

Argyll & Bute Health and Social Care Partnership Joint Strategic Plan 2025/26 – 2030/31



Housing Contribution Statement

Prepared by Argyll and Bute Council Housing Services and approved by Argyll & Bute Strategic Housing Forum, March 2025

1. Introduction

- 1.1 This is the fourth Argyll and Bute Housing Contribution Statement (HCS), which continues to build on the positive joint working across the housing, health, and care sectors.
- 1.2 The Housing Contribution Statement provides the focus for strategic coordination between the Council's Housing Service, local Registered Social Landlords (RSLs), other housing agencies, and the Health & Social Care Partnership (HSCP). This ensures that the Local Housing Strategy (LHS) and Joint Strategic Plan (JSP), which will incorporate Commissioning Plan, are co-ordinated when they relate to health and housing. This strategic co-ordination requires:
 - Involvement of housing representatives in the integration authority's strategic planning group and localities;
 - Shared work on the needs assessments underpinning the JSP and LHS;
 - Production of a Housing Contribution Statement as an integral part of the JSP to explain how services have been aligned.

2. Strategic Housing Framework, Governance, & Partnership Working

- 2.1 The Council works closely with a range of local and national partners to plan and deliver housing and related services across the authority area.
- 2.2 The **Strategic Housing Forum (SHF)** is the Housing Market Partnership, which oversees the strategic housing functions of the Council. Core partners of the SHF include: Allenergy; Argyll & Bute Care and Repair; Argyll & Bute Health & Social Care Partnership (HSCP); Communities Housing Trust; Community Planning Partnership; Council Economic Development; Council Housing Services; Highlands & Islands Enterprise; Home Energy Scotland; Planning Services – Council & Loch Lomond & Trossachs National Park; Registered Social Landlords (RSLs) including ACHA, Fyne Homes, West Highland, Dunbritton, LINK Group, Bield, Trust; Scottish Water; The Scottish Government - More Homes Housing Supply Division; and Veterans Housing Scotland.

2.3 In addition to the Strategic Housing Forum, there are a number of strategic partnership structures that are involved in the planning and delivery of housing and health related functions. The network of cross-sectoral arrangements facilitate effective strategic and operational engagement between Housing, Health and Social Care, including:-

- JSNA Short Life Working Group
- HSCP Strategic Planning Group
- Infrastructure Transformation Board
- HSCP & CEO Steering Group
- SHIP Operational Group
- Local Area Operational Groups
- HOMEArgyll Steering Group
- Housing Support Group
- Learning Disability Steering Group
- TEC Digital Steering Group
- Alcohol & Drugs Partnership
- Adult Protection Committee
- Care Home & Housing Working Group
- Energy Efficiency Forum
- Child Poverty Group
- Area Property Action Groups
- Community Housing Network
- RSL Adaptation Working Group
- Corporate Parenting Board
- Residential Rehab Steering Group
- Drugs Related Deaths Steering Group
- Care Planning Approach Groups
- Housing First Delivery Group

3. Housing System Overview

3.1 The Council no longer has a landlord function but retains a statutory role as the strategic housing authority for Argyll and Bute. As the strategic housing authority, the Council has legal responsibility to produce strategic documents that address a wide range of housing-related issues, including:

- Assessing local housing need and demand and producing Housing Need and Demand Assessment (HNDA);
- Producing Local Housing Strategy (LHS) to meet and address local needs;
- Delivering and facilitating an affordable housing new build programme via the Strategic Housing Investment Plan (SHIP);
- Scheme of Assistance (SoA) - sets out the assistance available for the private sector to improve the condition of their housing and provide adaptations for disabled people.

The local housing system in Argyll and Bute encompasses the following:

Housing supply across all tenures & the functioning of all aspects of the housing market		
Housing Services		Government spend directed at housing and housing services
The quality, standards and safety of existing stock	Planning & Infrastructure delivery, relating to housing	The interface with other policy areas, i.e. economy, health, social care & environment

- **The Statutory Strategic Housing Authority** – Argyll and Bute Council;
- **The Social Rented Sector** - HOMEArgyll partners include Argyll Community Housing Association, Dunbritton, Fyne Homes and West Highland. Other/specialist RSLs = Bield, Blackwood, Cairn, Cube/Enable, Key Housing & Trust;
- **The Private Rented Sector** - Private Landlords, Letting Agents & Tenants. Community Groups & Development Trusts;
- **The Owner Occupied Sector** – Home Owners

3.2 The wide range of housing services available in Argyll and Bute can have a positive impact on the health and well-being of the local population; and make a significant contribution to the outcomes of the HSCP Strategic Plan. Housing functions include: Strategic planning, new build development and bringing empty homes back into use; Homelessness, housing options and information and advice; Tenancy support, mediation, money skills; Welfare Rights, income maximisation, and benefits; Private sector property repairs and improvements; Aids and adaptations; Home energy efficiency, fuel poverty and climate change initiatives; Factoring and estate management.

4 Joint Strategic Needs Assessment and the Housing Needs and Demand Assessment

4.1 Evidence Base

The Health, Care & Housing Needs Assessment produced jointly by NHS Highland and the Council in 2018, helped to inform a comprehensive revision of the Argyll & Bute Housing Need and Demand Assessment (HNDA) which was completed in 2021. This involved a range of primary research, secondary data analysis, and stakeholder engagement.

The HNDA is a statutory duty for Local Authorities, and as a key requirement, as well as general needs, it must identify the need for “specialist provision” for persons with particular needs to enable independent living. This refers to both “bricks and mortar” accommodation and support services.

As the HNDA is a five-year document, work will commence during 2025/26 to produce the next HNDA 2026. As part of the HCS preparatory work, the Council Officers responsible for developing the HNDA have worked closely with the HSCP on the shared evidence base. A Strategic Working Group was established between partners to produce the '*Joint Strategic Needs Assessment (JSNA) 2024*' to underpin their new Joint Strategic Plan.

There is a strong commitment to ensure this process is continually developed and a key action for both the Local Housing Strategy and the HSCP Strategic Plan is to continue to promote closer alignment of the HNDA and JSNA processes, with a view to sharing evidence, identifying needs, and planning for solutions across health, social care, and housing.

