

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board

Date: Wednesday, 20 February 2019

Time: 14:00

Venue: Council Chamber, Clydebank Town Hall, Clydebank

Contact: Nuala Quinn-Ross, Committee Officer
Tel: 01389 737210 Email: nuala.quinn-ross@west-dunbarton.gov.uk

Dear Member

ITEMS TO FOLLOW

I refer to the agenda for the above meeting which was issued on 7 February 2019 and enclose a copy of the undernoted items which were not available for issue at that time.

Yours faithfully

BETH CULSHAW

Chief Officer of the
Health & Social Care Partnership

Note referred to:-

6 2019/20 ANNUAL BUDGET SETTING UPDATE 207 - 236

Submit report by the Chief Financial Officer providing an update on the 2019/20 Annual Budget Setting progress and interim funding assumptions by our partner organisations.

**7 STRATEGIC COMMISSIONING PLAN 2019 – 2022 237 - 306
(Appendix)**

Submit Appendix to the report (*previously issued*) by the Interim Head of Strategy, Planning & Health presenting a consultation draft of the Strategic Commissioning Plan 2019 – 2022.

**9 PROGRESS ON THE WEST DUNBARTONSHIRE HOUSING 307 - 351
CONTRIBUTION STATEMENT AND HOME AT THE HEART
WEST DUNBARTONSHIRE COUNCIL'S RAPID REHOUSING
TRANSITION PLAN**

- (a) Submit report by the Housing Strategy Manager providing an update on the joint working between West Dunbartonshire Health and Social Care Partnership and West Dunbartonshire Council Housing Services in delivering agreed outcomes; and
- (b) a presentation will be given by the Strategic Lead, Housing and Employability on the above.

Distribution:-

Voting Members

Allan Macleod (Chair)
Denis Agnew
Marie McNair
John Mooney
Rona Sweeney
Audrey Thompson

Non-Voting Members

Barbara Barnes
Beth Culshaw
Wilma Hepburn
Carron O'Byrne
Chris Jones
John Kerr
Neil Mackay
Diana McCrone
Anne MacDougall
Kim McNabb
Janice Miller
Peter O'Neill
Selina Ross
Julie Slavin
Alison Wilding

Senior Management Team – Health & Social Care Partnership

Date of issue: 15 February 2019

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**20 February 2019**

Subject: 2019/20 Annual Budget Setting Update**1. Purpose**

- 1.1** To provide the Health and Social Care Partnership Board with the latest position for the 2019/20 budget.

2. Recommendations

- 2.1** The HSCP Board is recommended to:

- Note the 2019/20 budget update in relation to our partner bodies indicative budget offers.

3. Background

- 3.1** This report is a continuation of the regular budget setting progress reports and provides an update on the latest information on 2019/20 revenue budget implications following the Scottish Government's indicative budget settlement offers to local authorities and health boards on 12 December 2018. Further updated on 31 January 2019, and the consequent implications for funding to Integration Authorities.
- 3.2** The draft budget settlements follow on from the Scottish Government's Medium Term Health and Social Care Financial Framework, published in October 2018 and presented to the November HSCP Board. The main messages being that the drivers for growth are: pay and price (including prescribing) inflation, activity demand and demographic impact. The impact being, estimated annual growth rate of 3.5% in health services and 4% in social care services.
- 3.3** The differing budget setting processes and funding settlement parameters of local authorities and health boards are well documented and have been a contributing factor in the difficulties experienced by the HSCP Board in setting its budget before the start of financial year.

4. 2019/20 Budget Setting Update

- 4.1** The Scottish Government announced details of their 2019/20 finance settlements on the 12 December 2018 and are appended to this report:

- Appendix 1 – Letter from the Cabinet Secretary for Finance, Economy and Fair Work sets out the details of the local government finance settlement for 2019/20; and
- Appendix 2 - Letter from the Director of Health Finance, Corporate Governance and Value Scottish Government sets out the details of the 2019/20 indicative budget allocation for Health Boards.

4.2 The Scottish Government's budget process has now progressed through stages 1 and 2 on 31 January and 6 February 2019 respectively. The debate around funding levels and concerns from COSLA over the “directions” relating to additional investment to Integration Authorities resulted in an additional letter being issued on 31 January with the message of *“increased funding and flexibility for the “core” local government settlement”*.

- Appendix 3 - Letter from the Cabinet Secretary for Finance, Economy and Fair Work to COSLA President.

4.3 The main messages from each of these letters and their impact on Health and Social Care funding are covered in more detail below.

4.4 Social Care

4.5 The key funding messages from the 12 December letter (Appendix 1) are:

- £40 million to support the expansion of Free Personal and Nursing Care for under 65s (FPNC U65s) and implementation of the Carers Act; and
- £120 million to be transferred from the health portfolio to local authorities' in-year for investment in integration, including the delivery of the Living Wage and uprating free personal care, and includes £12 million for school counselling services.

4.6 The Cabinet Secretary also states:

*“The total additional funding of £160 million allocated to Health and Social Care and Mental Health is to be additional to each Council's 2018/19 recurrent spending on social care and not substitutional. It means that, when taken together, Local Authority social care budgets for allocation to Integrated Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services **must be £160 million greater than 2018/19 recurrent budgets.**”*

4.7 Finance Circular 8/2018 provided details on the distribution levels of the majority of the funding. The £40 million is split; £30 million for FPNC u65s (not yet distributed) and £10 million for the Carers Act. Of the £120 million, £108 million is included in the circular with the £12 million for school counselling yet to be distributed. Summarised in Table 1 below:

Table 1: Additional Investment in Health & Social Care 2019/20

Funding	Scotland £m	WDC confirmed or <i>anticipated</i> £m	Distribution info
Free Personal & Nursing Care Under 65s	30	<i>0.540</i>	Not yet distributed based on 1.8%
Carers Act	10	0.177	Circular share is 1.77%
Investment in Integration (including SLW increase)	108	1.907	Circular share is 1.77%
School Counselling and School Nurses	12	<i>0.216</i>	Not yet distributed based on 1.8%
TOTAL	160	<i>2.840</i>	<i>Total anticipated funding</i>

- 4.8** The Strategic Lead – Resources presented a “Budget Update 2019/20 - Briefing Note” (Appendix 4) at the West Dunbartonshire Council Meeting of 19 December 2018. This briefing note set out the funding, and the interpretation, of the information provided in sections 4.5 to 4.7 above, as well as updating elected members that the actual reduction in the draft settlement to WDC was equivalent to 2.59% and not the 1.5% anticipated in the refreshed Long Term Financial Strategy in November.
- 4.9** The budget update report to the 12 December HSCP Audit Committee highlighted that the 1.5% assumption had a positive impact of potentially reducing the original £1.560m savings target by £0.613m. However based on the December settlement the Strategic Lead – Resources calculated that if the HSCP was to take a share of the impact of the reduced settlement this would add £0.688m to the 2019/20 savings target, taking it to £1.635m.
- 4.10** However even with the increase to the savings target the briefing note highlights that the indicative adjusted 2019/20 budget allocation (including funding for pay award to 3%) complies with the Scottish Government narrative laid out in section 4.6 above and is £0.477m in excess of the required funding rule.
- 4.11** As stated in section 4.2 above, COSLA had requested further clarity from the Scottish Government on the 2019/20 funding settlement, and a further letter was issued by Finance Secretary on 31 January 2019. The key changes from this letter (Appendix 3) are:
- £90 million increase in the 2019/20 local government settlement;

- Provide local authorities with the flexibility to increase the Council Tax by 3% in real terms, which equates to 4.79%; and
 - Continue to provide an earmarked £160 million from the Scottish Government for health and social care investment to support social care and mental health services – including those under the direction of Integrated Authorities – whilst, as part of this package, allowing local authorities the flexibility **to offset their adult social care allocations to Integration Authorities in 2019/20 by 2.2% compared to 2018/19, i.e. by up to £50 million** across all local authorities to help them manage their own budgets.
- 4.12** The Council's Strategic Lead – Resources has reflected these changes in the WDC Budget Update and Council Tax Setting 2019/20 Report presented to elected members at the 14 February Council meeting as follows:
- Share of £90m for 2019/20 settlement is £1.576m;
 - Change to funding rules between Councils and HSCPs **would allow the Council to reduce the level of funding to HSCP by £0.850m** (based on 1.7% of £50m), this figure replacing the figure provided to Council in December 2018 of £0.477m; and
 - The potential change to Council Tax from 3% increase to a 4.79% real terms increase would generate an additional £0.600m.
- 4.13** The elected members will consider the impact on the projected funding gaps for 2019/20 to 2021/22, together with further management adjustments and a range of budget savings options to reduce the gap. The final 2019/20 to 2020/21 budget setting meeting will take place on 27 March, which will include a confirmed funding offer to the HSCP Board.
- 4.14** Until a definitive offer is approved at this meeting, this budget update report is based on the indicative 2019/20 funding allocation of £67.520 million, as set out to 19 December Council. At this level the social care budget allocation falls significantly short of the required position for the 2019/20 social care budget of £69.330 million, resulting in an indicative budget gap of £1.810m, see Appendix 5.
- 4.15** The HSCP Board through previous budget update reports and the 12 November 2018 member's session have had the opportunity to discuss the variety of draft savings options and management adjustments prepared by the HSCP Management Team in response to the 5% budget reduction planning assumption.
- 4.16** The HSCP Board Special Meeting scheduled for the 28 March will be provided with a range of options that may be required to close the refined 2019/20 budget gap and subsequent years funding shortfalls. This report will also consider the application of the additional investment in integration funding detailed in Table 1 above – of this £1.907m, the requirement to uplift the Scottish Living Wage from £8.75/hr to £9.05/hr is anticipated to cost approximately £0.626 million.

4.17 Health Care

- 4.18** The key funding messages from the 12 December letter (Appendix 2) are:
- Health Boards will receive a minimum baseline uplift of 2.5% - NHSGGC uplift identified as 2.6%;
 - The Primary Care Fund will increase by £30m to £155m. This increase was already communicated and is reflected in the WDHSCP Primary Care Improvement Plan; and
 - To support the Mental Health Strategy a further increase of £14m will be invested to deliver on Action 15 commitments and the transformation of CAMHS. This is additional to funding being at least 1.8% greater than the 2018/19 recurrent budget allocation.
- 4.19** Early 2019/20 planning assumptions included a continuation of the 1.5% budget uplift received in 2018/19 plus additional UK Government's "consequential" funding to cover the agreed pay uplift, resulting in a budget gap of £0.975m (3.3% of controllable budget).
- 4.20** However; while NHSGGC have still to make a formal offer to the six Glasgow partnerships, they have indicated that the 2.6% uplift comprises of two elements; a 1.8% general uplift and 0.8% linked to the total NHSGGC pay bill, with HSCP's receiving a pro-rata share. This would reduce the indicative inflationary uplift by approximately £0.224m (see Appendix 6), therefore widening the budget gap.
- 4.21** The national IJB CFO Section has asked the Scottish Government for clarity on definition and interpretation of the 2.6% uplift as laid out in the letter at Appendix 2.
- 4.22** Through November HSCP Board members, Joint Staff Forum union representatives and the Extended Senior Management Team were presented with the indicative budget gap, based on known and estimated budget pressures, including assumptions around prescribing volatility, general inflationary pressures and the unknown impact of Brexit. A couple of national developments have changed this position including the re-grading of Health Visitors from Band 6 to Band 7 and an increase to employers pension contributions by approximately 6%. No additional funding has been identified for Health Visitors; however the Scottish Government has informed health boards' to assume the increase to pensions will be covered.
- 4.23** Based on the current information the 2019/20 indicative budget offer for health care is £90.009m, which as with social care falls significantly short of the required position for the 2019/20 health care budget of £91.142m, resulting in an indicative budget gap of £1.133m, see Appendix 6. If the full 2.6% uplift was secured the gap would reduce to £0.909 million.
- 4.24** The significant budget pressures again come from covering the 3% pay award and the demand, inflationary and short supply impact on the £20m prescribing

budget. The current assumption is a 5% budget uplift, but this is a volatile budget and the impact of the UK leaving the European Union is unknown at this time and it is unlikely that any further information will be available before the next HSCP Board on 28 March 2019.

- 4.25** As covered in section 4.15 and 4.22 above potential savings options are being considered and will be assessed against the potential budget gap. However in contrast to local authority budget setting requirements, health boards do not have to approve their new year budget before the 31 March. However the expectation will be that at least agreement can be reached on an indicative budget offer prior to the end of March 2019.

5. People Implications

- 5.1** Any staffing implications of potential savings options that may be required to close indicative budget funding gaps will be subject to the consultation processes of WDC & NHS GGC, where appropriate.

6. Financial Implications

- 6.1** Other than the financial position noted above, there are no other financial implications known at this time.

7. Professional Implications

- 7.1** The Chief Financial Officer (Sect.95 responsibility) for the HSCP Board must establish a robust annual budget process that ensures financial balance.
- 7.2** The Chief Officer for the HSCP Board must ensure that the Strategic Plan meets the Best Value requirements for economy, efficiency and effectiveness.

8. Locality Implications

- 8.1** None.

9. Risk Analysis

- 9.1** There are a number of risks in relation to the current and future years, including:
- Continuing volatility in demand pressures across the range of community services;
 - Approved savings options not delivering the projected value required to cover the funding gap;
 - Continued reduction to the level of general reserves or the inability to replace the projected 2018/19 application;
 - Scottish Government not providing sufficient funding for planned increases to Scottish Living Wage;

- Delivery of targets and outcomes such as delayed discharge and waiting times;
- Managing demand and the impact of legislative changes e.g. Carers Act and Free Personal Care for under 65s;
- Implications from consumption of hosted services if current arrangements are revised;
- A repeat of the short supply prescribing pressures of 2018/19 and inability to deliver on efficiency programmes; and
- Possible impact on staff recruitment, drug prices and drug availability as a consequence of Brexit.

10. Impact Assessments

- 10.1** Equality impact assessment of potential savings options will be carried out by Heads of Service and be made available to members as part of the background papers when confirmed funding offers are received from our partners.

11. Consultation

- 11.1** The initial budget savings options submitted by the Heads of Service have been considered by the Senior Management Team and discussed with HSCP Board members and joint trade union representatives.
- 11.2** This report has been provided to the Health Board Assistant Director of Finance and the Council's Head of Finance and Resources.

12. Strategic Assessment

- 12.1** Proper budgetary control and sound financial practice are cornerstones of good governance and support the Partnership Board and officers to pursue the strategic priorities of the Strategic Plan.

Julie Slavin – Chief Financial Officer

Date: 13 February 2019

Person to Contact: Julie Slavin – Chief Financial Officer, Hartfield Clinic, Dumbarton G82 2DS Telephone: 01389 812350
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Appendices: Appendix 1 – Letter from the Cabinet Secretary for Finance, Economy and Fair Work
Appendix 2 – Letter from the Director of Health Finance, Corporate Governance and Value Scottish Government

Appendix 3 – Letter from the Cabinet Secretary for Finance,
Economy and Fair Work
Appendix 4 – WDC Budget Briefing Note 19 December 2018
Appendix 5 – 2019/20 Social Care Indicative Budget and
Pressures
Appendix 6 - 2019/20 Health Care Indicative Budget and
Pressures

Cabinet Secretary for Finance, Economy and Fair
Work

Derek Mackay MSP



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Councillor Alison Evison
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Copy to: The Leaders of all Scottish local
authorities

12 December 2018

Dear Alison,

Today I set out the Scottish Government's draft spending and tax plans for 2019-20. Further to my announcement I write now to confirm the details of the local government finance settlement for 2019-20.

As agreed with COSLA, details of the indicative allocations to individual local authorities for 2019-20 will be formally published on 17 December in a Local Government Finance Circular.

This settlement takes into account the fact that the finances I have at my disposal are constrained by continuing UK Government policies that do not meet Scotland's needs. Even after the additional Health consequential and other non-Barnett allocations in 2019-20 announced as part of the 2018 UK Budget, Scotland's fiscal resource block grant is still almost £2.0 billion (6.9%) lower in real terms than it was in 2010-11.

If the consequential for investment in the NHS are excluded, this year's block grant would be £340 million or 1.3% less in real terms than it was last year.

Nobody should understate the real financial challenges that has posed and the tough and difficult decisions that means for us, both collectively and individually. Despite that, I am absolutely clear that the Budget plans I have announced are ambitious for Scotland and continue to be targeted at providing value for tax payers and support our vital public services.

The total revenue funding to be provided through the settlement for 2019-20 will be £9,987 million, which includes distributable non-domestic rates incomes of £2,853 million.

The core Capital funding is set at £759 million but with the inclusion of the continuing expansion of Early Years provision, the addition of an extra £50 million Town Centre Fund and the repayment of the reprofiled capital this increases the Capital funding within the settlement to £1,084 million.

The total funding which the Scottish Government will provide to local government in 2019-20 through the settlement is therefore £11,071 million. This includes;

- Baseline from 2019-20 of the full £170 million additional revenue investment announced earlier this year at Stage 1 of the Budget Bill for 2018-19;
- An additional £210 million revenue and £25 million capital to support the expansion in funded Early Learning and Childcare (ELC) entitlement to 1,140 hours by 2020;
- In addition to the £66 million baselined provision from 2018-19, a further £40 million is included to support expansion of Free Personal and Nursing Care for under 65s, as set out in the Programme for Government, and implementation of the Carers Act;
- £120 million to be transferred from the health portfolio to the Local Authorities in-year for investment in integration, including delivery of the Living Wage and uprating free personal care, and includes £12 million for school counselling services;
- The ongoing additional £88 million to maintain the pupil teacher ratio nationally and secure places for all probationers who require one under the teacher induction scheme;
- An indicative allocation of £3.3 million for Barclay implementation costs;
- Repayment in full of the reprofiled £150 million capital funding; and
- A new £50 million Town Centre Fund to enable local authorities to stimulate and support place-based economic improvements and inclusive growth through a wide range of investments which contribute to the regeneration and sustainability of town centres.

Individual local authorities will, in return for this settlement, be expected to deliver certain specific commitments.

For 2019-20, local authorities will continue to have the flexibility to increase Council Tax by up to a maximum of 3%. This local discretion will preserve the financial accountability of local government, whilst also potentially generating around £80 million to support services.

The revenue allocation, including the additional resources to meet our commitments on the expansion of Early Years and support for social care and mental health, delivers a real terms increase for local government for 2019-20 compared to 2018-19. Taken together with the additional spending power that comes with the flexibility to increase Council Tax (worth around £80 million next year) the total funding (revenue and capital) delivers a real-terms increase in the overall resources to support local government services of £289 million or 2.7%.

The total additional funding of £160 million allocated to Health and Social Care and Mental Health is to be additional to each Council's 2018-19 recurrent spending on social care and not substitutional. It means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services must be £160 million greater than 2018-19 recurrent budgets.

In addition to this, the Scottish Government will work with Integration Authorities, Health Boards and Local Authorities to ensure the legislation and statutory guidance on hospital specialties delegated to Integration Authorities, particularly in relation to set aside budgets, is put into practice.

We will also continue to take forward our ambitious programme of educational reform that will deliver an education system led by communities, schools and teachers. The Scottish Government, in partnership with local authorities, will empower schools to make key decisions over areas such as the curriculum, budgets and staffing. In recognising that teachers are central to achieving our ambition of delivering excellence and equity in Scottish education we will continue to commit an overall funding package of £88 million in the local government finance settlement to support both maintaining the pupil teacher ratio at a national level and ensuring that places are provided for all probationers who require one under the teacher induction scheme. We recognise that discussions on teachers' pay are on-going through the tri-partite Scottish Negotiating Committee for Teachers and any additional allocation to fund a negotiated agreement will require to be agreed.

Each local authority area will continue to benefit from Pupil Equity Funding (PEF) which forms part of the overall commitment from the Scottish Government to allocate £750 million through the Attainment Scotland Fund, over the term of the Parliament to tackle the attainment gap. £120 million in Pupil Equity Funding is going directly to headteachers to provide additional support to help close the attainment gap and overcome barriers to learning linked to poverty. PEF is additional to the £62 million Attainment Scotland funding, which is outwith the local government finance settlement. Money from the Attainment Scotland Fund will continue to provide authorities and schools with additional means to provide targeted literacy, numeracy and health and wellbeing support for children and young people in greatest need.

The Scottish Government remains committed to a competitive non-domestic rates regime, underlined by the proposals outlined in this Scottish Budget. The poundage in Scotland has been capped below inflation at 49 pence, a 2.1 per cent increase, ensuring over 90 per cent of properties in Scotland pay a lower poundage than they would in other parts of the United Kingdom.

I believe that the outcome of the financial settlement for local government, presented in the measures set out in this letter, is the best that could be achieved in the circumstances and continues to provide a fair settlement to enable local authorities to meet our priorities of inclusive economic growth and investment in our vital health and social care and education services.



DEREK MACKAY

Directorate for Health Finance,
Corporate Governance & Value
Christine McLaughlin, Director



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Chief Executives, NHS Scotland

Copy to: NHS Chairs
NHS Directors of Finance
Integration Authority Chief Officers
Integration Authority Chief Finance Officers

Issued via email

Our Ref: A22950623

12 December 2018

Dear Chief Executives

Budget 2019-20 – Indicative Allocation

Following the announcement of the Scottish Government's Budget for 2019-20 by the Cabinet Secretary for Finance, Economy and Fair Work in Parliament today, I am writing to provide details of the funding settlement for Health Boards. A breakdown of the total is provided in the annex to this letter.

A central component of the Portfolio settlement and approach taken is that the Budget will support the delivery of the core priorities set out in the Programme for Government, which focus on; waiting times improvement, investment in mental health and delivering greater progress and pace in the integration of health and social care, as well as evidencing a further shift in the balance of spend to mental health and to primary, community and social care.

Baseline Funding

Territorial Boards will receive a minimum baseline uplift of 2.5%, which includes funding for the 2019-20 pay award. In addition to this, those Boards furthest from NRAC parity will receive a share of £23 million, which will continue to mean that no Board is further than 0.8% from NRAC parity in 2019-20.

The four patient facing National Boards, (Scottish Ambulance Service, NHS 24, Golden Jubilee Foundation and The State Hospital) will each receive a minimum uplift of 1.7%, including funding for the 2019-20 pay award. In addition, the Scottish Ambulance Service will receive a further £6 million to support the implementation of their strategy. NHS National Services Scotland, Healthcare Improvement Scotland, NHS Education for Scotland and NHS Health Scotland will receive funding for the 2019-20 pay award.

The National Board savings requirement of £15 million is reflected in opening budgets, with final amendments to be agreed before the start of the financial year.

Investment in Improving Patient Outcomes

In addition to the baseline funding uplift, a total of £392 million will be invested in reforming service delivery in 2019-20, as set out below:

Improving patient outcomes	2018-19 (£m)	2019-20 (£m)	Increase for 2019-20 (£m)
Primary Care	120	155	35
Waiting Times Improvement	56	146	90
Mental Health and CAMHS	47	61	14
Trauma Networks	10	18	8
Cancer	10	12	2
TOTAL	243	392	149

When combining the £149 million increase in investment in reform with an increase of £281 million in baseline funding for frontline NHS Boards, the total additional funding for frontline NHS Boards will amount to £430 million (4.2 per cent) in 2019-20. Further detail is set out in the annex to this letter.

Full details of the method of allocation and evidence of delivering against agreed outcomes will be set out by individual policy areas in advance of the new financial year.

Core Areas of Investment

Primary Care

Investment in the Primary Care Fund will increase to £155 million in 2019-20. This will support the transformation of primary care by enabling the expansion of multidisciplinary teams for improved patient care, and a strengthened and clarified role for GPs as expert medical generalists and clinical leaders in the community.

Waiting Times Improvement Plan

Investment of £146 million will be provided to support delivery of the trajectories set out in the Waiting Times Improvement Plan. Up to £40 million will be accelerated into 2018-19 to allow Boards to support immediate priorities.

Mental Health and CAMHS

To support the mental health strategy, in 2019-20 a further £14 million will be invested which will go towards the commitment to increase the workforce by an extra 800 workers; for transformation of CAMHS; and to support the recent Programme for Government commitments on adult and children's mental health services. In order to maximise the contribution from this direct investment, this funding is provided on the basis that it is in addition to a real terms increase in existing 2018-19 spending levels by NHS Boards and Integration Authorities. This means that funding for 2019-20 must be at least 1.8% greater than the recurrent budgeted allocations in 2018-19 plus £14 million. Directions regarding the use of £14 million will be issued in year.

Trauma Networks

This funding will increase by £8 million to £18 million, taking forward the implementation of the major trauma networks.

Cancer

This reflects continued investment in the £100 million cancer strategy.

Health and Social Care Integration

In 2019-20, NHS payments to Integration Authorities for delegated health functions must deliver a real terms uplift in baseline funding, before provision of funding for pay awards, over 2018-19 cash levels.

In addition to this, and separate from the Board Funding uplift, will be two elements of funding for Social Care:

- £120 million will be transferred from the Health Portfolio to the Local Authorities in-year for investment in integration, including delivery of the Living Wage and uprating free personal care, and school counselling services; and
- £40 million has been included directly in the Local Government settlement to support the continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to under 65s, as set out in the Programme for Government.

This funding is to be additional to each Council's 2018-19 recurrent spending on social care and not substitutional. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services must be £160 million greater than 2018-19 recurrent budgets.

The system reform assumptions in the Health and Social Care Medium Term Financial Framework include material savings to be achieved from reducing variation in hospital utilisation across partnerships. Planning across the whole unplanned care pathway will be key to delivering this objective and partnerships must ensure that by the start of 2019-20, the set aside arrangements are fit for purpose and enable this approach. The Scottish Government will work with Integration Authorities, Health Boards and Local Authorities to ensure the legislation and statutory guidance on hospital specialties delegated to Integration Authorities, particularly in relation to set aside budgets, is put into practice. This does not change the balance of risk and opportunity for this objective, which remains shared between Integration Authorities and Health Boards and can only be delivered in partnership, but it recognises the lead role of the Integration Authority in planning for the unscheduled care pathway set out in the legislation.

