



# HOUSING WITH CARE FOR OLDER PEOPLE



Produced by Newhaven  
Research for CIH Scotland  
and the Scottish Government's  
Joint Improvement Team



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## FOREWORD



In ten years' time we might expect that the furore over welfare reform will have died down but the challenges of our ageing population will still very much be with us. Whilst we know that the great majority of older people will only ever live in mainstream housing, we also know that a small but critical minority will need specialist housing with care, not least as we all work to explore housing-based alternatives to traditional residential care. Times are tough and making specialist provision isn't easy, but this publication highlights recent and current initiatives and challenges us to find ways of making further such provision despite the financial climate we are facing.

*Elaine Gibson*

**Chair, CIH Scotland**



This report is an important contribution to taking forward our thinking at national and local level about the contribution of housing with care. It illustrates the wide range of local initiatives, which have been taken forward by housing providers working with partners in health and social care, and highlights the issues which we all need to address for more older people to have this type of housing as a choice available in their local community. The Joint Improvement Team will continue to work closely with national and local partners - across housing, health and social care - to learn from, and build on, the experience captured in these case studies.

*Margaret Whoriskey*

**Director, Joint Improvement Team**

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# 1. INTRODUCTION

## Study aims

Housing with Care is a term that is often used interchangeably with extra care housing, continuing care, very sheltered housing, and assisted living. It offers an older person, often including those with dementia, the security and privacy of their own self-contained home; care and support packages tailored to their needs; and access to various facilities to enable them to enjoy a higher quality of life and, where possible, avoid the need to move to residential care.

This report showcases a number of housing with care models that have improved the health and well-being of older people, all of which are in the social sector. It builds on the experiential knowledge of housing staff involved in the running, or the strategic planning of housing with care, to offer insights into some of the issues, challenges, and risks surrounding the development and ongoing management of housing with care that others may learn from.

## Context

As the baby boomer generation progresses into later life, Scotland is now entering a period of considerable demographic change. The 2011 Census showed that 17% of Scotland's population is aged 65 and over. Fewer births and longer lives means that numbers of people aged 65 and over will be the fastest rising segment of the population over the next two decades; and within the older population, the sharpest rise will be in people aged 80 and over.

The economic and social impact of this demographic change will be very considerable. Together with tight public finances and further austerity plans for public spending, this is changing the landscape in which health, social care and housing services will be delivered in the coming years.

In the wake of the Christie Commission and Community Planning review, the Scottish Government has given Community Planning Partnerships (CPPs) a central role in the reform of public services to bring about a preventative approach to tackle deep-rooted social problems and inequalities whilst also reducing public spending.

To facilitate the reshaping care for older people agenda, a four year 'Change Fund' has provided 'bridging finance' to enable health and social care partners to implement local

*The 2011 Census showed that 17% of Scotland's population is aged 65 and over*

plans to shift to preventative spend and early intervention to make better use of their combined resources. The Scottish Government has also confirmed it will legislate for the integration of adult health and social care. This will see the establishment of Health and Social Care Partnerships (H&SCPs) and a single integrated budget for each partnership<sup>1</sup> to support joint strategic commissioning and to further accelerate the shift towards the delivery of preventive, community based services. This is being accompanied by expansion of self-directed support to allow older people to have greater choice and control over the services they receive.

The Scottish Government expects that some outcomes sought by local health and social care partnerships will be reflected in future Community Planning Partnership *Single Outcome Agreements*. This is to ensure local partnerships address the broader determinants of health and well-being and avoid a narrow preoccupation with formal NHS and care services.

Although not formally a part of health and social care integration, the housing sector has a central role in enabling people to live independently in the community. In particular, it has long been recognised that lack of suitably designed or adapted housing and of housing related services can escalate health and care needs and trigger events, such as falls, that result in hospital admission and reduce a person's ability and confidence to live independently and safely in the community.

*Age, Home and Community: A Strategy for Housing for Scotland's Older People: 2012 – 2021* confirmed that the Scottish Government and COSLA see the expansion of suitable housing and housing related services as a cost effective way of enabling older people to have greater choice and live independently. It also confirmed that housing with care is an important strand of the housing contribution towards the delivery of an integrated approach to caring for older people and helping prevent avoidable re-admissions to hospital and care homes.

In support of these ambitions, Housing Contribution Statements now form part of the joint strategic planning arrangements of local health and social care partnerships. These statements are expected to strengthen the connections between Local Housing Strategies and health and social care commissioning plans and show how the preventive benefits of housing provision and housing related services will be maximised.

As discussions continue over the detail of the integration of health and social care and how CPPs will drive forward public service reform, it will be essential to find effective ways to expand the housing options available for older people. Notwithstanding the challenges identified in this report, this should include the expansion of models of housing with care that suit local communities.

Fortunately, there is an important track record of delivering housing with care for older people that can help to inform these discussions.

We hope this report will be a timely and helpful reminder of what can be achieved, and that it makes a constructive contribution to knowledge of, and debate about, the potential future expansion of housing with care models.

<sup>1</sup>At a minimum, the integrated budget will include community health, adult social care and elements of acute spend.

## 2. ST. MARGARETS COURT, GREENOCK

St Margaret's Court is an example of housing with care where tenant engagement is an integral component in the provision of high quality holistic and person centred services.



### About St Margaret's Court

St Margaret's Court in Greenock was constructed in 1982 and is close to local shops and a health centre. It was built as sheltered housing, but in 2006 Trust HA teamed up with Inverclyde Council to develop plans to upgrade it to housing with care by bringing together the delivery of housing, support, and personal care services under the management of Trust HA.

The impetus for change came from a review of sheltered housing and the plans to close Ravenscraig hospital, which provided psychiatric and geriatric services for adults. This was further boosted by a successful bid by the Inverclyde Community Health and Care Partnership to the Joint Improvement Team (JIT) to establish an Inverclyde housing demonstrator initiative as part of JIT telecare programme. Amongst the aims of this demonstrator was to enhance the contribution of sheltered housing to a shift in the balance of care and to reduce the numbers of older people delayed in hospital due to housing related issues.

The upgrade was completed in 2008, following some structural works to the building and the transfer of the provision of care from the Council to Trust HA. During the two year upgrade period there was regular dialogue with tenants, council staff and elected members.

When the plans were first shared with tenants and their families, reactions were largely positive, perhaps aided by the fact that many were aware that on-site support was being withdrawn from other sheltered developments. However, some 10% of tenants were less enthusiastic about the planned changes.

To gain the support and cooperation of tenants and their families, Trust HA found it was vital to communicate clearly, consistently, and on a repeated basis. There were regular meetings to reiterate the reasons for the changes and how these would benefit tenants as well as to clarify which services would be optional. One to one discussions were also held to assist tenants (and their family and carers) understand what the changes would mean for them and to address any personal worries or concerns they had.

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Since St Margaret's Court was upgraded, Trust HA has continued to refine its tenant engagement process for supporting tenants through similar change processes in other sheltered complexes and to communicate more clearly that tenants have the option to move to alternative sheltered or general needs housing if they would prefer at the very start of the process.



### The accommodation

St Margaret's Court contains 32 bright and easy to manage self-contained flats spread out on two floors. Each flat has a kitchen, a walk-in bathroom with shower, lounge, and bedroom and is linked into the building's fire alarm system. The call system in each flat is linked into the 24/7 Inverclyde alarm centre. In common with other case studies in this report, tenants can choose how their home is furnished.

Entrance to the complex is controlled by a CCTV entrance system, which is linked into each flat. Communal facilities include two light-filled lounges, laundry facilities, a lift, an assisted bathroom, landscaped gardens, and guest facilities. A dining room and commercial style kitchen were amongst the facilities added in 2008 to permit food to be cooked and served to tenants on the premises twice a day. The complex also includes some of the dementia friendly design features highlighted in other case studies, as well as office space for staff.







## Care and support

Individuals who would like to live in St Margaret's Court can apply direct to Trust HA, but all applicants are referred to a multi-disciplinary allocation panel. This panel was established as part of the demonstrator initiative to improve assessment arrangements and to ensure housing, care and support packages are tailored to each person's needs and preferences. Trust HA retains the right to make the final decision on allocations. This is seen as an important tool for maintaining a balance between individuals with lower and higher care needs and for ensuring the total hours of care provided remain within the limits negotiated with commissioning partners. In practice, potential nominations are discussed with the panel and social work staff before it gets to the point where a nomination would have to be declined.

An initial teething problem was a lack of referrals. This was addressed by raising the profile of St Margaret's Court with frontline professionals, including social workers, and by ensuring frontline staff understood and could speak to older people about what the service could offer.

To deliver a holistic service, the warden service was replaced by a care team that is managed by the care manager, who also manages the catering staff. All care staff are trained to provide housing support and personal

*All care staff are trained to provide housing support and personal care, including end of life care.*

care, including end of life care. The care team is on site from 8am to 10pm every day. Each tenant (and any partner) has a support plan detailing their individual care package. This is reviewed with their key worker every six months or earlier if an individual's circumstances change. However, as staff are on site, the time of staff visits to tenants or other aspects of the support and care provided can be modified to accord with a tenant's wishes. Overnight care is provided via community alarm and associated overnight responder service.

There are six-weekly meetings with social work staff to review the care needs of tenants and the overall balance of care. Staff also work closely with health professionals to secure any necessary supplementary care, including community psychiatric and end of life nursing care. Good communication and rapport between Trust HA, social work, and health staff has been aided by relatively low rates of key staff turnover across all three partners.

