

Place, Home & Housing

Scoping Report

November 2017



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Executive Summary

Healthcare Improvement Scotland (HiS) commissioned this report to understand the key areas of focus for its Place, Home and Housing Portfolio. This follows the inclusion of Housing as part of the Improvement Hub (iHub) and embedding it within its growing and diverse range of Improvement Portfolios. The report will examine the key strategic drivers, findings following stakeholder consultation, design principles and therefore outline the key areas of focus for the Place, Home and Housing Portfolio to inform its delivery.

It is clear that the Integration of Health and Social Care has allowed for greater collaboration and joint working to improve the outcomes for Scotlands Population, Healthcare Improvement Scotland are uniquely placed to engage with a range of key health and social care partners to understand key areas of improvement, prototype solutions and disseminate learning across the sectors.

Outlining the focus of the Portfolio is key in order to ensure its legitimacy as a driver of change and Quality Improvement. The stakeholder consultation identified a range of key areas that the portfolio should focus on and these are identified as;

- Collating and showcasing practice and improvements should be a focus across the programme;
- Assisting housing organisations to communicate the preventative impact of home and housing services;
- iHub to 'strengthen' role and clarity of offer through Place, Home and Housing Portfolio to Health and Social Care Partnerships and local housing sector;
- Housing/home to become an integral component of scoping when designing improvement projects
- Greater connection of housing into population data modelling scenarios (GP clusters population needs assessment).

These identified areas of focus have contributed to the following design principles and are therefore the basis of the Portfolio in identifying deliverables and outputs across the commencing year. There are five areas that the portfolio will focus and the report will examine these in more detail and the opportunities within.

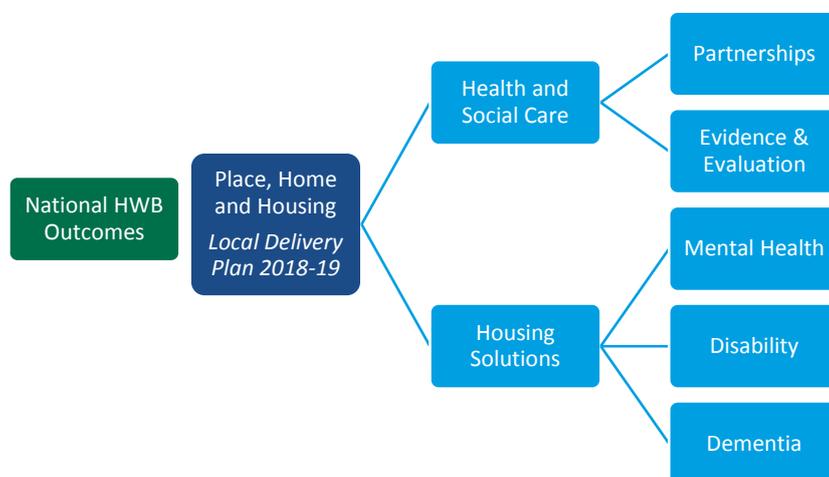


Figure 1 – Mid-Year Population Estimates, Scotland 2016: Key Findings, National Records of Scotland

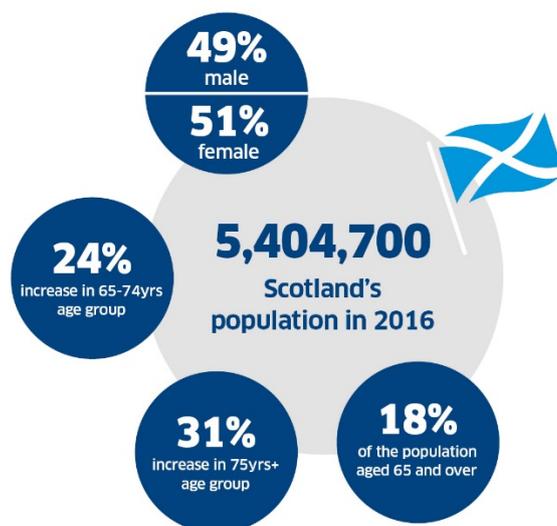


Table 1 – Some Key Housing & Wellbeing Data from the Scottish Household Survey – Scotland's People: Annual Report 2016, Scottish Government, September 2017

Tenure	Owner-occupier		Private Rent		Social Rent		All	
	Y	N	Y	N	Y	N	Y	N
Overall proportionate sector size (%)	61%		15%		23%		100%	
Household has someone with long-term physical/mental health/illness (%)	Y	N	Y	N	Y	N	Y	N
	35%	65%	25%	75%	60%	40%	39%	61%
Can't get upstairs in house(%)	8%		7%		5%		6%	
Bath/shower difficult to access (%)	4%		2%		6%		4%	
Restricted movement/can' get around due to home design (%)	1%		3%		2%		2%	
Toilet difficult to access/use (%)	1%		1%		2%		1%	
Whether home requires adaptations (%)	Y	N	Y	N	Y	N	Y	N
	9%	90%	9%	91%	16%	83%	12%	87%
64% of Scottish households live in a house or bungalow with 35% in flat/maisonette/apartment								
72% of owned-outright properties (est. 780,000) had a highest-income householder aged 60yrs or over								
52% of Local Authority and 62% of Housing Association properties were flats								
In 2016 30% of adults reported a long-term physical or mental health condition compared to 27% in 2012								
13% of adults in social rented properties were permanently sick or disabled								
Of all households registered on a housing list 4% required a move because they needed adaptations								
Of all households registered on a housing list 8% required a move because they needed ground floor access								

1. Introduction

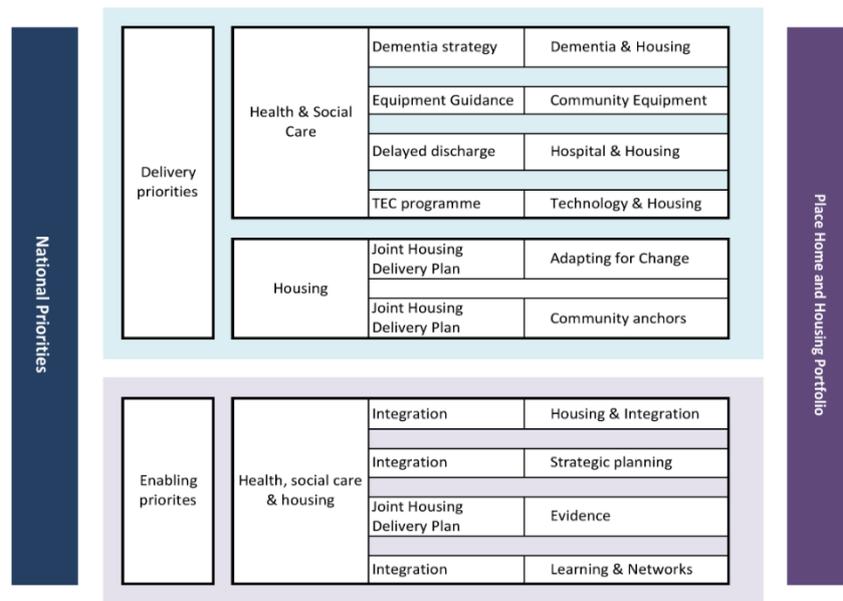
Background & Project Aims

- 1.1. The Scottish Government's vision is that by 2020 everyone is able to live longer, healthier lives at home or in a homely setting. Healthcare Improvement Scotland (HIS) has recently published its strategy for supporting better care in Scotland over the next five years¹. The overall aim is for better quality health and social care for everyone in Scotland, supporting the wider Scottish Government vision. As part of HIS, the Improvement Hub (ihub) has a major role in driving forward system improvements in health and social care provision that contribute to this strategy.
- 1.2. The ihub's Delivery Plan (2017-2020)² contains a number of national improvement programmes including Place, Home & Housing (PHH). To achieve the overall vision and aims associated with improving health and wellbeing the contribution of the home and housing sector in Scotland is pivotal. At the same time, the organisational context of health and social care integration (and to some extent housing services) coupled with the complexities of the current system, present challenges in designing the appropriate type and level of improvement support with a housing dimension. In recent years the PHH portfolio of projects has evolved in response to various policy or system drivers. These have included national strategies for housing (i.e. older people), government guidance (i.e. adaptations, strategic planning, integration) or specific system issues (i.e. delayed discharge). Another aspect of the programme has been support for knowledge development of the contribution of housing to health and wellbeing.
- 1.3. The current PHH portfolio (Figure 1) reflects this operating context. These have focused on improvement activities that differ to some extent in terms of their strategic and operational focus. For example improvements in the delivery processes for adaptations, technology enabled care or highlighting the role of housing associations in improving health and well-being in local communities. Strategic support activities have placed the emphasis on the housing sector as an integral component of the planning arrangements for health and social care, aided by the development of Housing Contribution Statements.