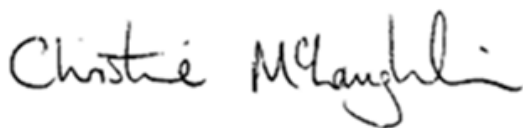
Capital Funding

We will continue to prioritise funding for existing commitments and Boards should assume an unchanged initial capital formula allocation.

3 Year Financial Plan

We will shortly set out the requirements for the three year planning and performance cycle. This will set out a number of principles to be delivered in relation to finance and wider performance.

Yours sincerely



CHRISTINE MCLAUGHLIN

Director of Health Finance, Corporate Governance and Value
Scottish Government

Annex – Board Funding Uplifts

NHS Territorial Boards	Total 2018-19 Allocation £m	Baseline uplift £m	Uplift (exc 18-19 pay) £m	Uplift (exc 18-19 pay) %	NRAC & National Board adjs £m	2019-20 Total allocation £m	Total uplift (exc 18-19 pay) %
Ayrshire and Arran	695.3	24.1	17.8	2.6%	0.6	720.0	2.6%
Borders	200.7	7.0	5.1	2.6%	0.0	207.7	2.6%
Dumfries and Galloway	289.3	9.8	7.3	2.5%	0.0	299.1	2.5%
Fife	637.0	22.2	16.4	2.6%	2.2	661.4	2.9%
Forth Valley	507.1	17.7	13.1	2.6%	2.2	527.0	3.0%
Grampian	921.1	32.6	23.9	2.6%	4.2	957.9	3.1%
Greater Glasgow and Clyde	2,155.7	75.4	55.6	2.6%	0.0	2,231.2	2.6%
Highland	604.7	21.0	15.5	2.6%	1.8	627.5	2.9%
Lanarkshire	1,156.8	40.4	29.8	2.6%	2.2	1,199.3	2.8%
Lothian	1,385.1	48.7	35.8	2.6%	7.7	1,441.5	3.1%
Orkney	48.0	1.6	1.2	2.5%	0.0	49.6	2.5%
Shetland	49.0	1.6	1.2	2.5%	0.0	50.6	2.5%
Tayside	735.2	25.6	18.9	2.6%	2.1	762.9	2.8%
Western Isles	73.4	2.4	1.8	2.5%	0.0	75.7	2.5%
	9,458.4	330.2	243.4	2.6%	22.9	9,811.4	2.8%
NHS National Boards							
National Waiting Times Centre	54.0	2.3	1.3	2.5%	-2.1	54.2	-1.4%
Scottish Ambulance Service	241.0	9.2	4.4	1.8%	9.6	259.9	5.8%
The State Hospital	34.8	0.9	0.6	1.7%	-0.3	35.3	0.7%
NHS 24	66.4	2.4	1.5	2.2%	-0.2	68.6	1.8%
NHS Education for Scotland	423.4	6.5	0.5	0.1%	-4.0	425.9	-0.8%
NHS Health Scotland	18.3	0.4	0.2	1.1%	-0.4	18.3	-1.1%
NHS National Services Scotland	332.3	12.8	10.3	3.1%	-6.7	338.5	1.1%
Healthcare Improvement Scotland	24.7	0.4	0.2	0.8%	-0.3	24.9	-0.3%
	1,194.9	35.1	19.1	1.6%	-4.5	1,225.6	1.2%
Total NHS Boards	10,653.3	365.3	262.5	2.5%	18.4	11,037.0	2.6%
Improving Patient Outcomes	243.0	149.0	149.0	-	-	392.0	-
Total Frontline NHS Boards*	10,097.5	494.0	400.2	3.9%	29.9	10,621.4	4.2%

*Frontline NHS Boards comprise the 14 NHS Territorial Boards, National Waiting Times Centre, Scottish Ambulance Service, State Hospital, and NHS 24.



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Councillor Alison Evison,
COSLA President
Verity House
19 Haymarket Yards
Edinburgh
EH12 5BH

Copy to: Leaders of all Scottish local authorities

31 January 2019

Dear Alison,

I have listened carefully to the points you and other Leaders have raised with me following our consultation, and most recently in our meeting on 30 January, on the terms of the local government settlement and the issues you have sought to resolve as being important to you. The Scottish Greens have also raised many similar points in my discussions with them to secure support for the Budget.

In the Budget Bill Stage 1 debate in Parliament today I announced a package of further measures covering local taxation and local government finance which I consider will be the biggest empowerment of local authorities since devolution. I write now to confirm the details.

The Scottish Government has committed to make a number of changes to local government taxation between now and the end of this Parliament and clearly COSLA will have a key role as that works unfolds. These potential changes include:

- To consult, in 2019, on the principles of a locally determined tourist tax, prior to introducing legislation to permit local authorities to introduce a **transient visitor levy**, if it is appropriate for local circumstances;
- To support an agreed amendment from the Scottish Greens to the Transport (Scotland) Bill that would enable those local authorities who wish to use such a power, to introduce a **workplace parking levy**. Scottish Government support will be contingent on the exclusion of hospitals and NHS properties; and
- To devolve Non-Domestic Rates **Empty Property Relief** to local authorities in time for the next revaluation.

Both the Scottish Government and the Greens also supported the recommendation of the Commission on Local Tax Reform, which was co-chaired by the then COSLA President, that the present council tax system must end.

In order to make progress the Scottish Government will convene cross-party talks on its replacement with a view to publishing legislation, should cross-party agreement on a replacement be reached, by the end of this Parliament, with that legislation taken forward in the following Parliament.

While the Scottish Government maintains the position that money for education, social care and early learning and child care are core functions of local government, we have listened to the arguments that local government requires increased funding and flexibility for the 'core' local government settlement.

I have, therefore, agreed to make the following changes:

- An increase in the core resource local government settlement of £90 million;
- Continue to provide an earmarked £160 million from the Scottish Government for health and social care investment to support social care and mental health services – including those under the direction of Integration Authorities– whilst, as part of this package, allowing local authorities the flexibility to offset their adult social care allocations to Integration Authorities in 2019-20 by 2.2% compared to 2018-19, i.e. by up to £50 million across all local authorities to help them manage their own budgets
- Provide, as you have requested, local authorities with the flexibility to increase the Council tax by 3% in real terms, which equates to 4.79% next year.
- Bringing forward a three year funding settlement for local government from 2020-21 budget onwards; and to develop a rules based framework for local government funding in partnership with COSLA that would be introduced for the next Parliament.

Taken together, this enhanced package offers up to £187 million of increased funding and flexibility to local authorities.

In addition to this, and subject to the successful outcome of negotiations with teachers, the Scottish Government will fully fund its contribution to the cost of the Teachers' Pay deal, providing local authorities with the additional funding required to meet our share of the pay offer.

At our meeting on 30 January I also undertook to follow up and confirm the position on two further points.

Firstly, Local authorities, along with other public bodies, will face increased costs as a result of changes made by the UK Government to employer contributions for public sector pensions, including for Teacher pensions. The UK Government has committed to part fund these costs.


Local authorities were assuming a shortfall of 33% in the funding for these costs. Scottish Government analysis is that this shortfall is likely to be closer to 21%. This difference amounts to around £15 million for local authorities which they should no longer have to budget for.

We will not have formal confirmation of the impact of these changes to the Scottish Budget until the UK Spring Statement on 13 March 2019. However, we are committed to continue to press the UK Government to meet the full cost of these changes to avoid damaging impacts on the delivery of public services across Scotland. The Scottish Government will, however, commit to pass on to local government the consequentials that we receive towards the employers' cost increase for local government Teachers' Pension schemes.

Secondly, I can confirm that I intend to bring forward as early as I can (early in the new financial year) changes to legislation which will allow Councils to vary loans fund repayments for advances made before 1 April 2016. Changes to repayments must be based on prudent principles and we will work with COSLA and Audit Scotland to reach a solution.

Throughout the Budget negotiations, I have endeavoured to engage constructively and openly with COSLA. As a result of the continuing UK austerity cuts forced upon us I know local authorities, along with the rest of the public sector, are still facing some difficult financial challenges, but I hope that you can recognise and welcome the significant package of additional measures I have confirmed today, which I truly do consider will be the biggest empowerment of local authorities since devolution.

Set out in the Appendix to this letter are details of the additional allocations to individual local authorities, through the normal formula distribution for the additional £90 million, to be spent at the discretion of individual councils. Subject to Parliamentary approval in the final stages of the Budget Bill, these sums will be added to the Local Government Finance (Scotland) Order 2019 to be presented to Parliament later in February.


DEREK MACKAY

Local Authority	Additional Stage 1 Allocation: Core Grant
	£m
Aberdeen City	3.161
Aberdeenshire	4.352
Angus	1.967
Argyll & Bute	1.626
Clackmannanshire	0.834
Dumfries & Galloway	2.678
Dundee City	2.503
East Ayrshire	2.051
East Dunbartonshire	1.874
East Lothian	1.719
East Renfrewshire	1.787
Edinburgh, City of	7.038
Eilean Siar	0.691
Falkirk	2.600
Fife	6.165
Glasgow City	9.969
Highland	4.228
Inverclyde	1.355
Midlothian	1.493
Moray	1.543
North Ayrshire	2.398
North Lanarkshire	5.702
Orkney	0.637
Perth & Kinross	2.477
Renfrewshire	2.941
Scottish Borders	1.990
Shetland	0.719
South Ayrshire	1.890
South Lanarkshire	5.388
Stirling	1.585
West Dunbartonshire	1.576
West Lothian	3.063
Scotland	90.000

**WEST DUNBARTONSHIRE COUNCIL
BUDGET UPDATE 2019/20 – BRIEFING**

1. The Cabinet Secretary for Finance and the Constitution has laid out the Scottish Government's draft spending and tax plans for 2019/20 on 12 December 2018 accompanied by a letter to the President of COSLA copied to the Leaders of all local authorities.
2. Details of indicative allocations to individual local authorities were published at 6.00pm on 17 December 2018, through Finance Circular 8/2018, following the checking process having been completed. The circular suggests that Councils should not set their budgets until final allocations are confirmed following the end of the consultation period and the publication of the Local Government Finance Circular which will follow the approval of the Local Government Finance (Scotland) Order 2019. The final debate on the budget at the Scottish Parliament is 21 February 2019, so this final circular is likely to be on or after that date.
3. The settlement provides Scottish local authorities with total revenue funding of £9,987m compared to £9,795m in 2018/19; however the 2018/19 figures include new funding of £373.3m to be used for the following purposes:

Purpose	Funding
Health and Social Care funding – £108m investment in integration (including £25m Living Wage and £1m for Free Personal Care Uplift); £12m school counselling services	£120m
Free Personal and Nursing Care – under 65's	£40m
Implementation of Early Years (towards 1,140 hours), as previously announced	£210m
Barclay Implementation	£3.3m
Total	£373.3m

4. There is no mention of any sanctions within the settlement nor any date by which Councils/Council Leaders require to accept the settlement or commit to any conditions. However the letter received from the Cabinet Secretary states:
 - (a) *“Taken together, the total additional funding of £160 million allocated to Health and Social Care and Mental Health is to be additional to each Council's 2018-19 recurrent spending on social care and not substitutional. It means that Local Authority social care budgets for allocation to Integration Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services must be £160 million greater than 2018-19 recurrent budgets”;*
 - (b) *“Continue to commit an overall funding package of £88 million in the local government finance settlement to support both maintaining the pupil teacher ratio at a national level and ensuring that places are provided for all probationers who require one under the teacher induction scheme.”;*
and

(c) *"It is recognised that discussions on teachers' pay are on-going through the tri-partite Scottish Negotiating Committee for Teachers and any additional allocation to fund a negotiated agreement will require to be agreed."*

5. The settlement states in terms of Council Tax: *"For 2019-20 local authorities will continue to have the flexibility to increase Council Tax by up to a maximum of 3%, which could potentially generate around £80 million to support services."*

6. In the long term finance strategy presented to Council in November 2018 the estimated settlement for 2019/20 was £179.743m (after adjusting for funding not yet allocated and budgeted funding). The circular received on 17 December 2018 provides a settlement of £176.541m. A net decrease of £3.202m - this excludes the Council's share of the additional £373.3m noted above, which is assumed will all be used for the purposes specified by the Scottish Government.

7. In his speech to Parliament the Cabinet Secretary announced the public sector pay policy for 2019/20 as:

- 3% uplift in pay for those earning £36,500 or less;
- A 2% uplift in pay for those earning above £36,500; and
- A cap of £1,600 for those earning more than £80,000.

This is similar to what was announced in the 2018/19 budget statement and which has not been achieved with the 2018/19 pay award now likely to be higher than 3%.

8. At COSLA Leaders meeting on 14 December 2018 it was agreed that an improved pay offer would be made to the non-teaching trade unions covering a 3 year period of:

- 3.5% 2018/19 for those earning up to £80,000 with £1,600 for those above £80,000;
- 3% for 2019/20 for all grades; and
- 3% for 2020/21 for all grades.

The 2018/19 revised offer is 0.5% higher than is currently budgeted for 2018/19 and onwards and will increase costs by £0.560m per year from 2018/19.

9. As reported to November 2018 Council pay from 2019/20 onwards had been assumed to increase at 2.75% - the above offer increases this to 3% and if applied to the whole workforce increases the budget gap by £0.363m per financial year. For teachers it is assumed that anything settled between the Scottish Government and the teaching unions that is higher than the above figures will be funded by the Scottish Government (as in previous years).

10. Members will be aware that the position reported in November 2018 included an assumption of a reduction in funding to the WDC IJB of 1.5% per year from 2018/19 – being in line with the assumption on reduction of grant funding to the Council from the Scottish Government. Based on the draft settlement the reduction to the Council is the equivalent to 2.59% and therefore the share attributed to the WDC IJB would increase by £0.688m.
11. Following the above changes, together with a number of other budget adjustments since the report to November 2018 Council, the gaps for the next 3 financial years change as follows:

UPDATED FORECAST	2018/19 £000'S	2019/20 £000'S	2020/21 £000'S	2021/22 £000'S
GAP AS REPORTED TO NOVEMBER 2018 COUNCIL		£2,066	£8,786	£13,502
MANAGEMENT ADJUSTMENT 30 NOT AGREED BY NOVEMBER COUNCIL		£50	£100	£100
LOANS CHARGES REVIEWED	-£200	-£200	-£200	-£200
CHANGE IN PAY AWARD ASSUMPTION TO 3% FOR 2019/20 ONWARDS		£363	£737	£1,496
IMPACT OF REVISED 2018/19 PAY SETTLEMENT	£560	£577	£594	£612
2018/19 PAY SETTLEMENT TO IJB	-£196	-£202	-£208	-£214
ESTIMATED SETTLEMENT CHANGE		£3,202	£3,202	£3,202
HSCP SHARE OF SETTLEMENT CHANGE		-£688	-£688	-£688
GREENLIGHT SERVICES (ORIGINAL BURDEN £400K, COUNCIL REPORT NOVEMBER 2018 £321K)		-£79	-£79	-£79
GROUNDS MAINTENANCE INCOME		£0	-£176	£0
WASTE TENDERING EXPECTED OUTCOME		£450	£0	£1,600
PLANNING INCOME ESTIMATE UPDATE		-£75	-£75	-£50
SALARY SACRIFICE AVC - AGREED AT CSC NOVEMBER 2018		-£20	-£20	-£20
REVISIONS TO DRAFT BUDGET BOOK		-£130	-£130	-£130
SPT REQUISITION REDUCTION IN LINE WITH SETTLEMENT REDUCTION		-£37	-£37	-£37
SPT REQUISITION UPDATED DISTRIBUTION - POPULATION UPDATE		-£137	-£137	-£137
UPDATED GAP - POST SETTLEMENT	£164	£5,140	£11,669	£18,957
LOANS FUND REVIEW ASSUMPTION		-£3,000	-£3,000	-£3,000
REMAINING GAP		£2,140	£8,669	£15,957
SAVINGS OPTIONS AVAILABLE		£1,717	£2,482	£2,679

12. In the last two financial years as the Government's budget progresses through Parliament additional funding has been provided. However, this cannot be counted upon at this stage and management will require to develop further approaches to reducing costs in order to allow Council to set a balanced budget in February 2019.
13. The above analysis shows an adverse impact on financial year 2018/19 of £0.164m. It is anticipated that implementation of the management

adjustments noted at November 2018 Council, together with the projected favourable position as reported in the budgetary control report of £0.132m, will generate sufficient in-year cost reductions to mitigate against this cost.

14. Given the expectation set in the settlement as referred to at para 4(a), the adjustment of £0.688m to the IJB, together with the additional funds expected to be allocated to the IJB from the £160m new funding will increase Council funding of the IJB to £67.520m. As can be seen from the table below – this is above the value required by the settlement of £67.043m.

DRAFT EFFECT ON IJB	2018/19 £000'S	2019/20 £000'S	2020/21 £000'S	2021/22 £000'S
BUDGET - PER DRAFT 2019/20 BUDGET BOOK		£64,978	£65,812	£65,610
CENTRAL FUNDING FOR PAY AWARD 19/20 ONWARDS		£390	£390	£390
2018/19 PAY SETTLEMENT UPDATED ASSUMPTION	£196	£202	£208	£214
EFFICIENCIES TO FUND ADDITIONAL PAY COSTS	-£196	-£202	-£208	-£214
REDUCED FUNDING FROM WDC IN LINE WITH SETTLEMENT		-£688	-£688	-£688
ADDITIONAL FUNDING - SETTLEMENT (SHARE OF A TOTAL OF £160m):				
INVESTMENT IN INTEGRATION (SHARE OF £108M), INCLUDES £25M FOR LIVING WAGE UPLIFT, AND £1M FOR FREE PERSONAL CARE UPLIFT		£1,907	£1,907	£1,907
SCHOOL COUNSELLING AND SCHOOL NURSES (SHARE OF £12M)		£216	£216	£216
FREE PERSONAL CARE (FRANK'S LAW) (SHARE OF £30M)		£540	£540	£540
CARERS ACT (SHARE OF £10M)		£177	£177	£177
		£67,520	£68,354	£68,152
RULE - FUNDING MUST BE NO LESS THAN 2018/19 FUNDING PLUS SHARE OF £160M		£67,043		
FUNDING IN EXCESS OF SCOTTISH GOVERNMENT REQUIREMENT		£477		

15. Due to the planned date of the Parliamentary debate on the draft budget coinciding with the scheduled date for 27 February 2019 Council meeting, Members may wish to consider moving the date of the budget-setting Council meeting as part of any motions for this meeting to the following week, to allow any changes at Parliament to be taken into account.
16. In terms of the settlement for capital funding, the settlement increases the 2019/20 funding compared to 2018/19 by £204m for core capital funding. However, this includes new earmarked funds as follows:
- additional provision of £25m for the expansion of early years towards the 1,140 hours expectation by 2020;

- A new Town Centre Fund of £50m has been created to enable councils to stimulate and support place-based economic improvements to contribute to the regeneration and sustainability of town centres (details of this to be confirmed by Scottish Government) and
- The £150m re-profiled by the Scottish Government from the 2016/17 settlement has been returned as a one-off increase in 2019/20.

The impact of the capital allocation changes will be worked through the capital plan alongside the update of the plan which will come to Council in February 2019.

Stephen West
18 December 2018

Spend Categories	2018/19 Recurrent Budget West Dunbartonshire HSCP
	£000s
Employee Costs	40,670
Property	673
Transport	1,310
Supplies, Services & Admin	1,060
Payments to Other Bodies	44,128
Payments to Clients/Direct Payments	2,031
Central Support Allocation	138
Total Expenditure	90,010
Income	(26,620)
Net Total Month 9	63,390
Social Care Pressures - HSCP	
Pay Award	1,855
Inflationary Uplifts including National Care Home Contract & other	475
Demographic pressure for service transitions	256
Demographic pressure including equip and care homes places	455
Kinship Care - increasing demand numbers & continuing care	182
External Fostering - increasing numbers	435
Throughcare - continuing care placements	100
Reduction in Care Home Income linked to Care Home modernisation	138
Scottish Living Wage uplift £8.75 - £9.05, incl additional NCHC impact	626
Investment in Integration (£1.907m) - less Scottish Living Wage above	1,281
Carers Act - match to additional funding (unmet need unknown)	177
Extension of Free Personal Care to U65 - match to additional funding	540
School Counselling - match to funding - may be Education.	216
Total Pressures	6,736
Offset by: Annual Income Uplifts and FYE of 2018/19 Approved Savings	
Income 4% various e.g. Homecare, alarms, blue badges, housing support	(63)
Resource Transfer uplift	(123)
Direct Payments - Living wage saving 18/19	(67)
2018/19 FYE - Mgt Actions Learning Disability Packages	(75)
2018/19 FYE - Approved Savings	(468)
Total Income & Savings	(796)
Total Net Pressures 2019/20	5,940
Budget required for 2019/20	69,330
Indicative WDC 2019/20 Budget Contribution as per 19 December 2018	67,520
Savings Gap	1,810
% of Controllable Budget	2.9%

Spend Categories		2018/19 Recurrent Budget West Dunbartonshire HSCP £000s
Prescribing		19,406
Non Pay		4,277
Pay		25,709
Purchase Of Healthcare		3,664
Resource Transfer		14,938
Savings		(938)
Family Health Services *		25,719
Total Expenditure		92,775
Fhs Income*		(990)
Other Income		(3,212)
Total Income		(4,202)
Net Total Rollover budget at Month 9		88,573
Budget Eligible for HCH uplift		63,844
Uplifts		
Scottish Government allocation to Health Boards	1.80%	1,149
Additional allocation for Pays uplift (pro-rata share across GGC)		287
Total Uplift		1,436
Revised Budget		90,009
Pressures - HSCP		
Pay	3.00%	743
Prescribing- Net of likely identified savings (Gross=6%) & Drugs	5.00%	970
Non Pay - to cover shortfall in Aids & Equipment	2.50%	107
Purchase of Healthcare (incl. Hospice) + Demand	3.00%	230
Resource Transfer - match to Social Care assumption		124
WDC withdrawal from Speech & Language Therapy Contract	-	116
Possible Income Reduction from Highland SLA	estimate	50
2018/19 FYE Approved Savings not achievable (Childrens Services)	-	148
Health Visitors regrading - Band 6 to 7 (dec 18 & 19/20)		81
Increase to superannuation c£0.712m (assume fully funded)		
Total Pressures		2,569
Budget required for 2019/20		91,142
Savings Gap - Based on 1.8% + pay award		1,133
% of Controllable Budget		3.8%
Savings Gap - Based on 2.6% as per Scottish Government		909
% of Controllable Budget		3.1%

If 2.6%

1,660

224

Our vision:
Improving lives with the people of
West Dunbartonshire

Strategic Commissioning Plan
2019 – 2022

Foreword

Welcome to the third West Dunbartonshire Health and Social Care Strategic Commissioning Plan 2019 – 2022.

This Strategic Plan replaces the second Plan approved by the Health & Social Care Partnership Board on 17 August 2016 for the period 2016 – 2019.

This new Plan aims to provide a vision for integrated health and social care services and contains a three year strategic planning framework for 2019 – 2022 which sets out priorities for the Partnership and how it will use its resources to integrate services in pursuit of national and local outcomes as agreed by the Health and Social Care Partnership Board.



This is a time of exciting and transformational change for the Health and Social Care Partnership with a new strategic leadership group in place.

We are committed to working with the people of West Dunbartonshire to improve their health and well-being, and we are particularly keen at this stage to hear people's views about our vision, plan and priorities moving forward.

Beth Culshaw
Chief Officer

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Introduction

Our vision

Improving lives with the people of West Dunbartonshire

Our vision and our desire is to ensure that our citizens have access to the right care at the right time, and in the right place. It involves a range of activities, centred around a continuous cycle of “analyse, plan, do and review” and is iterative and dynamic to support collaborative system change across health and social care and all partners working in our communities.

Our commitment to our communities

Our Plan has been developed in partnership with the Strategic Planning Group (SPG) which has the formal statutory role to prepare and monitor our strategic commissioning plan. The membership consists of an extensive range of stakeholder groups, engaging with people using services, carers, professionals and clinicians, along with the third, independent and housing sectors. Through the Local Engagement Network the relationship with the wider public continues to be developed and deepened.

Our Strategic Commissioning Outcomes

Our commitment to:

- Children and young people reflected in Getting It Right for Every Child.
- Continual transformation in the delivery of services for adults and older people as reflected within our approach to integrated care.
- The safety and protection of the most vulnerable people within our care and within our wider communities.
- Support people to exercise choice and control in the achievement of their personal outcomes.
- Manage resources effectively, making best use of our integrated capacity

Our Key Strategic Priorities

- Early Intervention
- Access
- Resilience
- Assets
- Inequalities

What is the Health and Social Care Partnership Board

West Dunbartonshire Health & Social Care Partnership Board was established on 1st July 2015 as the Integration Authority for West Dunbartonshire.

It is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (which are described in full within its approved Integration Scheme).

The Council and the Health Board discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as West Dunbartonshire Health & Social Care Partnership.

The Partnership includes representatives from the Third Sector, staff representatives and others representing the interests of patients, service users and carers.

The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership (HSCP). In other words it is responsible for planning and overseeing the delivery of a full range of community health and social work/ social care services.

The Health and Social Care Partnership Board is responsible for allocating the integrated revenue budget for health and social care in accordance with the policy priorities set out in this Strategic Commissioning Plan.

What is the Health and Social Care Partnership

The Health and Social Care Partnership has delegated responsibility to deliver services for:

- Adults and Older People's services across all disciplines within integrated community teams
- Children and Young People's Services across all disciplines and in partnership with Education Services
- Criminal Justice Social Work Services
- Community Mental Health, Learning Disability and Addictions across disciplines with integrated community teams and with in-patient services.

West Dunbartonshire has two localities; Alexandria/ Dumbarton and Clydebank. The Health and Social Care Partnership's locality group arrangements provide a platform for engaging a wide range of stakeholders; and the opportunity to respond to locality-level feedback. Meetings are kept to a minimum and are structured to make the best use of everyone's time and commitment.

The purpose of locality planning is:

- to jointly assess need, prioritise and plan how all resources, irrespective of their origin, can best be deployed in pursuit of the delivery of National and Local Outcomes; and
- to be the local focus for service delivery and support for organisations from across sectors to the population or communities within the area.

