

East Lothian Housing Contribution Statement

2016 - 19

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1. Introduction

National Strategic and Policy Context

The integration of adult health and social care provides an opportunity to strengthen the connections between housing, health and social care. Housing Contribution Statements (HCS) were introduced in 2013, to articulate the links between housing planning and health and social care joint strategic commissioning. HCSs intended to fill a perceived gap in ensuring that the housing contribution to improving health and social care outcomes was acknowledged and maximised, together with potential investment in housing related preventative expenditure. The initial East Lothian Statement had a specific focus on older people and strongly reflected the East Lothian Local Housing Strategy (LHS) 2012-17.

With the establishment of Integration Authorities, HCSs are now an integral part of the Strategic Plan and must be expanded and strengthened accordingly. This second East Lothian Statement seeks to achieve the following:

- Briefly articulate the role of the local housing sector in the governance arrangements for the integration of health and social care;
- Provide a short overview of the shared evidence base and key issues identified in relation to housing need and the link to health and social care;
- Set out the shared outcomes and service priorities linking the Strategic Plan and LHS;
- Provide an overview of the housing-related challenges going forward and improvements required;
- Set out the current and future resources and investment required to meet these shared outcomes and priorities, and identify where these will be funded from the integrated budget and where they will be funded by other (housing) resources; and
- Cover key areas such as adaptations; housing support and homelessness and articulate the housing contribution across a wide range of groups.

The Public Bodies (Joint Working) (Scotland) Act 2014 provides the legal framework for integrating health and social care services. In accordance with the Act, the HCS must set out the arrangements for carrying out the housing functions delegated to the Integration Authority as required by Section 29(2) (a) of the 2014 Act. In line with Section 29(2) (c), it must set out **an overarching strategic statement of how the Integration Authority intends to work with housing services (whether delegated to it or not) to deliver its outcomes.**

Local Strategic and Policy Context

The East Lothian LHS 2012-17 was developed by East Lothian Council in partnership with key stakeholders and local communities. While the Strategy was published prior to the integration of health and social care, it sets out an overarching outcome and priority actions which guide the development of this Statement.

Work will commence on a revised East Lothian LHS in 2016/17, with strategic links made to this Statement. The new LHS will have a key role to play in contributing to the effective integration of health and social care. In accordance with Scottish Government LHS Guidance (2014), it will “clearly set out the contribution that housing can make in support of this agenda, through the design and delivery of housing and housing related services that are capable of responding to the needs of individuals as and when they arise”. The HCS should be viewed as a bridge between the LHS and Strategic Plan. The expectation is that a seamless strategic process develops that is focused on shared outcomes, priorities and investment decisions that positively contribute to health and well-

being. In accordance with Housing Advice Note (HAN) (2015)¹, this will be supported by the following:

- Involvement of housing representatives in the Integration Authority's Strategic Planning Group;
- Shared work on need assessments underpinning the Strategic Plan and LHS - Joint Strategic Needs Assessment (JSNA) and Housing Need and Demand Assessment (HNDA); and
- Production of a HCS as part of the Strategic Plan, to explain how services have been aligned.

Developing the Housing Contribution Statement

This Statement has been developed by housing practitioners working in collaboration with health and social care strategic planners and operational practitioners. An East Lothian Housing Forum event was held in February 2015 to identify the key contributions that housing can make to support Health and Social Care Integration and the outcomes it is seeking to achieve. Following on from this a workshop took place and a working group was established to identify the key issues, opportunities and shared priorities. The working group comprises housing, health and social care planners and practitioners and it will take forward the priorities identified within this Statement.

The Statement is an important component of East Lothian Health & Social Care Partnership's Strategic Plan and forms an appendix to this document.

¹ Housing Advice Note (HAN) is statutory Guidance to Integration Authorities, Health Boards and Local Authorities under the Public Bodies (Joint Working) (Scotland) Act 2014.

2. The Role of Housing in the Governance Arrangements for Integration of Health and Social Care

This section of the Statement articulates the role of the East Lothian housing sector in the governance arrangements for the Health and Social Care Partnership. It sets out the involvement of housing in planning structures i.e. the Integration Authority, Strategic Planning and Locality Planning and outlines partnership structures within the housing sector.

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to develop a Strategic Plan for integrated budgets and functions under their control which is designed in collaboration with their partners. The Scottish Government approach to the legislation is to focus on ensuring cross-sectoral strategic planning to meet the needs of local communities. A revised planning network was established in East Lothian in 2015 to support the principles of the Act.

The '**East Lothian Health and Social Care Partnership**' was established as a separate legal entity governed by an **Integration Joint Board (IJB)** in 2015. The Board, set up to drive forward the delivery of integrated health and adult social care services, comprises voting members from the Council and NHS East Lothian Board, supported by other non-voting members. The Partnership has key duties in respect of strategic planning, assuming a responsibility to provide a Strategic Plan by April 2016 and achieve health and wellbeing outcomes at local and national level. The Strategic Plan relates directly to the LHS.