An important focus has been to ensure staff form positive and stable relationships with tenants. To maintain good staff morale and reinforce high and consistent care standards, there are regular staff supervision sessions, in-house training events, and senior staff 'spot checks'. Trust HA also draws on a small pool of staff to cover annual leave or to provide extended care for short periods.



## Tenant engagement

Another important focus has been to encourage tenant engagement in quality assurance arrangements as a means of assisting tenants to retain their self-esteem and well-being. Various tools are used to seek and respond to tenants' views about service standards and potential improvements, ranging from staff (at all levels) talking and listening to tenants, to newsletters and surveys. Tenants also participate in aspects of the staff recruitment process.

The St Margaret's Court tenants' organisation provides a platform for tenants to raise and discuss matters of interest with senior management and Board members of Trust HA. It also organises various social activities. It recently made successful bids for £500 from Inverclyde Council to help with administrative expenses and £1,000 from the NHS to enhance an exercise programme. It recently ran a successful campaign to get graffiti removed from a local shop wall.

The tenants' organisation is a member of 'Your Voice', the Inverclyde Community Care Forum, and hosts one of several 'Older Voices Groups' that Your Voice set up in 2012 with lottery funding. These monthly peer support sessions involve storytelling and other activities and have proved to be very rewarding for tenants and other older people living locally.



## Funding and costs

The Scottish Government contributed grant funding towards the upgrade of individual apartments. The £0.25 million cost of new commercial kitchen and dining facilities was funded solely from Trust HA's own resources: this reflects the fact that housing with care is seen as important to the future direction of the organisation.



In 2012-13, the basic monthly rent was £292.28 whilst the landlord service charge for the repair, upkeep, and heating of common areas, grounds maintenance, and the replacement of service equipment was £286.40. Tenants also pay a monthly charge of £304.74 for meals and a monthly heating charge of £47.23 for their apartment. Tenants in receipt of full housing benefit pay £121.76 a month, which covers the non housing benefit eligible component of the meals service and the heating charge.

In addition to rent and service charge income, Trust HA receives a block grant from the Council for the provision of care and support. This amounts to around £185,000 per annum.



## LESSONS



Trust HA's experience at St Margaret's Court (and more recent initiatives) demonstrates that:

- In remodelling sheltered housing to housing with care it is important to offer tenants a choice of remaining in the dwelling being remodelled or moving to alternative accommodation. This may require work with other housing providers to secure suitable vacancies.
- Front-line social work and health staff play a pivotal role in identifying and referring older people that could benefit from living in housing with care and it is essential to ensure they understand what the service has to offer. It should never be assumed because the Council is commissioning the service that frontline staff will be aware of what it has to offer.
- Providers must be prepared to genuinely listen to what tenants say they need and want and continue to refine the service provided to respond to this feedback
- Working across local authority areas can be challenging because of the need to adapt services and systems to suit commissioners' requirements and to accommodate different arrangements for housing allocations and assessments for care.



### 3. KINLOCH COURT, CARNOUSTIE

Kinloch Court is an integrated development. It includes a care centre, 28 supported housing units for older people and 10 new council houses for families. It is located on the site of the former Kinloch Primary School in a residential area near the centre of Carnoustie.

Construction began in spring 2011 and the complex will become fully operational before summer 2013.



#### The local policy context

In 2008 - 9 Angus Council adopted a policy of improving outcomes by refocusing services on assisting older people to retain or regain as much independence as possible. As part of this re-enablement policy, one priority has been to expand supported housing and reduce reliance on care home provision for all but those with the most complex and intensive care needs. At the time it was estimated that the annual gross unit cost to the Council (before allowing for income from fees etc.) of supported housing was some £17,100 - around £7,000 less than the comparable average cost of care home (non-nursing) provision.

In 2009 a project board under the convenership of the Council's Chief Executive reviewed options for redevelopment of the former school site and concluded that it should be used to develop a new care centre and supported housing scheme. As there were only three small scale supported housing projects in Angus in 2009, considerable time and effort have been devoted to the development of a model of housing with care that:

- Can provide an effective alternative to residential care and allow an older person with high support needs to live as independently as possible and participate in the wider community.
- Has the potential to be replicated elsewhere in Angus, which could include converting existing sheltered complexes where suitable.

Kinloch Court will replace the Council's Camus House care complex, which will be demolished to make way for 11 new council houses (plus another five adapted properties for ex-services personnel, the latter being developed in partnership with Houses for Heroes Scotland).



#### The accommodation

The two storey care centre building has a large well lit glazed mall, which is intended to provide a central meeting place and a focus for activities for residents and the wider community. The main building and the surrounding landscaped area also includes:

- An eight en-suite bedroom high dependency care home that is situated on the ground floor and has its own enclosed courtyard garden.
- An eight en-suite bedroom high dependency respite unit which is located on the first floor and has access to its own enclosed and secure rooftop garden.
- A 12 person day care centre suitable for people with dementia, which has its own secure garden area, including sensory and seating areas.
- An entertainment/dining room with a full commercial kitchen, hairdressing salon, medical services room, laundry and office accommodation for onsite social work and health staff who will also provide personal care and support services to the wider local area.

The 28 supported housing rental units (25 two bedroom and three one-bedroom bungalows) are built around a landscaped courtyard garden. Both the bungalows and the care centre are wheelchair accessible, covered by an integrated sprinkler system and contain facilities for storage and recharging of mobility scooters. The Council worked with the Dementia Services Development Centre at Stirling University to secure a dementia friendly design throughout the complex.





Each bungalow has its own small garden area. Tenants access the range of communal facilities and assisted bathing facilities located within the main care complex by walking through fully covered but naturally lit internal walkways. There is also a call and care system capable of supporting a wide range of telecare equipment in each bungalow.

Both the care complex and the 28 bungalows are linked to a biomass district heating system and have been designed to exceed the Council's energy efficiency standards and recycling targets. The buildings include enhanced insulation, photovoltaic electric cells and solar water heating. In addition, reclaimed stone, reclaimed roof slates, and crushed demolition material from the original school site have been incorporated into the design.

The ten recently occupied two-storey council houses on the site are suitable for families that contain an adult or child with a mobility related disability. The two, three-bedroom and eight, four-bedroom houses are not linked to the district heating system, but are very energy efficient and incorporate high levels of insulation, solar water heating and air source heat pumps, to help combat fuel poverty.

Altogether, the care centre capital costs at Kinloch Court totalled around £10.7 million. The Housing Service assembled £5.3 million to cover the housing components, while Social Work and Health contributed £5.4 million towards the care complex, including £1.4 million for the provision of the communal facilities and associated care facilities for tenants. The supported housing units cost, excluding the communal facilities, approximately £3.9 million or £140,000 per unit. This was funded through £0.7 million of Scottish Government grant (£25,000 per unit), £2.65 million of prudential borrowing, and £0.55 million from capital receipts and second homes Council Tax income. The general needs housing cost was £1.4 million, of which the Housing Service funded £1.15 million, with the balance of £250,000 funded through Scottish Government grant.



## Care and support

The Housing Service will be responsible for property management of the 28 supported housing and 10 family properties and will collaborate with Social Work and Health staff in allocating tenancies. It is expected that most tenants will have additional support needs such as those associated with the receipt of Disability Living Allowance or Attendance Allowance. Social Work and Health will be responsible for the delivery of an enhanced 24/7 housing support service to tenants, which will employ around seven dedicated staff, as well as any additional personal care and support required by individual tenants.

The weekly rent for the two-bedroom supported housing bungalows for 2013 -14 has been set at £71.82 per week plus a service charge of £29.93 for the upkeep of the buildings, insurance, heating of the communal areas and warden call system. The basic rent for the one-bedroom

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properties will be £63.25. The enhanced management service will be £103.19 per tenancy. The total charge for tenants living in the two-bedroom supported housing bungalows will therefore be £204.94 per week or £888 per calendar month.

The Council has been advised that the tenancy cost, including the enhanced management service, is housing benefit eligible, but are aware that this position may need to be revisited as more details about service charges and changes to state benefits for pensioner households becomes known. The Council has also confirmed that, as this service is provided as part of the tenancy, enhanced management service costs will not be eligible for self-directed support.



## Future direction

Angus Council has a substantial own stock housing new build programme, but current and projected borrowing commitments suggest that further purpose built Council supported housing developments may be limited unless alternative capital funding can be secured. It also believes that, due to current market conditions and the reduction in grant rates, it may not be feasible for RSLs or the private sector to develop supported housing for the time being.

The Council is therefore considering how best to develop further supported housing complexes. This may involve the conversion of existing Council sheltered housing complexes in the next few years. It also continues to pursue policies to adapt its own housing stock so that as many properties as possible are suitable for older people and to ensure the vast majority of new affordable homes are barrier free.

## LESSONS

The experience in Angus shows that:

- The input from the Council's Chief Executive at the outset was instrumental in securing corporate ownership of this flagship project and for ensuring a successful development.
- In spite of timescale pressures, sufficient time was scheduled for staff from housing and social work to get to know each other and for good strong working relationships to become embedded.
- The willingness of Social Work and Health to fund the communal facilities and associated care facilities ensured that the unit capital cost for the supported housing properties did not exceed £140,000.

The importance of considering at the planning and design stage how new housing development will fit and become an integral part of a local community, rather than sitting in isolation, was felt by the Council to be a key learning point from the development.



## 4 . DOVECOT . ROAD . EXTRA . CARE HOUSING , PEEBLES

Dovecot Road is a good example of how to use a partnership approach to solving a seemingly intractable problem.