4.2 Housing Need & Demand Assessment 2021 – Key findings

In summary, the 2021 HNDA identified -

- Increasing demand for 1 and 2 bedroom properties with population aged 75+ increasing by nearly 3,000 people over the next decade;
- Continuing demand for aids and adaptations across all tenures, with resource pressure and waiting list evidenced from an average annual spend of £1.3m across all tenures and an anticipated 250 persons or more per annum requiring adaptations to RSL homes over the next three years;
- With more people managing long-term health conditions living in their own homes with complex health and social care needs, the need for aids, adaptations and support at home is likely to increase;
- Changing care home use means that new care home placements are for people with greater dependency and there are higher turnover rates;
- Challenges to the provision of Home Care (particularly in some local areas) leading to delayed discharges in hospital.
- Falling demand for sheltered/warden housing models, with empty properties/voids in some areas;
- An ongoing need for closer working between services at a local level to identify individuals and families in need of specialist housing provision and match them to current and future housing;
- The HOMEArgyll waiting list identifies applicants with particular needs and health-related conditions, which can be adversely affected by their housing circumstances.

In the 2021 Housing Need & Demand Household Survey, local households were asked a range of questions on need for specialist forms of housing across Argyll & Bute. 4% of households with a life limiting illness or disability stated they do require specialist housing. This equated to 334 households across Argyll & Bute. Based on evidence from the HOMEArgyll Common Housing Register and the 2019 HNDA Survey, it is estimated that approximately 200-300 households may require specialist forms of housing across Argyll & Bute.

As at December 2024, around 95% of the registered applicants in housing need either required, or would accept mainstream, general needs accommodation. Only 111 applicants (or 136 including those with no points) stated that they specifically required specialist provision and would *not* accept mainstream housing.

TABLE 1: HOMEArgyll Waiting List Applicants by House Type, 2024

House Type	% of Waiting List (those in need with points) December 2024*
General Needs	94.8%
Specialist Provision ONLY	5.2%
Housing with Support	5.6%
Wheelchair	3.4%
Amenity Housing	12.8%
Sheltered Housing	8.9%

*Applicants can select multiple options therefore % does not sum to 100.

4.3 Housing Market Areas / HSCP Localities

As far as possible, the HNDA aims to analyse data at a sub-authority level based on nine housing market areas (HMAs) which have been identified within the local authority boundaries. These HMAs should allow data to be further aggregated or disaggregated, as required. The HMAs in relation to the structure of the four HSCP localities are summarised in the following table.

Table 2: Housing Market Areas / HSCP Locality Areas

Housing Market Area	HSCP Locality
Bute	Bute & Cowal
Cowal	
Helensburgh & Lomond	Helensburgh & Lomond
Mid Argyll	Mid Argyll, Kintyre, Islay (excludes Colonsay)
Islay, Jura & Colonsay	
Kintyre (including Gigha)	
Coll & Tiree	Oban, Lorn & the Isles (includes Colonsay)
Mull & Iona	
Lorn	

4.4 Housing Profile

The Argyll and Bute housing profile, reported in 2020/21 has been updated using Local Housing Strategy 2024 annual update with comparison.

Table 3: Argyll and Bute Housing Market Profile

ARGYLL & BUTE HOUSING MARKET PROFILE	2020/21	2023/24
Population	85,320	87,920
Households	41,723	42,610
Dwellings	48,285	49,348
Ineffective Stock (Empty Properties & Second/Holiday Homes)	11%	11%
Average House Price	£173,280	£175,000 median
Average Household Income	£37,091	£35,114 median
Affordability Ratio	4.7	4.98
RSL Stock (Social Rented Housing)	18% (8,629)	18% (8,816)
HOMEArgyll Waiting List (Active Applications)	2,469	3,209
HOMEArgyll Stock Turnover (Annual Lets)	810	763
Pressure Ratio (Nos of applicants per available let)	3:1	4:1
Private Rented Sector	12% (5,822)	9% (4,531)

4.5 Population and Household Projections

The 2021 HNDA, set out an aspirational population growth of 0.5% for Argyll and Bute. The National Records of Scotland (NRS) publish household and population projections. As reported by the NRS in [Household and Dwellings in Scotland 2023 report](#), there has been a bigger percentage increase in **households** than in the **population** in each Council area over the last twenty years.

Population Estimates - The NRS updated their mid-year population estimates in 2024 to take into account improvements in the figures for international migration.

TABLE 4: NRS MID-YEAR POPULATION ESTIMATES ARGYLL AND BUTE 2019-2022

Year	Population Estimate - Argyll and Bute	Population Estimate - Scotland
2019	85,870	5,414,400
2020	85,430	5,413,100
2021	86,220	5,418,400
2022	87,920	5,447,700

Reference: [NRS Population Estimates Time Series Data – July 2024](#)

Household projections – The National Records Scotland (NRS) estimated that between 2018 and 2028, the number of households in Argyll and Bute was projected to decrease by 2% from 41,630 to 40,803. Whilst a decrease was expected, there was a slight increase from 2018-2022; with only the most recent NRS Household estimates highlighting that between 2022 and 2023 there has been a 0.1% reduction in households in Argyll and Bute.

TABLE 5: NRS ARGYLL AND BUTE HOUSEHOLD ESTIMATES 2018 - 2023

AREA	2018	2019	2020	2021	2022	2023	Change 2022-23
Argyll and Bute	41,630	41,789	41,839	42,384	42,664	42,610	-0.1%
Scotland	2,457,998	2,495,623	2,507,625	2,528,823	2,549,797	2,535,310	+0.8%

Reference: statistics.gov.scot : [Mid-Year Household Estimates](#)

Ageing Population - The 2022 Scotland Census estimated population for Scotland to be 5,436,600m, which was an increase of 2.7% from 2011. The Census recorded the highest number of people in older age groups than ever before. With 1,091,000m people aged over 65, compared to 832,300 people under the age of 15. Argyll and Bute has the highest older population rate across all 32 Local Authorities, with 27% adults aged 65 or over.

4.6 Argyll and Bute - Housing Stock

The overall housing stock for the area based on Council Tax records, has been broken down into HMA area.

