

Strategic Plans and Housing Contribution Statements

A summary of current Strategic Commissioning Plans and Housing Contribution Statements to support quality planning

March 2021

Housing and Homelessness in Healthcare

Working with HSCPs and housing organisations to spread improvements which support greater independence at home and improved health and wellbeing.



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Summary

This report provides an overview of Health and Social Care Strategic Commissioning Plans (SCP) and Housing Contribution Statements (HCS). It is designed to support quality planning ahead of the next round of Strategic Plans.

The report is aimed at HSCP strategic planners, Local Authority housing strategy teams, housing members of Strategic Planning Groups and service user groups, eg tenant organisations and community groups.

Key Messages

From this analysis of SCPs and HCSs there is merit in Integration Authorities considering improvements in the following areas:

 Completing or updating the HCS in line with the strategic planning cycle.

Improving the accessibility and presentation of SCPs and HCSs. 

 Expanding the range of National Health and Wellbeing Outcomes that are linked with housing activity.

Strengthening how service users are involved in the development of SCPs and HCSs. 

Improving how evidence is shared across housing and health and social care. 

 Improving how SCPs and HCSs articulate housing related challenges, improvements and priorities.

Expanding on how the needs of particular groups are met. 

Introduction

This report provides an overview of Health and Social Care Strategic Commissioning Plans (SCP) and Housing Contribution Statements (HCS). It is designed to support quality planning ahead of the next round of Strategic Plans.

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Housing and Strategic Planning

The influence of housing on the health and wellbeing of individuals is well established. Consequently, housing occupies an important role in the health and social care context and housing organisations can and do make a significant contribution to supporting people's health and wellbeing in community based settings. This is reflected in the arrangements for strategic commissioning contained in the Public Bodies (Joint Working) (Scotland) Act 2014.

In 2015 the Scottish Government published a Housing Advice Note to assist Integration Authorities (IA), Health Boards and Local Authorities with the inclusion of housing services in the planning process. Furthermore, this guidance aimed to support the achievement of the National Health and Wellbeing Outcomes (NHWO) through the production of SCP and HCS.

The aim of this report is to provide an overview of current SCPs and HCSs. This will improve the health and social care system's understanding of current practice and is designed to be utilised alongside Healthcare Improvement Scotland's Good Practice Framework for Strategic Planning.

Key Themes

The key themes highlighted in this report look at what informed the development of the plan as well as the actual vision and content of the plan.

Informing the housing contribution statements



Vision and content of the housing contribution statements



Placement and presentation of the housing contribution statements

Location of Housing Contribution Statements in Strategic Planning Publications

The guidance states that HCSs are “an integral part of the Strategic Commissioning Plan” but allows for flexibility in relation to where it sits in strategic planning publications. Practice varies across IAs and whilst most have a separate HCS, some plans incorporate it into the main text of the SCP with frequent references to housing throughout the document. Others do not include an HCS and make little reference to housing. Figure 1 shows where the HCS can be located across all IAs current strategic planning publications.

This alone does not reflect the level of strategic integration but there may be some correlation between the level of integration and in the location of the HCS as the Scottish Government found in their review of SCPs:

“[t]he housing contribution is strongest where the statement is not confined to an appendix in the plan, but where housing and its contribution are also reflected throughout the plan” (An overview of strategic commissioning plans, 2016).

These plans appear to provide housing with a more significant voice throughout the planning process and recognise that housing can indirectly meet the challenges and priorities specific to the local area.

Presentation of Housing Contribution Statements

There is a distinct difference in how easy to read and accessible SCPs and HCSs are, with many having varied aesthetics. Generally a more visual approach was taken in SCPs when compared to HCSs published as a standalone document. The visual accessibility of the plans is not reflected in the guidance and does not indicate different levels in the integration process or planning (see Figure 2).

Accessibility ‘features’ across plans include the use of colour variation and icons, text boxes to isolate information, and bullet points and tables that link key information across connecting document such at the national health and wellbeing, LHS, and SCP priorities.

As with many SCPs, some HCSs have diagrams and a layout which is easy to understand for a variety of readers. Documents range from being long, ‘text heavy’ documents to one where the language is short and simple, avoiding technical jargon and explaining concepts where necessary.

