estimated that there is an all tenure need for 510 wheelchair units¹¹.</p> <p>All ground floor new build Council properties in new build have been fully adapted and allocated to those requiring the adaptation.</p>
	<p><i>Housing issues</i></p>
	<p>Issues for people with disabilities accessing suitable housing in the social rented sector include:</p> <ul style="list-style-type: none"> • Identifying suitable housing in the areas they want to live; • Property design may not meet specific needs of individual, particularly wheelchair users; • There is no Common Housing Register locally and applicants have to apply directly to all Registered Social Landlords (RSLs) with stock if they require such housing. <p>There is no specialist housing advice locally for households with physical disabilities.</p> <p>There is a need to streamline procedures for disabled adaptations with partners on the Adapting for Change project (see question 3).</p>
	<p><i>Gaps/ Proposals</i></p>
	<p><i>Specialist Advice Services</i></p> <p>It is suggested that the Integration Joint Board commission work to do the following:</p> <ul style="list-style-type: none"> • Scope what specialist advice services are available (<i>National Outcomes 1,2,3,4,5,6,8,9 Local Outcomes 2, 4,5</i>); • Identify if they are fit for purpose (<i>National Outcomes 1,2,3,4,5,6,8,9 Local</i>

¹⁰ Watson L et al (2012) Mind the Step: an estimate of housing need among wheelchair users in Scotland (Horizon Housing and CIH Scotland) p31

¹¹ Watson L et al (2012) Mind the Step: an estimate of housing need among wheelchair users in Scotland (Horizon Housing and CIH Scotland) p31

	<p><i>Outcomes 2, 4,5);</i></p> <ul style="list-style-type: none"> • Train staff across Health, Social Work Adult Services and Housing in making referrals to specialist advice agencies (<i>National Outcomes 8,9 Local Outcomes 1, 4,5);</i> • Formalise referral procedures (<i>National Outcomes 3,6,8,9 Local Outcomes 1, 4,5);</i> • Report outcomes on referrals made (<i>National Outcomes 3,6,8,9 Local Outcomes 1, 4,5);</i> <p><i>Housing supply targets</i></p> <p>The need for additional accessible and wheelchair housing will be highlighted in the new Housing Need and Demand Assessment and inform housing supply targets set in the new Local Housing Strategy (<i>National Outcomes 1,2, 4,5, 7, 9 Local Outcomes 2,3,5).</i></p> <p><i>Disabled adaptations</i></p> <p>To progress Adapting for Change with the project Steering Group (see question 3).</p>
<i>Homeless</i>	<p><i>Summary of evidence</i></p> <p>Recent trends show homeless presentations and households in temporary accommodation have fallen over the period 2010-15 (Scottish Government Homelessness statistics).</p> <p>A contributing factor to the overall decline is “housing options” initiatives. Also locally another reason for the decline is prevention work by Falkirk Council i.e. support services and money advice.</p> <p>Over the period 2009/10-2014/15, the highest % group assessed as homeless are single people (63%) this is below the national average (67%). The next largest group being single parents (26%) which is above the national average (21%) (Scottish Government Homelessness statistics).</p> <p>Over the period 2009/10 to 2015/15, the main age group presenting as homeless are the 26-59 age group (circa 58%) followed by the 18-25 age groups (circa 30%). Applicants aged 16-17 (circa 7%) and 60 plus (circa 2%) have consistently been the two age groups with the lowest representation.</p> <p>Many homeless people have complex housing needs and require an individually assessed package of housing support to help them sustain their tenancies. There is a pilot scheme for the Castings hostel and for single males over 25. The assessment period is initially for 56 days but will move someone on quickly to temporary accommodation if they display signs of being able to sustain a tenancy prior to that.</p> <p>Supported accommodation is provided by Y-People and Garry Place (young people), Inchyra (mental health), and Loretto block at Kingseat Ave. These all take in both males and females. Accommodation with support is provided at Kingseat Avenue which also accepts families.</p>

