



EVIDENCE FROM THE SCOTTISH FEDERATION OF HOUSING ASSOCIATIONS

IN RESPONSE TO THE FINANCE COMMITTEE'S CALL TO EVIDENCE ON PREVENTION

November 2015

1. Headline Points

- 1.1. The housing and services that housing associations provide to their tenants constitute a preventative service, particularly but not exclusively in the area of health and social care.
- 1.2. This fact remains little understood and housing remains a 'Cinderella service' in the minds of too many public service planners, commissioners and policy makers.
- 1.3. We use health and social care as our main example of prevention as it is a key area where the potential for prevention remains strongest.
- 1.4. Housing and these services can prevent i) poor mental and physical health outcomes for people and they can prevent ii) unnecessary spending by other public services in terms of both current and future demand.
- 1.5. Funding for such preventative services has been, for some time, and remains, piecemeal, short term, time bound and inadequate.
- 1.6. Such services traditionally demonstrate efficacy via user testimony that they have prevented, for example, poor mental health or inactivity leading to physical problems. This is accepted by some funders but generally those who fund on the basis noted above.
- 1.7. Such evidence is not normally taken to be sufficient to demonstrate cash savings to other public services (particularly the NHS) because of changed patterns of service use by cohorts of individuals or by populations. This means that those 'budget-holding' public services do not consider that they have a firm basis for releasing significant amounts of money from their core 'non-preventative' budgets to fund 'preventative services' in perpetuity, as they themselves are funded. This is, in part, because of the way information is and can be shared and the way those services are themselves assessed as successful or otherwise.
- 1.8. Until these budgets are 'unlocked' to fund prevention, and until preventative services have financial parity with the kinds of services that, for example, deal with those in the social care system at 'substantial risk', or those people in need of acute medical care, there will never be the kind of paradigm shift envisioned by the Christie Commission.

2. Purpose of Submission

- 2.1. The SFHA welcomes the invitation from the Scottish Government's Finance Committee to submit written evidence on prevention.
- 2.2. This submission follows the SFHA's previous submissions to the Scottish Parliament's Finance Committee's enquiry into preventative spending in August 2010 and the Scottish Parliament's Commission on the Future Delivery of Public Service's call for evidence in March 2011.
- 2.3. We are committed to fully engage with the Committee to improve the provision of preventative services utilising our housing platform as a key area that can and does provide preventative services across Scotland.

3. Who we are

- 3.1. The SFHA exists to lead, represent and support housing associations and co-operatives throughout Scotland. There were 160 Registered Social Landlords (RSLs) across Scotland at the start of 2014. Their housing provision ranges across general and specialist need with around 280,000 homes, and over 5,000 places in supported accommodation. They currently add to new supply of housing, mainly for rent to people in need and at rents below market levels.
- 3.2. SFHA is the national voice of housing associations and co-operatives. Our role is to assist and support them to meet a diverse range of housing need, to provide high quality genuinely affordable housing and to develop sustainable communities. To this end, we wish to see Scotland develop a well-functioning housing system that is able to make a significant and effective contribution to tackling poverty, inequality and deprivation across Scotland.
- 3.3. Many housing associations and co-operatives play a prominent role in wider role activity delivering a diverse range of services which contribute towards the 'prevention' agenda, promoting health and wellbeing for tenants and the local community in which they operate, and supporting vulnerable people to lead independent lives.

- 3.4. Our sector is extremely diverse, with organisations formed from a variety of different circumstances and in varying shapes and sizes. They range from large ex-local authority stock transfer organisations with tens of thousands of properties to small community controlled organisations owning a couple of hundred homes.
- 3.5. As social enterprise, housing associations and co-operatives have much to offer the future of public service delivery, in terms of their capacity, experience and connection with their local communities.

Position on Preventative Spend

- 3.6. The SFHA has argued for many years that Scotland must look to embed a preventative spending ethos into the way public services are structured and in terms of budget prioritisation and allocation.
- 3.7. While the SFHA welcomes the importance the Scottish Government places on the provision of affordable housing, in recent years the funding and priority given to housing has not been as high as one might have expected given the Government's stated intentions in its 2020 Vision for Health and Social Care¹ and Strategic Approach for Homes Fit for the 21st Century.² Until affordable housing is placed at the very centre of public service planning, public service provision will remain more costly and less effective than it could otherwise be.
- 3.8. Housing associations and co-operatives have had a transformational impact across Scotland over the past four decades, delivering lasting positive outcomes for people and communities, and undoubtedly have contributed to a substantial amount of prevention in terms of spending on health and on community justice interventions over the years.
- 3.9. In 2011, SFHA highlighted that the Scottish public sector needs to undergo a 'paradigm shift' to move the emphasis of spending priorities away from expensive 'crisis response' models of provision towards more 'early intervention' preventative services. We argued that this required not only changes in how we deliver public services, but also how the Scottish public think about public services.