West Dunbartonshire Health & Social Care Partnership hosts the Musculoskeletal (MSK) Physiotherapy Service for the NHS Greater Glasgow and Clyde area. Work is ongoing within the service to ensure the delivery of high quality outcomes for patients whilst striving to meet national waiting time targets.

West Dunbartonshire Health & Social Care Partnership hosts a programme of retinal screening on behalf of NHS Greater Glasgow and Clyde.

The Health & Social Care Partnership leads the Community Planning Partnership Alcohol and Drugs Partnership.

Working with partners

At the heart of this approach to strategic commissioning is the provision of services and support across sectors, including the Third and Independent Sectors, in a way that meets the needs of particular individuals, communities and localities.

This Strategic Commissioning Plan has been informed by an understanding of perspectives of the strategic planning stakeholders specified by the Joint Bodies Act (including staff side representation and the two localities identified within West Dunbartonshire) and from on-going engagement with our citizens and service users, reflecting the cyclical commissioning process for the review of services.

The specific local actions set out reflect ongoing self-evaluation processes within the Health and Social Care Partnership service areas; engagement within local Community Planning Partnership fora; and dialogue with both service user groups and the wider communities in West Dunbartonshire. It is underpinned by an appreciation of local health and social care needs (e.g. the area's health and wellbeing profile); and other relevant sources of evidence.

Community Planning West Dunbartonshire

Local Outcome Improvement Plan

Community Planning West Dunbartonshire's (CPWD) aim is to ensure that people and communities are genuinely engaged in the decisions made on public services which affect them: supported by a commitment from organisations to work together to provide better public services.

CPWD will ensure that activity is co-ordinated and focused on the value of working in partnership:

- realising the added value of working in partnership
- enabling existing and new partnership working to deliver outcomes
- providing a strategic overview which acknowledges interfaces and dependencies; and
- mitigating the shifting social and financial impact of decisions upon partners

West Dunbartonshire Council Strategic Plan

As a Council, there is a desire for every employee to have PRIDE in the services they deliver:

**Personal
Responsibility
In
Delivering
Excellence**

The Council's priorities underpins our commitment to the values we have adopted as a Council to ACHIEVE:

**Ambition
Confidence
Honesty
Innovation
Efficiency
Vibrancy
Excellence**

At the core of what we do as a Council is a commitment to reduce inequality and tackle root causes of poverty. The strategic priorities we have adopted are focused on improving the lives of the people of West Dunbartonshire, by promoting equality for all. Underpinning our strategic priorities are key cross cutting principles, which inform all the work that we do.

NHS Greater Glasgow and Clyde Moving Forward Together

The key elements of which the Moving Forward Together Programme has been based are:

- Aligned to the national strategic direction
- Consistent with the West of Scotland Programme
- Reflect a whole system programme across health and social care
- Use the knowledge and experience of our wide network of expert service delivery and management teams
- Involve our service users, patients and carers from the outset
- Engage with, and listen to, our staff and working in partnership
- Embrace new technology and the opportunities of eHealth
- Affordable and sustainable.

The Health and Social Care Partnership will continue to provide leadership on the **Children Services Plan** across community planning partners. The Children's Services Plan incorporates key strategic priorities and outcomes for children and young people as set out in West Dunbartonshire's Local Outcome Improvement Actions and a suite of agreed strategic outcomes across all services where children and young people are affected. At the heart of this joined up approach is the shared commitment of partners to GIRFEC; to the delivery of corporate parenting responsibilities; and to improving outcomes for looked after children and young people.

The Health and Social Care Partnership is working with the Council and wider Housing Sector to deliver the **Local Housing Strategy** which has three underpinning principles which impact on the needs of those with additional housing support needs; forward planning; future proofing housing; and housing support to take account of how people's social and physical needs change. This is described in more detail within the **Housing Contribution Statement**.

The Health and Social Care Partnership has a significant role within the **Public Protection Chief Officers Group** (PPCOG). Both the Chief Officer and Chief Social Work Officer will continue to provide the necessary leadership, scrutiny and accountability for public protection matters affecting West Dunbartonshire - including the management of high risk offenders; assuring that each of the services in place for child and adult protection are performing well; and keeping the citizens of West Dunbartonshire safe.

The Health and Social Care Partnership is working with partners to address the concerns linked to the levels of domestic abuse in West Dunbartonshire; creating a **Domestic Abuse Strategic Leaders Forum** and working with the Scottish Leaders Forum to create awareness as well as dedicated service interventions.

The Health and Social Care Partnership, with partners, is committed to addressing within an early intervention model the childhood experiences, both positive and negative, which have a impact on future violence, victimisation and perpetration, and lifelong health and opportunity. We recognise that early experiences are an important public health issue and are using the foundational research in this area which has been referred to as **Adverse Childhood Experiences** (ACEs) to inform practice and developments.

To develop and deliver clear, seamless and accessible pathways of care and support for people affected by cancer, West Dunbartonshire is delivering **Improving the Cancer Journey**, supporting timeously and appropriately accessible support across organisational and professional boundaries, based upon a holistic assessment of need and available from the point of diagnosis.

Case for Change

The need to change models of local health and care services is being driven predominantly to meet changing needs. Demographic studies show that people are living to an older age often with complex co-morbid conditions such as diabetes (Audit Scotland 2016).

Change is necessary as demand is rising significantly whilst, in real terms, available public spending is falling. This makes it extremely challenging to give all children the best start in life, to meet the needs of a population which is ageing significantly and which requires increasing levels of care to keep local people safe, well and content at home in their local communities.

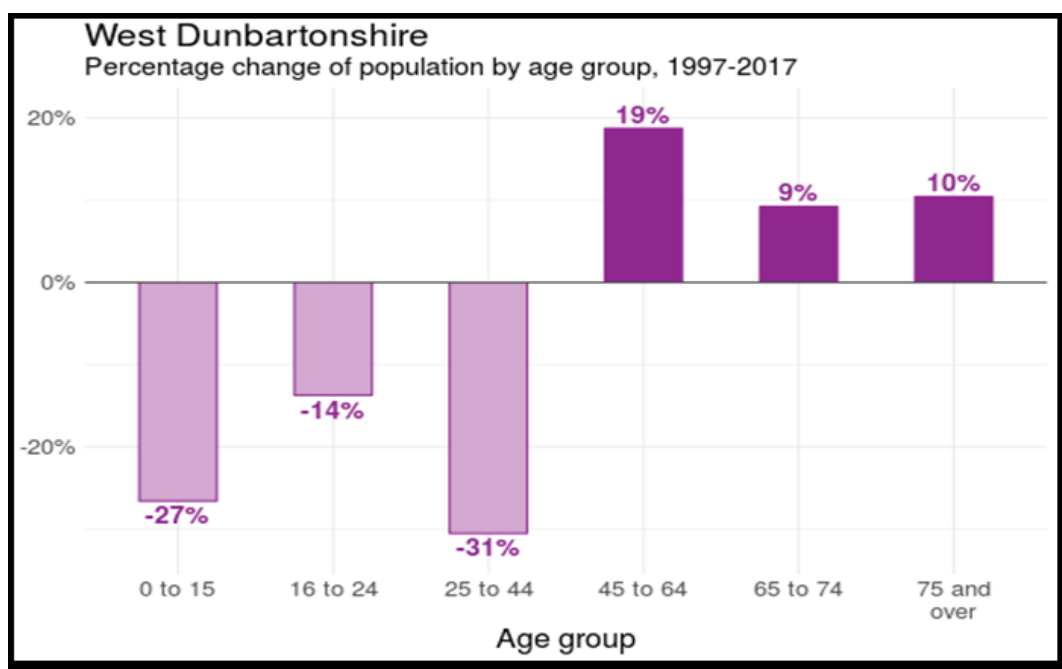
The recent reports by Audit Scotland; NHS in Scotland (October 2018) and Local Government in Scotland: Financial overview 2017/18 (November 2018) set out the challenges faced by public services and acknowledge longer term robust planning is even more crucial, this necessitates looking to the future, taking into account factors such as how the landscape is changing and may further change, considering not only the demographic changes.

Our Strategic Needs Assessment takes a population view by using an epidemiological approach to describe:

- why some population groups or individuals are at greater risk of disease e.g. socio-economic factors, health behaviours;
- whether the burden of diseases are similar across the population of West Dunbartonshire and;
- health & social care provision in the community, including the patterns of service use across West Dunbartonshire Health & Social Care Partnership.

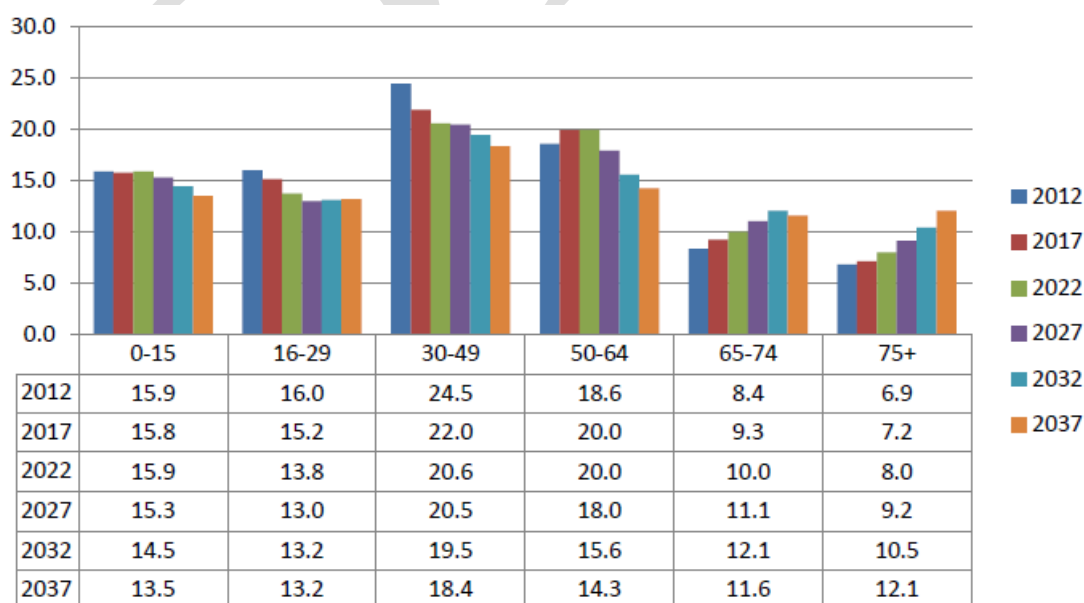
The population of West Dunbartonshire accounts for 1.7% of the total population of Scotland. The population mid-year estimate for 2017 was 89 610, a decrease of 0.3% from the 2016 estimate of 89 860 and the trend over the last 10 years has seen a decrease from 91 370 a change of - 1.9%.

As of 2017 the gender split of the population was 47.7% for males and 52.3% for females.



[National Records of Scotland \(2018\)](#)

West Dunbartonshire population projections indicate that the age groups 65+ and 75+ will increase up to 2037 with other age bands decreasing. This will have an overall impact on the dependency ratio. The dependency ratio is a measure of the proportion of the population seen as economically 'dependant' upon the working age population. The definition generally used in Scotland is: 'those aged under 16 or of state pensionable age, per 100 working age population.



Source: National Records for Scotland (2018) Population Projections

The population in Scotland is projected to increase by 3% (170,000 people) by 2024 and by 7% (350,000 people) by 2039. In contrast, West Dunbartonshire will decrease by 7.1%. The under 16 population will reduce by 12%; working age by 15% yet the pensionable age will increase by 24% by 2039.

Overall the population projections indicate changes to the three key life stages of children, adults and older people. There is a decrease in the projected proportion of children and working age group and an increase in the proportion of people for pensionable age.

West Dunbartonshire ranks second bottom for mortality rates compared to Scotland as a whole and the main cause of death in West Dunbartonshire is cancer, followed by circulatory disease.

Life expectancy is an indicator of underlying inequalities not limited to health. Issues such as poverty, unemployment, access to services, home environment and education are all intrinsically linked and must be addressed in a coordinated way in order to make significant improvements in life expectancy.

In areas with relatively high levels of socio-economic deprivation action to 'close the long term gap' should involve a combination of initiatives that address the fundamental causes of health inequalities including education, poverty and employment with preventative action in the early years.

Overall **life expectancy** in West Dunbartonshire is poor in comparison with Scotland as a whole.

Women's life expectancy is the poorest in Scotland at 78.8 years and male life expectancy is third lowest behind Glasgow City and Dundee City at age 74.7 years.

In terms of Healthy Life Expectancy (HLE), for West Dunbartonshire this is lower in comparison to Scotland and is second lowest for both males and females. Male HLE is 58.9 years compared to 63.1 years for Scotland and female HLE is 60.7 years compared to 65.3 years for Scotland
Source: Scottish Public Health Observatory (Scotpho) (2016) Healthy Life Expectancy

To provide a deeper understanding of the population figures, the Health and Social Care Partnership worked with the Scottish Burden of Disease epidemiology study, which is based on an internationally recognised approach used to quantify the difference between the ideal of living to old age in good health and the situation where healthy life is shortened by illness, injury, disability and early death.

The estimates describe for the first time a clearer picture of the conditions that cause ill-health and mortality in Scotland with projections of disease burdens to 2026.

For the purpose of the Strategic Needs Assessment, the national Burden of Disease Team have provided estimates for West Dunbartonshire based on whole population data.

Cancer is ranked as the top burden of disease nationally and ranked top within the burden of disease estimates for West Dunbartonshire with a projected 10% increase by 2026. The top 3 types of cancer prevalent in West Dunbartonshire are breast, colorectal and prostate.

The incidence (new cases) of all cancers by age is projected to increase nationally by 33.5% by 2027.

The snapshot extract from GP registers shows that the rate of **depression** in West Dunbartonshire (82.9 per 1000) is higher than the Scottish rate (73 per 1000). There are locality differences with Clydebank rate 86.2 per 1000 population higher rate than Alexandria/Dumbarton 80.3 per 1000 population (difference of 5.9). Whilst suicide rates for West Dunbartonshire are lower than Scotland as a whole it remains a significant issue in West Dunbartonshire.

Alcohol hospital related stays for West Dunbartonshire are higher than the Scottish average and increasing which is in contrast to the Scottish position. Alcohol liver disease is increasing and alcohol related death rates are slowly decreasing however this masks an increase in deaths in the 45 - 59 years and 60 - 74 years age groups. West Dunbartonshire rate of alcohol related mortality 27.4 per 100,000 compared to 20.2 per 100,000 nationally. The number of deaths related to alcohol in West Dunbartonshire 2016 was 28.

Drug related hospital stays for West Dunbartonshire are higher than the Scottish average. Drug related deaths in West Dunbartonshire follows the national trend

where nearly 80% of deaths are male. The largest number of deaths are in the 35-44 age group which makes up 42% of West Dunbartonshire service users as recorded on the Scottish Drugs Misuse Database.

Coronary Heart Disease, also known as Ischaemic Heart Disease, is a preventable disease which kills over 8,000 people in Scotland every year. CHD is a priority in Scotland where prevalence of the associated risk factors such as smoking, diet and physical inactivity is high. The snapshot extract from GP registers shows that the rate of CHD in West Dunbartonshire (45.1 per 1000) higher than the Scottish rate (39.8 per 1000).

The snapshot extract from GP registers shows that the prevalence of **Stroke** in Clydebank (27.8 per 1000) is higher than the Alexandria/Dumbarton rate (22.8 per 1000). Hypertension prevalence in West Dunbartonshire has a rate of 148.6 per 1000 population and is higher than national prevalence of 138.1 per 1000 population. Dumbarton/Alexandria locality has a rate of 150.0 per 1000 population, which is higher than Clydebank rate of 146.9 per 1000 population.

Smoking prevalence

West Dunbartonshire smoking prevalence in adults (16+) currently stands at 25.6 %. Although the smoking prevalence has decreased from 2012 by 7.8 % from 33.4% to 25.6%, West Dunbartonshire smoking prevalence still remains higher than the current Scottish average of 20.7%.

Accurate **alcohol consumption** data for West Dunbartonshire is difficult to obtain. The Citizens' Panel Survey data showed that in 2007, the majority of Panel members (81%) stated they drank alcohol. This declined slightly in 2010, 2012 and 2013 and in the 2015 survey 75% report drinking alcohol. Between 2013 and 2015 the percentage who drink alcohol reduced in regeneration areas from 72% in 2013 – 60% in 2015. It should be noted that the Citizens' Panel is a group of local residents who have volunteered to take part in surveys. However, the 2015 findings also show that there are a higher proportion of Panel members from the rest of West Dunbartonshire who drink (85%, compared to 60% in the regeneration areas), (Hexagon Research and Consulting, 2015).

In West Dunbartonshire 40% of over 60s do not take part in any **physical activity**. Active travel such as cycling and walking remains 5% lower than the Scottish average of 14.9%.

Housing and Households 2014 – 2039

The total number of households in West Dunbartonshire is projected to change from 42,106 in 2012 to 42,543 in 2037, which is an increase of 1 %. In Scotland, the projected number of households is set to increase by 17 % over the same 25 year period.

Percentage of households by age group is increasing for the 65yrs and over and decreasing for younger age groups, in line with population trends.

Percentage of households of 75+yrs will increase from 12 % in 2014 to 20% in 2039.

The information based on burden of disease estimates lays out the challenge for West Dunbartonshire and demonstrates the scale of what needs to change. This provides a clear imperative for major transformational change across the existing health and social care system.

There are opportunities for:

1. Preventative public health:
 - a large proportion of the disease that leads to illness and early death is preventable;
 - if levels of health in Scotland matched our least deprived populations, we would have one of the lowest health loss of any developed country as such there is an opportunity to continue to support our most deprived populations.
2. Preventative action around our mental health:
 - focus on the wider determinants of health (employment, income, place and education).
3. Policies and actions around substances that harm our health (alcohol, poor diet, cigarettes, drugs):
 - focus on cost, availability and acceptability to have a significant impact
 - self-management of conditions, through the effective use of technology to slow progress of disease, is also essential to reduce burden on health and care services (e.g. for COPD, heart conditions, diabetes and hypertension).

Programme for Change

It is clear that the traditional approaches to the provision of health and social care services, across all sectors and across all age ranges, will not deliver the required improvements for our population.

The Health and Social Care Partnership Board is committed to a programme of change based on robust evidence of population demographics, current financial resources and national and local policy drivers for change.

A key objective of the reform programme advocated by the **Christie Commission** was that public services had to be built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience.

The **National Health and Social Care Delivery Plan** recognises that if Health and Social Care is to be transformed in the next few years, then change must be undertaken at pace and that there is continued emphasis on partnership working which is fundamental to this process, planning with partners both across and outside of the public sector (Scottish Government 2016).

This National Health and Social Care Delivery Plan also sets out an ambition to work across boundaries to plan and deliver services that will meet the triple aim aspiration of providing better health, better care and better value:

“we will increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention”.
(Scottish Government 2016)

Setting out a significant list of objectives, including a focus on regional and national planning of services where appropriate. It draws on earlier strategies and sets out the direction of travel and expectations of a modern health and care system.

Strategic aspirations include:

- A vision for 2020 where people live longer, healthier lives at home or in a homely setting.
- Integrated health and social care which promotes prevention, anticipation and supported self management.
- Day case treatment as the norm.
- Highest standards of quality and safety.
- Person centred care.
- An integrated ‘Health and Social Care Workforce Plan’ for workforce planning and development.

- Investment that is matched to reform and transform.
- Digital Strategy promoting technology and information that supports both patients and care professionals with modern models of care.

In addition, the Plan committed to the delivery of the Public Health Review findings and subsequent Public Health Reform Programme; the 2016 Health and Social Care Delivery Plan confirmed Scottish Government and COSLA's commitment to develop a set of public health priorities for Scotland by early 2018. These priorities reflect the ambition for effective 'whole system' working to improve the public's health and reduce health inequalities with national shared Public Health Priorities developed with the key aim of supporting the collaborative work deemed necessary if these are to be delivered across the whole system e.g. whether working in health and social care services, housing, education or employment.

The 6 high level priorities are:

- A Scotland where we live in vibrant, healthy and safe places and communities.
- A Scotland where we flourish in our early years.
- A Scotland where we have good mental wellbeing.
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
- A Scotland where we eat well, have a healthy weight and are physically active.

The **National Clinical Strategy** (February 2016) emphasises the need to fully understand the drivers for change giving a high level perspective on why change is needed and the direction that change should take in order to maximise patient benefit from the available resources. A key area identified is planning and delivery of primary care services around individuals and their communities.

The recent report from **Chief Medical Officer** reaffirms the message that a radical change is required in order to effectively meet the needs of the public and demands of the future (Scottish Government 2018). The overarching message from the Chief Medical Officer is clear in that it is not only about providing high quality healthcare but importantly and in parallel to this it is about addressing the wider determinants that impact on health; the need to give equal priority to the causes such as socio-economic factors, as to health conditions.

The new **Care Inspectorate inspection framework** is changing the way starting with the inspection of care homes for older people. These new inspections reflect the new Health and Social Care Standards, published in 2017, and set out what people should experience from care and support in Scotland. A new quality framework to

use on inspections is being developed, with the Care Inspectorate starting this new approach in care homes for older people during July 2018. The approach is based on a human rights approach within a health and social care framework; which alongside **Self-Directed Support** allows people, their carers and their families to make informed choices on what their social care support looks like and how it is delivered, making it possible to meet agreed personal outcomes. The Social Care (Self-directed Support) (Scotland) Act 2013 allows people to choose how their support is provided, and gives them as much control as they want of their individual social care budget.

In accordance with the expectations of the **Carers (Scotland) Act 2016**, the Health and Social Care Partnership and partner organisations are committed to ensuring better and more consistent support for carers and young carers so that they can continue to care, if they wish, in better health and to have a life alongside their caring commitments.

The Community Empowerment (Scotland) Act 2015, the Public Bodies (Joint Working) (Scotland) Act 2014, the Equality Act 2010, and Chief Executive Letter (CEL) 4 (2010) Informing, Engaging and Consulting People in Developing Health and Community Care Services set out legal duties and **good practice in engaging communities**. The Health and Social Care Partnership Board has in place public engagement arrangements based on the National Standards for Community Engagement to meet their statutory duties.

Partnership working across **Community Planning West Dunbartonshire** affords opportunities to extend and co-ordinate reach into local communities and neighbourhoods. This link to community planning ensures that health and social care is not isolated from wider and highly relevant agendas that include transport, leisure and recreation, education, economic development, housing, policing, and fire and rescue services.

The **National Eligibility Framework** for services for adults and older people employs a four criteria approach, categorising risk as being critical, substantial, moderate or low.

- **Critical Risk:** Indicates that there are major risks to an individual's independent living or health and well-being and likely to call for the immediate or imminent provision of social care services.
- **Substantial Risk:** Indicates that there are significant risks to an individual's independence or health and wellbeing and likely to call for the immediate or imminent provision of social care services.
- **Moderate Risk:** Indicates that there are some risks to an individual's independence or health and wellbeing. These may call for the provision of some social care services managed and prioritised on an on-going basis or

they may simply be manageable over the foreseeable future without service provision, with appropriate arrangements for review.

- Low Risk: Indicates that there may be some quality of life issues, but low risks to an individual's independence or health and wellbeing with very limited, if any, requirement for the provision of social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term.

In these definitions, the risks do not refer only to an individual's current independence, health and wellbeing, but also to the risk that she or he may not be able to gain these outcomes without support. Additionally workforce and services should be proportionate to need, and this varies by condition.

National Health and Well-being Outcomes; and subsequent guidance framework (Scottish Government February 2015) provide a strategic framework for the planning and delivery of health and social care services. This suite of outcomes together focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for adults and older people.

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

National outcomes for children form part of the fifteen National Outcomes describing what the Government wants to achieve over the next ten years, articulating more fully the government's focus. The outcomes help to sharpen the focus of government, enable the priorities to be clearly understood and provide a clear structure for delivery. By achieving these outcomes at all levels, the Scottish Government aims to make Scotland a better place to live and a more prosperous and successful country. For children and young people this means:

Improved life chances for children, young people and families at risk
Young people are successful learners, confident individuals, effective contributors and responsible citizens
Children have the best start in life and are ready to succeed

During 2018, Scottish Government published a digital maturity assessment and NHS Greater Glasgow and Clyde launched their **Digital Strategy 2018-2022**. The strategy is key to delivering the Board's vision outlined in **Moving Forward Together** and the **Council's Be the Best** programme. The health and social care sector is embracing technological change and is creating an environment which supports the development of digital solutions which make a difference to people's lives.

Scotland's Digital Health and Care Strategy states: " *The issue is not whether digital technology has a role to play in addressing the challenges we face in health and social care and in improving health and wellbeing: the issue is that it must be central, integral and underpin the necessary transformational change in services in order to improve outcomes for citizens. Over the next decade digital services will become not only the first point of contact with health and care services for many people, but also how they choose to engage with health and care services on an on-going basis*".

The recent release of Scottish Government's **Drug Strategy- Rights, Respect and Recovery**, and the Alcohol Framework – Preventing Harm, both identify key themes which inform the direction of travel for local services planning and delivering Recovery Orientated Systems of Care. This creates a human rights based approach to supporting those affected by addiction issues and will be the framework for the local Alcohol and Drug Partnership Improvement Plan.

Improving health and wellbeing, building individual and community confidence and resilience, improving access to quality housing and other services, strengthening our response to offending behaviour and supporting the most vulnerable, such as young people leaving care will all help to create the conditions in which we can achieve a more resilient and confident community in West Dunbartonshire. Working in partnership the Health and Social Care Partnership will be able to create a platform of opportunity, releasing the talents of all, which will in turn contribute to achieving

our outcomes, through lowering the scale and burden of poverty, antisocial behaviour, crime and health and other inequalities.

The programme for change is evident and complex within the current policy landscape, as such the Health and Social Care Partnership Board has set out the overarching priorities within the next sections of the Plan which will deliver the Health and Social Care Partnership vision.

***Improving lives with the people of West
Dunbartonshire***

Financial framework

National Health and Well-being outcome

- Resources are used effectively and efficiently in the provision of health and social care services.

The three year planning period 2019 -2022 will be extremely challenging for the Health and Social Care Partnership Board as it seeks to balance increasing demands and costs against public sector spending constraints.

