

Consultation on the Integration of Adult Health & Social Care

Joint Statement from the key representative housing organisations in Scotland.



Glasgow and West of Scotland
Forum of Housing Associations

Summary

- This Statement is submitted by organisations which represent the main representative housing organisations in Scotland.
- We make a very significant contribution to national outcomes on health and well being by
 - Providing information and advice on housing options
 - Facilitating, or directly providing ‘fit for purpose’ housing that gives people choice and a suitable home environment
 - Providing low level, preventative services
 - Building capacity in local communities
 - Strategic planning.
 - We welcome the growing recognition of the contribution that housing, and the housing sector, makes to enabling people to remain independent and living at home. We do have the potential to make a much bigger contribution.
 - The proposed integration of adult health and social care brings opportunities to address long-standing “disconnects” between housing, and health and social care. We are particularly keen to improve alignment of strategic planning, to support the shift to prevention, and to review current arrangements for “interface” services”, such as housing support and homelessness.
 - We welcome the requirement for a Housing Contribution Statement (Housing Impact Assessment) to be prepared as part of next year’s joint strategic commissioning plans. We consider this to have very significant potential.
 - Given the importance of people’s home in achieving national outcomes and the contribution that is already made by the housing sector, we are unanimously of the view that the governance and management of the new health and social care

partnerships should incorporate ***formal requirements for collaboration*** with housing. We believe this would best be achieved through a non-voting position on the partnership board, and housing sector representation in the locality planning arrangements.

- We in the housing sector are ready and willing to work with government and other key stakeholders in health and adult social care to deliver improved outcomes for people in Scotland.

Introduction

1. This joint statement to the Government's consultation document, *Integration of Adult Health and Social Care*, is made by the Association of Local Authority Chief Housing Officers (ALACHO); the Chartered Institute of Housing in Scotland; the Scottish Federation of Housing Associations (SFHA); Glasgow and West of Scotland Forum of Housing Associations (GWSF); the Housing Support Enabling Unit (HSEU); and Care and Repair Scotland. Thus, this response comes from representative bodies of strategic housing authorities, social housing providers (councils, housing associations and cooperatives), the housing profession, and many third sector providers.
2. We welcome the Government's consultation document: it highlights the "disconnect" between the health and social care sectors and makes a compelling argument for change. We also welcome the mention of housing in a few places within the document, giving some recognition to one of the key challenges identified by Colin Currie where he correctly argued that there is a need to make sure that "*people have access to the right kind of care, at the right time and in the right place...*"¹ We are also happy to acknowledge, and to welcome, the increasing prominence being given at national and local level to housing-related aspects of health and social care integration and the wider programme for reshaping care in Scotland.
3. We believe however that there is still a substantial way to go, both in identifying the housing-related implications of this agenda and in putting in place appropriate interventions. In this joint statement we wish to set out the role and current contribution made by housing and housing related services to the health and wellbeing of people in Scotland, as well as reflect on the changes we would like to see made in order that housing's contribution to this important agenda might be maximised. In essence, this statement is our agenda for change.
4. We would urge that integration of health and social care budgets be regarded as just one element of what is needed to achieving better outcomes for the people of Scotland rather than an end in itself. What is required is a cultural change in the way public services relate to each other and relate to those using services. Effective leadership will be required to achieving this cultural change and housing has a role to play in providing this leadership.

Housing's contribution to improving health and social care outcomes: "There's no place like home"²:

5. The title of the Joint Improvement Team's March event is apposite: it encapsulates the central importance identified by older people and their carers about their home, wherever possible having all of their care needs met at home. 'Home' is equally important for others with health and social care needs.
6. Most older people already live all their lives at home. Amongst older people aged 65+, only around 5% live in a care home: while the proportion increases as people age, even amongst those aged 85+ well over two thirds still live at home. The majority also have no home care support organised by local authorities, but may be the beneficiaries of informal care or support, or community based services. Amongst others with health and social care needs, such as people with learning disabilities, an even higher proportion live all their lives at home.
7. The housing sector already makes a substantial contribution to supporting older people to remain independent at home in their local community, as we do in relation to others with disabilities, long term conditions and support needs. The housing sector's role

¹ *Integration of Adult Health and Social Care* para 1.3. Our emphasis.

