

# Integrated Strategic Plan for Older People's Housing, Care and Support

2018-2028





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# FOREWORD



I am pleased to present the Scottish Borders Integrated Strategic Plan for Older People's Housing, Care and Support (2018-28). This new and exciting Plan sets out a fresh and ambitious vision where older people will have greater choice in terms of where and how they live, and the services they can access.

The Council and its partners from across the public, private and third sectors are committed to developing further housing and residential care suitable for older people. This will be accompanied by greater investment in new technologies and new approaches to service delivery aimed at ensuring people receive the care and support they need in their own homes. This fully integrated approach will support our older people to live long, healthy and independent lives by modernising, and capitalising on, opportunities and possibilities for future housing, care and support needs.

Together, these developments will complement the ongoing service and funding commitments of the Scottish Borders Health and Social Care Partnership and other key players to ensuring the best quality of life for older people.

The Plan will see additional investment in specialist dementia care and continued commitment to care homes as key elements of a wider approach. It also includes the provision of a focused assessment and re-ablement service in a community setting to support people being discharged from hospital.

Residential care is not always suitable or an appropriate choice. Additional housing for older people will be key. Our Plan sees the development of 400 new extra care houses across the Borders - where care is provided on site - including the exploration of potential for a dedicated retirement campus in a suitable location. On top of this, 300 new build houses suitable for older people - for sale and rent - are also planned; with a further 300 existing social houses being refurbished or remodelled with older people's needs in mind.

Most people want to remain in their own homes for as long as possible. We will invest in supporting that aim through additional spend on adaptations, advice and information for older people and their families, and revisions to our home care and support service arrangements. Technology will also be introduced to support face to face service delivery, helping to ensure time spent with those needing care is used as effectively as possible.

On behalf of Scottish Borders Council and our partners it gives me great pleasure to present this Plan. It sets out a comprehensive commitment to meeting the needs of older people, providing re-assurance that their wellbeing will be a central part of our partner's focus moving forward.

**Councillor Mark Rowley**

Executive Member for Business and Economic Development

# 1. SCOTTISH BORDERS INTEGRATED STRATEGIC PLAN FOR OLDER PEOPLE'S HOUSING, CARE AND SUPPORT

Partners in the Scottish Borders (the Borders) have produced an integrated Strategic 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.

In many parts of the Borders and particularly in the rural and remote areas, the care market has been unable to respond to the current needs of our communities. Moving forward, we have one of the highest projected growth rates of older people aged over 75 in Scotland, and a change in demographics where in 20 years' time half of all households in the Scottish Borders will be aged over 65 years. This leads to a growth in projected demand for both services and housing; taking place against a backdrop of national and local policy objectives supporting an increase in more independent living where older people are supported to live in their own homes for as long as practical.

Working in partnership across the public, private and third sectors, our ambition 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 8,000<sup>1</sup> adaptations and small repairs to enable people to stay in their own home

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

- 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 800<sup>2</sup> households.

The Plan covers the period from 2018-2028. This extends beyond the Scottish Government's current commitments captured in the Affordable Housing Supply Programme. The principles and headline commitments set out in this Plan endure irrespective, but we acknowledge that policy, practice and local context are dynamic and that refinements in tactics and delivery arrangements may be needed as we move forward.

Investment in social infrastructure is as important as investment in physical infrastructure. The Plan is underpinned by the principle of inclusive growth; ensuring communities can shape and benefit from the proposed investment. The Plan recommends that physical investment in housing can help facilitate and drive service reform in care and support for older people in the Scottish Borders. But physical investment alone will not meet the housing needs of older people; it must be supported by service reform across health, social care and housing support, and the development of capacity within our communities. Many of these discussions are already in motion. While some are at an early stage, this Plan will help shape their focus with scope for refinements in delivery arrangements as they progress.

This plan has been developed through a steering group involving all Scottish Borders Health and Social Care partners, and the Scottish Borders Housing Network. We 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. The plan sets out:

- The strategic and market context
- The challenge
- Our vision for housing and service delivery for older people in the Scottish Borders
- Using housing investment to drive wider service change
- Action plan and commitments
- Governance, monitoring and evaluation

The plan has been informed by extensive data analysis and consultation (set out in the Older People's Integrated Housing, Care and Support Plan Data Report, 2017) and a strategic options appraisal (set out in the Option Appraisal Report, 2018).

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



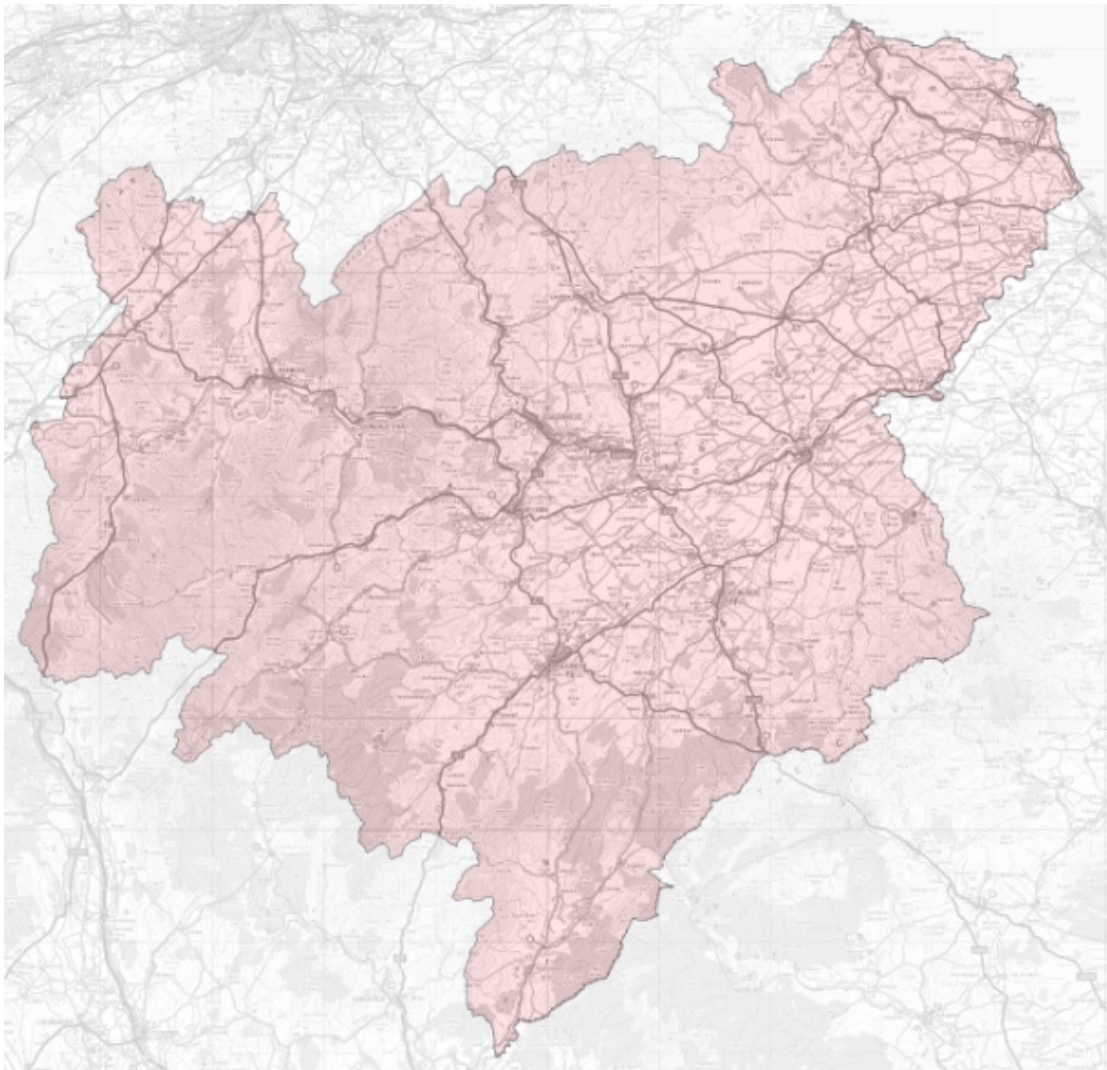
## 2. THE STRATEGIC AND MARKET CONTEXT

This Plan sets out a vision for the provision of housing, care and support that meets the projected levels of need of older people throughout Scottish Borders. It aims to provide a viable and sustainable basis for supporting older people now and in the longer term. As such it links into wider national policy commitments around support for older people, as well as commitments made by a breadth of local partners to ensure the specific needs of Borders communities are met. The inter-relationships between key commitments are captured in this chapter.

### The Scottish Borders

The Scottish Borders is located in the South East of Scotland, with Edinburgh and the Lothians to the North, Northumberland to the south and Dumfries and Galloway to the west. It covers a large, rural area of 1,827 square miles, where 30% of the population live in settlements of 500 people, or in isolated hamlets. The largest towns are Hawick and Galashiels, with other key towns including Jedburgh, Kelso and Selkirk.

Figure 1: Map of Scottish Borders





## The national policy context

The Scottish Government has set out 16 'National Outcomes for Scotland'. This includes a specific outcome where

Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it.

The Scottish Government has also set out nine Health and Wellbeing Outcomes:

- **Outcome 1:** People are able to look after and improve their own health and wellbeing and live in good health for longer
- **Outcome 2:** 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
- **Outcome 3:** People who use health and social care services have positive experiences of those services, and have their dignity respected
- **Outcome 4:** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- **Outcome 5:** Health and social care services contribute to reducing health inequalities
- **Outcome 6:** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being
- **Outcome 7:** People using health and social care services are safe from harm
- **Outcome 8:** 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
- **Outcome 9:** Resources are used effectively and efficiently in the provision of health and social care services

## The local policy context

Partners in the Scottish Borders have developed a range of strategies, plans and service delivery arrangements to deliver on these national outcomes. These have been developed through consultation with community groups, including the Locality Planning Groups, reflecting the expectations of the Community Empowerment (Scotland) Act 2015.

The **Scottish Borders Community Plan 2017** sets out how partners will work together Borders-wide to address four key themes. The key outcomes from the Community Plan relevant for this Integrated Housing, Care and Support Plan are:

## Our people

- More people in good health and leading an active lifestyle at every age and stage of life
- More people in good mental health at every age and stage of life
- Improved support and care for older people

## Our Place

- More people able to afford to heat their homes
- More people living independently in affordable and sustainable homes.