### About Dovecot Court

The Dovecot Court extra care development is located on the north side of Peebles, a popular market town that has a shortage of affordable general needs and specialist housing provision and limited developable land opportunities. At the outset there was also a requirement to replace a Council owned care home (Dunwhinny Lodge), and to relocate the Council's Roads Department Depot, which was situated on Dovecot Road and was a local eyesore.

Working in partnership, Eildon Housing Association and Scottish Borders were able to link these issues through Peebles Housing Strategy to find an innovative multi-site solution that involved the redevelopment of Dovecot Road. Eildon HA Association purchased the depot site, which allowed the Council to use this receipt to build a new depot on the outskirts of Peebles.

The new integrated housing development on the former depot site was developed by Eildon HA and is comprised of 22 general needs homes and the first (so far only) 37 units of extra care housing provision in the Scottish Borders area. Work on the site, which required extensive remedial work (specifically, decontamination and action to raise the level of the land, given its location within the floodplain of Eddleston Water), began in 2009.

The brief for the extra care housing scheme at Dovecot Court was jointly developed by Eildon HA and the Council Social Work Department, with assistance from the Joint Improvement Team. Throughout the planning, design and development period, great care was taken to maintain two way channels of communication with the local community. As well as prospective tenants, their families and carers, input from local community groups, social enterprises, charities and elected members was solicited and encouraged at every opportunity.

The staff and most residents of the Dunwhinny Lodge care home have now transferred to Dovecot Court, creating an opportunity to use the Dunwhinny Lodge site for the development of a further 16 affordable general needs properties.

*The overall capital cost of the 59 units Dovecot Road Development, including land acquisition, was approximately £7.88 million.*



The overall capital cost of the 59 units Dovecot Road Development, including land acquisition, was approximately £7.88 million. It involved £3.85 million in Housing Association Grant (HAG), £1.18 million in Scottish Borders Council support and £2.85 million in private loan finance. Of this, the capital cost for the extra care housing was £5.5 million, which equates to just under £149,000 per unit. This was part funded through £2.85 million HAG, which equates to a per unit HAG cost of £77,000. The remaining capital cost was funded through £900,000 Scottish Borders Council support and £1.75 million private finance raised by Eildon HA.

Although the funding package for the overall development was fairly straightforward, it would be hard to replicate this arrangement in today's straitened financial times which has seen grant rates fall to around £40,000.



### The accommodation

The extra care flats, all available for rent, are spacious, self-contained three-person, two-bedroom properties. The second bedroom is an essential dimension of the vision for this development, allowing considerable flexibility for an elderly single person or couple to live in a flat with a family member or carer occupying the second bedroom.

There is a spacious common lounge area designed to act as a focal point for communal activities. Within the design, there is flexibility to convert the communal area into two







additional flats should this become desirable. As the communal space was not eligible for HAG funding, Eildon HA and Scottish Borders Council agreed a joint funding package to facilitate this important aspect of the development. Again, subsequent fiscal challenges mean it is unlikely this feature of the scheme would be replicable in any future extra care developments.

Other design innovations have been included within the extra care housing development, which build on good practice advice from the Dementia Services Development Centre at Stirling University. These include:

- Access to each flat and areas within the building is by pre-programmed fobs rather than traditional keys.
- The extra care flats are heated by a communal boiler using an underfloor heating system, with power provided in part by a combined heat and power unit.
- Each flat has overhead sprinklers in every room.
- The care call system to which each of the units is wirelessly linked has been designed to facilitate future telecare and telehealth service delivery.
- Internal corridors and other internal transit space are wide enough to accommodate mobility scooters without creating trip hazards, but irregular in shape to provide a more domestic feel.
- The provision of a safe garden space that is intended to appeal to people with dementia.



## Allocation, care and support

Tenants from Dunwhinny House began to move into Dovecot Court towards the end of January 2013. The remaining places have been, or will be, allocated to older people from within the local community. At the time of writing, there were a few vacancies, but it is expected that these will be allocated swiftly and easily. In line with the other case studies, all tenants have a Scottish secure tenancy agreement.

In terms of initial and subsequent property allocation, Eildon HA participates in an allocations panel, which the Council chairs. A significant proportion of the initial residents have dementia and the expectation is that, in the long run, most tenants who move into Dovecot Court will experience dementia.

The in-house care team that has transferred from Dunwhinny Lodge provides care and support to tenants on a 24 hour basis, has good links with local primary health service providers, and is funded by the Social Work Department of Scottish Borders Council. Individual care packages, including housing support, are negotiated between individual residents and the Council.

Eildon HA charges a standard rent for the extra care properties (with a slight adjustment for specific aspects of the building, such as lift replacement) plus additional service charges to cover the maintenance costs of two lifts and the upkeep of the communal area and garden.

The communal area includes a small kitchen area, from which

a locally based social enterprise catering company serves optional meals two to three times a week. This provides a further opportunity for social interaction between tenants. All catering equipment and infrastructure is supplied and maintained by Kingsmeadows Social Enterprise, which provides supported work placements for people with physical and learning disabilities.

A key innovation feature is the flexible approach to partnership adopted by Eildon HA. Essentially, it has restricted itself to performing





a landlord role while allowing considerable latitude to Council (care) and social enterprise (food) services to operate from directly within its property base.

There is a potential risk that this partnership arrangement could generate future disputes - for example if Eildon HA feels certain maintenance work is beyond reasonable wear and tear. To date, there has been little time for a common working culture to develop between housing and care staff. How quickly a common working culture across participating organisations forms around a customer service ethic will be important in this regard.

Another potential area of risk may arise from tenancy succession rights, whereby a tenant's partner or other household member could succeed to the tenancy in the event that the tenant had to move to a care home. The senior management of Eildon HA is relaxed about handling this through negotiating access to alternative and more suitable accommodation. In other circumstances this risk might have been sufficient to undermine the development of what has become a unique resource in the Scottish Borders Council area and a core facility for the town of Peebles.



## LESSONS



The key lessons of this case study include:

- The need to combine strategic thinking with innovative thinking and opportunism to find housing with care solutions that fit local market conditions and economic climates.
- The need for realism regarding the time taken to deliver facilities of this nature. As noted, the lead in time to this development was so long that, by completion, no one transferring from Dunwhinny Lodge had entered that care home without the prospect of transfer being part of the deal.
- Strong leadership and, as ever, good relationships and sustained commitment from all partners to deliver a joint project

In the words of the partnership itself:

*"It is only through careful planning, highly effective partnership working, the creative use of opportunities, resources and sheer persistence that this project has succeeded".*



## 5 . EASTCROFT . GARDENS , RUTHERGLEN

The remodelling of Eastcroft Gardens from a care home to sheltered housing developed to inclusive design standards is a good example of how a clear and forward looking strategy can pinpoint new opportunities that help to build a bridge from vision to results.



### About Eastcroft Gardens and the wider strategy

Since the launch of the South Lanarkshire Local Housing Strategy 2004-9, the Council has collaborated with RSLs to improve the housing options available for growing numbers of older households and to reduce the pressure for sheltered housing. This strategic priority evolved from a Best Value review that confirmed a shortage of purpose-built sheltered housing, especially in the Rutherglen and Cambuslang area.

Since 2005, around a fifth of all new RSL social homes have been designed for older people. The Council has also embarked on expanding its stock of amenity housing. Aside from upgrading the existing 278 amenity dwellings, up to 600 mainstream properties have been identified as suitable for conversion to amenity housing for allocation to older people, when they become available for relet. This rolling programme benefited from a £500,000 allocation from the Change Fund Programme.

Within Rutherglen, the shortfall of purpose built sheltered housing is exacerbated by the fact that many existing sheltered properties are not compatible with the changing needs and expectations of older households and, as a consequence, have become increasingly unpopular. There is a preponderance of bedsit provision in the RSL sector and many of the sheltered properties inherited by the Council in 1996 are 'redesignated' mainstream properties that are unsuitable for those with mobility difficulties.

In recent years, 84 sheltered units in Rutherglen have been converted back into mainstream use (many were already let to non-sheltered tenants) or demolished as part of the Fernhill regeneration initiative. This has been partly offset by the construction of 41 RSL and seven Council amenity properties and 17 Council sheltered apartments at Eastcroft Gardens.

Eastcroft Gardens has involved the extensive remodelling of a former 47 bed care home that was built in the 1980s but no longer complied with Care Commission standards. When the site was declared surplus to requirements in

*Since 2005, around a fifth of all new RSL social homes have been designed for older people.*



2010, the Housing Service reviewed its options and sought approval for transfer of the site from Social Work through the Council's asset management process. Work at Eastcroft commenced in 2012 following the transfer of former residents to a new state of the art £11 million care home at David Walker Gardens.

The remodelling cost for Eastcroft Gardens has been £2.4 million. The Council secured £0.51 million from the Scottish Government's 2011-12 Housing Investment and Innovation Fund towards this cost. In addition to contributing the land, the balance of £1.89 million has been met from the Council's housing capital programme. The Scottish Government support is part of a £1.23 million grant package that is also helping to fund a new £4 million 24 apartment sheltered complex in Cambuslang. Collectively, the two developments fulfil a long standing Council commitment to expand the provision of Council purpose built sheltered homes in the Cambuslang and Rutherglen area.







## The accommodation

Eastcroft Gardens is a three storey building that is situated a short stroll from Rutherglen's town centre. The remodelling work was undertaken by the Council's Building Services but the design process benefited from the experience of developing the David Walker Gardens care home and from the input of health, social work and occupational therapy staff.

