

# Essential Connections

*Linking housing, health and social care*



## Introduction

Health and Social Care partnership working has come a long way over the last decade and particularly over the last couple of years. There is now a consensus that partnership working is essential in order to design, develop and deliver personal services for those requiring support and assistance to optimise their independence and happiness.

This report is the first stage of a three stage programme commissioned by the Joint Improvement Team and supported by the Chartered Institute of Housing and the Association of Directors of Social Work.

- Stage 1 is to raise the profile of housing within health and social care partnership agendas, both at a local and a national level. This report aims to draw attention to this issue and to promote discussion.

- Stage 2 involves establishing a reference group from the housing, health and social care sectors to oversee a range of development work that will look at good practice, learn from “what works” and generate proposals and recommendations for the future.
- Stage 3 will be the publication of a substantial report on the work of the group which will provide practice guidance as well as recommendations for both local partnerships and national bodies to consider. The intention is to present this report to the CIH Conference in spring 2006.

This report illustrates in very practical ways how services and agencies need to connect in order to deliver the services that people need. I hope the report stimulates vigorous discussion that in turn will lead to improved practice.

MIKE MARTIN  
DIRECTOR  
JOINT IMPROVEMENT TEAM

17 February 2005

## Context

- The pace of partnership development is set to accelerate still further within the frameworks of Community Planning and Community Health Partnerships. Partnership working is now the norm rather than the exception.
- So far, the focus for development has been on joining up acute, primary and community care services and the position of housing is in danger of becoming disconnected.
- A good quality home is at the heart of the Scottish Executive policy of optimising independence. It is the provision of a good quality home together with appropriate care and support services that enable that independence to be achieved.
- There is also a growing acceptance that care and support are delivered not just by health and social care agencies but can equally be delivered through housing, education, leisure, culture and transport providers and by statutory, independent, voluntary and community sectors.
- Achieving responsive, tailored services through multiple partnerships that meet the whole needs of citizens is complex. It is also essential.

Within this context it is vital that housing is fully engaged and recognised as a core partner. The following section graphically indicates why it is essential that services are effectively connected.



## Case study 1: Inverting the triangle of care – help for older people to stay in the community

*We need to be obsessed with the health and well being of the 86.6% of older people who don't use services, but we are obsessed with the 13.4% who do.*

Audit Commission 2002

### The Facts

- Around 9 out of 10 older people live in ordinary housing – not hospitals, care homes, or sheltered housing. And that is where most want to stay. (Joseph Rowntree Foundation Task Group on Housing 2003)
- More than half of older people live in the private sector, mostly owner occupiers. Rural areas are likely to have more older owners (Census 2001)
- Older people who say they need help or care are in the minority. Even among women over 85, who are most likely to be dependent, under half (47%) say that they need care (Scottish Household Survey)
- People in the 70+ group are most likely to move because of a crisis - as a result of poor health, bereavement or income collapse (Ford 1999)
- Older people, especially those over 75 years, are much more likely to die as a result of an accident in their home (GRO Scotland)
- There could be another 100,000 people over 75 in Scotland by 2018 (GRO Scotland). This will also mean significantly more people with dementia – estimated at around another 18,000 (Eurodem prevalence)

### What it feels like...

*Mrs I (70) lives alone in a council flat. She has recently had a number of health related problems but is keen to stay in her own home.*

*I was supposed to get a knee operation but they cancelled it because they were worried about the anaesthetic – I have heart trouble you see. I was really disappointed as I was looking forward to getting about easier. I had to go into hospital for a while so that social work could adapt my house. It's easier to get around now but I still have trouble with stairs and the walker is too heavy to lift upstairs. I'll need to see my social worker about that. I'm too old to move and the neighbours all help each other. I asked about respite care but I was told I wasn't eligible – I was upset about this but I couldn't stay here without the help from social work.*

*Mrs P (65) is the main carer for her husband, aged 75. He recently suffered a stroke and now has very limited mobility and requires constant care. She has some adaptations provided by social services.*