¹ NHS Scotland, A Route Map to the 2020 Vision for Health and Social Care, <http://www.gov.scot/Resource/0042/00423188.pdf>

² Scottish Government, Homes Fit for the 21st Century <http://www.gov.scot/Publications/2011/02/03132933/2>

- 3.10. However, it is evident that the required 'paradigm shift' has still not taken place. This evidence answers some of the questions set out by the Finance Committee as to why that might be the case.

4. What are the main barriers to change and how to address them to accelerate the rate of progress?"

- 4.1. Experience reported by our Members highlights a number of key barriers:

Scale of Change

- 4.2. The kind of paradigm shift required to deliver the objectives is starkly outlined in the highly ambitious Christie Commission report. The statutory organisations responsible for leading this necessary change in health and social care – local authorities and the NHS – start this journey from a different paradigm that has grown up over decades. This could take a great deal of time to change.
- 4.3. Getting large statutory bodies like local authorities and the NHS to work with each other can be challenging, getting them to work with the third and independent sectors can sometimes be more challenging still. A voluntary organisation that works with our members spoke of the Change Fund partnership as an example of this. The vision for this partnership was that it would enable all interested parties to design an approach to health and social work, however, this engagement was not realised. The plans were written by the NHS and the local authority and the third sector parties were invited to sign.
- 4.4. Strong, courageous and visionary leadership is required to effect such massive change. Such leadership is not always clearly in evidence.
- 4.5. Many housing associations have had experience of leading change as the funding and legislative environments have changed. They can and would wish to offer their substantial skills and experience to Health & Social Care Partnerships (HSCPs) whether through the Integration Joint Boards as per the Public Bodies (Joint Working) (Scotland) Act 2014 or otherwise.
- 4.6. The Scottish Government needs to make a concerted effort to cultivate and support the leaders who will guide us through this generational project, and RSLs are well placed to participate in this process. See Annex A.

- 4.7. Housing associations and co-operatives supply a “can do” attitude to public service delivery and have significant financial, human and institutional capacity to bring to the table, as well having a valuable ‘reach’ into communities across Scotland.
- 4.8. The scale of change required is great, and it may not be achieved in five or even ten years; it may take a generation. However, milestones need to be identified and made visible, and the change process needs to be managed and achievable.

Competing Forces

- 4.9. The Christie Commission objectives were almost universally accepted in principle, but since the publication of the Christie report, a number of other equally as pressing issues have emerged, frustrating the pace of change, for example:
 - Budget cuts
 - Council tax freeze
 - Integration of services through Integrated Joint Boards
- 4.10. Delivering Christie has become just one agenda in many.
- 4.11. All of this risks creating a highly conflicting and demotivating environment for operational and strategic staff.
- 4.12. There is a tension between the autonomy of local authorities and the need for the Scottish Government to be directive when required. The emergence of 32 HSCPs, with 32 different ways of doing things does not necessarily allow a joined up approach and can frustrate the sharing of best practice. It is also frustrating for service providers operating nationally such as specialist housing associations who operate across multiple areas. Annex B notes some key concerns of Registered Social Landlords about Health and Social Care Integration.

- 4.13. An example of this tension was reported by a voluntary organisation that works with our members when one of their preventative services was closed by the local authority. The organisation and their clients protested to the Scottish Government who were unable to intervene in the council's decision, despite the service being perfectly aligned with the statement in the Government's 2020 Vision that "by 2020 everyone is able to live longer healthier lives at home, or in a homely setting."
- 4.14. It is important that the goals of 'Christie' and other reform agendas serve as rallying force to inspire and lead action and change the way all services are run and not as one more 'extra' thing to do on top of whatever else is being done.