The Health and Social Care Partnership has experienced exceptional demand for services over the last three years, especially in the delivery of supporting children and young people and supporting our older and frailer residents.

This increasing demand has had to be considered within limited financial resources and the requirement for the Health and Social Care Partnership Board to agree on a programme of savings across both health and social care budgets.

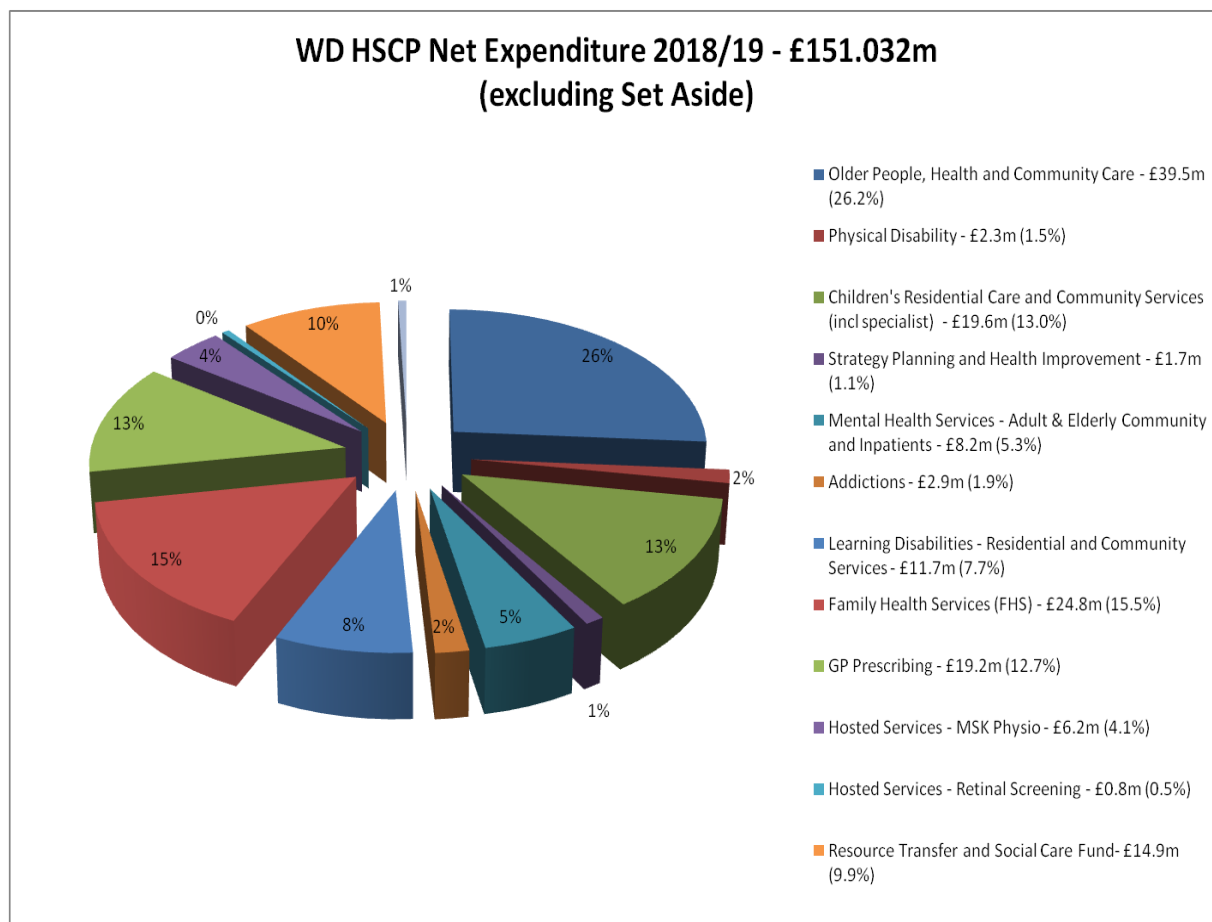
The Health and Social Care Partnership Board is responsible for the **financial governance** of the budgets delegated to it by our partners West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board.

The Health and Social Care Partnership Board receive regular financial performance reports which allow members to scrutinise how public money is being used and to ensure that financial resources are being directed to services that will deliver on local and national outcomes defined in this Strategic Plan's five strategic priorities.

The original agreed budget for 2018/19 to deliver our strategic priorities was £151.032m, excluding **set aside**. The Health and Social Care Partnership Board choose to **consult** with the West Dunbartonshire wider community in April 2018 on a range of savings options which will impact on the available budget over the next three financial years. The Health and Social Care Partnership Board considered the responses to the consultation and agreed to savings totalling: £1.216m in 2018/19, increasing to £1.831m and £2.321m in 2019/20 and 2020/21 respectively.

The set aside budget was approved later in the year at £18.210m and is West Dunbartonshire's share of the health board's resource to meet the costs of unscheduled care or emergency admissions to hospital. While the **set aside** budget is part of the Health and Social Care Partnership's total financial resource, the acute hospital sector delivers the care and spends the money. Successful delivery of the strategic priorities will reduce demand in unscheduled care allowing savings to be re-invested in community based services.

The chart below details how this funding is allocated across the main care groups.



The Scottish Government has through its **Health and Social Care Delivery Plan** set out key reform programmes including how Health and Social Care Integration will have a focus on prevention, early intervention and supported self-management. This was followed in October 2018 with its **Medium Term Health and Social Care Financial Framework**.

This sets out the government's spending commitments including additional funding dedicated to primary care (including GP services) and mental health as well as the re-investment of shifting the balance of care, meaning that a greater proportion of care is provided in a setting close to a person's home rather than in hospital.

The Health and Social Care Partnership has in 2018/19 received additional funds, to those detailed above, to help deliver on these commitments. This funding is committed to continue over the period of this Strategic Commissioning Plan.

Additional Investment

Scottish Government Funding	2018/19	2019/20	2020/21	2021/22
	£m	£m	£m	£m
Primary Care Improvement Fund	0.837	1.037	2.100	2.900
Mental Health – Action 15	0.201	0.311	0.439	0.585

It is anticipated that the public sector in Scotland will continue to face a very uncertain medium to long term financial outlook. The three year financial planning period 2019 – 2022 will be extremely challenging for the Health and Social Care Partnership Board as it seeks to balance increasing demand against diminishing resources, and new developments within the additional investment received.

While future funding settlements are uncertain, both of our partners West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board have set out the anticipated scale of their funding challenges in the medium to long term, including savings targets for the Health and Social Care Partnership Board. This coupled with increasing demand for services will require careful assessment, but early scenario planning would suggest the scale of the savings challenge could range from 3% to 5% of the Health and Social Care Partnership Board's current resources.

A **medium term financial strategy** will be developed centred on financial sustainability and service redesign. In order to understand the scale of the financial challenge a detailed analysis of costs and demands is required including:

- Pay inflation and pension costs – uncertainty around pay settlements for public sector workers and additional investment in pension schemes;
- Demographics – reflecting the increases in over 65+ and over 75+ years population often coping with a range of health conditions against a challenging social and economic climate;
- Contractual price increases – commitment to adhering to the National Care Home Contract and to deliver Scottish Living Wage to adult social care workers employed by our third sector and private providers;
- Prescribing Costs – inflationary increases, short supply issues and treatment of complex health conditions.

With growing costs and demands the financial strategy will reflect how we can work with the people of West Dunbartonshire by focussing on some key themes including:

- Better ways of working – integrating and streamlining teams to deliver services more efficiently will release financial savings and protect front line services;
- Prioritise our services – local engagement and partnership working are key strengths of the Health and Social Care Partnership. We must think and do things differently and find new solutions to providing support to those who need it;
- Service redesign and transformation – build on the work already underway redesigning support to people to remain or return to their own homes or a homely setting for as long as possible. This will be across all care groups including older people, learning, physical and mental disabilities and children and families, in partnership with housing sector, third sector and local providers.

The priorities for the, Health and Social Care Partnership as described below, form the basis for the commissioning of services; and are informed by the strategic needs assessment and integrated performance framework of the Health and Social Care Partnership.

In partnership with West Dunbartonshire CVS, as the local third sector interface (TSI), and Scottish Care, our independent sector partner, we developed a model of local market facilitation across older people, adults, and children's services – with the shared emphasis on improving quality and outcomes. This reinforces the expectations of the national clinical and care governance framework in relation to co-ordination across a range of services - including procured services - so as to place people and communities at the centre of all activity relating to the governance of clinical and care services. The Consortium provides a framework for all partners; with clarity of roles, responsibilities, expectations and opportunities for each sector partner described within the context of market facilitation.

To ensure a more measurable approach, a Contract Management Framework is being developed; further clarifying the responsibilities and roles of strategic commissioning and contract management within the entire Health and Social Care Partnership across all services alongside the Council's Procurement Team.

The approach will be embedded with Service Managers supporting a streamlined and consistent contract monitoring approach across the Health and Social Care Partnership and wider partners. This aligns more clearly to the direction of travel for the Care Inspectorate inspection processes in terms of a self evaluation quality improvement framework aligned to quality measures.

Making the Change – adults and older people

The Health and Social Care Partnership has agreed five key strategic priorities for the next three years; these are based on consultation with staff groups and with our communities.

1. Early Intervention
2. Access
3. Resilience
4. Assets
5. Inequalities

These priorities align to the National Health and Wellbeing Outcomes as high-level commitments relating to the actions the health and social care partnership is endeavouring to achieve through integration and ultimately through the pursuit of quality improvement across health and social care sectors.

Health and social care services focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community.

Key to this is people's experience of health and social care services and that their impact is positive; that they are able to shape the care and support that they receive; and that people using services, whether health or social care, can expect a quality service regardless of where they live.

The format of this Plan outlines how the Health and Social Care Partnership priorities will meet the overarching strategic priorities of the Plan and to help to inform how services are planned across the whole pathway of care, to ensure a focus on individuals, and also the practice changes within integrated multidisciplinary teams, that will make a difference to the care people receive.

1. Early Intervention

Adults and older people will have access to more opportunities to engage in meaningful activities within care homes and day services; and the Health and Social Care Partnership is committed to ensuring greater use of and a greater variety of **day service activities** available.

We will provide preventative interventions to ensure people are supported to remain active and enjoy life by rolling out the use of the **Rockwood Frailty tool** to support the early identification of people who are becoming increasingly frail.

We aim to create a **clear pathway to support** individuals and develop a range of interventions to support people at home, as they become more frail and work with the **voluntary sector** to create opportunities for older people to volunteer and to be supported by volunteers.

With the support of the third sector and the Leisure Trust, we are able to promote self-management and independence within care homes and within communities to support **rehabilitation and re-ablement**, using strength and balance and access to appropriate exercise opportunities.

Social prescribing is an approach for connecting people with non-medical sources of support or resources within the community which are likely to help with the health problems they are experiencing as well as the wider circumstances that affect an individual's health and wellbeing. Community Link practitioners will become part of primary care teams as part in West Dunbartonshire throughout the lifetime of the plan.

We will continue to work in partnership with Carers of West Dunbartonshire to ensure **carers** have easy access to support, advice and information at each stage of their caring journey and support for carers in their caring role will be consolidated in all our service areas.

We will, with partners, provide **community access opportunities** for access the arts, physical activity, learning, volunteering, social support, mutual aid, befriending, self-help as well as support with benefits, debt, legal advice and parenting.

Anticipatory Care Planning has been adopted across many GP practices and community teams; this ensures multi-disciplinary working focusing on the development of robust care plans for individual patients. Plans, which have the person's wishes at the centre, will be developed which will help maintain individuals within their own homes; through a coordinated community response to any deterioration in their health and care needs.

Given the age profile of the population of West Dunbartonshire the prevalence of Dementia is greater than that for Scotland as a whole. The Partnership continues to support **Dementia Friendly Communities** across the 22 neighbourhoods of West Dunbartonshire and is preparing a local Dementia Implementation Plan for the whole area.

All individuals accessing community addiction services will be continue to be offered testing and subsequent treatment locally for **blood borne viruses** via the award winning testing and treatment service; this ensures continuous growth of local treatment rates for Hepatitis C. in the coming year there will be a continuation of assertive outreach in an attempt to maximise those completing treatment.

The Health and Social Care Partnership community addiction services will continue to work with partners and Police Scotland in the multi agency task group to identify individuals who are potentially vulnerable and at risk in order to create a joint care pathway which will reduce their **episodes of distress** and multi agency contact; and will put a process in place to ensure that we are aware of anyone who is open to addictions and repeatedly presenting to emergency departments. This will ensure a multi disciplinary care review to ensure that any additional needs are identified and support maximised.

Our commitment to the most vulnerable and at risk in our community is a key priority and has had lead to the formation of a multi-agency tasking group. This group is a partnership with Police Scotland, health and social care community services from addictions and adult care. The approach offers coordinated care and support to West Dunbartonshire residents who have complex needs and struggle to work with services; often leading to a cycle of presentations to Health and Social Care Partnership services, Police Scotland and emergency departments.

2. Access

The agreed **Primary Care Improvement Plan** creates the opportunity to improve the delivery of services and ensures those using our services and their carers are at the heart of how these are designed, planned and provided.

The Health and Social Care Partnership is committed to respond quickly when people experience crisis or are suffering from increased frailty, putting a circle of support in place to help people remain safely at home or in a homely setting through a newly developing **Focussed Intervention Team**, focussing on frailty and complex needs.

The newly agreed **Mental Health Action 15 Development Plan** was developed with partners and lays out the commitments of the Health and Social Care Partnership to support people with long term and enduring mental health as well as creating a community and on-line support service for those living in West Dunbartonshire.

The new **Self Directed Services Assessment Tool** and refreshed **Self Directed Support Care Manager Guidance** reflects our approach to anticipatory care planning and person centred planning as well as access to all four self directed support options within one streamlined process. The newly refreshed Guidance and Assessment Tool will be rolled out beside a programme of refreshed awareness of the legislation over the first year of this Plan.

The new **Health and Care Centre for the people of Clydebank** has received full planning permission and once complete, will be in a state of the art centre ensuring that integrated teams and services can be accessed in one single place. Based on the significant demographic challenges for West Dunbartonshire, the creation of a state of the art will additionally provide access to health promoting community services and third sector support, advice and information.

The **Single Point of Access** for adult and older people community health and care services will continue to be delivered and developed for West Dunbartonshire for all integrated community teams to ensure those using services can easily and effectively find the right support.

The **Keys to Life**, the national strategy for learning disability, provides a local framework for the delivery of support services for people with a learning disability and working in close partnership with those who use our services; and those who provide services and their carers. With a focus on enhancing the technology enabled care currently available to enable access to effective, risk free and non-intrusive support.

The Health and Social Care Partnership, following consultation with carers and carer organisations, published West Dunbartonshire **Carers Eligibility Criteria** in 2017. The Eligibility Criteria states that all carers will have access to support to continue their caring role; the impact of this approach will be reviewed over the next year alongside carers and carers' representatives.

By continuing to focus on **Recovery Orientated Systems of Care**, we are able to bring together partners from welfare rights, prisons and justice, employability, housing and homeless, Police Scotland and third sector to effectively plan services that will support individuals in recovery to fully develop a sense of citizenship and become valued in their community. Key to this is reducing stigma and maximising opportunities for development and growth.

A validated patient reported experience measure (**CARE**) used in the MSK Physiotherapy Service seeks feedback from patients on their experience of the therapeutic interaction. The average score was 48.4 out of 50 demonstrating the empathy and interpersonal effectiveness of our excellent clinicians.

3. Resilience

The Health and Social Care Partnership is committed to ensuring that those who use our services are confident that the care delivered by all parts of primary and community care is **safe, effective and person centred**. The Health and Social Care Partnership, alongside partners is creating a culture of ongoing review of decisions taken, and interventions made, whilst encouraging comment and input from service users, carers and the wider public.

There will be agreed care pathways to assist both staff and service users to understand and achieve the best approaches for care which is safe, person centred and clinically and cost effective. It is recognised that the combination of **targeted action within primary and community care**, and both informing and empowering the individual to manage well with a long term condition, will improve their sense of wellbeing and avoid repeated admissions to hospital.

The Health and Social Care Partnership will continue to support **people who live in care homes** who need to go to hospital to access the right level and type of care and to be able to return home as soon as is possible and appropriate.

My Home Life is a social movement that aims to enhance the quality of life for all who live, die, visit and work in care homes through transformational change and encourages partnership working through appreciative relationship centred practice. The Health and Social Care Partnership has been pleased to support this

programme which has been delivered by staff from the University of the West of Scotland and demonstrates a strong partnership arrangement between these bodies and Scottish Care, the representative body for Independent Care Providers.

Recovery groups will continue to be developed, to enhance those already in Clydebank and Dumbarton. They offer peer support, social activities and a way back to mainstream community activities. New family and carer support services are being developed in West Dunbartonshire, offering vital peer-based support for families affected by someone else's substance use. These activities reduce social isolation and stigma, provide information and advice, and promote self-management.

There will be a review of the local **alcohol treatment pathway**, allowing us to explore how we can more effectively engage with those longer term drinkers who don't identify abstinence as their goal, in particular where there are concerns in regard to vulnerability, cognitive impairment.

The Health and Social Care Partnership's community addiction services, alongside partners, will be reviewing the clinic model of service delivery particularly for **Opiate Replacement Therapy** and we will conduct a test of change. We will test a more assertive outreach approach, with individuals being seen at home to support a family inclusive approach.

Local protocols will be developed in response to perceived gaps as a result of reflective practice for example **Benzodiazepine prescribing guidance**. As previously mentioned there will be a focus going forward on harm reduction and assertive outreach which will ensure that we are engaging with those most at risk in our communities.

Locally we will implement the recommendations from The NHS Education Scotland Report (June 2018) in the delivery of a matched approach to the delivery of **psychological interventions in trauma informed substance misuse services**. We look forward to the recruitment of a Clinical Psychologist and we will support staff to improve their skill and knowledge in the area of ACES and trauma informed approaches.

Mental health services continue to integrate with partners to give rapid access to a range of supports and treatments which meet the needs of local residents. By building community resilience, we aim to reduce delays in getting access to the correct care and treatment through new investment in partnership working within local health and care centres.

By working with the third sector and other partners, we are seeking to develop **public access e-health resources** and self-help and condition management packages for individuals to access. This will be aligned to the investment in a **Wellbeing Nurse**

who will work with GPs offering access to support for people with common mental health problems and emotional distress.

Well-being is a priority within our communities but also within our staff group and moving forward the Health and Social Care Partnership continues to support the **well-being and resilience of our own staff** through making training and support opportunities available.

The Health and Social Care Partnership, alongside community planning partners have agreed a partnership approach to **addressing domestic abuse**; which focuses on primary prevention within schools, workplaces, organisations and communities across West Dunbartonshire. This emphasis is on behavioural change building the knowledge and skills of individuals, and delivering a progressive shift in the structural, cultural and societal contexts in which violence occurs. By prioritising primary prevention, we are able to challenge the notion that domestic abuse is inevitable or acceptable.

As a Health and Social Care Partnership, we have recognised the historical low numbers of people over the age of 65 with **functional mental illnesses** that are in treatment. As a result, we are investing in cognitive behavioural therapy within the community through nurse specialists. We expect people to have a diagnosis of dementia at an earlier stage which will help improve their outcomes.

The Health and Social Care Partnership is committed to working with Carers of West Dunbartonshire, Y Sort it and carers to ensure **carers** are included within the assessment and care planning processes for those they care for and ensure that all carers are offered assessment and support as carers and that their voice is heard.

The newly refreshed Care Manager **Guidance for Self Directed Services** places those who use our services at the centred of the assessment and care planning process; creating a person centred ethos of delivery of care to meet individual care needs.

The Health and Social Care Partnership continues to be committed to the long established **Local Engagement Networks**, chaired by local people. Aware that time is precious; the Local Engagement Networks have been developed as a dynamic forum for local people to engage, share their experiences and support operational services to ensure that every user can gain the maximum benefit from the services provided by the Health and Social Care Partnership. Each Network meeting has operational service managers present to listen to people and to review issues around distinct community health and social care services; people have an opportunity to feedback on how services could be improved across the local area.

4. Assets

For those living within care homes, the Health and Social Care Partnership, alongside Scottish Care, will expand opportunities for inter- generational learning; by creating **“enjoy each other’s company”** programmes with local nurseries, early years centres and primary school children visiting care homes.

Using the newest technology available within the new care homes, the Health and Social Care Partnership is creating teenager and older people social activities; by **promoting digital inclusion** for older people and young people providing internet café sessions in all Health and Social Care Partnership care homes.

The **Local Housing Strategy** describes the housing sector’s provision of appropriate information and advice to help individuals make informed choices and that older people and those with additional housing needs are assisted to remain in and make best use of existing housing stock.

Additionally the Health and Social Care Partnership is working with the wider housing sector to invest in new housing, the **Strategic Housing Investment Plan**, aims to meet the housing needs of older people and to provide low level preventative support. The significant cohort of younger adults with complex health conditions who also require a strategic approach to their housing needs will be a focus for the Health and Social Care Partnership and housing sector over the life of this Plan.

Within a commitment to the principles of the **Housing Contribution Statement**, the Health and Social Care Partnership alongside the housing sector is developing specialist models of housing; within Dunbritton Harbour Development, St Andrews Housing Development and Haldane Housing Development for people with learning disabilities who are ordinarily resident within West Dunbartonshire and to support them in their aspiration towards independent living.

5. Inequalities

The Health and Social Care Partnership, alongside Carers of West Dunbartonshire and carers, have been working for two years in preparation for the **enactment of the Carers Act**. This work has produced a programme of activity which continues to be a clear commitment of the Health and Social Care Partnership.

Support for carers continues to be funded and supported by the Health and Social Care Partnership directly and by supporting third sector partners including Carers of West Dunbartonshire. Support for carers, from the Health and Social Care Partnership, can be accessed easily through **Tier 1 Carer Conversation and Tier 2 Self Directed Services Assessment**. Carers have the opportunity to effectively manage their caring role and access support as required.

The Health and Social Care Partnership alongside carers and carer organisations is developing **emergency plans** to ensure the carer for person is always supported and carers can continue to maintain their caring role.

The new Health and Social Care Partnership **Carers Strategy** has been developed alongside carers and carer organisations and describes the key local priorities as identified by carers and in line with the requirements of the Carers Act. The Health and Social Care Partnership **Short Breaks Statement** has been developed using national and local learning to create innovative and appropriate short breaks and respite opportunities for carers in West Dunbartonshire.

By working in partnership with the Carers of West Dunbartonshire a range of **information, advice and support services for carers** are now in place in West Dunbartonshire. Carers can access face to face and telephone contact, peer group support, health interventions, financial inclusion, short breaks and respite provision for young carers and adult carers.

The Health and Social Care Partnership is committed to supporting the housing sector to sustain the tenancies of vulnerable households by providing early support and social care interventions; and by working with partners to promote and encourage the payment of rent, signing up for benefits and access to employability support via Working 4U. For those with complex needs, the Health and Social Care Partnership is working with the housing and third sector to seek to develop supported housing solutions for younger adults; ensuring appropriate and person centred **Housing Options**.

Working4U is a Council run service which supports people who are unemployed return to work, providing assistance with benefits and debt, learning, digital literacy

and preparation for work; the Health and Social Care Partnership continues its commitment to working in partnership with colleagues in Working4U and third sector partners particularly around the **Child Poverty Action Plan** and benefits maximisation across our communities.

West Dunbartonshire has well established **locality planning** whose role and function is to jointly assess need, prioritise and plan how all resources, irrespective of their origin, can best be deployed in pursuit of the delivery of the National and Local Outcomes; and to be the local focus for service delivery and support by organisations from across the sectors to the population or communities within the area.

The **Locality Groups in Clydebank and Dumbarton/Alexandria** provide local district forum for the partners to promote details of their local initiatives, projects and to seek details of partner programmes to ensure the maximum health gain for the people of West Dunbartonshire.

The **Strategic Planning Group** in West Dunbartonshire continues to develop and seeks to ensure leadership from the group in developing the Strategic Commissioning Plan, review of performance and involvement from the members of the group in the wider planning arena. The group will continue to act throughout the lifetime of the Plan to understand and plan for the challenges ahead.

Making the Change – Children and Young People

Disadvantages experienced from birth will impact adversely the life chances of our children. By the time they reach their third birthday, children from deprived backgrounds can be as much as a year behind their peers in cognitive and social development.

The impact of this disadvantage can be seen throughout an individual's life, in poor health, employment and social outcomes. By acting swiftly in identifying and dealing with risks to children, young people and families, we can prevent these risks from becoming long-term problems. The Health and Social Care Partnership, with partners, will continue to build the capacity and resilience of children, young people and families

The Health and Social Care Partnership will be focusing on the health and wellbeing needs of all children in our community, with recognition that some children, young people and families have additional vulnerability, risk and need.

As such the Health and Social Care Partnership and our partners have agreed that the following groups will benefit from additional support:

Children and young people who are looked after and looked after and accommodated including those looked after 'at home'	Children and young people affected by issues such as domestic abuse, mental health and substance misuse
Children and young people where safety and wellbeing is an issue	Young people leaving care young people involved in offending
Children with or affected by disability	Children in need/vulnerable children, including young carers
Those at risk due to a vulnerable pregnancy	

In order to ensure that we fulfil our commitment to supporting children and young people to remain in their communities wherever possible and appropriate, we will commit to a service review and redesign across Children's Services within the Health and Social Care Partnership.

This will consider the means of collectively achieving more efficient and effective prioritisation and targeting of resources, and will be undertaken along with inputs from key partners and stakeholders with the aim of significant and lasting change within a service delivery model for vulnerable children and young people. Improving the outcomes of children and young people is our overarching priority and will guide our service redesign, informed by the voices of our children and young people.

Supported through our engagement with the national root and branch review of looked after children services, the Health and Social Care Partnership will ensure that our statutory services have appropriate capacity moving forward to enhance family support and all aspects of care for our looked after children.

This will include our ongoing priority of supporting children and young people to remain in their communities wherever possible and appropriate and a shared multi professional and service user approach to developing an effective, **targeted model of intervention to support children**, young people and their families in West Dunbartonshire.