*Once he's downstairs he can't get back up until bedtime – he has to use a bucket for the toilet. This is very upsetting for him. We have a wheelchair, but I can't use this in the house as there are no turning spaces and the doors are too narrow. I was offered a housing association barrier free house about 2 years ago – we didn't sell the house in time so I couldn't take it.*

*Mrs S (73) lives alone in a private rented flat. She finds the upkeep and general maintenance of the flat a problem.*

*You see, it has very high ceilings and the windows are the old sash ones. I have to climb onto the sink in the kitchen just to open the windows and they are very heavy. The house is listed so there's very little I could do to it and I can't manage the cleaning the same anymore. I've applied for sheltered housing but I've been told that I don't have any real medical needs so I probably won't get one...I'm worried about how I'll manage as I get older but I'm not sure what to do.*

### Our Objective:

To organise appropriate support and care services where and when required and if necessary repair, improve or adapt the home to optimise comfort and safety.

# Case study 2: Feeling safe at home and in your environment

Public services at their best provide a springboard for citizens to lead fulfilled and happy lives. They help the strong to look after the weak and they add strength to local communities. But public services at their worst can exaggerate inequality and devastate families by failing those who need us the most.

Jack McConnell MSP, First Minister, (2002)



## The Facts

- In Scotland deprivation tends to be more concentrated in particular areas than in other parts of the UK (Scottish Executive 2002)
- People with disabilities are much less likely than non disabled people to be economically active and households including a disabled person are more likely to have very low incomes (Scottish Executive 2005)
- Nearly half of all people with disabilities are frightened or attacked because of their disability, one in five suffers an attack once a week, with women and under 44-year-olds most vulnerable to frequent attacks, and nearly 3 out of 4 suffer from verbal attacks (Disability Rights Commission 2004)
- Deprivation and mental health problems are closely associated. Around 300 in every 1000 will experience some level of mental health problem every year (Mind)
- There is a growing body of research literature indicating that African and African Caribbean people are over-represented in psychiatric institutions (Mind 1997)
- More than 130,000 householders in Scotland require adaptations to their home (Scottish House Condition Survey 2002)

## What it feels like...

Ms M has been receiving help and support for mental health problems from her GP and Community Psychiatric Nurse. She attends a local SAMH support group.

*When I was in my council flat I was broken into and I felt very unsafe. I have acute anxiety and get help for depression. The break in made all this worse. I went to the council but they said I was adequately housed even though I had letters from my GP and CPN. If your problem is physical and they can see something is wrong then its okay – but if its mental illness and you look normal on the outside then people don't realise how bad it can be. My mum helped me find the (private rented) flat I'm in now – I feel safe there – it's on the third floor and near to my mum.*

L (31) has a sensory impairment and a history of mental health issues. She was transferred to her current house following a break in and serious assault about 3 years ago.

*I was getting loads of hassle from local kids and teenagers...they would shout things and throw things at the house. Then some of them broke in and sexually assaulted me – I think they thought I wouldn't know what was happening because I'm disabled. I*

## Our Objective:

To find accommodation that is appropriate to meet the needs of the individual and their particular circumstances and provide services that will help develop independence and confidence.

*went to the council for another house...but it was as if they weren't interested...they talked down to me...I'm deaf not stupid. I got a house eventually but last week I got broken into again there...this has really set me back cos I don't feel safe there anymore and I was really pleased with the house and going out more and things. Thing is, I reported that the window needed fixed when I moved in and nobody came to fix it. They've said that they'll put alarms and locks on now.*

Mr R (70) lives alone in a first floor council flat. There are over 20 stairs into the house and because of a medical condition he is feeling increasingly unsafe there.

*I've been in and out of hospital for the past few years and not long ago I was diagnosed with a balance thing – it's got something to do with my inner ear – it makes me feel very dizzy...I've fallen 3 times now...it's quite frightening as the floor feels as though it's moving – once was on the stairs. I can't manage the shower now the same...I have to step into the bath and I'm frightened I'll fall again. I asked for a shower without the bath but they (council) said it would cost too much. I'd like sheltered but even a house or flat on the one level would do.*



# Case study 3: Managing transitions effectively

We are also determined to end delayed discharge. This bed blocking happens where patients, mostly elderly, have to stay in hospital simply because more appropriate care is not available in the community.