It is a requirement of the 2014 Act that a **Strategic Planning Group** is formed to support the IJB in the development, review and renewal of the Strategic Plan and engage with stakeholders on the production and implementation of the Plan. The Strategic Planning Group acts as the main planning governance group on behalf of the East Lothian IJB. In accordance with best practice as outlined in HAN (2015), there are two housing representatives on the Strategic Planning Group, actively promoting the role of the housing sector in health and social care integration. A senior officer represents the strategic housing function of the local authority, ensuring appropriate links to the LHS and the identification of other collaborative opportunities. A Registered Social Landlord (RSL) representative provides a practitioner perspective and enables the views of the non-commercial housing sector to be articulated. Informally, officers with strategic housing, health and social care responsibilities are in regular liaison around key issues to support integration planning.

Strategic Planning Group – Role and Responsibilities

- Act as the main planning governance group on behalf of the IJB;
- Understand the level of need within the local health and social care economy;
- Work towards reducing health inequalities & ensure appropriate actions are incorporated into the Strategic Plan;
- Commission strategic assessments and other research;
- Produce and maintain the Strategic Plan; and
- Support the delivery of national and local targets in respect of health and social care.

A **Strategic Planning Programme Board** has been set up to manage key processes; provide assurance to the IJB that the Strategic Plan is the right one and that progress in delivery is maintained.

Strategic Planning Programme Board – Role and Responsibilities

- Lead on development of future planning and commissioning priorities;
- Advise and support the Strategic Planning Group;
- Translate strategic priorities signed off by the Strategic Planning Group into agreed actions;
- Highlight gaps in health and social care provision and make recommendations to the Strategic Planning Group;

- Co-ordinate activity on cross cutting themes;
- Assume a lead responsibility to ensure standards of governance, risk management and probity within the strategic planning framework;
- Lead the business planning processes aligned to the Strategic Plan; and
- Ensure appropriate resources are put in place to support activity aligned to the Strategic Plan.

Eight **Thematic Project Teams** will be established in 2016 and report directly to the Strategic Planning Programme Board. This will include a ‘housing’ project team, led by a Service Manager, setting the strategic direction for housing in relation to the integration of health and social care. It was considered a Housing Project Team should be established within the revised strategic planning framework in order to recognise delegated functions outwith current joint planning arrangements. Work of the Project Teams can be commissioned by the Programme Board, the Strategic Planning Group and / or the IJB. Project Teams will involve, engage and consult widely with stakeholders as an integral element of work.

Thematic Project Teams – Role and Responsibilities

- Provide a rapid response approach to delivery of commissioned projects and workstreams
- Ensure a culture of involvement, engagement in all work programmes
- Ensure a clear line of sight to the priorities of the Strategic Plan

The development of **Locality Planning** arrangements is an essential part of the integration agenda. In accordance with Section 23(3), all Strategic Plans prepared under the Act must make provision in relation to at least two localities as part of their local arrangements for planning and delivering services. Once established, the housing sector should be involved in both shaping and delivering Locality Planning arrangements, playing a pivotal role in regenerating communities.

Historically in East Lothian there have been consistent boundaries around administrative areas and electoral wards. This suggests the importance of the current six area partnerships retaining identity in terms of consultation and engagement. However it is considered that some issues in health and social care naturally fall into two localities i.e. social economic deprivation in the ‘west’ and rurality in the ‘east’. The Health and Social Care Partnership have agreed to use the six area partnerships for consultation and engagement and build the Strategic Plan based on the two east and west localities. Future iterations of the Strategic Plan will increasingly reflect the six area partnerships.

This approach accords well with that traditionally taken by the housing sector, recognising the six main towns (now reflected as area partnerships) for consultation and engagement and using three sub-areas for LHS and HNDA purposes, namely east, central and west East Lothian. The east sub-area for housing correlates to a large extent with the east area locality identified for health and social care planning purposes and the west and central sub-areas correlate to some extent with the west locality area identified for health and social care planning purposes.

A comprehensive **East Lothian Housing Strategies Group Structure** was established by East Lothian Council and partners to oversee the development and implementation of the LHS 2012-17 and monitor progress. The groups set up have not met for some time and the Council is committed to putting in place an effective mechanism to oversee the development and delivery of a new LHS in 2016/17, with partners.

3. A Shared Evidence Base and Key Housing Issues Relating to Health and Social Care

This section of the Statement seeks to provide an overview of the shared evidence base assembled through the HNDA and associated housing evidence. It identifies the main housing related issues for the range of groups that require a housing contribution to improve health and wellbeing. It also outlines gaps in the joint evidence base where appropriate and proposals for addressing these to inform the JSNA.

Identifying Housing Need and Demand

'SESplan Housing Need and Demand Assessment 2' (SESplan HNDA2) (2014) covers the six South East Scotland local authority areas including East Lothian. It provides an estimate of the future number of additional homes required to meet existing and future housing need and demand. It also captures information on the operation of the housing system to assist local authorities to develop policies on new housing supply, management of existing stock and the provision of housing-related services. Its purpose is to provide a robust, shared and agreed evidence-base for housing policy and land use planning and to ensure that both the LHS and Local Development Plans (LDP) are based on a common understanding of existing and future housing requirements.

SESplan HNDA2 sets out evidence in relation to the provision of specialist housing and housing related services, identifying need, key issues and providing insights into the requirement for specialist provision. It highlights the contribution that specialist provision plays in enabling people to live well, with dignity and independently for as long as possible. It underpins both the LHS and HCS, with the evidence base informing planning for solutions across housing, health and social care. HAN (2015) cites the HNDA evidence base as an opportunity to inform the JSNA and vice versa.