The remodelled building is wheelchair accessible, has a lift and has been designed to maximise natural lighting. It incorporates features typically associated with very sheltered housing, such as an assisted bathing room, contrasting colours, handrails in corridors, and provision for telecare services. This is intended to support tenants' wellbeing and help to prevent the need for a move to institutional care. The building has a new heating system, new double glazing, and is insulated to the highest standards in order to minimise heating costs and CO2 emissions.

The Council expects to allocate the 14 one-bedroom and three two-bedroom flats from early summer 2013. Each flat is bright, with low set windows, and includes a fully

*The wheelchair accessible building has a lift and has been designed to maximise natural lighting*

equipped kitchen, a living room with space for a dining table, an accessible bathroom with walk in shower, generous storage, community alarm, motion sensors and a video door entry system.

On the ground floor there is a hotel styled resident lounge, a small kitchen area for residents' use, and a conservatory area leading to an enclosed patio and landscaped garden. Other communal facilities include Wi-Fi, a laundry, wheelchair charging facilities, an ensuite guest room for relatives and friends, office accommodation for staff, two small sitting (TV) rooms, two accessible lavatories and a visiting services room. All the furniture, soft furnishings and décor are of a high standard and create a welcoming ambience as may be found in a designer hotel, rather than the institutional feel often associated with this type of accommodation.

As with any development contained within the footprint of an existing building, some compromises have had to be made. A couple of flats have less spacious bedrooms or living rooms than the others, but this has been compensated for by the provision of a balcony off the lounge. In contrast to the Cambuslang development, it was not possible to install a biomass system, and off-street parking provision is limited.



## Care and support

A sheltered housing officer will provide on-site housing support during weekdays whilst an out of hours service will be provided through the community alarm system linked to Social Work's 24 hour control centre.

The sheltered allocation policy is to be reviewed in 2013-14, but currently applicants receive a home visit to discuss their support needs and whether a move to sheltered housing is an appropriate option. In reviewing which sheltered complex has the capacity to meet the needs of individual applicants, the Council seeks to maintain a manageable balance between tenants with higher and lower support needs that are supported by each Area Team.

In line with Council practice, each Eastcroft tenant will have a secure tenancy and a personal support plan. Each plan will detail their needs and preferences, the agreed level of contact with sheltered housing officers plus any visiting support such as homecare, meals on wheels, nursing care etc. Support plans are revised with tenants every six months, or sooner if there is a major change such as deterioration in health.

As well as providing housing support to enable tenants to live as independently as possible and deal with emergencies, sheltered housing officers will be expected to work with tenants to organise social activities. In the interim, work is under way to organise an initial social activity programme for Eastcroft Gardens. Work is also in hand to pull together a programme for using the visiting services room - podiatry, district nurses, dieticians, hairdressers etc.

Various quality assurance arrangements are in place to monitor performance of the service provided to sheltered tenants. This includes a rolling programme of audits, regular tenants





meetings and surveys to monitor the effectiveness and consistency of support available across different sites. Amongst other things, monitoring outputs will be used to refine ongoing staff training and contribute to the improvement plan for the service.

At the time of writing, the Housing Service was investigating the potential to use the Rutherglen and Cambuslang complexes as a base for providing housing support to sheltered and amenity housing tenants in the surrounding area, using a hub and spoke model. The communal facilities may also be opened up to older people in the local community.

Rent for Eastcroft Gardens has been set in accordance with the Council's rent harmonisation policy (i.e. some £50-£53 per week). Tenants pay a separate charge to social work for non personal care provided by home care staff. These charges and the associated test of financial resources are set in accordance with COSLA guidance.



## LESSONS

Wider lessons the study team has identified from the Eastcroft Gardens development are that:

- Without a forward strategy and strong corporate and political commitment to improving services for older people it would have been far more difficult to secure the site transfer and Scottish Government funding.
- Remodelled buildings should be future proofed and, wherever possible, include high specification finishes, fixtures and fittings to avoid a need for premature renewal.
- The experience of developing the new David Walker Gardens care home and the composition of the project team both helped to ensure the smooth running of the Eastcroft Gardens project and to overcome issues that arose during the remodelling process.

Most significantly, joint working locally in developing the Reshaping Care Agenda, including the development of Eastcroft Gardens (and also Clydeford View in Cambuslang), has strengthened the relationship between housing and the Community Health Partnership. This proved instrumental in securing Change Fund support for the amenity housing programme. Both health and social work are very supportive of the contribution that this approach makes to delivering key reshaping care priorities.

## 6 . MULL . AND . IONA . COMMUNITY HOSPITAL . AND . BOWMAN . COURT

This case study looks at a successful partnership working to develop the Mull and Iona Community Hospital and Bowman Court, which brings together housing, health, and social work facilities in one building.



### About the Mull and Iona Community Hospital and Bowman Court

The purpose built Centre in Craignure on Mull opened in November 2012. The Centre is a core component of local Community Health Partnership plans for modernising and integrating health, social care, and housing related services so as to enable older people to remain in their own homes and communities as their need for support increases.

The Centre provides a joint base for community health and social work staff and offers a gateway for residents to access services without, in most instances, having to go to the mainland. It replaces the 8 bed Dunaros Residential Care Centre and Community Hospital. It is situated close to the ferry terminal and has good road access and bus links to Tobermory and the Ross of Mull and onto Iona.

The Centre contains 12 supported living flats alongside modern health and social care facilities. These include a three-bedroom in-patient unit and a two-bedroom community casualty unit, all of which offer en-suite toilet and shower facilities. The out-patient department contains radiology, physiotherapy, and other facilities for use by health and social work staff based on Mull or visiting from the mainland. It marks the culmination of over 12 years partnership working between NHS Highland, Argyll & Bute Council, West Highland HA, the Scottish Government, and the Mull & Iona Progressive Care Company.

The ambitious integrated development project took many years to plan and design because of the complexity of the project and the need to find a solution that met the differing requirements of partners and funders. A lot of hard work and determination was required to agree a design for the centre that would not compromise the integrity of the health facilities or the domestic environment of the supported accommodation.

The partnership had to pull together to overcome changes in key personnel that inevitably created some disruption and occasionally required design plans to be revisited to allow new team members to familiarise themselves with the design. It also has had to overcome uncertainty arising from

*The Centre provides a joint base for community health and social work staff without, in most instances, having to go to the mainland.*



cuts to Scottish Government capital expenditure. Construction was suspended in 2010 until NHS Highland received confirmation from Ministers that the contract could proceed. Changes to the timing of grant payments for approved affordable housing projects in 2011 exposed partners to further risk until the Council provided West Highland HA with loan finance.

The detailed design benefited from extensive and repeated discussions with Council staff, local GPs, occupational therapists and physiotherapists and other CHP staff. NHS Highland, Council, and community representatives on the steering group played a substantial part in designing the building alongside West Highland HA and the project design team.

There was also ongoing consultation with local residents and community groups through the life of the project, which culminated in an open day for local residents at the start of November 2012. Nonetheless, partnership members have had to continue to engage with some local residents on operational issues and over misgivings surrounding the level, organisation, and delivery of social care to tenants of the supported living flats.

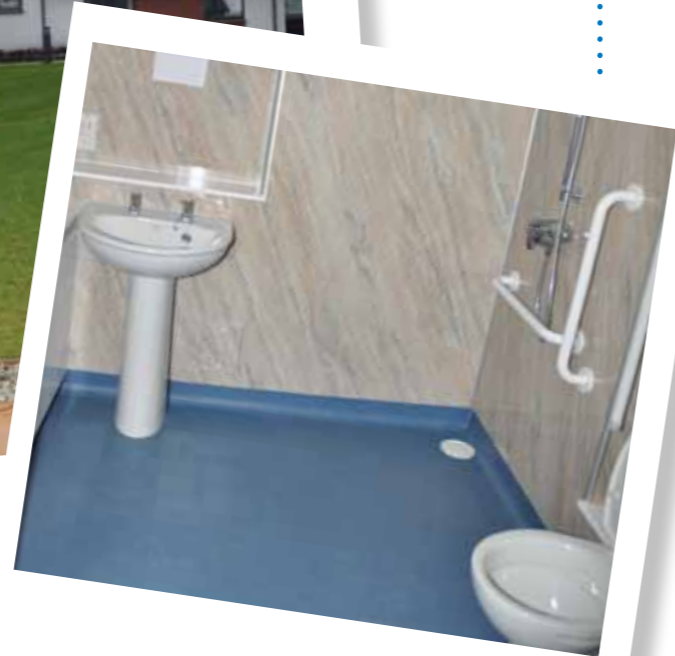


### The building and accommodation

Formal arrangements were agreed with all partners to allow West Highland HA to take overall responsibility for securing all the necessary planning permissions and for overseeing the construction of the 'L' shaped Centre. There is also a legal agreement







detailing which elements of the building are owned by the different partners or are in joint ownership.

The 12 self-contained supported living flats, one of which has been reserved for respite care, are located at the front of the building. The flats are spread over two floors but are accessible by lift. Each flat is fully wheelchair accessible and consists of an open plan living/kitchen area, a spacious double bedroom with room to install a hoist if required, and a bathroom with wet floor or level access shower. The flats have been constructed to permit use of SMART technology and are linked into the Telecare community alarm system.

The common areas and facilities available to supported living tenants include a fully carpeted and furnished lounge area, conservatory, laundry facilities, a guest room, an assisted bathroom, and landscaped gardens. There is also a commercial kitchen and dining area where tenants can take meals on a 'pay as you go' basis.