Table 6: Total Housing Stock (all tenures) by HMA, 2024

Housing Market Area	Stock	% of A&B Total	% Ineffective Stock (including empty, second homes & exempt properties)
Bute	4,288	8.7%	18%
Coll & Tiree	703	1.4%	32%
Cowal	8,786	17.8%	13%
Helensburgh & Lomond	12,385	25.1%	5%
Islay, Jura & Colonsay	2,245	4.5%	17%
Kintyre	4,177	8.5%	12%
Lorn	9,053	18.3%	9%
Mid Argyll	5,740	11.6%	12%
Mull & Iona	1,971	4%	15%
Argyll & Bute	49,248	100%	11%

Source: Argyll & Bute Council Tax Register, April 2024

4.7 HOMEArgyll is partnership between the Council and key social housing providers in Argyll and Bute including Argyll Community Housing Association (ACHA), Dunbritton Housing Association (DHA), Fyne Homes (FH) and West Highland Housing Association (WHHA) who operate a common housing register. Other social housing providers provide stock in the area such as LINK, Bield, Trust, Key Housing, Blackwood and Cairn.

The social rented sector (RSL provision) in Argyll and Bute includes a range of specialist accommodation suitable for persons with particular health or care needs. A summary of accommodation types is set out in Appendix 1.

The RSL stock tables are based on annual returns from HOMEArgyll partners, and where available we have included stock details for other providers.

Table 7: Estimated Registered Social Landlord (RSL) Stock, March 2024

RSL	TOTAL Stock	Mainstream Stock	Specialist Stock	Specialist Stock as % of Total
ACHA	5,181	4,815	366	7.1%
DUNBRITTON	459	368	91	19.8%
FYNE HOMES	1,614	1,175	439	27.2%
WEST HIGHLAND	832	789	43	5.2%
HOMEARGYLL TOTAL	8,086	7,147	939	11.6%
OTHER RSLs*	398	276	122	30.7%
A&B TOTAL	8,484	7,423	1,061	12.5%

*Other non-HOMEArgyll RSLs include LINK, and Trust Housing. No recent stock returns are available for Bield, Key Housing, Blackwood and Cairn who do have stock in Argyll and Bute.

Around 10% of the affordable housing supply available for allocation each year is specialist housing. This amounts to approximately 78 homes per annum. (*N.B. 2020/21 allocations are lower during the lockdown period)

TABLE 8: HOMEArgyll Lets by Property Type, 2019/20 – 2023/24

House Type	2019/20	2020/21*	2021/22	2022/23	2023/24	5 Year Totals
All Types	849	631	733	811	763	3,787
Amenity Housing	37	25	26	32	47	167
Housing with Support	2	4	2	6	2	16
Sheltered Housing	22	35	39	31	41	168
Wheelchair	2	4	13	8	11	38
Gypsy/Traveller Site				5		5
General Needs	786	563	653	729	662	3,393

4.6 Home Care and Assistive/Smart Technology

The provision of home care and assistive/smart technology has an important role in supporting independent living, and is associated with the occupant rather than the property. Technology Enabled Care (TEC) is used to help people self-manage their own health, and stay happy, safe and independent in their own homes. It includes the use of alarms, sensors, medication dispensers, home health monitoring or text messaging services, which are used in an individual's own home and connects them directly to health service providers. Digital technologies can empower patients/clients and carers by giving them more control over their own health. Trends show the demand for TEC services and the number of clients has steadily grown.

TABLE 9: Number of Telecare installs and clients 2020/21 to 2023/24

Number of telecare unit installations & total clients in receipt of Technology Enabled Care (TEC) service at year end.	2020/21	2021/22	2022/23	2023/24
Number of installs	1,145	1,774	N/A*	2,248
Number of clients	1,896	1,994	2,056	2,074

* Due to change in reporting system number not available for 2022/23

4.7 Homelessness

A key area for continued exploration will be health and care related needs of homeless applicants. In their [2023/24 Homeless in Scotland Statistics Review](#), the Scottish Health Equity Research Unit highlight that “*unstable living conditions are known to have a profound impact on physical and mental health, leading to higher rates of chronic illness, anxiety, and depression, including among children, and can negatively impact on access to health and other services*”. Due to the impact, homelessness can have on health and wellbeing this is a key issue for the Council, HSCP and partners. Homeless prevention and effective sustainment of tenancies saves HSCP money as well as improving quality of life to individuals.

All local authorities have a statutory duty under the Housing (Scotland) Act 2001, to provide advice and assistance on housing options to try and prevent and alleviate homelessness. The new [Housing \(Scotland\) Bill](#), legislation was published in March 2024 and focuses on several topics that affect homelessness. The Bill includes a new ‘ask and act’ duty for a range of public bodies requiring them to ask about a person's housing situation and take specific actions to reduce the risk of homelessness, this will include health and social care, Police, children’s services, social landlords, and the criminal justice sector. The Bill sets out a framework for the new homelessness prevention duty with further details to be introduced in secondary legislation or regulations/guidance following further consultation and scrutiny by the Scottish Parliament. The Housing Service will continue to engage with partners as the new Bill and associated policy develops to ensure that a co-ordinated approach to implementation of prevention duties is achieved.

- 4.8 Whilst there has been an increase in homelessness and rough sleeping in Argyll & Bute in recent years, the time to rehouse homeless households has slightly reduced; and we are preventing more homeless cases primarily due to the effective delivery of the Housing Options information & advice service; and bespoke services such as Mental Health Drug and Alcohol Housing Practitioner.

TABLE 10: Homelessness 2020/21 to 2023/24

Argyll and Bute - Homelessness	2020/21	2021/22	2022/23	2023/24
Number of Homeless Applications	416	398	512	492
Average time to rehouse homeless applicants	39 weeks	34 weeks	33 weeks	31 weeks
Number of Prevention & Advice - Housing Options Cases	1,051	1,196	1,123	1,135

TABLE 11: Rough Sleeping 2020/21 – 2023/24

Argyll and Bute - Rough Sleeping	2020/21	2021/22	2022/23	2023/24
% slept rough night before application	6%	4%	5%	7%
% slept rough within last 3 months of application	10%	7%	7%	11%

As at June 2024, 219 statutory homeless households were waiting for permanent accommodation, 68% of these required a one-bedroom property, with 44% of these in Lorn and Lomond areas.