A summary of evidence and key issues identified in SESplan HNDA2 is set out in Table 1 as follows:

Table 1: The Shared Evidence Base and Key Housing Issues Related to Health and Social Care	
Evidence Base	Key Housing Issues
Older People	
<p>People aged 65-79 make up 13.3% of the EL population (12.5% nationally) and 4.9% of the EL population is aged 80+ (4.5% nationally).</p> <p>The EL population aged 80+ comprises 37% males and 63% females, reflecting the national picture.</p> <p>The EL population aged 65-79 increased by 12.4% from 2001-2011.</p> <p>The EL population aged 80+ increased by 20.2% from 2001-2011.</p> <p>The EL population age 65-79 is projected to increase by 65% from 2010-2035 (62% nationally).</p> <p>The EL population age 80+ is projected to increase by 111% from 2010-2035 (110% nationally).</p> <p>There are 13,930 single person households across EL. 54% are headed by a person age 60+ and 27% by a person age 75+.</p>	<p>A significant projected increase in the no. of older people, a high proportion of whom will be living alone and some with dementia and / or complex needs will have major implications for housing and health and social care services.</p> <p>People living longer will mean increased demand for services, combined with a generally accepted view that public expectations of services are rising. This will be challenging, given the financial climate and cuts to public services. Addressing the housing needs of increasing numbers of older people will require a major rethink and redesign of services both nationally and at a local level.</p> <p>Building new, affordable and sustainable housing is a priority. A variety of house types and sizes are needed, to promote mobility in the housing system and enable downsizing where appropriate. Accessible and adaptable smaller homes will be critical and specialist housing will also be required.</p>
Physical Disabilities	
<p>It is estimated approx. 15,000 households in EL (34%) have at least one member with a long term illness or disability (35% nationally).</p>	<p>A growing and ageing population will mean increasing numbers of people in the future with a long term illness or disability.</p>

<p>Wheelchair / ambulant disabled dwellings increased from 61 (2002) to 231 dwellings (2012) comprising around 0.5% of total housing stock, reflecting the national picture.</p> <p>It is estimated 47% of social housing contains a household with 1+ members having a long term illness or disability compared with 30% of private housing. National figures are 56% and 28% respectively.</p> <p>There is a correlation between long standing illness / health problems / disability and income levels. These characteristics are almost 5 times as prevalent in households with an income of under £15k, than in those with an income of over £30k in EL.</p> <p>Around 8% of households in EL are estimated to receive care services, compared with 9% nationally.</p> <p>It is estimated 19% of family households include at least one member with a long term illness or disability in EL, compared with 52% of pensioner households (26% and 54% respectively across Scotland).</p> <p>5% of dwellings in EL (and nationally) are estimated to have aspects that restrict the activity of household members with a long term illness / disability.</p> <p>It is estimated that of the 32 local authorities in Scotland, EL ranks 21st in relation to household requirements for adaptations.</p>	<p>Despite substantial investment in adaptations in recent years, the ongoing need for adaptations remains a challenge in EL.</p>
Social Care	
<p>The no. of social care clients has increased from 2013-14 by 3% in EL compared to a 3% decrease nationally.</p> <p>The rates per 1,000 population of clients aged 65 and over receiving home care² in EL is typically higher than the national average over the period 2008-14. At 2014, the rate was 59.7% in EL (53.3% nationally).</p> <p>The no. of hours provided per week to home care clients aged 65+ across EL is higher than the national average (10 hours compared to 9 nationally³).</p> <p>The no. of hours provided per week to home care clients aged 18-64 in EL is higher than the national average (26 hours compared to 21 nationally⁴).</p> <p>69% of people aged 65+ receiving home care services in EL live alone (65% nationally). 45% of people aged 18-64 receiving home care services in EL live alone (50% nationally).</p> <p>EL showed the second highest rate of meals services across Scotland in 2013. Despite a decline from 2013-14, EL had the fourth highest rate nationally in 2014.</p>	<p>The health implications of an ageing population are likely to impact considerably upon housing and housing related services. While a proportion of older people will not require specialised housing or housing support services, many will require social care services to enable independent living in their own homes, with demand anticipated to increase. This is exacerbated by rising levels of owner occupation and older people's aspirations to remain in their homes for longer with support; increased expectations that older people will have a say in their housing options and reluctance amongst older people to move into residential care.</p> <p>With a high proportion of older people projected to live alone and having increased frailty, complex needs and / or dementia, this will mean increasing pressure on housing and social care services. Some households will require high level intensive support to mitigate the effects of serious health problems.</p> <p>Based on demographic and health profiles, the current level of social care provision is unlikely to keep up with future demand.</p>

² Home Care comprises of Home Support Services and Home Help Services to enable people to maintain independence in their own homes. It involves regular visits from a Home Care worker and may include personal care; shopping; laundry; general cleaning etc. It does not include 24/7 support (168 hours per week) which is defined as Housing Support.

³ Based on average mean hours per week, during 2013 and 2014

⁴ Based on average mean hours per week, during 2014

Prior to the publication of SESplan HNDA2, in 2012, East Lothian Council commissioned Craigforth to undertake an assessment of housing and housing support needs across a range of particular needs groups in East Lothian. The study aimed to gather evidence on the scale and nature of housing and housing support required for particular needs groups, to inform key aspects of the LHS 2012-17 and identify gaps in service provision.

