Scottish Borders Health & Social Care Partnership Strategic Plan 2018-2021

Housing Contribution Statement









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1. INTRODUCTION

The Integration of Health and Social Care and the Public Bodies (Joint Working) Act (2014) is the most substantial reform to the National Health Service and social care services in decades. Health Boards and local authorities must integrate services to provide a more joined-up and person-centred approach to health and social care, enabling independent living where appropriate. National health and wellbeing outcomes and associated joint strategic commissioning plans / housing contribution statements, provide a practical framework and set an ambitious agenda to improve the health and wellbeing of people across Scotland, within a challenging context of an ageing population, public sector budget constraints, technological change and increasing expectations.

The Scottish Borders Health and Social Care Partnership first published its Strategic Plan in April 2016 following extensive consultation with people and communities across the Borders. Nine local objectives were identified which reflected the identified priorities and supported the delivery of the nine national health and well-being outcomes.

Following the publication of the five Health and Social Care Locality Plans in April 2018 it was identified that the Scottish Borders Health and Social Care Strategic Plan would benefit from a refresh to ensure that the strategic objectives were fit for purpose and continue to reflect the priorities of the population and communities of the Scottish Borders.

The refreshed Strategic Plan sets out a high level summary of the continued case for transforming the way in which health and social care services are delivered in the Scottish Borders as well as considering the significant role Housing has to play in the delivery of our integrated health and social care services.

Poor or inappropriate housing can contribute to a wide range of physical and mental health problems. Actions relating to housing have the potential to produce significant benefits in the health and well-being of individuals and the wider community, and generate savings in public and private expenditure on health, housing and social services.

This updated Housing Contribution Statement sets out the role of the housing sector in achieving the Health and Social Care Integration objectives in the Scottish Borders and builds on the previous statement and strategic plan produced in 2016.

2. LOCAL HOUSING STRATEGY

The Housing (Scotland) Act 2001 places a statutory requirement on local authorities to prepare a Local Housing Strategy (LHS) every five years, setting out a vision for the supply, quality and availability of housing in their local area.

The LHS is the key planning document, providing a framework of action, investment and partnershipworking to deliver these local priorities. The new Local Housing Strategy sets strategic outcomes and a

delivery plan framework for the period 2017 – 2022. <u>Local Housing</u> <u>Strategy 2017-2022</u>

In order to deliver this vision successfully and contribute to the Borders Community Plan and Health and Social Care Integration, as well as the Scottish Government's National Outcomes and National Health and Wellbeing Outcomes; the following four LHS priorities have been defined:

LHS VISION

Every person in the Scottish Borders lives in a home that meets their needs

The supply if housing meets the needs of our communities More people live in good quality, energy efficient homes

Less people are affected by homelessness More people are supported to live independently in their own homes

The LHS has a key role to play in contributing to the effective integration of health and social care. The clear aim of the integrated health and social care services is to shift the balance of care towards prevention and early intervention to ensure that individuals have better health and well-being. As a consequence, services are being redesigned around the needs of the individual. Critically, work is being undertaken to enable the balance of resources shift from acute to preventative services; and away from inpatient/institutional settings and towards in-home/community settings.

The refreshed strategic plan, the LHS, and this Housing Contribution Statement sets out clearly the contribution that housing can make in support of this agenda, through the design and delivery of housing and housing related services, that are capable of responding to the needs of individuals as and where they arise. The new LHS 2017-22 sets out in more detail what the integration of health and social care means in terms of providing suitable accommodation and the care and support required to fully support this agenda, whilst enabling people to live independently within their own home for as long as possible.

Local Housing Strategy Partnership

The Scottish Borders LHS Partnership is the housing market partnership for Scottish Borders. Figure 1 on page 5 highlights all of the representatives on the partnership. A range of issues from commissioning, new supply, SESPIan and the Housing Need and Demand Assessment (HNDA) are reported and discussed at the Partnership and the new Borders Housing Alliance.

Over and above the Housing Market Partnerships, the Council is hugely reliant on a range of partners to ensure that the ambitions of the LHS are realised and the range of partnership groups responsible for development and delivery of LHS objectives is set out in figure 1:



Figure 1: LHS Partnership

The LHS strategic outcomes and delivery plans are reviewed annually by the LHS Partnership Groups. Key LHS indicators will also be reviewed in a number of areas: in particular, annually through the Community Plan and within Partners' returns to the Annual Return on the Scottish Social Housing Charter.

In addition to strategic monitoring, partners are also responsible for the monitoring of their operational functions as they relate to the LHS outcomes; for example, housing management, housing investment/capital programme, and homelessness.

3. HOUSING PROFILE

Figure 2 below highlights some of the key information in regards in housing in the Scottish Borders. This information is also captured in the Scottish Borders Health & Social Care Partnership Joint Strategic Needs Assessment document to support the development of the Strategic Commissioning Plan 2015 – 2018. This document provides a wide range of evidence which will be continually built on to inform decision making in the future.

Figure 2: Housing Profile

	lation 20 total population, 27,699 aged 65 and over – 24% of the population
	eholds B7 total households in 2016 (peercentage change of 13.4% since 2001)
•35% (ehold Composition one adult, 36% two adults, 5% one adult, one or more children, 18% two or more adults, or more children and 6% three or more adults
Tenu •59% (re owner occupied, 27% social rent and 14% private rent (2014-16 SHCS)
Dwel •57,94	lings 40 total dwellings – 13% increase since 2011
Rura •47% (ity of the population live in rural areas (2016) – 36% Accessible Rural, 11% Remote Rural
	e Building /18 – 144 affordable housing, 512 average market completions per year
	- 1,419 long term empty homes, 960 second homes in the Scottish Borders
•2015	tations /16 – more than 750 adaptations and 4,200 handyperson jobs for older people completed e Borders Care & Repair Services in 2016/17 (81 of those being major adaptations
Speci	ialist Provision
 more over a social more Borde 	sidential care/nursing homes providing 700 places than 170 extra care housing/housing with care spaces 400 sheltered and 52 very sheltered houses, with over 2,000 different types of specialist rented housing targeted for older people than 750 adaptations and 4,200 handyperson jobs for older people completed by the ers Care & Repair Services in 2016/17 e Homes, 975 Medium Dependency/ Amenity, 614 Sheltered, 56 Very Sheltered/ Extra

Older people in the Scottish Borders

The Scottish Borders household population is growing slower compared to Scotland as a whole - 7% increase to 2037, compared to 17% for Scotland. But households over 75 years are growing at one of the highest rates across Scotland – Scottish Borders projects a 90% increase to 2037, compared to Scotland's 82%. All households over 65+years are predicted to increase by 54%, at the same rate as Scotland overall. Currently just over a third of the total household population in the Scottish Borders are aged over 65 years - in 20 years, nearly half of all households (46%) will be aged over 65 years.