Partnership for Care (2003)

## The Facts

- At October 2004 there were 1,100 patients in hospitals in Scotland who had been waiting to be discharged for over 6 weeks (ISD 2004)
- People with disabilities experience a range of organisational, budgetary and procedural difficulties when making transitions in their lives – resulting in delays in getting the service they need or not getting the service at all (DWP 2004)
- Children with disabilities are more likely to stay for long periods of time in healthcare settings (PM's Strategy Unit 2005)
- Figures show that 19% of delayed discharge NHS patients are from psychiatric wards (ISD Improving Mental Health Information Project 2004)
- Financial or accommodation issues of users with experience of short stays as acute psychiatric in-patients were not followed through. Ward based staff were not well placed to respond to such needs, while social work or housing staff were often not able to respond within the timescale of a short admission. One in 5 users considered they had been given insufficient notice of discharge. (Nuffield Centre for Community Care Studies 2002)

- Older people are most at risk of delayed discharge. (ISD 2004) The challenge of avoiding delayed discharge is likely to increase with the projected growth in the older population

## What it feels like...

Mr R (82) has lived alone in the 3 bedroom family home following the death of his wife over 20 years ago. He recently had a long stay in hospital.

*I can't really manage the house and garden anymore. There's a young chap nearby who helps but he'll be at university soon. I can't get around the same and don't use the car because I get confused. I had to stay in the care home when I came out – I don't want to go back there – everyone was nice but I don't want to stay in a care home. I had to stay there because there was no-one to look after me when I got out. I was afraid that I'd not get out again and had to persuade them (health worker and social worker) that I would manage.*

Age Concern, Scotland and Edinburgh Council for Single Homeless: Older people with Mental Health Difficulties: User Preferences/Housing Options

*Everything has to be in place before you can discharge anybody home. You don't want to find out they have gone home and, Oh God! their electricity was cut off. So all that has to be discussed.*

## Our Objective:

To avoid unnecessary admissions to and to facilitate timely discharge from, hospital by providing the right services organised to coincide with patients' needs and circumstances.



# Case study 4: Healthy children – investing in our future

Multiple housing deprivation appears to pose a health risk that is of the same magnitude as smoking and, on average, greater than that posed by excessive alcohol consumption.

BMA

## The Facts

- Dampness and mould growth are significantly related to respiratory problems such as asthma (WHO 2004)
- People with health problems are disproportionately likely to occupy the least 'health-promoting' segments of the housing stock, a factor which may exacerbate their health problems (BMA 2003)
- Those living in the social rented sector are more likely to have poor health than those living in other tenures, although no causal link to housing was established (Housing and Health in Scotland, SHCS 2002)
- The WHO's Children's Environment and Health Action Plan includes, as a priority, the development of 'indoor air quality strategies that take into account the specific needs of children...especially in housing, care centres, schools...' (WHO 2004)
- Children with disabilities are more likely to live in poverty than non disabled children (Prime Minister's Strategy Unit 2005)
- Children from the poorest families are 15 times more likely to die in a house fire than these from the most affluent (Miskin Group 2005)
- Homeless children living in bed and breakfast hotels are twice as likely to be admitted to A&E with burns and scalding (Shelter 2004)

## What it feels like...

As reported in The Herald (4 May 2004), Glasgow mother speaking of her 7 year old son.

*He's very chesty. He cannot run about the same as other boys. He gets tired very quickly and he gets frustrated because he cannot do things. I am convinced the environment in here has prompted it. We used to have different windows and we got in these new windows and it was shortly after that you could see the dampness appearing and shortly after that he started appearing not well. The other windows were more draughty. These ones are double-glazed and there is just less air getting in and out.*

S (30) has 2 children aged 3 and 12.