¹ **Making Care Better** - *Quality Health and Social Care for Everyone in Scotland: A strategy for supporting better care in Scotland 2017–2022*, HIS, August 2017

² *ihub Delivery Plan*, HIS, June 2017

Figure 2 – Healthcare Improvement Scotland – Key drivers for the Place, Home & Housing Portfolio



In recognition of the changing context at both national and local level, particularly through health and social care integration, the ihub commissioned a redesign of the current Place, Home and Housing (PHH) Portfolio. The PHH portfolio is the main national improvement programme connecting housing with the wider health and social care improvement agenda. The detailed methodology for the project involved:

- A review of key housing, health and social care documents identifying current policy driver drivers and the overall national strategic context (i.e. strategies, plans);
- An extensive consultation programme with national stakeholders to obtain views on the current PHH portfolio and future priorities ;
- ‘Testing the priorities’ with key stakeholders – primarily the Housing Partnership for Health and Wellbeing (HPHW) and iHub programme leads

1.4. Overall, it was envisaged that the final output would be a set of priorities and relevant key improvement activities within this. Suggested priorities are brought together in this Project Scoping Paper to help inform the future Place, Home and Housing portfolio.

Making Connections: Place, Home & Housing in an Improvement Context

1.5. Within the i-hub PHH needs to connect with other programmes under ‘Care Delivery’ including Living Well in Communities (LWiC), Primary Care, Mental Health, Acute Care and Focus on Dementia (FoD). Similarly, for ‘system enablers’ strategic planning and outcomes-based commissioning would have a strong housing stakeholder interest as well as evidence, evaluation and knowledge exchange. It is

anticipated that the future programme will have to make stronger connections across portfolios or programmes. Connectivity generally is an issue that has been examined further as part of this project. Additionally a focus on the external 'housing' stakeholder environment should increase understanding of other programmes, approaches to improvement and priorities in a changing landscape.

1.6. Figure 3 outlines the stakeholder environment in relation to improvement services focused on the home and the housing sector. These organisations have different roles and priorities but share a focus on improving services within housing. The framework of wider services also offers the opportunity for wider collaboration on improvement activities.

Figure 3 – ihub Place, Home & Housing Programme & Housing 'Improvement Stakeholders'



1.7. The consultation undertaken as part of this project has assisted in increasing knowledge and awareness of ihub activities among stakeholders as well as providing a greater understanding of the wider context that the PHH programme is working in. The following and main section of this report analyses the outputs of the consultation responses. This is preceded by discussion of the review of strategic documents and the relationship with existing PHH priorities. The analysis is then brought together in a framework that highlights 'strategic gaps', identifies potential future priorities and where appropriate associated activities.

2. PHH Programme ‘Influencers’

Strategic Context

2.1. The overriding strategic drivers for improving health and wellbeing are the nine national outcomes enshrined in the Public Bodies (Joint Working) (Scotland) Act 2014. The development of the PHH programme operates in the context of these outcomes.

Figure 4 – National Health and Wellbeing Outcomes

1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
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.
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5	Health and social care services contribute to reducing health inequalities.
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.
7	People who use health and social care services are safe from harm.
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.
9	Resources are used effectively and efficiently in the provision of health and social care services.

2.2. The strategic context for the delivery of the PHH programme is influenced by both national and local housing, health/social care outcomes and objectives. The scope of this project is not to undertake a comprehensive review of all the strategic drivers but has identified strategies or plans with key messages for the PHH programme. A summary of the key strategies reviewed can be found in appendix 1. Seven key strategic drivers have been identified that need to be taken into account by PHH going forward – these are outlined below:

- Strategic Planning
- Housing Options (within the context of older adults)

- Dementia
- Mental Health
- Disability
- Public Health
- Homelessness

2.3. **Strategic Planning** – The development and improvement of joint strategic and service planning approaches is a cross-cutting theme that appears in most of the national strategies or plans. For example the Joint Housing Delivery Plan (JHDP) 2015-2020 cites priorities around working to improve communication between housing and the new national integration bodies at strategic level as well improving the joint evidence base between housing, health and social care. Common priorities appear to be:

- The development of joint evidence and analytical capacity in measuring and planning to meet existing and future health, housing and social care needs;
- Further work to develop the housing input to strategic and service planning partnerships in the new integration environment;
- Workforce development, for example increasing common training/working opportunities between professions and shared understandings of respective roles and objectives.

2.4. **Housing Options**³ - Housing options services has been an approach adopted within the housing sector in recent years particularly in the prevention of homelessness and this is reflected in the Joint Housing Delivery Plan. Broadly these services aim to offer advice and solutions to housing needs at local level. National strategies also reflect a wider view of these services referencing older people and their options for independent living. Other evidence from the document review expands the housing options theme out to the private rented sector. For example, a recent Public Health Report⁴ cites the need for public health teams to develop awareness of private rented sector and engagement. Supporting the development of new models of care is contained within the Health and Social Care Delivery Plan signalling a shift in policy thinking and where the development of new housing models and services have a role to play. Digital and technology developments feature strongly as a priority across strategies to enable independent living and provide care/support in community-based settings.

³ In 2010 five Local Authority led regional Housing Options “hubs” were established supported by the Scottish Government. All 32 LAs are members of a hub. The primary focus was on developing locally tailored housing options services that contribute to the prevention of homelessness where staff assist households to consider the range of options available to address their housing needs such as mediation, securing a private rented tenancy etc. More detail on the approach can be found in the Scottish Government’s Housing Options Guidance (March 2016) - <http://www.gov.scot/Publications/2016/03/6556/3>

⁴ *Foundations for well-being: Reconnecting Public Health & Housing – A practical guide to improving health and reducing inequalities*, SPHN, January 2017

2.5. **Dementia** - Early diagnosis and earlier support are objectives within Scotland's Dementia Strategy 2017-2020⁵ emphasizing the importance of day to day living environments for those with dementia and their carers. Housing support and interventions are referenced specifically within the strategy such as aids and adaptations and testing models on specialist dementia housing. A recent research report published by the Chartered Institute of Housing (Scotland)⁶ highlights the role of housing organisations and professionals in dementia pathways and gives some indication housing-related areas where improvement support activities may be required. The main identified aspects of housing's role are:

- Assisting and supporting early diagnosis;
- Early assessment of the suitability of someone's home;
- Enabling a person affected by dementia to remain at or return home quickly;
- Ensuring holistic consideration of assistance and support as dementia progresses.

2.6. **Mental Health** – Scotland's Mental Health Strategy 2017-2027 focuses on awareness, prevention, early intervention and access to services. In the strategy there is reference to evidence supporting the link between poor mental health and people experiencing housing problems or homelessness. In terms of prevention the strategy quotes opportunities to develop joined-up policy and service provision between Integration Authorities and Local Authorities. Mental health care and support is also a main priority within the Health & Social Care Delivery Plan and 'social isolation' features in the refresh of the older people's housing strategy.

2.7. **Disability** – The accessibility and suitability of homes along with their environs are major factors influencing the quality of life for people across the disability spectrum. The provision of homes and services to enable independent living are fundamental to good outcomes. Adaptations and the use of technology feature strongly in the national strategic context through the Joint Housing Delivery Plan or more recent National Disability Delivery Plan 2017.