The projected increases by age varies considerably by locality with Tweeddale showing the greatest increase of older people aged over 75 years, followed by Berwickshire – the two areas where the provision of Home Care is already under greatest pressure. Teviot is showing a small decrease in number of household 65-74 years, and the smallest proportional growth of households aged over 75 years.

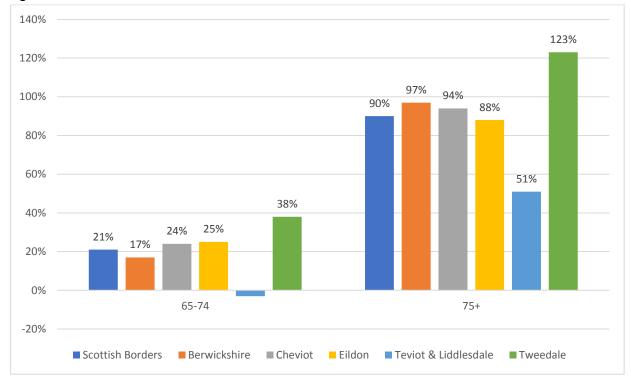


Figure 3: Increase in older households in the Scottish Borders 2012-2037

Most older people (68%) in the Borders own their homes, and most of these people own their properties outright. The level of equity held by many of these households is considerable, but we also know that there are very few options in the private sector for older people wishing to move from their current home to a more suitable housing option to meet their longer-term needs.

Scottish Borders Council new housing supply target over the next 12 years is 348 new homes each year, made up of 128 new affordable homes and 220 new private homes per annum. Comparing this against the current households living in the Borders this is only 2% new addition to the housing stock each year. While renewal and refreshment of the housing stock is important to meet a range of needs, the new Integrated Strategic Plan for Older People's Housing, Care and Support 2018-2028 recognises that the majority of housing, care and support needs will be met in people's existing homes. While the housing annual supply

target is 128 new affordable homes, Scottish Borders current Strategic Housing Investment Plan (2018-2023) sets out more ambitious plans for over 200 new affordable homes each year for the next four years.

Housing Need and Demand Assessment

Revised guidance for housing need and demand assessment (HNDA) was provided by the Scottish Government in 2014, emphasising the need for housing practitioners to engage with health and social care planners to share evidence, identify needs and plan for solutions across health, social care and housing. One of the key aspects of the HNDA is to provide evidence to inform policies related to the provision of specialist housing and housing-related services.

The second SESplan (Scottish Borders, Edinburgh, East Lothian, West Lothian, Midlothian and part of Fife) Housing Need and Demand Assessment received robust and credible status in March 2015. One of the purposes of this assessment is to provide evidence to inform policies related to the provision of specialist housing and housing-related services.

Housing is at the heart of independent living with the term 'social care' associated with certain housing functions which can improve the lives of vulnerable and older people and significantly reduce health and care costs. Typically, such housing functions can be categorised as follows:

- Provision of 'fit for purpose' housing this includes provision of sheltered; very sheltered and extra care housing and repairs and adaptations
- Provision of information and advice on housing options; welfare advice; training and employment support; advocacy support; befriending services and assistance in finding alternative housing
- Provision of low level support and preventative services this includes housing support; community alarms; tele-care and tele-health; care and repair services; small repair services; handyperson services and garden maintenance.
- Community capacity building with housing organisations promoting tenant participation in local activities and development of community led social enterprises

Based on the demographic and health profiles, the current level of health and social care provision is unlikely to keep up with the levels that will be required in future, particularly for an ageing population. Not only are people living longer, but a significant number of these people are projected to live beyond 85 years. Despite relatively good health and life expectancy, this will mean increased frailty and complex health needs, with increased housing, health and social care services required, particularly in areas where there are a high proportion of older people living alone.

The SESplan HNDA estimated 6,423 households in the Scottish Borders were in housing need. (31st March 2013) comprising a requirement for adaptations (47%); households living in poor quality housing (25%); overcrowding households (17%); special forms of housing (5%); concealed households (4%) and homeless households (3%). Most of this can be resolved in-situ or by the market (5,204) leaving 1,219 households remaining in need. The housing needs of these households cannot be met in-situ using existing social housing and they cannot afford a market solution. Instead they will require additional (including new) social housing.

4. HEALTH AND SOCIAL CARE PARTNERSHIP

The Scottish Borders Health and Social Care Partnership launched in April 2015. The partnership is responsible for planning and commissioning integrated services and overseeing their delivery. These services are all adult social care, primary and community health care services and elements of hospital care which will offer the best opportunities for service redesign. The total NHS and social care spending in the Borders in 2015/16 was £276.3m. The partnership has a key relationship with



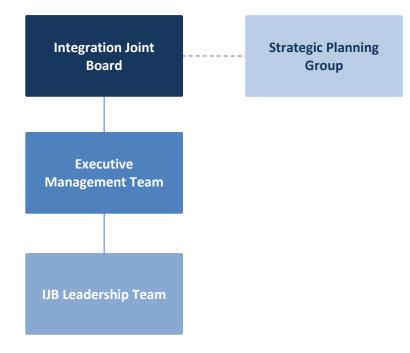
acute services in relation to unplanned hospital admissions and will continue to work in partnership with Community Planning Partners. This includes charities, voluntary and community groups so that, as well as delivering flexible, locally based services, and we can also work in partnership with our communities.