*I first became homeless about 3 years ago when I left my boyfriend – he was very violent and I had to get out. I went to XXXXX and after staying in temporary accommodation I was given a flat in XXXXX. I was in tears when I saw it – I didn't want to move there but I was told I had to take it. It was a mess and there was no heating in the bedrooms or bathroom. XXXXX is a wee village and I didn't know anyone – I felt really isolated – everyone there knew each other and they were very cliquy. There was only 1 bus an hour and the kids hated it. I ended up abandoning the house and moved in with my sister...*

## Our Objective:

To provide safe and healthy environments to enable children to maximise their future potential in life.



# Case study 5: Independence when you need it and can cope with it

Disabled persons, whatever the origin, nature and seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow citizens of the same ages, which implies first and foremost the right to enjoy a decent life, as normal and full as possible.

UN Declaration on the Rights of Disabled Persons (1975)

## The Facts

- Increasing numbers of children with health and support needs are surviving into adulthood because of more effective interventions and better quality care (Morris 1999)
- Information about the numbers of young people with complex health and support needs is inadequate with different definitions used by different services and difficulty in identifying those with multiple impairments (Morris 1999)
- More than 29,000 people in Britain with a severe or profound learning disability live at home with carers aged over 70 (Mencap 2005)
- Over a tenth of looked after young people reported having a long term physical health problem, nearly a fifth reported having a 'disability' and a third a learning disability (University of York 2002)
- Young people who need high levels of support continue to be at risk of moving into segregated (institutional) accommodation as they reach adulthood. There is a dearth of supported living projects enabling people with mobility impairments and/or health needs to live in ordinary housing in the community (Morris 1999)
- The number of people with learning disabilities will continue to grow by over 1% a year over the next 10 years. And, more will live longer, so the needs of people with learning disabilities will change (Scottish Executive 2000)

## What it feels like...

T (49) currently lives in specialist shared accommodation with others who have a range of learning disabilities. He would like to move to another area to be nearer friends and to live more independently.

*I want to move to XXXXX and have my own flat as I don't get out much here as my friends are in XXXXX. I fear I won't get any more independent if I stay where I am –they say I would need more care but can do more than people think. I've been told I can't live by myself but I could with the right support – and I'd have my friends nearby and my sister. Different ones (carers) come in – some are okay, but you have to tell them everything. I can do more than they think.*

M (37) has learning disabilities and currently lives with his parents. He has spoken to a support worker about what he wants to do when his parents become unable to care for him.

*I want to stay there (family home) if I can.*

*My mum said I wouldn't be able to stay by myself and would need someone to look after me. XXXXX told me about different things I could do – I might have to share with other people, but I don't like it when I don't know people. XXXXX says I could share if I knew the people – but I don't know.*

Group discussion at a support organisation for people with learning disabilities

*Some of us have been to a computing course in XXXXX and XXXXX is on a committee that helps to organise things to do. There's not very much if you're over 16. It would be good to find work, paid stuff, not just working in charity shops an' making sandwiches an' stuff. It would be good to get to things at night as well – like discos, but there's no buses. Last time XXXXX went to Glasgow there was no where for her wheelchair. We want to be the same as everyone else.*

## Our Objective:

To enable people to live independently with the minimum of intervention.





# Case study 6: Homelessness is not just about housing ...

...homelessness is not solely a housing issue; it is an issue for all services which affect the well-being of an individual. Housing is only one, although an essential, element to the solution to the problem.

Homelessness Task Force



## The Facts

- Preventing and alleviating homelessness sits at the centre of the Scottish Executive's Social justice agenda
- In 2003/04 over 38,000 households were assessed as being homeless. Most were single people (Scottish Executive 2004)
- Numerous studies have found that those most at risk of homelessness
  - Have been looked after by the local authority
  - Use drink or drugs, particularly when from an early age
  - Have offending behaviour and/or experience of prison
  - Have difficulties at school and lack qualifications
  - Lack social support networks
  - Have debts, especially rent or mortgage arrears
  - Have been in the armed forces (Stirling University 2000)
- Tackling homelessness is a national housing priority. New legislation in 2001 and 2003 means that an estimated 9,000 more homeless households across Scotland now have rights to at least temporary accommodation. The intention is that this will become a duty to provide permanent accommodation by 2012

## What it feels like...

L (21) has lived in hostels, temporary accommodation, slept rough and stayed with friends during the 5 years since leaving care. This is the beginning of her story.