	<p>Housing support is provided and other referrals are made if other services are appropriate. Support assessments are carried out at point of homeless presentation if a support need is identified.</p> <p>Applicants are offered a support assessment which is now a legal requirement. Falkirk Council Housing Services Access to Housing team provides generic housing supported accommodation therefore any specific need out this remit is a Social Work function, for example people with learning disability.</p> <p>In addition Falkirk Council provides supported accommodation for adult males at the Castings Project and Reach Out support within temporary and permanent accommodation.</p>
	<i>Housing Issues</i>
	<p>There continues to be a shortfall of affordable housing (see below). This relates to increasing household numbers, the downturn in the market, difficulties accessing mortgage finance and low wage increases/ zero hours contracts. This all puts pressure on affordable housing options.</p> <p>In relation to temporary and supported accommodation, there is a pilot scheme currently on-going.</p> <p>There is also a review of all temporary accommodation (see sections on learning disability and mental health).</p>
	<i>Gaps/ Proposals</i>
	<p>Work is on-going to produce the new Housing Need and Demand Assessment. Based on work to date, it is estimated that there will be a shortfall of around 200 affordable housing units. This work will inform housing supply targets which will be set in the new Local Housing Strategy and actions in the LHS to increase the supply of affordable housing (Local Outcomes 5).</p> <p>The temporary and supported accommodation review outcomes will inform future delivery and priorities set in the new Local Housing Strategy (Local Outcomes 5) .</p>
<i>Other relevant groups</i>	<i>Summary of evidence</i>
<i>Learning disabilities</i>	<p>There has been an increase of 21% in the people with learning disabilities known to the local authority over 2011-14. Around 20% of those are aged over 60¹². The majority are aged between 31 and 59 (43%).</p> <p>The majority of people with a learning disability receiving services locally live in mainstream accommodation (58%)¹³ and research suggests that the majority wish to remain in mainstream housing¹⁴.</p>

¹² Falkirk Council (2015) Performance and Information Strategic Support Unit Children's Services

	<i>Housing Issues</i>
	<p>It is important that people with LD can access:</p> <ul style="list-style-type: none"> *housing options advice; *housing adaptations * accessible or mainstream housing as required *housing support and care services <p>Inchyra Place is used as accommodation for people with mental health and complex needs (this can include learning difficulties) whilst being assessed as homeless. As part of this, consideration is given to identifying support needs and appropriate accommodation. The latter can be either mainstream accommodation or specialist accommodation. Specialist accommodation is accessed through Social Work Adult Services following a Community Care Assessment.</p>
	<i>Gaps/ Proposals</i>
	<p><u>Specialist Advice Services</u></p> <p>It is suggested that the Integration Joint Board commission work to do the following:</p> <ul style="list-style-type: none"> • Scope what specialist advice services are available (<i>National Outcomes 1, 2, 3, 4,5,6, 7, 8,9 Local Outcomes 2, 4,5</i>); • Identify if they are fit for purpose (<i>National Outcomes 1,2,3,4,5,6,8,9 Local Outcomes 2, 4,5</i>); • Train staff across Health, Social Work Adult Services and Housing in making referrals to specialist advice agencies (<i>National Outcomes 8,9 Local Outcomes 1, 4,5</i>); • Formalise referral procedures (<i>National Outcomes 3,6,8,9 Local Outcomes 1, 4,5</i>); • Report outcomes on referrals made (<i>National Outcomes 3,6,8,9 Local Outcomes 1, 4,5</i>);
<i>Mental health issues</i>	<i>Summary of evidence</i>
	<p>The majority of people with mental health issues locally who are receiving services live in mainstream accommodation (68% - Social Care Survey 2014).</p> <p>Around 10% of households applying as homeless cite mental health issues which is below the national average of 16% (Scottish Government annual homeless statistics 2010/11-2014/15).</p>
	<i>Housing Issues</i>
	<p>Inchyra Place is used as accommodation for people with mental health and complex needs (this can include LD) whilst being assessed as homeless. As part of this, consideration is given to identifying support needs and appropriate accommodation. The latter can be either mainstream accommodation or specialist accommodation. The latter is accessed through Social Work Adult Services following a Community Care Assessment.</p> <p>Scottish Government national research found least stress amongst home owners and most</p>

¹³ Social Care Survey (2014)

¹⁴ Scottish Government (2013) The Key to Life: Improving Quality of Life for people with Learning Disabilities