² *There's no place like home* is the title of the JIT Improvement Network event held in March 2012 on housing and related issues

encompasses

- a. **Providing information and advice to older people** - on housing options, welfare advice, advocacy support, befriending services, and assistance in finding alternative housing.
- b. **Facilitating, or directly providing ‘fit for purpose’ housing that gives people choice and a suitable home environment** -
 - Arranging and undertaking adaptations to the home (council and RSL landlords), both on a reactive, individual basis, and as part of a new design standard at modernisation and regeneration
 - Undertaking repairs, and upgrading in social rented housing, and helping owner occupiers to fund and undertake repair schemes
 - Providing combined housing with care or support services operating on a variety of different models – from traditional sheltered and very sheltered to extra care, core and cluster models
- c. **Providing low level, preventative services** - for tenants, shared-owners, and owner occupiers – housing support, community alarms & telecare, handyperson services, stair cleaning, snow clearing, odd jobs services, garden maintenance, addressing social isolation. There is increasing evidence of the important role these services can play in supporting older people to live comfortably home for as long as they are able. Such services are generally not funded through health or social care but play a significant role in reducing calls on their (more costly) services.³
- d. **Community capacity building** – by definition, housing services are delivered at a local neighbourhood level. Many housing organisations actively promote participation of their tenants in local activities, which can be housing or non housing related. Indeed for many housing associations, particularly those which are locality-based, this is a key part of their raison d'être.

8. In addition to the above, local authorities have important strategic housing planning responsibilities, which they are expected to exercise in partnership with other housing providers and key stakeholders. The main focus of this activity is the Local Housing Strategy (LHS) which is expected to identify and analyse housing needs and demands at a local authority level. The particular needs of older people are a vital part of this planning process, which we acknowledge needs to become more sophisticated in being able to forecast housing and related requirements as people are living longer in their own homes but with increasing levels of disability. The LHS is also the focus for identifying “what works” in the provision of housing solutions for older people and for setting out investment programmes to deliver intended outcomes. The development of Housing Contribution Statements⁴ to support the preparation of Joint Strategic Commissioning Plans for Older People should increase the effectiveness of strategic housing planning for older people: we hope that in due course we will see this applied to all those with housing, health and social care needs.

9. There is a growing body of information about the importance and the diversity of the housing sector's contribution to improving outcomes for older people. *Age, Home*

³ The Preventative Services Working Group has been gathering information on the scope of the housing contribution to prevention and will be reporting later in 2012.

⁴ “Housing Contribution Statement” is the term now being given to the Housing Impact Assessment required as part of the preparation by health and social care partnerships of their Joint Strategic Commissioning Plan in 2013/14 <http://www.jitscotland.org.uk/action-areas/commissioning/>

and Community sets out the scope of the contributions that housing, and the housing sector, makes to this agenda and includes a substantial number of case examples;⁵ the JIT Improvement Network event *There's no place like home* highlighted the range of contributions, particularly at community level, made by social housing providers, sometimes in partnership with the third sector;⁶ the SFHA and GWSF mapping of connections with health and social care shows the range of ways in which housing works with health and social care;⁷ and the GWSF video, *No Place Like Home*, illustrates the positive impact that housing providers can make.⁸

10. Much of this is done by housing organisations acting on their own and as part of their core responsibilities: others are provided in collaboration with partners in the third sector, the private sector – and with health and social care. That collaboration with health and social care is needed at different “levels”

- a. **Strategic** – setting the long term priorities and desired outcomes
- b. **Individual** – “problem solving” for the individual to meet personal outcomes
- c. **Operational** – designing services which work well together and collectively deliver not only better outcomes for the individual but the strategic (long term) outcomes we hope for, and indeed which will be essential in the current economic climate to make best use of limited resources.

Further change and improvement is needed to ensure better integrated and aligned services

11. One of the main objectives of the Reshaping Care programme is that the proportion of older people living at home increases.⁹ If this outcome is achieved, there will clearly be more older people with long term conditions and complex needs living in housing rather than in care homes. We know that this means that pressure on our services will increase: we need to make sure that they deliver the outcomes that people want, and complement and support services provided by our partners in health and social care, the third sector and the private sector. We recognise that we need to change some of what we do, and how we do it, to respond to people’s priorities and aspirations, and so that we can work more effectively in partnership with partners in health and social care.

