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The Chartered Institute of Housing

The Chartered Institute of Housing (CIH) is the professional body for people involved in housing and communities. We are a registered charity and not-for-profit organisation. We have a diverse and growing membership of over 20,000 people – both in the public and private sectors – living and working in over 20 countries on five continents across the world. We exist to maximise the contribution that housing professionals make to the wellbeing of communities. Our vision is to be the first point of contact for - and the credible voice of - anyone involved or interested in housing.

CIH Scotland has more than 2,000 members working in local authorities, housing associations, housing co-operatives, Scottish Government and government agencies, voluntary organisations, the private sector, and educational institutions. The CIH aims to ensure members are equipped to do their job by working to improve practice and delivery. We also represent the interests of our members in the development of strategic and national housing policy.

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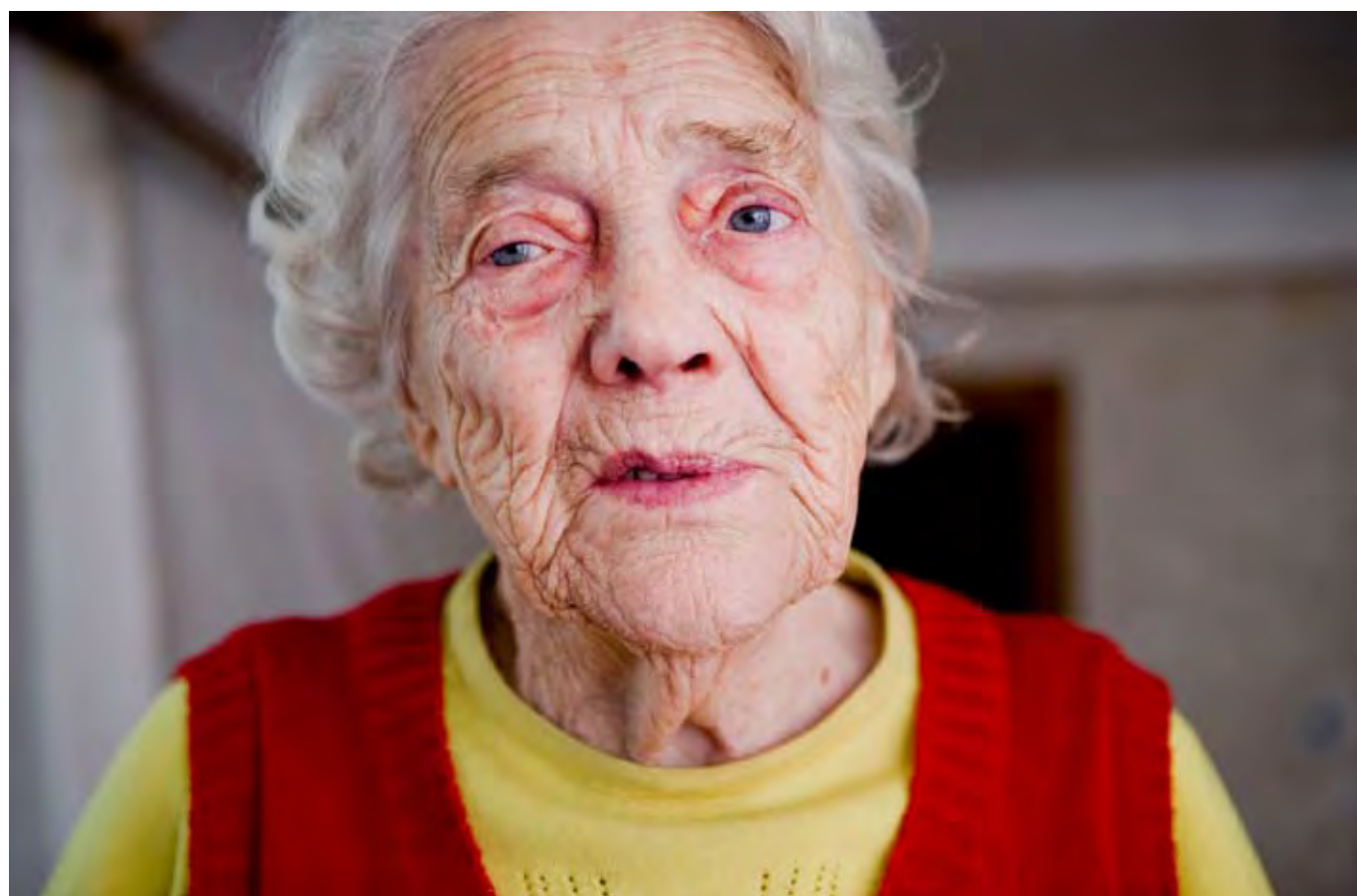
October 2008