To reduce the instance of homelessness and rough sleeping, there is an ongoing requirement to maintain an adequate supply of suitable temporary and permanent accommodation.

4.9 Domestic Abuse

Domestic abuse can cause serious short and long-term physical and mental health problems. As well as the victims, it can affect children’s health and well-being. It can lead to high social and economic costs for households and their families.

A key action of Local Housing Strategy is that the housing sector enables an effective response to meeting the needs of those experiencing domestic abuse. Argyll and Bute Council are one of over 400 Organisations who have signed up to the [‘Make a Stand pledge’](#), which was developed by the Chartered Institute of Housing in partnership with Women’s Aid and the Domestic Abuse Housing Alliance. The pledge encourages housing organisations to make a commitment to support people experiencing domestic abuse. The Councils Housing staff work closely with Women’s Aid who play a vital role coordinating, influencing and campaigning for effective responses to domestic abuse and supporting those subjected to domestic abuse.

The number of households applying on the common housing register due to domestic abuse has significantly reduced over the last four years, although those presenting as homeless as remained relatively static.

TABLE 12: Domestic Abuse Applications

Argyll and Bute – Domestic Abuse	2020/21	2021/22	2022/23	2023/24
Number of Common Housing Register Applications	128	100	104	61
Number of Homeless Cases	35	25	28	32

4.10 Housing Support

Housing support helps vulnerable people or those at risk of losing their homes, with support tailored to meet the specific needs of the individual. The Housing Support Service aims to assist people to sustain their tenancies and prevent homelessness; support homeless clients to prepare for the allocation of a permanent home; provide quality services and work with internal and external partners to ensure Best Value; and promote independent living.

Due to the high demand for support, the 'Prioritisation of Need Framework' is applied to prioritise those who are homeless or threatened with homelessness for support.

During 2023/24, there were **299** new referrals received and 248 were onward referrals. At the end of March 2024 there were **187** households in receipt of tenancy support, **38** (20%) households were statutory homeless. There were 288 departures from support during 2023/24 - **224 (78%)** were planned departures and 64 unplanned departures.

5 Housing Contribution Statement (HCS) 2022/23 – 2024/25 Progress

5.1 The previous HCS set out a number of joint strategic actions. Overall, progress against the key aspects of the HCS are positive despite the impact of the pandemic on delivery of services particularly in year one of the strategic plan.

✓ **Governance**

Senior Council Housing Officers and representative Registered Social Landlord Chief Executives continue to participate in the HSCP Strategic Planning Group; and senior management from the HSCP attend the Argyll & Bute Strategic Housing Forum.

✓ **Shared Evidence Base**

Following the 2018 Joint Housing, Health & Care Needs Assessment, the revised HNDA 2021 includes dedicated research and engagement with wheelchair users, Gypsy/Travellers; Armed Forces veterans; Learning Disabled and others with particular housing & support needs. Joint working with the Council funded Housing Occupational Therapist (OT) has also improved data analysis for these groups.

✓ **Shared Outcomes & Priorities**

A full review of the Health Impact Assessment for the new LHS in 2021 helped to identify a number of service priorities across the partnership.

■ **Future Challenges & Improvements Required**

Key issues previously identified remain priorities: delivering appropriate services & solutions in the remote rural & island context; agreeing specific project objectives, such as delivering effective range of housing/ care models in local areas; tackling health-related issues for key clients such as homeless; and improving adaptations services across all tenures.

■ **Resources & Investment**

While progress has been made over last 3 years, with housing investment in support of HSCP plans being clearly identified, this on-going work stream will continue in respect of specifying where future investment will come from.

✓ **Monitoring & Evaluation**

Positive progress has again been made; the SMART action plan for our HCS that was developed as part of the HNDA/LHS planning process with HSCP colleagues and following wide consultation with stakeholders. Table 13 provides an overview on progress on these actions with details on how these have been measured.

Table 13: HCS Progress/Outputs 2022/23 – 2024/25* up to December 2024

<p>Action 1: Using evidenced based need and demand to identify specialist-housing requirements early in the development of the SHIP</p>	<p>The Argyll & Bute Housing Need & Demand Assessment (HNDA) was approved as “robust and credible” by the CHMA in 2021, with specific positive commendation for the section on Specialist Provision & particular needs.</p>
<p>Action 2: Early engagement with health and social care partners in the planning for the SHIP to help inform practical design issues</p>	<p>Permanent Housing Occupational Therapist (OT) post, fully funded by Housing Services has continued to enhance planning processes and engagement across the sectors. A good practice example in 2023 was the involvement of the Housing OT in the development of four new houses in Dunoon, designed to meet bespoke needs of the households.</p>
<p>Action 3: A more coordinated approach across housing, health and social care to address homelessness</p>	<p>A key outcome of the Rapid Rehousing Plan was the appointment of a Mental Health Drug and Alcohol Housing Practitioner, to ensure closer engagement for housing cases, particularly those with complex and/or multiple health issues. The number of cases referred for support during:</p> <ul style="list-style-type: none"> • 2022/23 = 56 referrals • 2023/24 = 55 referrals • 2024/25 (up to Dec 2024) = 21 referrals
<p>Action 4: Ensuring housing improvements and home energy efficiency programmes are targeted at the most vulnerable and fuel poor households.</p>	<p>The Home Energy Efficiency Programme Scotland: Area Based Scheme delivered improvement measures to homes with grant aid:</p> <ul style="list-style-type: none"> • 2022/23 = Works to 288 properties with 438 measures installed to value of £2,312,059. • 2023/24 = Works to 236 properties with 361 measures installed to value of £1,775,533 • 2024/25 (up to Dec 2024)= Works to 110 properties with 141 measures installed to value of £890,208
<p>Action 5: Ensuring allocation policies and access to social rented housing does not present barriers to those with particular needs</p>	<p>The number of households securing RSL (HOMEArgyll) tenancies and % of those that were to specialist housing/ households with disabilities or health conditions.</p> <ul style="list-style-type: none"> • 2022/23 = 811 which 9.7% (79) were specialist • 2023/24 = 763 which 13% (101) were specialist • 2024/25 (up to Dec 2024)= 524 which 8.6% (45) were specialist