Supported by the Life Changes Trust, our **West Dunbartonshire Champions Board** creates a unique space for care experienced young people to influence service design and delivery in areas which affect them and will be part of all aspects of service redesign. The Champions Board Coordinator and three care experienced workers have been appointed as part of the Champions Board to work alongside the Health and Social Care Partnership and other corporate parents to raise awareness of corporate parenting responsibilities and influence positive change. This provides a voice for care-experienced young people and reflects our commitment to the Scottish Care Leavers Covenant. This will be expanded with continued commitment to focus more strongly on the voices of all our Looked After children and young people and learning from the experience of the Champions Board to shape and improve services.

In partnership with Centre for Excellence for Looked after Children, the Health and Social Care Partnership is committed to embedding **Permanence and Care Excellence Programme** to review and develop our processes to improve the journey of children through permanence planning and to ensure that children reach a

permanency decision more quickly and with less drift, providing improved certainty and clarity, only after all possible options to returning to the birth family have been fully explored. We will be seeking to move children through permanency faster and improve our consideration of returning children home.

The Health and Social Care Partnership will further embed our **Kinship Care** strategy and practice, utilising national and local learning and will work with local Kinship Carers to involve them in strategic planning and to develop opportunities for supports for kinship carers.

For those children and young people who have had to take on a caring role, the Health and Social Care Partnership will ensure that they are recognised by all partners as children and young people first; as such we are committed to assessing and supporting them within this context. Working with our third sector partners Y Sort It to ensure joined up and appropriate supports are in place for **young carers**.

The Health and Social Care Partnership will further develop and embed our **Initial Referral Discussion** model across core agencies to ensure early multi agency communication and analysis identifies and addresses children and young people at risk proportionately and timeously, informed by national work to improve this process

A range of measures to reduce and address **young people involved in offending** behaviour and continued adoption of ‘Getting it Right for Young People Who Offend’ will reflect young people who offend as children and young people in need, upholding a balance between addressing the individual needs of vulnerable young people and community safety.

The Health and Social Care Partnership will provide a tiered approach to offending behaviour via our **Whole Systems Approach** to provide early and effective intervention and in targeting more harmful behaviour and risk through more intensive approaches. Focusing on redevelopment of the Whole Systems Approach in considering young people aged up to 18 years, reflecting Getting It Right for Every Child and corporate parenting responsibilities. Children’s and Criminal Justice services will maintain a model of **proactive discretionary decision making** in respect of the best approach to addressing offending and at risk behaviour with young people aged over 16.

The Health and Social Care Partnership will support a **systemic family therapeutic** approach to assessment and intervention, particularly to support children and young people returning home and to reduce the risk of breakdown of fostering placements for children and young people.

Health and Social Care Partnership adult services will work to identify parental need and risk with regard to their adult clients who have parenting roles. We will implement our '**Child Wellbeing Assessment**' as an initial stage assessment for adults being offered support through our services, with specific initial emphasis on adults affected by **mental ill health and addiction**. This reflects that parental mental health, addiction and domestic abuse continue to be primary factors in identifying and mitigating risk for children and young people in West Dunbartonshire.

Recognising connectivity across key priority areas, we will further strengthen links between our identification and interventions of domestic abuse and child protection.

Use learning from **Self Directed Support** to develop further more flexible and person centred approaches to family support. We will use learning from our successful approach in supporting transitions for children with disabilities in receiving proportionate person centred support into adulthood.

The Health and Social Care Partnership will support children and young people affected by **disability and issues of mental health**; social work and health care staff within community teams through specialist knowledge, skills and intervention, including a review of commissioning and procurement of services in supporting the best outcomes for all children affected by disabilities in accessing community based supports.

The over-arching commitment alongside our community planning partners to **Getting It Right for Every Child** puts the needs of all children and young people at the centre of the planning, delivery and review of services.

The Health and Social Care Partnership will ensure that efforts to address **child poverty** by maximising income and reducing living costs are undertaken and those seeking services can access support easily and timeously.

The Health and Social Care Partnership, alongside NHS Greater Glasgow and Clyde will work to roll out of financial incentives for **smoking cessation in pregnancy** given the high rates of smoking within West Dunbartonshire.

We recognise that children can be vulnerable for many reasons, including lack of opportunity, developmental delay, and physical disability. Some will require additional input from **Specialist Children's Services** to ensure that they achieve their full potential. The Community Paediatric Team will continue to provide specialist health support both in health locations and also through staff outreach to schools, nurseries and clients own homes.

We will continue to work closely with our partners across community planning colleagues to ensure that children and young people receive the advice, support and intervention they require to enable them to be as active and independent as possible; participating to their potential in education, self-care and leisure activities.

Allied Health Professions within West Dunbartonshire have been instrumental in the build and development of **KIDS (Kids Independently Developing Skills)** a digital platform that provides universal and targeted information and resources for children and young people, carers and the wider team around the child. This resource will continue to be widely used in health and education settings and by families themselves to support self-management, without the need for onward referral to specialist children services.

Universal services delivered through community health visiting services includes an ongoing commitment to embedding the **universal health visiting pathway** and the use of the Neglect Toolkit across health and social work to raise awareness across all community planning partners.

West Dunbartonshire has also established a clear approach to supporting resilience and trauma informed practice across services, supported through development of the Health and Social Care Partnership **multi-agency Hub**.

1. Early Intervention

Over the next three years, we will prioritise the implementation of the revised **health visitor universal pathway** as a key priority area for children's services, increasing the number of universal visits from three home visits to eleven home visits, eight of which are in the first year of life, and includes one in the antenatal period. This allows the opportunity for the earliest building of therapeutic relationships between health visitors and families, and promotes early intervention and prevention.

The Health and Social Care Partnership dental health support worker team focus on improving the **oral health** of the pre 5 population. They now link with all local authority and partnership nurseries within West Dunbartonshire to support tooth brushing programmes in nurseries, as well as following up children who are not registered with a local dentist with the aim of improving oral health and dental registrations in the under 2 population.

West Dunbartonshire will maintain its excellent **immunisation uptake** rates for routine childhood immunisations, while implementing and establishing local

community immunisation teams, in line with the Primary Care Improvement plan. This service will provide more flexibility to families in clinic attendance in order to promote earlier engagement and further improve immunisation uptake

We will prioritise **accident prevention** in our under five population. As part of the revised universal pathway, efforts to address the high rates of accidental injury in the pre 5 population will be one of the key priority areas, recognising that accidental injuries are more likely to occur for those living in deprived areas.

West Dunbartonshire Health and Social Care Partnership will build on the success of achieving the **UNICEF Gold sustainability award**, which recognises the high standard of practice and service for infant feeding within West Dunbartonshire. With focus on families living in the most deprived areas who will be our priority over the next 2 – 3 years, with the aim of increasing breast feeding rates.

2. Access

The **school nursing service** in West Dunbartonshire is in a period of service development, in line with the national priority areas for school nursing, and reflecting the NHS Greater Glasgow and Clyde three key areas of emotional health and wellbeing, vulnerability and transitions.

The Health and Social Care Partnership will use Scottish Government investment in the school nurse service to address the wellbeing needs of children and young people by:

- As part of the development of the school nurse service, Build on the established relationships between the school nursing service and child and adolescent mental health service (CAMHS)
- Provide Tier 2 support for mild to moderate anxiety for children and young people who do not require the specialist intervention of CAMHS.
- Strengthen links between the Looked After Children's (LAC) Nurse and Children and Families social work services by providing a health assessment for children and young people who are looked after at home.

3. Resilience

The Health and Social Care Partnership will ensure that **trauma informed practice** is at the core of health visiting and school nursing practice, in working with children, young people and families who have experienced **adverse childhood experiences**. We will develop these approaches through training the workforce in trauma informed approaches to identify adverse childhood experiences early, and support and empower families to militate against the effects of adversity in childhood.

The Health and Social Care Partnership are committed to building on our sector leading progress, through the creation of a dedicated service committed to supporting the awareness raising and trauma informed approach in adverse childhood experiences.

4. Assets

The Health and Social Care Partnership will build on the success of our **parenting programmes** within West Dunbartonshire, using Incredible Years groups to appropriately support our families to build their children's resilience and their capacity as parents.

The Health and Social Care Partnership will maintain our strong links with **Early Years Education** in West Dunbartonshire, through the development of professional networks and ensuring the transition from home to nursery is supported through our universal services.

Making the Change – Criminal Justice

Health and Social Care Partnership Criminal Justice services undertake a range of statutory duties concerned with the assessment and supervision of offenders subject to community sentences or subject to supervision following a custodial sentence.

The same demographic and financial challenges already referred to in this Strategic Commissioning Plan are also reflected within the population of West Dunbartonshire of people who offend. It is essential for there to be **joint partnership response** to addressing offending behaviour in our communities and being able to provide effective interventions to reduce the impact of offending behaviour and the likelihood of reoffending.

The national average for reconvictions per individual is 0.47%; East and West Dunbartonshire have combined rates published which reflect the national average. In West Dunbartonshire both the **reconviction rate** and average number of reconvictions per individual have **generally decreased over the past decade**; over the past 10 years, the reconviction rate decreased by 5.4% from 32.4% to 27.0%. This is an encouraging picture, however as an Health and Social Partnership, we are aware of the serious impact that offending has in our communities and also how offending affects the ability of individuals to move on and begin to build a positive, achieving future. As such, the management and delivery of **criminal justice social work services** needs to continue to develop and evolve.

Until March 2017, West Dunbartonshire Health & Social Care Partnership hosted a tripartite Criminal Justice Partnership, on behalf of community planning partners in West Dunbartonshire, East Dunbartonshire and Argyll and Bute Council. The national shift away from Community Justice Authorities, where local authority areas worked together to plan and deliver services has led to a return to single authority accountability, alongside the development of local **Community Justice Partnership** which provide opportunities to improve planning and delivery of services in West Dunbartonshire.

Criminal Justice Social Work Services are measured against a number of **National Outcomes and Standards** and key performance indicators, this joint framework ensures an ability to map progress within our evolving service and measure impact for individuals following interventions.

The role of technology in improving communication with offenders is a key priority and their compliance means that, during the next three years we will:

- maximise the use of our Information Technology including GeoPal and our social work electronic information systems
- develop monthly performance reporting to address any issues with individuals complying with community based disposals.

West Dunbartonshire has agreed a **Community Justice Outcome Improvement Plan 2019-20**; this alongside the national Health and Social Care Standards will guide our work with all our partners to address common issues which make it more difficult for people to live their lives without offending; joint working with services linked to support with addiction, mental and physical health issues are vital as well as supporting the re-integration of offenders to their communities by supporting them to access appropriate housing, employability and other community services.

As with children and young people's services, West Dunbartonshire Criminal Justice Social Work Service provides opportunities for feedback from people who have committed offences. During the lifespan of the Community Justice Outcome Improvement Plan, it will be important for the Health and Social Care Partnership to improve the range of feedback we are seeking and receive both from people who commit offences and those who benefit from our services; for example unpaid work undertaken in the community.

As part of our **person-centred approach to interventions**, the Health and Social Care Partnership recognises the impact that adverse emotional and physical trauma can have on people's risk of offending. As a result, West Dunbartonshire's Criminal Justice Social Work Service, alongside the Community Brain Injury Service, will continue to participate in research by Glasgow University on the prevalence of head injury amongst people involved within the criminal justice system

The service will also explore using the '**Justice Star**' **assessment** which could improve our ability to measure change within individuals during supervision in the community which could support an effective, responsive and flexible approach to supporting individuals to move away from offending with improved outcomes.

Moving forward, the Health and Social Care Partnership is undergoing a Criminal Justice Inspection; a process which is undertaken by the Care Inspectorate this is an opportunity for reflection and self-evaluation across the Community Justice Partnership as well as shared learning and good practice models from other areas.

Housing Contribution Statement

The joint Housing Contribution Statement sets out the arrangements for carrying out the housing functions delegated to the West Dunbartonshire Health and Social Care Partnership Board under s29(2)(a) of the 2014 Act; and, in accordance with s(29)(2)(c) of the Act, sets out an overarching strategic statement of how the Partnership Board intends to work with housing services (whether delegated to it or not) to deliver its outcomes.

The Housing Contribution Statement sets out the role and contribution of the local Housing Sector – through the offices of West Dunbartonshire Council in its role as a strategic housing authority - in meeting the outcomes and priorities identified within the Strategic Plan.

As such, the Housing Contribution Statement acts as the 'bridge' between the Local Housing Strategy and the Strategic Plan for West Dunbartonshire.

Articulating the role of the local housing sector in the governance arrangements for the integration of health and social care.
Providing an overview of the shared evidence base and key issues identified in relation to housing needs and the link to health and social care.
Set out the shared outcomes and service priorities linking the Strategic Plan and Local Housing Strategy
Set out the current and future resources and investment required to meet these shared outcomes and priorities, and identify where these will be funded from the integrated budget and where they will be funded by other (housing) resources
Provide an overview of the housing-related challenges going forward and improvements required.
Cover key areas such as adaptations, housing support and homelessness, including articulating the housing contribution across a wide range of groups including older people and those with disabilities, mental health and addictions.

Local Housing Strategy Outcome under the Addressing Particular Housing Needs theme reads:

People with particular needs have access to suitable housing with any necessary support to optimise their independence and wellbeing.

The key highlighted areas where the Housing Sector (through the office of the Council as strategic housing authority) and the Health and Social Care Partnership will be working together in the coming period to continue to:

Develop housing support service to enable long term clients to be supported within West Dunbartonshire.	Develop plans for new and refurbished housing.
Develop Services at Points of Transition.	Provide preventative interventions and supports.
Ensure rapid access to assessment, and provision of aids and adaptations.	Seek to develop supported housing solutions for younger adults with complex needs.

Making the change through Partnership Working

Integration and joint strategic commissioning offer real potential for the driving forward of transformational change in health and care in Scotland. Key to this is maximising effective cross-sector relationships; ensuring a culture of true partnership, shared language, shared understanding and clear access and engagement routes which bring a level of consistency and make the commissioning landscape easier for all to navigate.

An intelligent commissioning strategy begins to explore a rights-based approach and prioritises smart investments that not only represent best value but crucially consider the broad impact of investment, across national outcomes and across those outcomes most important to our communities.

The Scottish Government has recognised the importance of third sector engagement in this; further identifying the importance of a coherent and coordinated structure at local authority level.

The third sector in West Dunbartonshire is diverse in scope, size and function. The nature of the sector is complex with West Dunbartonshire CVS (the local Third Sector Interface) providing a valuable ‘front door’ for the Health and Social Care Partnership, offering opportunities for the third sector to:

Find a route into new and emerging health and social care structures	Become an integral part of the strategic commissioning landscape
Engage and collaborate effectively; make a difference; and enable change as a result	Gain recognition for the quality and outcomes delivered.

Within the partnership structure, the role of the Third Sector Interface is to also represent the interests of the third sector and explicitly capture, codify and convey sector information, experience and perspective. This includes raising the profile of the sector as contributing partners – capturing activity at local level, with evidence to inform outcomes and making visible the assets of the whole system.

Undertaken since 2004, the annual WDCVS Sector Census, most recently completed in October 2018, identified 911 active third sector organisations with 20% of organisations engaged directly in health and wellbeing activity and 13% in the field of social care; 48% of organisations identified a key role in reducing social isolation and loneliness.

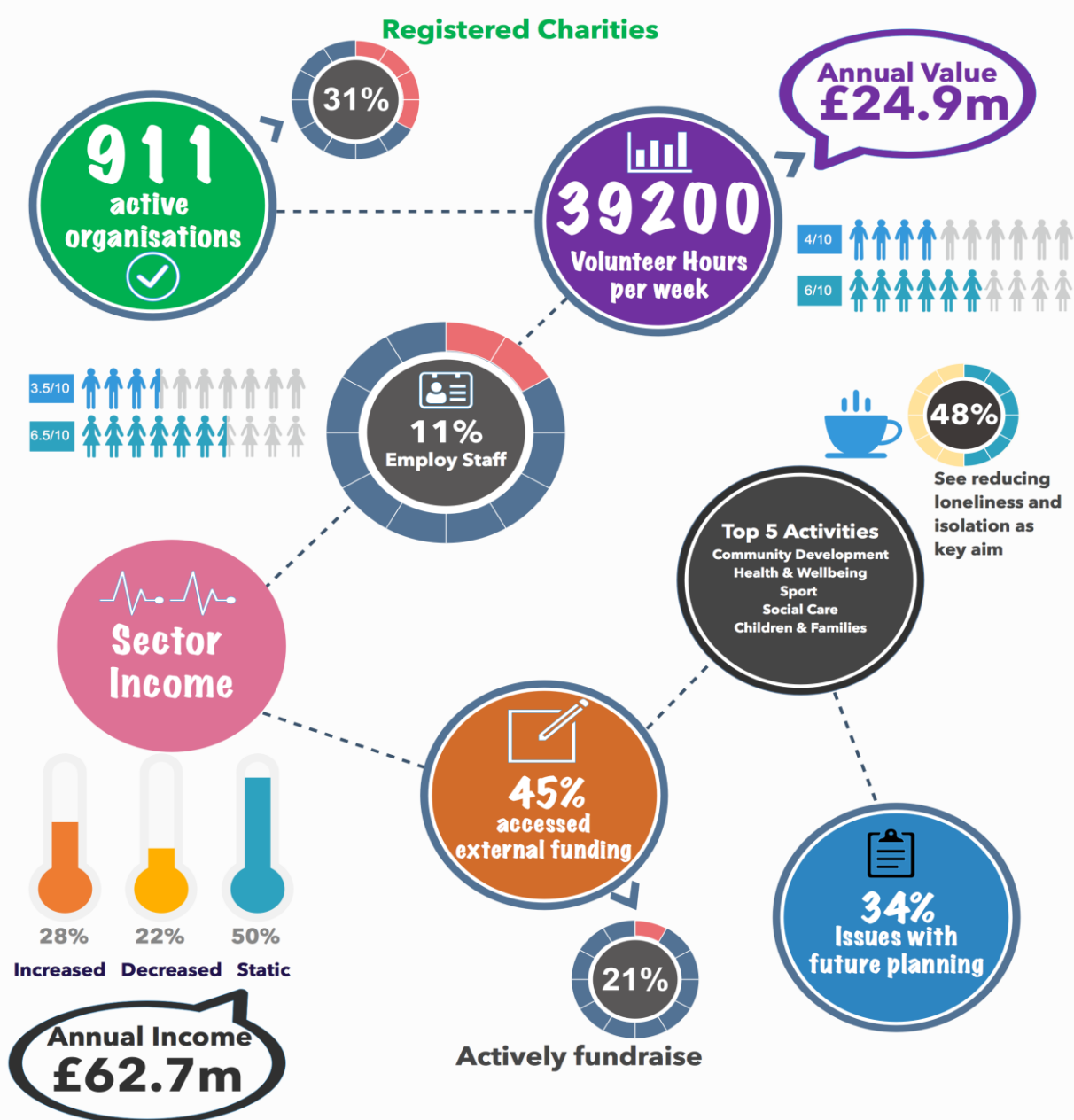
In addition to the capacity impact of the 39,200 volunteer hours provided by local residents, the adult volunteering rate of 38% represents a strong core of citizenship and cohesion; an important asset base on which to support the development of increasingly confident, resilient communities, co-producing their own solutions as active citizens with a focus on upstream prevention actions.

The census identifies the third sector as a significant local employer in the West Dunbartonshire area with a workforce of 977 staff; 68% employed on full time contracts and 64% female. Developing and implementing strategic workforce development across statutory, third and independent sectors providers offers the opportunity to up-skill a whole system workforce and breakdown perception barriers.

85% of direct service organisations in the sector highlight their active use of monitoring and evaluation methodologies – many bespoke in nature due to the diversity of activity undertaken and the inability of the sector to secure partner investment to support certain identified 'core' costs such as adopting recognised quality assurance frameworks. Sector concerns around an ongoing focus on output monitoring and time-consuming duplications in reporting requirements, support the development of intelligent commissioning and the development of a common evaluation framework based on realistic deliverables and outcomes.

Our strategic commissioning approach, in partnership with West Dunbartonshire CVS and Scottish Care, will embrace positive ongoing third and independent sector engagement in service planning and ongoing assessment of the impact of commissioning practice on the local supplier base.

West Dunbartonshire Third Sector Census 2018



Measuring Change

Resources are used effectively and efficiently in the provision of health and social care services.

The integrated performance framework includes children's outcomes and criminal justice outcomes as well as the National Health and Wellbeing Outcomes.

The Annual Performance Report also sets out the arrangements developed and adopted for the governance of Health and Social Care Partnership activities. The Report details progress on delivering upon the strategic commissioning priorities as described within the Making the Change section of this Plan.

The Annual Report includes reporting on the key strategic performance indicators provided here and will be augmented by data on a variety of monitoring indicators, including our equality outcome indicators as committed to within our Equalities Mainstreaming Report.

The strategic performance framework for this Strategic Plan – and the key strategic performance indicators that are set out overleaf - then reflect all of the above as summarised by two key principles articulated within the National Framework for Clinical and Care Governance:

- Values of openness and accountability are promoted and demonstrated through actions.
- All actions are focused on the provision of high quality, safe, effective and person-centred services.

The HSCP has developed a **Performance Management Framework** to monitor and report performance across all service areas against the National Health and Wellbeing Outcomes, National Outcomes for Children and Young People, National Outcomes for Criminal Justice and the Core Integration Indicators developed by the Scottish Government.

National Health and Well-being Outcomes

Number of delayed discharges over 3 days non-complex cases

Number of acute bed days lost to delayed discharges for people aged 65+

Number of acute bed days lost to delayed discharges for Adults with Incapacity aged 65+

Number of emergency admissions for people aged 65+ and as a rate per 1,000 population

Number of unplanned acute bed days for people aged 65+ and as a rate per 1,000 population

Number of emergency admissions for people of all ages

Number of attendances at Accident & Emergency (Emergency Departments & Minor Injuries Units)

Number of people receiving a re-ablement intervention

Percentage of people with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes

Number of people in anticipatory care programmes

Number of people in receipt of Telecare

Number of people receiving Care at Home

Number of Care at Home hours received by people aged 65+ and as a rate per 1,000 population

Percentage of people aged 65+ receiving personal care

Percentage of people aged 65+ assessed with complex needs living at home or in a homely setting (local definition in development)

Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment

Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)

Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)

Percentage of people newly diagnosed with dementia who have received a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan

Percentage of people seen within 4 weeks for musculoskeletal physiotherapy services

Number of people receiving Home Care Pharmacy Team support

Prescribing cost per weighted patient

Compliance with Formulary Preferred List

Percentage of people waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery

Percentage of people who started Psychological Therapies treatments within 18 weeks of referral

Percentage of Adult Support and Protection clients who have a current risk assessment and care plan

National Outcomes for Children and Young People

- Percentage of children and young people starting treatment from Child and Adolescent Mental Health Service (CAMHS) within 18 weeks of referral
- Average number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services
- Percentage of Measles, Mumps & Rubella (MMR) immunisations at 24 months
- Percentage of Measles, Mumps & Rubella (MMR) immunisations at 5 years
- Percentage of looked after children being looked after in the community
- Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care
- Percentage of all children aged 0-18 years with an identified 'named person' as defined within the Children's and Young People's Act 2014
- Percentage of children on the Child Protection Register who have a completed and current risk assessment
- Percentage of child protection investigations to case conference within 21 days
- Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review - Early Years Collaborative Stretch Aim
- Number of referrals to the Scottish Children's Reporter on care and welfare grounds.

National Outcomes for Criminal Justice

Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling

Percentage of Community Payback Orders attending an induction session within 5 working days of sentence

Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence

Number of referrals to the Scottish Children's Reporter on offence grounds.

Workforce Planning for Change

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.

As outlined previously within this Plan the increasing population demand and number of policy drivers there is a need to transform services to meet future demand. The first integrated Workforce and OD Strategy and support plan was developed for the lifetime of Strategic Plan for 2015 – 2018.

The intention moving forward is to integrate this into the strategic planning process and develop an annual support plan for lifetime of Strategic Commissioning Plan. A Workforce and OD strategy will be developed to accompany the Strategic Commissioning Plan.

Effective workforce planning ensures that services and organisations have the necessary information, capability, capacity and skills to plan for current and future workforce requirements. This means planning a sustainable workforce of the right size, with the right skills and competencies, which is responsive to health and social care demand and ensures effective and efficient service delivery across a broad range of services and locations.

Fortunately West Dunbartonshire has had the benefit of a strong local track record for joined-up workforce planning across health and social care services, coupled to a clear commitment to the principles of Staff Governance: i.e. that staff should be well informed; appropriately trained; involved in decisions which affect them; treated fairly and consistently; and provided with an improved and safe working environment.

Overview of the Workforce

The headcount for the Health and Social Care Partnership as of 1 st March 2018 was 2,395, equating to 1,774 whole time equivalent posts	There has been an increase in headcount and reduction in whole time equivalents since 2015 this may be due to staff opting for more flexible working patterns
There are 85% females and 15% males working for the Health and Social Care Partnership	Council employees make up approximately two-thirds of the Health and Social Care Partnership workforce by headcount, with NHS-employed staff filling the remaining third. The split is 69% Council Employees and 31% NHS employees.