Delivering Change / Delivering Operational Requirements

- 4.15. When any change process is apparently overlaid on top of the need to deliver a high level of service, which may have a statutory basis, particular operating requirements and success criteria which jar with the purported aims of the change agenda, it can often be the case that delivery under the current 'regime' takes precedence in terms of the time and resources available and change is side-lined.

Security of Funding

- 4.16. A lack of funding in perpetuity to pay for innovative services that can tackle problems at an earlier, easier-to-solve stage rather than at a reactive late stage has emerged as a critical barrier.

- 4.17. This is exacerbated by the apparent desire on the part of some statutory services for third or private sector preventative services (including housing) to demonstrate, with robust evidence, that the services, as well as preventing poor health outcomes *per se*, will also 'prevent' further strain on NHS acute and other systems by reducing the current demand for services by the population they are supporting, as well as any as yet unrealised future demand. Moreover, the data required to provide such evidence (in order in turn to warrant and secure appropriate funding) is not always accessible to the service provider e.g. NHS patient data. If a preventative service cannot show that it is reducing current demand (as opposed to simply preventing a problem which has not yet arisen, even if it is predicted to arise), it is very difficult to argue for the reallocation of funds from the acute and other services that are dealing with very high current demand today by claiming that, if they would only do so, they will have less demand to deal with tomorrow. From the point of view of a manager of an acute service, demand can be such that it can seem as if there is only today and that tomorrow never comes.
- 4.18. Isolation is known to worsen both mental and physical health and its consequences typically require people to ultimately seek help from the council and the NHS. Housing associations, through their wider action role, can link volunteers to befriend at-risk older people and fund social and practical activities such as going shopping. This can result in older people being less isolated, and happier, healthier individuals who are less at risk of requiring intervention from services such as the council or the NHS. When it comes to funding such services, (irrespective of provider) it must either be provided in perpetuity from the centre (i.e. the Scottish Government) as one more essential overall public service or it must be accepted that such services are just as much a part of a properly functioning and economically efficient health and social care service as anything provided by the NHS for those in need of acute care or by local authorities for those at the 'substantial risk' end of the social care spectrum and consequently funded from those budgets.
- 4.19. SFHA has previously highlighted that Scotland measures the value of its public service delivery largely in economic terms and that it should shift to measuring the value in terms of the social and environment impacts as well.

- 4.20. SFHA previously called for the mainstreaming of tools such as Social Return on Investment (SROI) or Social Accounting (SA) to enable a more rounded understanding of the full economic and social impact delivered by different services. We consider that such approaches may still have some potential. However, changes to the measurement of public service ‘success’ have not yet been widely enabled across HSCPs in Scotland, which retain a focus on economic efficiency and on targets that isolate small parts of the health and well-being agenda and of health and social care services and hold them up as indicators for the success or otherwise of the whole . Statutory partners must bear in mind that demonstrating such success will almost certainly require them to not only to accept different kinds of evidence but that, should they require alternative proof of success, they will have to work much more closely with other service providers to share and collect appropriate data in order to do so.
- 4.21. Any national framework designed to measure the successful delivery of outcomes must be consistently implemented and allow for all types of service to be included in it. One example of a system used in Bromford, England is noted below.³
- 4.22. Greater integration of public budgets will assist the funds available to enable preventative care and fund innovative projects.

5. What are the main barriers to change and how do we address them in order to accelerate the rate of progress

- 5.1. Anecdotally, it seems that the argument for change is not gaining sufficient traction ‘on the ground’. At least one large voluntary organisation with which our members have connections reports resistance from medical staff to the concept of preventative services, with objections from senior medical staff to even the notion of changes to funding, job roles, services or management arrangements.
- 5.2. Ideas to overcome barriers can be generated by service users who should be kept involved in the creation of new Health and Social Care Integration locality plans.

³ Bromford, [Social Value Report](#), 2015

6. How do we ensure that the necessary culture change and greater levels of integration takes place

- 6.1. A full range of interested parties – particularly housing, third sector and community bodies and groups - must be properly involved in the discussion when forming partnerships both in health and social care and, also, in community planning. It remains to be seen whether the provisions in the Public Bodies (Joint Working) (Scotland) Act 2014 and the Community Empowerment (Scotland) Act 2015 will have any significant effect on bringing such parties into their attendant processes.
- 6.2. Correspondence with our members has repeatedly flagged the issue of housing providers and other members of the third sector who are able to provide preventative care not being sufficiently or effectively involved in health and social care partnership meetings. See Annex B.
- 6.3. There is a need to consult service users to assist propagating a culture change by enabling the public to develop new ideas and reflect upon any proposed developments in the formation of partnerships. This is aligned with the views in Annex A.
- 6.4. Until the entirety of health and social care budgets locally are pooled, and until community planning partners' better pool their budgets to deliver on jointly agreed outcomes, integration in Scotland will remain unfinished business.