<p>Action 6: Increasing the supply of suitable affordable housing across an appropriate range of models and types and tenure, as appropriate, to meet local need and reverse population decline</p>	<p>The SHIP delivered affordable new build homes with agreed minimum of 10% being specialist units (wheelchair, amenity, specially adapted). In addition, a number of privately owned empty homes have been brought back into effective use, including project to bring homes back into use specifically for HSCP staff.</p> <p><u>New supply via SHIP:</u></p> <ul style="list-style-type: none"> • 2022/23 = 180 (36 specialist – 20%) • 2023/24 = 70 (19 specialist – 27%) • 2024/25 (up to Dec 2024) = 38 (12 specialist – 31.5%) <p><u>Empty Homes back into use:</u></p> <ul style="list-style-type: none"> • 2022/23 = 41 • 2023/24 = 31 + 2 via project for HSCP staff use • 2024/25 (up to Dec 2024) = 21
<p>Action 7: Ensuring housing services help to tackle & eradicate health inequalities; and address disadvantaged individuals and communities</p>	<p>In 2021, Health Impact Assessment completed for new LHS along with positive assessments for Equalities & Socio-Economic impact, Child Rights & Well-being, and Islands Communities.</p> <ul style="list-style-type: none"> • 2022/23 = 62 Private and 243 RSL Adaptations • 2023/24 = 67 Private / 235 RSL Adaptations • 2024/25 (up to Dec 2024) = 53 Private / 285 RSL Adaptations

6.0 Joint Strategic Needs Assessment – Current & Future Needs Housing Contribution 2025/26 - 2030/31

6.1 The co-produced 2024 Joint Strategic Needs Assessment (JSNA takes into account the current and future health needs of our population. The JSNA identified priorities generally remain relevant to those in the last HCS. The core outcomes that housing can directly contribute too during 2025/26 – 2030/31 are summarised:

2024 Joint Strategic Needs Assessment – Current & Future Needs	
Composition of current population	Housing contribution
<p>A decreasing population together with a decrease in the working age population will likely lead to a need for attracting workforce to Argyll and Bute. Programmes to make coming to and staying in Argyll and Bute attractive need to consider access to education, healthcare and housing.</p>	<ul style="list-style-type: none"> • Local Housing Strategy & Housing Emergency Actions • Rural Growth Deal • HSCP Empty Homes Project • Strategic Housing Investment Plan - RSL and Community projects
<p>Adapting health and social care services to the needs of an ageing population in Argyll and Bute. It is likely that an increasing amount of carers will be needed as well as services for people with frailty, dementia and Alzheimer’s disease, long-term conditions and multimorbidity, as these conditions are more common in older age groups.</p>	<ul style="list-style-type: none"> • Housing for HSCP / care staff via Allocations, • HSCP Empty Homes Project • Strategic Housing Investment Plan and Community projects
<p>Levels of deprivation differ between areas in Argyll and Bute. This inequality needs to be addressed as deprivation is linked to adverse health outcomes in the population.</p>	<ul style="list-style-type: none"> • Income maximisation • Energy Efficiency funding

Increasing need to address child poverty, with consideration to the high percentage of the population under 18 years of age living in very remote and rural areas. Poverty is a severe disadvantage that heightens the risk for those experiencing it to also fall harm to other disadvantages such as homelessness or mental ill health. To prevent this early intervention and support is needed.	<ul style="list-style-type: none"> • Income maximisation • Energy Efficiency funding • Prevention of homelessness - advice & information
Health and wellbeing of our children and young people	Housing contribution
The percentage of children with healthy weight in Primary 1 lies significantly under the Scottish average. Healthy weight has been shown to be linked with income deprivation and can be seen as a proxy indicator for deprivation. Healthy weight is one of Scotland's public health priorities [12] and acknowledged as a complex challenge that requires a whole system approach to address.	<ul style="list-style-type: none"> • Income maximisation • Energy Efficiency funding
High percentage of children with care experience with known disabilities in Argyll and Bute compared to the Scottish average highlights need for prepared services that can support placement and children	<ul style="list-style-type: none"> • Adaptations
Health and wellbeing of our adult population	Housing contribution
The stalling in both male and female life expectancy at birth points to underlying problems for the population's health. Austerity politics have been described as a likely important influencing factor for stalling in life expectancy. Those living in deprived areas are more affected. The problem is more pronounced in the male than in the female population. Measures to address health inequalities are needed. This includes measures to address income deprivation, e.g. income maximisation, debt advice, and signposting to support options.	<ul style="list-style-type: none"> • Income maximisation • Energy Efficiency funding • Housing Support
A stalling decline of early death rates from cancer and coronary heart disease illustrate a need to counter this trend. A further investigation could help identify and address the highest access barriers along the path of prevention, early detection and treatment. Solutions need to address the inequalities of this health outcome, with the population in income deprived areas facing a higher burden.	<ul style="list-style-type: none"> • Income maximisation • Energy Efficiency funding
Ongoing need to offer support and services to prevent and treat drug misuse and dependency. People facing disadvantages like substance use have a higher risk to experience additional disadvantages, such as homelessness, offending, mental ill health or violence. To support people and prevent one disadvantage leading to more an integrated multi-service support is needed [23].	<ul style="list-style-type: none"> • Mental Health & Addictions Officer • Housing Support • Homeless Prevention
What do we know about the life circumstances of our population?	Housing contribution
The Scottish Government recognises that the cost of living can be 15% to 30% higher in remote rural parts of Scotland than in urban parts of the UK due to higher transport, food and heating costs in these areas. This can make the rise of cost of living more acute in these areas [20]. The lower gross median weekly pay for a full-time worker in Argyll and Bute compared to the Scottish and UK average might highlight a risk for the population to be acutely impacted by the rise of the cost of living and highlight the need for support, e.g. advice on income maximisation, debt advice, and signposting to support options.	<ul style="list-style-type: none"> • Income maximisation • Energy Efficiency funding
Community Justice in Argyll and Bute	Housing contribution
The need for accessible support for victims of domestic abuse with consideration for the remote and rural structure of Argyll and Bute that highlights transport as an accessibility issue	<ul style="list-style-type: none"> • Women's Aid • Housing Support • RSL Allocations Policy • Homeless Advice