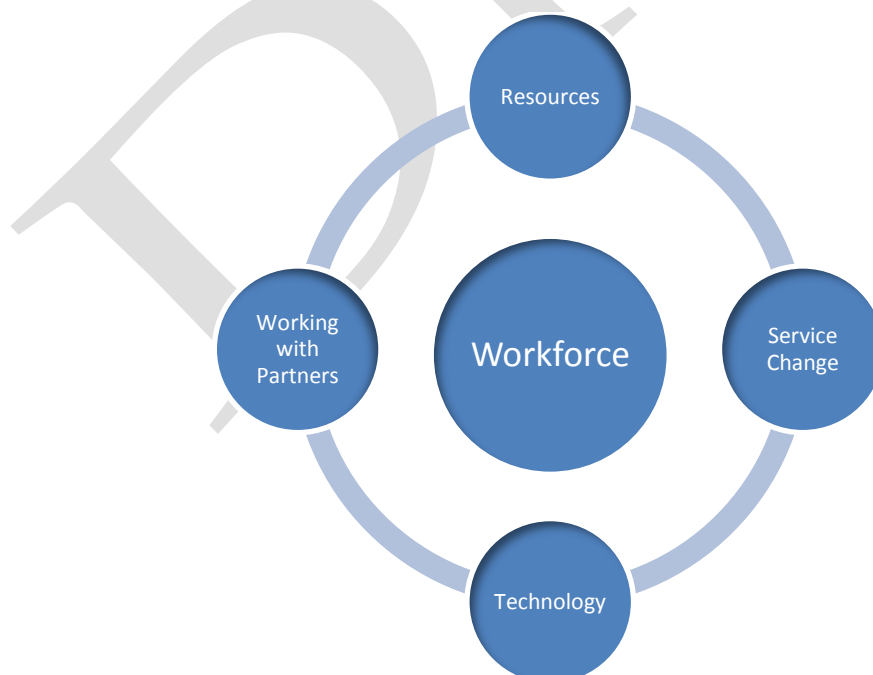
This age profile highlights the Health and Social Care Partnership has an ageing workforce

60% of the workforce are over 46 years of age 30% of staff working in Health and Community Care are over 60 years	45% of the workforce is over 50 years old, with the largest age band falling between 51 and 56 years of age
10% of the workforce are over 60 years old, with some staff working beyond the “historic” retirement age of 65 years; and a small number of mostly council-employed staff working into their seventies	Only 1% of the workforce are under 20 years old

These figures above have remained static since the 2015 workforce plan and may be due to some staff still having preserved benefits under old pension schemes, which means staff are opting to leave early.

To deliver future service delivery there will need to be changes to the workforce to meet future demand. We have developed Health and Social Care Partnership Workforce and Transformation Model which explains how we will do this:

HSCP Workforce Transformational Model



A key component of development of our Workforce and Organisational Development Strategy is aligning our **resources** to our needs and taking into account some of our workforce challenges such as our ageing workforce.

Effective workforce planning will ensure that services have the necessary information, capability, capacity and skills to plan for current and future workforce requirements. This means planning a sustainable workforce of the right size, with the right skills and competences, which is responsive to our needs.

The Health and Social Care Partnership will need to rebalance our people against demands so we can deliver for the future. This will be achieved by **redesigned roles and services**, for example our Focussed Intervention Team.

Health and social care services across Scotland are, and will, have to continue to manage rising demands, not least related to demographic change, increasing entitlements, changing public expectations and extremely challenging finances.

Audit Scotland have stated that public bodies need to think differently about what they deliver - prioritising activities, redesigning services and re-shaping their workforces. Some changes will be nationally driven and others locally determined. This is certainly the case in West Dunbartonshire, and just as true for the Health and Social Care Partnership as it is for other areas of public service.

The Health and Social Care Partnership has an excellent foundation of working with partners through community planning structures; focussing on strong partnerships and supporting development of collaborative culture that will continue to embrace new ways to redesign health and social care .

Clinical and care governance

People who use health and social care services are safe from harm.

The Health and Social Care Partnership has established clinical and care governance structures and processes by which accountability for the quality of health and social care is monitored and assured, supporting staff in continuously improving the quality and safety of care and ensuring that wherever possible poor performance is identified and addressed.

Effective clinical and care governance arrangements are in place to support the delivery of safe, effective and person-centred health and social care services within integrated services.

The Scottish Government's Clinical and Care Governance Framework states that all aspects of the work of Integration Authorities, Health Boards and local authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care.

It should be noted that many clinical and care governance issues relate to the organisation and management of services rather than to individual clinical decisions. Clinical and care governance, however, is principally concerned with those activities which directly affect the care, treatment and support people receive.

As such, the clinical and care governance leadership within the Health and Social Care Partnership continues to be committed to robust clinical and care governance and to supporting staff in continuously improving the quality and safety of care; and ensuring that wherever possible poor performance is identified and addressed.

All health and social care professionals will remain accountable for their individual clinical and care decisions. Clinical and care governance within the Health and Social Care Partnership is achieved by co-ordinating three interlinking strands of work:

Robust national and local systems and structures that help identify, implement and report on quality improvement

Quality improvement work involving staff, service users and the public

Establishing a supportive, inclusive learning culture for improvement based on self-evaluation and critical reflection

The Chief Officer has delegated responsibilities, through the Chief Executives of the Council and the Health Board, for the professional standards of staff working in integrated services. The Chief Officer, relevant lead health professionals and the Council Chief Social Work Officer will work together to ensure appropriate professional standards and leadership.

Integrated managers manage teams of Health Board employed staff, Council employed staff or a combination of both; and promote best practice, cohesive working and provide guidance and development to their team. This includes effective staff supervision and implementation of staff support policies. Where groups of staff require professional leadership, this will be provided by the relevant Health Board professional lead or the Council's Chief Social Work Officer as appropriate.

Public Protection

Through the wider Public Protection agenda the Health and Social Care Partnership will work to ensure that people, particularly the most at risk, are kept safe from harm and that risks to individuals or groups are identified and managed appropriately.

Public Protection in West Dunbartonshire provides a range of measures which can be used together to 'protect our people'. This includes multi-agency strategic planning and operational services which provide protection from harm for children, young people, and adults at risk. In addition effective and robust management of High Risk Offenders through our Multi-Agency Public Protection Arrangements and serious violent offenders provide protection to the community.

- Our multi-agency approach requires agencies to co-ordinate an effective response that gives at-risk individuals the timely and proportionate support they need to reduce the risk in their lives.
- Public protection is integral to the delivery of all adult and children's services within the Health & Social Care Partnership and across key partners. This will continue to be based on West of Scotland Child and Adult Protection Guidance and local interagency procedures.

The development of a Public Protection Coordinator post in West Dunbartonshire in 2018 reflects the commitment to developing a shared public protection framework to provide a consistent and robust approach to public protection.

Working together, partners are strengthening local identification, assessment, support and outcomes for children, young people and adults at risk, including those affected by domestic violence.

There are key priorities for the Health and Social Care Partnership and wider partners, who will :

- work to ensure that people, particularly the most vulnerable, are kept safe from harm and that risks to individuals or groups are identified and managed appropriately.
- continue to ensure that services and processes work to protect all vulnerable and at risk individuals irrespective of age as agreed by the Public Protection Chief Officers Group and our Child Protection Improvement Plan and Adult Protection Improvement Plans.
- continue to implement the Scottish Governments Child Protection Improvement Programme, including early intervention and prevention and
- within adult support and protection we will develop out responses to specific areas of harm, initially addressing financial harm and mate crime.
- ensure knowledge, skills and awareness across public protection continues to be promoted through the multi- agency training programme, including raising community awareness to ensuring intensive professional training

The Public Protection Performance and Review framework, reported to the Public Protection Chief Officers Group, provides ongoing performance and monitoring reflecting local and national priorities of public protection.

Community Justice

Criminal Justice services undertake a range of statutory duties concerned with the assessment and supervision of offenders subject to community sentences or subject to supervision following a custodial sentence. The Community Justice (Scotland) Act 2016 identified Community Planning Partnerships as the vehicle to bring partner organisations together to plan and deliver community justice outcomes.

It transferred the responsibility for the local strategic planning and delivery of community justice from Community Justice Authorities to Community Planning Partnerships; with full responsibility being conferred from 1st April 2017 following the disestablishment of Community Justice Authorities on 31st March 2017. The new arrangements rely on Community Planning Partnerships being the vehicle to bring partner organisations together to plan and deliver community justice outcomes.

Community Justice relates to the whole journey that a person can travel through, including the risk factors that can underpin a person's offending behaviour; to the factors supporting desistance and the milestones people often experience on this journey. The Health and Social Care Partnership is crucial in supporting people and their families and carers through statutory criminal justice services, and importantly through Health and Social Care Partnership and third sector partnership provision: reflecting the often poor physical and mental health of people involved in offending behaviour.

Equalities

To consider the differing needs of people with the nine “protected characteristics” of age; disability; gender; race; religion and belief; sexual orientation; gender reassignment; pregnancy and maternity; and marriage and civil partnership.

The Health and Social Care Partnership as a public sector body has a duty to meet the responsibilities of the Equality Act 2010. The Health and Social Care Partnership has to consider the differing needs of people with the nine “protected characteristics” of age; disability; gender; race; religion and belief; sexual orientation; gender reassignment; pregnancy and maternity; and marriage and civil partnership.

The following information will help the Health and Social Care Partnership planning to fulfil the general equalities duties of:

Eliminating discrimination, harassment and victimisation
Advancing equality of opportunity between people who share a protected characteristic and those who do not
Fostering good relations between people who share a protected characteristic and those who do not

The Health and Social Care Partnership continues to be committed to integrate our obligations in respect of the equality duties into our approach to strategic planning and performance management; and into the day-to-day operational activities of the organisation.

The Health and Social Care Partnership published its second Equality mainstreaming report in April 2018 and will be required to publish its third Equality Mainstreaming report by the 30th April 2020.

The Equality Act responsibilities have been expanded for the Health and Social Care Partnership with the introduction of the Fairer Scotland Duty from the 1st of April 2018 of Part 1 of the Equality Act 2010. This requires the Health and Social Care Partnership alongside all the other named public bodies to actively consider how to reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

In practice, this means that the Health and Social Care Partnership needs to actively consider how they could reduce inequalities of outcome in major strategic decisions.

The Health and Social Care Partnership has also updated its equality impact assessment processes to enable consideration of socio-economic disadvantage in published assessments.

The Health and Social Care Partnership continues to ensure that the particular needs, characteristics and circumstances of different service users are considered through its interlinked approach including

- Clinical and Care Governance and implementation of the Health and Social Care standards
- Strategic commissioning and planning recognising the needs of those with distinct protected characteristics and the need to consider the impact of poverty on health and social care
- Participation and Engagement ensuring that the needs of particular groups are included in line with major service development
- Performance Management with a focus on implementation of the Equality Outcomes as outlined in our 2018 Equality Mainstreaming report and the identification of further equality outcomes prior to the publication of our 2020 Equality Mainstreaming Report
- Workforce Development ensuring access to and uptake of relevant equalities training and development.

The Health and Social Care Partnership continues to contribute to, and implement the relevant actions of West Dunbartonshire Council and NHS Greater Glasgow and Clyde action plans for the functions delegated to them in new legislation e.g. the British Sign Language Plan and the local Child Poverty Action Plan.

ACKNOWLEDGEMENTS

The Chief Officer and the Senior Management Team would like to thank everyone who contributed to the development of this Plan and all those staff and colleagues who continue to work so hard to deliver high quality services to the communities of West Dunbartonshire.

Please send any feedback on this Strategic Commissioning Plan to:
Wendy Jack, Interim Head of Strategy, Planning & Health Improvement, West Dunbartonshire Health & Social Care Partnership, 3rd Floor, Aurora House, 3 Aurora Avenue, Clydebank, G81 1BF. Tel: 01389 776864.

An electronic version of this Plan – alongside further information about the work of the Health & Social Care Partnership and its Board – can be accessed at: www.wdhscp.org.uk

APPENDIX 1: HEALTH & SOCIAL CARE PARTNERSHIP BOARD DELEGATIONS

Services delegated by the Health Board

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:
 - general medicine;
 - geriatric medicine; rehabilitation medicine; respiratory medicine; psychiatry of learning disability.
- Palliative care services provided in a hospital.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Mental health services provided in a hospital, except secure forensic mental health services.
- Services provided by AHPs in an outpatient department, clinic, or out with a hospital.
- Health Visiting services.
- School Nursing.
- Speech and Language Therapy.
- Specialist Health Improvement.
- Community Children's Services.
- Child and Adolescent Mental Health Services
- District Nursing services.
- The public dental service.
- Primary care services provided under a general medical services contract.
- General dental services.
- Ophthalmic services.
- Pharmaceutical services.
- Services providing primary medical services to patients during the out-of-hours period.
- Services provided out with a hospital in relation to geriatric medicine.
- Palliative care services provided out with a hospital.
- Community learning disability services.
- Rehabilitative Services provided in the community.
- Mental health services provided out with a hospital.
- Continence services provided out with a hospital.
- Kidney dialysis services provided out with a hospital.
- Services provided by health professionals that aim to promote public health.

Services delegated by the Council

- Social work services for adults and older people.
- Services and support for adults with physical disabilities and learning disabilities.
- Mental health services.
- Drug and alcohol services.
- Adult protection and domestic abuse.
- Carers support services.
- Community care assessment teams.
- Support services.
- Care home services.
- Adult placement services.
- Health improvement services.
- The legislative minimum delegation of housing support, including aids and adaptations.
- Day services.
- Local area co-ordination.
- Self-Directed Support.
- Occupational therapy services.
- Re-ablement services, equipment and telecare.
- Residential and non-residential care charging.
- Respite provision for adults and young people.
- Social work services for children and young people:
- Child Care Assessment and Care Management.
- Looked After and Accommodated Children.
- Child Protection.
- Adoption and Fostering.
- Child Care.
- Special Needs/Additional Support.
- Early intervention.
- Throughcare Services.
- Social work criminal justice services, including Youth Justice Services.

APPENDIX 2: PERFORMANCE MONITORING

National Health and Wellbeing Outcomes

Performance Indicator	2017/18 Value	2019/20 Target
Number of delayed discharges over 3 days (72 hours) non-complex cases	4	0
Number of bed days lost to delayed discharge: All reasons	3,439	TBC
Number of bed days lost to delayed discharge: Complex cases	1,127	TBC
Number of acute bed days lost to delayed discharges (inc Adults with Incapacity): 65 years & over	2,291	TBC
Number of acute bed days lost to delayed discharges for Adults with Incapacity: 65 years & over	461	TBC
Number of emergency admissions: All ages	10,316	TBC
Emergency admissions aged 65+ as a rate per 1,000 population	273	TBC
Number of unscheduled acute hospital bed days: All ages	75,297	TBC
Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	3,102	TBC
Number of attendances at Accident and Emergency (Emergency Departments and Minor Injuries Units)	30,463	TBC
Number of clients 65+ receiving a reablement intervention	632	600
Percentage of adults with assessed Care at Home needs and a reablement package who have reached their agreed personal outcomes	64.7%	60%
Number of patients in anticipatory care programmes	1,921	1,400
Number of people in receipt of Telecare aged 65+	1,848	1,910
Total number of homecare hours provided as a rate per 1,000 population aged 65+	488	518
Percentage of people aged 65 or over with intensive needs receiving care at home	32.2%	35%
Percentage of homecare clients aged 65+ receiving personal care	92.1%	90%
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	98%	98%
Percentage of people aged 65+ admitted twice or more as an emergency who have had an assessment	73.1%	70%
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	24.4%	30%

Performance Indicator	2017/18 Value	2019/20 Target
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	42.5%	35%
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	43%	90%
Percentage of people newly diagnosed with dementia who have received a minimum of a year's worth of post-diagnostic support co-ordinated by a link worker, including the building of a person-centred support plan	N/A	TBC
Number of clients receiving Home Care Pharmacy Team support	941	900
Prescribing cost per weighted patient	£173.07	NHS GGC average
Compliance with Formulary Preferred List	80.2%	78%
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	92.4%	90%
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	96%	90%

National Outcomes for Children and Young People

Performance Indicator	2017/18 Value	2019/20 Target
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	94.9%	95%
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.7%	95%
Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review - Early Years Collaborative Stretch Aim	Published March 19	85%
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	84.2%	90%
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	7	18
Balance of Care for looked after children: % of children being looked after in the Community	90.4%	90%

Performance Indicator	2017/18 Value	2019/20 Target
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	78%	75%
Percentage of all children aged 0-18 years with an identified "named person" as defined within the Children's and Young People's Act 2014	100%	100%
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%
Percentage of child protection investigations to case conference within 21 days	79.2%	95%
Number of referrals to the Scottish Children's Reporter on care and welfare grounds	288	288

National Outcomes for Criminal Justice

Performance Indicator	2017/18 Value	2019/20 Target
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	90%	98%
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	79%	80%
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	15%	80%
Number of referrals to the Scottish Children's Reporter on offence grounds	275	275

Core Integration Indicators

The HSCP has developed a Performance Management Framework to monitor and report performance across all service areas against the National Health and Wellbeing Outcomes, National Outcomes for Children and Young People, National Outcomes for Criminal Justice and the Core Integration Indicators developed by the Scottish Government.

Performance Indicator	2017/18 Value
Premature mortality rate per 100,000 persons	513.6
Emergency admission rate per 100,000 population	13,578
Emergency bed day rate per 100,000 population	135,856
Readmission to hospital within 28 days per 1,000 population	88.8
Proportion of last 6 months of life spent at home or in a community setting	88.93%
Falls rate per 1,000 population aged 65+	24.44
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	92%
Percentage of adults with intensive care needs receiving care at home	N/A
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	334
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23%
Percentage of adults able to look after their health very well or quite well	91%
Percentage of adults supported at home who agree that they are supported to live as independently as possible	81%
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	80%
Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated	79%
Percentage of adults receiving any care or support who rate it as excellent or good	81%
Percentage of people with positive experience of the care provided by their GP practice	85%
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	79%
Percentage of carers who feel supported to continue in their caring role	40%
Percentage of adults supported at home who agree that they felt safe	89%

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

20 February 2019

Subject: Progress on the West Dunbartonshire Housing Contribution Statement and Home at the Heart West Dunbartonshire Council's Rapid Rehousing Transition Plan

1. Purpose

- 1.1** This report presents Committee with an update on progress on the joint working between the West Dunbartonshire Health and Social Care Partnership and West Dunbartonshire Council Housing Services in delivering agreed outcomes as set out in the Housing Contribution Statement adopted in May 2016.

2. Recommendations

- 2.1** It is recommended that the Health and Social Care Partnership Board:-
- i) Note the progress on the Housing Contribution Statement and in developing positive joint working arrangements between the HSCP and Housing Services.
 - ii) Note that the Housing Contribution statement will be subject to a full review as part of the HSCP Strategic Plan Consultation.
 - iii) Endorse West Dunbartonshire Council's Rapid Rehousing Transition Plan 'Home at the Heart' attached as Appendix 1 of this report

3. Background

- 3.1** The Public Bodies (Joint Working) (Scotland) Act 2014 established the legal framework for integration of health and social care services. Guidance, in particular the Housing Advice Note issued in September 2015, advises on Housing's role in the integration process.
- 3.2** The Scottish Government emphasises the role of Housing in the Integration of Health and Social Care and cites the contribution it makes to meeting the Scottish Government's National Health and Wellbeing Outcomes, in particular, Outcome 2:

People, including those with disabilities, long term conditions, or those who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

- 3.3** Housing Contribution Statement (HCS) is the aspect of the Strategic Plan

which acts as a “bridge” between the Integration Authority’s Strategic Plan and the Council’s Local Housing Strategy. It outlines the key areas of joint working and shared objectives.

3.4 The Housing Contribution Statement echoes the Strategic Plan in highlighting key areas where Housing and HSCP will be working together in the coming period to:

- Establish a housing support service enabling long term clients to be supported within West Dunbartonshire
- Continue to develop plans for new and refurbished housing
- Develop Services at Points of Transition
- Provide preventative interventions and supports
- Ensure rapid access to assessment, and provision of aids and adaptations
- Seek to develop supported housing solutions for younger adults with complex needs.

4. Main Issues

4.1 The Housing Contribution statement was drawn up jointly between the HSCP and West Dunbartonshire Council in compliance with Scottish Government guidance and agreed by the HSCP Board in May 2016. Discussions have commenced between the HSCP and Housing Development over a review of the statement and its integration within the Strategic Commissioning Plan.

4.2 The WDC Local Housing Strategy *More Homes Better Homes* 2017- 2022 (LHS) was approved in November 2016. The LHS undertakes to work with HSCP to develop housing support services for those with particular needs, around the principles of Forward Planning, Choice and Prevention.

4.3 Key theme 5 of the LHS, *Addressing Particular Housing Needs*, lists the following key actions which reflect those in the HSCP Strategic Plan:

- Develop housing support services to enable long term clients can be supported within West Dunbartonshire
- Develop plans for new and refurbished housing
- Develop Services at Points of Transition
- Provide preventative interventions and supports
- Ensure rapid access to assessment, and provision of aids and adaptations
- Seek to develop supported housing solutions for younger adults with complex needs
- Supporting the housing sector to sustain the tenancies of vulnerable households through early social work interventions, promoting payment of rent, signing up for benefits and other assistance.

4.4 The HSCP works with Housing Services across a range of service areas. Some good examples of collaboration with Housing Services include:

- The development of supported accommodation at Davidson Road, Alexandria in conjunction with The Richmond Fellowship and the refurbishment of a tenement in Montrose St in partnership with care provider Key for younger people with learning difficulties
- HSCP involvement in the drafting of the Local Housing Strategy and the Council's annual Strategic Housing Investment Plan (SHIP) which sets out the funding priorities for affordable housing over the next five years. The WDC SHIP 2019/20 – 2023/24 approved by the Council in November 2018 assumes the provision of a minimum 10% of specialist housing in each project in the new build programme, the detail of which will be the subject of consultation with the HSCP.
- A Care Leavers Protocol has been agreed as part of newly revised Housing Allocations Policy
- The Funding of two Occupational Therapist posts from the Housing Revenue Account improving the medical assessment process and the provision of disabled adaptations
- The development of a 5-bedroom assisted living bungalow in the St Andrew's new build project, in conjunction with Learning Disability Services. Consideration is being given to extending such provision and the HSCP is engaged in agreeing the future specialist housing across all of the Council's future new build programme
- During 2018/19 the Council became the first social landlord in Scotland to introduce a zero tolerance policy on domestic abuse within its properties. Measures have been introduced to ensure that victims have immediate access to practical help and specialist legal assistance and support following any incident of domestic abuse.
- The delivery of the West Dunbartonshire Rapid Rehousing Transition Plan (Home at the Heart) attached as Appendix 1:

4.5 Work is ongoing on the strategic needs assessment which will inform the next HSCP Strategic Plan and in turn the associated revised Housing Contribution Statement which will be developed in partnership with Housing Development.

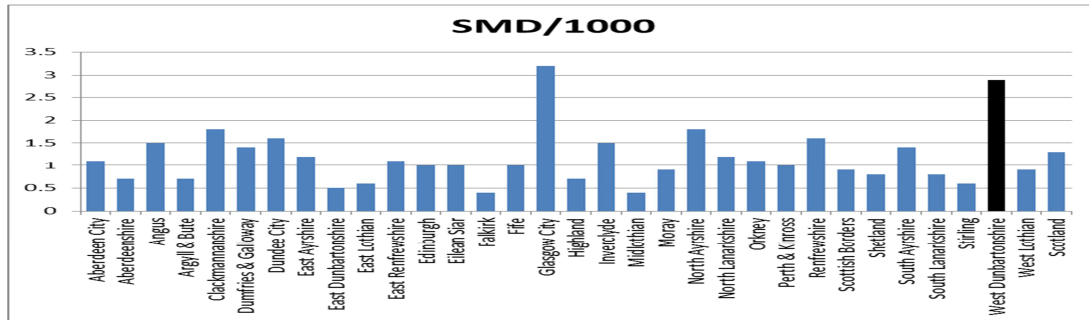
4.6 There is HSCP representation on the Strategic Housing Providers Forum, where the Council meets with Scottish Government and housing association colleagues. There is now a shared recognition that that the wider housing sector, including the RSLs, must be involved in supporting the delivery of the health and social care integration agenda. The HSCP also has membership

on the More Homes Project Board, the group established in 2018 to drive forward the Council's New Build Programme.

- 4.7** Monitoring of performance on the issues contained in the HCS will be carried out jointly by Housing Services and the HSCP and will form part of the annual review of the Local Housing Strategy reported to Housing and Communities Committee.

Home at the Heart – West Dunbartonshire Rapid Rehousing Transition Plan (RRTP)

- 4.8** Each Local Authority was required to submit a planned and costed 5 year RRTP by 31 December 2018. The Scottish Government will use these to inform the allocation of resources, as well as to assess progress towards the 5-year vision of a transition to rapid rehousing.
- 4.9** It is expected that RRTP's will become an integral part of the Strategic Housing Investment Plan (SHIP) and be reviewed and updated on an annual basis.
- 4.10** Our RRTP highlights the good progress that has been made across West Dunbartonshire in recent years through the implementation of our homelessness strategic approach 'More Than a Roof' including:
- reducing the overall incidences of homelessness;
 - ensuring that homeless households are assessed quickly; and
 - improving the tenancy sustainment rates of homeless households.
- 4.11** The RRTP also confirms that rough sleeping is not a widespread issue within West Dunbartonshire and that the rehousing outcomes being achieved for homeless households are largely positive.
- 4.12** However, challenges exist, with the overall levels of homelessness remaining high, youth homelessness the highest in the country and a high number of households losing contact with the service remaining a cause for concern.
- 4.13** As part of our "More than a Roof" approach, our temporary accommodation modelling exercise provides an in-depth understanding of the support needs of homeless households and the temporary accommodation options that are required.
- 4.14** In addition to West Dunbartonshire having the second highest prevalence of severe and multiple disadvantage (SMD) in Scotland, this exercise highlights the high proportion of homeless households across West Dunbartonshire with multiple and complex support needs.