The implementation of the Health & Social Care Partnership Strategic Plan will be supported by supplementary plans related to specific themes (for example Dementia, Mental Health, and the Integrated Strategic Plan for Older People's Housing, Care and Support 2018-2028), and Locality Plans that reflect differing patterns of need across the Borders.

Governance

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The legislation supporting Health and Social Care Integration, through the Integration Joint Board, offers the opportunity for Councillors, Health Board Non-Executive Directors, the Third Sector and Independent Sector to work together to plan for a future health and care service able to meet the demands of the future. The Integration Joint Board will plan and commission services to ensure that the national and local outcomes are all based on providing a more person centred approach with a focus on supporting individuals, families and communities. Figure 4 below shows the current structure of the Integration Joint Board process.

Figure 4: Integration Joint Board Governance Arrangements



The legislation also requires the Partnership to set up a Strategic Planning Group (SPG) to support the development of the new integrated arrangements. The Borders SPG was established in May 2015.

Reflecting the range and diversity of health and social care stakeholders in the Borders, the group is made up of representatives from a range of organisations including representatives from both the Statutory and social housing sector as shown in Table 1 below.

Role	Organisation
Health professional	The area clinical forum
GP	GP sub-committee
Commercial providers of social care	Scottish Care
Scottish Borders Council	Health and Social Care, Housing
Third sector bodies	The Bridge
Staff representatives	SBC, NHS Borders
Non-Commercial providers of social housing, health care, and social care	Eildon HA, SBCares
Carers of users of health care and users of social care	Borders Carers Centre
Users of health care and of social care	NHS Public Participation Network, Borders Voluntary Care Voice

Table 1: Strategic Planning Group

Housing's Key Role in Locality Planning within Health and Social Care Partnership

This Strategic Plan (2018-2021) recognises the role of housing in the context of health and social care in the Borders. In particular, it stresses the importance of housing options, giving people more freedom and choice; of developing the supply of appropriate housing to meet changing needs as the populations ages; of building capacity in communities to support older people at home and having housing in place to keep people independent. It specifically highlights the integrated housing functions of aids and adaptations. The new Strategic Plan (2018-21) identifies 3 Strategic Objectives:

- We will improve the health of the population and reduce the number of hospital admissions;
- We will improve patient flow within and out with hospital;
- We will improve the capacity within the community for people who have been in receipt of health and social care services to better manage their own conditions and support those who care for them.

These three high level strategic objectives are underpinned by the following seven Partnership Principles which feed into and inform the local objectives:

- 1. Prevention & early intervention
- 2. Accessible services
- 3. Care close to home
- 4. Delivery of services with an integrated care model
- 5. Greater choice & control
- 6. Optimise efficiency & effectiveness
- 7. Reduce health inequalities

The Partnership's local strategic objectives are also aligned and contribute to the delivery of the nine National Health and Wellbeing Outcomes.

The delivery strategy for the Strategic Plan (2016-19) and now this refreshed plan has been more fully developed in the Locality Plans (undertaken at the five localities: Berwickshire, Cheviot, Eildon, Teviot and Liddesdale, and Tweeddale). Groups were established in each of the five localities to oversee the development of these locality plans.

Service users, carers, communities and health and social care professionals, including housing representatives, must be actively involved in locality planning so that they can influence how resources are spent in their area.

Figure 5: Area Forum Localities



The LHS sets out in more detail the role of the housing sector in achieving the Health and Social Care Integration outcomes at a local level in the Scottish Borders, for example by:

- undertaking effective strategic housing planning
- providing information and advice on housing options
- identifying, facilitating and delivering suitable housing that gives people choice and an appropriate home environment
- providing low level, preventative services which can prevent the need for more expensive interventions at a later stage
- building capacity in local communities

5. DELEGATED AND NON-DELEGATED FUNCTIONS

In March 2016 the Integration Joint Board approved the Strategic Plan 2016-19 and Scottish Borders Council and NHS Borders delegated functions to the new Scottish Borders Health and Social Care Partnership. The Act sets out a range of health and social care functions, including functions under housing legislation, which 'must' or 'may' be delegated to an integration authority.

The housing functions that were delegated by Scottish Borders Council to the Health and Social Care Partnership are:

- Adaptations an adaptation is defined in housing legislation as an alteration or addition to the home to support the accommodation, welfare or employment of a disabled person or older person, and their independent living.
- Housing Support housing support is defined in housing legislation as any service which provides support, assistance, advice and counselling to an individual with particular needs to help that person live as independently as possible in their own home or other residential accommodation such as sheltered housing.

There are some housing functions which are not delegated functions but which provide a resource to support health and Social Care Integration and the outcome it is seeking to achieve:

- RSL adaptations providing adaptations to their tenants to enable them to live independently, for example providing, a handrail or ramp at the entrance, or a shower in place of a bath
- Care and Repair providing independent advice and assistance to older and disabled homeowners or private tenants with services that enable them to continue to live independently in their own homes. The service provides adaptations, home improvements and a handy person service
- Housing support services for homeless people providing housing and tenancy support to vulnerable homeless people
- New supply housing the Strategic Housing Investment Plan (SHIP) 2018-23 sets out proposals for up to 1,177 new affordable Borders homes and a total investment of up to £174.5m over the next 5 years.

6. THE ROLE OF HOUSING IN THE INTEGRATION OF HEALTH AND SOCIAL CARE (SHARED OUTCOMES AND PRIORITIES)

The National Health and Wellbeing Outcomes are shown in figure 6 below. Scottish Borders Council and it partners can make a contribution to the achievement of many of the National Health and Wellbeing Outcomes. For example, Outcome 2 is of particular important in when considering the housing contribution.