2.8. **Public Health** - Improving house conditions and associated environments are viewed as pivotal in improving the overall health of the population. A report by the Scottish Public Health Network⁷ re-emphasises the connections between public health and housing. There are common strands identified with the improvement programme such as the development of joint evidence and analysis, improvements in communication and awareness across the professional domains as well as

⁵ The strategy estimates that there are currently 90,000 people in Scotland with dementia and by 2020 the annual number of new cases diagnosed will be 20,000

⁶ *Dementia Pathways: Housing's Role – Key Research Findings*, CIH Scotland, 2016

⁷ *Foundations for well-being: Reconnecting Public Health & Housing – A practical guide to improving health and reducing inequalities*, SPHN, January 2017

representation within strategic processes. Other dimensions such as joint training/professional development, collaboration on more local service or project initiatives or joint engagement with the private rented sector add to this.

2.9. **Homelessness** – Preventing and reducing homelessness is a key priority within both the national and local strategic planning environment in housing. This has been the case for a number of years but has been re-invigorated by a renewed focus on rough sleeping and homelessness. The Homelessness and Rough Sleeping Action Group (HRSAG) has been established by the Scottish Government and key partner agencies to take forward a number of recommendations under 4 broad headings:

- ways to minimise rough sleeping during the winter of 2017
- how to eradicate rough sleeping, as Scotlands most visible form of homelessness, for good
- ways to transform temporary accommodation
- how to bring about an end to homelessness in Scotland

Recommendations of the HRSAG, published November 2017, include;

- improving access to accommodation by creating capacity in temporary accommodation
- develop centralised ‘by name’ model of service delivery to boost outreach capacity via multi-agency partnership working
- maximise and expand use of Nightstop
- explore expansion of ‘Housing First’ model
- ensure during periods of extreme weather, flexible solutions are available

2.10. Overall the strategic document review has identified seven key strategic and policy drivers that are influential in the context of the future PHH programme. The detailed aspects of improvement work also need to be informed by existing priorities and the views of specific stakeholders at both national and local level. In particular consideration of the improvement priorities at local level is important and the role of the housing sector in this. The other main component of this project sought to collect and collate the views of stakeholders in relation to the existing and future priorities of the PHH programme.

Stakeholder Views

2.11. The strategy review was supplemented by a stakeholder consultation programme (see Annex 3 for full list of consultees) obtaining views on priorities in the context of the current PHH programme. A number of meetings and telephone interviews were undertaken as part of the stakeholder consultation. A spectrum of organisations including Local Authorities, housing associations, NHS, Scottish Government and third sector organisations were represented in the consultation.

Discussions were informed by a topic guide mainly relating to the current PHH programme and future priorities. In terms of the broad themes a degree of commonality emerged among stakeholders and also reflected to some extent those common 'strategic themes' emerging from the Document Review. Broadly these were:

- Strategic Planning
- Engagement/Joint Working
- Evaluation/Contribution Analysis
- Housing Options
- Professional/Workforce
- Dementia
- Mental Health
- Homelessness
- Wider Policy Impacts

2.12. **Strategic Planning** - Support for the broad theme of improving the housing dimension to strategic planning in health and social care was widespread. Specific aspects of this included:

- Support for resourcing improvements to develop partnerships with health and social care at local and national level;
- Development of the housing dimension to joint strategic commissioning, for example older people or mental health through defining problems collectively;
- Developing the joint analytical capacity between housing and health & social care to improve the evidence base for strategic and service planning;
- Understanding and developing the knowledge of the housing need dimension to specific health 'populations' or issues such as High Resource Individuals and delayed discharge;
- Developing a more refined understanding of the link between health outcomes and housing circumstances.

2.13. **Engagement/Joint Working** - Stakeholders quoted communication and engagement at two broad levels – organisational and customers/citizens. There was a strong message about the ihub improving its overall profile among the housing sector and links with other housing improvement services or networks. Other examples of potential improvements were:

- Collating and showcasing practice and improvements should be a focus across the programme;
- Assisting housing organisations to communicate the preventative role of home and housing services;

- ihub to ‘strengthen’ role and clarity of offer through PHH to HSCPs and local housing sector;
- Housing/home to become an integral component of scoping when designing improvement projects
- Greater connection of housing into population data modelling scenarios (GP clusters population needs assessment).

2.14. **Evaluation/Contribution Analysis** - A widespread view is that the housing sector had to increase the focus on demonstrating the impact of housing on health and wellbeing. For individual organisations’ the resource and expertise to do this can be limited and the ihub should develop support around this including knowledge of what works, measures of success and demonstrating value for money. A specific priority identified at this stage was improving capacity within the sector to evaluate and understand new models of affordable housing and those with care.

2.15. **Housing Options** - Developing and improving housing options in the context of improving health and wellbeing is viewed as a priority for stakeholders. Discussions over housing options tended to focus on whether it should be defined by options (activities) for all groups or on specific needs such as older people or homelessness. However, it is important to note that some stakeholders highlighted a perceived ‘imbalance’ of focus in the programme with health and wellbeing issues in the private rented and home ownership sectors less prominent when compared to social housing. Activities cited within this overall approach include:

- Adaptations (Adapting for Change, Governance, systems analysis, forthcoming Scottish Government Guidance);
- Technology/digital;
- Housing support;
- The supply of new build accessible and affordable homes;
- Contribution to alleviating delayed discharge;
- Anticipatory Care Planning;
- Community equipment (i.e. integrated teams, stores).

2.16. **Professional/Workforce** - while this was cited by several stakeholders there are a range of views on what this means in practice both in terms of operational service improvement and strategy/service planning and leadership roles. For example, for some the focus was on creating stronger leadership connections nationally and locally between housing, health and social care. At a more operational level it was about fostering links and joint working on issues such as social isolation or between housing services and community-based health services i.e. GPs. For one or two stakeholders, the wider housing system and supply issue was also highlighted in the context of recruiting labour in the care/support sectors.

- 2.17. **Dementia** – A priority for stakeholders in developing improvements in care and support within the community and the housing and home aspects to this. Housing is viewed as pivotal and suggested activities for the PHH programme included improving connections with ihub ‘dementia focus’ programme and taking forward recommendations of the CIH dementia pathways work. The ihub has an opportunity through PHH to take on stronger lead role for housing sector in this. From a housing perspective, the design focus of dementia had to move beyond standards for new build housing and consider how to incorporate into other activities such as adaptations guidance or existing housing stock improvement programmes by social landlords.
- 2.18. **Mental Health** - Stakeholders identified mental health as a priority that should be reflected in the ihub PHH programme and where housing has a potentially significant influence including social isolation, complex needs planning and housing input into the wider planning and redesign of mental health services. There was also a view that a more specific focus on prevention in relation to chronic health conditions and the housing role in this should be examined.
- 2.19. **Homelessness** - cited by some stakeholders’ in the context of activities such as the housing support contribution to preventing homelessness or a need to support stronger input into homelessness partnerships through strategic planning activities. The link between homelessness and health inequalities is also at the forefront of current agendas and one stakeholder emphasised the importance of increasing health practitioners’ knowledge of homelessness.
- 2.20. **Wider Policy Impacts** - Welfare reform and its impact on social housing tenants and other customers is a concern for many housing organisations. Less prominent but nevertheless a concern for some housing associations in the regulatory context is the balance between housing activities in health and wellbeing and resources used for these (i.e. rental income).
- 2.21. Finally stakeholders were also keen to discuss the ‘way we work’ through the PHH programme in the i-hub and their perceptions of this. This provided additional insight and views to consider in designing the future programme including:
- What is the vision of ihub and specifically that of the PHH programme? What does the Place element of the programme represent?;
 - Improve internal working across ihub programmes i.e. mental health pathways, strategic commissioning;
 - Improve collection, collation and sharing of practice and how to access information;
 - PHH resource to assist in ‘what buttons to press’ with H&SC;
 - Support for the evaluation of the housing contribution and local or regional resource support from ihub – how to access improvement support?

- Linkages and joint work with other housing improvement stakeholders? i.e. on homelessness, housing support contribution to health/wellbeing;
- Consider the i-hub PHH programme having the lead connector role for housing improvement activities with health and social care;
- One suggestion for a meeting or event with key improvement leaders/stakeholders once programme is scoped and shaped to identify specific joint working opportunities.