## Community Plan Themes

### Our Economy, Skills & Learning

### Our Health, Care & Wellbeing

### Our Quality of Life

### Our Place

## Connected Borders 2017-2022

The vision of Scottish Borders Council's Administration sets out the key principles that will guide our work and articulates the type of communities we want to create. In particular this new Strategic Plan supports, and is underpinned by, principles:

1. CONNECTED COMMUNITIES
4. COMMUNITIES OF WELLBEING
5. COMMUNITIES OF CARING
6. COMMUNITIES THAT ARE EMPOWERED



A range of complementary strategies have informed the Community Plan (see appendix 1). Two key strategies for this Plan are the 'Scottish Borders Health & Social Care Partnership's Strategic Plan 2016-19' and the 'Scottish Borders Local Housing Strategy 2017-22'.

The **Health & Social Care Partnership's Strategic Plan 2016-2019** (HSCP) sets out a number of reasons why changes are needed in the way health and social care services are delivered. These include:

1. Increasing demand for services – with a growing ageing population, more people need our health and social care services and will continue to do so.
2. Increasing pressure on limited resources – the rise in demand puts pressure on our limited resources and this is happening at a time of constraint on public sector funding and rising costs of health and social care services.
3. Improving services and outcomes – service users expect – and partners want to provide – a better experience and better results.

Partners are committed to make better use of the people and resources they have by working more effectively together. The aim of the Partnership is to shift the balance of care towards prevention and early intervention to ensure that individuals have better health and well-being.

Services will be redesigned around the needs of the individual, to:



- Ensure that individual's journey through their care and treatment is as integrated and streamlined as possible
- Enable them to remain independent for as long as possible
- Support them to recover after illness and at times of crisis

The HSCP objectives are set out below. These are key components in this integrated Plan.

#### Scottish Borders Health & Social Care Partnership's Integration Strategic Plan 2016-19: Key Objectives

- We will make services more accessible and develop our communities
- We will improve prevention and early intervention
- We will reduce avoidable admissions to hospital
- We will provide care close to home
- We will deliver services within an integrated care model
- We will seek to enable people to have more choice and control
- We will further optimise efficiency and effectiveness
- We will seek to reduce health inequalities
- We want to improve support for Carers to keep them healthy and able to continue in their caring role

The Strategic Plan is currently under review and an updated plan will be published later in 2018

The implementation of the Health & Social Care Partnership Strategic Plan will be supported by supplementary plans related to specific themes (Dementia, Mental Health, and this Housing Plan), and Locality Plans that reflect differing patterns of need across the Borders. The partners have developed a Transformational Plan to redesign Council and NHS services.

The **Scottish Borders Local Housing Strategy 2017-2022** vision is that “every person in the Scottish Borders lives in a home that meets their needs”. The four key LHS priorities will be crucial to the successful implementation of this Integrated Plan for Older People:

1. The supply of housing meets the needs of our communities
2. More people live in good quality, energy efficient homes
3. Less people are affected by homelessness
4. More people are supported to live independently in their own homes.



The national and local outcomes and the LHS priorities have been factored into the identification and appraisal of the potential housing, support and care options for older people in the Borders.

## Community views

Views from community members were sought on the Community Plan. The second highest neighbourhood priority identified by community feedback was “providing high quality care for older people”.

Five Locality-based Outcome Plans are being prepared to set out specific plans for each of the Borders localities, which have been developed working through the

Locality Planning Groups. Views were sought through the Locality Planning Groups for development of this Older People’s Housing, Care and Support Plan. Views confirmed the need for quality housing and care for older people, and access to a greater range of options across the ownership, social and private rented sectors. People want to be able to continue living in their own homes as long as possible, but people also want more options that are in-between living fully independent lives in their own homes and moving into care homes. Community members noted that there are very few options between living in your own home and care homes, and especially for people who want an ownership option.



## Wider market and funding considerations

In the Scottish Borders, challenges associated with rurality and population concentration are key factors in planning and delivering services. Borders residents also have strong community and locational preferences, and together these factors impact on development, logistics, available labour and economies of scale. Attracting and maintaining a care workforce across the UK is challenging, but these challenges are particularly acute in rural and remote areas and is experienced in the Scottish Borders.

New housing developments that provide a mix of housing for sale and rent are being given increasing emphasis throughout the UK. This is partly about creating diverse communities, but also acknowledges that an element of owner occupation provides access to private investment to help generate new developments and amenities. For older people, private sector new build can provide opportunities to move to a more suitable home for their longer-term needs.

This approach in mixed tenure has helped to stimulate a wave of investment in new types of clustered independent living for older people, from bespoke extra care housing developments through to retirement villages. Shared equity models and equity release schemes have become more prevalent as developers and landlords seek different ways of generating demand. The Scottish Government has recently amended its rules for its shared equity scheme to encourage older people to access the scheme, and Scottish Futures Trust is exploring different models for older owners to access more suitable housing

In the care and support market, supported independent living is a recurring theme, with a growing emphasis on self-directed support and assistive technologies, including telecare and telehealth to enable people to live at home independently for longer, and to use the care workforce resources in a more targeted way. Providers are often shunning the development of more traditional residential care accommodation in favour of retirement housing and extra care.



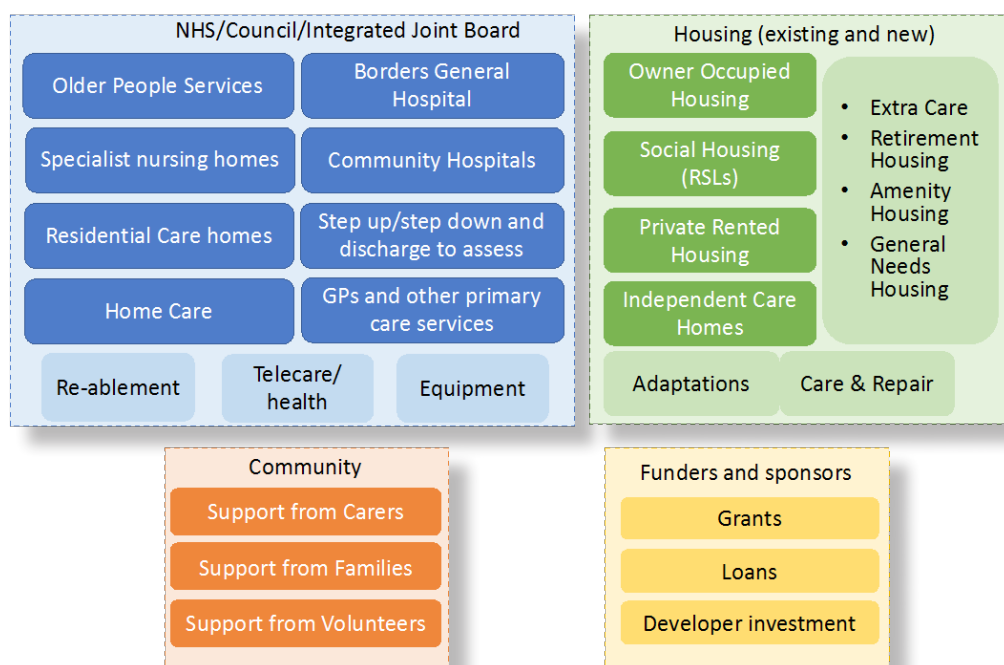


## The local service delivery landscape

This Plan proposes additional investment in assets and real service transformation, but successful implementation will build on the established local partnerships with crucial roles for housing and service providers across the public, private and third sectors.

The majority of public service spend on older people's services in Borders is channelled through the Scottish Borders Health and Social Care Partnership. In 2016/17, revenue spend dedicated to Older People's Services in the Scottish Borders was close to £21m; around 13% of the £164m total spend<sup>3</sup>. Investment also comes through housing development, and investment in existing homes for older people. This ranges from adapted existing homes, more specialist housing, through to specialist residential homes for those people with higher levels of need. Figure 2 illustrates the breadth of current players and their contributions to older people's housing, care and support.

**Figure 2: The housing, care and support service landscape**



The housing, care and support service landscape includes:

- Public bodies – the NHS and Scottish Borders Council through the joint work of the Health & Social Care Partnership. It is supported by other public services e.g. Police and Fire & Rescue Services
- Housing providers – the Council does not own and manage mainstream housing, and so the key partners in social housing are registered social landlords (RSLs). Across all housing sectors housing developers, private landlords and residential care providers deliver a breadth of homes and services to older people across the Borders
- Funders and sponsors – providing grants, loans or developer investment to supplement capital and revenue spend from public agencies to support new build or redevelopment projects or pump-prime service transformation
- Individual home owners and the community – including owners investing in their own homes, the support of carers, families and wider volunteers to support older people to live independent and fulfilling lives for as long as possible.

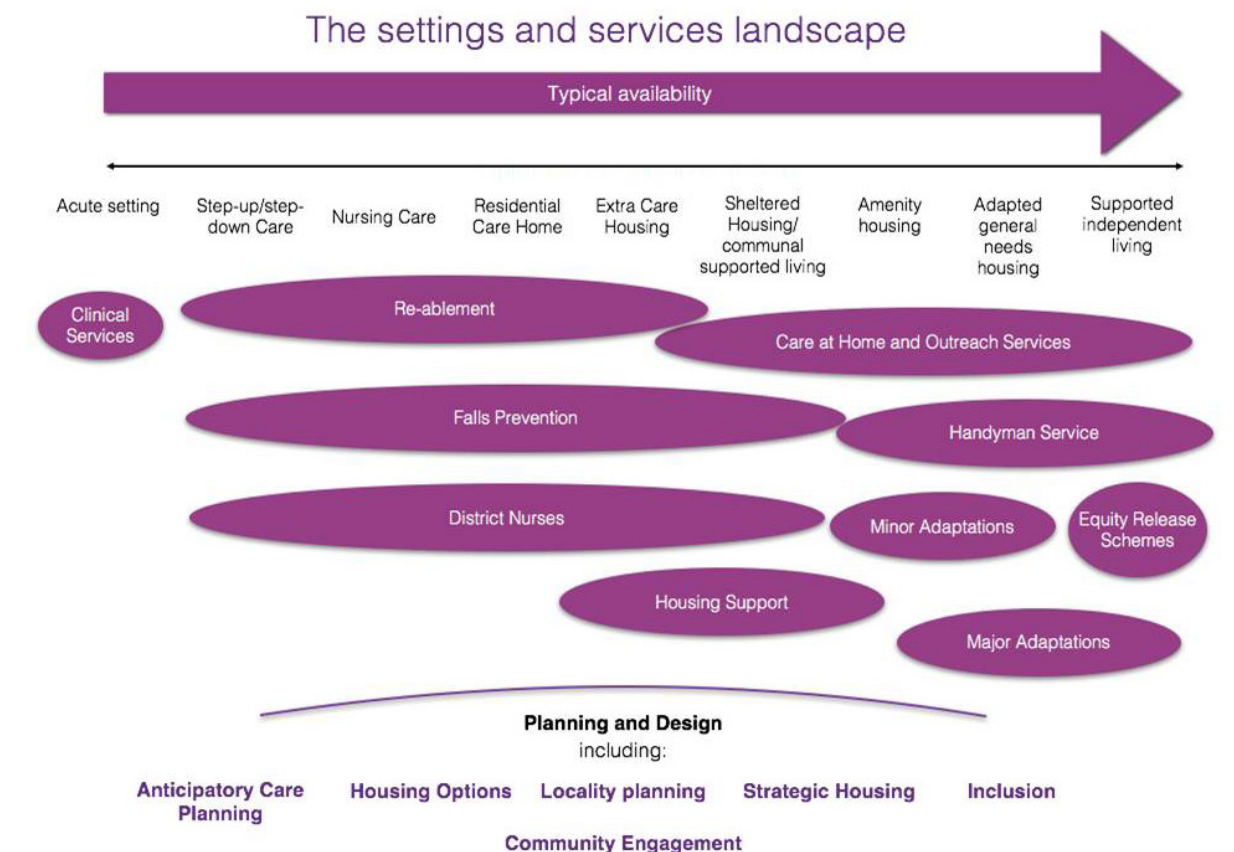
<sup>3</sup> Scottish Borders Health & Social Care Partnership Annual Performance Report 2016/17