Figure 6: National Health and Wellbeing Outcomes

- <u>Outcome 1:</u> people are able to look after and improve their own health and wellbeing and live in good health for longer
- <u>Outcome 2:</u> People, including those with disabilities or long term conditions, or who are frail, are able to live as far as reasonably practicable, independently and at home or in a homely setting in their community
- <u>Outcome 3:</u> People who use health and social care services have positive experiences of those services, and have their dignity respected
- <u>Outcome 4:</u> Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- <u>Outcome 5:</u> health and social care services contribute to reducing health inequalities
- <u>Outcome 6:</u> People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their role on their own health and wellbeing
- <u>Outcome 7:</u> People using health and social care services are safe from harm
- <u>Outcome 8:</u> People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
- <u>Outcome 9:</u> Resources are used effectively and efficiently in the provision of health an and social care services

In terms of Housing's contribution to the Strategic Plan 2018-21 The Local Housing Strategy (LHS) provides the strategic direction to tackle housing need and demand and to inform the future investment in housing and related services across the Scottish Borders area.

The LHS brings together the Local Authority's responses to the whole housing system including: requirements for market and affordable housing; prevention and alleviation of homelessness; meeting housing support needs; addressing housing conditions across tenures including fuel poverty and linkages with the Climate Change (Scotland) Act 2009.

It is important that the LHS links with Health and Social Care Strategic Plan and table 2 on page 14 highlights the links between the Strategic Local Objectives and the LHS Outcomes.

Table 2: Links between Strategic Objectives and LHS Outcomes

	LHS Priorities			
Strategic Objectives	1. The supply if housing meets the needs of our communities	2. More people live in good quality, energy efficient homes	 Less people are affected by homelessness 	4. More people are supported to live independently in their own homes
We will improve the health of the population and reduce the number of hospital admissions;	\checkmark	\checkmark	\checkmark	~
We will improve patient flow within and out with hospital;	\checkmark	\checkmark	\checkmark	\checkmark
We will improve the capacity within the community for people who have been in receipt of health and social care services to better manage their own conditions and support those who care for them.	√	\checkmark	V	\checkmark

Table 3 provides a further breakdown as to how housing links into the Strategic Plan's local objectives and how housing can contribute to each of the objectives of key principles.

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- 3. Care close to home
- 4. Delivery of services with an integrated care model
- 5. Greater choice & control
- 6. Optimise efficiency & effectiveness
- 7. Reduce health inequalities

Table 3: Housings Contribution towards Strategic Plan Objectives and Principles

Objectives and Principles of Strategic Plan 2018-21	Housing Contribution
Objective: We will improve the health of the population and reduce the number of hospital admissions	 The vision of the LHS is to ensure "Every person in the Scottish Borders lives in a home that meets their needs". Providing safe, secure, warmer and more comfortable homes of an appropriate size, in an appropriate location and that are affordable to live in will reduce existing health problems – heart attacks, strokes, hypothermia, raised blood pressure, asthma, mental health problems, respiratory disease and also help prevent health issues occurring. Delivery of adaptations and handyman's service (including fall prevention measures such as grab rails) Providing housing support, directly and with partners to help people remain in their own home and prevent homelessness. Reduces stress, anxiety – keeping people in their homes

Objective: We will Implementing the Older People's Housing, Care and Support Strategic Plan improve patient flow Ensuring the reablement and hospital to home service development aligns with within and out with housing providers and care and repair services. hospital Objective: We will • Part of the ambitions of the Integrated Older People's Housing Care and Support improve the capacity Strategic Plan is to Invest in social infrastructure, looking to harness the strengths within the community for of our own communities in developing capacity in care and support for family people who have been in member and friends. receipt of health and • Housing Representation on key partnership groups, including the SPG and the social care services to Community Led Support Steering Group better manage their own • The availability of Housing related information and advice at the "What Matters conditions and support Hubs" those who care for them. • Preventing homelessness through the Housing Options approach Investment in Adaptations Expand on and develop new initiative housing with support models for particular needs groups such as transitional housing for those leaving care or institutions Provision of welfare benefits advice and financial inclusion services • Unified, partnership working framework for assessing health and housing needs (Unified Health Assessment) • Housing Officers visiting vulnerable households on a regular basis - identifying the needs of that person Development of Housing Information and Advice Strategy/Communications Plan • for private sector households Principle 1: Prevention & Strategic review of Scheme of Assistance to shift activity towards preventative • early intervention investment • Development of Affordable Warmth Plan and fuel poverty awareness raising activity Expanding the Care and Repair model Review the falls prevention strategy, working widely across all partners in the Borders to ensure consistent approach and sharing of intelligence across key health, social care and also housing staff. The 2015 Scottish Public Health Network paper "Restoring the public health response to homelessness" identified preventing through much earlier intervention and prevention activity https://www.scotphn.net/wpcontent/uploads/2015/10/Restoring-the-Public-Health-response-to-Homelessnessin-Scotland-May-2015.pdf Access to affordable housing – delivering affordable housing across the area Delivering warm housing in good condition Principle 2: Accessible Working with local housing associations and private sector landlords to provide services housing which is fit for purpose Deliver more accessible, barrier free housing • Tenancy sustainment and Support Services through Housing Providers Housing Support Services Principle 3: Care close to Borders Care & Repair provide a handyman service which will carry out home handyperson jobs or advise on home upgrading & grant funding Using the planned investment in extra care housing to drive wider service change, • including using the new extra care developments as hubs in a wider 'hub and spoke' approach to delivering home care services to people in their own homes across Scottish Borders Principle 4: Delivery of The housing sector in the Borders has a range of partnership mechanisms to services with an enhance the level of staff engagement: integrated care model LHS Partnership Borders Housing Hub \geq Older Persons Housing, Care and Support Steering Group \geq Strategic Housing Investment Plan Working Group \geq **New Borders Alliance**

