

Scottish Borders **Health & Social Care** Partnership

Housing Contribution Statement 2016

*Working together for the best possible health and
wellbeing in our communities*

Housing Contribution Statement

2016



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1. INTRODUCTION

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

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

The Housing Contributions Statement sets out the role of the housing sector in achieving the Health and Social Care Integration outcomes in the Scottish Borders.

This statement continues on from the first Housing Contributions Statement that was produced in September 2014, which looked at identifying the Borders housing sector services contribution and the role housing has to play within the Health and Social Care Partnership.

2. LOCAL HOUSING STRATEGY

The Housing (Scotland) Act 2001 places a statutory requirement on local authorities to produce a Local Housing Strategy (LHS) which sets out its strategy, priorities and plans for the delivery of housing and related services. The Act also states that the LHS must be supported by an assessment of housing provision and related services, that it must be submitted to Scottish Ministers, and that local authorities must keep their LHS under review.

The LHS has a key role to play in contributing to the effective integration of health and social care. It should set out clearly the contribution that housing can make in

LHS Vision

**every person in the Scottish Borders
has a home which is secure,
affordable, in good condition,
energy efficient, where they can live
independently and be part of a
vibrant community**

support of this agenda, through the design and delivery of housing and housing related services, that are capable of responding to the needs of individuals as and where they arise.

The LHS should be clear on what the integration of health and social care means in terms of providing suitable accommodation and the care and support required to fully support this agenda, whilst enabling people to live independently within their own home for as long as possible. Having the right amount of care and/or support in place can help prevent unplanned hospital admissions and allows people to leave hospital more quickly, benefitting both the individual and the hospital system.

Local Housing Strategy Partnership

The Scottish Borders Local Housing Strategy (LHS) Partnership is the housing market partnership for Scottish Borders. Figure 1 on page 5 highlights all of the representatives on the partnership. Issues from commissioning to completion of both the Scottish Borders Housing Need and Demand Assessment (HNDA) Update and the South East Scotland Plan (SESPlan) HNDA have been reported and discussed at meetings of the Scottish Borders LHS Partnership. The Scottish Borders LHS Partnership, the Council and other partners participate in the South East Scotland Housing Market Partnership in developing the SESPlan HNDA, contributing the development of the Main Issues Report and the Strategic Development Plan.

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

Figure 1: LHS Partnership



Work is currently underway to develop the next LHS and this will be in place in 2017. The LHS will reflect the priorities identified within the Housing Contribution Statement as well as identifying new priorities and outcomes relating to the health and social care agenda.

3. HOUSING NEED AND DEMAND ASSESSMENT

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

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

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

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

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

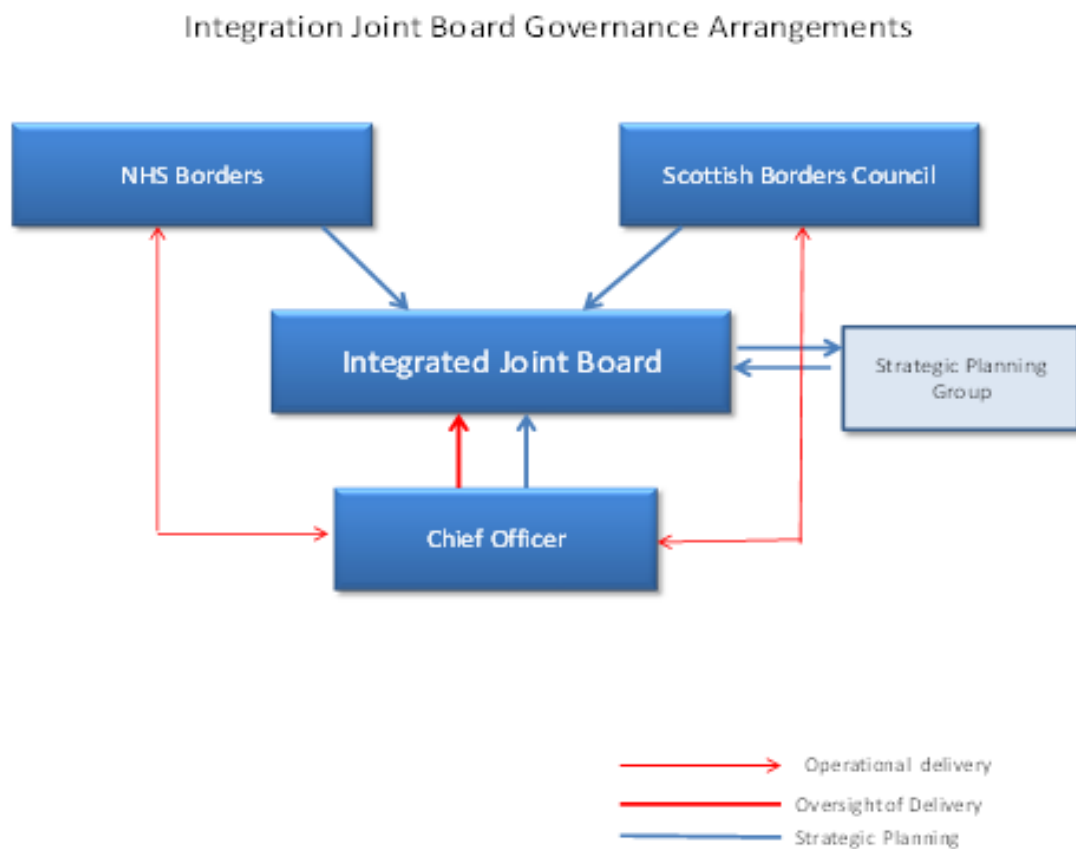
The SESplan HNDA estimated 6,423 households in the Scottish Borders were in housing need. (31st March 2013) comprising a requirement for adaptations (47%); households living in poor quality housing (25%); overcrowding households (17%); special forms of housing (5%); concealed households (4%) and homeless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