Together, they help to deliver access to:

- Clinical/acute services and more than 320 hospital bed spaces at Borders General Hospital near Melrose
- Community hospitals at Coldstream, Duns, Hawick, Jedburgh, Kelso and Peebles
- A network of mental health and learning disability inpatient, community and day facilities
- Fifteen health centres in towns across the Borders
- Primary healthcare services are provided by over twenty GP Practices and a network of dentists, pharmacists and ophthalmic opticians
- A dedicated re-ablement centre at Waverley
- A 'discharge to assess' centre at Craw Wood
- Specialist dementia nursing care space at Queens House
- The purpose-built specialist Margaret Kerr Unit for palliative care
- 19 residential care/nursing homes providing 700 places
- Around 1200 older people receiving home care in their own homes
- More than 170 extra care housing/housing with care spaces
- Over 400 sheltered and 52 very sheltered houses, with over 2,000 different types of specialist social rented housing targeted for older people
- More than 750 adaptations and 4,200 handyperson jobs for older people completed by the Borders Care & Repair Services in 2016/17
- In excess of 11,000 items of medical equipment in 2016/17.

Together, these activities come together in a range of settings and services for older people across the Borders (see figure 3). Ensuring these are accessible, fit for purpose and aligned is central to the Plan's intent.

Figure 3: Older people's settings and services spectrum





### 3. THE CHALLENGE - HOUSING, SUPPORT AND CARE NEEDS OF OLDER PEOPLE IN THE SCOTTISH BORDERS

The Scottish Borders Health and Social Care Partnership plans and delivers services through five localities – Berwickshire, Cheviot, Eildon, Teviot and Tweeddale.

Figure 4: Map of Localities



These are diverse areas - the largest is Eildon with 16,687 households and includes the key towns of Galashiels, Melrose and Selkirk, and the smallest is Teviot with 8,946 with the largest town of Hawick. Berwickshire is the most eastern locality including towns of Duns and Eyemouth. Tweeddale is a key commuter area to Edinburgh from Peebles, and Cheviot includes Kelso and Jedburgh.

Older residents in the Borders say that affordability and choice across all housing sectors and related care and support services based in their own communities are important. On average, older households in the Borders have similar income profiles to the rest of Scotland, but house prices are on average 7% higher than the Scottish average. But there is considerable diversity of housing markets and household incomes across the different communities. Tweeddale and Cheviot tend to have the highest older household incomes, highest house prices and highest levels of equity held by older households. This compares to Teviot which tends to have lower older household incomes, and lower house prices which coincides with higher proportion of income deprived households. Welfare Reform will have a continuing impact on the rental market where 50% of local households in the Borders struggle to afford the average market rent of around £500 per month, but where the local housing allowance is lower than the Scottish average. There are areas of housing market pressure and areas where prices and values impact on development viability for private and social housing.

**Table 1: Locality Profiles**

Locality	Main towns	Estimated households 2017	Estimated Households 65+	% of all households 65+	Rurality*	Average older household incomes 2015	Average house prices 2015	% population income deprived
Berwickshire	Duns Eyemouth	9,725	3,626	37%	45%	£19,823	£179,902	10.4%
Cheviot	Jedburgh Kelso	9,189	3,498	38%	34%	£19,828	£181,523	9.4%
Eildon	Galashiels Melrose Selkirk	16,687	5,131	30%	19%	£19,502	£163,337	9.8%
Teviot and Liddesdale	Hawick	8,946	3,099	35%	14%	£18,571	£126,281	14.3%
Tweeddale	Peebles	9,456	3,222	34%	27%	£20,434	£223,643	7.0%

Source: Older People Integrated Plan, Data report 2017, and Local Housing Strategy, 2017.

\*Rurality - % of population living in small settlements <500.

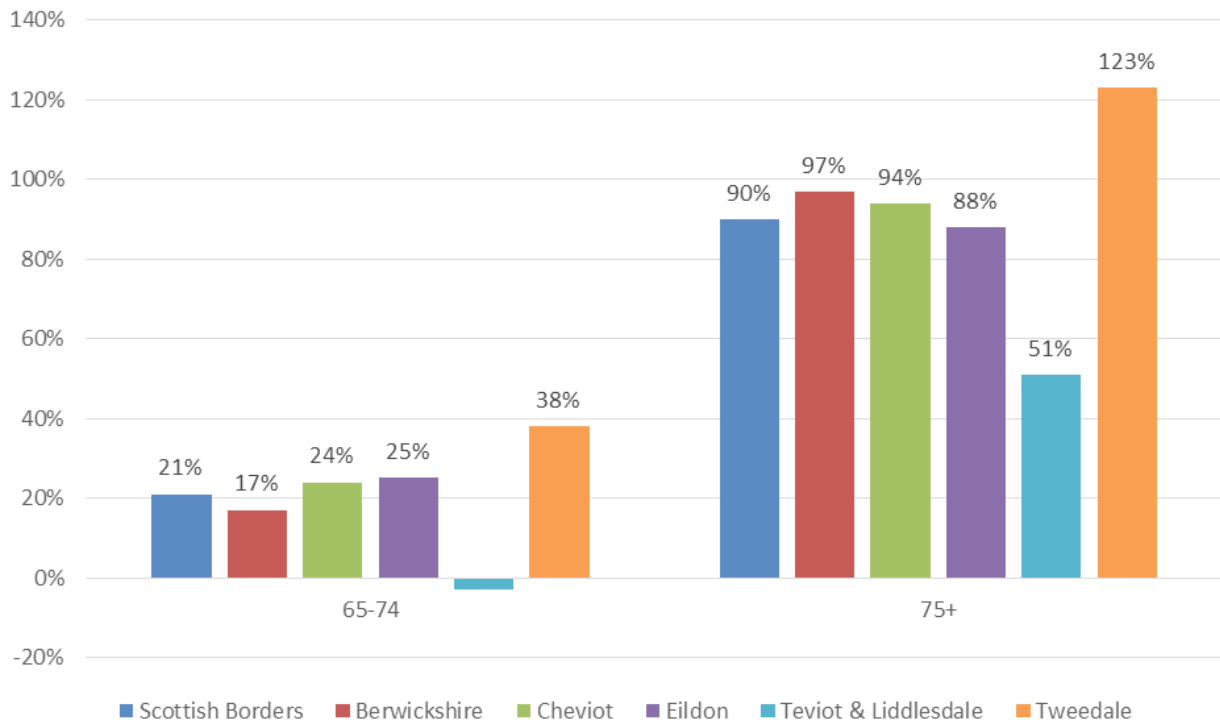
## Older people in the Scottish Borders

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 5: Increase in older households in the Scottish Borders 2012-2037**



A key challenge for the future will be the increased level of care of some older people due to dementia. The last SBC dementia strategy predicted an increase of 56% in dementia sufferers between 2006 and 2021. Scottish Borders HSCP is currently developing a new dementia strategy.

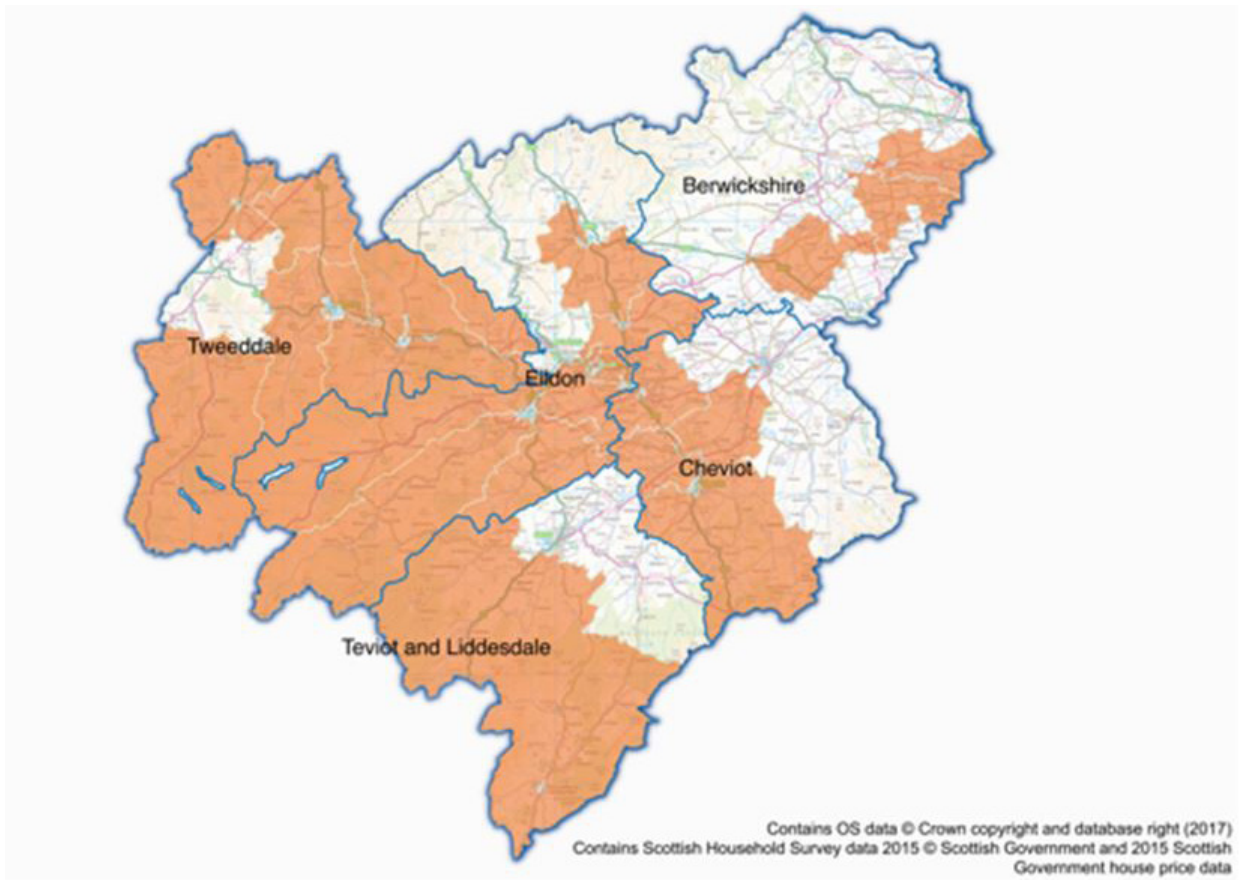
## Housing, care and support needs of older people in the Scottish Borders

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.