Table 2 summarises the Craigforth indicative estimates of need, including a breakdown of the likely balance between lower and higher needs. It provides an indication of the potential overall scale of particular needs, based on a range of assumptions about the likely extent of overlap between needs groups. It is evident that older people are by some margin the largest group in terms of the overall scale of need. Older people are also the largest group of those with medium to high needs.

Looking across other groups, people with physical disabilities, dementia, and learning disabilities are the most significant in terms of scale, although a relatively small proportion across these groups are considered likely to be in the high needs group. Those with drug or alcohol needs, homeless households with support needs and people experiencing or at risk of domestic abuse are relatively small groups. While it was not possible to give a breakdown of the level of need within these groups, the study is clear there are a broad range of need levels within these groups, including some with highly complex needs.

Table 2: Housing and Housing Support Needs of Particular Needs Groups in East Lothian – Indicative Estimates of Need (2013)					
Particular Needs Groups	Total Need	Low	Medium	High	Potential scale of overlap with other needs groups
Older People	6800-700	3000	3800-4000		Cuts across all other groups to varying degree, most significant dementia and physical disability.
People with dementia	1800-2000	1000-1500	500-800		Nearly all included in estimates of older people needs.
People with physical disabilities	3300-380	3300-3400		300-360	c50-60% in other groups. Primarily older people, also mental health and learning disability needs.
People with mental health problems	350-450			350-450	c30-50% in other groups. Primarily older people, substance misuse, learning disabilities
People with learning disabilities	1250-1700	1000-1400		250-300	c30-40% in other groups? Primarily mental health, physical disability needs
People with drug and alcohol problems	350-450	350-450			c30-40% in other groups? Primarily mental health needs.
People experiencing/at risk of domestic violence	90-110	90-110			Not available.
Homeless households with support needs	230-320	230-320			c50-60% in other groups? Primarily mental health, substance misuse needs
Indicative overall need⁵					
Taking into account likely scale of overlap across needs groups		9,800 – 10,700			
Indicative need for specialist provision		750 – 1,800			
Key Issues					
There is a need to consider the role of sheltered housing in meeting particular housing and support needs in the context of changing/growing needs amongst older people.					
Significant projected growth in the older population – and particularly over 75s – is likely to lead to further increases in pressure on adaptations and other services to assist households in making best use of their housing.					
Effectively meeting the needs of people with dementia has been identified as a particular issue for housing providers and support services seeking to maintain independent living.					

⁵ It is important to recognise that estimates are dependent on numerous assumptions, which are in turn based on somewhat limited evidence. As such, the estimate of the overall scale of need should be treated as indicative only.

In terms of specialist provision the needs of those with highly complex accommodation and support needs - typically linked to learning disabilities, mental health needs and/or physical disabilities - have emerged as the most challenging to meet within East Lothian. The combination of what can be very specific accommodation requirements and high support needs is particularly challenging to meet within current specialist provision in East Lothian. This is reflected in a number of individuals having been placed out of area to meet highly complex needs.

Source: Housing and Housing Support Needs of Particular Needs Groups in East Lothian - Craigforth October 2013

Data analysis for SESplan HNDA2 relating to specialist provision has been predominantly undertaken at a national, regional and authority level and similarly, the Craigforth study is heavily reliant on national prevalence rates. This is mostly due to limitations in the availability of local data. It is generally recognised that the new health and social care planning framework provides an opportunity to improve upon need and demand assessments in relation to housing, health and social care. Additional research is therefore planned to inform the JSNA and support the LHS and SESplan HNDA3, using Scottish Government HNDA Guidance (2014) and a companion research guide produced in 2015⁶ on behalf of the Joint Improvement Team (JIT)⁷. The research is anticipated to produce initial findings by March 2016 and will identify an improved evidence base to support the integration agenda, building on existing evidence. It aims to:

- Draw together local health, housing and social care statistics to identify high levels of activity to develop existing provision further;
- Analyse trends for housing adaptations to enable estimates of future demand;
- Assess the potential role of specialist housing and well-designed mainstream housing for older and disabled households and provide a cautious estimate for the provision of specially designed and supported housing; and
- Consider ways in which housing providers could reach people before they require more costly interventions and contribute to the Integration Authority's goal to deliver preventative and earlier intervention.

The JSNA will provide the evidence base for the underlying demographics, health and care needs of the East Lothian adult population. Assessment and analysis of this evidence will provide information on health and wellbeing drivers, to establish how many people have care and support needs and the types of services they may require.

It is clear there are connections between the JSNA, HNDA and additional planned research and the development of these need assessments will encourage joint working between housing practitioners and health and social care planners, to share evidence, identify needs and plan for solutions across health, social care and housing. The need assessments must be closely linked in the future to enable a deeper understanding of how services can be realigned to support the shared objectives of providing care closer to home and commissioning services in the most effective way. These needs assessments will be aligned over the next two to three years, corresponding with the production of the next LHS in 2017 and Strategic Plan in 2019.

⁶ Young, G (2015) Making the Connection – User Guide to Specialist Housing [Online] <http://www.iitscotland.org.uk/wp-content/uploads/2015/06/Making-the-Connection-User-Guide-to-Specialist-Housing.docx>

⁷ The Joint Improvement Team is a strategic improvement partnership between the Scottish Government, NHS Scotland, COSLA (Convention of Scottish Local Authorities) and the Third, Independent and housing sectors. It provides a range of practical improvement support to local health, housing and social care partnerships across Scotland. [JIT - Joint Improvement Team](#)

4 Shared Outcomes and Service Priorities

This section of the Statement sets out the shared outcomes and service priorities linking the Strategic Plan and LHS. It identifies how the housing sector will contribute to meeting the outcomes and priorities in the Strategic Plan, which in turn reflect the contribution to the nine national health and well-being outcomes. It outlines changes to strategic planning for housing and / or housing services / provision where appropriate.