	 Private Landlord Forum Community Planning Partnership New Integrated Homelessness and Wellbeing Strategic Partnership Commitment to review and formalise commitments to Care & Repair to enable long term development of the service, enhancing the service to include a dementia service and increase capacity in prevention information and advice and falls prevention, including moving home service. Commitment to review the spend on adaptations to consider scope for consolidation between funding streams, and continue dialogue with Scottish Government over the adequacy of funding for the RSL sector tenants / future demand.
Principle 5: Greater choice & control	 LHS Priority 4 "More people are supported to live independently in their own homes" Implementation of the integrated Older Persons Housing Care and Support Strategic Plan Flexible Housing Support options Modernisation, remodelling and reprovisioning of existing sheltered housing schemes Training and employment skills development and opportunities for employment Aids and Adaptations Borders Care & Repair services help disabled homeowners or private sector tenants with adaptations that will enable them to stay in their own home. Safe Housing Options and co-ordinated services for Domestic Abuse Victims and their families Undertaking a Housing needs and Aspirations study for Young people in the Borders – through extensive engagement and qualitative/quantitative research to help identify appropriate responses to meet those needs
Principle 6: Optimise efficiency & effectiveness	 Collaborative approaches to delivery plans and commissioning services through a range of partnership mechanisms such as: SPG LHS Partnership Group Borders Housing Alliance Integrated Older Persons Housing Care and Support Steering Group Integrated Homelessness and Wellbeing Strategic Partnership
Principle 7: Reduce health inequalities	 The four outcomes of the LHS aim to tackle the inequalities in our society – this includes health inequalities Building safer and thriving communities is a key priority to focus local community planning activities to assist Borders's most disadvantaged communities and improve employment and health inequalities. Specific examples include: Significant levels of investment in improving the Energy Efficiency of homes across the Borders, as well as the provision of Home Energy Advice, helping to make homes warm and more comfortable. Activities of Housing providers in terms of the provision of information and advice to tenants on a range of issues from financial advice, eating well and keeping warm. Improving access to health and social care services for homeless people, particularly for those with complex needs by working with integration partners.

Integrated Strategic Plan for Older People's Housing, Care and Support 2018-2028

The Local Housing Strategy 2017-22 identified the development of an integrated older persons housing strategy as a strategic priority. Partners in the Scottish Borders have since produced an integrated Strategic

APPENDIX 4

Plan setting out a vision for enabling older people to have greater choice of housing, support and care that meets their long-term needs. It is focused on enabling independent living but proposes an investment and service framework which tackles the logistical and market challenges experienced in the Scottish Borders. It proposes investment in housing for older people, technology-based services, and additional people capacity as a means of ensuring future needs can be met.

The Integrated Strategic Plan for Older People's Housing, Care and Support was developed through a steering group involving all Scottish Borders Health and Social Care partners, and the Scottish Borders Housing Network. Partners consulted with the Locality Planning Groups to understand perspectives from residents and staff living and working in the local areas about the challenges and possible solutions to meet the housing, support and care needs of older people living in the Scottish Borders. Working in partnership across the public, private and third sectors, the ambition of the Integrated Strategic Plan for Older People's Housing, Care and Support 2018-2028 is to:

- Enable investment in existing homes, and to invest significantly in technology (including telecare) to enable older people to continue living at home as their needs change
- Improve the availability of information and advice to enable older people to make best housing choices to meet their future housing, care and support needs, including advice and assistance on moving home if this is the best option
- Increase the housing options of newly built houses in the private and rented sectors so that people that want to move home have more choice
- Invest in extra care housing and other types of housing with on-site support so that people are living independently but have the safety and security of care and support nearby
- Use the planned investment in extra care housing to drive wider service change, including using the new extra care developments as hubs in a wider 'hub and spoke' approach to delivering home care services to people in their own homes across Scottish Borders
- Invest in social infrastructure, looking to harness the strengths of our own communities in developing capacity in care and support for family member and friends.

Over the next 10 years the Scottish Borders Health and Social Care partners will invest close to £130m to enable:

- 400 extra care houses (including 60 in a new retirement campus)
- 300 new build houses suitable for older people for sale and in the rented sector
- Existing housing, refurbished or remodeled 300 houses in the social rented sector
- Housing support on site to be offered to 300 more older households across housing sectors
- Over 8,000¹ adaptations and small repairs to enable people to stay in their own home
- A minimum of an additional 20 specialist dementia spaces to meet the need identified in the emerging Dementia Strategy
- Investment in telecare / telehealth for over 800² households.

¹ Based on an extrapolation of current levels, plus unmet need, increased in line with projected need

² Based on assessment of the number of projected Scottish Borders home care customers who would benefit from telecare using recognised industry criteria

WHAT THIS MEANS...

- Good housing options are critical, giving people more freedom and choice;
- We need to develop the supply of appropriate housing to meet changing needs as the populations ages
- We need to continue building capacity in communities to support older people at home and having housing in place to keep people independent
- Aids and Adaptations play a crucial role in prevention activity and enabling independent living
- There is a strong link between access to good Housing and the general Health of the population
- Housing has an important role to play in the delivery of our integrated health and social care services. The Scottish Borders Local Housing Strategy (2017-2022), the Strategic Housing Investment Plan (2018-23) and the Integrated Strategic Plan for Older People's Housing Care and Support sets out our work in relation to housing in more detail.

7. PRIORITIES AND CHALLANGES

A number of workshops have been held between SBC, housing providers and colleagues from health and social care to have a focused overview on the housing dimension of integration, explore the existing provision and linkages in the Borders and to identify the key priorities and challenges for the Housing Contribution Statement.

Priorities

Housing Support and Homelessness

Since 2012, homeless prevention has been very effective in the Borders, with homeless applications remaining stable around the 650 mark per year. Homelessness prevention has been a major aspect of the national housing agenda for more than a decade. A commitment to the delivery of person-centred, preventative services which target early intervention and personal choice is an integral part of the LHS and the local housing options approach. The service redesign agenda for the Homelessness Services was guided by an ongoing strategic delivery plan framework which is and continues to be underpinned by the following objectives:

- Preventing homelessness by working in partnership with other agencies;
- Maximise access to a range of support and assistance to help people achieve or maintain independence;
- More integrated accessible housing options and advice for all customers with a focus on health and well-being and prevention

In Scottish Borders, the Housing Support Model was developed at a key time to form part of the overall commitment to tackling and preventing homelessness. The model recognises the requirement to ensure that local housing support services continue to meet the needs of individuals in the community. The model also recognises the importance of identifying the key demands/underlying needs in the Scottish Borders in order to determine how best services can be delivered to meet housing need and prevent homelessness.

SBC doesn't have access to a large range of providers although the council continuously explores new and more aligned ways to work and ensure support is person centred. A key priority for Housing and Health and Social Care partners is to continue to develop new models and expand on existing specialist housing models for older people and vulnerable client groups, such as transitional housing for young people leaving care and people with learning disabilities.