	<p>amongst renters¹⁵.</p> <p>The above research also highlights a link between house conditions and poor mental health.</p> <p><i>Gaps/ Proposals</i></p> <p><u>Specialist Advice Services</u></p> <p>It is suggested that the Integration Joint Board commission work to do the following:</p> <ul style="list-style-type: none"> • Scope what specialist advice services are available (<i>National Outcomes 1,2,3,4,5,6,8,9 Local Outcomes 2, 4,5</i>); • Identify if they are fit for purpose (<i>National Outcomes 1,2,3,4,5,6,8,9 Local Outcomes 2, 4,5</i>); • Train staff across Health, Social Work Adult Services and Housing in making referrals to specialist advice agencies (<i>National Outcomes 8,9 Local Outcomes 1, 4,5</i>); • Formalise referral procedures (<i>National Outcomes 3,6,8,9 Local Outcomes 1, 4,5</i>); • Report outcomes on referrals made (<i>National Outcomes 3,6,8,9 Local Outcomes 1, 4,5</i>);
<i>Offenders</i>	<p><i>Summary of evidence</i></p> <p>Falkirk has marginally more homeless applicants citing prison discharge compared to the national average (Falkirk Council Annual report 2011/12-2014/15).</p> <p><i>Housing Issues</i></p> <p>Information from Falkirk Council Outreach Assessments indicates the importance of housing options advice and housing benefits advice. Outreach is also important in relation to identifying accommodation for an offender prior to release from prison. This enables GP and associated services such as pharmacy to be identified so offenders can access quickly necessary medication on release. It also enables advance claims to be made to the Department of Work and Pensions. Such outreach work is beneficial to prevent reoffending on release from prison.</p> <p>Protocols have been agreed between Falkirk Council and RSLs in relation to information sharing on high risk offenders. These are currently being implemented.</p> <p><i>Gaps/ Proposals</i></p> <p>The above outreach work is important to assist with reducing reoffending rates. Joint working with housing, health and social care is essential (<i>Local Outcome 3, 4, 5</i>).</p>
<i>Alcohol and Drug dependency</i>	<p><i>Summary of evidence</i></p> <p>The latest prevalence data shows that 1.6% of the population within the 16 – 65 age groups have problematic drug use and that 5.1% of the population perceive drug misuse being problematic in their neighbourhood and 9% see alcohol as being problematic (Falkirk Community Planning Partnership 2015) Falkirk Alcohol & Drug Partnership Delivery Plan</p>

¹⁵ Scottish Government (2010) A review of literature on the relationship between housing and health

	<p>2015-18).</p> <p>Anecdotal evidence from the Falkirk Council Access to Housing team highlights that a number of single people, particularly single males who present as homeless have multiple needs including mental health and/ or alcohol/ substance misuse.</p> <p><i>Housing issues</i></p> <p>Many homeless people have complex housing needs and require an individually assessed package of housing support to help them sustain their tenancies. There is a pilot scheme for the Castings hostel and for single males over 25.</p> <p>There are links in place to Social Work Adult Services and the NHS to ensure homeless people with drug and alcohol issues can be referred to other appropriate services as required.</p> <p><i>Gaps/Proposals</i></p> <p>It is important to continue having signposting arrangements in place as and when a need is identified for the appropriate referrals to be made.</p> <p>Training to be delivered to Falkirk Council Housing staff by August 2015 with a follow up evaluation by November 2015. (Falkirk Community Planning Partnership 2015) Falkirk Alcohol & Drug Partnership Delivery Plan 2015-18) (<i>National Outcomes 1,5,8,9 Local Outcome 3, 4, 5</i>).</p>
3. Set out the shared outcomes and service priorities linking the Strategic Commissioning Plan and Local Housing Strategy.(Note 3)	
<p>Outcomes and service priorities identified in Strategic Commissioning Plan¹⁶ and Local Housing Strategy</p>	<ul style="list-style-type: none"> i. We will agree, both a model of specialist housing and adaptations procedures (for older people, those with physical and learning disabilities also those with mental health issues) which will enable them to live in homely settings in supportive environments (where possible) in order to avoid unnecessary admissions to care homes or hospitals (National outcomeⁱⁱ 2, <i>Local Outcomes 1, 3,4,5</i>); ii. Information is clear, concise, Integration and delivered on the “first stop” principle which allows the above groups to maintain control and make informed choices (National outcomes 1,2,3,4,6,9, <i>Local Outcomes 1,2,4,5</i>) ; iii. Communities are able to contribute to the design of preventative and anticipatory supports to help the above groups stay well and independent (National outcomes 1, 2, 6,9, <i>Local Outcomes 1,2,3,4,5</i>) ; iv. Older people, those with physical and learning disabilities also those with mental health issues are aware of housing options and equipment and adaptations are provided promptly following assessment of need (National outcomes 1,2,3,4,5,9 <i>Local Outcomes 1, 2,3, 4, 5, 9</i>); v. Hospital discharge processes will encourage the above groups to return to their own homes and there will be no discharge directly to a long term care home placement (National outcome 1, 2, 3, 4, 7, 9, <i>Local Outcomes 3, 4, 5</i>).
<p>How the housing</p>	<p><u>Older People’s Housing Plan</u></p>

¹⁶ The outcomes relate to the first housing contribution statement have been amended to include other care groups and not just older people

