

Circular Env 27/1994
Circular SW 7/1994
Circular NHS MEL(1994)79

Circulars replaced - Env 8/91
SDD 40/85:NHS (1985)
GEN 33/SWSG 17/1985

23 August 1994

Chief Executives of
Regional, District and Islands Authorities
Directors of Housing, District and Islands Authorities
Director of Social Work, Regional and Islands Authorities
General Managers, Health Boards

Copy to: Secretary General, Convention of Scottish Local
Authorities
Chief Executive, Scottish Homes
Chief Executives, New Town Development Corporations
Secretary, Scottish Federation of Housing Associations
Chief Executives/Chief Executives Designate NHS Trusts
NHS Unit General Managers
Professional and Voluntary Bodies, Individual
Registered Housing Associations
The Director of Planning, Regional and Islands Councils, and
District Councils (except in Highlands, Borders and
Dumfries and Galloway Regions)

Copy for information: General Manager, Health Education Board
for Scotland
General Manager, Common Services Agency
General Manager, State Hospital

COMMUNITY CARE - THE HOUSING DIMENSION

1. This circular provides housing authorities and other housing bodies, social work authorities and health boards with revised guidance on the role of housing bodies in community care. It replaces circular Env 8/91 on housing and community care, apart from the guidance given in that circular on housing provision for community care groups, which is restated as Annex 1 to this circular. It takes account of the many helpful comments made on the draft version issued for comment on 23 February.

Purpose of Circular

2. This circular has been prepared in response to concerns, expressed by statutory and voluntary housing bodies and others, that housing does not receive sufficient emphasis in community care, that housing

authorities and other housing bodies are not being sufficiently consulted on, or involved in, the planning and delivery of community care; and that in consequence housing bodies do not make their full contribution to community care. It is an essential part of community care that community care users should be able to live in their homes, or at least in a homely setting. We believe that housing bodies must be fully involved in community care, and this circular shows how this might be achieved. Community care has also been made a key priority for which local housing authorities have been asked to prepare housing strategies and set output targets.

3. Effective community care must be interagency care. The greater involvement of housing bodies in community care can benefit all three sectors - housing, social work and health. Health will benefit since housing is an essential component of the programme for shifting the balance of care from institutional to community care. Social work will benefit since most people in need of community care live, or should live, in their own homes, and suitable housing is required to allow social work authorities to fulfil their duty to secure the provision of community care. Finally, housing will benefit since it needs the support of social work and health services in providing for customers with community care needs. In short, within the field of community care the three sectors are mutually dependent, and must cooperate to succeed.

4. The Scottish Office will therefore give strong preference to community care projects which show evidence of interagency cooperation. It will also expect both community care plans and housing plans to set clear objectives and targets for securing the provision of housing for community care groups, including how the available resources will be used to achieve this.

5. The Government's commitment to community care policy is reflected in the resources that have been made available. First there are the transfers from the NHS, which wishes progressively to concentrate its hospital in-patient services on the care of patients who require specialised medical and nursing care. Persons or children who need a lesser level of health care will have their social care needs met in the community through social work authorities, and their health care needs will be met by the primary care team. In consequence there will be a transfer of responsibility over time from the NHS to social work authorities, with the NHS substantially reducing its institutional provision. This will be accompanied by a transfer of resources including both bridging finance to cover double running costs of community care provision and NHS long stay provision which has yet to be closed (£60 million in 1991-96); and permanent transfers when the process of discharging people from long stay NHS provision into the community is complete (£14.6 million in 1993-94). Moreover, by 1995-96 £158 million will have been transferred to local social work authorities from DSS to enable them to discharge their new responsibilities. In addition £55 million will have been made available by the current financial year since 1991-92, to local social work authorities in respect of infrastructure costs and to enable them to develop their services. These include services to residents of supported housing. Housing authorities themselves received an allocation of £552 million resources for housing capital investment in 1994-95. This allocation took account of housing authorities' plans and programmes for investment in community care, and included £10 million specifically targeted on community care projects. In addition Scottish Homes expects to spend £82 million in housing for community care client groups in

1994-95. The scale of the Government's commitment to investment in community care serves to emphasise the need for interagency planning to ensure that the aims of the policy are met in a co-ordinated and cost effective way.