Additionally, in some instances the plans are offered in alternative languages or easy to read formats to increase the accessibility across the local population.

Separate housing contribution statements	11
Appendix of the Strategic Plan	9
Section of the Strategic Plan	2
Appendix and section of the Strategic Plan	3
Section of the Local Housing Plan	1
None	5

Figure 1: Location of HCSs in strategic planning publications.

Figure 2: Examples of accessible features: easy-read formats using colours, icons, and a layout which links key ideas.



What you told us is important		Priority
	People are empowered to self-manage and self-care	Prevention & Early Intervention
	More support for carers	
	It can be a struggle to get a GP appointment	

Integration with National Outcomes

The national health and wellbeing outcomes (NHWO) are the high level strategic framework for health and social care partners to work towards in the planning and delivery of health and social care services. The Housing Advice Notes makes it clear that:

“Local Authorities, Housing Associations and other housing organisations can make a contribution to the achievement of many of the National Health and Wellbeing Outcomes.”

The guidance underlines the significant contribution that housing can make to supporting people’s health and wellbeing. While there is no requirement to make direct links to the NHWOs in the HCS, there should be a clear link between how the housing sector can contribute to the outcomes and priorities in the SCP which in turn reflect the NHWOs.

The role for housing across SCPs and HCSs in meeting the NHWOs varies by which outcomes are focused upon and the detail of how improvements will be made. Some HCSs make commitments to meeting NHWOs but do not provide targets or indicate specific inputs from housing. Housing is most commonly highlighted as being able to contribute to achieving outcomes 1, 2, and 9.

More detailed HCSs provide specific actions and target dates to meet these outcomes and integrate the plans with Local Housing Strategy (LHS) and SCP targets.

Examples of how housing contribution statements have links to the National Outcomes

LHS Action	Delivery timescale	National Outcome
Social Housing Allocations Policies	2014	1,2,4
<p>This LHS Action contributes to Strategic Plan Outcomes:</p> <ol style="list-style-type: none"> 1. More people will live well in their communities – the population will be responsible for their own health and wellbeing – the community will respond to individual outcomes 2. Carers can continue in their caring role whilst maintaining their own health and wellbeing 		
<p>The Council uses a points-based system to prioritise Housing List applications. The Council implemented a revised Allocations Policy in 2014. The new Policy included the potential to offer 2 bed ground floor Council housing to single person households, if they are in greater housing need than a 2 person household. This brings the Council’s policy in to line with Scottish Government’s Older Persons Strategy.</p>		

Figure 5: This HCS links priorities to actions and demonstrates which outcomes they link to. The outcomes are not restricted to NHWOs. The associated SCP is also well linked to the outcomes; a table sets out the NHWOs and cross references them with which SCP priorities meet them.

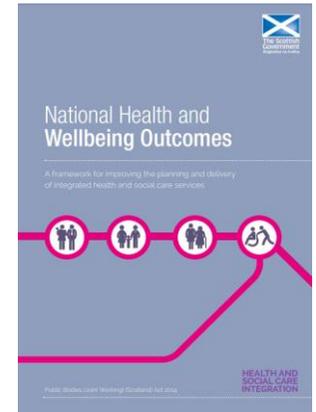


Figure 3: The National Health and Wellbeing Outcomes .

Figure 4: This table demonstrates how LHS outcomes and actions contribute to meeting the outcomes set in the SCP and wider NHWOs. A delivery timescale sets an additional level of accountability.

<p>Encourage Independent Living</p> <p><i>LHS Priority 3: Encourage Independent Living</i></p>	<p>An Aids and Adaptions service is offered that provides vulnerable people with wet floor level access showers, lowering worktops, and installing ramps and grab rails were appropriate.</p>	<p>Outcomes 2 and 9 are achieved by;</p> <p>Assisting disabled residents to live independently, safely and in comfort in their own home.</p>
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Collaboration in Strategic Planning

Collaboration is central to effective planning in housing and health and social care and is encouraged in both the guidance and the 2021 Independent Review of Adult Social Care in Scotland.

Collaboration across a range of individuals, groups of people, and organisations can lead to plans which represent a wider spectrum of housing and health and social care concerns in the planning and delivery of services. Across all the HCSs a wide range of groups and organisations were noted in the strategic planning and delivery of services.