What our population says about their needs	Housing contribution
People experiencing poverty, people affected by substance use, and people living in neighbourhoods experiencing deprivation face inequalities that services need to be aware of and address. People facing disadvantages like substance use or poverty are at a higher risk of additional disadvantages, such as violence, offending or homelessness. Addressing and preventing these multiple, severe disadvantages requires an integrated multi-service support.	<ul style="list-style-type: none"> • Income maximisation • Energy Efficiency funding • Mental Health & Addictions Officer • Housing Support • Homeless Prevention
Access to mental health services and integration with other services. This need was also highlighted by the Hard Edges Scotland report on severe, multiple disadvantages.	<ul style="list-style-type: none"> • Mental Health & Addictions Officer • Housing Support • Homeless Prevention
What do we know about the effect of severe and multiple disadvantages (SMD) in our population	Housing contribution
Furthering the existing linkages between services to address SMD and exploring which further connections are needed to provide effective support for people affected by SMD.	<ul style="list-style-type: none"> • Partnership working • Income maximisation • Energy Efficiency funding
Establishing and improving the data landscape illustrating the intersectionality in disadvantages faced by service users to monitor local needs.	<ul style="list-style-type: none"> • Partnership working • Monitoring
Making support services accessible to a rural population, which includes considering ways to mitigate the hurdle of traveling costs.	<ul style="list-style-type: none"> • Range of accessible options including virtual meetings
What do we know about people caring and being cared for	Housing contribution
The increase in the rate of people receiving social work and social care support suggest an ongoing need for services, especially social workers as the most accessed form of support.	<ul style="list-style-type: none"> • Housing for HSCP / care staff via Allocations, • HSCP Empty Homes Project
Dementia as a key health characteristic for long-stay adult care home residents, which indicates the need for dementia informed support in care homes and the need for support and services to allow people with dementia to receive Care at Home as long as possible if they so wish.	<ul style="list-style-type: none"> • TEC support
In the last two years the work of Carer Centres has been intensively promoted both in the community and within the HSCP Argyll and Bute. This raise in awareness is the likely cause for the rise in the number of registered unpaid carers with carer centres seen throughout Argyll and Bute. Considering the aging population of Argyll and Bute, which will likely increase the number of people with care needs, it is likely that the need for support of unpaid carers will continue to increase.	<ul style="list-style-type: none"> • TEC support • Housing Support
What do we know about health and social care workforce	Housing contribution
A need to protect the HSCP workforce against stress and fatigue related mental ill health and support those experiencing burnout. With high number of vacancies especially in NHS nursing positions, high sickness absence rates can put additional stress on the workforce. This is especially true in winter months	<ul style="list-style-type: none"> • Housing for HSCP / care staff via Allocations, • HSCP Empty Homes Project
What do we know about housing?	Housing contribution
In June 2023 the Argyll and Bute council was the first local authority in Scotland to declare a housing emergency. To meet the need of affordable housing partners, stakeholders, investors and communities will need to work together. In the process it is important to consider specific housing needs including wheelchair accessible housing, that is currently not equally accessible in all HMAs.	<ul style="list-style-type: none"> • Housing Emergency Action Plan to be integrated into next Local Housing Strategy

An ongoing need for fast processing times, to keep time in temporary accommodation low.	<ul style="list-style-type: none"> • Partnership working with RSLs to improve access to permanent housing
People facing disadvantages like homelessness have a higher risk to experience additional disadvantages, such as substance use, offending, mental ill health or violence. To support people experiencing multiple disadvantages or to prevent one disadvantage leading to more an integrated multi-service support is needed.	<ul style="list-style-type: none"> • Advice & Assistance • Housing Support • Homeless Prevention • Income maximisation

7.0 Housing-related Challenges and Service Improvements required

7.1 In delivering an effective, balanced housing system in Argyll and Bute there are a number of remaining and emerging challenges, which affect the housing contribution to health and well-being objectives.

7.2 Improving strategic and operational structures and partnerships

While there has been productive progress over the last three years towards a more streamlined and efficient approach to service planning and delivery, continued focused improvement in respect of effective linkages, and joint working processes across the housing health and social work sectors remains critical.

- Ongoing partnership working, particularly via the Strategic Housing Forum and dedicated Housing Occupational Therapist post has helped consolidate the housing partners approach to engagement with HSCP. There is a need to share good practice examples and lessons learned from projects to drive enhanced delivery of new developments and remodelling of properties to meet particular needs.
- Housing Services will ensure regular reports on the LHS and SHIP, amongst other performance updates, are shared with the local and central groups within the HSCP. Including dissemination to the Strategic Housing Forum and published on the Council website.

7.3 Addressing the key drivers of the local housing system

The wider factors that define and drive the local housing market mainly remain unchanged since the previous Housing Contribution Statement. These also reflect the main challenges for health and social care as outlined in current strategic plans i.e. the continuing demographic trends leading to a significant decline in the local population combined with a significant growth in older persons; a fragile economic structure exacerbating affordability issues; and the dispersed rural geography, which impedes service co-ordination and delivery. Taking into account these factors, it is worth reiterating the reciprocal and mutual benefits of joint working i.e. the important contribution that health and social care can make in turn to housing.

- Housing services and associated partners will aim to maximise the impact of available resources and tackle deprivation amongst the most vulnerable. This will be undertaken through a range of co-ordinated

activities and functions; early interventions; and supporting the retention of key workers for health and care services across all communities, by improving access to, and supply of, suitable affordable accommodation.

7.4 Aligning and synchronising service delivery and needs assessments

Problems can arise at an operational level within both housing and health and social care when trying to co-ordinate access to suitable accommodation with the provision of appropriate support packages.

Delays can sometimes occur during either part of the process, and an on-going concerted effort to promote early intervention, awareness, and better understanding of the relevant allocation and needs assessment processes is required.