Design: ink-tank and associates



HOUSING HEALTH SOCIAL CARE

AN INTRODUCTION



Housing, Health and Social Care

Purpose

This briefing is the first in a series that will inform housing professionals of some of the key priorities and emerging challenges facing housing, health and care services in Scotland. Subsequent briefings will focus on particular aspects of future health and care provision. This will provide an opportunity to consider in more detail how social housing providers can work collaboratively with health and social care services.

Scotland's Changing Population

The most dramatic impact on the provision of health, care and housing services will come from forecasted changes in population profiles. Figures from the General Register Office for Scotland in its 2006 *Projected Population of Scotland*¹ provide evidence of the population profile to be expected by 2031:

- The population of Scotland is projected to grow by 5% to 2031, before slowly reducing,
- There will be a decrease of 7% in the number of children aged 16 and under,
- There will be a small increase of around 0.4% of people of working age,
- There will be an increase of 31% in the number of people of pensionable age,
- There will be an increase of 81% in number of people aged 75 and over,
- The proportion of dependent people to those of working age is set to increase from 59:100 to 67:100.

In addition:

- The number of single person households will have increased from 35% of all households to 44%
- The average household size will be two people or less².

The number of centenarians living in Scotland has also been steadily rising and since the 1950s this has been the fastest growing group within the population³. In 2000 it was estimated that there were 500 people over the age of 100 living in Scotland, and by 2006 that figure had increased to 680.

The remote and rural location of a large proportion of Scotland's population offers a further challenge, "*generally, older people are affected by the same difficulties as other people living in rural areas. However, lack of mobility, inability to cope through increasing frailty, low incomes and increased social isolation affect older people particularly.*"⁴

The projected changes to the population and household trends provide a striking view of the future, particularly for those involved in the planning and delivery of housing, health and care services. The projected figures point to a shift towards a higher level of dependence within the population whilst the rise of single person households indicates that there will be less informal family support and a greater reliance on care services. This means that service delivery now and in the near future will be geared towards a greater number of people who require more intensive levels of support and health care. Alongside this, the number of people available to contribute both economically and in delivering services in response to this growing need will reduce.

¹ General Register Office for Scotland. 2006. Projected Population of Scotland (2006-based). [http://www.gro-scotland.gov.uk/statistics/publications-and-data/popproj/projected-population-of-scotland-\(2006-based\)/index.html](http://www.gro-scotland.gov.uk/statistics/publications-and-data/popproj/projected-population-of-scotland-(2006-based)/index.html)

² General Register Office for Scotland. 2008. Household Projections for Scotland 2006-based. <http://www.gro-scotland.gov.uk/files1/stats/gros-household-projections-for-scotland-2006-based/gros-household-projections-for-scotland-2006-based.pdf>

³ General Register Office for Scotland. 2007. Centenarians in Scotland, 2002-2006. <http://www.gro-scotland.gov.uk/files1/stats/centenarians-in-scotland-2002-2006/centenarians-in-scotland-2002-2006.pdf>

⁴ Rural Poverty and Inclusion Working Group (2001). Poverty and Social Exclusion in Rural Scotland. <http://www.scotland.gov.uk/Resource/Doc/159178/0043304.pdf> in-scotland-2002-2006/centenarians-in-scotland-2002-2006.pdf

Health and Care Context

The changing profile of the population is set to have a profound effect on the focus and delivery of health and care services. Other relevant factors linked to changes in policy direction or improvements in health and care include:

- The closure of long term hospitals for people with mental health issues and learning disabilities,
- The greater level of support available to enable those with enduring health needs to live at home,
- The improved mortality of those born with significant congenital defects.