In addition to the medical facilities noted earlier, the Centre includes a central reception area, a video conference/training room, secure office and administration space, and a 'place of safety' where people experiencing mental health issues can be cared for until transferred to a more specialised unit.

The building was orientated to maximise natural light and solar gain and was constructed to include sustainable design features and materials. Underground tanks utilise grey water recovered from roof drainage to feed toilet flushing in the domestic

wing. As Mull is off the gas grid, a biomass district heating system has been installed to reduce heating costs for tenants and providers alike. The intention is to source the wood for the biomass system locally to maintain a strong local supply chain that should secure local employment.

The main contractor was from Lochgilphead in Argyll and Bute but local Mull Contractor TSL Ltd was involved in much of the work, which provided employment and apprentice opportunities for local residents.



## Care and Support

Residents and staff from Dunaros moved into the supported living flats before Christmas 2012. Consistent with the aim of integrated working, future allocations will be made on a joint basis between NHS Highland, Social Work, and West Highland HA to ensure people who would benefit most gain access to the supported living flats.

It is anticipated that future tenants will come from a mix of GP, district nurse and other health and social work staff referrals, and self-referrals. Irrespective of referral route, all applicants will be asked to join the housing list and to participate in a care assessment. On signing their tenancy, each individual will have a personal care plan detailing the care and support package to be provided to meet their needs during the day and night.

Social work retains responsibility for co-ordinating the delivery of care and support to tenants and, where appropriate, charging tenants in accord with the Council's charging policy for care services. The West Highland HA role is primarily that of a landlord and thus it retains responsibility for the management, maintenance and repair of the supported living flats and associated communal facilities.







## Funding and costs

The Centre cost over £8 million, with the housing costing in the region of £2.8 million. The overall cost was met through contributions by a number of partners. NHS Highland contributed £4.8 million. The Council contributed £1.2 million, which was made up of £0.86 million from the Social Work Capital Programme and a further £0.36 from the Strategic Housing Fund. The Scottish Government provided Housing Association Grant of £1.9 million and West Highland HA levered in £0.5 million private finance. West Highland HA also secured a loan of £200,000 through the Scottish Government's district heating loan scheme towards the cost of the biomass system.

The Centre has also benefited a great deal from resources donated by the community. The land at Craignure, valued at £250,000, was donated by a local landowner. Local residents on Mull and Iona also raised some £300,000 towards the cost of the centre.

West Highlands charge a basic monthly rent of £262.58 and a service charge of £99.44 for the upkeep and maintenance of the common areas and facilities.



## LESSONS



The lessons from this integrated development involving a multi-agency partnership are that:

- Integrated developments require strong and sustained leadership and determination to work together and maintain good communications from all partners from start to finish.
- The drive, enthusiasm, and personalities of the individuals involved make a huge difference and are really important to making a project like this work.
- Effective co-ordination and project management processes and input from service providers are required on an ongoing basis to maximise effectiveness of the built project.
- There are challenges in managing local community expectations about supported living and how it compares with care home provision. On reflection, perhaps more emphasis should have been placed on engaging local stakeholders, including prospective tenants and their families, on the specific nature of the care and support service to be delivered.



## 7. EDENHOLME CARE VILLAGE STONEHAVEN

Edenholme Care Village is a good example of how council social work and housing services can benefit from working together to reconfigure housing with care options for older people.



### About Edenholme Care Village

The Edenholme Care Village is a joint Aberdeenshire Council social work and housing development and is located in a popular area of the rapidly expanding town of Stonehaven. The former school site was selected because it is easily accessible by public transport and would appeal to older people in the surrounding (predominately rural) Kincardine and Mearns area.

The Care Village is the first of its kind in Aberdeenshire and is comprised of a 60 bed care home and eight one-bedroom bungalows. Work began on site in June 2011 and staff, residents and tenants began to move in before Christmas 2012.



### Local policy context

In 2004, Social Work Services established a 10-15 year programme to modernise and streamline care home provision in the public sector. One element of this programme was to replace the then 30 bed care home in Stonehaven, a Victorian villa with several extensions that was ill-suited for those with complex needs. Shortly afterwards, the Housing Service began a parallel exercise to consider how to respond to the higher rate of projected growth in older people relative to the rest of Scotland, the changing market for older people's housing, and falling demand for sheltered housing in rural areas where public transport and other amenities have declined.

In 2009-10, two separately conceived proposals to build 8 council homes and to build a new care home were brought together to form a 'Care Village' to be commissioned as a single construction contract. Joining-up these two proposals achieved capital cost savings for both services and increased the appetite for closer collaboration.

The Council's Housing Service and Social Work Service are now evolving a unified strategy to broaden the accommodation, care, and support options for older people, with support from the Older People's Strategic Outcomes

*Social Work Services established a 10-15 year programme to modernise and streamline care home provision in the public sector*



Group - a multi-agency partnership responsible for the Older Person's Change Plan. A core aspect of this evolving approach has been to join up Care Home plans with those to expand very sheltered housing provision.

There are currently four modern, purpose built RSL very sheltered housing complexes that provide a total of 95 predominantly one-bedroom, two-person flats. Two of these developments were joint Council and RSL ventures to build very sheltered housing alongside an attached resource centre.

There is also one council owned very sheltered complex, which again is attached to a resource centre. This was built as sheltered housing in 1989 but was converted into very sheltered housing in 2011. The wheelchair accessible complex contains 40 one-bedroom flats, each with their own living room, walk-in shower and fully equipped kitchen. Communal facilities include a lift, lounge, dining room, assisted bathing facilities, laundry, guest facilities, a community alarm service and landscaped gardens. It is staffed by an on-site 24 hour care and support team employed by Social Work and lunch and evening meals are provided.

As part of the Aberdeenshire Joint Commissioning Strategy for Older People 2013-23, four more sheltered housing complexes are to be remodelled between 2013 and 2015. This







should improve the spatial distribution of very sheltered housing across Aberdeenshire and ease pressure for care home provision. The remodelling work (including the installation of sprinkler systems) for the four complexes is expected to cost some £3 million, which will be jointly funded through the Council's capital housing budget and the Change Fund. The remodelling plans have benefited from the development of:

- A joint Social Work and Housing Service Guide that details the essential and desirable features and standards required within very sheltered housing.
- An assessment tool to assess which Council sheltered units were most suitable for remodelling to very sheltered housing. This built on the design of the proposed built very sheltered housing development at Mintlaw completed by Castlehill HA in 2011.



## The accommodation

The new Edenholme care home has been designed to cater for frail older people with complex needs, including people with advanced dementia. The on-site staff team therefore includes registered nurses who are on shift 24 hours a day to provide personalised nursing care.

The two storey care home building was designed in consultation with residents (and their families) and staff of the former care home. Advice and information from Stirling University's Dementia Services Development

*The building was designed in consultation with residents (and their families) and staff of the former care home.*

Centre was used to help ensure the building was sympathetically designed to the needs of people with dementia. The building has a central core area branching into five separate wings, known as households, one of which offers intensive care and support for people with dementia. The household concept has been designed to create a more domestic feel to the building and to make it easier for those with memory problems to negotiate their way around the building by avoiding very long corridors.

Each household has 12 single en-suite bed-sitting rooms, an assisted bathroom, a visiting services room, a quiet room, and a dining room with kitchen facilities, although meals are supplied from a central industrial-style kitchen within the building. Each household also contains a seating area with large windows with views to the garden and surrounding neighbourhood. The ground floor sitting rooms lead out to a patio whilst those on the upper floor lead onto a balcony.

The eight one-bedroom bungalows have been built to a high standard. They exceed the enhanced carbon reduction targets set by the Council's planning department and are linked to a biomass district heating system that also heats the care home. The properties also have sufficient space and specific features suitable for use by people with limited mobility.

Each bungalow has built-in capacity to be linked electronically to the care home to permit remote monitoring, as well the use of other telecare devices to support people to continue to live independently as their needs change. A core feature of the care village concept is that tenants will be able to draw on the services and facilities within the care home as appropriate.

Tenants all have secure tenancies and were selected in accordance with the Council's housing allocation policy. Tenants have access to extensive landscaped outdoor space that has been designed to provide a stimulating environment to encourage people to spend time outdoors.

Morrison Construction was the main contractor for the £7.63 million care village project. The care home cost approximately £7.08 million and was fully funded by Aberdeenshire Council.



The bungalows cost around £0.55 million, which was part financed by an allocation of £240,000 from the Scottish Government, with the remaining cost of £309,000 funded by Housing Services through second homes council tax income and prudential borrowing. The unit cost for each bungalow, excluding land, was therefore around £68,750. The land was already in council ownership.

The rent for the bungalows is £75 per week. As with tenants in general needs housing, tenants living in the bungalows that receive formal care may be liable to pay a charge to Social Work, subject to a test of ability to pay in accordance with COSLA policy.



## Stakeholder and community engagement

From planning through to completion, a lot of work was done to engage with planners, the local community and elected members to secure and maintain support in the development:

- Close liaison with planning ensured ground investigations and impending planning issues were dealt with effectively to ensure that the care village was developed within the agreed timescale.
- Site visits were arranged for elected members as well as care home residents and their families, who were also able to view photographs of the work in progress.
- The name Edenholve was also retained for the care village to reflect the preference of care home residents but local schools participated in a competition to name and design a logo for each of the five 'household units' within the care home.
- Residents of the former care home participated in a 6-8 month arts based programme that used dance, drama and other media, to allow those with communication difficulties, including dementia, to express their feelings about moving home. As a result staff were better placed to 'get it right' for individuals and reduce fears and anxieties.