Analysis<sup>4</sup> of higher than average concentrations of older outright owners with higher incomes shows us where households may have enough equity to afford market-based options. The map shows shaded orange areas where there are higher than average proportions of older outright owners with incomes of more than £20,000 a year and where the median house price is above £200,000. These are locations where older owners are likely to have high enough incomes to contribute to service charges and are also likely to have substantial levels of equity to contribute to alternative housing solutions. We can see that large swathes of Tweeddale and Eildon show potential for older households to seek equity-based solutions. By comparison Berwickshire shows less areas of potential.

<sup>4</sup> Scottish Household Survey small area estimates

Figure 6: Datazones with concentrations of older outright owners with higher incomes, in higher price areas



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, this Plan must recognise 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.

A quarter of older people live in the social rented housing, and this is where the majority of specialist housing for older people is available. There are very few specialist housing developments targeted to older people in the private sector. There are around 2,200 properties built by housing associations for older people although around 300 of these properties are now considered unfit for purpose or are in low demand; for example they might include steps, have no lift, low demand bedsit/studio flats. Only 785 of the 2,200 properties are provided with on-site support, for example a warden. A three-year research project by Sheffield University DWELL has investigated how the design of houses and neighbourhoods can facilitate mobility and well-being for current and future generations of older people. A key feature of this work has been the participation of older residents in the design and evaluation process. This work suggests that a much higher proportion of older households need and want on-site support as they become frailer, compared to what is currently available in the Scottish Borders.

Seven per cent of older people in the Borders live in the private rented sector, more than is found in Scotland overall at 4% of older households. Residents in the Locality Groups told us that adaptations are sometimes more difficult to arrange for private renters compared to owners and social renters.



The majority of older people that need care and support receive this in their own homes, enabled through home care, adaptations and equipment. In April 2017, around 1,270 older people received home care, and there were 700 people living in care homes. Over the last 10 years, Scottish Borders Council and its partners have been trying to enable older people to continue living at home, rather than to move into care / nursing homes. This has not been achieved to the extent that was planned, and demand for care homes is still very high. Analysis of Home Care provision in Scotland and the Scottish Borders Table 2 below shows that a greater proportion of Home Care in the Borders is spent on lower needs (2 hours or less per week) compared to Scotland generally, while elsewhere in Scotland a much greater proportion of Home Care is spent on more complex cases (greater than 10 hours per week). This is a strong indicator of the need to provide more complex care and support in people's own homes, but the ability to make that change is constrained by care workforce challenges and market capacity issues in the Scottish Borders.

**Table 2: Home Care by hours per week, Scotland and Scottish Borders**

No. of home care hours per week	Scotland	Scottish Borders
2 hours or less	13%	24%
2-4 hours	17%	20%
4-10 hours	33%	38%
greater than 10 hours	37%	18%

Source Scottish Government Social Care statistics November 2016

Telecare and telehealth is a rapidly developing sector where technology is used in people's own homes to increase independence, enable people to continue living at home, and reduce reliance on care workforce for shorter, less complex visits. There is a community alarm service in the Borders, but much greater investment is required in telecare and telehealth services both in care planning, and in the technology equipment and infrastructure.

The Care and Repair service provides home adaptations, small repairs, handyperson service, falls assessments and information and advice to enable older and disabled people across all housing sectors to remain in their own homes. Research shows the benefits of Care and Repair services and adaptation services outweigh the costs (see box on page 20). The Care and Repair service in the Scottish Borders is an exemplar model that works in close partnership with the HSCP to provide all adaptations commissioned by health, social care and referrals made directly from households. This centre of excellence enables the same high standards in adaptations to be delivered across all the localities. There is increasing demand and unmet need for adaptations and Care and Repair preventative services across all housing sectors. For adaptations in the social rented sector, the housing associations contribute their own funding to supplement the funding shortfall provided by Scottish Government, but there is still unmet demand. In 2016/17 a total of 752 adaptations, handyperson and small repairs were provided against a projected need of 930<sup>5</sup> and a current waiting list of 164 households. There is also increasing demand for services for people with dementia, and Care and Repair is ideally placed to identify needs and provide services that enable people to stay put in their own homes.

<sup>5</sup> Local Housing Strategy projection of 5% of households over 65 years.

### **The cost and benefits of adaptations, Joint Improvement Team**

A 2012 study about adaptations found that:

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

A £2,800 adaptation leads to:

- A potential £7,500 saving through reduced need for publicly funded care home provision;
- A potential £1,100 saving through increased safety and reduced hospitalisation of tenants;
- A potential £1,700 saving through reduced need for social care provision;
- A potential £4,700 saving through reduced need for self-funded care home provision; and
- Substantial well-being benefits to tenants valued at £1,400;
- Each adaptation in these settings saves the Scottish health and social care system over £10,000;
- £1.4 million invested in adaptations across the three housing associations creates approximately £5.3 million in cost savings to the Scottish Government, and £3.1 million in social and economic value for tenants;
- A total return on investment of £5.50 to £6.00 for every £1 invested;
- It is essential to invest to save and increase the adaptations grant fund.

### **Small changes to homes can relieve pressure on the NHS and social care, UWE Bristol, 2017**

This study showed for falls prevention work for over 65s:

- Preventive work associated with falls on stairs would cost in the region of £290 million and provide a benefit to society of around £470 million
- This equates to 62p for every £1
- There is a payback period of less than eight months.

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.



- Long term care and support needs that can be met through extra care housing, intensive home care over 10 hours, or care home provision – projected growth from current 1,067 to 1,690 needs in 10 years – 58% growth
- Lower needs care and support – Home care under 10 hours – projected growth from current 1,076 to 1,364 in 10 years – 26% growth
- Housing with low level support on site – projected growth from current 614 to 1,764 in 10 years – 187% growth.
- Adaptations and small repairs – projected growth from current 752 each years, increasing to 1,120 adaptations/repairs over the next 10 years

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 (explained further in the section below).

### **20 years growth in older households**

2017 - One third of Scottish Borders household population is aged 65+

2037 - One half of Scottish Borders household population will be aged 65+

90% increase in older people 75+

54% increase in older people 65+

### **10-year need estimates**

Around 2,000 additional housing, support and care services required

75% growth in different types of housing or related care and support for older people

58% growth in long term care and support needs

26% growth in lower needs care and support needs

187% growth in housing with support on site needs

32% growth in adaptations needs

## 4. OUR VISION FOR HOUSING AND SERVICE DELIVERY FOR OLDER PEOPLE IN THE SCOTTISH BORDERS

Scottish Borders partners agree that suitable housing has a pivotal role to play in helping meet older people's health and wellbeing. As well as offering security and independence, housing provides the residential setting within which other elements of care and support services will be delivered. Getting the residential setting right also provides a basis for reforming services, allowing partners to better meet need as demands increase in the future.

### Identifying suitable options

In developing a preferred way forward, partners looked at a number of alternative options. For each option, the partners considered the evidence base, and assessed the relative advantages and disadvantages against an agreed set of criteria including:

- Alignment with national and local strategic objectives for older people
- Whether the objectives help meet housing, care and support need and demand
- How acceptable, affordable and deliverable each of the options are for older people, and the range of other stakeholders involved (e.g. residents, commissioners and regulators).

Options ranged from continuing with the current arrangements, through scaling up current activities to meet the projected levels of future need, to a more targeted investment-led approach (using investment in assets, services and technology to pump prime a long term sustainable solution). This third option saw asset-based investment helping to meet projected need in its own right, but also facilitating changes in the supporting service delivery arrangements. The option appraisal criteria and options are set out more fully in appendices 3 and 4.

### The preferred option

Drawing on the strengths of different approaches, the proposed way forward is a combination of investing in housing, technology and service delivery capacity. It builds on the 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 be explored as part of more detailed feasibility work.

### Institutional /residential homes

National and local policy objectives point to a managed shift away from care in residential settings to more independent living. However, some older people will continue to need residential care, and overall levels of demand are projected to increase. Our plan therefore proposes additional investment in specialist dementia care and continued commitment to residential care homes as part of a wider strategic approach.

There will be a targeted investment in the development of approximately 20 additional specialist dementia care spaces to meet projected needs. This will supplement existing dementia care provision in residential facilities and home settings across the Borders. A sum of £4.8m has already been set aside as a contribution to this proposed capacity in Scottish Borders Council's capital programme. Alternative options (including a stand-alone dementia care unit) will be explored further as part of the business case for the project being developed in 2018/19.

This investment complements the Scottish Borders Health & Social Care Partnership's 'discharge to assess' activities and re-ablement support, helping to bridge the gap between acute health services and independent living, to support hospital discharges and reduce re-admissions.

## Extra Care Housing

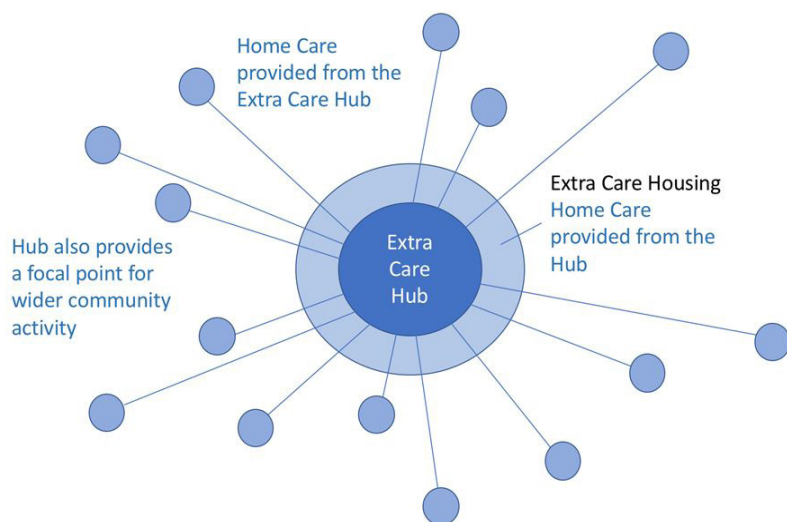
Extra care housing (ECH) is increasingly common through the UK, with developments ranging in scale from 20 to several hundred homes. While the larger developments offer economies of scale they are typically progressed in areas with larger population concentrations in the Borders. Our proposals seek to capture some volume-based economies of scale (through a programme approach), but spread the developments themselves across Scottish Borders localities. The ECH element will therefore include one larger mixed tenure retirement campus development of approximately 60 units – likely in Eildon where projected demand is greatest – and up to 8-14 further smaller local ECH developments ranging from 30-45 units over the next ten years.