A feature of a wealthier and healthier Scotland is an improvement in life expectancy coupled with an expectation for a higher and sustained quality of life. However, the ageing population brings with it an increase in incidence of dementia, sensory impairment and mobility problems. In planning and preparing for the future, health and care services in Scotland have undergone a fundamental shift in policy direction. In its document *Building a Health Service fit for the Future*⁵ the Scottish Executive and NHS Scotland set the scene for the changing face and culture of health care in Scotland.

Current view	Evolving model of care
Geared towards acute conditions	Geared towards long-term conditions
Hospital centred	Embedded in communities
Doctor dependent	Team based
Episodic care	Continuous care
Disjointed care	Integrated care
Reactive care	Preventative care
Patient as passive recipient	Patient as partner
Self care infrequent	Self care encouraged and facilitated
Carers undervalued	Carers supported as partners
Low tech	High tech

Source: Building a Health Service fit for the Future

There is a marked drive towards a less reactive and more predictive approach to health care, with stronger community based delivery and more equal patient carer relationships. In 2007 the Scottish Government laid out its strategy for a Healthier Scotland in the Action Plan Better Health, Better Care⁶. This includes a continuation of the themes of patient involvement, increased access to primary care and improvements to public health. In addition there is a focus on tackling health inequalities in recognition of the link between deprivation and poor health “Someone living in a deprived area is more than twice as likely to have a long term illness compared with someone in an affluent area” (Scottish Government. 2007). This targeted approach to health care and prevention is further evidenced in the 2007 Scottish Budget Spending Review⁷ which allocated extra money to specific prevention programmes.

The new demand on resources created by the changing health and care needs is now coupled to a more personalised and qualitative style of health service delivery with an emphasis on reducing risk.



Practice example- Dundee City Council

Working jointly to address the needs of individuals with learning disabilities

Dundee City Council has successfully piloted the use of a sheltered housing complex for individuals with mild to moderate learning disabilities. The Dundee Strategic Planning Group for Individuals with Learning Disabilities identified that older people’s very sheltered housing could offer appropriate housing and support. Dundee City Council identified a very sheltered housing complex which could be used and the Social Work Department identified the individuals who would participate in the pilot. Three of the four were resident in a 24 hour care hostel and all lived in the city of Dundee.

They moved into the self contained 1-bedroom flats between August 2004 and January 2005 and the pilot was evaluated after six months. The evaluation demonstrated that the model of accommodation and support had been extremely successful and had enabled a greater degree of independence. Further assessment is being carried out with a view to considering developing this option for more individuals with learning disabilities.

Shifting the Balance of Care

Acute care is often provided in hospital for the short term and for serious illness or injury, whilst primary care is usually given in community based settings such as a health centre. The shift from acute to primary care is a core feature of the future of health and care services, indicating a move away from a hospital focussed delivery to one which is more responsive and locally provided. This mode of health and care provision is intended to allow a greater emphasis on preventative care and health improvement. However, community based services rely heavily on professionals across a wide spectrum working closely together, and also require suitable accommodation in which care and health services can be delivered.

The vision for future health and care services includes the development of community based hospitals that “act as a local community resource centre and provide a bridge between home and specialist hospital care, through the delivery of both ambulatory⁸ and/or inpatient services closer to communities.”⁹

Community Health Partnerships

Community Health Partnerships (CHPs) play a large part in the Government’s vision for the delivery of health services and in particular the shift from acute to primary care. CHPs provide a range of community based services delivered in homes, health centres, clinics and schools. The types of health care offered include district nursing, physiotherapy, mental health, addictions and learning disability services. The staff who provide these services work closely with other local professionals such as GPs, dentists, pharmacists and opticians

The work of CHPs is focussed on building positive relationships with the community and health and care providers to plan and develop services throughout their local area. The ultimate aim is to improve the health of local people in a cost effective manner while providing a holistic approach and enabling collaborative activities such as joint commissioning.