12. A substantial programme of change has been set out in *Age, Home and Community*: we are actively supporting this reshaping of the national housing framework. However, some of the issues between housing, and partners in health and social care, require us to work together to identify and put in place better arrangements. Health and social care integration, as well as the wider reshaping care programme, present a unique opportunity to address long-standing “disconnects” between housing, health and social care, that to date may have limited the contribution that the housing sector has made. We must make sure that this opportunity is grasped, and the risk of perpetuating known difficulties in the new arrangements is avoided.

13. For the housing sector, the main issues to be resolved are

⁵ *Age, Home and Community*, Scotland’s national housing strategy for older people can be found at <http://www.scotland.gov.uk/Publications/2011/12/16091323/0>

⁶ *There's no place like home* case studies can be found at <http://www.jitscotland.org.uk/action-areas/reshaping-care-for-older-people/reshaping-care-improvement-network/>

⁷ *Supporting Older People to Live at Home*, a mapping of housing associations’ current contribution http://www.sfha.co.uk/component?option.com_docman/Itemid.37/gid.2413/task.doc_download/

⁸ This video can be viewed at <http://www.gwsf.org.uk/> or on the JIT website <http://www.jitscotland.org.uk/action-areas/housing/>

⁹ *Reshaping Care for Older people: a programme of change 2011-2021* <http://www.scotland.gov.uk/Topics/Health/care/reshaping/programme>

- a. **National, guiding outcomes** must be clearer that people's homes are an integral part of achieving independent living, and health and well-being: improved outcomes will require partnership with the housing sector.
*"The current lack of a shared outcomes and performance framework (below the level of Single Outcome Agreements) encourages contributions to national outcomes being constrained to their own silos."*¹⁰
- b. **Strategic planning** connections between housing on the one hand, and health and social care on the other, must be improved in practice. We need to address and resolve the long-standing frustrations at local level in trying to achieve alignment between Local Housing Strategies and plans in health and social care, however great the potential synergies. As noted above in relation to the Housing Contribution Statement (Housing Impact Assessment) for strategic commissioning, we recognise that there is work in progress, but until these changes are in place and operationalised this will remain an issue.
- c. **Prevention** must become more focussed on supporting people in communities, not just about preventing hospital or care home admission, or preventing a delay in discharge. This is widely acknowledged, recently by Audit Scotland, which found too much emphasis on commissioning for higher level need at the expense of lower level preventative services.
*"There are indications that councils are continuing to focus resources on people who need more intensive support, tightening eligibility criteria and increasing charges. There is a risk that people who need a small amount of support are not being offered the preventative services that might help delay or avoid their needing more costly intensive support, such as being admitted to hospital or into residential care."*¹¹
- d. **Individual assessments** must consider the suitability of people's homes, as well as their care/support needs. This happens systematically in only a few areas of Scotland. If people's home is not considered, we may fail to create the right environment for people, our understanding of the types of housing issues people face is hampered, and our ability to address their housing issues on a planned basis is reduced.
- e. **Care pathways** must acknowledge the connection into housing agencies. While at national level the connection with housing has increasing recognition, collaboration at local level is still too dependent on the quality of personal relationships, rather than being an integral and systematic part of local care pathways.
- f. **Services on the 'interface'** between housing, and health and social care need to be reviewed to identify opportunities for improving connections. There are already discussions about improving consistency and practice in delivering housing adaptations for all, regardless of tenure. In addition, however, the present arrangements for delivering housing support, providing supported housing, and preventing homelessness, all currently suffer to some extent from disconnects between housing, and partners in health and social care.¹²

Health and Social Care Integration - Proposals

¹⁰ Discussion seminars held in May 2011, organised by Scottish Government and attended by health, housing and social care representatives identified this as a key barrier to effective partnership working

¹¹ Commissioning social care http://www.audit-scotland.gov.uk/docs/health/2012/nr_120301_social_care.pdf

¹² See, for example section 3.5 of *Supporting Homeless People: Implementing the housing support duty* http://scotland.shelter.org.uk/_data/assets/pdf_file/0005/426146/

14. In the light of the housing sector's role and potential contribution, we have a number of observations to make about the consultation document and the proposals as they stand for the integration of adult health and social care.

a. **Outcomes.** The document refers to the importance of outcomes: integration is not an end in itself, but must be a means of achieving better outcomes for people. The consultation document proposes that nationally agreed outcomes should be introduced that apply across adult health and social care. An annex to the consultation document provides a draft of these national outcomes.