- Continue to enhance the positive approach that has been set-up with the Housing OT co-ordinating individual case reviews with area officer groups from Council and RSLs to meet identified local needs.

7.5 Addressing inequalities in the delivery of adaptations

The provision of private sector adaptations is a delegated housing function set out in Scheme of Assistance. While adaptations for the RSL sector remains separate and are funded by Scottish Government. The different approaches can lead to inequality and means that funding can be constrained dependent on a household's tenure. Budget constraints for RSL adaptations remain a persistent issue and partners are closely monitoring this. Early notification of adaptation requirements will help to improve and streamline the process. However, a national strategy for a tenure-blind approach would help further to address these inequalities.

- A quarterly Adaptations Working Group has been established which Chief Executives of Registered Social Landlords and key HSCP staff attend. This working group is pro-actively looking to share what they are doing on adaptations; share best practice; share organisational spend/plans; collectively gather together a wider Argyll & Bute adaptations view; and develop Argyll & Bute wide approaches. The delivery plan of Working Group will help the work towards a more balanced approach.

7.6 Tackling stock condition, fuel poverty and energy efficiency

Apart from the basic imbalances in housing supply and demand in Argyll and Bute, a key challenge is to address the levels of disrepair and inefficient housing stock that can have a negative impact on the health and well-being of individuals and the wider community. In general, we have higher than average incidences of poor condition homes and fuel poverty and this is a key priority for the LHS and is an important consideration for the HSCP.

- We need to ensure we continually provide support, advice, and assistance to homeowners, landlords and tenants to improve stock condition and energy efficiency of homes;

- Targeting home energy programmes effectively will help to alleviate fuel poverty;
- Promote and sign-post to income maximisation Services for vulnerable households;
- Enhance monitoring frameworks in respect of those of at risk of vulnerability, child, and fuel poverty. Including participation from all relevant partners in Financial Inclusion & Advice.

8.0 Resourcing the Housing Contribution

8.1 This section sets out how the key housing elements that contribute to the 2024 JSNA outcomes are resourced.

8.2 Adaptations. The provision of private sector adaptations makes a direct financial contribution to the outcomes of the health and social care partnership. Mandatory and discretionary disabled private sector grants are funded from the Council's Private Sector Housing Grant (PSHG), administered by the Council in partnership with the Occupational Therapist Service, and Argyll & Bute Care & Repair.

The PSHG expenditure for private sector adaptations (disabled grants) amounted to £342k in 2022/23 and £371k in 2023/24. This has increased during Q1-Q3 of 2023/24 with current spend at £436k. Applying one standard Social Return on Investment multiplier effect per £ invested in adaptations¹ (which suggests £5.50-£6 is generated for every £1 invested) this could equate to actual investment benefits for Health & Social Care of circa £6.3m over these years alone. Future levels of PSHG are unconfirmed at this point, but the Council is cautiously working on the assumption that annual budget allocations will be roughly similar to the current figure.

The Scottish Government funds adaptations for Housing Association properties separately, this is known as Stage 3 funding. In 2022/23-2023/24, investment from this source for Registered Social Landlords amounted to over £1.2m, which enabled around 478 RSL homes to be adapted over that period.

8.3 Affordable new build housing supply

The delivery of new build affordable housing is directed via the Strategic Housing Investment Plan (SHIP), which are funded from range sources including:

- Scottish Government's Affordable Housing Supply Programme (AHSP)
- Argyll & Bute Council's Strategic Housing Fund (SHF)
- RSL private borrowing

¹ Measuring the Social Return on Investment of Stage 3 Adaptations and Very Sheltered Housing in Scotland, Envoy Partnership (commissioned by Bield, Hanover & Trust), 2011

The Scottish Government have not yet agreed the Resource Planning Assumption (RPA) for future years of the SHIP programme. The Council is working on an estimated RPA for the years 2025/26 to 2027/28 as a percentage of 2024/25 RPA levels of 80%/60%/40% based on programme management advice.

TABLE 14: Resource Planning Assumptions (RPA) 2025/26 – 2027/28

Argyll & Bute	2025/26	2026/27	2027/28	3 Year Total
RPA	£11.2m	£8.4m	£5.6m	£25.2m

The current benchmark figure for grant assistance per RSL unit in remote and rural Argyll is £117,222 (with additional benchmark allowances for quality measures such as meeting energy efficiency standards; provision of balconies in flatted properties; space for home working or study; and ensuring properties are fully digitally-enabled at point of occupancy). All new builds are currently required to meet Houses for Varying Needs standards as a minimum, and should be suitable to meet the changing needs of individuals over time. The 2024 SHIP aims to deliver around 533 new affordable homes over the three-year planning period of this HCS up to 2028. At least 53 (10%) should be designated as specialist provision, and within that around 26 (i.e. 5% of the SHIP total for that period) should be for purpose designed wheelchair accommodation (the actual number delivered will reflect identified needs).

Currently the Council provides supplementary grant assistance of £12k per new build unit and average accruals to the Strategic Housing Fund (SHF) amount to around £2m per annum. The SHF also contributes to a number of other housing functions including bringing private empty homes back into use, acquisitions and staff resources.

8.4 Investment in existing stock

Investment in the existing housing stock to improve conditions, including energy efficiency measures, is substantial and has increased in recent years. The Scottish Government provides funding to local authorities to deliver the Energy Efficiency Scotland: Area Based Scheme (EES:ABS) which offers grant funding to households to install a range of energy efficiency measures. Spend for 2022/23 was £2.312m, and for 2023/24, it amounted to £1.775m. It is anticipated that a similar spend will be achieved in 2023/24 year and that a similar or enhanced level of investment will be required in the coming years.

The social rented sector are required to meet national housing quality and energy efficiency standards which entails significant programmes of work and levels of investment, all of which, again, will contribute towards overarching health and social care outcomes and objectives. The main RSLs in Argyll and Bute continue to invest in stock and energy efficiency improvements with the majority of existing stock meeting the Energy Efficiency Standard for Social Housing (ESSH1), with further investment over the period of this plan to achieve ESSH2.