⁵ The Scottish Executive. (2005). The National Framework for Service Change in the NHS Scotland. Building a Health Service fit for the Future. <http://www.scotland.gov.uk/publications/2005/05/23141307/13104>

⁶ The Scottish Government. (2007). Better Health, Better Care: Action Plan <http://www.scotland.gov.uk/Publications/2007/12/11103453/0>

⁷ The Scottish Government. (2007). Scottish Budget Spending Review 2007 <http://www.scotland.gov.uk/Publications/2007/11/13092240/6>

⁸ Ambulatory care is generally medical care which does not require hospital admission and is provided on an outpatient basis.

⁹ The Scottish Government. (2006). Developing Community Hospitals: A Strategy for Scotland <http://www.scotland.gov.uk/Publications/2006/12/18142322/0>

Hospital Admissions and Discharges

A major driver behind the shift in focus from acute to primary care is the over reliance on hospitals which “does not provide the care that people are likely to need”¹⁰. In response to this concern, the Scottish Government has developed a National Indicator to monitor the growing number of older people in particular who are re-admitted to hospital emergency units¹¹. A factor found to be contributing to this increase is a poor level of co-ordinated care, rather than increase in particular health concerns. “A fragmented system of care has meant that problems are passed from one part of the system to another, often ending up at the one part of the system, which rarely says no: emergency inpatient admission”¹². To address this, new mechanisms have been developed geared toward spotting and reducing emergency admissions and assisting discharge such as multi-disciplined rapid response teams. Increasingly these are supported by the use of predictive tools which help to identify those at greatest risk of re-admission and then target care and support more effectively.

Telehealth and Telecare

Technology which will support and assist people to live independently in their own homes is developing at an increasing rate. The range of technologies moves beyond the typical alarm systems used in sheltered and other supported accommodation to include fall sensors, flood sensors and exit alarms. Telehealth provides remote monitoring and health alerts and is progressively being viewed as the norm in the development of care packages. In particular, the Scottish Centre for Telehealth¹³ recognises the role Telehealth plays where access to specialist health care is limited (e.g. in rural communities). The use of Telecare and Telehealth along with structural adaptations is key to enabling people with chronic conditions to remain in their own home and avoid hospital and care home admissions.

Housing Demonstrators

The Joint Improvement Team (JIT) supports closer and more effective joint working between Scottish local authorities and NHS health boards. Part of its role is to provide support and work directly with them to help achieve better outcomes through improved service delivery.

In 2008 JIT began funding housing demonstrator projects that will:

- Identify the housing aspects of a managed shift in the balance of care for older people at a locality level,
- Capture and disseminate the experiences of partners, and
- Develop practical tools to assist other local partnerships.

Three demonstrator projects, Highland, Inverclyde and West Lothian, were awarded the funding with the remit of demonstrating “innovative approaches to shifting the balance of care through housing-based solutions which include Telecare.”¹⁴ The experiences of these projects will help provide a source of information and guidance which can be used to support other local partnerships.



Personalising Care

One of the key features of the new delivery of health and care services in Scotland is to provide service users with more control over their care. Sitting alongside this is a greater level of personal responsibility for health. The ‘care pathway’¹⁵ is a tool used to plan patient care using a step by step process detailing the specific illness and the predicted health outcome for that patient. This process has been used for many years but has tended to favour the hospital care setting where it is easier to monitor and co-ordinate. The inclusion of its use into primary care or community based health delivery means it relies on bringing together clinicians and carers to provide a more integrated service.

The service user role is not limited to the development of the care pathway, and the potential expansion of Self Directed Support (SDS) will provide more service users with personal care and support budgets. In a recent study into the effectiveness of SDS both carers and clients identified it as a very positive experience.¹⁶ For the local authority, there are challenges in delivering more accessible SDS including: providing support to the person who is receiving SDS in activities such as recruitment of carers, offering appropriate training to staff to encourage the uptake of SDS and shifting the focus to flexible personalised care.