7. SFHA views on how to create a culture of innovation

- 7.1. When shared intrinsic values are identified and policy is accordingly set, once shared outcomes are agreed and budgets are properly pooled, and when contradictions are overcome, the key to innovation is allowing and enabling greater autonomy to both act and spend at the level required, (based in part of the principal of subsidiarity) throughout staff structures and service user engagement activities, throughout different organisations and groupings so that both staff and service users are enabled to work together to be the agents of change as much as simply deliverers of or participants in someone else's change agenda.

- 7.2. Naturally, the change process needs to be carefully planned, and the direction of travel requires to be clearly set out in order to help achieve the above. Only by taking the approach outlined will people feel aligned to the values and approaches required to deliver the change. This has to be at the heart of recruitment. One of the substantial barriers experienced by SFHA members when seeking to effect culture change has been the issue of a misalignment between the change agenda and what some public sector staff are – or feel they are – required to do and deliver and what they are trained to do and deliver. Without this alignment, the culture will not budge but this is not a criticism of staff per se, they, as much as service users, need to be very much at the heart of the process – and properly supported to be there.
- 7.3. It is the SFHA's view that housing associations and co-operatives are at the forefront of innovative thinking and have adopted an influential and preventative role far beyond bricks and mortar. This is valuable experience that can be shared.
- 7.4. Picking up on the example of isolation (noted above); River Clyde Homes is an example of a housing association with innovative services. River Clyde Homes founded an Extra Care Team to sustain wellbeing, sustain relationships and to sustain tenancies. The Extra Care Team, as well as taking on many other projects, targeted tenants aged 75 plus in a [Winter Wellbeing Campaign](#) to promote early detection of issues or difficulties.
- 7.5. The Winter Wellbeing Campaign distributed and conducted around 750 packs and winter wellbeing checks; of these 50% requested assistance as followed: fuel poverty 33%, repairs 25%, fire safety 18%, aids & adaptations 12%, debts/benefits advice 8%, and future skills 3%.
- 7.6. This initiative accomplished multiple goals, including giving people details of social contact opportunities to prevent isolation and providing information on carers support. The Extra Care Team, in their wider role, was a huge success: in 2014/15 609 new tenancies were created and with a failure rate of a mere 2%, a marked reduction on the previous year before the introduction of the Extra Care Team, this service can clearly seen to be preventative.

- 7.7. Our members suggested that innovation could be cultivated by an improved attitude to risk-taking in creating preventative services, rather than following conventional approaches that are typically risk-averse. This must have the understanding that not every initiative will progress and that funding may be lost with little gain.
- 7.8. Our members contemplated a partnered approach to risk-taking in effort to cushion the potential negative impacts.

8. What opportunities does digital technology provide in reforming the delivery of public services towards prevention?

- 8.1. Based on feedback from some members, SFHA are of the view that digital technology will play a major role in the prevention agenda as well as developing individual and community resilience.
- 8.2. Technology is often an important driver of change and can initiate massive changes in the way in which we live our lives and do our jobs.
- 8.3. Housing associations have often been early adopters of technology to help deliver better services and outcomes for their tenants and communities in which they serve.
- 8.4. Our feedback has suggested that digital technology can enable face-to-face contact through options such as Skype and Facetime rather than moving towards faceless technology.
- 8.5. As well as providing contact, digital technology can be utilised to improve medical diagnostics and harnessed to link up services, agencies and users.

9. How should community planning be developed to support service integration and the focus on prevention

- 9.1. It is too early to tell what impact the positive measures in the Community Empowerment (Scotland) Act 2015 will have, but it is crucial for senior community planning managers to secure a more robust understanding of what is happening 'on the ground'; for example by taking a more visible approach locally within CPP areas.

- 9.2. Housing associations and co-operatives across Scotland are close to the tenants and communities they serve, so can facilitate such approaches as well as providing dynamic community services that make a difference to peoples' lives and strengthen community planning at both the development and service delivery stages.