Six ECH developments (comprising 189 units) are already included in the current Strategic Housing Investment Plan (SHIP). These provide independent housing for older people with access to support and care on site, but also provide a basis for the introduction of a hub and spoke model to home care and better access to independent living in each of the five Borders localities. This supports wider service reform as part of an integrated asset and service-based response. Linked to projected demand, and assuming suitable sites, this will aim to address the projected need of around 420 ECH units across Scottish Borders.

- 120 in Eildon (including those in the proposed retirement campus)
- 90 in Berwickshire
- 90 in Cheviot
- 30 in Teviot
- 80 Tweeddale

The scale of individual developments will be influenced by site availability. As a result, the specific number of ECH developments will naturally be impacted by design and space constraints, with a smaller number of slightly larger developments (on the 30-45 unit spectrum) providing economies of scale, as well as reducing the need for complementary investment in the non-housing care hub element on each site.

### Extra Care supporting a wider 'hub and spoke' approach



In principle, the intention is for mixed tenure housing – for sale, shared equity, social rent and other type of affordable rent – on all ECH sites, beyond those already well into the development process. In practice, the tenure mix will be varied to reflect local circumstances, affordability and demand.

A generic schematic for a retirement campus is illustrated below. Further feasibility and design activity will be undertaken to scope proposals for the Scottish Borders equivalent, with full planning and consultation activities prior to any plans being finalised.

**Figure 7: Indicative retirement campus layout <sup>6</sup>**



A blend of Housing Association Grant (HAG), Registered Social Landlord (RSL) borrowing and developer investment will be used to fund the housing element, with this recovered from sale or rent in line with a typical investment-led approach. The projected cashflow and financial plan is included in the full Plan.

While the retirement campus development is likely to be stand-alone, more bespoke smaller ECH developments may be either stand-alone or ideally linked to broader community or residential developments – for example integrated with or adjacent to schools, retail, entertainment or leisure developments.

This helps to support vibrancy and community involvement, as well as enhancing the commercial viability of each development.

Supplementing the proposed development of specialist residential dementia space for those in greatest need, each development will be designed with a breadth of flexible older persons living in mind. Design will be support independent living, with low to medium acuity, dementia and frailty requirements built-in to both the housing, care hub, shared outdoor/indoor space, and community-accessible amenity specifications.

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<sup>6</sup>Based on the retirement village concept developed at Bournville near Birmingham

## Independent Living

The independent living element of the Plan sees a combination of new build housing, remodelling/re-development of existing housing, and greater support for people to live independently in their own homes. This will be supported by investment in telecare and telehealth, adaptations, Care and Repair, and further integration and transformation of existing services.



Scottish Borders Council's Planning service will encourage private and RSL housing developers to build housing to a standard that is suitable for older people as needs change (Housing for Varying Needs, or an equivalent standard for the private sector). This is so that a greater proportion of new build provision is future proofed for the growing older household population, the majority of whom wish to continue living in owner occupation. This Plan assumes the development of at least 300 new build houses suitable for older people across housing sectors, over and above the proposed extra care housing. Some of the new housing supply will include on-site support whether supplied by the private or RSL sector. There is a commitment to a mixed tenure approach, with opportunities sought to lever in private sector investment to create both owner-occupier and private rented housing (in addition to social housing).

The demand for housing with on-site support across Scottish Borders could also be addressed through of refurbished/re-categorised group housing. Currently 300 properties in the RSL sector originally built for older people is not fit for purpose and these need to be remodelled, or redesignated for different client groups.

While technology and adaptations can help to support the independent living objective, continued face to face service delivery will also be crucial. We say more about this in section 5.



## Financial plan

We have set out in Appendix 5 an outline of the financial plan required to support delivery of the integrated older people housing, care and support strategic plan. A summary of the investments included are detailed in table 3 below.

**Table 3: Financial Plan**

Care units	Units Over 10 years	Units Over 10 years	Units Over 10 years
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
<b>New housing with care provision</b>	<b>440</b>	<b>£67,000,000</b>	<b>£152,272</b>
Housing supply			
New Build	300	£39,000,000	£130,000
Refurbishment/Remodelling	300	£16,500,000	£55,000
<b>New / remodelled housing provision</b>	<b>600</b>	<b>£55,500,000</b>	<b>£92,500</b>
	<b>1,040</b>	<b>£123,000,000</b>	<b>£118,269</b>
Other investment to 2027			
Adaptations, small repairs	8424	£8,634,600	£1,025
Telecare	851	£255,240	£300
<b>Total investment planned</b>		<b>£132,190</b>	

Table 3 details investment of £132m is 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 as also shown in Appendix 5.

Scheduling of the planned investments has highlighted the following:

- The financial plan set out here to support the Integrated Housing, Care and Support Plan covers the 9 year period to 31st March 2027. Completion of the development programme is likely to take 1 further year to 31st March 2028 to complete (unless timescales are revisited);
- Further work is required to develop the service reform plan to sit in tandem with the 10-year investment plan so all partners across the Scottish Borders are focused on delivery of an integrated plan for older people covering both asset led investment and service delivery excellence to meet the care, housing and support needs of older people across the region.

It should be noted that the cash flows are stated at 2018 price levels, excluding inflation or any real price movement and the timing of any grant and other funding has been 100% aligned to the phasing of the costs. In practice there will be working capital requirements for each of the partners which are not reflected in the strategic plan, but will need to be assessed as each scheme/project reaches the appropriate stage.

Private provision of 30% of projected need has been assumed for new supply including the local ECH, mixed tenure approach and new housing supply. The 10 year plan is illustrative only and will require to be kept under review as projects are developed.

## Links to ongoing service commitments and service transformation

The housing-focused proposals place an emphasis on the new build or redevelopment work that will take place to help realise partners' ambitions for older people in the Borders.

New build or refurbished housing will account for only a small proportion of the overall housing stock in the Borders. The majority of older people will continue to live in their own homes, whether these are owned or rented. Moving forward, adaptations, equipment and assistive technologies will have an increasing role to play to allow this to happen. Older people will also continue to receive the same broad range of public services, increasingly integrated and improved through the work of the Scottish Borders HSCP. In excess of £21m per annum is currently dedicated to Older People Services across the Borders, supporting the broad landscape of provision set out earlier (section 2 above). In addition to continuing with the commissioning and direct delivery of a significant suite of general and older people's services, public bodies will also seek to provide opportunities for private and third sector provision of housing, amenities and services through their planning and commissioning activities.



## 5. USING HOUSING INVESTMENT TO DRIVE WIDER SERVICE CHANGE

The housing-led proposals aim to support a step-change in partners' ability to meet the growth in the projected housing, health and care needs of Older People moving forward. This will be important in making best use of finite resources in the future. Many of the building blocks of a more integrated approach have already been established through the work of the Health & Social Care Partnership. The blend of targeted investment through this Plan aims to accelerate these proposals. In particular, the Plan aims to support a more **locality-based hub and spoke approach** to the provision of care and support for older people. This will see the care hubs associated with each ECH development provide an impetus for revisiting the deployment of care and support resources to individuals both within the developments and those living independently in adjacent neighbourhoods. The ECH developments will also be a focal point within the communities in which they are developed (rather than solely a residential base), providing a basis for revisiting wider public service and amenity provision in each locality.

### Support for wider service transformation

The housing-led proposals also complement a number of further service reforms already being progressed by partners in the Borders as part of a structured transformation programme. Each of these key reforms will continue in parallel with the wider investment proposals. Moving forward, their refinements and extension will be underpinned by a business case approach (articulating the required investment, the intended benefits, and where these will be realised). Key reform elements are set out below.

### Preventative service interventions

Preventative interventions aim to help keep people out of hospitals and other residential settings if possible/appropriate. They include:

- Integration – rolling out single shared health and social care assessments to shape the design and delivery of more joined-up person-centred care responses
- Re-ablement, discharge to assess and hospital at home – supporting people's journey back to more independent living – and reducing re-admissions wherever possible - through the provision of appropriate targeted support and care in a non-acute setting
- Fall prevention – 'designing-out' incidents through advice, design/building control standards, and appropriate adaptations to reduce demand for emergency and/or other more reactive services
- Palliative care – supporting people's end of life care needs in their own home through community nursing/hospice support backed up with equipment and adaptations appropriate to individual needs.



## Care & Repair, adaptations and prevention advice

Scottish Borders Care & Repair Services provide a further preventative intervention. This includes a handy person's service and adaptations (both preventative and to support continued independent living). The service also includes providing preventative advice to home owners and tenants on small repairs, falls prevention, technology, referrals and self-help (including accessing private investment where there is no grant eligibility). Together, these aim to maximise the extent to which people can live independently in their own home rather than in a more institutional environment.

In addition to this meeting older people's preferences, evidence points to the potential cost/benefit of adaptations and other preventative interventions as being significant. This assumes that adaptations are fit for purpose and provide support for continued independent living. Moving forward, partners will formalise expectations of the service, pool available budgets to improve economies of scale, and invest further to facilitate the realisation of additional benefits. They will also explore a case to further extend adaptations and advice to include new dementia-oriented interventions. There is also scope for development of information and advice services on moving home. Where moving home is the best option for an older household, the fear of moving home can be a considerable barrier. Care and Repair is well placed to provide advice and practical assistance to help people move to a more suitable home across housing tenures.



## Family and community support

A breadth of innovative approaches are being explored in the Borders that aim to draw on wider family and community support as means of bolstering local capacity to deliver care and support. The approaches here align with partners' ambitions to build on community assets – in their widest sense – to complement the direct contributions of statutory agencies. They apply most readily in the context of Self Directed Support (SDS), where older people have a choice in how best to spend the resources required to address their assessed need.

Where capacity to deliver is a challenge due to local workforce capability/availability, a range of activities will seek to lever contributions from the wider family, local third sector organisations, and surplus local capacity in the community to top up (or potentially replace) commissioned services from SBCares or other providers. Supplemented with appropriate training and accreditation, this supports local economic diversity as well as a potentially more cost-effective means of accessing the required capacity. It may have a particular resonance in perpetuating independent living in the delivery of support and care outside group settings. Moving forward, the success of the approaches will be reviewed, and where the business cases stack up, additional investment will be set aside to support formalisation of the processes in suitable localities.