Problems are passed from one part of the system to another often ending up at the one part of the system, which rarely says no: emergency inpatient admission

¹⁰ The Scottish Government. (2005). BUILDING A HEALTH SERVICE FIT FOR THE FUTURE Volume 2: A guide for the NHS. <http://www.scotland.gov.uk/Publications/2005/05/23141500/15045>

¹¹ The Scottish Government. (2008). High Level Summary of Statistics Trend Last update:Emergency Repeat Admission to Hospital <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/TrendRep>

¹² National Health Services in Scotland. (2006). SPARRA: Scottish Patients at Risk of Readmission and Admission. http://www.isdscotland.org/isd/ser/let/FileBuffer?namedFile=SPARRA_Report.pdf&pContentDispositionType=inline

¹³ The Scottish Centre for Telehealth. <http://www.sct.scot.nhs.uk/across-scotland.html>

¹⁴ Joint Improvement Team. (2008). Housing Demonstrator. <http://www.jitscotland.org.uk/action-areas/themes/telecare/fund.html>

¹⁵ NHS National Library for Health. (2006). Care Pathways. <http://www.library.nhs.uk/HealthManagement/ViewResource.aspx?resID=29626#1>

¹⁶ The Scottish Government. (2008). A Review of self directed support in Scotland. <http://www.scotland.gov.uk/Publications/2008/05/30134050/2>



Housing context

Housing is widely recognised as an essential feature of health and wellbeing beyond simply bricks and mortar. Social housing providers provide a critical link to the wider community and are increasingly involved in issues such as providing benefits and employment advice and developing wider role activities. They deliver a variety of projects to support a range of issues, such as helping people to get training, improving health and providing help in managing finances. The diversity of housing needs and service users means that social housing providers can have a broader range of priorities and service areas than their health and care colleagues. To some extent this is reflected in the tendency of the social rented sector to focus on generic need, which can limit its ability to respond spontaneously to the changing needs of households.

The development and regeneration role held by social landlords is fundamental to the planning and creation of affordable homes and sustainable communities. A variety of financial pressures have the potential to limit the effectiveness of this role such as changes in funding, fluctuating economic climates and a drive for greater efficiencies. Whilst the need for affordable homes continues to grow, so too does the need for more costly, accessible and specialist housing that will meet changing needs. Working more closely with health and care in the planning and development of specialist housing allows the opportunity to link in with the community based hospitals and other services.

Allocations and Homelessness

The duty to provide accommodation to all homeless households by 2012 is generally recognised as a significant challenge for local authorities. The duties are likely to have the largest impact on the number of single person households who are assessed as homeless¹⁷. Whilst some will move on into a private sector tenancy, this is unlikely to have a substantial impact on the overall demand for social rented housing. Housing associations have identified that referrals from local authorities to house homeless households creates a significant pressure. In the study *Tensions between Allocations Policy and Practice*¹⁸ landlords reported feeling less able to meet the housing needs of other priority groups, such as those with health and care needs.

It is important to recognise that homeless households often fall into other categories, for example as users of health and care services. As a consequence, health and care providers can play important roles in homelessness prevention. This is relevant for young care leavers, those with addictions or others who are at an increased risk of homelessness where appropriate support and care can help them remain at home or move on in a planned way. Where homelessness is unavoidable care and support can enable a more positive outcome.



Practice example- West Lothian Council

Working jointly to address health issues during homelessness

West Lothian Council in collaboration with NHS Lothian under the West Lothian Community Health and Care Partnership have produced the *Guide to Good Health*¹⁹, an invaluable resource for those who are homeless and those who work to support them. Bob Anderson, chair of the partnership, said “the project displays the substantial progress that has been made in joint working on health and homelessness in West Lothian”. Although the resource was created by West Lothian, the information is not geographically bound in its application.

Amongst the topics addressed are abuse, ethnicity, emotional health, healthy nutrition, healthy lifestyles, local health services ranging from immunisations to oral health, and substance use. The guide provides information and links to community resources and services working in the areas of health promotion.

Choice Based Lettings (CBLs) and Common Housing Registers (CHRs) offer a more transparent and accessible route into social housing than traditional allocation systems. The CHR provides a single route of access to all social housing providers within the local authority area, which makes the process of applying for accommodation much less complicated. Neither CBLs nor CHRs remove the need to prioritise homelessness, but they do allow care and health workers to be more proactive in identifying appropriate housing. It is common amongst CBLs to advertise properties, providing a clearer view of adapted and specialist housing when it becomes available and helping to make better use of the housing stock.