National Outcomes

Historically, the housing sector has made a positive contribution to local communities i.e. increasing housing supply; improving access to affordable housing; improving the condition and energy efficiency of housing; tackling homelessness; fuel poverty and addressing housing for people with particular needs. Given emerging challenges, this must now be taken to a new level, with a much wider focus on the contribution of the housing sector to achieving National Health and Wellbeing outcomes. The outcomes to be delivered through integration are set out in Table 3 as follows:

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

Outcome 2 (Table 3) is of particular significance to the housing contribution, although the provision of a range of good quality housing and housing related services supports delivery across all of the national outcomes. In accordance with LHS Guidance (2014), housing can make a contribution towards the national health and wellbeing outcomes at a local level by:

- Undertaking strategic housing planning;
- Providing information and advice on housing options;
- Identifying, facilitating and delivering suitable housing that gives people choice and an appropriate home environment;
- Providing low level, preventative services which can prevent the need for more expensive interventions at a later stage; and
- Building capacity in local communities.

Joint Local Outcomes

East Lothian's Health and Social Care Strategic Plan Outcomes are set out in Table 4 below.

Table 4: East Lothian Health and Social Care Partnership Strategic Plan Outcomes	
A	To make universal services more accessible and develop our communities
B	To improve prevention and early intervention
C	To reduce unscheduled care
D	To provide care closer to home
E	To deliver services within an integrated care model

F	To enable people to have more choice and control
G	To further optimise efficiency and effectiveness
H	To reduce health inequalities
I	To build and support partnership working

Local Housing Outcomes

The East Lothian 2012-2017 sets out five strategic outcomes (Table 5), with Outcome 4 of particular significance to this Statement.

Table 5: East Lothian LHS 2012-17 - Strategic Outcomes	
Outcome 1	Increase housing supply and improve access to appropriate housing, including affordable housing
Outcome 2	Improve the condition and energy efficiency, and where appropriate the management, of existing housing stock
Outcome 3	Fewer people become homeless
Outcome 4	People with particular needs are able to access and sustain their choice of housing including independent living, where appropriate
Outcome 5	Fewer people live in fuel poverty

Work will commence on a revised East Lothian LHS in 2016/17, which will make clear links to the integration agenda and Strategic Plan Outcomes. The new LHS will:

- Clearly set out the current need for specialist provision (accommodation and care / support services) that will help to support people to live independently and the likely requirement for this provision over the next five years.
- Show how current needs are being met using a range of accommodation types and what more is planned to meet future need.
- Clearly state what action is required during the lifetime of the LHS to ensure that independent living is supported, taking into account the forecast for the increasing number of people living longer, and who are therefore more likely to require specialist provision.
- Set out the East Lothian strategy for providing an environment that supports the integration of health, social care and housing, that allows people to remain in their own homes, through the use of care and support packages, aids and adaptations, and that provides clear links to other relevant strategies as appropriate.
- Set out clearly the type of services provided across all tenures in East Lothian, relating to care / support services; handy person services / care and repair; telecare and telehealth.
- Demonstrate how planning is helping with future specialist provision delivery and show clear links to the integration of Health and Social Care agenda and HCS.
- Provide an indication of the current and future need for residential and care home spaces for when independent living is no longer a viable option.
- Provide information on how an improved use of adaptations and adapted properties are helping to address need and keep people in their homes.
- Provide evidence on local initiatives (including adaptations) that both supports the prevention agenda and allows people to leave hospital following treatment and return to their home environment as early as possible.

The East Lothian HCS working group has identified eight joint priorities to be addressed by the housing sector and the integration authority, supporting the Strategic Plan. These are set out in Table 6, alongside corresponding Strategic Plan outcomes. A revised LHS will be in place in 2017 which will reflect the priorities identified within the HCS as well as identifying new priorities and outcomes as they emerge.