It should be noted that many plans recognised the key role that frontline staff play in facilitating the involvement of people in the development of the SPC. Bottom up approaches often appeared to start with frontline staff although there are good examples of involvement with people that use services in planning but there were only a few examples of involvement with people in possession of a protected characteristic. This suggests that there is scope to further strengthen this aspect of strategic planning.

Many SCPs described health improvement as being the primary responsibility of health and social care services with less of an explicit role for housing in both the planning and delivery of services over and above accommodation.

Approaches to Collaboration

Consultation and Feedback: One HSCP engaged in a consultation process prior to the publication of the final HCS. A draft statement was produced using survey data from key stakeholder across housing and health and social care and was subsequently circulated back amongst these groups for feedback and to make amendments.

Using existing tools: In one area, the approach and evaluation of the engagement and consultation was informed by Visioning Outcomes in Community Engagement (VOiCE), the National Standards for Community Engagement, and the Scottish Health Councils Participation Toolkit.

The Three Conversations Approach: has been adopted to improved person-centred collaboration within strategic planning. The approach prescribes a flexible and dynamic model of working which is person-centred by focusing on strengths, needs, and community assets.

Conversation 1: listen and connect.

Conversation 2: work intensively with people in crisis.

Conversation 3: build a good life.

Where Collaboration is Supported by Governance

Where governance structures are detailed, housing generally has a strong presence and has a place in the local Strategic Planning Group. Similarly, HSCPs had representation on a number of housing led strategic groups.

Housing led groups with HSCP membership:

- LHS Steering Group
- Housing Need and Demand Assessment Strategic Steering Group
- Homelessness and Housing Support Providers Group
- Tenants and Residents Federations.

Groups with housing membership:

- Strategic Planning Group
- Integration Joint Board
- Community Planning Board
- Alcohol and Drugs Partnership
- Adult Protection Committee.

Examples of groups to collaborate with in developing housing contribution statements:

- Tenants and Residents Federation
- Registered social landlords
- Housing Support Providers Group
- Third sector forums
- Occupational Therapists
- Homelessness organisations
- Private sector housing officers

Shared Evidence Base

The Scottish Government guidance encourages each HCS to include:

“a short overview of the shared evidence base and key issues identified in relation to housing needs and the link to health and social care” and “[a]ssess housing needs, demand and condition, including for specialist housing and housing related services”

A wide evidence base can help IAs understand the needs and challenges of the localities that they cover and where the key intersections between housing, health and social care are. At a minimum the Housing Need and Demand Assessment was cited as the primary data source. Most plans used local data, or in some cases additional national data to anticipate changes within localities. Extensive collaboration fed into the evidence gathering process in many plans demonstrating a depth of local primary data from focus groups; stakeholder interviews; and surveys. Data drew on areas such as accommodation and tenure type against projected population changes.

Examples of data cited in Strategic Plans

- Demographics
- Tenure
- Specialist housing need
- Hospital admissions
- Care home placements
- Fuel poverty
- Income inequality

Examples of data cited in Housing Contribution Statements

- The Private Sector Stock Condition Survey
- Housing Need and Demand Assessment
- Joint Strategic Needs Assessment
- Scottish Household Survey
- National Records of Scotland
- The Census
- The Scottish Housing Regulator

Identifying evidence gaps

Plans which identified knowledge gaps made plans to commission research or source new data to strengthen future planning.

Using the data

More detailed plans reflected upon the current data and compared this to expected trends. The data in these plans identified pressure points for both housing and health and social care sectors respectively. All IAs are required by the 2014 Act to make provisions for at least two distinct localities in their area. This was not always reflected in how the evidence was presented in the plans. Taking into account: tenure; supply need; accommodation availability for groups with specific needs.

Presenting the evidence

Plans captured and published detailed data sets in a range of ways. One IA’s HCS synthesised the data by care group (Older people, People with Physical Disabilities, Learning Disability or Mental Health Conditions, People who are Homeless, and Other Groups) and discussed relevant concerns under each heading. This style of arrangement allowed for the inclusion and integration of data across both housing and healthcare needs.