2.22. In summary the main themes identified by stakeholders reflect some of those highlighted through the document review – such as strategic planning, housing options, mental health, homelessness and dementia. However, views on detailed priorities or areas of focus for the PHH programme have also come to the fore. For example on the specific priorities within the strategic planning theme such as developing partnerships at local level or improving the housing evidence and contribution to health and well-being. Better connections with other ihub programme priorities such as mental health are also prominent as well as supporting the ‘showcasing’ of practice on joint working and improving health and well-being from a housing perspective.

3. Developing Priorities for Place, Home & Housing

3.1. The strategic document review has uncovered a changing environment in terms of the strategy and policy drivers. Indeed some of these are still emerging or going through periods of review. This may also be one of the influencing factors in the disconnect between some of the national strategic drivers. The main challenge for the future PHH programme will be defining any new priorities within the current activities and responding to the dynamic strategic, policy and operational environment in housing, health and social care. The balance of enabling and delivery priorities remains relevant and important to get right in terms of system impacts. Specifically in relation to improvements in local planning and delivery systems. The document review started to identify some potential gaps in terms of the content and scope of the programme. Some of this may be where activities may need to be re-aligned or adjusted or where additional activity and resource is required. The stakeholder consultation re-iterated this to a great extent but also emphasised improving communication, developing knowledge and relationships across the sector.

3.2. The current approach to the ihub housing programme has evolved in recent years. It has grown to encapsulate emerging priorities for improvement support where a housing input was required such as responses to delayed discharge or the development of Housing Contribution Statements as part of the Health & Social Care Strategic Plan. In order to move towards developing future PHH priorities reflecting more closely the existing strategic context a three-stage approach has been adopted. The first stage has been to undertake a 'gap style' analysis comparing the current PHH programme with the the key themes identified. The second stage has been to refine the relatively wide range of 'strategic' themes and identify a set of key strategic drivers for the future programme. The third stage has been to develop some design principles along with an activity matrix for the future programme. The 'gap' analysis in Table 2 is based on:

- Identifying the strategic 'theme'
- Highlighting where it was identified as a priority by stakeholders
- Is it within the current PHH programme?
- Should it be a future focus of the programme?
- Provide some background comments on this

3.3. It is important to note that the analysis at this stage is not considering how this should be addressed in detail but is an initial stage in identifying broad priorities and the 'fit' of the PHH programme. There are four priorities that don't explicitly appear in the current programme – workforce development, mental health, 'new models' of care and homelessness.

Table 2 –Current Place, Home Housing activity: Gap Analysis

Strategic theme	Stakeholder Priority	Existing PHH focus	Future PHH Focus	Comment
Strategic Planning	Y	Y	Y	Existing programme priority and should continue as strong support from stakeholders to build on and develop. Need to improve internal ihub links with strategic commissioning and relevant improvement activities.
National strategic communication	Y	Y	Y	Developing partnerships both national and local features in strategic documents. Strong support from stakeholders to support, develop and expand activities.
Digital/technology	Y	Y	Y	Generally covered through TeC and link to others. Still key policy driver and cited by a number of stakeholders as an important area going forward
Adaptations (disability)	Y	Y	Y	Prominent across housing strategic documentation and for stakeholders. Adapting for Change Evaluation and Scottish Government policy future drivers will need to be taken into account
Community Equipment (disability)	Y	Y	Y	Not referenced widely in strategic documentation and by 'housing' stakeholders so low 'visibility' issue in terms of contribution to independent living.
Dementia	Y	Partial	Y	Need to establish clear links with ihub Focus on Dementia Portfolio and Chartered Institute of Housing
Joint evidence/analysis	Y	Partial	Y	Strong view from stakeholders that this is a priority area. Need to develop more focused role in PHH programme
Housing Options and Services for Older People	Y	Partial	Y	Wide focus of this across the housing sector and associated strategies reflect this learning from the delivery of Housing Options Hubs – primarily for homeless groups. Reinforced by stakeholders, citing private rented and home ownership sectors specifically. Future PHH programme needs to review links, activity and set direction of role in this.
Public health	Y	Partial	Y	Mental health and physical disability issues along with access to health services are areas which need to be considered further.
Workforce development	Y	N	Y	Not in current PHH programme as links to other portfolios and CIH work but requires clearer focus on role. However current community equipment & adaptations along with focus on Occupational Therapy. Future focus for ihub needs to be determined
Mental Health	Y	N	Y	Partial coverage but limited i.e. complex needs work. Clearer linkage with other ihub programmes required as well as explicit linkage of PHH activities under mental health banner. For example complex needs, social isolation projects.
'New Models of Care'	Y	N	Y	Essentially little activity in current PHH programme but key strategic driver in H&SC Delivery Plan. Stronger link with other ihub programmes on this required in conjunction with housing sector delivering new 'housing with care' or support models.
Homelessness	Y	N	Y	This is a clear priority for stakeholders and national housing priority. Stronger links with stakeholders to determine role of ihub to support the improvement of services.

3.4. Design Principles

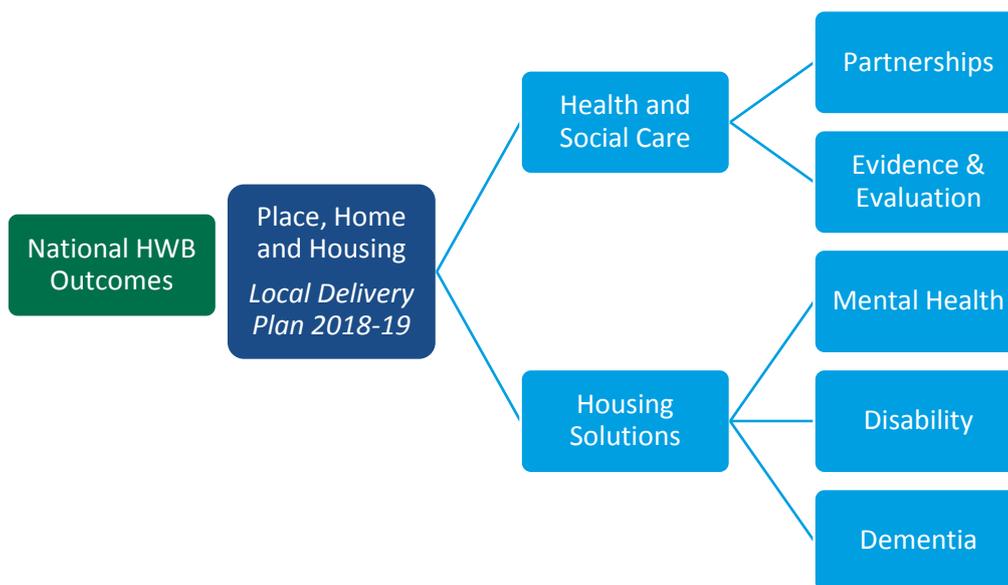
3.5. The strategic review and stakeholder consultation have informed the development of the following design principles for the future PHH programme.:

- Focus on areas that will bring measurable improvements to personal experience and outcomes as well as greater efficiency in service delivery;
- Supporting improvement activities that fit with the national health and well-being outcomes and have clear strategic policy drivers;
- Ensuring that PHH improvement activities contribute to overall outcome of more people being cared for at home rather than in hospital;
- Consider PHH improvement activities in the context of the wider i-hub and other improvement programmes (health, social care and housing) and connect to maximise impact and add value to existing programmes;
- Understand the local housing context and organisational complexities in selection of activities.
- The development of housing options was viewed by many stakeholders as a the main 'delivery' driver through which activities should be reflected. For the purposes of reflecting the range of what can be achieved by Healthcare Improvement Scotland this is articulated as 'Housing Solutions' to allow work around mental health, dementia and the disability to sit beneath this rather to manage our use of 'Housing Options'. Similarly continuous improvement in strategic planning with a specific focus on developing partnerships with health and social care, joint analytical capability and workforce development and planning were also prominent. In addition to the broad strategic drivers of the programme it has been possible to identify more specific activities that would 'fit' under each theme. These have mainly been informed by reviewing the current activities within the programme and existing commitments as well as incorporating the views of stakeholders on what the more specific priorities should be. They essentially form a list of activities that may require further refinement and prioritisation.