<p>sector is going to contribute to the meeting outcomes/ service priorities in the SCP (which should reflect the contribution to the nine national health and well-being outcomes) (Note 3)</p>	<p>An Older Peoples' Housing Plan is a priority in the Corporate and Housing Service Plan by the end of 2015. A draft plan has been widely consulted on and includes options for revising Council housing with care and will go to Council Executive by the end of 2015.</p> <p><u>Disabled Adaptations</u></p> <p>This will be progressed via the Adapting for Change Steering Group. The national independent adaptations working group reported in December 2012 to Scottish Government recommending fundamental changes to the existing tenure based systems. The Scottish Government is committed to take forward the Group's recommendations for a more personalised and tenure neutral approach.</p> <p>The national working group recommended piloting its suggested approach to test the viability of the proposals. This work is now underway in five demonstration sites one of which is the Falkirk Adapting for Change Project.</p> <p>Locally this had its origins in the Change Fund project for mainstreaming adaptations. The Change Fund bid was written and led in its early stages by Housing. This is because the demand for disabled adaptations was highlighted in Local Housing Strategy 2011-16 consultations¹⁷. The local Steering Group for the Adapting for Change Project has involvement from the national Joint Improvement Team, Falkirk Council Housing Services, Social Work Adult Services, NHS Forth Valley and RSLs. To date the following have been achieved – the pathways to adaptations have been mapped, definitions for adaptations have been agreed by practioners across the statutory agencies (minor, moderate, major and major complex), a specification tool has been developed to streamline the assessment process for adaptations and it has been agreed to set up a complex cases panel to make decisions on major complex adaptations. Proposals have been developed to realign Occupational Therapists (OTs) within Social Work Adult Services and the NHS also to train a range of staff across health, Social Work and NHS to carry out assessments for minor adaptations so OTs can concentrate on more complex cases.</p> <p>The Adapting for Change project has plans to streamline assessment for adaptations through the specifications tool. It is also necessary to do the following:</p> <ul style="list-style-type: none"> • It is necessary to ensure procedures are in place to identify at an early stage if housing adaptations are not appropriate • ii). It is necessary that procedures are put in place to make the necessary referrals for housing advice if adaptations are not appropriate • iii). The Adapting for Change project needs to develop procedures for referring people for housing advice and to the Link Help to Adapt project • iv). The Adapting for Change Steering Group needs to develop performance indicators to establish if adaptations have been streamlined. <p><u>Housing Options Directory</u></p> <p>A housing options directory has been consulted on and will be circulated as part of the Older Peoples' Housing Plan.</p> <p><u>Moving Assistance</u></p> <p>A Change fund project – Moving Assistance is being led by housing and taken forward by voluntary group/social enterprise Outside the Box and Making It Happen. The latter is a</p>
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¹⁷ Falkirk Council (2012) Local Housing Strategy 2011-16 Appendix 5 Consultation

	social campaigning group for people over 50 in Falkirk. This project is being progressed in consultation with older people who discussed what can assist people to move if their current home is unsuitable. They devised and tested guides to give advice and information also made links to local groups.
4. Provide an overview of the housing- related challenges going forward and improvements required. (Note 4)	
<u>Challenges</u>	<p>There are several <i>challenges</i> identified in the housing system;</p> <ol style="list-style-type: none"> 1. Most people live in the private sector and wish to remain so including a number who live in properties which are in disrepair; 2. There is low demand for the current model of Housing with Care to such an extent that RSLs are moving away from providing specialist housing with support for older people; 3. There is no specialist advice for older people or those with disabilities or referral procedures in place to specialist advice groups; 4. There is no Extra Care housing options provided locally which are suitable for older people with particular needs.
<u>Improvements required</u>	<p><u>Specialist Advice Services</u> There is a need for the Integration Board to commission work to do the following:</p> <ul style="list-style-type: none"> • Scope what specialist advice services are available (<i>National Outcomes 1,2,3,4,5,6,8,9 Local Outcomes 2, 4,5</i>); • Identify if they are fit for purpose (<i>National Outcomes 1,2,3,4,5,6,8,9 Local Outcomes 2, 4,5</i>); • Train staff across Health, Social Work Adult Services and Housing in making referrals to specialist advice agencies (<i>National Outcomes 8,9 Local Outcomes 1, 4,5</i>); • Formalise referral procedures (<i>National Outcomes 3,6,8,9 Local Outcomes 1, 4,5</i>); • Report outcomes on referrals made (<i>National Outcomes 3,6,8,9 Local Outcomes 1, 4,5</i>); <p><u>Extra Care housing</u> Joint working with the NHS, Social Work Adult Services, Housing services and RSLs to identify if Extra Care housing could help older people remain in the community rather than be admitted to hospital or care homes</p> <p>If Extra Care housing is required, to explore resources streams with the NHS, Social Work Adult Services and Scottish Government. The latter through the Strategic Housing Investment Plan (<i>National Outcomes 2, 3, 4, 9 Local Outcomes 4, 5</i>).</p> <p>Review the current housing with care provision. (<i>National Outcomes 2, 3, 4, 9 Local Outcomes 4, 5</i>).</p>
5. Set out the current and future resource and investment required to meet these shared outcomes and priorities. Identify where these will be funded from the Integration Authority's Integration budget and where they will be funded by other (housing) resources. (Note 5)	