Another IA’s HCS took a mixed approach citing extensive housing data. The statement cross-referenced data on tenure type, housing type, and housing need, as well as wider concerns across the population such as ‘mental wellbeing and social isolation’, ‘disrepair’, and ‘mobility issues’.

Evidence into action: an example of framing data to inform decisions:

“Taking the issues identified in both the Joint Strategic Needs Assessment and HNDA into account, the Health and Social Care Partnership have highlighted specific future housing requirements based on current and projected housing need.”

Project area	Current status	Action and tasks	Strategic priority
Factor	Measure	Trend	Compared to National

Figure 6: Example tables showing data presented logically, in a way that can help people understand context.

Housing related challenges and required improvements

The HCS should include:

“an overview of the housing-related challenges going forward and improvements required.”

This enables IAs to anticipate and plan for issues that could affect the health and wellbeing of the local population. This includes consideration of the housing role in mitigating against these challenges.

Many HCSs take their challenges directly from the LHS. Most SCPs and HCSs referenced both national and local challenges that held relevance. On a national level, there is a recognition of structural concerns that point towards Scottish or UK government. These are systemic challenges such as welfare austerity which have resulted in benefit reductions or with housing affordability. Similarly, reductions in public and third sector funding shape the context in which IAs operate and the budgets available to put plans into action. Other challenges are based upon issues that relate to the specific pressures in the local area that may have the biggest impact on health and wellbeing such as demographic shifts.

Common challenges

- demographic changes
- housing supply
- constraints on funding
- fuel poverty
- specialist housing supply/support
- disrepair
- adaptations.

Challenges to wider health and social care planning largely contain some housing content, most commonly this is concerned with wide trends such as the pressures resulting from an ageing population or inadequate housing stock.

Challenges are generally arranged in the following ways, with some plans incorporating both broad and narrow issues into plans.

How challenges are framed in Housing Contribution Statements

Outlining key challenges, breaking them down into related themes/areas and linking actions to these. For example:

Contextual Challenges

- Anticipatory and Prevention Challenges.
- Knowledge and Planning Challenges.

Breaking each set of challenges down into a set of clear actions demonstrates what is necessary to make improvements.

Anticipatory and Prevention Challenges

- Responding to the needs of a changing population.
- Developing suitable housing across tenures.

Actions

- Increase technological development and funding to ‘future proof’ housing.
- Develop the ‘housing options’ approach to support and advise people.

By population group

- e.g. older people or people experiencing homelessness
- issues connected to housing or health are reported where relevant across different groups

By broad issues

- e.g. housing supply
- issues overlap across groups
- issues may be more systemic or structural

By narrow issue

- e.g. use of Occupational Therapists or empty homes
- issues are specific aspects of larger challenges

Priority Setting

The HCS must:

“set out the shared outcomes and service priorities linking the Strategic Commissioning Plan and Local Housing Strategy”.

By doing so the HCS strengthens its purpose to provide a bridge between the LHS and SCP and the manner with which priorities are presented in the HCS can do this to great effect.

All SCPs had a set of priorities to work towards. There were five main variations to which priorities were published in the HCSs. They included:

1) Strategic Commissioning Plan priorities only.

2) Local Housing Strategy priorities only.

3) Housing Contribution Statement priorities only.

4) Local Housing Strategy and Housing Contribution Statement priorities.

5) Strategic Commissioning, Local Housing Strategy and Housing Contribution Statement priorities

The fifth format gave the HCS space to expand the SCP and LHS priorities and show how they can complement each other through the creation of HCS priorities. From this, priorities across housing and health and social care appeared to be integrated.

Priorities in both the SCP and HCS were presented with equal importance and without a hierarchical structure to the importance. The stated priorities took a range of forms and were adopted using different inputs. This was in part due to what priorities were included in the HCS.

Priorities were broad, operational, or strategic and others were based around groups of people that have specific housing or health and wellbeing needs.

Examples

One SCP uses six ‘Big actions’ to meet the strategic vision and commitments. These compliment the NHWOs as well as the Big Actions outlined in the LHS.

Sustainable, independent living is outlined in one of the Big Actions which is reflected in the HCS through a series of housing specific outcomes



Common priorities across all plans:

- early intervention
- community or home based care
- independent living
- specific groups – older people, homelessness
- inequality
- fuel poverty
- aids, adaptations, and technology assisted care.