10. What lessons can we learn from other countries in delivering a preventative approach

- 10.1. In the interests of not duplicating information, the SFHA endorses wholeheartedly the submission from the Housing Support Enabling Unit to the Finance Committee in regards to this question.
- 10.2. Furthermore, we draw the Committee's attention to the example of Canada. In Canada, there is momentum for older people to consider their homes like their cars in relation to upkeep. This means that they are encouraged to keep homes in good repair as assets for the future and ensure guttering and boilers are in good condition.

11. What are the implications for the provision of public services if the decisive shift to prevention does not take place?

- 11.1. Citizens will suffer as the need for crisis led intervention increases, but there are fewer resources available to meet demand.
- 11.2. As well as the social and emotional impact, there will be an additional cost to the public purse as services use their limited finances conducting basic firefighting rather than tackling problems at an earlier stage.

12. Conclusion

- 12.1. Funding for Affordable Housing and associated services provided by housing associations and co-operatives is already a form of preventative spend. But unless affordable housing is at the centre of public service planning, provision will remain more costly and ineffective than it should be.

- 12.2. The emphasis on preventative services and spending in fact, especially in financial fact, should match in the stated intentions in such Scottish Government policy documents as the 2020 Vision for Health and Social Care and Homes Fit for the 21st Century. If this does not happen there will never be the kind of paradigm shift envisioned by the Christie Commission.
- 12.3. Housing associations and co-operatives have a vast amount of experience of effecting change across their organisations to meet the changing needs of the people they serve and to adopt an approach to service that pre-empts and prevents the greatest problems of tenants and communities rather than adopting a more expensive crisis-driven response. This role should be widely recognised and utilised in full to promote the preventative agenda.
- 12.4. The Scottish Government could do more to provide leadership to Health and Social Care Partnerships to adopt not only a financial analysis of public spending, but social and environmental as well.

CONTACT:

Andrew Jackson
Head of Public Affairs, SFHA

POLICY CONTACT:

Karen Wright
Policy Advisor

Annexes

Annex A: Delivering the preventative agenda - the rhetoric and the reality by Andy Todman
Annex B: Registered Social Landlord's concerns about Health and Social Care Integration

References:

Bromford, Social Value Report 2015, available at <
http://www.bromford.co.uk/media/4150424/Social-Value-Report-15.pdf?utm_content=buffere969e&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer > [accessed 3rd November 2015].

NHS Scotland, A Route Map to the 2020 Vision for Health and Social Care, available at <
<http://www.gov.scot/Resource/0042/00423188.pdf> > [accessed 3rd November 2015].

Joint Improvement Team, River Clyde Homes Extra Care Team – Sustaining Wellbeing, Sustaining Relationships, Sustaining Tenancies, 2015. Available at <<http://www.jitscotland.org.uk/example-of-practice/river-clyde-homes-extra-care-team-sustaining-wellbeing-sustaining-relationships-sustaining-tenancies/>> [accessed 3rd November 2015].

Scottish Government, Homes Fit for the 21st Century, The Scottish Government's Strategy and Action Plan for Housing in the Next Decade: 2011-2020, 2011, Available at <<http://www.gov.scot/Publications/2011/02/03132933/2>> [accessed 3rd November 2015]

Annex A: Delivering the preventative agenda - the rhetoric and the reality

The information contained in this annex is submitted for the Committee's information to illuminate by way of anecdotal experience some of the issues facing our members that we allude to in our main submission. This appendix does not reflect the SFHA's position and should not be taken as doing so.

Author: Andy Todman MBA MSc BSc (Hons) CMgr MCMI CIHCM, Care & Repair Manager at Dumfries & Galloway at Loreburn Housing Association.

Andy Todman is the Care & Repair Manager for Dumfries & Galloway at Loreburn Housing Association and is Loreburn's lead on Health & Social Care Integration. In addition Andy is the Interim Chair of Care & Repair Scotland, the national coordinating body for the Care & Repair Agencies. Outside work Andy is active in the Voluntary Sector and is currently the Chair of Nithsdale Council of Voluntary Service and is a founding trustee of The Hub – your community action centre, a development trust in Dumfries. Andy assisted in the formation of the Dumfries & Galloway Third Sector Interface through membership of the Interface Working Group and was the Interface signatory on the first Change Fund submission made by Dumfries & Galloway.

