

Annex B - Housing Contribution Statement

The Housing Contribution Statement is a statutory requirement and sets out the contribution of housing and related services in Shetland towards helping achieve priority outcomes for health and social care. The Housing Contributions to Integration includes:

- Encourage future housing supply that is the right size and in the right location across all tenures; built to modern standards and future-proofed design, mainstreaming of barrier-free, dementia friendly design and promoting provision for the use of assistive technologies.
- Moving away from 'sheltered housing' and 'very sheltered housing' labels to accessible housing, homes with support and homes for life.
- Developing better shared assessment processes with health and care teams in localities to link with housing support plans and housing allocation process.
- Reviewing housing allocations policy to ensure that it continues to match people with housing that is suitable for their needs.
- Developing a housing options approach which would assist with longer term planning and anticipating future needs by fostering a prevention/early intervention approach to housing need. This will include developing a range of information and advice access points in partnership with a range of agencies in all localities.
- Providing a flexible and adaptable housing support service in all localities
- Anticipate an increase in the number of adaptations required. The range and flexibility should be reviewed to enable choices and to allow for future planning to happen as early as practicable. Timescales and priorities for adaptations to be kept under review.
- Increase the number of accessible houses in the Council's housing stock.
- Integrating telecare and telehealth technology with provision of adaptations
- Review and develop the Handyman service for all tenures
- Recording and analysing a range of data and indicators on housing need, demand and provision to provide a robust baseline of future and anticipated needs.

The challenges identified:

- The ageing population
- The financial pressures
- The need for better understanding of the housing and support needs of people with long term, multiple health conditions and complex needs

- The likelihood of an increase in the demand for lower level housing support to enable people to sustain their own tenures and allow them to continue to be supported at home as far as is practicable.

The Future Social Care Needs & Services

A multi-disciplinary project was undertaken in 2017 to determine the future social care needs and services. The emerging conclusions are that there is no evidence to support the need for any additional care home places. While it is expected that demand for care at home services will grow, there needs to be a focus on early intervention and preventative services to manage demand, expectation and potential growth in services. The Housing Contribution Statement element of the Community Health and Social Care Strategic Plan is an essential element of allowing such conclusions to be met, by working to provide appropriate housing options which do not presume that people need to move in order to be able to receive a care package.

The developing service models include:

- the 'asset based' approach to needs assessment, whereby the assessment of need starts from the premise of what a person is able to do for themselves, then works outwards to statutory provision;
- encourage 'Self Directed Support' which allows people to choose how their support is provided, and gives them as much control as they want of their individual budget;
- support for unpaid carers through the implementation of the Carers Act (Scotland) 2016;
- extended approach to falls prevention;
- implement the Time to Care project, to release staff time to concentrate on caring tasks through more effective use of ICT systems and Telecare;
- Maximising the use of Anticipatory Care Plans;
- Supporting staff to be mobile, flexible, and working to their maximum skill set and where staff with a general skill set are able to work across services;
- Supporting the Effective Prescribing project, where it focuses on care homes and community settings;
- Supporting the further development of integrated local teams, building resilience and cover especially around single handed practitioners and out of hours arrangements;
- Accelerated campaign to support home owners to make investments now to plan for future care needs (accessible ramps, showers, etc);
- Positively promote a range of ill health prevention and good health promotion initiatives and messages (around activity, diet, lifestyle, etc);
- Stepping up post diagnostic support for people recently diagnosed with dementia;

- Maintaining the strong partnership arrangements around winter planning specifically and business continuity planning in general to manage unusual peaks in demand;
- Continue to explore with Shetland Charitable Trust how best to focus support on improving people's quality of life, with an emphasis on early intervention and preventative services and tackling inequality;
- Apply, where appropriate, emerging technological solutions to support people to live independently at home;
- Carry out a needs assessment of Levels 1 and 2 care needs, map those to existing resources and services, identify gaps and develop arrangements to best meet those needs (through including services and support outwith the formal health and care sector including voluntary, community, third sector and housing services and support);
- Explore further geographically dispersed models of management for supporting care at home, including respite at home where appropriate, starting in the south mainland;
- Continue to roll out rehabilitation and re-ablement approaches;
- Investigate a 24-7 responsive service to further support care at home and out of hours arrangements (on mainland Shetland);