Content of Circular

6. Against that background, this circular sets out the relationship of housing to community care, and of community care to housing. It stresses the need for an interagency approach to planning, assessment, and housing management. It covers outputs, ie what should be achieved; but in response to comments on the draft circular it also includes some discussion of how these outputs should be achieved, for example on administrative arrangements for planning. Annex 6 sets out some notes on existing practice in housing and community care which may be helpful in designing local arrangements. This will be replaced by the Data Base of Good Practice in Community Care run by the Nuffield Centre for Community Care Studies at The University of Glasgow which has been commissioned by The Scottish Office and Scottish Homes. However, these are suggestions, not prescriptions, since they will have to be adapted to suit local circumstances; and in some areas successful local arrangements will already be in place.

7. As part of this interagency approach, this circular has been prepared and signed jointly by the heads of Housing Group, Social Work Services Group and the NHS Management Executive within The Scottish Office; and is addressed equally to housing authorities, social work authorities and health boards, and other interested bodies.

Use of this Circular

8. This circular is designed to be used by all the bodies to which it is addressed to improve interagency cooperation in the field of housing and community care. It is intended for people at all levels of an organisation; including elected members and health board members, senior managers, and practitioners working with community care users. We would therefore be grateful if it could be distributed widely by addressees within their organisations. The circular also refers to the existing local authority structure. Following Royal Assent of the Local Government Etc (Scotland) Bill, the same general points will remain applicable to interservice co-operation between housing and social work, and of course between the unitary authorities and health service bodies.

Inquiries

9. For further information or clarification on the circular, you should contact Mr Alister Murphy at The Scottish Office Environment Department, Room 420, St Andrew's House, Regent Road, Edinburgh EH1 3DE, Telephone 031-244-3557; or Mr Alastair Wallace, Room 427 at the same address, telephone 031-244-2536.



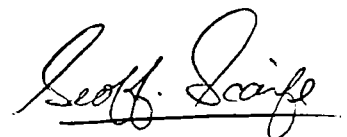
A M Russell

Housing Group



N G Campbell

Social Work Services Group



G Scaife

NHS Management Executive

CONTENTS

<u>Section</u>		<u>Paragraph Number</u>
Section 1	- Purpose of Circular	
	- Purpose	1.1-1.3
	- Coverage of Circular	1.4
	- Local Circumstances	1.5
	- Ethnic Minorities	1.6
	- Need for Cooperation	1.7-1.8
	- Related Circulars	1.9
Section 2	- Roles in Community Care	
	- Social work	2.1-2.3
	- Health	2.4-2.5
	- Housing	2.6-2.16
Section 3	- Planning	
	- Introduction	3.1-3.2
	- Principles	3.3-3.4
	- Joint Planning Structures	
	- General	3.5-3.6
	- Housing Forums	3.7-3.11
	- Planning Agreements and Finance	3.12-3.13
	- Joint Commissioning	3.14
	- User Participation	3.15-3.16
	- Assessment of Aggregate Housing Need for Community Care Groups	
	- General	3.17
	- Responsibilities	3.18-3.20
	- Community Care Groups	3.21-3.22
	- Homelessness and Community Care	3.23-3.25
	- Types of Housing	3.26
	- Monitoring	3.27-3.32
	- Local Planning Authorities	3.33
Section 4	- Individual Assessments	
	- Introduction	4.1-4.2
	- General Principles	4.3-4.7
	- Direct Access and Short Stay Accommodation	4.8-4.10

Section 5	-	Housing Management	
	-	Introduction	5.1
	-	Allocations	5.2-5.6
	-	Management of Tenancies	5.7-5.11
	-	Adaptations	5.12-5.14

Section 6 - Funding

Section Paragraph Number

Section 7	-	Future Agenda	
	-	Introduction	7.1
	-	Good Practice Guidance	7.2
	-	Community Care Implementation Unit	7.3
	-	Information and Research	7.4-7.6
	-	Training	7.7
	-	Local Government Reorganisation	7.8
	-	Inquiries	7.9

Annexes

- Annex 1 - Guidance on provision of Community Care Housing
- Annex 2 - Community Care in Scotland - Circulars and Guidance relevant to Housing and Community Care
- Annex 3 - Glossary of Terms
- Annex 4 - Housing Plans and Community Care Plans
- Annex 5 - Sources of Funding
- Annex 6 - Examples of Existing Practice
- Annex 7 - Allocation of responsibilities between health, social work and housing for providing aids, equipment, and house adaptations