Delivering the preventative agenda - the rhetoric and the reality

The need for strategic leadership to maximise the potential of the Public Bodies (Joint Working) Scotland Act and the Community Empowerment (Scotland) Act in the new Health and Social Care Integration Localities

A view from the front line

A SPIN Analysis (Situation Problem Implication Need)

Situation

1. Dumfries & Galloway is a large rural area with a dispersed population. Service delivery is challenging owing to the rurality and transport infrastructure. In addition the population of the region is aging rapidly and health and social care services are being severely stretched to meet the demands.
2. The Council of Voluntary Service (CVS) network used to be present in each of the old district council areas of Dumfries & Galloway and provided a community embedded intermediary function to help grow and foster new services in response to local demand. The CVS's also provided Voluntary Sector trustee opportunities so people could experience what it was like to manage a local Voluntary Sector organisation. With the introduction of the Third Sector Interface the CVS intermediary roles were transferred to the Interface and both Scottish Government and Local Authority funding to the CVS's terminated. Most of the former CVS's have ceased to operate.
3. The creation of the Third Sector Interface and the transfer of both services and staff from the CVS network was a very difficult time. It has resulted in the

loss of local CVS Boards and their trustees with a grass roots local focus and local intelligence. The Interface has had to become a more strategic organisation as a requirement of the Government and the Local Authority with different staff with different remits which has reduced the local contact. The reduction in Local Authority funding has reduced the number of charities and small local organisations operating in Dumfries & Galloway. The Local Authority also has to review and rationalise its Community Learning & Development Services in the wake of significant funding cuts. So overall the changes detailed above have compromised the long term sustainability of Voluntary Sector services and undermined the local groups who are not in a position to engage in what is required. A further compounding issue is that small local voluntary organisations have to become more commercial to help them become sustainable. The intensive support that is required to build the commercial skills sets is not available at the level to be meaningful.

4. The new Health & Social Care Integration (H&SCI) Localities mirror the old district council areas and are currently in the process of drafting their locality delivery plans. The Joint Strategic Needs Assessment (JSNA) has highlighted the following:

Extracts from Dumfries & Galloway JSNA:

Extract 1

“There are some markers that the ambition of right support, right place, right time are not being fully met, one of which is the number of emergency hospital admissions, which are less desirable than planned admissions and another is the number of delayed discharges. This is the situation now in Dumfries & Galloway:

- *Emergency admissions have gone up 18% over the last four years for residents aged 85 or older, from 1,600 in 2009/10 to 1,900 in 2013/14*

Source: SMR01, ISD Scotland

- *The number of bed days lost due to delayed discharges across all our hospitals have increased from 3,000 in 2011-12 to 12,800 in 2014-15*

Local delayed discharge data, NHS Dumfries & Galloway

Extract 2

Just as important is the idea of social isolation. When people don't have a strong support network of friends and family, or find their community unsupportive or even just find that they don't have enough time to themselves, like many unpaid Carers, then their health and wellbeing can suffer. Small communities can be very supportive but are not always equally welcoming to everyone.

Here are a couple of examples that illustrate why isolation was chosen as theme:

- *The number of older adults (aged 75 or older) living alone is likely to nearly double (from 6,400 to 11,700) by 2037.*

NRS Households projections, 2012 based

- *According to the Census 2011 there were nearly 15,000 unpaid Carers in our region, and 29% (4,300) of these were providing more than 50 hours of care per week.*

Census 2011, table LC3301SC”

The extracts from the Joint Strategic Needs Assessment show the types of pressures the Localities are under and they have to create new innovative services by fully engaging with Housing and the Voluntary and Independent sectors. The reshaping care agenda with the move to preventative and community based services needs a strong and fully engaged and supported Voluntary Sector. The Voluntary Sector has been compromised as detailed above and is not able to realise the opportunities or outcomes offered by H&SCI. A participatory appraisal is currently taking place on the level of engagement with the Locality Planning process to highlight areas and issues.

5. The Community Empowerment Act has many aspects that mirror or complement The Public Bodies (Joint Working) Scotland Act, for instance the local outcomes improvement plan, the localities focus, the production of a locality plan and participation requests. Therefore there are areas of potential joint working to create mutual outcomes particularly around communities delivering public services. What is unclear is the extent to which this potential has been highlighted at Government level and cascaded down to the H&SCI Localities.