4.15 Our RRTP takes account of this unique challenge faced in West Dunbartonshire and outlines the following four key outcomes:

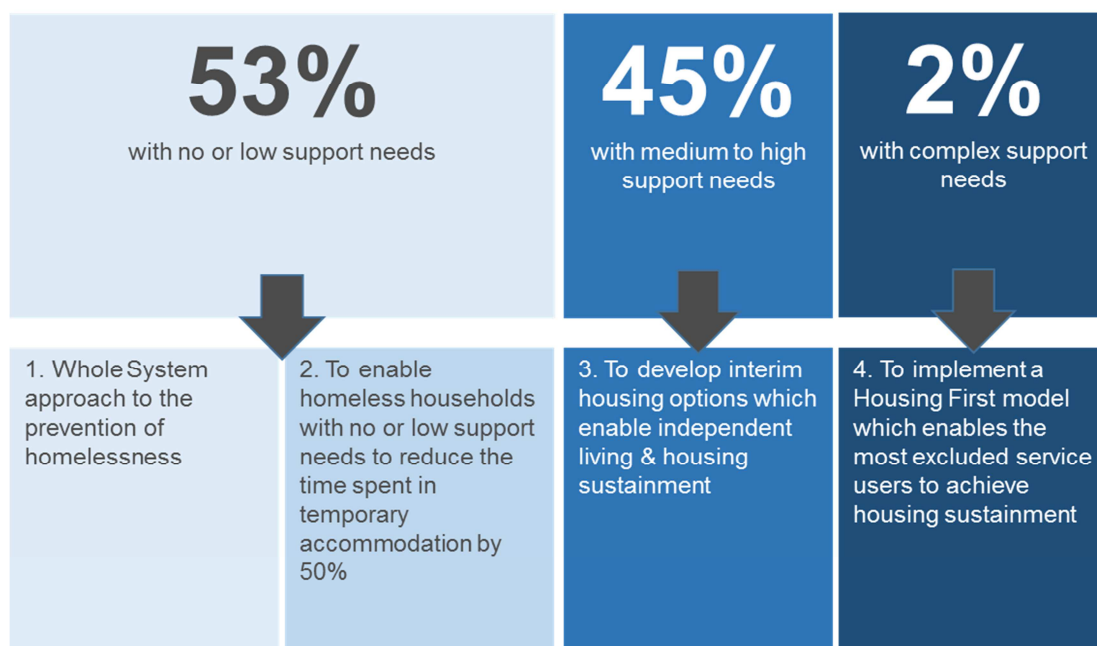
- Deliver a Whole Systems approach to the prevention of homelessness;
- Enable service users with low or no support needs to access settled housing quickly;
- To develop interim housing options which enable independent living and housing sustainment; and
- Implement a Housing First model which enables the most excluded service users to achieve housing sustainment.



4.16 Our RRTP outlines a detailed action plan and the resources required in order to deliver these 4 outcomes. It proposes appropriate Accommodation and Support Pathways which work for homeless households which will result in:

- A reduction in the overall level of homelessness across West Dunbartonshire;
- Homeless households with no or low support need being housed in mainstream housing much more quickly;

- A reduced need for emergency, temporary accommodation;
- The provision of a more comprehensive and enhanced Housing Support Service, with wrap around support provided in mainstream housing;
- The introduction and delivery of our Housing First approach; and
- Extending the option of converting temporary accommodation to a secure tenancy where this is deemed the most appropriate option.



4.17 The funding being requested from the Scottish Government to deliver our 5-year vision is set out below.

Rapid Rehousing Costs	Year 1	Year 2	Year 3	Year 4	Year 5	
Housing First West Dunbartonshire	170,000	296,833	436,333	584,067	677,100	£2,164,333
Additional Housing Support Service		33,250	183,750	175,000	157,500	£549,500
Additional Resettlement Support Service	35,000	35,000	35,000	70,000	70,000	£245,000
Additional proactive Homelessness Prevention Service	35,000	35,000	35,000	35,000	35,000	£175,000
Conversion programme	200,000	250,000	300,000	350,000	400,000	£1,500,000
	£440,000	£650,083	£990,083	£1,214,067	£1,339,600	£4,633,833

4.18 The funding provided by the Scottish Government will determine how well our vision will be delivered and an annual update outlining the progress being made will be reported to the Scottish Government, the Council's Housing and Communities Committee and the Health and Social Care Partnership Integrated Joint Board.

4.19 Responsibility for the implementation of the RRTP will rest with the Homelessness and Homeless Prevention Strategic Implementation Group which

is chaired by the Housing and Communities Committee Convener and involves membership from the Health and Social Care Partnership.

- 4.20** The Scottish Government set aside £21m to implement Rapid Rehousing and Housing First across Scotland with the initial tranche of funding (£2m) set aside to assist with the development of Rapid Rehousing Transition Plans. From this initial tranche West Dunbartonshire Council were awarded £63,000 to assist with the development of our RRTP.

5. People Implications

- 5.1** There are no direct implications associated with this report.

6. Financial Implications

- 6.1** The only areas of this report where there are financial implications is in relation to the Rapid Rehousing Transition Plan, the plan has been fully costed as per the Scottish Government guidance issued, the West Dunbartonshire plan has identified that an additional £4,633,833 is required in order to facilitate a transition to rapid rehousing over next 5 year period.
- 6.2** If this is not awarded in full by the Scottish Government, our plan will need to be reviewed to reflect this or alternatively the additional funding identified from other sources.

7. Risk Analysis

- 7.1** There are financial and regulatory risks associated with delivering the Rapid Rehousing Plan and in Housing First approaches, which require to be managed during implementation.
- 7.2** Specifically, there is significant risk that the Scottish Government will not provide the funding requested by our RRTP either in part or in full. This would lead to West Dunbartonshire Council being unable to provide the level of service identified to provide a transition to rapid rehousing for homeless households in West Dunbartonshire within the 5 year target timescales.

8. Equalities Impact Assessment (EIA)

- 8.1** The Strategic Plan includes a specific section concerning Equalities and the approach proposed to address pertinent requirements of legislation.

9. Consultation

- 9.1** This report was the subject of consultation between Housing Development and HSCP.

10. Strategic Assessment

- 10.1** The Housing Contribution Statement assists in the delivery of all five of the Council's Strategic Priorities.

Person to Contact: John Kerr - Housing Development and Homelessness Manager, 16 Church Street, Dumbarton, G82 1QL
telephone: 01389 737889, e-mail: john.kerr@west-dunbarton.gov.uk

Appendices: Appendix 1 - Home at the Heart, West Dunbartonshire Council's Rapid Rehousing Transition Plan

Background Papers: West Dunbartonshire Draft Housing Contribution Statement - March 2016

West Dunbartonshire Health and Social Care Partnership Strategic Plan 2015 - 2016

West Dunbartonshire Local Housing Strategy *More Homes Better Homes* 2017 – 2022 November 2016

West Dunbartonshire Council Strategic Housing Investment Plan 2019/20 – 2023/24 November 2018

Housing Advice Note: Statutory Guidance to Integration Authorities, Health Boards and Local Authorities on their responsibilities to involve housing services in the integration of Health and Social Care, to support the achievement of the National Health and Wellbeing Outcomes. Scottish Government September 2015

Wards Affected: All

Home at the Heart

West Dunbartonshire Council's Rapid Rehousing Transition Plan 2019/20 – 2023/24



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Home at the Heart – West Dunbartonshire Council’s Rapid Rehousing Transition Plan

Executive Summary

Home at the Heart is West Dunbartonshire Council’s first Rapid Rehousing Transition Plan for the period 2019/20-2023/24. The plan was developed in partnership with key stakeholders including the West Dunbartonshire Health and Social Care Partnership and local Registered Social Landlords. It is scheduled to be approved by the Council’s Housing and Communities Committee in February 2019.

The plan highlights the good progress that has been made across West Dunbartonshire in recent years through the implementation of our homelessness strategic approach ‘More Than a Roof’ including:

- reducing the overall incidences of homelessness;
- ensuring that homeless households are assessed quickly; and
- improving the tenancy sustainment rates of homeless households.

The plan also confirms that rough sleeping is not a widespread issue within West Dunbartonshire and that the rehousing outcomes being achieved for homeless households are largely positive.

However, challenges exist, with the levels of overall homelessness and youth homelessness which remain the highest in the country, the proportion of homeless households with multiple and complex needs increasing and the number of households that lose contact with the service being a cause for concern.

Our approach to tackle these challenges is outlined in our homelessness strategy “More than a Roof”, which includes a number of actions aimed at ensuring that temporary accommodation provision meets the needs of homeless households and contributes positively to sustainable housing outcomes.

As part of our “More than a Roof” approach, West Dunbartonshire Council has been carrying out a temporary accommodation modelling exercise which provides an in-depth understanding of the support needs of homeless households and the temporary accommodation options that are required. Within this context, West Dunbartonshire Council has been well prepared to respond positively to the requirement from the Scottish Government to develop ‘Home at the Heart’ our Rapid Rehousing Transition Plan which outlines how we can ensure that where homelessness cannot be prevented, homeless households are settled in a mainstream housing outcome as quickly as possible and that time spent in temporary accommodation is reduced to a minimum.

Our plan acknowledges the challenges faced in terms of developing appropriate Accommodation and Support Pathways which work for homeless households and has the following four key outcomes:

- Deliver a Whole Systems approach to the prevention of homelessness;
- Enable service users with low or no support needs to access settled housing quickly;
- To develop interim housing options which enable independent living and housing sustainment; and

- Implement a Housing First model which enables the most excluded service users to achieve housing sustainment.

Resources will be required in order to deliver our 5 year vision, including the provision of a more comprehensive and enhanced Housing Support Service, the delivery of our Housing First approach and extending the option of converting interim/temporary accommodation to a secure tenancy where this is deemed the most appropriate option.

The funding provided by the Scottish Government will determine how well our vision will be delivered and an annual update outlining the progress being made will be reported to the Scottish Government, the Council's Housing and Communities Committee and the Health and Social Partnership Integrated Joint Board.

Introduction

Home at the Heart – West Dunbartonshire Council's Rapid Rehousing Transition Plan

The Homelessness & Rough Sleeping Action Group (HARSAG) was set up by Scottish Government in October 2017 to produce short and long-term solutions to end homelessness and rough sleeping. HARSAG concluded their group in June 2018 after producing 4 papers with a total of 70 recommendations being made, all of which have been accepted in principal by the Scottish Government.

Led by best evidence, the cornerstone of the recommendations is a transition to a Rapid Rehousing approach, of which Housing First forms a smaller yet significant component.

Rapid Rehousing is about taking a housing led approach for people that have experienced homelessness, making sure they reach a settled housing option as quickly as possible rather than staying in temporary accommodation for too long.

Where homelessness cannot be prevented, Rapid Rehousing means:

- A settled, mainstream housing outcome as quickly as possible;
- Time spent in any form of temporary accommodation reduced to a minimum, with the fewer transitions the better; and
- When temporary accommodation is needed, the optimum type is mainstream, furnished and within a community.

And for people with multiple needs beyond housing:

- Housing First is the first response for people with complex needs and facing multiple disadvantages; and
- Highly specialist provision within small, shared, supported and trauma informed environments if mainstream housing, including Housing First, is not possible or preferable.

Each Local Authority has been asked to develop their plans in collaboration over a planned and costed phase of 5 years (2019/20 to 2023/24) by 31 December 2018.

Rapid Rehousing Transition Plans will then become an integral part of the Strategic Housing Investment Plan (SHIP) and will be reviewed annually as part of the SHIP process.

The Rapid Rehousing Transition Plan is designed to be a working tool which:

- Sets out the local housing market and homelessness context in West Dunbartonshire;
- Provides the baseline position of temporary accommodation supply;
- Identifies support needs to enable rapid rehousing;
- Sets out West Dunbartonshire Council and partners' 5-year vision for temporary accommodation supply;
- Details the actions required to achieve our vision for temporary accommodation supply and settled housing options for homeless households; and
- Provides a rapid rehousing resource plan required to deliver the plan

This plan sets out West Dunbartonshire Council's **initial** approach to that 5 year transition ahead of implementation expected from April 2019.

Section 1 - Housing Market and Homelessness Context

Housing market in West Dunbartonshire

West Dunbartonshire is situated west of Glasgow, north of the River Clyde and is one of the smallest Scottish councils in terms of area (31st out of 32) and population (25th)¹. Across the three main areas of Clydebank, Dumbarton and the Vale of Leven there is great diversity, ranging from the densely populated urban centre of Clydebank to the more rural setting of the Loch Lomond and Trossachs National Park. The area faces a number of challenges including a reducing population, high levels of economic deprivation and relatively poor health outcomes.

Some parts of West Dunbartonshire are prosperous, but significant inequalities exist between communities. Forty-eight of the 121 data zones (population units) across West Dunbartonshire are among the 20% most deprived data zones in Scotland.² West Dunbartonshire has seen relatively large increases in its share of the most deprived areas showing the biggest increase in Scotland in relative deprivation from 2012. Between October 2016 and September 2017, unemployment in West Dunbartonshire was 5.2% compared to the Scottish average of 4.3%.³

According to Audit Scotland⁴ West Dunbartonshire has a population of 89,590. By 2039 the population of West Dunbartonshire is projected to decrease by 6.7% whereas the population of Scotland overall is projected to increase by 7.5%.

Furthermore, in West Dunbartonshire by 2039:

- the number of people aged 75 and over is projected to increase by 71% (to approximately 12,000) – increasing the demand for health and social care services for older people as well as the type and design of properties required to house them;
- the number of people of working age is projected to fall by 20% (to 46,500) – and a lack of local workforce could potentially make the area less attractive to some businesses;
- the number of children and young people aged 0-15 years is forecast to fall by 12.1% (to 13,700) – affecting services such as schooling and education; and
- the number of single person households is also expected to increase by 23% over the period 2012 to 2037⁵

The estimated number of dwellings within West Dunbartonshire is 44,734. Over half of the stock is owner occupied and over a third is social housing. West Dunbartonshire is mirroring Scotland with its growth in private rented properties and a breakdown of its stock by tenure is outlined in Table 1 below⁶.

¹ Best Value Assurance Report West Dunbartonshire Council, Audit Scotland, June 2018

² SIMD16 council area profile and analysis: West Dunbartonshire, Scottish Government, November 2016

³ Scotland's Labour Market, Table and Charts, Scottish Government, February 2018

⁴ Best Value Assurance Report West Dunbartonshire Council, Audit Scotland, June 2018

⁵ Local Housing Strategy 2017-2022, West Dunbartonshire Council

⁶ Local Housing Strategy 2017-2022, West Dunbartonshire Council

Table 1 – Housing Tenure in West Dunbartonshire		
Tenure	Total Number	%
Council Housing	10,759	24%
Registered Social Landlords	5,856	13%
Private Rented Sector	3050	7%
Owner Occupation	25,069	56%
Total	44,734	100%

There is a total of 16,615 social rented properties in West Dunbartonshire, this is a combination of Council owned properties and those of Registered Social Landlords. As is the trend across Scotland, social rented properties remain in high demand in West Dunbartonshire and as such there is an ambitious Strategic Housing Investment Plan to increase the number of affordable homes in the area.

In addition, recent years have seen strong growth in the numbers of Private Rented Sector properties in West Dunbartonshire. The graph below illustrates that the PRS numbers have more than doubled since 2008/09. This growth, together with current national discussions over improved security for private tenants, of rent controls, and on a “Common Housing Standard” across all tenures, suggests that the PRS will become an area for increasing scrutiny.

Growth in PRS in West Dunbartonshire since 2008/09⁷

PRS Numbers

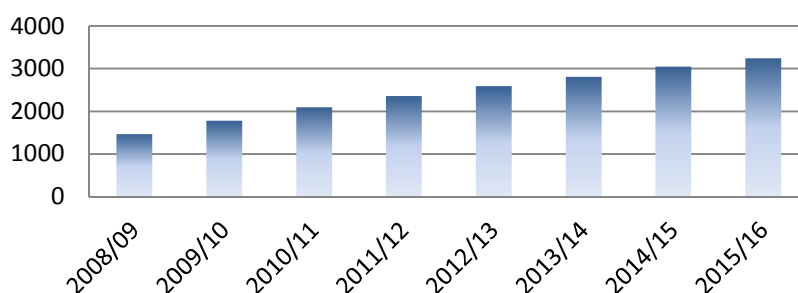


Table 2 below highlights the average Private Rented Sector rents for West Dunbartonshire in 2017 and shows there is a clear misalignment between private sector rents and the Local Housing Allowance in West Dunbartonshire. The table also shows that the gap between private sector and the local housing allowance rents in West Dunbartonshire increases along with the property size.

Table 2 – Private Rented Sector Rents					
Property Size	1 bed	2 bed	3 bed	4 bed	1 bed shared
PRS – Average Monthly Rent ⁸	£399	£496	£604	£886	£311
Monthly Local Housing Allowance ⁹	£373.97	£448.76	£493.65	£735.32	£274.26
Monthly Difference	£25.03	£47.24	£110.35	£150.68	£36.74

⁷ WDC Environmental Health data

⁸ <https://www.gov.scot/publications/private-sector-rent-statistics-scotland-2010-2017/>

⁹ [https://lha-](https://lha-direct.voa.gov.uk/SearchResults.aspx?Postcode=g82&LHACategory=999&Month=11&Year=2018&SearchPageParameters=true)

[direct.voa.gov.uk/SearchResults.aspx?Postcode=g82&LHACategory=999&Month=11&Year=2018&SearchPageParameters=true](https://lha-direct.voa.gov.uk/SearchResults.aspx?Postcode=g82&LHACategory=999&Month=11&Year=2018&SearchPageParameters=true)

In Scotland, the number of lone adult households is projected to increase by 35% over the 25 year period between 2012 and 2037. In West Dunbartonshire, the number of lone adult households is projected to increase by only 23% in the same period. The number of larger households in West Dunbartonshire is projected to fall, with the number of households of 2 or more adults with children decreasing by 34% over the 25 year period. The average household size is projected to decrease from 2.13 in 2012 to 1.93 in 2037.¹⁰

The Council plays a leading role in the West Dunbartonshire Community Planning Partnership, known as Community Planning West Dunbartonshire (CPWD). The partnership includes representatives from the Council, health board, police and fire services and local charities and voluntary organisations. The Community Empowerment (Scotland) Act 2015 requires community partnerships to produce a Local Outcomes Improvement Plan (LOIP) for its area. CPWD's LOIP was approved in October 2017.

Aligned to this is the Council's Local Housing Strategy, which sets out the vision for Housing across West Dunbartonshire for the period 2017/22 and identifies the following 5 key objectives:

- Ensuring people have access to affordable housing, which is in the right location and is suitable for their needs;
- Ensuring that all residents live in good quality housing regardless of tenures;
- Ensuring that homelessness is minimised through prevention and early intervention measures;
- Providing good quality neighbourhoods and housing services where all people feel safe and secure; and
- Ensuring people with particular needs have access to suitable housing with any necessary support, to optimise their independence and well-being.

Housing Supply Target and Investment

West Dunbartonshire Council have set the following Housing Supply Targets:

Table 3 – Housing Supply Targets		
	2012-2024 total	Per annum
Private	1,800	150
SR/BMR	960	80
Total	2,760	230

Source: Schedule 7 SDP

Over the 5 year period leading to 2023/24, there are 1317 projected completions of affordable new supply housing to be developed by social rented landlords within the area. This includes the provision of 54 shared ownership properties.

Therefore, the number of social rented dwellings within West Dunbartonshire is set to increase by around 8% which will impact positively on access to housing for homeless households due to our commitment of ensuring our lettings target for homelessness also applies to new supply.

The demographic profile in West Dunbartonshire also presents challenges in that it is predicted to both age and decline faster than the Scottish average. The household composition is also changing, with a decrease in larger families and less demand for larger flatted accommodation in the area and more single person households anticipated. This,

¹⁰ Local Housing Strategy 2017-2022, West Dunbartonshire Council

Table 5 - Youth Homelessness Rates in Scotland	
LA	Rate of Youth Homelessness per 1000
Inverclyde	2.8
East Renfrewshire	4.9
East Dunbartonshire	5.5
Eilean Siar	7.7
Stirling	8.0
Glasgow City	8.4
Renfrewshire	8.6
Highland	9.0
Edinburgh	9.7
East Ayrshire	10.4
Aberdeenshire	11.3
Dundee City	11.7
Scotland	11.7
Shetland	12.1
Moray	12.3
Dumfries & Galloway	12.3
North Lanarkshire	12.5
South Lanarkshire	12.7
North Ayrshire	12.9
Fife	13.0
Falkirk	13.3
Aberdeen City	13.6
Scottish Borders	13.9
Argyll & Bute	14.2
Orkney	14.3
South Ayrshire	14.6
Perth & Kinross	15.3
East Lothian	15.7
Midlothian	16.2
Angus	18.1
West Lothian	19.2
West Dunbartonshire	22.4
Clackmannanshire	22.9

Source: Scottish Government - West Dunbartonshire HL1 figures

Whilst the overall number of presentations and assessments within West Dunbartonshire has decreased, the percentage of assessments made where the Council has a duty to rehouse has increased as shown in Table 6.

Table 6 – Homeless Presentations and Assessments in West Dunbartonshire						
Year	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Total assessment	1347	1345	1297	1104	1151	1053
Duty to Rehouse	911	959	991	820	916	839
% with duty to house	67.6%	71.3%	76.4%	74.3%	79.6%	79.7%

Source: Scottish Government - West Dunbartonshire HL1 figures

Table 7 details the reasons for homeless applications for the past 6 years. It can be seen from this table that consistently core reasons for homelessness in West Dunbartonshire are households being asked to leave their current accommodation and disputes within a household (both violent and non-violent).

Table 7 - Year/ Reason for Application	2012/2013		2013/2014		2014/2015		2015/2016		2016/2017		2017/2018	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Termination of tenancy / mortgage due to rent arrears / default on payments	56	4.1	56	4.1	45	3.6	34	3.0	36	3.2	47	4.5
Other action by landlord resulting in the termination of the tenancy	78	5.7	72	5.3	75	6.0	84	7.5	68	6.0	91	8.7
Applicant terminated secure accommodation	41	3.0	32	2.3	22	1.8	17	1.5	32	2.8	19	1.8
Loss of service / tied accommodation	11	0.8	4	0.3	3	0.2	3	0.3	4	0.4	3	0.3
Discharge from prison / hospital / care / other institution	112	8.2	92	6.7	83	6.6	48	4.3	43	3.8	41	3.9
Emergency (fire, flood, storm, closing order from Environmental Health etc.)	5	0.4	16	1.2	15	1.2	8	0.7	21	1.9	9	0.9
Forced division and sale of matrimonial home	5	0.4	10	0.7	7	0.6	5	0.4	5	0.4	7	0.7
Other reason for loss of accommodation	13	1.0	20	1.5	37	3.0	35	3.1	24	2.1	18	1.7
Dispute within household: violent or abusive	229	16.8	246	18.0	229	18.3	203	18.1	223	19.6	186	17.7
Dispute within household / relationship breakdown: non-violent	207	15.2	215	15.7	224	17.9	168	14.9	202	17.8	188	17.9
Fleeing non-domestic violence	22	1.6	45	3.3	58	4.6	62	5.5	49	4.3	43	4.1
Harassment	33	2.4	30	2.2	17	1.4	10	0.9	8	0.7	4	0.4
Overcrowding	6	0.4	3	0.2	4	0.3	8	0.7	6	0.5	2	0.2
Asked to leave	439	32.2	410	30.0	330	26.4	339	30.2	305	26.9	262	25.0
Other reason for leaving accommodation / household	107	7.8	117	8.6	100	8.0	100	8.9	109	9.6	128	12.2
All	1364	100	1368	100	1249	100	1124	100	1135	100	1048	100

Source: Scottish Government - West Dunbartonshire HL1 figures

The average case duration during 2017/18 was 23.8 weeks (167 days), with only eight households stating that they had slept rough in the 3 months prior to approaching the local authority for assistance.¹¹

As can be seen from Table 8, West Dunbartonshire Council performs very well in relation to the benchmark set by the Code of Guidance on Homelessness 2005 and is largely meeting its requirements to assess homeless applications within 28 days. Only 3 applications were assessed out-with this timescales in 2017/18. In addition, more than half of the applications received were assessed in less than 14 days.

Table 8 - Length of time to assess application	2016/2017		2017/2018	
Same day	71	6.2%	90	8.5%
1-6 days	244	21.2%	271	25.7%
7-13 days	237	20.6%	209	19.8%
14-28 days	584	50.7%	480	45.6%
28-55 days	14	1.2%	3	0.3%
56+ days	1	0.1%	0	0%
All applications	1151	100%	1053	100%

Source: Scottish Government - West Dunbartonshire HL1 figures

There has also been improvement in the rate tenancy sustainment for homeless households, increasing from 77% in 2013/14 to 85% in 2017/18.¹²

Table 9 - Tenancy sustainment (homeless lets)	2013/14	2017/18
West Dunbartonshire Council	77%	85%
Scottish Average	86%	88%

Source: Scottish Housing Regulator

At 31st March 2018 West Dunbartonshire had 462 open homeless cases with a duty to rehouse in 359 of these cases (some had not yet had an assessment decision on this date).

Temporary accommodation

There were 258 households in temporary accommodation on 31 March 2018 and the average time spent in temporary accommodation in days for the past 5 years is outlined in Table 10.

Table 10 - Type of temporary accommodation	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
LA ordinary dwelling	87.3	91.9	96.9	97.1	94.8
Housing association/RSL dwelling	117.9	0	0	0	0
Hostel - local authority owned	59.9	51.2	51.1	47.7	55.4
Hostel – RSL	162	59.2	113.8	98.1	117.3
Hostel – other	156.7	114.4	122.6	91.2	92.4
Bed and breakfast	26.8	13	0	6	0
Women's refuge	124.5	135.6	135.8	86	256.5
Private sector lease	0	0	0	0	0
Other placed by authority	74.8	46.3	77.2	55.2	65.8
Total (ALL)	84.3	87.5	97.7	91.5	94.2

Source: Scottish Government - West Dunbartonshire HL3 figures

¹¹ Rapid Rehousing Transition Plan Toolkit

¹² West Dunbartonshire Council own data

West Dunbartonshire Council has largely managed to avoid using bed and breakfast type accommodation (with only 3 households using this in an emergency in 2016/17 for a combined total of 18 days). However, some accommodation options have been used in recent years for households with complex needs assessed as being “not tenancy ready”, which is included in our baseline data. We have not modelled any future use of these accommodation options (which are not operated by the Council). We anticipate that as more appropriate accommodation and support pathways are developed, then the number of transitions will reduce.

Section 2 - Baseline position of Temporary Accommodation supply and use in West Dunbartonshire

Current temporary accommodation provision

West Dunbartonshire's temporary accommodation mainly comprises of temporary furnished flats and hostel provision. The temporary furnished flats are mainstream properties from the local authorities own stock and dispersed within the community. There are currently 5 hostels used as interim accommodation, one operated directly by the Council, one operated by Action for Children and three operated by Blue Triangle Housing Association. All are registered with the Care Inspectorate.