4. GOVERNANCE

The legislation supporting Health and Social Care Integration, through the Integration Joint Board, offers the opportunity for Councillors, Health Board Non-Executive Directors, the Third Sector and Independent Sector to work together to plan for a future health and care service able to meet the demands of the future. The Integration Joint Board will plan and commission services to ensure that the national and local outcomes are all based on providing a more person centred approach with a focus on supporting

individuals, families and communities. Figure 2 below shows the structure of the Integration Joint Board process.

Figure 2: Integration Joint Board Governance Arrangements



The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Joint Board will set out within the Strategic Plan how it will deliver the national Health and Wellbeing Outcomes as prescribed by Scottish Ministers.

5. HEALTH AND SOCIAL CARE PARTNERSHIP

The Scottish Borders Health and Social Care Partnership was launched in April 2015 and has the responsibility for proving a Strategic Plan by April 2016.



The partnership will be responsible for planning and commissioning integrated services and overseeing their delivery. These services are all adult social care, primary and community health care services and elements of hospital care which will offer the best opportunities for service redesign. The total resource

within the partnership is £135.2 million. The partnership has a key relationship with acute services in relation to unplanned hospital admissions and will continue to work in partnership with Community Planning Partners. This includes charities, voluntary and community groups so that, as well as delivering flexible, locally based services, and we can also work in partnership with our communities.

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

Reflecting the range and diversity of health and social care stakeholders in the Borders, the group is made up of representatives from a range of organisations including representatives from both the Statutory and social housing sector as shown in figure 3 below.

Figure 3: Strategic Planning Group



The Strategic Plan

The Scottish Borders Health and Social Care partnership published the first draft of the strategic plan in early 2015, *'Draft Strategic Plan 2015 -18; A Conversation with You'*

The second draft, called '*changing health & social care for you - a further conversation*', is based on what the partnership learned during consultation in May/June 2015 from listening to: local people, service users, carers, members of the public, staff, third sector and independent organisations.

The local strategic objectives are:

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

6. NATIONAL OUTCOMES

The National Health and Wellbeing Outcomes are shown in table 1 below. Scottish Borders Council and its partners can make a contribution to the achievement of many of the National Health and Wellbeing Outcomes. For example, Outcome 2 is of particular importance when considering the housing contribution.

Table 1: National 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

Housing can make a contribution to national outcomes for health and wellbeing at a local level by:

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

7. LOCALITY PLANNING

There are five commonly recognised localities in the Borders as figure 4 shows. There are based on the five existing Area Forum localities – Berwickshire, Cheviot, Eildon, Teviot and Liddesdale and Tweeddale.

Figure 4: Area Forum Localities



Planning groups will be established in each locality to identify local priorities and help shapes plans to address them. Service users, carers, communities and health and social care professionals will be actively involved in locality planning so that they can influence how resources are spent in their area.

Housing Associations have an important role in localities planning. The approach currently being developed in the Scottish Borders is to appoint two Localities Co-coordinators who will take forward and develop Localities Plans.

8. HOUSING PROFILE

Figure 5 below highlights some of the key information in regards in housing in the Scottish Borders. This information is also captured in the Scottish Borders Health & Social Care Partnership Joint Strategic Needs Assessment document to support the development of the Strategic Commissioning Plan 2015 – 2018. This document provides a wide range of evidence which will be continually built on to inform decision making in the future.