*Left care at 16. Was in foster home and I fell pregnant and had to move from foster home. Social worker sent me to (hostel)... It was okay – but I wasn't sure what was going to happen when the baby was born. Then I lost the baby. Social worker and staff told me it was the best thing that could happen, but I was really depressed and my GP put me on anti-depressants. I know they were probably right about the baby, but it didn't feel like it at the time. I had been into drugs, not the hard stuff – E's and blow, and I had stopped that and drinking when I was pregnant, but when I lost the baby, I got back into it. After 13 weeks I had to leave the (hostel). I was late in all the time and breaking the rules. I just left and stayed at my pal's house and slept rough...*

Mr J has a history of alcohol and drug misuse. He has spent time in and out of prison for offending related to his substance misuse.

*I got out at half six in the morning and all I had was £50 given by the prison. I slept rough a couple of nights and someone told me to go to the council. I'm originally from XXXXX but don't want to go back there because of the drinking and stuff. The owners here (B+B) gave me some clothes and I'm still waiting to get benefits sorted. I don't like talking to people but I've got a worker for my drink problems – I can talk to her and she's helped me calm down a bit. She's written a letter to the Council to help me get a house, but I haven't heard anything yet. I think I'd like my own place to get sorted out and then maybe start looking for work or something, but I don't know what will happen.*

## Our Objective:

To ensure that homeless households with support and care needs receive the full range of services that will enable them to achieve stable living arrangements.

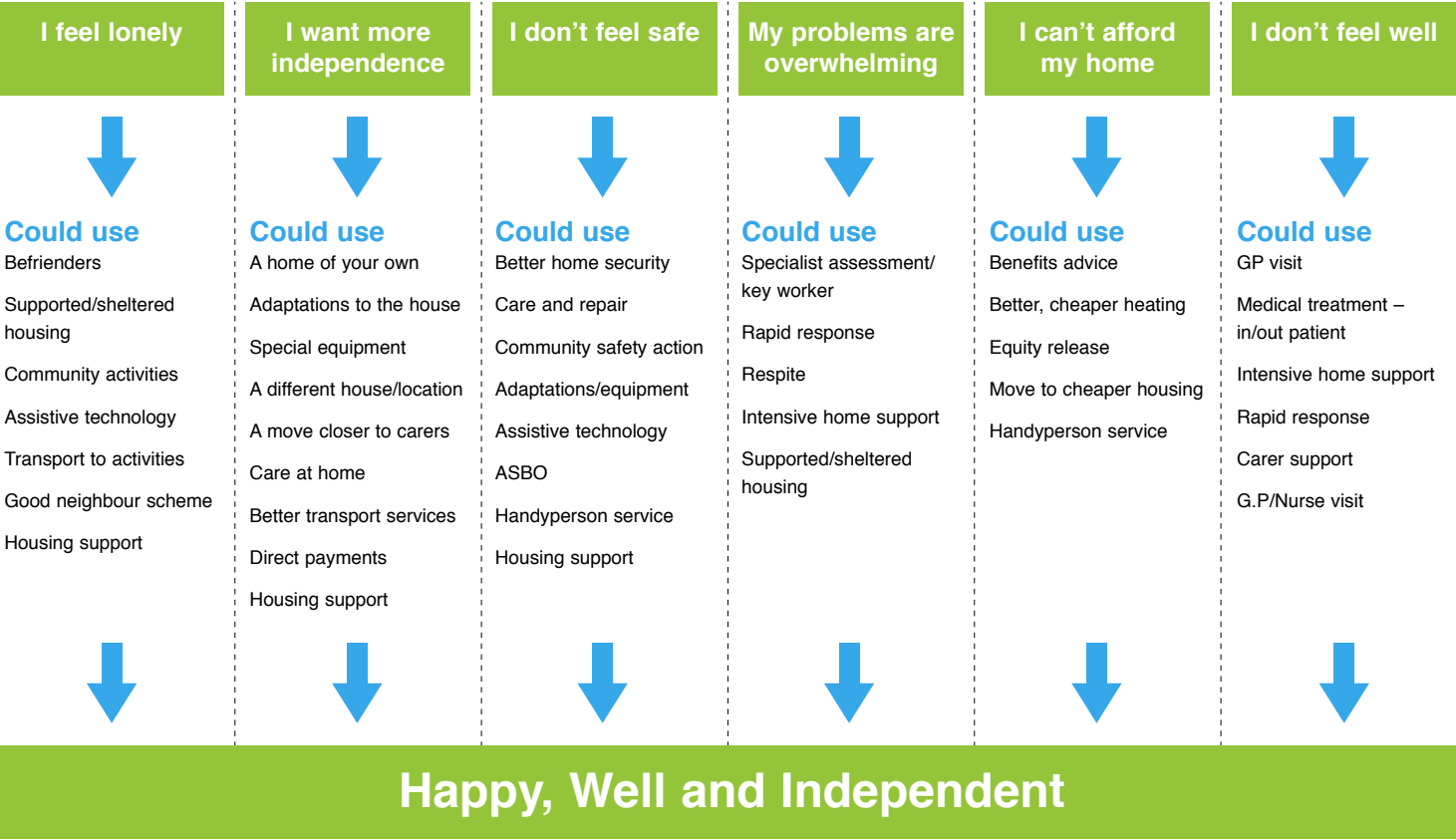
# Happy, Well and Independent What we all want