## LESSONS



Important lessons from this evolving approach are that:

- Clear leadership and ownership of the Care Village proposal were vital in ensuring housing and social work staff used their combined skills and knowledge to progress the project.
- High levels of elected member and user involvement, consultation, and support at all stages of the project were essential to deliver this innovative project.
- The Care Village initiative and the emergence of a unified approach to re-provisioning of care homes, sheltered and very sheltered housing have both benefited from the inclusion of housing staff that are well networked with colleagues in social work and from securing the support of the Older People's Strategic Outcomes Group.
- Decisions to re-model existing sheltered housing into very sheltered housing need to take full account of and be linked into the wider strategy for shifting the balance of care.





## 8 . MORRIS . COURT , . DALRY

Morris Court is an example of extra care housing that offers an integrated and seamless service to older people who have substantial needs but want to live in their own home and be as independent and self-reliant as possible.



### About Morris Court

In 2009 Hanover (Scotland) HA and North Ayrshire Council jointly developed and piloted an integrated service for the delivery of home care, housing support, housing management and catering services to tenants of Morris Court, which is situated in the town of Dalry. Prior to this, any personal care required by tenants was provided by North Ayrshire's social work staff or agencies contracted by the Council.

During the pilot, Hanover spent a great deal of time engaging with tenants and their families to explain the potential benefits of an integrated service and to discuss what the changes would mean for individuals and their carers. The lead Council officer also played a pivotal role by championing the advantages of a seamless service for older people and Council alike to Council staff at different levels of seniority.

The integrated service became fully operational in 2011. At that point, all but one tenant chose to transfer their care package to Hanover. The remaining tenant transferred after their care worker "with whom they had a great rapport" moved to another job. Today, Hanover has day-to-day responsibility for providing individualised care packages to all tenants as well as all other services. All housing support, care at home and kitchen staff that work in Morris Court are managed and supervised by the on-site manager. Most tenants are aged 86 or above.



### The accommodation

The development comprises 24 one-bedroom two-person flats for rent. All the flats and the communal facilities are situated within a single two storey building and can be accessed by lift. The high standard building was built in 2003, has a controlled door entry system, and is wheelchair accessible throughout. It was developed with a mix of public and private capital funding on the site of a former Community Centre.

The flats include a spacious living room with good sized and easy to operate windows that allow tenants to view the landscaped garden and surrounding area from the comfort of their chair or wheelchair. The separate kitchen has room to include a small breakfast table whilst the bathroom includes walk-in shower and handrails. Every flat

*Developed with a mix of public and private capital funding on the site of a former Community Centre.*



has an emergency alarm system, fire alarm system and TV socket as well as a large walk-in storage cupboard for storing household appliances and other personal belongings. Care has been taken to ensure the fixtures do not give the appearance of an institutional environment and to ensure cupboards, electrical sockets, heating controls and so on are easily accessible. The flats are all unfurnished to allow tenants to bring their own furniture.

Within the building there are two lounges with large windows to maximise natural light, where tenants can relax, chat, or pursue social activities. Other communal facilities include a dining room with an attached commercial kitchen, laundry, guest facilities and an assisted bathing facility with hairdressing basins. Following a recent upgrade, the development also incorporates features to minimise any difficulties tenants might experience in orientating themselves around the building, such as the use of contrasting colours and the placing of visual clues throughout the building. It also includes provision for the use of assistive technology. These modifications benefited from advice from North Ayrshire Dementia Support Service.

Two freshly prepared meals are offered daily. Tenants are consulted about the menus but the catering service is flexible and caters for special diets and specific meal requests if a tenant does not want something from the menu.

Smoking is not permitted in the communal areas but tenants can smoke in their own flats, albeit they are asked not to smoke if a staff member is to make a house call. Although smoking restrictions have caused tensions elsewhere, it has not been an issue at Morris Court.





Court. This can involve simple but delicate tasks such as staff being on hand to discreetly wipe someone's nose so that their dignity is maintained and they are not embarrassed to join other tenants in the dining room at meal times.

Staff and tenants that we spoke to agree that the integrated approach provides greater continuity of service and the reassurance that help is on hand in case of an emergency. It has also strengthened staff and tenant relationships and made it easier for staff to respond promptly and effectively to any sudden change in a person's health or care needs.

The service is highly rated by tenants. This is strongly associated with the fact that staff are highly motivated and receive regular training and supervision. The move to an integrated and seamless service has also led to an enhanced sense of job fulfilment amongst staff. Despite modest pay rates, staff turnover is very low, which has also contributed to service continuity.

Morris Court is intended to provide a home for life, and over the past three years, four tenants have died. Consistent with a person centred approach, at least one tenant chose to die in their own home. Hanover worked with other services, such as district nurses, to achieve the person's wishes. Hanover was also mindful of the need to be sensitive to other tenants and to keep them informed through face to face communication. This has reassured tenants because as one tenant told us "when my time comes I know I will be treated with dignity and respect".

Over the same period three tenants have moved to another care setting because they required intensive nursing care. There are no formal procedures or 'move-on' criteria. However, when there is a high risk that someone cannot sustain their tenancy, Hanover works closely with social work and family members to find a suitable solution and alternative accommodation.



## Care and support

The allocation process involves a home visit by Hanover and a care assessment by Social Work before a joint decision is made on whether to house an applicant. This arrangement works well because there is mutual understanding about who Morris Court is designed for.

Each tenant has a named support worker assigned to them as their key worker on taking up their tenancy. The key worker is responsible for drawing up a personal plan with the tenant and, if requested, family members or friends. The plan details a person's interests, preferences, and needs and how and when support and care will be provided by on-site staff as well details of any medication to be taken and any health services received. Plans are reviewed every month and tenants retain their own copy.

Whilst tenants are encouraged to pursue their own interests, there is a programme of social activities that is drawn up with input from staff, local volunteers and tenants. Regular hand and nail care sessions have proved very popular. Older people that live locally often attend in-house events. Tenants with more complex needs are supported to participate in the communal life of Morris

*Each tenant has a named support worker assigned to them as their key worker on taking up their tenancy*



## Partnership working, costs and funding

The integrated service appears to have resolved issues surrounding the division of responsibilities between provider organisations mentioned by others we spoke to as part of this study. However, the integrated service requires clear and honest communication and mutual trust between the Council and Hanover as to how changes in the level of personal care are accounted for.

The Council provides a block grant towards the housing support service but the personal care funding package depends on the assessed needs of tenants, which Social Work Services regularly review. The care funding package is managed in such a way that Hanover has the flexibility to increase or decrease levels of care in response to any rapid change in a person's personal needs without having to wait for a formal re-assessment. As a commissioner, the Council will re-assess a tenant's need once notified of a change in their





care package; to date these appraisals have corroborated the decisions made by Hanover.

In 2012-13 the monthly tenant charge was £1,065.03 for a single person and £1,162.03 for couples. For single occupancy, this included a rent of £283.53 and a service charge of £469 for the upkeep of the common area and housing support (including community alarm). Tenants also paid a £66 heat with rent charge, a £245 meals charge, and £1.50 for contents insurance. Tenants can claim housing benefit for the rent and 'property upkeep' elements of the service charge as well as financial assistance from the Council towards the housing support service charge.

A third of tenants living in Morris Court are self-funders. This does not appear to be typical of most other very sheltered housing complexes. Other organisations we spoke to as part of this study indicated that upwards of 90% or 95% of tenants are in receipt of housing benefit.

Hanover has invested heavily in building up their networks with local GPs, district nurses and social work staff and in improving communication with the local community. This has helped overcome misconceptions that Morris Court is a care home and has brought increased acceptance that the scheme fosters independence and provides a very good alternative to institutional forms of care.

## LESSONS

Morris Court provides a quality and effective service which is highly regarded by tenants and the local authority. It demonstrates that:

- A well-managed service and highly motivated staff that listen and puts tenants' needs and aspirations at the heart of service delivery are vital to delivering an effective integrated care and support service.
- For older tenants it is the quality, depth and duration of relationships with staff and continuity of service that make housing with care a success.
- An integrated service can overcome possible tensions surrounding division of responsibilities but the key to success is trust and mutual respect between partners.

## 9 . CARNTYNE . GARDENS , GLASGOW

The Carntyne Gardens development is made up of very sheltered housing, a small care home and a Supported Living service which is similar to a housing with care service with the staff based on site. In all Bield developments the ethos is to find creative ways to support each person to pursue as enjoyable and fulfilling lives as possible and look beyond a person's illness or disability.



### About Carntyne Gardens

Opened in 1991, Carntyne Gardens in the east end of Glasgow is a two storey purpose built property with landscaped gardens. The building contains very sheltered accommodation on two floors and a small self-contained care home which is situated on the ground floor in one wing of the building. A doctor's surgery, shops, rail and bus links are to be found nearby.

The care home is one of 14 Bield care homes that offer an alternative to more traditional care homes. It offers a homely environment for eight service users with advanced dementia who require intensive support and care. The care home has a dedicated staff team, including the manager, care staff and catering staff. The ethos of the service is to see beyond a person's dementia and work with each service user and their family to enable them to pursue their own interests and hobbies and sustain their connections with the wider community. The service also makes use of doll therapy, rummage boxes and other equipment, which can have a calming effect and improve communication. A member of the management team and one care assistant are on duty in the care home at all times, reflecting the higher care needs of this group of service users.