Figure 5: Housing Profile

Population	•114,030 total population, 34,418 aged 60 and over – 30% of the population
Households	•53,157 total households (2.6% increase from 2009-2014)
Household Composition	•34% one person, 8% Lone parent, 18% Couple with children, 26% Couple no children
Tenure	•64% owner occupied, 22% social rent and 12% private rent (2014)
Dwellings	•57,274 total dwellings – 2.9% increase from 2009-2014
Rurality	•48% of the population live in rural areas (2012) – 36% Accessible Rural, 12% Remote Rural
House Building	•2013/14 – 72 affordable housing, 288 total market completions
Empty Homes	•975 long term empty homes, 1,076 second homes in the Scottish Borders
Adaptations	•2014/15 – 88 major adaptations carried out. Over five years – 493 major adaptations been carried out
Temporary Accommodation	•104 temporary accommodation units, 58 Private Sector Leasing units
Specialist Provision	•22 Care Homes, 975 Medium Dependency/ Amenity, 614 Sheltered, 56 Very Sheltered/ Extra Care housing, 131 Wheelchair housing and 64 housing with care clients across 4 venues

9. DELEGATED AND NON-DELEGATED FUNCTIONS

By the 31st March 2016, the Integration Joint Board will have approved the Strategic Plan, and Scottish Borders Council and NHS Borders will have delegated functions to the new Scottish Borders Health and Social Care Partnership. The Act sets out a range of health and social care functions, including functions under housing legislation, which 'must' or 'may' be delegated to an integration authority.

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

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

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

- RSL adaptations – providing adaptations to their tenants to enable them to live independently, for example providing , a handrail or ramp at the entrance, or a shower in place of a bath
- Care and Repair – providing independent advice and assistance to older and disabled homeowners or private tenants with services that enable them to continue to live independently in their own homes. The service provides adaptations, home improvements and a handy person service
- Housing support services for homeless people – providing housing and tenancy support to vulnerable homeless people
- New supply housing – the Strategic Housing Investment Plan (SHIP) has identified 410 new affordable homes for anticipated completion from 2015-20

10. THE ROLE OF HOUSING IN THE INTEGRATION OF HEALTH AND SOCIAL CARE

The Local Housing Strategy (LHS) provides the strategic direction to tackle housing need and demand and to inform the future investment in housing and related services across the Scottish Borders area.

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

It is important that the LHS links with Health and Social Care Strategic Plan and table 2 on page 13 highlights the links between the Strategic Local Objectives and the LHS Outcomes.

Table 2: Links between Strategic Local Objectives and LHS Outcomes

Strategic Plan Local Objectives	LHS Outcome's			
	1. The supply of housing meets the needs of Borders Communities	2. People have better access to good quality, energy efficient homes	3. People are less likely to become homeless and those affected by homelessness have improved access to settled accommodation	4. More people with particular needs and/or requiring support are able to live independently in their own homes.
1. We will make services more accessible and develop our communities	✓	✓		
2. We will improve prevention and early intervention			✓	✓
3. We will reduce avoidable admissions to hospital		✓	✓	✓
4. We will provide care close to home			✓	✓
5. We will deliver services within an integrated care model	✓	✓	✓	✓
6. We will seek to enable people to have more choice and control				✓
7. We will further optimise efficiency and effectiveness		✓		✓
8. We will seek to reduce health inequalities	✓	✓	✓	✓
9. We want to improve support for Carers to keep them healthy and able to continue in their caring role				