	<p>Disabled Adaptations</p> <ul style="list-style-type: none"> i) Council disabled adaptations ii) Private sector adaptations iii) Garden aid <p>Note RSL disabled adaptations are not included within health and social care integration</p>
6. Additional Statement by Integration Authorities. (Note 6)	
	<p>Housing Services have been involved in a number of projects which assist older people to remain in their communities:</p> <ol style="list-style-type: none"> 1. Project to mainstream adaptations is regarded as good practice by the Joint Improvement Team and other areas are replicating the work done in Falkirk Council area; 2. Small Repair Handy Persons Scheme – options are currently being explored by the housing service to continue this project but ensure it is more cost effective; 3. Older Peoples’ Housing Plan – wide spread consultation has taken place to identify what older people locally require particularly in relation to Council housing with care and what advice options would assist them to remain in their own communities; 4. Moving Assistance – intense consultation has taken place with older people and voluntary organisations to identify what would assist an older person to move if their home was unsuitable. Guides have been devised in conjunction with older people on information they need to know when moving home. <p>Potential Performance Indicators (make links to work of Adapting for Change Steering group- initial suggestions)</p> <ol style="list-style-type: none"> 5. All tenure waiting times for disabled adaptations; 6. Numbers and costs of disabled adaptations by definition (minor, moderate, major, major complex); 7. Numbers, costs and decisions of major complex adaptations discussed by the Major Complex Adaptations Panel; 8. Satisfaction levels as to whether adaptations improve quality of life. <p>Also</p> <ol style="list-style-type: none"> 9. Number of people delayed in hospital for housing reasons; 10. Number of people delayed in hospital where a housing solution has been explored; 11. Number of people delayed in hospital referred for advice on their housing options. 12. Report outcomes of referrals made to specialist advice services.

Note 1: Integration Authorities are required to set out the involvement and role of the Local Authority Housing Service, Housing Associations and other housing providers and interests in the governance arrangements for the Health & Social Care Partnership. This should be set out clearly taking into account the various levels of potential involvement in relevant structures such as the Integration Authority, Strategic Planning and Locality Planning. It could also include reference to wider consultation or partnership structures with the housing sector.

Note 2: This should briefly highlight the connection between evidence assembled through the Joint Strategic Needs Assessment and the Housing Needs and Demand Assessment (and any associated local housing evidence). It should identify the main housing-related issues for various groups that require a housing contribution to improve health and well-being. For example older people,

homeless, disabled people, mental health or other relevant groups. It should also outline any gaps in the joint evidence base and proposals for addressing these.

Note 3: This section should highlight the direct link between the outcomes and service priorities identified in the Strategic Commissioning Plan and the Local Housing Strategy. It should be clear how the housing sector is going to contribute to meeting the outcomes and service priorities in the SCP (which in turn should reflect the contribution to the nine national health and well-being outcomes). Consideration of potential changes to housing services and provision should be part of this.

Note 4: This should set out any challenges identified in the housing system and among providers in improving the housing contribution to health and well-being. Proposals for addressing these challenges should be clearly articulated.

Note 5: This should outline the impact on resources and investment required to deliver the HCS element of the SCP. Consideration should be given to both services and the bricks and mortar element of housing both currently and in the future (at least over the 3 years of the SCP). It should clearly identify key housing resource and investment areas required to implement the SCP and deliver associated shared outcomes and priorities. Examples would include activities associated with adaptations, homelessness and housing support as well as any planned new housing provision to meet particular needs.

Note 6: This section is for Integration Authorities to provide any other additional information that in their view is relevant for their Housing Contribution Statement.

ⁱ Falkirk Integrated Strategic Plan 2016-19 p21-23, Local Outcomes – (1) Self- Management, (2) Autonomy and Decision Making, (3) Safe, (4) Experience, (5) Community based support.

ⁱⁱ National Outcomes -Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer, Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community, Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected, Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services, Outcome 5. Health and social care services contribute to reducing health inequalities, Outcome 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being, Outcome 7. People using health and social care services are safe from harm, Outcome 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide, Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services