Problems

New innovative and community embedded services need to be developed to bring together local potential and capabilities to solve the severe Health & Social Care issues Dumfries & Galloway face – in a collaborative gain approach. But there is not the strategic leadership both nationally and regionally to bring together the aspect of both pieces of legislation to drive the required changes to maximise the potential.

The key problem areas are:

1. The H&SCI Localities while involving the Voluntary Sector do not have sufficient community development skills and capacities
2. The H&SCI Localities are under time and financial pressure to deliver solutions but developing community based services takes time and resources.
3. The Third Sector Interface has limited capacity

4. Communities need locally based help and support to develop new ideas and to have the support of the “wrap around” portfolio of services to incubate, develop and foster the fledgling organisations.
5. There is not a sufficient understanding by many of the H&SCI partners of the “housing offering” and the importance of housing in delivering the national health and social care outcomes.

Implication

The implication is that the current opportunity posed by the development of the H&SCI locality plans and the supporting locality delivery plans and the Community Empowerment Act will be lost, to the detriment of the communities of Dumfries & Galloway

Need

There is a need for a community anchor and focal point organisation with an established local presence in each locality which has proven customer engagement systems and a portfolio of appropriate skill sets to act as a strategic facilitator to assist the H&SCI Locality Management, the Third Sector Interface and local communities to bring about a realisation of the preventative outcomes offered by the two pieces of legislation.

Suggestion

Housing Associations are very well placed to work in this Community Anchor focal point organisation role outlined above and could be funded to provide the above services.

Annex B: Registered Social Landlord's concerns about Health and Social Care Integration

This has been included in our submission to convey our member's concerns about the formation of Health and Social Care Partnerships commissioning services locally.

A key concern voiced by our members are that the role of housing is not recognised in the creation of local partnerships, and housing representatives feel that they are not being engaged in the discussions of partnerships. Furthermore, many of our members that span multiple local authorities hold acute concerns about creating and working with multiple local processes, and others have raised that they are unsure of who to contact to become involved in partnerships.

These quotes were taken from a Joint Improvement Team⁴ Registered Social Landlord Engagement with Health and Social Care survey in April 2015 which posed the question:

“Do you have any concerns regarding the new health and social care partnerships process so far?”

“Being able to work nationally across geographical area we cover. [There are] different partnerships developing nationally. Finally, it is difficult to know how to influence H&SC partners to involve housing partners.”

“Yes – there is a need for effective communications for example of what is happening, progress etc. There is also a need for collaborative working, openness and transparency. Essentially to be assured that RSI's have a strong place within the planning process - from a practical perspective.”

“ I have not been approached re the formation of plans/delivery proposals etc.”

“... we are not aware of how to engage with the new partnerships and don't know who to contact to find out more. I previously asked for this to be discussed through local essential connections meetings - but as far as I know this has not yet been agreed.”

“As stated a lack of clear understanding of roles of partners and expectations of service delivery of each.”

⁴ <http://www.jitscotland.org.uk/>

“As we work across 23 local authority areas, the variety and extent to which the process across the different areas can make it difficult to ensure the links are made with the appropriate individuals.”

“I've only attended a couple of meetings but the local authority housing department isn't represented. As yet, we've seen no financial info in the strategic planning document.”

“Housing” has been on the periphery of the discussions so far. We have been involved through representative groups such as GWSF and Third Sector Forum and feel that main partners do not value any contribution from the housing sector.”

“As is often the case, 'housing' tends to focus on local authority housing and not the wider provision (RSL and PRS).”

“We have had little direct involvement with the process and from the outside it looks as though the LA and the NHS are mainly interested in protecting their own realms. The focus from the LA seems to be to integrate only what must be integrated instead of looking at it as an opportunity.”

“We work across a number of local authority areas and they are all taking a different approach. There is no real feeling of any influence over the decisions that will be made.”

“Consultation with RSLs has been restricted to being part of the third sector. I am not convinced that the L.A. and Health Board are up for real consultation.”

“Given the scale of the new health & social care partnerships with planned changes it is difficult to focus on specifics that we can be involved in. Relatively small staff team and we cannot keep up with the ever changing picture, worry we may miss something important.”

“The ageing population will have a major impact on the services (and accommodation types) we will require to provide - RSL's are not yet geared up to respond to this and the new partnerships do not have a clear understanding of our current / future roles.”