An example of SCP priorities which are responsive to current practice and individual concerns. The format follows three key questions:

- What are we already doing?
- What matters to our residents, partners and staff?
- What do we intend to do?

Priorities are devised from this process and demonstrate a commitment to NHWO.

Specific Housing Provision

Due to the heterogeneous nature of housing needs across the population the guidance emphasises that the:

“Integration Authorities and strategic housing authorities work closely together on key aspects of housing support”.

Homelessness

Homelessness is an area of concern in most HCSs. It is recognised that accommodation provision is not the only solution to homelessness and that many people require intensive anticipatory support before being made homeless, or support after being accommodated.

Examples of actions introduced to improve housing, health and social care for individuals experiencing homelessness or at risk of homelessness.

- Nurses that specialise in issues that overwhelmingly affect people experiencing homelessness.
- Temporary Accommodation Support Officers.
- Intensive Housing Support Service.
- Housing services for young people, with a focus on care leavers.
- Development of a Health and Homelessness Action Plan to address the health needs of vulnerable client groups and facilitate their access to mainstream services.
- Improve understanding of why people do not engage with housing support.
- Introduce Prevention Risk Assessments.
- Housing First models.
- Targeting institution discharges as a gateway to homelessness.
- Trauma informed temporary accommodation.
- Rapid Rehousing Transition Plan.

Learning Disabilities

Provision for people living with learning disabilities across the plans predominantly concerns appropriate accommodation. In other areas of interest, more actions to or additional support are mentioned with regards to the health and wellbeing concerns. Many plans refer to but do not expand on the ‘Keys to Life’ national strategy for learning disabilities and the recommendations for service delivery contained in it.

Examples of actions introduced to improve housing, health and social care for individuals with learning disabilities

- Housing provision which includes shared housing with support.
- Core and cluster models of housing with shared night cover.
- Technology to assist independent living.

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Older People

The impact of housing on the health and wellbeing of older people was the most widely covered group with specific housing needs across the HCSs. References to aids, adaptations, and technology assisted care in sections on priorities and challenges are primarily concerned with provision for older people.

Examples of actions introduced to improve housing, health and social care for older people

- Specialist dementia friendly housing.
- Repair services targeting the private housing sector.
- Digital learning to decrease isolation and improve key skills such as using online services to claim benefits, pay rents, report repairs and make complaints.
- Communal spaces within accommodation complexes.
- WiFi in individual properties.
- Activities such as physical exercise, armchair Tai Chi, and stand-up bingo.
- Occupational Therapists in sheltered accommodation.
- On-site Retirement Housing Co-ordinators.

Physical Disabilities

As with learning difficulties provision for people living with physical disabilities across the plans predominantly concerns appropriate accommodation, but also adaptations. In other areas of interest, more actions to or additional support are mentioned with regards to the health and wellbeing concerns.

Examples of actions introduced to improve housing, health and social care for individuals with physical disabilities

- Adaptations such as stair lifts and ramps.
- New wheelchair accessible housing stock.

Other areas of significance

- Housing with support for individuals with mental health difficulties and the expansion of crisis teams.
- Refuges, out of hours support, practical assistance, and advocacy services for women fleeing domestic abuse.
- Specialist care and accommodation for people with a dual diagnosis, or substance use issues.

Looking ahead to the next round of Strategic Commissioning Plans and Housing Contribution Statements

From this analysis of SCPs and HCSs there is merit in Integration Authorities considering improvements in the following areas:



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Expanding the range of National Health and Wellbeing Outcomes that are linked with housing activity.

Strengthening how service users are involved in the development of SCPs and HCSs.



Improving how evidence is shared across housing and health and social care.



Improving how SCPs and HCSs articulate housing related challenges, improvements and priorities.

Expanding on how the needs of particular groups are met.



Further resources to support strategic planning

- [Good Practice Framework for Strategic Planning](#)
- [Healthcare Improvement Scotland: Housing, Homelessness and Healthcare portfolio](#)
- [Healthcare Improvement Scotland: Strategic Planning Portfolio](#)
- [Scottish Government: Housing Advice Note](#)



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