3.6. In line with these design principles (and incorporating views from stakeholders) the key strategic drivers have been refined and presented at figure 8. Essentially these are:

- The national health and well-being outcomes at an overarching level;
- Two inter-connected major strategic themes with associated specific drivers - 'Strategic Planning' (partnerships, evidence & analysis, workforce) and 'Housing Solutions' (mental health, dementia, disability).

Figure 5 – Drivers for Place, Home & Housing Programme



Priorities for Place Home and Housing

3.7. Tables 4 (housing solutions) & 5 (strategic planning) overleaf sets out a proposed approach to the configuration and presentation of a programme of activities under the umbrella of individual strategic themes. The activity matrix also allows a simple separation of the activity route for the ihub – internal support, external support, knowledge capture and development, as well as knowledge sharing. The future programme and resource will also have to include an element of flexibility in relation to any ‘tailored and responsive’ support requirements. It is also important to note that the priorities and activities have not been subject to a ‘resource test’ as this was not part of the overall aim of the project at this stage. The activities will need to be considered in this context.

3.8. In addition it is anticipated that going forward all activities or projects in the programme are subject to an analytical framework that measures the contribution to system change and improvement. More specific objectives or outcomes should be developed for activities to assist measurement of the overall contribution. Local system improvements and service re-design are at the heart of this. Further and ongoing work with HSCPs and their colleagues in the local housing sector will also be important to identify specific improvement support opportunities.

Table 3 – Place Home Housing Portfolio – Housing Solutions

Housing Solutions Activity Matrix			
<i>National Health & Wellbeing 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</i>			
<i>National Health & Wellbeing Outcome 5: Health and social care services contribute to reducing health inequalities</i>			
	Mental Health	Disability	Dementia
	<i>Activities</i>	<i>Activities</i>	<i>Activities</i>
Internal Programme Support	<ul style="list-style-type: none"> • Exploratory meeting with relevant Portfolio Leads to share knowledge and identify opportunities for collaboration and joint working • incorporate housing support element into existing mental health pathways and evaluation work 	<ul style="list-style-type: none"> • Exploratory meeting with ihub Portfolio and Programme Lead/s to share knowledge and identify opportunities for collaboration and joint working • Disseminate learning from 'Complex Needs' work • Engage in the 'Tech-Enabled Care' workstream 	<ul style="list-style-type: none"> • Exploratory meeting with Focus on Dementia, Anticipatory Care Planning Portfolio Leads to share knowledge and identify opportunities for collaboration and joint working. • Identify evaluated housing models with 'extra care' and disseminate learning across networks • Understand training aimed at housing providers
External Health & Social Care Partnership Support	<ul style="list-style-type: none"> • Raise awareness on mental health and housing needs across sectors and professions eg GPs • Explore opportunities for joint training on mental health and housing needs between housing and health/social care • Share outcomes and learning from the complex needs project with Scottish Government, NHS and HSCP • Identify National Housing Support providers who focus on tenants/occupiers with mental health challenges • Support HSCPs & housing organisations, to disseminate learning around addressing social isolation and 	<ul style="list-style-type: none"> • Explore with Key Stakeholders & Scottish Government requirement for further ihub support around adaptations services following from Adapting for Change. • Carry out a review of future support need for H&SCP in relation to adaptations and community equipment provision 	<ul style="list-style-type: none"> • Meet with Chartered Institute of Housing (CIH) to explore opportunities for joint working to promote Dementia Practise Guidance within HSCPs • Contribute towards the 'Social Isolation' consultation as part of Scottish Government workstream

	<p>loneliness in their role as Community Anchors.</p> <ul style="list-style-type: none"> • Test mental health support options within housing options services • Establish ihub contribution to Scottish Government Joint Housing Delivery Plan Sub-Groups 		
Knowledge capture, development & sharing	<ul style="list-style-type: none"> • Build Communications Plan to include – multi-channel routes for engagement and dissemination of all good practise • Share ‘local delivery plan’ for PHH across networks for sense checking • Develop Housing alignment with Focus on Dementia, Mental Health and Strategic Commissioning as part of ihub activities • Capture learning from Adapting for Change, evaluation of Complex Needs and Housing with Care models and ensure accessible online via PHH webpages. 		

Table 4- Place Home Housing Portfolio, Strategic Planning

Strategic Planning Activity Matrix		
<i>National Health & Wellbeing 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</i>		
<i>National Health & Wellbeing Outcome 5: Health and social care services contribute to reducing health inequalities</i>		
	Health and Social Care	Evidence & Analysis
	<i>Activities</i>	<i>Activities</i>
Internal Programme Support	<ul style="list-style-type: none"> • Meet with Unit Head for Strategic Commissioning to explore joint opportunities to understand engagement in strategic commissioning of Housing services within HSCP 	<ul style="list-style-type: none"> • Identify opportunities for evaluation support to the Place, Home & Housing Portfolio. • Ensure evidence of housing contribution to health and well being is known and shared across HIS to inform design and delivery of ihub and HIS activities • Support for housing input to cross-sector leadership connections
External Health & Social Care Partnership Support	<ul style="list-style-type: none"> • Support IJBS to further develop Housing element of Strategic Plans (i.e. Housing Contribution Statements) • Support housing contribution to joint commissioning activities 	<ul style="list-style-type: none"> • Explore opportunities for Health, Social Care and Housing data to inform local housing strategy. • Support housing sector ‘leaders’ to raise awareness of housing contribution with IJBS & HSCPs

	<ul style="list-style-type: none"> • Work with HSCP to identify priority areas for ihub support in developing new housing models/provision of community based care services • Reframe Housing Partners for Health and Wellbeing as 'Expert Advisory Group' for PHH portfolio • Map and engage in 'Housing' forums to raise profile of ihub and ensure connection to sector • Map engagement with NHS Health Scotland and their emerging 'Health and Housing Workstream' 	<ul style="list-style-type: none"> • Identify opportunities for stronger leadership connections locally and nationally • Support membership organisations to recognise and benchmark engagement and measurement of health outcomes
Knowledge capture, development & sharing	<ul style="list-style-type: none"> • Share learning of the impact of housing contribution to HSCPs and strategic commissioning activities • Build Communications Plan to include – multi-channel routes for raising profile of ihub and engagement of practitioners and thought leaders • Capture knowledge and & evaluate 'new' models of 'housing with care/support' in Scotland for dissemination • Ensure inclusion of Housing, Social Care and Health front line practitioners in events, good practise guides and evaluations • Identify opportunities to upskill housing workforce on Quality Improvement tools and techniques 	

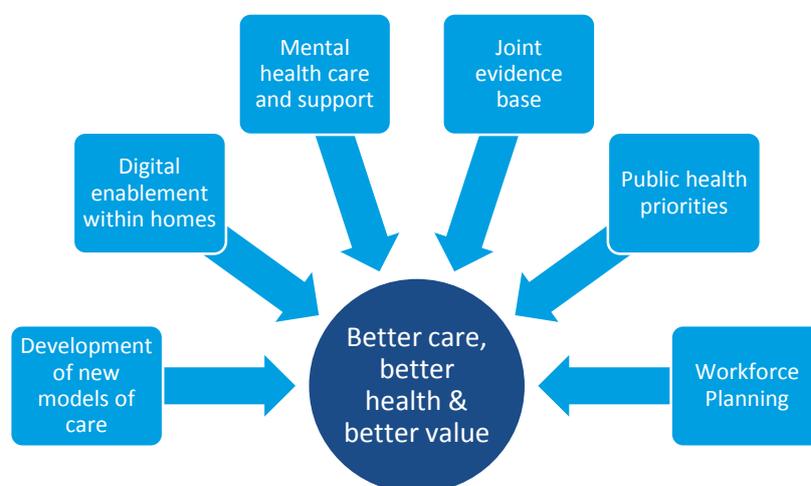
Annex 1 - Full Review of Strategic Documentation

In order to update the strategic context and policy drivers for PHH, a review of documentation linking housing, health and social care was undertaken. The review mainly focused on the main national strategic documents and recent relevant reports:

- National Joint Housing Delivery Plan, 2015
- National Health & Social Care Delivery Plan, 2016
- Scotland's National Dementia Strategy 2017-2020
- Scotland's Mental Health Strategy 2017-2027
- Scottish Government Disability Delivery Plan, 2021
- Healthcare Improvement Scotland Strategy, 2017-2022
- Ihub Delivery Plan, 2017-2020
- Age, Home & Community: Older People's Housing Strategy 2012-2021 (review document)
- CIH Scotland key research findings "Dementia Pathways: Housing's Role", 2016
- Scottish Public Health Network report "*Foundations for well-being: reconnecting public health and housing*", 2017

It is important to note that not all strategies identified the same themes and for some there appeared to be a disconnect on these. Though this may relate more to strategy development timescales and the changing policy environment rather than design. The 'strategic themes' identified through the document review vary in scope and content ranging from strategic planning to the development of specific housing options as well as focussing on specific 'needs' groups such as mental health or dementia. Along with the national health and wellbeing outcomes, the Health and Social Care Delivery Plan is a key strategic driver that provides a framework for considering the housing connections. Some of the housing relevant priorities are outlined in the figure below.