We support the principle that national outcomes should drive the new health and social care partnerships. We do however have some concerns about the way in which these national outcomes are described in the document. The consultation document does acknowledge that better outcomes for people cannot be delivered by health and social care alone – people themselves, their carers, local communities and partners in housing, third and independent sectors must all contribute – but this does not seem to be reflected in the draft national outcomes, or the process which has developed these. Outcomes for health and social care integration (the **partnership**) appear to be treated as identical to national outcomes for **people** (and hence for **all partners**): some draft outcomes reference only health and social care partnerships (eg *draft outcome 6*), and others having a much wider relevance (eg *draft outcome 2*). Further, ‘place’ is not referred to in the outcomes even though, as noted above, “*making sure that people have access to the right kind of care, at the right time and in the right place*” is a key focus of the overall agenda as set out in the consultation document.

b. **Governance arrangements.** The consultation document sets out the proposed governance arrangements for the new health and social care partnerships, with the establishment of a Committee to ensure the “efficient, effective and accountable governance” of the Partnerships. The Committee will comprise both voting and non-voting members. The non-voting members are defined as the “professional and service user perspective on the pathway of care”.

Given the acknowledged importance of people’s home in achieving national outcomes and the contribution that is already made by the housing sector, we are firmly and unanimously of the view that there should be local authority housing representation, reflecting their statutory responsibilities for strategic housing planning, on this Committee as one of the non-voting members. There has been a significant growth in interest and understanding amongst health and social care partners of the key part played by housing, and we are confident that this proposal would be welcomed by them.

We acknowledge the intention behind the statement that “*Where money comes from – health or social care, or, indeed, housing – will no longer be of consequence to the patient or service user.*” This implies that elements of housing funding could potentially form part of the new integrated budget. Housing finance is complex, reflecting different tenure arrangements and different geographies and cannot be explained adequately in this response. We would therefore wish to discuss this further, particularly given the wider range of sources in housing budgets compared to health or social care, and hence the more complex accountability.

c. **Strategic planning.** The consultation document emphasises the key role of the Joint Commissioning Strategy in setting out the new Partnership's plans and associated investment of the new integrated budget. We have noted above that lack of alignment between the Local Housing Strategy and plans prepared in health and social care has been a key barrier to effective collaboration to date. We have also welcomed the recently introduced requirement for a Housing Contribution Statement (Housing Impact Assessment) to be prepared, which we believe has the potential to lever change on this long-standing issue.

Health and social care integration will bring changes, and hopefully resolution to many of the current difficulties. There are risks, however, that in the pressures associated with the programme of change, some of what tend to be considered as less central issues (such as alignment with the Local Housing Strategy) might lose prominence and momentum. That would be a major missed opportunity: this issue cannot wait if we are to realise the opportunities available through the housing sector.

d. **Locality planning.** We note and support the intention set out in the consultation document of achieving more local decision-making "*at a layer of organisation that lies between the Health and Social Care Partnership governance Committee and individual practitioners*". We understand that this may include strategic commissioning responsibilities and devolved budgets. We also recognise that proposals are at relatively early stage and that consultations are taking place about the most appropriate arrangements.

In the context of the current proposals, ***we consider it essential that the housing sector is represented in the locality planning arrangements.***

This would have the potential of addressing the current difficulties in relation to the "scope" of care pathways, individual needs assessments and planning and commissioning, as well as provide a means through which the potential contribution of the housing sector could be realised. Housing organisations by definition operate in specific communities - rural and urban. They have close connections into some of the most deprived and vulnerable communities in Scotland, and can assist at the locality or neighbourhood level in providing housing and community solutions.

15. The thrust of our comments concern the need for the governance and management of the new health and social care partnerships to incorporate ***formal requirements for collaboration*** with housing. We are not dogmatic about how this might best be achieved, and recognise that the proposals are still at an early stage. We also appreciate that the need for this collaboration is broadly acknowledged. We do believe however that the current proposals as they stand will not deliver a framework in which the contribution of housing and the housing sector to improving health and social care outcomes for older people can best be maximised. We in the housing sector are ready and willing to work with government and other key stakeholders in health and adult social care to deliver our shared aims.

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