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

Table 3: Housings Contribution towards Strategic Plan Objectives

Strategic Plan local Objectives	Housing Contribution
1. We will make services more accessible and develop our communities	<ul style="list-style-type: none"> • Access to affordable housing – delivering affordable housing across the area • Delivering warm housing in good condition • Working with local housing associations and private sector landlords to provide housing which is fit for purpose • Deliver more accessible, barrier free housing
2. We will improve prevention and early intervention	<ul style="list-style-type: none"> • Preventing homelessness through the Housing Options approach • Adaptations • Expand on and develop new initiative housing with support models for particular needs groups such as transitional housing for those leaving care or institutions • Provision of welfare benefits advice and financial inclusion services • Unified, partnership working framework for assessing health and housing needs (Unified Health Assessment) • Housing Officers visiting vulnerable households on a regular basis – identifying the needs of that person
3. We will reduce avoidable admissions to hospital	<ul style="list-style-type: none"> • Providing housing support, directly and with partners to help people remain in their own home and prevent homelessness. Reduces stress, anxiety – keeping people in their homes • Providing warmer more comfortable homes can reduce existing health problems – heart attacks, strokes, hypothermia, raised blood pressure, asthma, mental health problems, respiratory disease • Adaptations – grab rails etc – reduces falls
4. We will provide care close to home	<ul style="list-style-type: none"> • Housing Support Services • Borders Care & Repair provide a handyman service which will carry out handyperson jobs or advise on home upgrading & grant funding
5. We will deliver services within an integrated care model	<p>The housing sector in the Borders has a range of partnership mechanisms to enhance the level of staff engagement:</p> <ul style="list-style-type: none"> • LHS Partnership • Borders Housing Hub • Strategic Housing Investment Plan Working Group • New Borders Alliance • Private Landlord Forum • Community Planning Partnership
6. We will seek to enable people to have more choice and control	<ul style="list-style-type: none"> • Enabling people to live independently in their own homes • Flexible Housing Support • Modernisation, remodelling and reprovisioning of existing sheltered housing schemes • Training and employment skills development and opportunities for employment • Aids and Adaptations • Borders Care & Repair services help disabled homeowners or private sector tenants with adaptations that will enable them to stay in their own home. Borders Care & Repair offer help and assistance and can project manage the entire adaptation process • Safe Housing Options and co-ordinated services for Domestic Abuse Victims and their families
7. We will further optimise efficiency and effectiveness	<ul style="list-style-type: none"> • Energy efficiency of homes – better use of building; sourcing cheaper energy options • Adaptations – prevention work, provide adaptation and ensure future best use on re-let of the property • RSLs – EESSH targets
8. We will seek to reduce health inequalities	<ul style="list-style-type: none"> • The four outcomes of the LHS aim to tackle the inequalities in our society – this includes health inequalities • Building safer and thriving communities is a key priority to focus local community planning activities to assist Borders's most disadvantaged communities and improve employment and health inequalities
9. We want to improve support for Carers to keep them healthy and able to continue in their caring role	

11. PRIORITIES

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

Challenges

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

Priorities

Housing Support and Homelessness

- More integrated accessible housing options and advice for all customers with a focus on health and well-being and prevention
- Develop new models and expand on existing specialist housing models for older people and vulnerable client groups, such as transitional housing for young people leaving care and people with learning disabilities,

Access to housing

- Provide a range of housing allocation protocols for vulnerable adults

- Greater early involvement of housing partners in the planning of hospital discharges to co-ordinate and ensure that safe, suitable housing is available upon discharge to prevent delays in discharge once clinical needs are met and reduce risk of re-admissions

Affordable warm and fuel poverty

- Providing warm, energy efficiency homes and home energy advice
- Linking fuel poverty work and health and well-being

Adaptations

- Increasing demand and need for focus on preventative aspects with associated resource
Increase use of technology and safety measures such as telehealth and community alarms to support independent living

Housing supply

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

Private sector

- Improve the condition and management in private rented housing

Sustainable places

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

12. RESOURCES

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

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

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

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

New-build housing

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

Scottish Government are the main provider of grant to assist delivery of affordable housing by responding to SHIP submissions through the development of 3 year Strategic Local Programme (SLP) Agreements to direct grant towards securing delivery of individual RSL projects. In 2015/16 Scottish Government is

allocating £4.634m to assist Scottish Borders projects through the SLP. Grant Allocation decisions are framed by benchmark grant rates set, and periodically reviewed and revised by Scottish Government. Notwithstanding grant allocations, the largest source of funding of affordable housing is raised by the RSLs themselves via their own capacity to borrow from the private sector money markets.

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

The Council can also contribute to delivery of affordable housing through use of developer contributions which are secured through the operation of its Affordable Housing Policy, with this assistance again prioritised to support delivery of projects identified through the SHIP process. However in reality, the current low level of private sector housing building within Scottish Borders is not generating significant amounts of such contributions.

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

Housing improvement across all tenures

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

- | | |
|--|-------------------|
| • Berwickshire Housing Association | £41k |
| • Eildon Housing Association | £68k |
| • Scottish Borders Housing Association | £109k |
| • Waverley Housing | £41k ¹ |

¹ In addition there are a number of other RSLs based out with SBC with small amounts of housing stock within the area. They also receive Stage 3 allocations, but we have no information available as to how much, if any, is spent within Scottish Borders.

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

The Home Energy Efficiency Programme Scotland (HEEPS) is Scottish Government funded to offer grant funding to private households to install a range of energy efficiency measures including external wall insulation (EWI). Scottish Borders Council successfully secured £1,623,023 of funding from the Scottish Government's HEEPS:ABS 2014/15 allocation and has been awarded £1.87m for 2015/16.

The success of HEEPS: ABS relies on strong partnerships with RSLs mainly because EWI projects require coordination of social and private upgrades (such as mixed tenure blocks of flats).

Housing Support Services

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