The Strategic Plan must also consider the recent HARSAG recommendations including ensuring that public bodies do not discharge people into homelessness; that "all public bodies (have) a duty to take steps to prevent homelessness"; and to "ensure plans are always agreed to prevent homelessness for people leaving public institutions", and to move to a default 'rapid rehousing' model. https://beta.gov.scot/publications/ending-rough-sleeping-in-scotland-interim-report/ The Scottish Government Homelessness Prevention and Strategy Group also recently stressed the importance of developing "pathways for people where pathways are difficult but predictable (e.g. SHORE standards and similar for other institutions)". : <u>https://beta.gov.scot/publications/homelessness-prevention-and-strategy-group-minutes-march-2018/</u>.

Access to housing

Partners acknowledge that increasing access to housing supply and offering a better range of both settled and temporary options requires tailored responses to the dynamics of the housing system at a local level. In some localities even modest supply side interventions could make a significant difference to those facing or experiencing homelessness or experiencing a delay in hospital discharge. Aligned to improving access to accommodation however, is the need for proactive and person-centered Housing Options advice services that enable early action and informed decision making.

- Provide a range of housing allocation protocols for vulnerable adults and those with complex needs
- Greater early involvement of housing partners in the planning of hospital discharges to co-ordinate and ensure that safe, suitable housing is available upon discharge to prevent delays in discharge once clinical needs are met and reduce risk of re-admissions

Affordable warm and fuel poverty

Living in cold conditions is a risk to health. There is an established body of evidence that identifies direct and indirect health impacts suffered by those living in fuel poverty and cold housing, which include links to respiratory and cardiovascular disease and negative impacts on mental health.

Properly designed and implemented actions to improve housing energy performance can have major cobenefits for public health. There are a wide range of initiatives in place that aim to improve the energy efficiency of housing and reduce carbon emissions. Programmes are funded from a range of sources and are led by the Council and other partners. Work will continue to be targeted at deprived and vulnerable households who are more likely to live in energy inefficient housing, especially those who do not have access to social housing. Energy efficiency advice is also made available by housing providers and is targeted at those people most likely to be most affected by fuel poverty.

Key areas for action include:

- Providing warm, energy efficiency homes and home energy advice
- Linking fuel poverty work and health and well-being
- The establishment of the new Borders om energy Forum
- The development of a new Affordable Warmth and Energy Efficiency Strategy in 2018.

Adaptations

The projected increases in the number of older people and people with dementia, together with unmet needs from people with physical disabilities and people with learning disabilities result in increased demand for housing support, housing adaptations, and specifically designed or adaptable housing.

A 2012 study about adaptations found that:

- Adaptations generate savings and value for the health and social care budget, far in excess of the amount invested;
- adaptations bring increased independence, confidence, health and autonomy for tenants;

There is clear evidence that small changes to homes can relieve pressure on the NHS and social care and studies have shown that, for example, preventive work associated with falls on stairs would give a return of 62p for every £1 spent with a payback period of less than eight months.

Priorities include:

- Increasing investment in low level support and preventative services such as housing support; community alarms; tele-care and tele-health; care and repair services; small repair services; handyperson services and garden maintenance
- Increase use of technology and safety measures such as telehealth and community alarms to support independent living.

Housing supply

Scottish Borders Council new housing supply target over the next 12 years is 348 new homes each year, made up of 128 new affordable homes and 220 new private homes per annum. Comparing this against the current households living in the Borders this is only 2% new addition to the housing stock each year. While renewal and refreshment of the housing stock is important to meet a range of needs, the Integrated Strategic Plan for Older People's Housing, Care and Support 2018-2028 recognises that the majority of housing, care and support needs will be met in people's existing homes. While the housing annual supply target is 128 new affordable homes, Scottish Borders current Strategic Housing Investment Plan (2018-2023) sets out more ambitious plans for over 200 new affordable homes each year for the next four years.

Priority:

• Increasing the supply of specialist housing such as wheelchair accessible, extra care, housing with support, and intermediate housing designed with and for people with particular needs, as well as emphasising the wider contribution of warm, safe, affordable housing supply

Private sector

One of the key priorities identified in the LHS is to improve the condition and management in private rented housing and a number of interventions and actions have been identified to support this, including:

- Improve the availability of information and advice to enable people to make best housing choices to meet their future housing, care and support needs, including advice and assistance on moving home if this is the best option
- Provision of Information and Advice to improve Housing Quality and standards
- Developing a new Private Sector House Condition Improvement Plan; and
- A Private Rented Sector Communications and Engagement Strategy

Sustainable places

Well-designed, sustainable places, both urban and rural, support people's physical and mental wellbeing and good health is determined by a range of factors — many of them linked to the quality, accessibility and sustainability of the physical environment. Linked priorities for future improvements include:

- Examining housing standards and link to health and well-being condition, energy efficient and specialised aspects such as dementia-friendly
- Better joint planning on examining opportunities to re-model or find alternative uses for existing housing stock
- Encourage and support community cohesion and resilience such as facilitating cross-generational community based activities and events
- Promote visiting support services such as befriending and carers support services particularly in rural villages to prevent social isolation and increase/maintain social networks of vulnerable people and their carers
- Support local initiatives to increase training and employment opportunities

Ongoing Challenges

Since the development of the previous Strategic Plan (2016-19) and the new Local Housing Strategy in 2017 there has been significant progress and achievements realised across many priority areas, as reflected in the Annual Performance Reports and LHS Annual Reports. The development of the new Integrated Strategic Plan for Older People's Housing, Care and Support 2018-2028 in particular demonstrates the commitment to a collaborative and preventative approach in the Borders and an understanding of the inter-relationship and strong, linkages between Housing and Health and Social Care.