8.5 Maximising household income

The council's Welfare Rights Team continues to liaise with the Housing Service, and are closely linked with the delivery of key objectives in the LHS and HCS. They provide advice and support on welfare entitlements to clients in all tenures across Argyll and Bute. The team also provides support and advocacy for clients, including representation at Tribunal appeals. Primarily the Council funds the team with additional funding from Macmillan Cancer Support for a dedicated post, and the Scottish Government to support welfare advice sessions in some GP surgeries. In 2022/23 and 2023/24, the team helped to support local residents to claim over **£8.758m** in benefits to which they were entitled, and it is envisaged that similar income maximisation results will be generated in future years. In addition to Council Welfare Rights Team, Registered Social Landlords and Citizens Advice Bureau also provide services to assist households to maximise their income.

8.6 Other housing functions

Additional financial investment from the housing sector, which contributes to the HSCP outcomes, includes range services. Care & Repair budgets (funded from PSHG); discretionary repair and improvement grants; empty homes grants and support (funded from Strategic Housing Fund); tenancy support services (focusing on tenancy and home sustainment as opposed to personal care type support); homeless services; and housing options/information and advice provision. These services will all provide positive returns for the health and social care partnership and have a preventative impact on their budgets further down the line.

8.7 Resources summary

The key resources outlined above are summarised in the following table:

TABLE 15: Key Funding Resources Summary

Funding Source	Housing Function	Investment / Contribution 2025/26 – 2027/28
Affordable Housing Investment Programme (Scottish Government)	Affordable new build homes / Acquisitions	£25.2m (estimated)
Strategic Housing Fund (Argyll & Bute Council)	New build, acquisitions & empty homes	£6m (estimated)
RSL Private Finance	New build homes	£33m (estimated)
Private Sector Housing Grant (Argyll & Bute Council)	Private sector adaptations; Care & Repair; Improvement grants	£1.8m (estimated)
Energy Efficiency Scotland: Area Based Scheme (EES:ABS) (Scottish Government)	Home energy efficiency measures	£3m (estimated)
Stage 3 Adaptations (Scottish Government)	RSL adaptations	£2m (estimated)
RSL EESSH investment	RSL stock condition / energy efficiency	Tbc – varies each year

Housing OT post (Argyll & Bute Council)	Permanent Post	£180k (estimated)
Mental Health Drug and Alcohol Housing Practitioner (Argyll & Bute RRTP funding)	Temporary Post until March 2026	£60k (estimated 25/26 funding only)
Welfare Rights Assistance Advice & Support	Maximising household income	£8m (estimated client income)
Empty Homes HSCP post – 2 year HSCP/Shelter Scotland funded project	Housing for HSCP staff	Project currently funded to 2025

9.0 Conclusion

9.1 The fundamental principles outlined in the previous Housing Contribution Statement are still relevant, looking forward over the next three years. The integration agenda presents potential opportunities to maximise effective joint working particularly to apply housing resources directly and indirectly to prevent costly health and care interventions.

Conversely, the cost benefits of a reciprocal Health Contribution to support housing sector activity is mutually beneficial for all partners. This will require focused, on- going dialogue between the Strategic Housing Forum, partners and the HSCP, with a view to forging even closer linkages between the LHS, SHIP and the Joint Strategic Plan. As part of the formal monitoring and review process for the LHS, specific outcomes, milestones, timescales, indicators and targets in respect of housing's contribution to health and social care will be subject to -

- Appraisal by Scottish Government/peer review;
- Scrutiny by the Scottish Housing Regulator;
- Regular progress reporting, including annual updates, to the Strategic Housing Forum, Elected Members, individual organisation boards, Community Planning partners, and general stakeholders;
- Formal reports on specific outcomes to wider thematic partnerships including the HSCP on a regular basis.

The ethos and principles of the Housing Sector are clearly aligned with that of the HSCP. With a strong focus on preventative policies; home and person- centered services; a holistic approach to strategic planning; a fundamental commitment to reducing and eradicating inequalities; and pursuing efficiency and cost effectiveness.

In summary, this contribution statement has highlighted the key role that the housing sector will have in joint planning, commissioning and delivery of services as well as influencing investment decisions to support the Joint Strategic Plan's outcomes and objectives. There are crucial links between the LHS and the Strategic Plan; the HNDA and JSNA; homelessness, tenancy support, fuel poverty, energy efficiency and adaptations services and the strategic plan and HSCP services; and the Strategic Housing Forum and HSCP/Integration Authority structures.

The Housing Sector in Argyll and Bute continues to welcome this opportunity to strengthen these connections and to improve the alignment of strategic planning; focusing on common outcomes, with a view to prevention; increased supply of suitable housing options; and, in addition, to support and promote partnership and community capacity building.

Appendix 1 – Types of Registered Social Landlord (RSL) Specialist Accommodation

The social rented sector (RSL provision) in Argyll and Bute includes the following specialist accommodation suitable for persons with particular health or care needs.

Accessible and Adapted Housing: includes -

- Amenity Housing for older or disabled persons – design is based on the standards of general needs housing with some additional features shared with sheltered housing but there is no warden;
- Ambulant Disabled Housing – consists of dwellings for people with disabilities who are not confined to wheelchairs. Built or adapted to general needs housing standards but has level or ramped approach, WC and bathroom at entrance level and other special features;
- Medium Dependency accommodation;
- Mainstream/General Needs accommodation which may have been adapted;
- Other Specially Adapted Housing – homes with other adaptations, such as bespoke designs for those with complex needs.

Wheelchair Housing

- Dwellings for people confined to wheelchairs. Built or adapted to give extra floor space, and special bathroom, kitchen and other features;
- Sheltered wheelchair housing – design is adapted to wheelchair standards but also has the features listed below for sheltered housing. It is for elderly people confined to wheelchairs, rather than for other such disabled people.

Supported Provision: includes-

- Sheltered Housing. The design is based on the standards for general needs housing with additional features of amenity housing. A warden service may be provided and an emergency call service should be provided;
- Very Sheltered Housing. This form of housing (sometimes known as “care” and “extra care” housing) generally has all the features listed for sheltered housing, but will usually have special bathroom facilities. In addition, a greater level of care and support is offered through the service of wardens, full-time carers or domiciliary assistance;
- Retirement Housing.