Figure 6 – Health & Social Care Delivery Plan 2016: Potential Housing Connections/Contributions



Strategic Planning: This is a cross-cutting theme that appears in most of the national documentation in terms of the need to drive improvement going forward and particularly joint working across sectors. For example the Joint Housing Delivery Plan (JHDP) 2015-2020 cites priorities around working to improve communication between housing and the new national integration bodies at strategic level as well improving the joint evidence base between housing, health and social care. The Age, Home, Community Strategy⁸ has an ‘emerging priority’ to ensure recognition of the role of housing in the successful integration of health and social care services.

Development of joint analytical capacity in measuring and planning for housing, health and social care needs features in a number of strategic documents. The Health & Social Care Delivery Plan 2016 cites this as a priority and the JHDP has an objective to build an effective evidence base measuring the impact of housing and its preventative attributes as well as supporting national priority to reduce number of people affected by hospital delayed discharge. It is important to acknowledge that the context for developing and improving this capacity is at both strategic and operational level in terms of system or service redesign. Improvement support responses need to be developed in this context.

Another aspect of this is workforce development and planning which along with the H&SC delivery plan is also referenced in the Joint Housing Delivery Plan. For example, to increase common training/working opportunities between professions to develop a shared understanding of roles/objectives.

Housing options: The Joint Housing Delivery Plan highlights 5 main ‘purposes’ and associated actions under the independent living theme⁹. It is important to note that the Plan was developed prior to the full implementation of Health & Social Care integration so reflects a particular stage in time in relation to the wider policy environment. It does place significant emphasis on housing options with a specific priority action to “*increase housing options for older people by diversifying tenures and creating alternative options*”. The current review of the Age, Home & Community Strategy also identifies several emerging priorities including providing guidance on housing options for older people. The review also highlights more recent political commitments by the Scottish Government including offering housing health checks to social renters, developing a social isolation strategy, considering help to buy product for older people and providing guidance and timescales for installing adaptations. The right advice, right home and right support are now overriding principles within the strategy.

⁸ *Age, Home and Community: A Strategy for Housing for Scotland’s Older People: 2012-2021 – 5 Year Review* (Unpublished).

⁹ While there are other actions in the JHDP that will have an impact on health and wellbeing these are the primary ones cited in relation to the independent living outcome. For example, affordable housing supply is a key focus of the JHDP and often cited by housing interests as a key component of improving health and wellbeing outcomes.

Other evidence from the document review expands the housing options theme out to the private rented sector. For example, the recent Public Health Report¹⁰ cites the need for public health teams to develop awareness of private rented sector and engagement. The JHDP also cites the major priority of alleviating homelessness and the housing options approach to prevention in this.

Supporting the development of new models of care is contained within the Health and Social Care Delivery Plan 2016 signalling a shift in policy thinking and where the development of new housing models and services have a role to play. It emphasises the primary policy driver of shifting the balance of care with a focus on prevention, early intervention and supported self-management. The “triple aim” is for better care, better health and better value. A key component of the Plan is supporting people’s health and wellbeing in their own homes and communities. The three key areas of action are:

- Reducing inappropriate use of hospital services;
- Shifting resources to primary and community care;
- Supporting capacity of community care.

Other specific priorities identified are developing evidence on admission and referral avoidance opportunities, facilitating virtual medical/care consultations in peoples’ own homes and informing the new national public health priorities and local partnerships to support these.

Digital and technology developments feature strongly as a priority across strategies to enable independent living and provide care/support in community-based settings. For example the Joining Housing Delivery Plan identifies enabling the take-up of simple technologies and devices to assist independent living for older and disabled people. Digital enablement within homes is also highlighted in the Health & Social Care Delivery Plan.

Dementia: Early diagnosis and earlier support are objectives within Scotland’s Dementia Strategy 2017-2020¹¹ placing a greater emphasis on day to day living environments for those with dementia and their carers. Dementia friendly communities are a priority within the current strategy allowing more care and support to be delivered in communities based on a person-centred approach. Three of the national strategy key outcomes have an element relating to the home or communities:

¹⁰ *Foundations for well-being: Reconnecting Public Health & Housing – A practical guide to improving health and reducing inequalities*, SPHN, January 2017

¹¹ The strategy estimates that there are currently 90,000 people in Scotland with dementia and by 2020 the annual number of new cases diagnosed will be 20,000

- More people with dementia are enabled to live well and safely at home or in a homely setting for as long as they and their family wish.
- People with dementia's right to good quality, dignified, safe and therapeutic treatment, care and support is recognised and facilitated equally in all care settings – at home, in care homes or in acute or specialist NHS facilities
- There are more dementia-friendly and dementia-enabled communities, organisations, institutions and initiative

Housing support and interventions are referenced specifically within the strategy such as aids and adaptations and testing models on specialist dementia housing. A recent research report published by the Chartered Institute of Housing (Scotland)¹² highlights the role of housing organisations and professionals in dementia pathways and gives some indication housing-related areas where improvement support activities may be required. The main identified aspects of housing's role are:

- Assisting and supporting early diagnosis;
- Early assessment of the suitability of someone's home;
- Enabling a person affected by dementia to remain at or return home quickly;
- Ensuring holistic consideration of assistance and support as dementia progresses.

The main recommendations from the research include:

- Promote the role of the housing professional in delivering preventative solutions and encourage early action;
- Integrating dementia-friendly design principles into new housing and associated investment programmes;
- Test specialist dementia care settings or housing projects to ensure diversity of options available;
- Examine dementia issues within the scope of Local Housing Strategies;
- Dementia awareness, training and skills development to be prioritised across 'every aspect of housing services';
- Promote use of housing options models, sharing information and develop work between housing and health on housing worker role in signposting to health services;
- Integrate dementia-friendly design principles to asset management strategies and aids and adaptations policies;
- Develop housing's role within the dementia care framework and with Health & Social Care Partnerships at local level for planning and service delivery.

¹² *Dementia Pathways: Housing's Role – Key Research Findings*, CIH Scotland, 2016

Mental Health: Scotland's Mental Health Strategy 2017-2027 has recently been published focusing on awareness, prevention, early intervention and access to services. In the strategy there is reference to evidence supporting the link between poor mental health and people experiencing housing problems or homelessness. In terms of prevention the strategy quotes opportunities to develop joined-up policy and service provision between Integration Authorities and Local Authorities. For the housing sector and professionals the main priority appears to be on training opportunities as part of the early intervention focus. To some extent the role of the home, place and environment appears relatively peripheral in the national mental health strategy yet these can have significant impacts on people's mental health. For example in early years intervention the impact of a period of homelessness on the mental health of children and the role of housing services and support in this. Or the role of housing organisations in enabling and providing services to combat social isolation. Mental health care and support is also a main priority within the Health & Social Care Delivery Plan and 'social isolation' features in the refresh of the older people's housing strategy.