Table 6: East Lothian Housing Contribution Statement – Strategic Priorities / Links to Strategic Plan Outcomes			
1	Establish a joint evidence base to identify housing requirements for older and disabled people	A,B,C,D,G,I	Research will be undertaken to support the LHS / HNDA and identify the housing requirements of older and disabled households. This will be undertaken jointly with health and social care and enable the JSNA and HNDA to be more closely aligned in the future.
2	Support the provision of non-hospital bed models of care provision	A,B,D,F,G	Significant numbers of patients occupying hospital beds could be cared for in other settings if appropriate services are available and are easily accessible. Specialist housing has a strong role to play here. This may not necessarily be required in the form of new provision, but could be provided through re-provision of existing stock.
3	Undertake a joint strategic review of sheltered housing across East Lothian	B,C,D,E	East Lothian Council and the Health & Social Care Partnership will undertake a joint review of existing sheltered housing services to assess the extent to which the stock and service model meets current and future needs. The review will be considered within the wider context of policy change and issues i.e. demographic change, potential increases in older people with dementia and changing needs / aspirations of older people.
4	Use evidenced based need to identify specialist housing requirements early in the planning of the Affordable Housing Supply Programme (AHSP)	B,C,D,F,G,I	The AHSP provides an opportunity to respond to specific strategic housing needs. In many cases need is met via allocation of a standard general needs property, designed to generous space requirements of the housing for varying needs standard, with slight modifications to existing designs and layouts. As priority 1, an evidence base will be established to identify the housing needs of disabled / older people, providing an indicative estimate of requirements for provision of new build specially designed and supported housing. Where a need is clearly identified, specialist housing provision can be included in the planning process for the AHSP, administered by the Scottish Government and jointly agreed with East Lothian Council. The AHSP is delivered via the Council's new build programme and RSL partners.
5	Inclusion of Health and Social Care Partners in the planning processes for the Affordable Housing Supply Programme	B,C,D,F,G,I	Planning for specialist housing provision requires early identification of need and design requirements, alongside confirmation of revenue funding for associated housing support and care. To aid this, health and social care partners will be included in 2 key processes for delivery of the Affordable Housing Supply Programme: <ol style="list-style-type: none"> 1. Consultation on the Strategic Housing Investment Programme (SHIP), produced bi-annually 2. Membership of the East Lothian Housing Partnership
6	Contribute to Development & Implementation of a Joint Respite Strategy	B,C,D,G	Respite services are central to achieving care in the community and containing the costs of long-term care. The Health and Social Care Partnership will lead / co-ordinate the development of a Joint Respite Strategy, with appropriate contributions from housing. The Strategy will assist carers to continue to support people with care needs in their own home, which can delay admission to long-term care.
7	Provision of resource to assist health and social care professionals to deal with homelessness	B,C,G,H	Closer working relationships between housing, health and social care will provide opportunities for prevention and early intervention for 'at risk' groups, including homeless people. This should consider the role of communities, voluntary sector and any workforce that comes into contact with 'at risk' groups, i.e. primary and secondary health care; allied health professionals; social care; housing and homelessness. Housing services will provide a resource to ensure frontline health and social care professionals can identify appropriate services in their area to refer people at risk of homelessness. Online resources (provided as part of the local authority's housing information and advice strategy and preventative housing options approach) will be key tools to implement this work.
8	Ensure Housing Quality and Home Energy Efficiency Improvements are targeted in the most fuel poor areas		There are a range of initiatives in place aiming to improve the energy efficiency of housing and reduce carbon emissions. Work will continue to be targeted at deprived and vulnerable households who are more likely to live in energy inefficient housing, particularly those out-with social housing. Energy efficiency advice will continue to be targeted at households most likely to be most affected by fuel poverty.

5 Housing Related Challenges

This section of the Statement provides an overview of the housing-related challenges identified in the housing system and among providers in improving the housing contribution to health and well-being. Proposals for addressing these challenges going forward are clearly articulated and any improvements required are identified. A number of challenges are recognised, set out as follows:

- **Improving strategic and operational planning structures and joint working**

Integration has placed a focus on the need for more effective working between different agencies, including housing, health and social care, in relation to strategic planning, service commissioning and service provision. Section 1 of this Statement sets out the governance arrangements for the integration of health and social care and improved strategic, operational and planning structures. It is clear from this Statement that integration necessitates changes and improvements to the scope and nature of joint working arrangements, both on a strategic and operational level.

- **Strengthening the role of housing services in the commissioning and planning of housing support services**

A growing and ageing population will mean the requirement for a range of types and levels of housing support will increase. Housing services can help to identify and understand existing housing need and future demand, to enable more effective planning to meet the housing support requirements of local people. Housing, health and social care must develop closer working relationships in relation to the commissioning arrangements for supported housing and housing related services in order to maximise their impact for both individuals and the wider health and social care system.

- **Identifying and implementing initiatives to obtain an improved understanding of the housing pathways of older people to acute residential settings**

Housing is a central to an effective care system, particularly in relation to the housing pathways of older people, as they move from acute to residential care and back into their own homes. It is critical to obtain an improved understanding of the patterns / routes taken through services.

Work must be undertaken to identify how housing can prevent or directly address health and social care pressures. This will involve joint communication with local specialist housing and care providers, care and repair services, and other frontline services to understand where barriers exist and where outcomes are being limited by fragmented services i.e. joint working between hospital and care staff and housing support staff to deliver more effective re-ablement services, with quicker discharge and prevention of re-admissions.

- **Undertaking further analysis of the housing issues associated with hospital admission and delayed discharge**

Further analysis of delayed discharges will be critical to identifying any improvements to existing processes that the housing sector could provide. Analysis could consider potential alternative pathways to identify any safe and effective viable alternatives for being admitted unnecessarily into hospital and remaining in hospital for longer than necessary. It should focus on population groups with a high level of reliance on health and social care services and any corresponding housing needs.

- **Implementing procedures to identify earlier notification of housing adaptations**

Delayed discharge from hospital is a significant issue in East Lothian. Delays can occur for a variety of reasons, but are usually due to a lack of appropriate care or services available in the local community or care at home / housing support. In some instances an adaptation may be required to enable people to move back into their own homes.

An East Lothian Equipment and Adaptations Partnership Agreement has been in place since 2012, which sets out a streamlined process to agree the provision of major adaptations and large maintainable equipment. The early identification of the need for adaptations could result in a quicker and more effective adaptations process.

