

Building foundations for health and housing – sharing examples of collaboration

Case study: South Lanarkshire's integrated approach

to health and housing

(Theme: Engagement across health and housing)

Purpose

This is part of a suite of case studies reflecting different themes that we are publishing to build on the 'Foundations for Health and Housing' events. These case studies aim to share examples of practice; support future collaboration between colleagues working in housing and health; and highlight practice that is improving health and tackling health inequalities.

Outline

This case study is of South Lanarkshire's journey in developing integrated strategic planning and commissioning approaches involving health, social care and housing, and exploring transformative models for shifting the balance of care and supporting people to live independently in their own homes within the community.

Context

South Lanarkshire is the fifth largest local authority in Scotland. It has over 148,000 homes, 318,000 people, and covers an area of 1,772 sq km. It has four diverse locality areas, including historic towns and burghs, remote rural and off-gas grid settlements, as well as a post-war new towns. Most housing is privately owned or rented. About 32,000 homes are provided as social rent, of which around 9% are specifically suitable to meet the housing needs of older people.

Foundations

South Lanarkshire Health and Social Care Partnership (HSCP) includes a Strategic Commissioning Group (SCG), four Locality Planning Groups (LPG) and thematic groups tasked with taking forward key priorities. As well as health and social care, housing and third sector partners are represented across these groups. A Local Housing Strategy (LHS) Steering Group is the main partnership body responsible for overseeing the strategic direction for housing. The LHS Steering Group chair represents housing at the Strategic Commissioning Group.

Strategic Commissioning Plan (SCP) journey

Development of the SCP 2016–19 focused on participation and engagement, listening and responding to what people say. A clear message emerged that people wanted to be able to live well and die well in their own homes in the community. This

Transforming care

As part of the longer-term change ambitions, the partnership tested an intermediate care project across three care homes in South Lanarkshire. Setting up a multi-professional hub, beds were designated for use as 'step down' transition places to enable older people to be discharged from hospital before returning to their homes. This project was independently reviewed as contributing effectively to four of the nine national health and wellbeing outcomes.

Hamilton care facilities project

The Hamilton project is looking at moving from a traditional, fixed model addressing long-term care needs, to a flexible model involving in-reach and outreach services, providing short-term and intermediate care and a focus on enabling people to return to their homes. South Lanarkshire Council has eight residential care homes and has committed around £18 m in capital funding to invest in its future care facilities.

There are three main drivers for the Hamilton project:

- Assets: three of the four oldest care homes are within this locality.
- **Demography**: the locality has the largest overall population (107,000) of which more than 29% are aged 65 or over. It also has the highest projected growth rate for over-85s (4.1% per year) of the total locality population.
- **Health needs**: the locality has the highest rate of emergency hospital admissions. About 13% of the population are classified as frail and it has the highest prevalence of age-related mental health issues, including dementia.

The project seeks to integrate care facilities and housing to develop a multi-purpose site which features four key components:

- Transition support hub care facility.
- Technology-enabled properties and mainstream housing.
- Centre for excellence, skills and learning.
- Community regeneration.

The project is managed and delivered through the HSCP.

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