Tenancy Support

The Craigforth study identified concerns in the level of care and support which tenants received. It was considered that housing staff are “dealing with situations where they lacked the necessary skills” and acting outside their particular areas of knowledge and expertise.

Concern has been raised at the removal of the ring fencing to the Supporting People (SP) budget and what the impact of a ‘rolled up’ budget will be. However, it also offers new opportunities. The removal of ring fencing to the budget also removes the constraints and bureaucracy associated with it. This new freedom will enable more locally designed tenancy support services which can offer greater flexibility with a needs based focus.

Tenancy support is recognised as a cost effective way to address many issues, such as in homelessness prevention or sustaining tenancies. The work carried out by tenancy support staff has a positive impact on health and care budgets. This complementary role suggests an opportunity for joint local lobbying to highlight the benefits of care and support and ensure that it receives an appropriate level of financial support.

¹⁷ The Scottish Government. (2008). Operation of the homeless persons legislation in Scotland: <http://www.scotland.gov.uk/Publications/2008/04/21161438/3>

¹⁸ The Scottish Government. (2007). *Tensions between Allocations Policy and Practice*. <http://www.scotland.gov.uk/Publications/2007/10/17154243/2>

¹⁹ Health & Homelessness Interest Group. (2007). *Guide to Good Health. Moving into Health: West Lothian*.

The growth of single person households was identified as a concern in the discussion paper *The Future for Social Renting in Scotland*²⁰ in recognition that support is often required. The paper also acknowledged that housing providers recognise the need to adopt a more person centred approach to older and vulnerable people, incorporating more flexible allocation and transfer policies to support the delivery of care and health services.



Highland Demonstrator Project

This project is centred on the redevelopment of a former community hospital site. The development will incorporate residential, social care and hospital services, affordable housing, flexible care packages and enhanced Telecare services. In addition the project aims to develop and test models for remote health monitoring for patients with long term conditions.



Inverclyde Demonstrator Project

Inverclyde has focussed its project on sheltered housing and is exploring the re-provisioning of some into extra care housing. In addition it is incorporating Single Shared Assessment into the allocation process of sheltered housing to assist in more effective targeting and use of the accommodation. A particular concern for Inverclyde is the closure of a hospital in 2010 which currently provides services for frail older people and adults with mental health issues.

West Lothian Demonstrator Project

West Lothian has chosen to concentrate on empowering and involving the local community. It proposes a campus development for older people, including people with dementia. It will include a new housing with care complex, an information centre, service re-design and carer support. It is particularly keen to address issues of isolation which older people can experience by implementing Telecare and Telehealth solutions.



The projected changes to the population have been referred to by some as a 'ticking time bomb'

Older People Housing

Housing options for older people offered by social housing providers tends to be mostly rented sheltered accommodation. Changes to employment legislation and uncertainties about Supporting People funding have led some providers to remove warden services, something which is seen as a great loss by many residents. This was evidenced in the *Review of Sheltered Housing in Scotland*, where concerns were raised around the space standards in sheltered accommodation as well as reductions in warden services which were largely viewed as 'unpopular'²¹.

The review also acknowledged that some sheltered and extra care housing was not attractive to older people. Less popular schemes are not always those which are older, with issues such as poor access to services affecting more modern developments.

An Opportunity for Housing

The delivery of housing services does not always fit neatly with health and social care. There are a variety of factors that limit Social housing providers ability to be flexible, however where situations require a joined up process evidence suggests innovative and collaborative solutions can be found.

The projected changes to the population have been referred to by some as a 'ticking time bomb'. A key response to this is establishing partnerships and forming relationships at both the service planning and service delivery levels.

There is a limited ability for health and care providers to deliver all that is required of them in isolation. Technological advances and the development of community based health and care services provide an opportunity for housing to both benefit from and be more closely involved with these services.

Some key questions that arise for the future of service delivery include:

- How might the housing sector work in more integrated ways to transform services so that they meet service users' future needs and requirements?
- How can the sector ensure the right connections are made across housing support, home care, home help and community services to achieve greater integration?
- How can the housing sector provide innovative and personalised solutions which are sensitive to people's needs?