## **Financial inclusion and community development**

Partners' ongoing commitment to financial inclusion and community development are also important. The Council has a longstanding commitment to ensuring inclusion and community cohesion across the Borders, including ensuring that older people are able to afford to live independently. It works pro-actively with older people's groups around entitlements and addressing issues such as fuel poverty. This is progressed as part of a wider commitment to community wellbeing, delivered through a number of important relationships with statutory partners, RSLs and CAB. The Council will embed a new set of arrangements linked to both preventative and responsive interventions

## **Self-directed support**

Self-Directed Support (SDS) embeds the principles of engagement and entitlement in the design and delivery of an appropriate care response. It focuses on allowing individuals greater choice in their care package as well as seeking to target resources around interventions that best meet the particularly needs/circumstances of older people in their local context. Moving forward, partners will assess the impact and effectiveness of SDS to date, refining arrangements with a view to the extension of the model. This is particularly important in the context of the other service reforms, with choice providing space for innovation in each of the other strands.

## **Technology**

Assistive technologies will play an increasingly important role in the future. Partners will invest in telecare/telehealth as an additional component of services to older people, and the move to a more data-supported/intelligence-based service model to improve efficiency and effectiveness.

Telecare/telehealth will provide additional security, assisting monitoring, improving commissioner information collection/ management, and informing the delivery of the most effective and efficient response. While a community alarm system is in place in the Borders, limited progress has been made in developing and rolling out a more systematic telecare approach, whereby sensors provide data that managers can use to deploy resources effectively and efficiently to support care provision. This will be addressed as a priority.

In moving forward, a base telecare platform will be introduced to appropriate service users (those whose conditions would benefit from the service) across Scottish Borders, with appropriate monitoring arrangements put in place. This should support social interaction as well as the telecare response.

An appropriate response pathway and responder service will also be scoped. This will seek to build on the community asset/social capital concepts (around family, community and third sector involvement) currently being piloted in the Borders. In the medium term, the telecare platform will provide a stepping stone to telehealth roll-out thereafter as part of a structured implementation plan.

Research by the Kings Fund suggests that telecare would potentially free up 2 hours per week for each intense home care customer receiving telecare, and 30 mins per week for each 4-10 hour customer. Based on current rates in the Scottish Borders, this would generate potential ongoing revenue saving of approximately £320k per annum to the home care budget. As demand rises, the savings will rise. This could either be recovered as a cashable efficiency, or be translated into further service interventions for customers.

Data informed/intelligence-based services will be a related development. The additional data provided by telecare and telehealth will allow partners to respond in a more informed manner to each individual customer. Collectively, the gathered data will provide invaluable business intelligence to allow partners to optimise the logistical deployment of resources across Scottish Borders. It will also support ever-improving performance management to help inform how best to intervene, commission and deploy resources based on experience.

### **Revised home care commissioning**

The Council is currently developing its commissioning strategy for home care. This seeks to maximise value for money in commissioning and aims to attract more providers into the Scottish Borders market. It is looking at a range of models to increase home care supply, and it is agreed that the housing based hub and spoke model and the future commissioning strategy of home care services should align geographically (e.g. with home care services could use the 'hub' as a base for home care delivery in adjacent neighbourhoods).

### **Developing further health and care capacity**

Refined links with education, learning and employability bodies will be a key strand of the approach. Partners will build on progress to date to develop more proactive links into further education and training for Social Care and Community Nursing. They will continue to promote these as sustainable and attractive career options. Partners will also consider support from employability agencies (including the Council and Job Centre Plus) to look at how gaps in local capacity might be closed through innovative approaches to labour market development and greater incentivise to take up roles in Care and Support.

Analysis undertaken in the development of the Older Persons Strategic Plan pointed to both improvements and efficiencies arising from service reform proposals. These efficiencies – primarily arising from the ability to look after people appropriately in less expensive environments – provide a basis to both extend and further improve services. These include:

- Better outcomes through the discharge to assess model, as well as a reduction in delayed discharge and reduced likelihood of returns to hospital in the short term
- Increased ability to remain in an independent living environment for longer as a result of the Care & Repair services and associated adaptations
- Improved outcomes and reduced costs associated with the introduction of assistive technologies (such as telecare)
- Reduced costs and an increase in resilience associated with a change in the service commissioning balance
- Enhanced logistics and better resource scheduling through the adoption of a locality-based hub and spoke mode
- Potential to layer these benefits through a coherent approach to service reform implementation.

## 6. IMPLEMENTATION, MONITORING AND EVALUATION

This Plan has been developed through a steering group involving a range of key health, care and housing partners in the Scottish Borders.

The proposals set out in the Plan are ambitious and success will depend on commitment from all partners. Specific actions (with targets, timescales and lead responsibilities) and desired outcomes are set out in the following section.

The action plan and commitments have been agreed by Scottish Borders Council, the Scottish Borders Health and Social Care Partnership, and by the Scottish Borders Housing Network.

Governance, monitoring and evaluation of the Plan will be led by Scottish Borders Council Corporate Management Team, with regular reports on achievement against the agreed action and targets also scrutinised by the Integrated Joint Board.



## 7. ACTION PLAN AND OUTCOMES

### Outcome 1: Older people have a greater choice of different housing options which meet their long-term housing, care and support needs

Action / outcome	Measure / Data source/ frequency	Baseline	Targets New supply	Timescale	Lead and Resource partner
<b>New build private homes</b> built to 'housing for varying needs' or equivalent standard to be agreed in the new Local Development Plan 2 to future proof housing for older people (Total Housing Supply Target for new private homes is 220 per annum)	Number of houses SBC; Annual	0 Completed in 2016/17	30% of the private HST	2018-2027	Private sector
<b>New social rented or mid-market rent homes</b> built to Housing for Varying Needs standard – all SG funded housing is built to HVN. At least 30 per annum for 10 years should be suitable for older people (size and type), with or without on-site support.	Number of homes SBC; Annual	83 social rent and MMR Completed in 2016/17	300 new build – 70% RSL, 30% other affordable housing including MMR and low-cost home ownership/ shared equity	2018-2027	Scottish Government HAG and RSL private borrowing
<b>New shared equity homes or housing for sale</b> , built to Housing for Varying Needs standard and targeted to older people – all SG funded housing is built to HVN.	Number of homes SBC and Scottish Government AHIP; Annual	0 Completed in 2016/17		2018-2027	Scottish Government HAG, and private equity
<b>Extra care homes</b> built including amenity and mixed tenure provision (numbers included above) using hub and spoke – At least one larger development built as Scottish Borders retirement village model.	Number of homes SBC and Scottish Government AHIP; Annual	Current supply 2017 171 ECH/HWC	Average 40 EHC per annum	2018-2027	Scottish Government HAG, RSL private borrowing, SBC and Scottish Borders HSCP
<b>Specialist dementia bed-spaces</b> to be developed as part of mixed needs, mixed tenure retirement model	Number of bedspaces SBC; Annual	Support provided in a breadth of residential and domestic settings	Total 20 new spaces	2018-2020	SBC and Scottish Borders HSCP
<b>Remodelled specialist housing</b> for older people in the RSL sector	Number of homes remodelled RSLs; Annual	Currently 300 units not fit for purpose	300 remodelled	2018-2027	RSLs
<b>Housing for older people with on-site support</b> (*excluding ECH provision)	Number of households with onsite support RSLs and private sector; Annual	Current supply 614*	300 additional support services	2018-2027	RSLs and private sector

## **Outcome 1: Older people have a greater choice of different housing options which meet their long-term housing, care and support needs**

### **Key actions**

- Engage with private developers to outline the housing demand / need for older people in Borders and target specific sites / types of provision for development. This could involve a joint venture model.
- Develop 5 Locality based Housing, Support and Care Action Plans covering 10 years to 2028 to drill down at locality level on the actions identified in this Strategic Plan.
- Agree a private sector housing standard suitable for older people for inclusion in Local Development Plan 2.
- Develop a blueprint standard for the Scottish Borders retirement village model to cater for mixed needs and mixed tenure including amenity housing, extra care housing, and dementia specialist needs.
- Develop a blueprint standard for the Scottish Borders 'hub and spoke' ECH and home care model using the ECH developments as the hub of home care delivery for a wider spoke of home care service delivery on a localities basis.
- Review the Strategic Housing Investment Plan to emphasise provision for new supply suitable for older people (size and type) in social rented sector, mid-market rent and low-cost home ownership mixed tenure developments.
- Review the housing provision in the RSL sector which is not fit for purpose and create redevelopment plans for remodelling, or change of use for other client groups.
- Identify opportunities in existing and new group/court style housing where on-site support may be in demand.
- Review approach to housing adaptations to ensure a holistic approach is taken to meeting longer term needs of older people - rather than smaller, incremental and multiple adaptations which may not represent best value for the client or the public purse.
- Scottish Borders Council / NHS Borders Corporate property strategic asset management rationalisation plan to be developed to maximise benefits for housing development for Older People

### **Commitments required from local partners:**

- Scottish Borders Council as lead on enabling new housing supply, and facilitate development of housing across tenure.
- Locality Groups to co-produce the Locality based Housing, Care and Support Plans.
- RSLs as key partners in new housing supply, in remodelling existing supply, and provision of on-site support services
- Private sector partners to act as potential joint venture partners.