What people want can be summarised quite easily – to be happy, to be well and to be independent. But, as the experiences of people in the case studies show, we have not got it right yet. People do not know where to turn for advice, services are fragmented so access to one does not open doors to others, and sometimes we simply don't have the right services on offer.

Helping people to be happy, well and independent can of course be difficult – people's lives can be complex. But we need to start

by **listening**. If we did this better, we could help a lot more people (even within current resources) and we would also have a much clearer understanding of why we need to change.

Listening to people's experiences emphasises how important the connections are between housing, health and social care. People's problems do not fit neatly into organisational strait jackets **nor** do the solutions.



# Making the Connections

## Our shared agenda    Keep in Touch

There are many points where the housing, health and care agendas connect. We all need to take on board the key messages from those who use our services

- No single service can effectively meet the needs of any individual.
- Services have to be tailored to meet the unique and specific requirements of each person.
- Early (and preventative where possible) involvement protects and enhances “ordinary living” and is usually less complex and less costly to provide.
- Continuing innovation and development is essential if we are to meet increasing demands within the finite resources available.

This report aims to reinforce the importance of connecting across a range of services. To do this we must all understand more of our “neighbours” services.

If this report has stimulated interest and you wish to stay connected to the second stage of this programme, either by contributing good practice examples and ideas or to receive information on emerging ideas and proposals please let us know by registering your interest through the JIT email address [jit@scotland.gsi.gov.uk](mailto:jit@scotland.gsi.gov.uk)

# Signposting

A summary of the main changes taking place in the housing, health and care sectors and ways to find out more.

## Housing and Support Related

### Housing Quality

Improving quality is at the heart of the Scottish Executive's housing agenda: 4 of the 5 national housing priorities address quality issues. A new standard – the Scottish Housing Quality Standard (SHQS) – was announced in early 2004 with all social rented properties being expected to achieve this by 2015. The SHQS is only advisory for the private sector.

Other policy initiatives and funding streams to support this national priority

- New Private Sector Housing Grant (PSHG) introducing various changes including means testing for disabled adaptations. Increased funding of £42m was announced in April 2004.
- Specific grants for central heating and energy efficiency

improvements, with a particular focus on pensioners.

- One of Communities Scotland's aims is to ensure that all private homes occupied by elderly people and all local authority and housing association houses have central heating by 2006.