The very sheltered housing service was developed in conjunction with Glasgow City Council and involved conversion from sheltered to very sheltered housing in 2003. This was also when the Supported Living service was established: this was seen as a direct replacement to residential care. There are 35 self-contained apartments, and the accommodation has its own dedicated manager, catering staff, scheme assistants and a staff team which can provide enhanced housing support to individuals.

The Supported Living service is funded by Glasgow City Council from the residential care budget to provide more intensive support to ten of the frailest tenants who are

*The ethos of the service is to see beyond a person's dementia and work with each service user and their family to enable them to pursue their own interests and hobbies and sustain their connections with the wider community*





likely to have some form of physical or sensory impairment and/or mild to moderate dementia. This service provides a 24 hour onsite care and support service to enable tenants to maintain their independence and avoid a care home admission and, in some cases, enables couples to remain together. Due to the onsite 24 hour care staff presence the service is also able to prevent hospital admission or facilitate hospital discharge by enabling people to return to a care and support environment in their own home.

The conversion from sheltered housing to very sheltered housing was triggered by an analysis undertaken by Glasgow City Council to enhance the range of housing and care options which would best support people in their own home and the development of the Supported Living service following a tender process. The Council provided start up funding which assisted with the capital costs of the conversion and Bield also secured Housing Association Grant funding.



## The accommodation

The very sheltered apartments contain a double bedroom, a large living room, a private bathroom or shower room, a fully equipped kitchen, and a generously sized cupboard for storage. Every apartment is connected to a warden call system to ensure staff can respond promptly to any emergency. Common areas and facilities include a lift, a lounge, a purpose built laundry, office space, an assisted bathroom and a garden. There is also a commercial kitchen with an adjoining extended dining room where tenants are served two freshly prepared meals each day, a lunch and an evening snack type meal. There is no longer a guest suite but Bield, Trust and Hanover (Scotland) Housing Associations have a reciprocal arrangement regarding the use of guest rooms within their developments.

The eight studio apartments in the care home include a large bed/sitting area that includes a small facility where tenants can make a drink or a snack. There is also an ensuite



bathroom with walk in shower. The front door to each studio apartment has a name plate, letter box and other markers to reinforce the fact that it is the person's home. The communal facilities include a sitting area, an assisted bathroom, and a small enclosed sensory garden that can be accessed from the main sitting area. The care home also has its own separate kitchen and dining area.

The building incorporates energy efficiency measures and inclusive design features to make it easier for people with a disability, sensory impairment, or memory loss to find their own way round and to employ assistive technology. An important design feature of the care home is the minimal use of corridors, which means that tenants can open their studio front door and see if staff are around or if other people are in the sitting area. When the care home was built in 1991 it won an award specifically for its design to support people with dementia.



## Care and support

Each service user in the care home and tenant within the Supported Living service in the very sheltered has a key worker and their own personal support plan, a copy of which is kept in their home. Each support plan is drawn up by the key worker in collaboration with the service user or tenant and their family when they move in to the care home or at tenancy sign-up.

Each support plan sets out how Bield staff will support the service user or tenant to undertake daily activities, meet their personal care needs, pursue their interests and

*Due to the onsite 24 hour care staff presence the service is also able to prevent hospital admission or facilitate hospital discharge*







hobbies, attend appointments, and participate in social activities and planned outings in order to enable people to meet their goals and outcomes and retain involvement with the wider community. The support plan also details other services provided to them on an individual basis that are accessed through social work and community health teams. As well as reappraising support plans at least every six months, each service user or tenant meets with their key worker once a month to discuss any issues and modifications required.

Tenants also benefit from the service from Bield housing support assistants who are able to provide an enhanced housing support service and who work with the tenants and local volunteers to organise a diverse programme of activities such as exercise classes, carpet bowls, arts and craft sessions, computing training and outings as well as provide one to one support. Some tenants regularly use the local bus service and other facilities to be involved in activities within the local community.

A core dimension of Bield's quality assurance framework is to ensure staff, tenants and their families can contribute to improving the quality of service delivery via a variety of approaches. As well as regular individual reviews, tenant meetings, feedback questionnaires and one-to-one meetings with local managers, Bield has a Partnership Forum, which brings together tenants, senior staff and Board members.

Staff supervision and training also has a high priority. Both local managers 'walk the job' to observe practice, ensure every service user and tenant is treated with dignity at all times and to maintain high standards of care and support. Other aspects of the quality assurance framework include complaint investigations, self-assessment and audit visits by senior staff.



## Partnership working and funding

Allocations to the eight care home places and ten very sheltered housing tenants who receive intensive care and support from the Supported Living Service are made in partnership with the Council's social work service to ensure new service users or tenants and their families will benefit from the service provided. Referrals for the remaining 25 apartments within the very sheltered housing can come from a variety of sources, including direct housing applicants.

Bield and other organisations we spoke to observed that the allocation of very sheltered housing can often be a challenging process. This reflects the need to manage the competing priorities of minimising rental income lost through voids, maintaining Bield's

policy of allocating to individuals with the greatest needs while preventing very sheltered complexes with care services being perceived as simply another form of residential care.

Most of the core staff team in the care house, the very sheltered housing and the Supported Living service have been in place for some time and therefore have a good insight into the needs of individual service users and tenants. Staff continuity has also contributed to the good rapport with external agencies and community health workers.

In 2012 -13 Bield's rent and service charge for the very sheltered apartments was £619.42 per month (rent at £293.35 and a service charge of £326.07). This service charge covers a proportion of the management and staff costs, alarm costs, cost of cleaning the common areas as well as the maintenance of shared areas, including the garden and grounds. The heating/energy charge was £33.64. Tenants who received a meals service paid an extra £263.58 per month.

Whilst Bield is contracted by the Council to provide the care and support service to individuals living in the care home and individuals in receipt of the Supported Living service, a service user's contribution is dependent on the Council's assessment of each individual's financial circumstances. Bield also provides the core housing support service

## LESSONS



The services at Carntyne Gardens are highly regarded, with the care home having been one of the specialist landlords of the year at the 2013 UK Housing Awards. The case study highlights that:

- A homely environment, with appropriate design components, can provide an excellent setting for supporting people with severe dementia to enjoy life and pursue their interests and hobbies
- Changes in the external environment are inevitable and housing providers need to be willing to play a pivotal role in overcoming resulting challenges and ambiguities to ensure care and support come together to deliver person-centred outcomes and support to people in their own home
- The recruitment of high calibre managers is vital because their knowledge and skills have a great impact on the attitude and working practices of onsite and visiting staff from various partner organisations



## 10. MAKING IT HAPPEN: OVERALL LESSONS FROM THE FRONT LINE

The case studies show that different models of housing with care have evolved to reflect different local circumstances but, although there is no blueprint, some common themes emerge. This concluding section draws together the key ingredients to delivering effective housing with care that the case study organisations have highlighted.

### Key ingredients

At the micro or project level, the case studies demonstrate that the location, physical design, culture, staffing, and management of housing with care all play a part in improving outcomes for older people. In particular:

- Good design and space standards create an environment that can support independent living. Housing providers are increasingly drawing on advice from the Dementia Services Development Centre at Stirling University and other experts to ensure the interior and exterior design of buildings are suitable for those with physical disabilities, sensory impairment and dementia, and facilitate the use of assistive technologies. Newly constructed buildings also often include district heating systems and other measures to minimise energy usage thereby securing lower operating costs whilst delivering higher levels of comfort for tenants.
- Common areas and facilities are vital as they provide a place where tenants can interact, where a variety of services can be provided, and where social activities can take place. However, the provision and upkeep of common areas is expensive and there is a need to achieve the right balance to ensure individuals, especially self-funders, do not pay service charges for under-utilised facilities.
- Good outdoor design, such as the provision of enclosed gardens, wide walkways, raised flower beds, tactile surfaces, and aromatic planting can encourage older people (including those with dementia, visual impairments, or who rely on the use of a walking frame) to use the space all year round.
- Future-proofing the design and internal layout of a building can help to ensure that there is flexibility to accommodate changing care needs or to cost-effectively convert communal areas if they are no longer required.
- Although good design is an important building block, what has resonated throughout all our discussions is that

*Common areas and facilities are vital as they provide a place where tenants can interact, where a variety of services can be provided, and where social activities can take place.*

it is willingness to put older people in the driving seat over the care and support they receive and continuity of service delivery that puts the 'extra' into housing with care.

- A person centred service needs to be sensitive to the importance of respecting and preserving a tenant's dignity and to ensure staff work discreetly when assisting individuals to interact with other tenants and the wider community. It also needs to be flexible so that staff can respond to a person's changing requirements (which can sometimes vary from one day to the next), rather than adopting rigid and unrelenting adherence to procedures and support plans.
- Opportunities for tenants to organise social activities that involve the wider community and to participate in service improvement are important. As well as assisting tenants to exercise control and choice, the resulting activities can combat isolation and contribute to a culture of openness that can act as a guard against poor practice developing.
- The managers of housing with care developments have a pivotal role in addressing potential areas of ambiguity with commissioners and other service providers, in creating a culture of openness and respect within housing with care developments, and in motivating staff to deliver person-centred services.
- Care and support staff need the right blend of skills and aptitudes and to possess a genuine interest and respect for each person's welfare and potential, reinforced by regular supervision and training to ensure continuous improvement and to prevent any potential lapse into 'institutional' forms of care that will limit a person's ability to choose how they lead their lives.
- Multiple provider and single provider models of housing with care can both deliver a seamless service that treats older people with respect and makes a positive difference to their wellbeing. However, service providers and commissioners must have a common understanding of the ethos of the project, of their respective roles and must act in good faith. A perpetual challenge is that changes in personnel in one or more partner organisations can easily disrupt service continuity, communication, and trust.