**Outcome Table 2: People are supported to live independently in their own homes, and are able to look after their own health and well-being for longer, with easy access to local information and advice services on housing, support and care options**

Action / outcome	Measure / Data source/ frequency	Baseline	Targets for provision	Timescale	Lead and Resource partner
<b>What Matters Hubs</b> – community capacity building, advising older households on range of non-statutory services	Number of people attending Hubs; SBC; quarterly	What Matters Hubs - 114 assessments started Jan – March 2018	Primary Hub's in place in all 5 localities. Develop spoke model in rural areas including pop-up and mobile Hub's	Completed December 2018	Scottish Borders Council
<b>Locality Planning Groups</b> – partnership of services and residents to plan and review services	Number of people attending; SBC; quarterly	Total attendees 2017/18 On average 58 for each locality group	Total each year 120 for each locality	Meetings held monthly	Scottish Borders HSCP
<b>Review of social centres and days centres</b> – reviewing viability of 13 social centres and 7 day centre and consider different models including community capacity building approaches	Number of social centres/Day centres, attendance and alternatives; SBC; quarterly	Total 20 units	10 units	September 2020	Scottish Borders HSCP, SBCares & RVS
<b>Care and Repair services</b> reviewed and formalizing commitment and scope of service to enable investment in dementia services and preventative services, including moving home services.	Number of people by activity; SBC; quarterly	Contract review October 2018	Revised contract put in place	June 2019	Scottish Borders HSCP
<b>Adaptations</b> increased to meet demand with review of funding provided by Scottish Government to RSLs.	Number of adaptations by size/ type; Number of service recipients by locality	752 each year including all major and minor adaptations	842 each year including all major and minor adaptations	Annual – increase over 10 years	Scottish Borders HSCP
<b>Recommissioning of home care services</b> looking at a range of models, locality-based / ECH hub and spoke strategy and focusing on outcomes.	Number of service providers and clients	Contract Review April 2019	Revised contract put in place	October 2019	Scottish Borders Council

Action / Outcome	Measure / Data source/ frequency	Baseline	Targets for provision	Timescale	Lead and Resource partner
<b>Reablement service and hospital to home (H2H) service development</b>	Number of clients Scottish Borders HSCP; quarterly	H2H = Berwickshire – 60% hospital discharge, 35% prevention of admission Teviot – 44% hospital discharge, 11% prevention of admission	H2H to be started in Central locality on 1st July 2018	01 July 2018	Scottish Borders HSCP
<b>Telecare / telehealth development strategy and implementation</b>	Number of clients SBC; Quarterly	Community alarm No other telecare / telehealth	850 clients with telecare / telehealth	Annual – with increase over 10 years	Scottish Borders HSCP
<b>Falls prevention strategy reviewed</b>	Number of falls assessments; Scottish Borders HSCP; quarterly	Review October 2018	10% reduction in falls	Annually over 10 years	Scottish Borders HSCP
<b>Self-directed support tailor services to needs and resources</b>	Number of people SBC; quarterly	77.6% of users using self-directed support [1,667 people]	Perpetuate that level as a minimum as demand grows	Ongoing	Scottish Borders HSCP
<b>Financial inclusion and community development service developed with RSLs and CABs.</b>	Number of older people receiving support; level of support provided; quarterly	Arrangements currently in place via the Council, CAB, and RSLs	To respond in line with the agreed strategy commitments	Ongoing	Scottish Borders Councils
<b>Palliative care approach to be developed to be more systematic across all partners</b>	Number of people receiving support at home	112 in 17/18	Funding responsibilities and processes being reviewed	September 2018	Scottish Borders HSCP

**Key actions**

- Develop and evaluate the role of community assets and trusted assessors approach to build capacity within social care sector through engagement with families, communities and wider partners including RSLs and Care and Repair
- 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.
- 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.
- Through the Home care recommissioning, align and ECH 'hub and spoke' model so that care is provided from the ECH hub to people in both the extra care houses and to those living independently in the wider community (the spokes).
- Ensure the reablement and hospital to home service development aligns with housing providers and care and repair services.
- Telecare/telehealth development and business case including change in care management approach, scaling of use of technology in homes, generation and use of data for business intelligence to support more informed service delivery and wider commitment to roll 4G telecoms out across the Borders.
- 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 housing staff.
- Review the palliative care approach, working widely across all partners in the Borders to ensure consistent approach to maximize opportunities for end of life at home.
- Continue with the provision of self directed support to maximise choice
- Financial inclusion and community development service

**Commitments required from local partners:**

- Scottish Border HSCP to lead on development of community assets and trusted assessors
- Scottish Borders Council to review Care and Repair contract
- Scottish Borders Council to lead of Home Care commissioning aligning to ECH hub and spoke approach
- Scottish Borders HSCP to lead on development and funding of the telecare/telehealth strategy
- Scottish Borders HSCP to lead of falls prevention, palliative care reviews
- Scottish Borders HSCP to review strategy on self directed support to ensure commissioning meets Social Care Act requirements as a minimum
- Scottish Borders Council to develop financial inclusion service for older people

APPENDICES

Appendix 1: The Scottish Borders wider strategic planning framework

<ul style="list-style-type: none"><li>• Scottish Borders Economic Strategy</li><li>• Edinburgh and South East Scotland City Region Deal</li><li>• Proposed South of Scotland Enterprise Agency</li><li>• Borderlands Initiative</li><li>• Scottish Borders Reducing Inequalities Strategic Plan</li><li>• Scottish Borders Public Health Report</li><li>• Scottish Borders Health &amp; Social Care Partnership Strategic Plan</li></ul>	<ul style="list-style-type: none"><li>• Local Fire &amp; Rescue Plan for the Scottish Borders</li><li>• Scottish Borders Local Police Plan</li><li>• Community Justice Outcomes Improvement Plan</li><li>• Integrated Children &amp; Young People’s Plan</li><li>• Local Housing Strategy</li><li>• Scottish Borders Local Development Plan</li><li>• Scottish Borders Council Corporate Plan</li><li>• Regional Transport Strategy</li></ul>
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## Appendix 2: Environmental and Equality Considerations

To support the delivery of these outcomes, strategies and activities, partners in the Borders are committed to:

- Reducing inequalities - closing the gap between the least and most disadvantaged in our communities
- Inclusion - bringing all groups of people together to ensure that everyone, as feasibly as possible, is involved (including our duties under the Equality Act (2010) (see below)
- Listening to, engaging with and building capacity within our communities - embedding the practice of 'co-production'
- Prevention and early intervention - understanding and addressing the cause of an issue or need (rather than continuing to deal with the consequences)
- Sustainability - supporting the objectives and targets of the Climate Change Duty (see below)
- Assessing impact - those lead partners identified for key actions will impact assess their actions against environmental, equality and/or health impact assessments as appropriate
- Continuing to reform public services

In terms of equality, partners in the Scottish Borders embrace the commitments required under the Equality Act 2010 which brings the general duty to nine equality strands of age, disability, race, sexual orientation, gender reassignment, religion and belief, pregnancy and maternity, marriage and civil partnership. We view the Scottish Borders as a place where:

- Everyone matters
- Everyone should have equal opportunities
- Everyone should be treated with dignity and respect

Partners endeavour to ensure that all services meet the needs of everyone who lives, works or visits the Scottish Borders and we will continue to work with our communities to ensure we can achieve this.

In terms of climate change, the Climate Change (Scotland) Act 2009 places duties on public bodies to deliver their services in a way which supports the objectives and targets of the Act. These duties relate to both internal activities, such as energy saving within buildings, and their work with partners to deliver joint services. The Act set a target of a 42% reduction in carbon emissions by 2020, an 80% reduction in emissions by 2050, and that 100% of gross electricity consumption should come from renewables by 2020. The duties on the face of the Act require that a public body must, in exercising its functions, act:

- In the way best calculated to contribute to the delivery of the targets set in or under Part 1 of the Act. This refers to emissions reduction targets, known as climate change mitigation.
- In the way best calculated to help deliver any programme laid before the Scottish Parliament under section 53. This section refers programmes for adaptation to climate change, i.e. preparing for the effects of a changing climate.
- In a way that it considers is most sustainable.

### Appendix 3: Option Appraisal Criteria

Impact	Fits with the <b>9 national health and wellbeing outcomes</b> in particular - People are able to live independently and at home or in a homely setting in their community
	<b>Fits with the 9 local Integrated Joint Board strategic objectives:</b> in particular – improve prevention and early intervention; reduce avoidable admissions to hospital; provide care close to home; choice and control; optimising efficiency and effectiveness (see notes for full list)
	Fits with <b>Local Housing Strategy objectives:</b> in particular – the supply of housing meets the needs of communities, more people are supported to live independently in their own homes.
Affordability	The option is <b>affordable for older residents</b> - owners / tenants
	The option <b>optimises value for money</b> for commissioners / partners
	The option maximises opportunity to <b>lever in external investment</b>
Deliverability	<b>Partners will be supportive</b> of this chosen option
	The option is suitable in terms <b>of local market conditions</b> i.e. investor interest/ customer demand and affordability
	There is <b>capability and capacity in the market</b> to deliver the change
Acceptability	It meets <b>older people's expectations</b> in the Scottish Borders
	This option will be <b>acceptable for commissioners and their key stakeholders</b>
	Meets <b>Regulator/Care Inspectorate expectations</b>



## Appendix 4: Strategic Options

- 1) **Continue as is** (baseline comparator) - the status quo/baseline comparator option that focused on perpetuation of the existing asset base, continuation of the current service models (incorporating ongoing operational refinements), and continued use of currently deployed technologies, **at current volumes**
- 2) **Scaled-up approach** - incremental increases in spend on assets, services and technology to address increasing demographic and customer-driven demand for housing, support and care, projected as per the **needs assessment**. Essentially this involved increasing levels of asset provision to meet projected needs, but assumed that this was a volume based intervention in each category of asset and/or service, with no underlying change in the blend or emphasis
- 3) **Targeted investment-led approach** – using investment in assets, services and technology to pump prime a long term sustainable solution, where the asset-based investment helped to meet projected need in its own right, but also facilitated changes in the supporting service delivery arrangements that also impacted positively on both strategic objectives and affordability.

**Institutional-emphasis** – focusing most of the investment on **additional residential accommodation**. This comprises the development of further residential care homes (including specialist dementia care), investment in a Borders-wide base telecare platform, additional spend on adaptations, plus some investment on refurbishing existing residential care assets to upgrade and/or perpetuate their longevity. Service reform would continue in the context of the asset and technology proposals relevant to this option.

**Extra-care emphasis** – focusing most of the investment on **extra care** (supported independent living around a care hub). This comprises the development of one new large mixed tenure extra care development at an appropriate location, plus a number of other smaller extra care developments elsewhere in the Borders. The number would be scaled up to reflect demand and available investment. It also assumes investment in the telecare platform, adaptations and refurbishment in (a). Service reform would continue in the context of the asset and technology proposals relevant to this option.

**Independent living emphasis** – focusing most of the investment in supported **independent living in new, refurbished or adapted general needs or more sheltered housing (either with support on site or ambulatory equivalent)**. This comprises the development of additional housing suitable for older people, including support, but without the adjacent care hub element associated with extra care. Care would be provided through a home care model. It also assumes investment in the telecare platform, adaptations and refurbishment in (a). Service reform would continue in the context of the asset and technology proposals relevant to this option. Addressing the 300 amenity housing units already identified as not fit for purpose also features in this option.