Disability: The accessibility and suitability of homes along with their environs are major factors influencing the quality of life for people across the disability spectrum. The provision of housing services and support to enable independent living are fundamental. There are different elements and levels of support available but adaptations to the home is one key example. The JHDP identified this as a priority 'purpose' with associated actions around the 'Help to Adapt' pilot and 'Adapting for Change' testing models. It is also referenced in the National Disability Delivery Plan 2017 with a specific priority to - *"...work with health and social care partnerships, disabled people, local authorities and the housing sector to develop guidance for housing and care providers on timescales for installing adaptations"*. The Plan also seeks to:

- Ensure that each LA sets a realistic target in their Local Housing Strategy for delivery of wheelchair housing across all tenures and reports annually on progress;
- Ensure that the grant subsidy arrangements for the Affordable Housing Supply Programme do not prevent specialist housing identified by LAs as a priority from being built;
- Research, involving wheelchair users and homebuilders, into creating tailor-made wheelchair accessible homes from mass-market new homes will identify issues and costs surrounding such interventions.

Community equipment as an enabler of independent living features less prominently in some of the national strategic documentation, particularly those from the housing sector perspective. However, it is expected that they would feature more strongly in local strategic plans and processes.

Public health: Historically, public health and housing have been inextricably linked. Improving house conditions and associated environments were viewed as pivotal in improving the overall health of the population. A recent report by the Scottish Public Health Network¹³ re-emphasises these connections. The report acts as a practical guide for joint working on the housing contribution to improve health and reduce inequalities. It identifies a range of joint working opportunities and key practice points (see Table A) that potentially have a bearing on improvement opportunities. Overall the key practice points identified in the SPHN report re-iterate specific areas of improvement in joint working between housing and health. There are common strands with the improvement programme such as the development of joint evidence and analysis, improvements in communication and awareness across the professional domains as well as representation within strategic processes. However, other specific dimensions such as joint training/professional development, collaboration on more local service or project initiatives or joint engagement with the private rented sector add to this. There is also a useful distinction between local and national practice points that could inform future planning of improvement interventions and best use of resources.

Table A - Foundations for well-being: Reconnecting Public Health & Housing: Summary of Key Practice Points, Scottish Public Health Network, January 2017

'Local teams'	'National bodies and professional organisations'
Two-way awareness and contact to be established between public health teams and housing counterparts.	Housing contribution to health should be key component of academic training and Continuing Professional Development.
Local public health team to consider named lead for housing.	Explore potential for inter-professional training and/or digital network for health & housing.
Public health & housing to adopt explicit focus on housing & health across the lifecourse.	Professional organisations from both sectors should explore embedded training opportunities.
Share intelligence on demographic, health/care needs and housing trends to inform strategic planning and identify gaps.	Life-course considerations should be key focus of inter-professional learning & development.
Joint awareness of populations or communities particularly vulnerable to health effects of poor housing.	National and local organisations, forums etc. to reflect on how they might support development of 'healthy housing policy'.
Seek public health sector representation in key housing strategic and planning processes.	NHS Health Scotland to explore potential of full Health Impact Assessment of Scottish Government housebuilding commitment.
Reflect on potential collaborative opportunities to undertake health	NHS Health Scotland to consider expansion of Scottish Public Health Observatory website housing element to raise awareness of policy/data.

¹³ Foundations for well-being: Reconnecting Public Health & Housing – A practical guide to improving health and reducing inequalities, SPHN, January 2017

improvement activities in housing settings.	
Joint work to explore potential for interventions in healthcare settings to identify & support those in housing need.	NHS Health Scotland should consider a scoping exercise on data sources that may support joint working between health and housing.
Both sectors to seek out collaborative opportunities for ad-hoc projects or initiatives.	Explore opportunities for public health to engage with private rented sector alongside housing partners.
Apply existing tools, resources and outputs to inform planning & decision-making.	
Public health teams develop awareness of private rented sector and engagement.	

The review of national strategic documentation has highlighted a number of themes that feature prominently in terms of overall drivers of improvement and system change. While these are difficult to distill into specific programme activities at this stage they do provide a set of common themes to base the overall priorities going forward:

- Development of the housing element of joint strategic planning arrangements at national and more importantly local level – supporting partnerships, evidence-base development and analytical capacity;
- Development of joint professional development/training opportunities between housing and health and social care colleagues;
- Development of the health and well-being element of housing options services in the context of ‘new models of care’;
- Focusing on the broad themes of disability, mental health and dementia within the overall housing options approach to support independent living;
- In terms of independent living supporting the improvement of specific service responses such as adaptations, housing support etc.

Annex 2 – Full Review of Stakeholder Consultation

Housing Options: Many ‘housing’ stakeholders emphasised that the housing contribution to health and well-being must be viewed through the prism of developing and improving housing options and associated services. This encapsulates a whole system approach to housing services and support that are available across tenures to tenants (social and private renters) and home owners. Activities identified within this overall approach include:

- Adaptations (Adapting for Change, Governance, systems analysis, forthcoming Scottish Government Guidance);
- Technology/digital;
- Community equipment (i.e. integrated teams, stores);
- Housing support;
- Contribution to alleviating delayed discharge;
- Anticipatory Care Planning.

Discussions over housing options tended to focus on whether it should be defined by options (activities) for all groups or on specific needs such as older people or homelessness. For example, the need for early intervention and planning for the future among older people. The national older people’s housing strategy was cited in this context. There was also a view that the development of specific improvements around adaptations or technology had to be linked to a wider local systems approach considering the supply of accessible housing and associated design. Indeed, the suggestion that the PHH programme should be a key stakeholder in influencing new accessible design standards for housing, for example any refresh of the Housing for Varying Needs (HfVN) standard.

Another important point raised was the Scottish Government commitment to fund 50,000 affordable homes over the next five years and the opportunity this created in terms of the contribution to health and wellbeing. How to capture and evaluate this contribution appeared to be to the fore. One senior local stakeholder described the housing sector as a ‘critical partner’ and emphasised its role in assisting the development of new models of care such as ‘step-up/down’ and affordable accommodation options. It is important to note that some stakeholders highlighted a perceived ‘imbalance’ of focus in the programme with health and wellbeing issues in the private rented and home ownership sectors less prominent when compared to social housing.

Strategic Planning: Support for the broad theme of improving the housing dimension to strategic planning in health and social care was widespread. Specific aspects of this included:

- Support for resourcing the national Housing Partnership for Health and Well-being and potentially expanding representation or links with private sector housing organisations;
- Development of the housing dimension to joint strategic commissioning, for example older people or mental health through defining problems collectively;
- Supporting 'richer' involvement and contribution of housing sector and citizens in partnership structures (i.e. improvement support requirement to engage with localities);
- Developing connections with the ihub Strategic Commissioning programme;
- Promoting the 'Community Anchors' concept more widely¹⁴.

Developing the joint analytical capacity between housing and health & social care to improve the evidence base for strategic planning is a clear planning priority at local level. Current work within the PHH programme already reflects this primarily around the strategic planning evidence base linked to Local Housing Strategies and Strategic Commissioning Plans. Stakeholders tended to cite added dimensions to this including:

- Understanding the 'customer' journey through services in the context of their home and housing circumstances;
- Housing connection to 'Life Curve' work – 13,000 people linking data (CHI number) and national survey;
- Developing a more refined understanding of the link between health outcomes and housing circumstances;
- Understanding and developing the knowledge of the housing need dimension to specific health 'populations' or issues such as High Resource Individuals and delayed discharge.

Professional/Workforce: While this is cited by several stakeholders there are a range of views on what this means in practice both in terms of operational service improvement and strategy/service planning and leadership roles. Reflections from stakeholders included:

- Creating stronger leadership connections nationally and locally between housing, health and social care;
- Increase joint training/understanding of roles, impacts etc. for example social isolation;
- Academic routes – ensuring housing, health and well-being are component of professional qualifications and training;
- Fostering links between housing sector, GPs and community-based health services;
- Using Allied Housing Professionals knowledge and share with other professionals to promote prevention/early intervention;

¹⁴ Note that some stakeholders did highlight the regulatory framework within which housing associations operate that might impact on wider health and wellbeing activities.

- Training and awareness raising for housing staff on areas such as chronic health conditions.