Looking forward, there is a projected 75% growth in different types of housing, care and support services required estimated over the next 10 years, above current supply. These needs vary between long term care and support, lower level home care, housing support on site and adaptations/small repairs. To help effectively address those needs there are still a number of areas where there are opportunities for further collaborative working and improvements to service delivery, including:

- Improving the joint analysis of housing, health and social care needs ensuring that we all work jointly to identify the needs of the local community building on work in the JSNA, Local Housing Strategy and Housing Need and Demand Assessment. There is a requirement for joint analysis and s shared evidence base and for the JSNA and HNDA to be more closely aligned in the future.
- Improving strategic and operational planning structures effective working between different agencies, in particular housing, health and social service authorities with respect to strategic planning, service commissioning and service provision
- Identifying and implementing initiatives to get a better understanding of the housing sectors role and improve outcomes Housing, health and adult social care services will develop closer working relationships in the commissioning arrangements of supported housing and housing support services in order that we maximise their impact for both individuals and the wider health and social care system
- **Providing support to all staff across the housing sector** ensuring staff are kept up to date and supported through transformational changes.
- **Providing housing options advice** continuing to provide housing options advice and widening this service to assist people as they get older helping people stay at home for longer. Closer working

relationships with housing, health and social care will provide opportunities to prevent and intervene earlier for 'at risk' communities, including homeless people. This should consider the role of communities, the voluntary sector, and any workforce that comes into contact with 'at risk' groups, including, primary and secondary health care, allied health professionals, social care, housing and homelessness.

- The establishment of the Homelessness and Wellbeing Partnership in 2018 and the development of the Integrated Homelessness and Wellbeing Strategy will support this activity. Strategic Housing Services will also consider what further resources may be required to ensure frontline health and social care professionals can identify appropriate services in their area to refer people at risk of homelessness.
- Responding to the needs of the older population Scottish Borders HSCP and the Integrated Joint Board are aware of the challenges in health and social care for older people and has instigated a Transformational Programme. This will redesign services for older people including discharge to assess hospital at home, telehealth/telecare and What Matters Hubs. The period of new Strategic Plan will also see the early stages of the implementation of the new Integrated Strategic Plan for Older People's Housing, Care and Support 2018-2028.

8. **RESOURCES**

The total NHS and social care spending in the Borders in 2015/16 was £276.3m. All NHS services are included in this total – including health services that are not covered by integration (such as planned outpatient and inpatient care). The overall spending was split 51% Community-Based Care versus 49% Institutional Care.

The Borders has already made some progress towards the aim of providing more care in the community compared with Scotland as a whole, where the split was 47% on Community-Based Care versus 53% on Institutional care (further information on Health and Social Care spend in the Borders is detailed in the main body of the Strategic Plan).

There are a number of specific local authority housing functions which the legislation specifies must be delegated to the Integration Authority, these are; adaptations and housing support aspects of social care services. The Scottish Borders Council budget identified as making a direct contribution to health and social care through delivery of the delegated functions is £375k.

The Council currently budgets £375k from its Capital Budget to provide means tested grants to assist major adaptations in private sector properties. This is currently sufficient to meet the needs of cases prioritised through Occupational Therapist assessment as being "critical" or "substantial".

Scottish Borders Council is a post transfer Council, and one consequence is that the former Supporting People budget has been disaggregated and operational management spread across Social Work managers. There has been considerable work done by the Council's Social Work Department to successfully develop a range of Housing with Care services in existing RSL owned sheltered housing developments. But it is no longer easily possible to identify Housing Support funding other than that which is managed by the Council's Housing Services to commission a voluntary sector provider.

The extent of the resources that could be influenced by the health and social care agenda is less clear. Some examples of housing activities that can be influenced by health and social care (and vice versa) include new build housing, housing improvement across all tenures, actions to address poverty and disadvantage.

New-build housing

Strategic oversight of delivery of the new supply of affordable housing is led by the Council working in partnership with locally active Registered Social Landlords (RSLs) to develop the Strategic Housing Investment Plan (SHIP) submission to Scottish Ministers. This is now submitted every two years and provides a rolling five year planning horizon to set out proposed and prioritised affordable housing projects. This is framed within Resource Planning Assumptions. RSL project proposals are considered in context of deliverability, housing need, strategic fit, and impact, which enables projects which contribute to the health and social care agenda to score highly in the prioritisation process. Examples of this include new supported housing solutions to assist the Joint Learning Disability Service and Extra Care Housing.

Scottish Government are the main provider of grant to assist delivery of affordable housing by responding to SHIP submissions through the development of 3 year Strategic Local Programme (SLP) Agreements to direct grant towards securing delivery of individual RSL projects. In 2017/18 Scottish Government allocated £11.5m to assist Scottish Borders projects through the SLP. Grant Allocation decisions are framed by benchmark grant rates set, and periodically reviewed and revised by Scottish Government. Notwithstanding grant allocations, the largest source of funding of affordable housing is raised by the RSLs themselves via their own capacity to borrow from the private sector money markets.

Scottish Borders Council can also assist delivery of affordable housing through use of its Second Homes/Council Tax budget which assumes that £715k income will be received annually for this purpose, and which is prioritised to assist delivery of projects identified through the SHIP process.

RSL affordable housing is built to Housing for Varying Need standards which are slightly larger than comparably sized housing built for market sale, which are built to comply only with Scottish Building Regulation standards. RSLs also build homes which meet the needs of people with particular needs which the private sector housing building sector typically does not address, e.g. wheelchair standard housing or Extra Care Housing, or "core and cluster" groupings to facilitate delivery of cost effect housing support or care services, provided or commissioned by the Council or NHS Borders.

Housing improvement across all tenures

New build or refurbished housing will account for only a small proportion of the overall housing stock in the Borders. The majority of people will continue to live in their own homes, whether these are owned or rented. Moving forward housing improvements, adaptations, equipment and assistive technologies will have an increasing role to play. Residents of the Borders will also continue to receive the same broad range of public services, increasingly integrated and improved through the work of the Scottish Borders HSCP.