## Appendix 5 – Financial Plan

Summary of Investment Activity to Support Delivery of the Strategic Plan												
	STRATEGY PERIOD										Completion	
	1	2	3	4	5	6	7	8	9	10	11	All Yrs
	18/19	19/20	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	Total
<b>Summary</b>												
<b>New Build Programme</b>												
Dementia Unit	£0	£0	£3,200,000	£1,600,000	£0	£0	£0	£0	£0	£0	£0	£4,800,000
Retirement Campus	£0	£0	£0	£0	£3,000,000	£3,000,000	£3,000,000	£0	£0	£0	£0	£9,000,000
Extra Care Housing - Local	£4,250,000	£7,750,000	£3,600,000	£4,700,000	£5,200,000	£1,500,000	£0	£3,300,000	£9,150,000	£9,325,000	£5,225,000	£54,000,000
<b>Housing Supply</b>												
New Build Programme	£0	£7,800,000	£7,800,000	£7,800,000	£7,800,000	£7,800,000	£0	£0	£0	£0	£0	£39,000,000
Refurbishment and/or remodelling	£0	£1,650,000	£3,300,000	£3,300,000	£3,300,000	£3,300,000	£1,650,000	£0	£0	£0	£0	£16,500,000
Aids & adaptations	£770,800	£817,950	£865,100	£912,250	£959,400	£1,006,550	£1,053,700	£1,100,850	£1,148,000	£0	£0	£8,634,600
<b>Service Reform</b>												
Telecare	£51,048	£51,048	£51,048	£51,048	£51,048	£0	£0	£0	£0	£0	£0	£255,240
<b>Capital Expenditure/Investment</b>	<b>£5,071,848</b>	<b>£18,068,998</b>	<b>£18,816,148</b>	<b>£18,363,298</b>	<b>£20,310,448</b>	<b>£16,606,550</b>	<b>£5,703,700</b>	<b>£4,400,850</b>	<b>£10,298,000</b>	<b>£9,325,000</b>	<b>£5,225,000</b>	<b>£132,189,840</b>
<b>Funded by:</b>												
Scottish Borders Council	£944,444	£1,722,222	£4,000,000	£2,644,444	£1,435,555	£613,333	£280,000	£733,333	£2,033,333	£2,072,222	£1,161,111	£17,639,999
Affordable Housing Grant	£1,520,556	£6,642,778	£5,452,037	£5,848,148	£7,229,815	£5,896,667	£1,490,000	£1,175,556	£3,271,111	£3,339,259	£1,874,074	£43,740,001
RSL Private Finance	£793,333	£4,686,667	£5,258,889	£5,465,556	£6,195,556	£5,500,000	£1,980,000	£613,333	£1,706,667	£1,742,222	£977,778	£34,920,000
Private Provision	£991,667	£4,148,333	£3,189,074	£3,441,852	£4,439,074	£3,590,000	£900,000	£777,778	£2,138,889	£2,171,296	£1,212,037	£27,000,000
SBC/RSL/Adaptations/Tech	£821,848	£868,998	£916,148	£963,298	£1,010,448	£1,006,550	£1,053,700	£1,100,850	£1,148,000	£0	£0	£8,889,840
Other (please specify)												£0
	<b>£5,071,848</b>	<b>£18,068,998</b>	<b>£18,816,148</b>	<b>£18,363,298</b>	<b>£20,310,448</b>	<b>£16,606,550</b>	<b>£5,703,700</b>	<b>£4,400,850</b>	<b>£10,298,000</b>	<b>£9,325,000</b>	<b>£5,225,000</b>	<b>£132,189,840</b>
<b>Net</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
<b>As above but expressed in £Ms</b>												
	STRATEGY PERIOD										Completion	Completion
	1	2	3	4	5	6	7	8	9	10	11	All Yrs
	18/19	19/20	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	27/29	Total
<b>Summary Financial Plan £Ms</b>												
<b>New Build Programme</b>												
Dementia Unit	£0	£0	£3,200	£1,600	£0	£0	£0	£0	£0	£0	£0	£4,800
Retirement Campus	£0	£0	£0	£0	£3,000	£3,000	£3,000	£0	£0	£0	£0	£9,000
Extra Care Housing - Local	£4,250	£7,750	£3,600	£4,700	£5,200	£1,500	£0	£3,300	£9,150	£9,325	£5,225	£54,000
<b>Housing Supply</b>												
New Build Programme	£0	£7,800	£7,800	£7,800	£7,800	£7,800	£0	£0	£0	£0	£0	£39,000
Refurbishment and/or remodelling	£0	£1,650	£3,300	£3,300	£3,300	£3,300	£1,650	£0	£0	£0	£0	£16,500
Aids & adaptations	£771	£818	£865	£912	£959	£1,007	£1,054	£1,101	£1,148	£0	£0	£8,635
<b>Service Reform</b>												
Telecare	£51	£51	£51	£51	£51	£0	£0	£0	£0	£0	£0	£255
<b>Capital Expenditure/Investment</b>	<b>£5,072</b>	<b>£18,069</b>	<b>£18,816</b>	<b>£18,363</b>	<b>£20,310</b>	<b>£16,607</b>	<b>£5,704</b>	<b>£4,401</b>	<b>£10,298</b>	<b>£9,325</b>	<b>£5,225</b>	<b>£132,190</b>
<b>Funded by:</b>												
Scottish Borders Council	£944	£1,722	£4,000	£2,644	£1,436	£613	£280	£733	£2,033	£2,072	£1,161	£17,640
Affordable Housing Grant	£1,521	£6,643	£5,452	£5,848	£7,230	£5,897	£1,490	£1,176	£3,271	£3,339	£1,874	£43,740
RSL Private Finance	£992	£4,687	£5,259	£5,466	£6,196	£5,500	£1,980	£613	£1,707	£1,742	£978	£34,920
Private Provision	£822	£4,148	£3,189	£3,442	£4,439	£3,590	£900	£778	£2,139	£2,171	£1,212	£27,000
SBC/RSL/Adaptations/Tech	£822	£869	£916	£963	£1,010	£1,007	£1,054	£1,101	£1,148	£0	£0	£8,890
Other (please specify)	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	<b>£5,100</b>	<b>£18,069</b>	<b>£18,816</b>	<b>£18,363</b>	<b>£20,310</b>	<b>£16,607</b>	<b>£5,704</b>	<b>£4,401</b>	<b>£10,298</b>	<b>£9,325</b>	<b>£5,225</b>	<b>£132,190</b>
<b>Net Capital Expenditure</b>	<b>-£29</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
<b>Revenue Spend</b>	<b>£33,917</b>	<b>£35,263</b>	<b>£36,610</b>	<b>£37,956</b>	<b>£39,302</b>	<b>£40,649</b>	<b>£41,995</b>	<b>£43,341</b>	<b>£44,688</b>	<b>£44,688</b>	<b>£44,688</b>	<b>£398,410</b>

## Notes to the Financial Plan

Assumptions
Note 1: The projections assume £12m contribution from SBC in respect of the 12 ECH sites which is, £1m on average.
Note 2: The cashflow remains stated at 2018 price levels, excluding inflation or any real price movement. Inflationary pressures should be kept under review and incorporated on a scheme by scheme basis as the plan progresses.
Note 3: Strategy is for 9 years, but based on timescales provided it is currently estimated that it will take 1 year longer to complete the development programme.
Note 4: The Annual Cost of the Dementia Unit has been costed at £30 per hour (see demand + rev consequences tab), cost of £1.1m per annum.
Note 5: Private provision of 30% of project need has been assumed for new housing supply including the local ECH, mixed tenure approach)
Note 6: No timing of any grant and other funding has been 100% aligned to the phasing of the costs, in practice there will be working capital requirements for each of the partners which are not reflected in the strategic plan.
Note 7: The average refurbishment cost has been reduced to £45k per unit, remodelling costs remain at £65k per unit, providing a £55k weighted average overall.
Note 8: Adaptations: The unit cost for adaptations has been calculated based on current capital and revenue funded small and major adaptations funded by Social Work and Housing budgets. In 2016/17 there was a total of 752 adaptations provided (small and large) at a total cost of £770k producing a unit cost of £1,025. Within this the average cost of major repairs is £3,914, minor adaptations/repairs £200. Projections assume meeting the current shortfall (waiting list demand) and projecting forward at that rate plus demographic growth.
Note 9: Telecare assumptions are based on a unit cost of £300 per unit, with supply starting at 500 and rising to 851 households within 5 years

## GLOSSARY

Extra Care housing	Housing primarily for older people where occupants have specific tenure rights to occupy self-contained dwellings and where they have agreements that cover the provision of care, support, domestic, social, community or other services. Typically includes a dedicated on-site care team. Often includes other on-site amenities.
Housing with Care	Regularly used interchangeably with the term extra care housing. In the Scottish Borders context Housing with Care is used where Registered Social Landlords have adapted sheltered or other group housing into housing provided with support and care on site. Extra Care Housing is purpose built, often with a wider range of services (as above).
Housing with support	Housing with support/Supported housing is any housing scheme where housing, support and sometimes care services are provided as an integrated package.
Housing support	Housing support services help people to live as independently as possible in the community, in a wide range of supported housing. The largest group of people who receive housing support is older people living in sheltered housing, but a wide range of people with particular needs can receive housing support.
Care Homes	A care home is a residential setting where a number of older people live, usually in single rooms, and have access to on-site care services. A home registered simply as a care home will provide personal care only - help with washing, dressing and giving medication, not nursing care.
Amenity housing	Amenity housing is rented accommodation provided by housing associations and local councils that is designated and particularly suitable for occupation by older people.
Older people housing	Various forms of purpose-built housing for older people that include sheltered housing and extra care housing, but exclude more institutional forms such as residential care and nursing care units.
Sheltered housing	Sheltered housing (also termed by some providers as retirement housing) means having your own flat or bungalow in a block, or on a small estate, where all the other residents are older people (usually over 55). With a few exceptions, all developments (or 'schemes') provide independent, self-contained homes with their own front doors.
Retirement housing	See 'sheltered housing'
Specialist nursing care	Care homes with nursing (as nursing homes are now called) are similar to care homes. Both types of home provide accommodation, supervision from staff 24 hours a day, meals and help with personal care needs, but nursing homes also have registered nurses on duty at all times.
Care and repair	The Borders care and repair service is provided for older and disabled people who would benefit from improvements to their home. The service is available to home owners over 60 years of age, private tenants over 60 years of age and disabled owners or private tenants of any age. The service is currently operated by Eildon Housing Association on behalf of Scottish Borders Council. Services aim to maximise the extent to which people can live independently in their own home rather than in a more institutional environment.
Local housing allowance	Local housing allowance is the financial limit which UK Government applies to help pay rent if they have a private landlord. If they rent from a council or housing association or have a shared ownership home, different rules are used to calculate housing benefit.
Registered social landlords (RSLs)	The vast majority of Registered Social Landlords in Scotland are also known as housing associations (known as Registered Providers in England). Housing associations are independent, not-for-profit organisations that provide homes for people in housing need. Many RSLs develop new housing and are grant funded by Scottish Government so that rents can be provided at sub market levels. They can also provide housing for mid-market rent and low cost home ownership.



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