All social landlords (local authorities and RSLs) were asked to submit Standard Delivery Plans (SDPs) by April 2005 setting out how they will meet the SHQS by 2015 except if the local authority is working towards stock transfer.

Much of the focus recently within housing services has been on addressing this quality agenda and this is likely to continue over the coming years.

### Want to know more?

**About the SHQS**  
<http://www.scotland.gov.uk/consultations/housing/msshletter.pdf>.

**About the new PSHG**  
<http://www.scotland.gov.uk/library5/housing/girg-00.asp>

**About SDPs**  
[http://www.communitiesscotland.gov.uk/web/FILES/SHQS\\_Delivery\\_Plan\\_Guidance.pdf](http://www.communitiesscotland.gov.uk/web/FILES/SHQS_Delivery_Plan_Guidance.pdf).

### Regenerating Communities

In July 2004 the Minister for Communities announced the establishment of a new £104 million Community Regeneration Fund (CRF). Funding will be allocated on the basis of Regeneration Outcome Agreements (ROAs) and

information about the most deprived communities. These must be in line with the Community Plan. The Scottish Executive encourages social landlords to promote economic and social regeneration through the wider action programme. Examples of “wider action” in this regard include employment and training schemes, provision of community facilities and workspaces, childcare and youth projects and money and energy advice.

**Want to know more?**  
**SE regeneration statement**  
<http://www.scotland.gov.uk/library5/social/bcis-00.asp>

**Guidance on ROAs**  
<http://www.communitiesscotland.gov.uk/web/FILES/CRF-GuidanceonROAsAugust2004.doc>



### Tackling Homelessness

Other than quality issues, this is the only other national housing priority. Recent legislative changes involve

- a duty to provide temporary accommodation for all homeless households, irrespective of whether they are in priority need
- a stated intention to remove priority need by 2012 so that councils have a duty to provide permanent accommodation to all homeless households
- standards of temporary accommodation have also been introduced in the best interests of children

RLs now also have to help councils deliver these responsibilities. Given the scale of homelessness, these changes are expected to mean that a

growing proportion of the lets will be made to homeless people, with implications for other groups.

Extensive research has also taken place over the past 5 years and has identified major cross cutting issues beyond access to housing – particularly related to people with chaotic behaviour and complex needs.

**Want to know more**  
Final Report of the Task Force  
<http://www.scotland.gov.uk/library3/society/htff.pdf>

### Sustainable Development

A number of changes to the framework for statutory land use are underway

- Structure plans are being replaced. All Councils will now have to prepare a local development plan, with

updates every 2 years. These will include an Action Plan, as a way of improving the commitment by other public and private sector bodies

- The 4 largest city-regions will also have to prepare a strategic development plan. These will concentrate on employment, housing and transport, priorities for regeneration, areas to be protected from development.

Land use planning is important because it sets out the broad priorities for land use over a period of at least 12 years – how much land, where, for what purposes, will be available.

**Want to know more?**  
All key documents on the SE's website  
<http://www.scotland.gov.uk/Topics/?pageID=3>

An overview of the system  
[www.communitiesscotland.gov.uk/web/FILES/LHSA.pdf](http://www.communitiesscotland.gov.uk/web/FILES/LHSA.pdf)

### Supporting People

Supporting People (SP) introduced in April 2003 created a significant new policy and funding system to provide low level, preventative services to support independent living.

Reduced SP allocations were announced in 2004 and whilst some Councils have been awarded additional funding, many face reductions. Forthcoming service reviews will be important as a means for local authorities' to achieve their strategic priorities and ensure value for money. The funding of sheltered housing is particularly problematic given questions about its strategic 'fit' and investment requirements.

**Want to know more?**  
SE website  
<http://www.scotland.gov.uk/housing/supportingpeople/new.asp>

## Community Care and Health Related

### Joint Future

The final report of the Joint Future Group (2000) has been the driver of many of the recent changes in the social care and health sectors. It required health and social work to work together more effectively in providing joint services in the community. Key developments have included

- Promotion of the Single Shared Assessment
- Improving equipment and adaptations services, and
- Addressing delays in discharge from hospital.