More generally in terms of partnership working and funding that enable projects to get off the ground and running:

- The funding environment for housing with care in the social sector has always been challenging, not least because the financial viability of a project depends on getting both capital funding and revenue funding streams right. Multi-agency partnerships have generally been set up to agree funding packages and to oversee projects from inception to completion. However, building a partnership that can overcome the challenges of planning and resourcing housing with care often requires sustained effort over a considerable period of time.
- Ultimately, successful partnerships that have secured the necessary funding packages have typically relied less on strategy and plans and far more on committed individuals that share a clear sense of purpose and mutual endeavour and, in the case of local authority staff, the ability to secure buy-in from senior staff and politicians.



Time and again, effective partnerships are down to the willingness of individuals to share knowledge, and communicate openly and honestly, in order to work together for the benefit of older people.

- Awareness raising activities and communication with the local community and frontline health and social work staff play an important role in overcoming potential misunderstanding, encouraging referrals and linking up tenants to community services. These resource intensive activities often fall to the housing provider, sometimes because they are not adequately addressed at the planning stage.
- Allocation policies and processes, including the role and membership of allocation panels, and their implications for the letting of new tenancies and associated void costs should be established at an early stage in the development of a scheme and kept under regular review.

Discussions with case study organisations also raised issues about complexities and growing uncertainties surrounding allocation, commissioning and funding of housing with care.

## Allocations and nominations

Various case study organisations reported that allocations and nominations arrangements could be a source of tension. Social landlords generally stress the benefits of peer support and the need to house those with a range of modest to high support needs. However, there is a perception that financial pressures and the drive to shift the balance of care of older people has encouraged some (but by no means all) local authority commissioners to regard housing with care as a direct replacement for care homes that should cater primarily for older people with substantial support needs. This has increased concerns that housing with care could lose its uniqueness and become a far less attractive option for older people seeking to plan ahead and move to more suitable housing before they potentially develop substantial care and support needs.

Multi-agency allocation panels have often proved to be an effective vehicle for managing such tensions. On the other hand, these panels cannot eliminate the risk of housing providers incurring financial penalties in the shape of lost income as a result of voids in situations where there are delays or disputes regarding nominations and allocations.

Contracts for the provision of care and/or support typically make allowance for payments to cover void periods in situations where a Council has nomination rights or where it must approve funding for the proposed support package prior to the tenant moving in. However, housing providers still face financial penalties in instances where voids only attract payment for a very limited period of time (1-2 weeks) or after a specified period of time (e.g. 6 or more weeks).

## Ambiguities around boundaries

Comments made by case study organisations also point to continuing ambiguities around the boundaries between housing support, domiciliary care and personal care, which can create gaps in the service delivered to tenants. These boundary issues are often 'resolved' by the manager of the housing with care project asking their staff to go the extra mile. However we were also told about instances where the manager had decided that, for whatever reason, some tasks sat outside their remit and what they had been commissioned to do.

*"There are differences between housing providers and one provider takes a rigid approach to defining care and support with the result the council has to send a care home worker to take a meal up to a tenant's flat if they are too unwell to go to the dining room"*

We also heard of instances where health and social work partners did not always fully appreciate the difference between a care home and housing with care and of the importance of respecting tenant's rights to privacy and rights to occupy their home.

## Funding challenges

Whilst the local authorities and RSLs showcased in this report have developed housing with care in recent years, there is widespread perception that, unless capital funding constraints in the public and private sector are addressed, any further expansion of housing with care will be very limited.

The net result of a combination of very substantial cuts in overall level of public housing investment, reductions in housing association development grant subsidies to around £40,000 per unit, the withdrawal of banks and building societies from long term finance and other borrowing constraints has been that it is no longer possible to develop new social housing in parts of Scotland. The widespread expectation is therefore that any additional housing with care projects will involve the remodelling of existing stock rather than the construction of new purpose build developments.

In terms of revenue funding, there is as yet little clarity about what the expansion of self-directed support and further cuts to local authority spending will mean for the future of care and support within housing with care projects. However, case study organisations told us:

- There is already apprehension that those responsible for commissioning housing with care are pushing some services onto landlord service charges that were previously paid via supporting people grant, without thinking through the affordability implications for tenants, especially self-funders.
- At least one local authority is seeking to withdraw from funding 24 hour on site care and replace it with funding for the provision of day support and on call arrangements (via community alarm) at night. This may make it more difficult to retain staff and have a detrimental effect on the ability of housing with care providers to maintain

continuity of service delivery. It is also likely to be particularly problematic for any projects where the provision of 24 hour on-site care has been built into tenancy agreements.

- Some local authorities want to move to a hub and spoke model, whereby agencies responsible for providing care and support would also be required to support older people living within the surrounding area rather than expecting them to move to a housing with care complex. However, discussion with housing with care providers on such proposals has so far been scant. Consequently, the potential implications for future funding and the future demand for housing with care and void rates is far from clear.

## Welfare reform

Case study organisations were somewhat less concerned about the immediate implications of the ongoing welfare reform programme for housing with care for older people than with respect to mainstream social housing. However, there were concerns about the potential longer term impacts.

As most housing with care projects house tenants aged 60 years and over, the increase in the age for accessing pension credit could have some adverse effects in the future. More specifically, a proportion of future tenants, mainly couples moving into two bedroom apartments, could be adversely affected by the 'bedroom tax' because pension credit entitlement will only start when the younger partner reaches state retirement age.

Changes in the definition of service charges that are eligible for housing benefit, and the decision to exclude the maintenance and replacement of housing adaptations and assisted bathrooms, means that some providers may need to separate out these costs from landlord service charges when the new pension credit with housing credit comes into effect from October 2014.

Much will depend on whether housing with care is classed as exempt accommodation. Under the exempt accommodation rule, housing benefit is paid to tenants of supported housing with significantly higher charges in comparison to general needs tenancies, provided the costs are assessed to be reasonable and reflect the additional services and facilities provided.

At present the definition of exempt accommodation does not include schemes where there is a split between the landlord function and the support function. However, in April 2013 the UK Government confirmed that it is to look at the possibility of a change to the definition of exempt accommodation to encompass supported housing where the two functions are split. If this change occurs, it would mean that tenants living in housing with care projects and other supported housing projects would be exempt from the housing provisions (such as the bedroom tax and service charges) contained within the housing credit element of the universal credit and pension credit.

More immediately, the UK Government has also confirmed that housing costs in supported housing will remain outside the framework for universal credit and pension

credit pending a review of arrangements for funding the housing costs of tenants living in exempt accommodation. Although there are conflicting views, this does suggest that the recent DWP changes to service charges should not apply in exempt (or likely to be exempt) accommodation for the time being.

## A final word

Through *Age, Home and Community: A Strategy for Housing for Scotland's Older People: 2012 – 2021*, the Scottish Government has stressed its ambition to address the dual challenges of providing age appropriate housing and adequate housing related services.

The local authorities and RSLs showcased in this report have sought to maintain or strengthen their commitment to housing with care in spite of the difficult economic climate. However, the challenge for us all is how we can develop workable solutions that permit housing providers to move beyond building and managing houses in order to make a positive difference to the health and wellbeing of older people in the years ahead. To do this we need to work together to find answers to the following questions:

- How can we do more to engage and involve older people to develop a vision about what housing they might like in the future?
- While there are good ideas and practice examples out there, what can we do to ensure their wider application?
- Several Local Housing Strategies state that one of their priorities will be to encourage the private sector to play a greater role in increasing housing choices for older people and developing new forms of housing with care - but how are we going to make this happen?
- What more needs to be done to develop a model that is attractive and affordable to self-funders?



## REFERENCES AND FURTHER INFORMATION

Scottish Government, COSLA, and NHS Scotland (2011) *Reshaping Care for Older People: A Programme for Change 2011–2021*, Edinburgh, Scottish Government

### Useful resources

New Economics Foundation, 2011 *Co-production Self-assessment Framework: A working reflection tool for practitioners*,

SCDC (2011) *Community Resilience and Co-production: Getting to grips with the language*, Briefing Paper, 2011 Glasgow: Scottish Community Development

SCDC (2011), *Community development and co-production: Issues for policy and practice. Discussion Paper 2011/02*. Glasgow: Scottish Community Development

For more information on age-friendly communities and a list of useful resources, visit the Housing LIN's age-friendly communities and lifetime neighbourhood web pages at:

[www.housinglin.org.uk/Topics/browse/Design\\_building/Neighbourhoods/](http://www.housinglin.org.uk/Topics/browse/Design_building/Neighbourhoods/)

Design: ink-tank and associates: <http://www.ink-tank.co.uk>



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The Chartered Institute of Housing (CIH) is the independent voice for housing and the home of professional standards. Our goal is simple – to provide housing professionals with the advice, support and knowledge they need to be brilliant. We have a diverse and growing membership of over 22,000 people who work in both of public and private sectors.

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### About the Joint Improvement Team

**Practical support to partnerships across Scotland to deliver better health, housing and social care services** The Joint Improvement Team (JIT) is a unique collaboration between NHS Scotland, CoSLA and the Scottish Government. It was established in late 2004 to work directly with local health, housing and social care partnerships across Scotland and to provide practical support and additional capacity to partnerships.

**Focus on partnership improvement and outcomes** The JIT aims to work together, on a voluntary basis, with partnerships to achieve real, sustainable improvements that suit local needs and to find practical solutions which translate into positive outcomes for patients, users and carers.