- **Reducing the requirement for temporary accommodation**

Housing supply and affordability issues are of particular concern in East Lothian and impact significantly on homeless people and homelessness services. There is an acute shortage of smaller units of affordable housing and with households generally reducing in size this situation is likely to worsen. Affordability is also an issue, with high house prices and expensive private rented housing. It can be difficult for households on low incomes to meet their needs in the private housing market.

A key priority within the Council's approach to meeting the needs of homeless households is to ensure there is temporary accommodation available which can be accessed quickly as required. An important aim is to reduce use of bed and breakfast as a temporary accommodation solution. However, since December 2012, bed and breakfast use has been on an upward trend, effectively reversing the previous progress that has been made in reducing its use from 2010 onwards.

- **Addressing the structural housing issues that impact on homelessness through the LHS**

Work will continue to be undertaken, co-ordinated through the LHS, to address the structural housing supply and affordability issues identified above which will assist in a reduction in the temporary accommodation issues. These measures include primarily increasing the supply of new and affordable housing. In addition to this a focus will be maintained on providing a preventative housing options approach to homelessness.

- **Providing housing options advice**

The introduction of a housing options approach to addressing homelessness must be continued and widened out to assist older people. Helping people to stay at home and live independently for as long as possible requires provision of information and advice on available housing options i.e. adaptations, the use of information technology, and being open to thinking about moving to a more suitable property. Housing options advice must be revised over time to reflect the availability of new technologies and new housing products and services. This should include the promotion of preventative services i.e. the 'Help to Adapt' scheme, aimed at early intervention to assist people to future proof their homes.

6 Current and Future Resources and Investment

This section of the Statement sets out the current and future resources and investment required to deliver the HCS element of the Strategic Plan. Consideration is given to both services and the bricks and mortar element of housing both currently and in the future, covering the three years of the Strategic Plan. It clearly identifies key housing resource and investment areas required to implement the Strategic Plan and deliver identified shared outcomes and priorities. It identifies where these will be funded from the integrated budget and where they will be funded by other (housing) resources. It covers activities associated with adaptations; homelessness and housing support, as well as planned new housing provision to meet particular needs.

The 2014 Act is supported by a set of regulations that prescribe the housing related functions that 'must be' delegated by a local authority and where local authority housing functions 'may be' delegated. Specific local authority housing functions which the legislation specifies must be delegated to the Integration Authority are set out in Table 7.

Table 7: Housing Related Functions that 'Must Be' Delegated		
Act	Sections	Functions
Housing (Scotland Act 2001	Section 92(2)(a)	Provision of assistance to Registered Social landlords in relation to provision and improvement (etc) of housing, but only in so far as it relates to an aid or adaptation.
Housing (Scotland) Act 2006	Section 71(1) (b) (2)(e)&(f)	Provision of assistance to any person for housing purposes, but only in so far as it relates to an aid or adaptation
Local Govt & Planning (Scotland) Act 1982	Section 24	Provision of gardening assistance for people with disabilities and to older people
Social Work (Scotland Act 1968	Section 12	Assessment of need and provision of social welfare services including residential care, personal care and housing support. (NB: Housing Support is a must be delegated function only in so far as it is provided in conjunction with personal care).

Source: Housing Advice Note (HAN) 2015

There are a range of non-delegated housing support services provided, which include housing and tenancy support for young people and housing services for older people in sheltered and amenity housing and the community alarm service. In addition to this, social housing providers offer a range of services for homeless people, which includes giving advice to those facing difficulties with their housing, advice on housing choices, welfare advice, advocacy support and assistance in finding alternative housing. Specific local authority housing functions which the legislation specifies 'may' be delegated to the Integration Authority are set out in Table 8.

Table 8: Housing Related Functions that 'May Be' Delegated		
Act	Sections	Functions
Housing (Scotland Act 1987	Sections 4,5, 5A & Part II	Power of local authority to provide furniture, etc. Power of local authority to provide board and laundry facilities; Power of local authority to provide welfare services; and Functions in relation to homelessness
Housing (Scotland) Act 2001	Sections 1,2,5,6,8 & 92	Homelessness strategies; Advice on homelessness; Duty of Registered Social Landlord to provide accommodation; Duty of registered Social Landlord further provision; Common housing registers; Housing support where it provides assistance to sustain accommodation rather than personal care

Source: Housing Advice Note (HAN) 2015

The resources and investment required to deliver the HCS element of the Strategic Plan is wide ranging, with key areas set out in Table 9.