The Community Care and Health (Scotland) Act 2002 provides powers to local authorities and health boards to devolve responsibilities to each other to enable integrated working. It also makes it possible to pool budgets, align staff and share premises in the interests of more

effective joint working. The Act also introduced a 'ladder of intervention' which provides a basis for the Executive to direct local partnerships where sufficient progress is deemed not to have been achieved. The Joint Performance Information and Assessment Framework (JPIAF) (2003) introduced a greater focus on outcomes in measuring progress.

**Want to know more?**  
Original JF Group report  
<http://www.scotland.gov.uk/library3/social/rjfg-00.asp>

JPIAF guidance  
<http://www.scotland.gov.uk/Resource/Doc/1095/0001867.doc>

Extension of JF & JPIAF  
<http://www.scotland.gov.uk/Resource/Doc/1095/0001833.pdf> and

<http://www.scotland.gov.uk/Resource/Doc/1095/0001843.pdf>

[http://www.isdscotland.org/isd/inf03.jsp?pContentID=1208&p\\_applic=CCC&p\\_service=Content.show&](http://www.isdscotland.org/isd/inf03.jsp?pContentID=1208&p_applic=CCC&p_service=Content.show&)

<http://www.show.scot.nhs.uk/sehd/publications/DC20041114CommCare.pdf>

### Community Health Partnerships

The NHS Reform (Scotland) Act 2004 establishes Community Health Partnerships from April 2005. CHP's provide the opportunity to connect all parts of health and social care systems together with community and voluntary sector interests and link into wider Community Planning Partnerships. CHP management committees will comprise representation from local authorities, community interests, user/carer/patient representatives, voluntary sector and staff/clinical representatives in addition to

Health Board representation. CHP's provide the scope for more integrated and flexible working across service boundaries, to better meet the needs of patients and service users and carers. This can be achieved through sharing or "pooling" health and local authority resources, through linking health and council staff into unified teams and through more effective engagement with users and carers.

### Want to know more?

**Act**  
<http://www.scotland-legislation.hmso.gov.uk/legislation/scotland/acts2004/20040007.htm>

**CHP guidance**  
<http://www.scotland.gov.uk/library5/health/chpg-00.asp>

**Better Outcomes report**  
<http://www.scotland.gov.uk/consultations/social/boop-00.asp>

National Care Standards

National care standards concern not only physical standards but also aspects such as choice and flexibility. They have highlighted significant resourcing issues for local authorities, particularly in respect of care homes and pose major challenges for all providers where investment is required. Training and qualification requirements are also important aspects of enhancing service quality, also requiring investment. National care standards place the service user at the heart of achieving service quality and have reinforced the obligations on providers of listening to their users.

Want to know more?

National Standards  
<http://www.scotland.gov.uk/Topics/Health/care/17652/9328>

Care Commission  
<http://www.carecommission.com/>

Carers' guidance  
<http://www.scotland.gov.uk/library4/HD/CCD2/00017023.aspx>

Direct Payments

Direct Payments give service users the power to choose their care service provider. Uptake so far has been limited to c. 1000 cases across Scotland however the scheme is being extended to older people from April 2005 and this is likely to increase its impact and significance.

Want to know more?

<http://www.dpscotland.org.uk/>

Safety

A number of initiatives have been introduced with the objective of enhancing the safety of vulnerable groups and clarifying the circumstances in which they can be the subject of legal interventions. The Adults with Incapacity Act 2002, the Mental Health (Care and Treatment) (Scotland) Act 2003 and the upcoming Vulnerable Adults Bill clarify definitions of vulnerable people and introduce clear principles to underpin any intervention.

Recent fires have led to increased expectations on care home providers regarding the application of existing safety specifications within the NHS Scotland Fire Code.

<http://www.scotland.gov.uk/Topics/Health>

<http://www.scotland-legislation.hmsso.gov.uk/legislation/scotland/acts2000/20000004.htm>

<http://www.scotland.gov.uk/library5/health/cova-00.asp>

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version 3

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