RSLs are able to access 100% funding of costs of major adaptations in their housing stock from "Stage 3" funding from Scottish Government, which is allocated from a Scottish national budget annually to individual RSLs. In 2015/16 the following allocations were made to Borders based RSLS –

Berwickshire Housing Association £41k

٠	Eildon Housing Association	£68k
٠	Scottish Borders Housing Association	£109k
٠	Waverley Housing	£41k ³

Scottish Borders has a nationally recognised Care and Repair service which won the Scottish Public Sector award in December 2015. This is commissioned by the Council and is funded from the Council's Housing Services revenue budget. The Care and Repair Services delivers major adaptations in private sector housing, and in those homes owned by the above mentioned 4 Borders based RSLs, thereby streamlining delivery and providing efficiencies and quality control across this activity, in addition to a range of other housing support services to enable people to live at home in the community. Currently 1 FTE Occupational Therapist is funded by the same Council budget, which is based within the Care and Repair service.

The Home Energy Efficiency Programme Scotland (HEEPS) is Scottish Government funded to offer grant funding to private households to install a range of energy efficiency measures including external wall insulation (EWI). In 2016/17 £1.7m Scottish Government grant funding helped install 1256 Energy Efficiency measures across the Borders in households suffering from fuel poverty. In 2017/18 an additional £1.73m has been allocated to improving energy efficiency in homes across the Borders with around 1000 measures expected to be installed by June 2018. The success of HEEPS: ABS relies on strong partnerships with RSLs mainly because EWI projects require coordination of social and private upgrades (such as mixed tenure blocks of flats).

The new Scottish Energy Efficiency Programme (SEEP) also aims to improve energy efficiency and reduce fuel poverty through increased support and incentives for private sector households not experiencing fuel poverty. This will also include the introduction of energy efficiency standards. The details of this new programme are still to be finalised, but there are likely to be resources made available to support this activity, and the Scottish Government has committed almost £0.5 billion to SEEP over the next ten years.

The Energy Efficiency Standard for Social Housing (EESSH) aims to improve the energy efficiency levels of social housing. All RSLs have a target compliance date of delivering EESSH by March 2020. Achieving this standard in some properties will be challenging, particularly for those of non-traditional construction and for those located in 'off gas' areas. Each RSL has prioritised investment towards meeting the standard, which will result in £12.1m being invested to meet EESSH.

Housing Support Services

There a range of non-delegated housing support services provided, which include housing and tenancy support for young people and to vulnerable homeless people. Housing support services help people to live independently in the community, regardless of their tenure. Providing a range of services to homeless people, including advice on budgeting and debt management; assistance with benefit claims; maintaining the security of the dwelling and general counselling and advice. RSLs also provide similar services, giving advice to those facing difficulties with their housing.

³ In addition there are a number of other RSLs based out with SBC with small amounts of housing stock within the area. They also receive Stage 3 allocations, but we have no information available as to how much, if any, is spent within Scottish Borders.

Integrated Strategic Plan for Older People's Housing, Care and Support 2018-2028

The Integrated Strategic Plan for Older People's Housing, Care and Support draws on the strengths of different approaches, and proposes a way forward with a combination of investing in housing, technology and service delivery capacity, building on commitments already made by partners. It proposes new build activity, supplementing the existing mix of private and public residential provision across Scottish Borders. It also involves the remodelling, refurbishment and adaptation of existing housing, a strengthened approach to telecare, and the implementation of proposed service reforms to ensure that the breadth of independent living benefits can be grasped across all Borders localities. Scope for co-location of the new housing with other housing and non-housing developments and amenities will also be explored as part of more detailed feasibility work.

A summary of the investments included in the Integrated Strategic Plan for Older People's Housing, Care and Support are detailed in table 4 on page 25.

Care units	Units Over 10 years	То 2027	Per unit
A 20 unit specialist dementia care unit	20	£4,800,000	£240,000
A 60 unit mixed tenure campus	60	£9,000,000	£150,000
Various local extra care housing developments (30-45 units each)	360	£54,000,000	£150,000
New housing with care provision	440	£67,000,000	£152,272
Housing supply			
New Build	300	£39,000,000	£130,000
Refurbishment/Remodelling	300	£16,500,000	£55,000
New / remodelled housing provision	600	£55,500,000	£92,500
	1,040	£123,000,000	£118,269
Other investment to 2027			
Adaptations, small repairs	8424	£8,634,600	£1,025
Telecare	851	£255,240	£300
Total investment planned		£132,190	

Table 4: Financial Plan

Table 4 details investment of £132m planned across the Scottish Borders to support delivery of the integrated housing, care and support plan for older people. This includes a mix of care settings and housing tenures and will be funded by the Council, local RSLs, private developers and other strategic partners in the region (a full financial Plan is available as Appendix 5 of the integrated housing, care and support plan for older people).

Monitoring and Review

In line with the Scottish Government Guidance for Health and Social Care Integration the Partnership produces Annual Performance Report which presents how the Partnership has:

- worked towards delivering against our strategic priorities;
- performed in relation to the National Health and Wellbeing Outcomes;

- performed in relation to our local objectives;
- performed financially within the current reporting year;
- progressed locality planning arrangements;
- performed in inspections carried out by scrutiny bodies.

 Table 5: The Strategic Plan 2018-21 has identified what success will look like:

	People participate in planning their own care and support
Services are integrated and efficient	
	The benefits of new technology improve people's
	health and well-being
People with multiple long term conditions are supported	
	There is a shift to early intervention and
	prevention
Carers will feel better supported and have	
improved health and well-being	

There will be a reduction in health inequalities

The monitoring and evaluation arrangements for the housing contribution to health and well-being will be through these Annual Performance Reports, but also through the Local Housing Strategy which is also monitored annually against the delivery plans, to ascertain progress and to enable remedial actions to be instigated promptly should they be required to ensure milestones set out in the delivery plans are achieved, and that services/partners are on track to deliver specific LHS objectives.

In addition to strategic monitoring, partners will be responsible for monitoring of their operational functions as they relate to the LHS outcomes; for example, housing management, housing investment/capital programme, and homelessness.

Future LHS annual reports will contain a specific statement on Housing's Contribution to Health and wellbeing, and to the Strategic Plan.

This Housing Contribution Statement has been approved by:

Scottish Borders Council Chief Housing Officer Cathie Fancy Signature

Chief Officer Health and Social Care Integration Robert McCulloch-Graham Signature

APPENDIX 4