Table 9: Key Areas of Resource and Investment	
Investment in existing Council stock	<p>The Scottish Government had previously set the Scottish Housing Quality Standard (SHQS) as a consistent minimum standard for all social landlords. By March 2015 East Lothian Council had achieved 93% compliance and work is underway to ensure any outstanding work is addressed in 2015/16.</p> <p>The new Energy Efficiency Standard for Social Housing (EESH) was introd. This standard aims to ensure improved energy efficiency in social housing to help tackle fuel poverty through reduced heating costs, with associated health and wellbeing benefits for tenants.</p> <p>The Council is investing £10.150m during 2015/16 to improve existing stock and ensure that it meets standards. This includes £300,000 for energy efficiency improvements.</p>
Open Market Acquisitions	<p>With an ageing population, there is an increased demand for smaller properties and East Lothian Council has progressed with 221 open market acquisitions from 2005-15 to increase the supply of affordable housing with a particular focus on smaller units. Some properties have also been adapted to meet specific needs. Capital investment of £0.250m is budgeted for 2015/16, to bring properties recently purchased from the open market up to the required safety and other standards prior to allocation to tenants.</p>
Adaptations	<p>East Lothian Council's housing service administers grants for major adaptations to private sector stock, with dedicated support provided to clients by Care and Repair East Lothian. Typically around 60-70 adaptations to private sector stock are carried out per annum, depending on assessed need. Capital investment of £0.465m is budgeted for private sector adaptations during 2015/16.</p> <p>East Lothian Council has a dedicated team to co-ordinate adaptations in Council properties. Around 100 adaptations are carried out in Council stock each year, depending on assessed needs. Capital investment of £750k is budgeted for adaptations during 2015/16.</p>
Housing Support	<p>Across East Lothian, housing support is provided to older people in their own homes and to older people in specialist provision, mainly in the form of very sheltered and sheltered housing. This type of housing is provided by a range of social landlords and private companies and is available in both the social rented and owner occupied tenures. In order to adapt to the changing population and economic climate, the way in which housing support is provided, organised and delivered will require to be reviewed.</p>
Private Sector Repairs / Condition	<p>The East Lothian Council Scheme of Assistance sets out assistance available for older people who own their own homes or are renting privately to maintain and repair their property. It covers information and advice and Care and Repair East Lothian deliver practical assistance to owners to carry out repair and improvement works to their properties. This includes a Small Repairs Service. Revenue funding of £285k is budgeted to Care and Repair East Lothian in 2015/16 to provide adaptations and repairs services and small repairs services.</p>
Fuel Poverty and Energy Efficiency	<p>East Lothian Council works with a range of partners to reduce fuel poverty and a number of projects and initiatives are in place to provide support and assistance. Older people are considered to be more vulnerable to fuel poverty and services which provide in-depth targeted support to vulnerable households are available. As the energy efficiency of a property is a key contributing factor to the incidence of fuel poverty, the majority of initiatives have a dual role to play to improve energy efficiency and reduce fuel poverty. Funding of £57k was provided in 2015/16 to provide fuel advice services. £300k was budgeted for energy efficiency enhancing measures to existing stock including cavity or external wall insulation and top up loft insulation.</p> <p>For private housing the Scottish Government provides funding to local authorities to deliver the Home Energy Efficiency Programme Scotland (HEEPS) which offers grant funding to households to install energy efficiency measures including external wall insulation. Circa £553k is allocated for 2015/16.</p>

Homelessness	Over the last decade, the Scottish Government has introduced legislation, which has radically altered the duties local authorities have in relation to homeless households. The changes include transforming the way homelessness is assessed and a requirement to provide temporary and permanent accommodation for additional groups. East Lothian Council works with a range of partners to prevent; reduce and alleviate homelessness, with a wide range of accommodation and support services provided.
Existing Social Rented Stock	A growing number of older people are currently under occupying family sized housing, which generally contributes to an overall shortage of affordable housing. East Lothian Council offers an incentive to tenants willing to downsize to a smaller property. The incentive aims to encourage tenants to move from properties that have become too large for their needs, making best use of the existing housing stock and releasing family sized accommodation. The incentive can be made available to tenants who transfer to another Council or RSL home, participate in a mutual exchange or move to a new build property. The Council also operates a mutual exchange register helping tenants to identify potential exchanges which can be useful for older people seeking more appropriate accommodation.

Strategic consideration of resources and investment required to deliver the HCS element of the Strategic Plan is a major undertaking. It necessitates a detailed assessment of current and future resources across a wide range of organisations and funding streams, including capital investment and revenue funding, taking account of delegated and non-delegated functions. This exercise will be a critical component of planned research to identify the needs of particular needs groups in relation to housing, housing support and specialist housing provision. The research will guide decisions with regard to the planning and delivery of an appropriate level and type of specialist housing; the commissioning of specific services and the most appropriate and cost-effective use of public funds. It is anticipated to produce initial findings by March 2016.

For the purposes of this document, top headline figures are set out in relation to the budget identified as making a direct contribution to health and social care through delivery of delegated and non delegated functions.

Table 10: Current and Future Resources and Investment (£m)				
Housing Services – Delegated Functions				
	2015-16	2016-17	2017-18	2018-19
Commissioned Housing Support	0.870 ⁸	TBC	TBC	TBC
Council Housing Adaptations	0.750	0.775	TBC	TBC
Private Sector Adaptations	0.465	0.465	TBC	TBC
Care and Repair	0.285	TBC	TBC	TBC
Garden Care	0.230	0.230	TBC	TBC
Housing Services – Non Delegated Functions				
	2015-16	2016-17	2017-18	2018-19
Investment in existing Council stock ⁹	10.678	10.933	11.937	12.045
Homelessness Services	1.245 ¹⁰	TBC	TBC	TBC
New Affordable Housing	14.094	10.881	13.283	11.069
Energy Efficiency Advice	0.057	TBC	TBC	TBC

Source: East Lothian Council 2016

⁸ Further detailed work is required in relation to the wide range of elements comprising commissioned housing support

⁹ Includes capital investment for disabled adaptations; bringing open market acquisitions up to standard; energy efficiency works; and dispersed alarm system

¹⁰ Further detailed work is required in relation to the wide range of elements comprising homelessness