For one or two stakeholders, the wider housing system and supply issue was also highlighted in the context of recruiting labour in the care/support sectors. Overall though the ihub resource may be best placed to create stronger leadership connections across sectors. Other workforce benefits would be realised through the implementation of specific improvement activities i.e. dementia, adaptations.

Mental health: Stakeholders identifies mental health as a priority that should be reflected in the ihub PHH programme and where housing has a potentially significant influence including:

- Social isolation and the impact on health;
- Complex needs - planning and delivering home-based solutions;
- Impact of housing circumstances on mental health such as homelessness;
- The ability of the housing sector to influence mental health service models;
- Physical activity and its wider health benefits and housing sector role in this.

There was also a view that a more specific focus on prevention in relation to chronic health conditions and the housing role in this should be examined.

Dementia; Remains a priority for stakeholders and developing improvements in care and support within the community. Housing is viewed as pivotal and some of the considerations going forward are:

- Improve connections with ihub 'dementia focus' programme;
- Taking forward recommendations of CIH dementia pathways work;
- Supporting 'dementia friendly communities and 'Life Changes' Trust;
- ihub through PHH to take on stronger lead role for housing sector in this;
- Consider nominating a 'lead' housing associate for dementia to take forward this aspect of PHH;
- Incorporating some 'housing dementia' test sites into ihub programme?

There was also a view that dementia didn't feature significantly in Strategic Commissioning Plans. From a housing perspective, the design focus of dementia had to move beyond standards for new build housing and consider how to incorporate into other activities such as adaptations guidance or existing housing stock improvement programmes by social landlords.

Disability: One stakeholder cited the national Disability Delivery Plan and the current UK Equality and Human Rights Commission (EHRC) Housing Inquiry into disabilities as potential influencer on housing sector. The current Adapting for Change 'test' sites need to be seen in

this context along with the operational change associated with the functions of IJBs and HSCPs. Another stakeholder took the view that despite the changes to responsibilities for adaptations services brought about by H&SC integration there was little evidence of national policy bringing about the 'modernisation' of the process and services. Therefore, the AfC programme was not seen as the main mechanism for effecting system change. At the same time, several stakeholders highlighted improving adaptations services and outcomes as a key driver in the package of support options available for independent living.

Homelessness; This was cited by some stakeholders' in the context of activities such as the housing support contribution to preventing homelessness or a need to support stronger input into homelessness partnerships through strategic planning activities. The link between homelessness and health inequalities is also at the forefront of current agendas. However, given the Public Health focus on homelessness there were questions over what the role of the ihub would be specifically in relation to homelessness. Shelter Scotland is also involved in work to improve the health dimension of homeless services. One stakeholder emphasised the importance of increasing health practitioners' knowledge of homelessness and identified some potential barriers in joint working:

- Health resources stretched and identifying the right people for joint working opportunities;
- Organisational structure of NHS and engaging at different levels;
- Front-line practitioners and getting them involved and workload issues;
- Short-term funding of projects for third sector;
- NHS concerns in areas such as data protection.

Engagement/Joint Working: Stakeholders quoted communication and engagement at two broad levels – organisational and customers/citizens. There was a strong message about the ihub improving its overall profile among the housing sector and links with other housing improvement services or networks. Similarly developing the PHH programme connections with the wider ihub programmes was also viewed as important. There was also a view that the PHH programme should develop a specific vision supported by outcome-based projects. One suggestion was also for the ihub to take on the role of connecting relevant housing and health and social care networks. Other points made were:

- Collating and showcasing practice and improvements should be a focus across the programme;
- Assisting housing organisations to communicate the preventative role of home and housing services;
- ihub to 'strengthen' role and clarity of offer through PHH to HSCPs and local housing sector;
- IJB Chief Officers interested in practical improvement support 'on the ground' including through the PHH programme.

In developing the collaborative approach across the ihub programmes some potential opportunities were identified:

- Incorporating housing/home element into 'pathways' improvement work such as mental health, care, dementia;
- Housing/home to become an integral component of scoping when designing improvement projects;
- Connecting better the knowledge within housing sector of Self-Directed Support (SDS) and its potential impact on housing support services and the way that people organise their care/support;
- 'Tailored & Responsive' support – introducing more home/housing element where appropriate i.e. reshaping overnight care, developing new models of care;
- Adding housing element to engender more effective evidence and evaluation of service improvement;
- Delayed discharge & High Resource Individuals – social determinants of health that are linked to this including housing circumstances;
- Greater connection of housing into population data modelling scenarios (GP clusters population needs assessment).

Evaluation/Contribution Analysis: A widespread view is that the housing sector had to increase the focus on demonstrating the impact of housing on health and wellbeing. For individual organisations' the resource and expertise to do this can be limited and the ihub should develop support around this including:

- Knowledge of what works;
- Measures of success for projects and service interventions;
- Demonstrating Value for Money;
- Linking to health measures – access & understanding of health data, for example around inequalities;
- Evidencing and promoting examples of service redesign etc. that are definable and measurable and feeding these into H&SC networks;
- Creating better connections between housing and health & social care networks to foster a wider understanding of key performance measures and benchmarking were also suggested.

A specific priority identified at this stage was improving capacity within the sector to evaluate and understand new models of affordable housing and those with care. The knowledge and contribution of these to health and social care priorities and local system change are not well developed according to some stakeholders.

Wider policy impacts: Welfare reform and its impact on social housing tenants and other customers is a concern for many housing organisations. In relation to health and wellbeing the plethora of changes are generally viewed as a risk to redesigning or developing new service models. Less prominent but nevertheless a concern for some housing associations is

the balance between housing activities in health and wellbeing and resources used for these (i.e. rental income). The regulatory context for housing services and meeting other priorities around affordability, energy efficiency, stock improvement and new build all influence this.

Finally stakeholders were also keen to discuss the 'way we work' through the PHH programme in the i-hub and their perceptions of this. This provided additional insight and views to consider in designing the future programme including:

- What is the vision of ihub and specifically that of the PHH programme? What does the Place element of the programme represent?;
- Improve internal working across ihub programmes i.e. mental health pathways, strategic commissioning;
- Improve collection, collation and sharing of practice and how to access information;
- PHH resource to assist in 'what buttons to press' with H&SC;
- Support for the evaluation of the housing contribution and local or regional resource support from ihub – how to access improvement support?
- Linkages and joint work with other housing improvement stakeholders? i.e. on homelessness, housing support contribution to health/wellbeing;
- Consider the i-hub PHH programme having the lead connector role for housing improvement activities with health and social care;
- One suggestion for a meeting or event with key improvement leaders/stakeholders once programme is scoped and shaped to identify specific joint working opportunities.

Annex 3 – List of Stakeholder Events/Telephone Interviews (August/September 2017)

Organisation	Date	Consultee/s
1. Blackwood Round Table Event	02/08/17	Various housing orgs
2. Ihub Unit Heads	02/08/17	Diana Hekerem, Gavin Russell, Gareth Adkins, June Wylie
3. Housing Support Enabling Unit	03/08/17	Yvette Burgess
4. Place, Home Housing Associates	09/08/17	Housing Associates
5. SG Allied Health Professionals	17/08/17	Susan Kelso
6. Glasgow & West of Scotland Forum	21/08/17	Colleen Rowan
7. Aberdeen City Council	21/08/17	Judith Proctor
8. Scottish Government	21/08/17	Angela O'Brien
9. Scottish Government	21/08/17	Alison Taylor
10. NHS	23/08/17	Matt Lowther
11. Shelter	24/08/17	Lisa Glass
12. Scotland's Housing Network	24/08/17	Elaine Byrne
13. ALACHO	24/08/17	Tony Cain
14. Housemark	28/08/17	Gillian Campbell
15. Blackwood	29/08/17	Fanchea Kelly
16. Ihub Associate	30/08/17	Margaret Moore
17. SFHA	31/08/17	Sheena Simpson
18. Housing Partnership for Health & Wellbeing	12/09/17	Various national stakeholders
19. TPAS	18/09/17	Lesley Baird
20. Ihub Unit Heads	21/09/17	Gavin Russell, Gareth Adkins, June Wylie, Des McCart

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