As of 31st March 2017, the Council's Homelessness Service operated 208 furnished flats and had hostel capacity for 49 households (this was expanded to 63 households during 2017/18 when Ashton View expanded provision from 8 spaces to 22 spaces).

Table 11 – Type of provision	Provider	Capacity 31 March 2017	Capacity 31 March 2018
Temporary furnished flats	WDC	208	219
Hostel (Interim)	WDC	8	22
Hostel (Interim)	Blue Triangle	31	31
Hostel (Interim)	Action for Children	10	10

The Homelessness Service also makes use of accommodation not specifically for homeless people where this is appropriate, for example women's refuges.

Temporary furnished flats

At present, the temporary furnished flats provided are all self-contained properties with no shared facilities. They cater for mixed households and for households with a variety of support needs.

Ashton View Supported Housing Project

Ashton View Homeless Persons' Unit is registered to provide a housing support service to people over 21 years old who are homeless. Accommodation within the unit is provided in shared flats with private bedrooms and shared communal facilities.

The service provides accommodation and support to individuals based on an agreed support plan and a structured plan of group work activities. The service aims to provide accommodation and support to people for over 12 weeks and then support them to move on to either permanent or longer term temporary accommodation. The service also provides some short term resettlement support to enable the people who move on from the service to be secure and confident in their new accommodation, thus supporting successful tenancy sustainment.

Blue Triangle (Clydebank)

The Blue Triangle Project in Clydebank can accommodate up to 13 service users aged 16 years and over, who are affected by homelessness.

The service aims to provide safe, secure, supported accommodation for people who are experiencing homelessness, provide a programme of support suited to the person's needs and assist the resettlement process.

The service also states that, *"Each person will receive an appropriate level of support to meet their needs. A key worker will be allocated to each person and support will be available in areas such as, budgeting, health, benefits and cooking"*.

Blue Triangle (Alexandria) and Blue Triangle (Bonhill)

The service provided by the Blue Triangle projects in Alexandria and Bonhill was renamed 'Lomondside Services' when it merged the two services under one project manager with assistant project managers in each of the two locations.

The service has places for a total of 18 adults aged sixteen and over. Eight people can be accommodated at the Bonhill Project in Dumbarton and ten people can be accommodated in the Alexandria Project.

Lomondside Services is a Housing Support Service which provides accommodation and support to service users. Blue Triangle's Mission Statement is *"Blue Triangle exists to support, accommodate and assist vulnerable people to achieve better lives."*

The Blue Triangle Business Plan (2015) states *"Our services are there to ensure that people become engaged in a real future for themselves and we prevent people ending up in cycles that are destructive and hopeless and that create a burden on statutory services such as social work, prisons and health services."*

Action for Children

Action for Children (Preparation for Life Project) is a Housing Support Service for young people aged 16 -21 years who are homeless or threatened with homelessness. The service operates from a purpose-built property in Alexandria, West Dunbartonshire.

The service comprises both communal and private accommodation. There is shared space within the property, in which young people can dine, socialise together or meet privately. Individual living accommodation provides for privacy and dignity of service users.

Current temporary accommodation use

Table 12 shows the number of households accommodated in temporary accommodation during 2017/18, the average length of time spent in each type of accommodation alongside, the level of support provided and the average weekly rent charged.

Table 12 – Temporary Accommodation Analysis							
Type of provision	Capacity 31 Mar 2017	Households living in at 31 Mar 2017	Households in between 1 Apr 17 and 31 Mar 18	Occupancy (households)	Ave. length of stay (days)	Level of support	Average weekly rent
WDC Temporary furnished flats	208	684	666	867	95	no/low	£346.00
Ashton View Project	8	8	51	59	30	med/high	£367.00
Blue Triangle Clydebank	13	13	33	46	225	med/high	£369.59
Blue Triangle Alexandria	10	10	18	28	102	med/high	£358.24
Blue Triangle Bonhill	8	6	31	37	83	med/high	£369.59
Preparation for Life Project	10	9	24	33	145	med/high	£420.47

The average length of stay, outlined in Table 12, is taken from the Council's ARC submission and is used to populate the baseline position in the Transition Tool. However, this data refers to average stays for property types and not for households. It does not recognise when a household spends periods of time in different accommodation options (as is often the case in the traditional housing ready approach). Data available as part of the HL3 submission shows that for Quarter 2 2018, the average time homeless households spent in temporary accommodation in West Dunbartonshire was 173.7 days.

The average length of time is also skewed because for various reasons some households spend a relatively short period of time in accommodation, bringing the overall figure down. It is expected that as more appropriate accommodation and support pathways are developed and these are identified "right first time", then the number of transitions will reduce and the average time spent in temporary accommodation by homeless households will also reduce.

Rehousing Outcomes for homeless households

In the year 2017/18, West Dunbartonshire Council rehoused 660 homeless households into social rented accommodation and 18 homeless households into the private rented sector. This represents 49% of all local authority lets being made to homeless households and 38% of all RSL lets being made to homeless households (including transfer lets). This is reflective of good partnership working around a model Section 5 protocol ensuring that fair access to housing for homeless households is achieved.

Table 13 - Outcome of homeless application	2017/18	
Scottish Secure Tenancy	660	60%
Private Rented Tenancy	18	2%
Hostel	0	0%
Bed & Breakfast	0	0%
Returned to previous/ friends/ vol org.	61	6%
Women's Refuge	0	0%
Residential care/nursing home/shared supported	0	0%
Other – Known	32	3%
Other - Not Known	19	2%
No duty owed to applicant	139	13%
Contact lost before duty discharge	172	16%
All	1101	100%

Source: Scottish Government - West Dunbartonshire HL1 figures

When using the calculations within the Transition Tool these 678 lets to homeless households represent 81% of new demand in the year, showing a gap of only 25 in the total lets required for the year. However, this calculation removes the 191 households which lost contact and the 36 occasions where our duty to rehouse was discharged with an offer of housing being refused. We have recognised that the high level of households losing contact needs to be addressed and we aim to reduce this by 50% over the 5 year period within an ongoing service redesign of our homelessness services. This will have an impact on the demand for temporary accommodation, as well as on the permanent lets required for homeless households.

Section 3 – Support Needs and Rapid Re-housing

Health, multiple disadvantage and support needs of homeless population

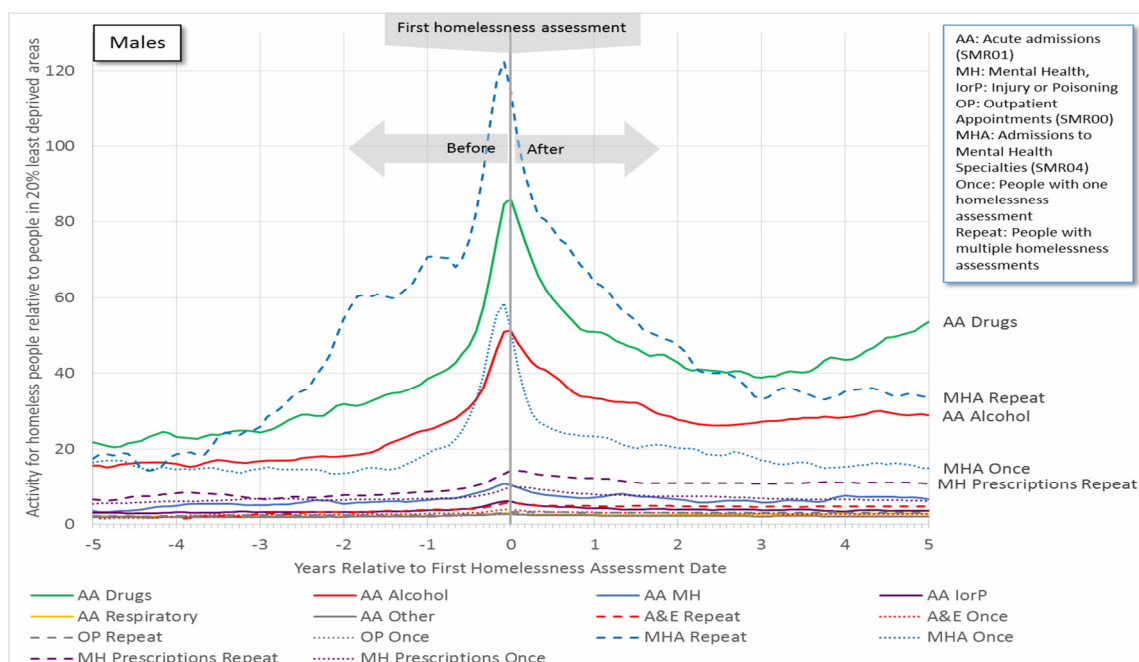
Health and Homelessness

A study, published by the Scottish Government in June 2018, looks at how health inequalities across Scotland are linked to homelessness. The study considered 435,853 people who had been in households assessed as homeless or threatened with homelessness between June 2001 and November 2016.

The key findings of the study are outlined below:

- At least 8% of the Scottish population (as at 30 June 2015) had experienced homelessness at some point in their lives.
- Of those who had experienced homelessness at some point:
 - Around 49% had evidence of health conditions relating to drugs, alcohol or mental health (much higher than the general population).
 - Around 30% had evidence of a mental health problem at some point during the study period (with no evidence of drug or alcohol-related conditions at any point) (again much higher than the general population)
 - There was evidence of drug and/or alcohol-related interactions for the remaining fifth of people (again higher than in the general population). Of these, the vast majority (94%) also had evidence of mental health issues.
 - Around 6% of people experiencing homelessness had evidence of all three of the following conditions – a mental health condition, a drug-related condition and an alcohol-related condition – although not necessarily at the same time. This was much higher than in the general population. The figure was markedly higher for those experiencing repeat homelessness (11.4%).
- Increased interactions with health services preceded people becoming homeless.
- A peak in interactions with health services was seen around the time of the first homelessness assessment.

The study showed increased interactions with health services preceded people becoming homeless and that a peak in interactions was seen around the time of the first homelessness assessment. The illustration below outlines one aspect of this and shows (for males) that some activity remains higher after the first homelessness assessment date.



For those who had been homeless on only one occasion health activity eventually returned to the (albeit higher) pre-homelessness levels. However, for people who were homeless on multiple occasions, levels of health activity remained high.

Homeless people are more likely to come from deprived areas, based on their last settled address. The distribution of homeless people across the area-based deprivation spectrum (as measured by the Scottish Index of Multiple Deprivation) closely follows the distribution of income and employment deprived people.

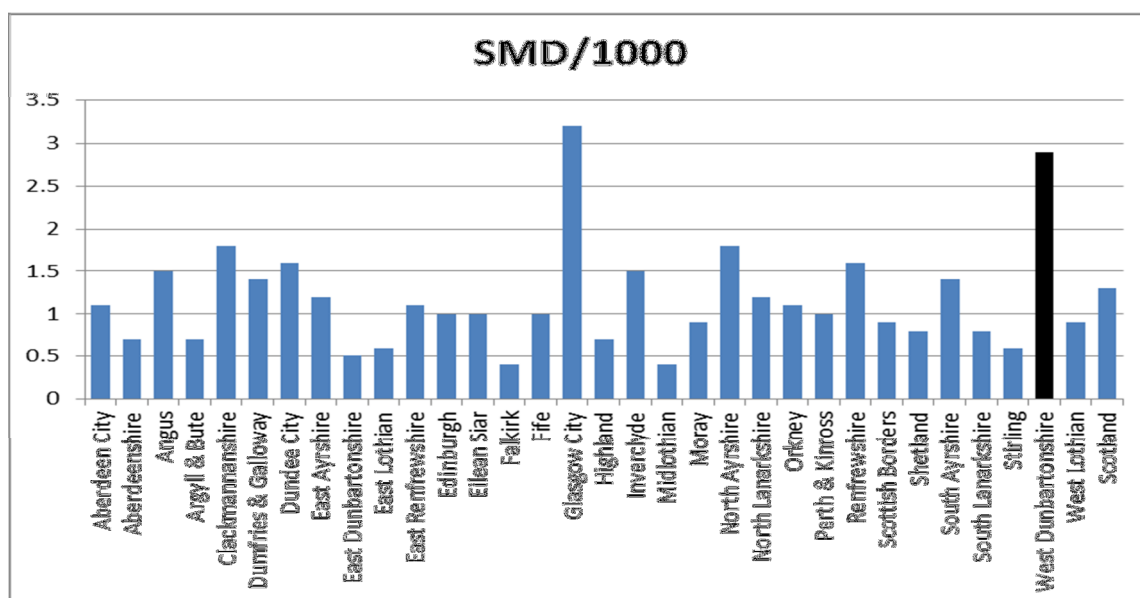
This report therefore provides evidence outlining the impact of health and homelessness and how these are closely linked. The report reinforces the need for West Dunbartonshire Council to continue to develop its homelessness prevention agenda as outlined in our homelessness strategy “More than a Roof” and ensure that our transition to Rapid Rehousing supports early housing interventions and reduces the demand on health services.

Severe and Multiple Disadvantage in West Dunbartonshire

The prevalence of the homeless population with severe and multiple disadvantage (SMD), was described in a table from Mandy Littlewood, Heriot-Watt University: *Developing a Profile of Severe and Multiple Disadvantage in Scotland – Working Paper: Homelessness data Sources (draft v.2, 17 April 2018)* and highlighted in Rapid Rehousing Transition Plan Guidance.

SMD is used in this study to signify the issues faced by adults in the homelessness system and substance misuse and criminal justice systems. It finds that poverty is almost a universal complicating factor and that mental ill-health is a common complicating factor. The study outlines that West Dunbartonshire has the 2nd highest prevalence of SMD per 100 of adult population in Scotland (2.9 per 1000) and is illustrated in the graph below.¹³

¹³ Scotland’s transition to rapid rehousing, Rapid Rehousing Transition Plans: Guidance for Local Authorities and Partners, Version 1.1: June 2018, Indigo House



Identifying Support Needs

Of the 839 homeless assessments in 2017/18 where there was a duty to house, West Dunbartonshire Council identified 549 households, over 65% of cases, as requiring support. Of these cases, 274 or 50% had multiple support needs.¹⁴

When this is compared to 2012/13, we see a slight drop in the overall number of cases assessed in the year with a duty to house, whilst at the same time a significant increase in the proportion of households requiring some form of support (up from 35% to 65%), and a significant increase in the number of households with multiple support needs (up from 12% to 33%).

Table 14 – Homeless Support Assessments in West Dunbartonshire	2012/13	2017/18
Assessments made where a duty to house exists	911	839
Number of households where support is required	320	549
% of households requiring support	35%	65%
Number of households with multiple support needs	110	274
% of households multiple support needs	12%	33%

As part of our wider approach to homelessness, outlined in “More than a Roof”, West Dunbartonshire Council has recognised the limitations of our current provision of temporary accommodation and the need to better assess and quantify the level and type of support needs of homeless households and develop the most appropriate accommodation pathway suitable to each and every household.

A comprehensive temporary accommodation modelling exercise has therefore been carried out internally which informs our vision of moving to rapid rehousing within the local context outlined above. This exercise looked at the support needs of 1074 individual households and assessed whether support was required. It also looked at the level of complexity of these support needs. The exercise highlighted that it is the level of needs that is the key factor in terms of identifying the ideal accommodation pathway and that these high levels of need are not transparent in our HL1 data.

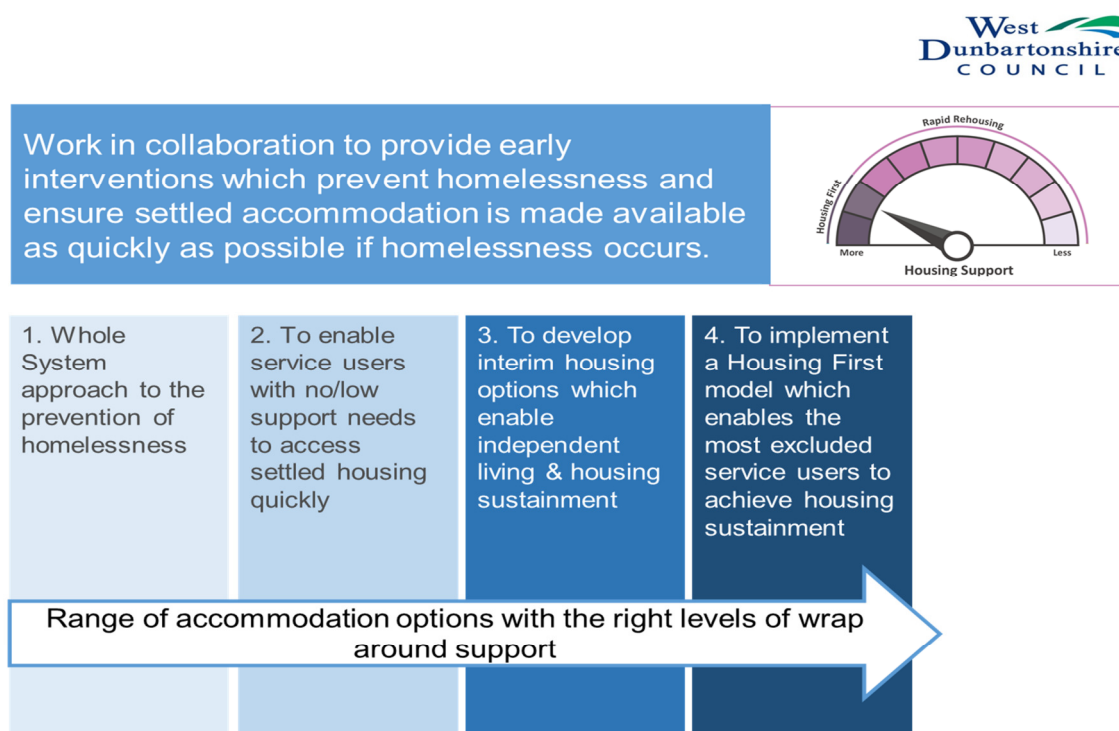
¹⁴ West Dunbartonshire HL1 figures

Section 4 – Rapid Rehousing 5 Year Vision and projections for temporary accommodation

Our vision for the change in temporary accommodation supply and use over the next 5 years is informed by:

- the limitations of our current temporary accommodation provision and how it is used;
- the comprehensive temporary accommodation modelling exercise that has been carried out referred to in Section 3; and
- Scotland's wider vision for Rapid Re-housing.

The 4 key aspects of our vision are illustrated below:

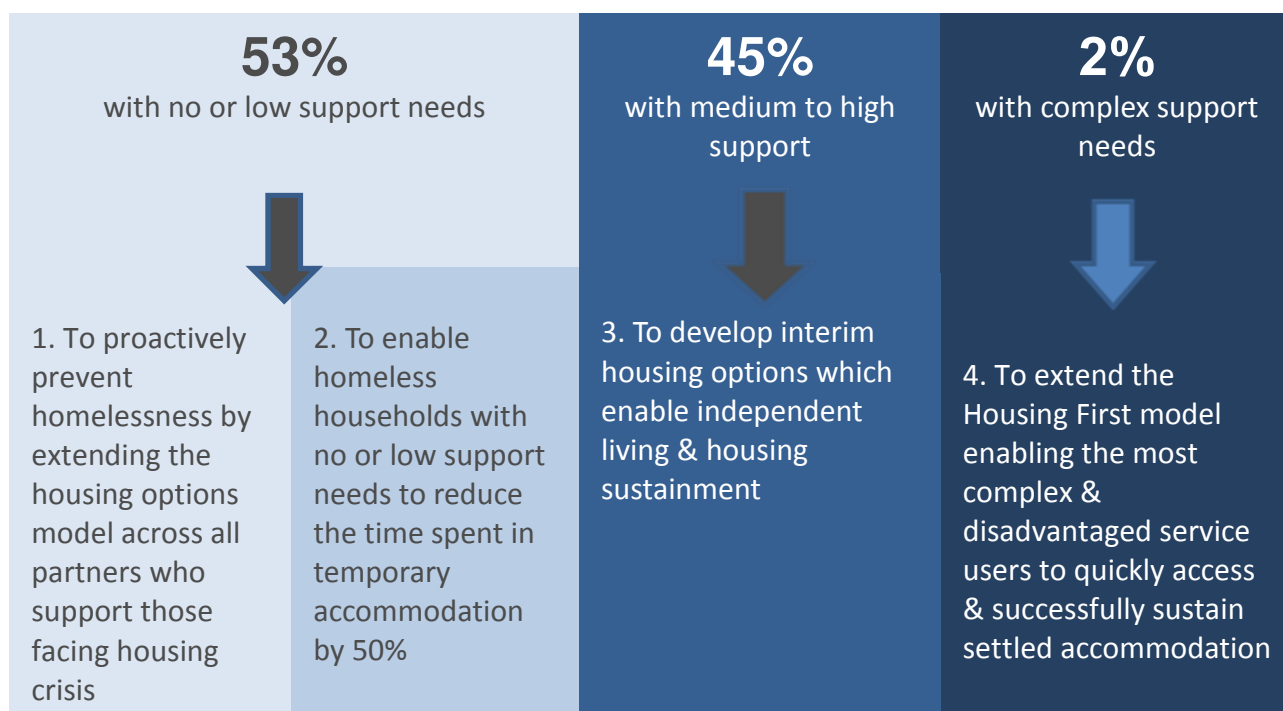


Whole System approach to the prevention of homelessness

Our approach to the prevention of homelessness is outlined in our current homelessness strategy “More than a Roof” which includes the following key objectives:

- People at risk of losing their homes get advice on preventing homelessness;
- People looking for housing get information that helps them make informed choices and about the range of housing options available to them.

At present, around 20% of households presenting as homeless are assessed and have no need for any form of accommodation. It is expected that as we extend our Housing Options model to a Whole System approach aimed at reducing the crisis of homelessness and ensuring that suitable and sustainable outcomes are achieved by addressing the needs of individual households, then this number will reduce.



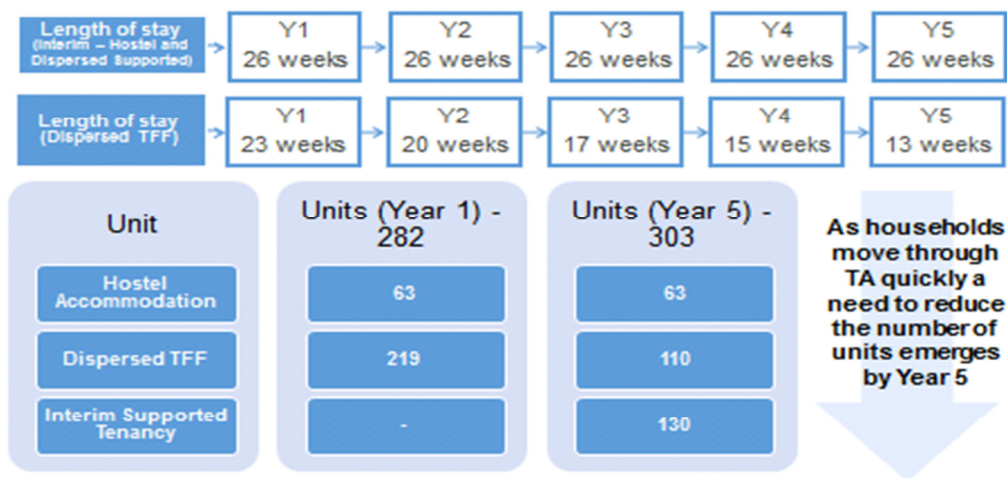
Enable service users with no/low support needs to access settled housing quickly

Our temporary accommodation modelling exercise suggests that 53% of the households currently presenting as homeless have no or low support needs and our aim is to progress these households into settled accommodation quickly.

Our baseline data provides information about the average length of time households spend in various types of temporary accommodation but this does not account for differing levels of support needs and does not provide any insight into the overall length of time a household may spend in (sometimes various) temporary accommodation settings.

Again, our modelling exercise suggests that at present households with no and low support needs spend on average 23 weeks in temporary accommodation and it is our aim to reduce this over the course of 5 years to only 13 weeks. The impact of this will be to reduce the current provision of temporary furnished flats for this purpose from the current 219 units to 110 units in 2023/24. Successfully delivering this objective will also ensure fewer transitions between different accommodation options will be required.

Model inputs: Journey through temporary accommodation.



Develop interim housing options which enable independent living and tenancy sustainment

Our modelling exercise also highlights a need for a more intensive support provision for 45% of the households presenting as homeless with medium to high support needs. Of these, it is predicted that 66% will be supported in mainstream housing with a wrap-around housing support service and the rest requiring supported hostel type accommodation. Our vision is that these households will receive intensive support for a period of 26 weeks in each accommodation setting.

Table 15 – Type of provision	Capacity 31 March 2017	Households living in at 31 Mar Year 4	Households projected to enter between 1 Apr and 31 Mar Year 5	Occupancy (households)	Ave. length of stay (days)	Level of support	Average weekly rent
WDC Dispersed TFF	30	30	90	120	90	no/low	£101
WDC Dispersed TFF (Refuge)	80	80	80	160	90	low	£346
Interim Supported Tenancy	80	80	80	160	180	med/high	£101
Interim Supported Tenancy (Refuge)	50	50	50	100	180	med/high	£346
Ashton View Project	22	22	22	44	180	med/high	£475
Blue Triangle Clydebank	13	13	33	66	180	med/high	£475
Blue Triangle Alexandria	10	10	10	20	180	med/high	£475
Blue Triangle Bonhill	8	8	8	16	180	med/high	£475
Preparation for Life Project	10	10	10	20	180	med/high	£475

To support our vision we will review and update existing practises to ensure clear accommodation and support pathways exist for specific groups over represented in the homelessness population and that the most appropriate pathway is identified “Right First Time” in order to reduce transitions between various accommodation options.

Care Leavers

The Council has implemented an award winning Leaving Care Housing Protocol. This protocol promotes the principle that care leavers will be provided with the securest form of tenancy available to them and works in conjunction with the mainstream Housing Allocations Policy to ensure that homelessness is prevented. The protocol also ensures that young care leavers have the dedicated wrap around support needed and provides a named key worker, in order to achieve independence and stability within the community.

Prison Leavers

The link between housing instability and reoffending is well known and well documented; we are therefore supportive of SHORE (Sustainable Housing on Release for Everyone) recommendations to implement service standards directed at prison leavers at a local and national level. We currently have a dedicated resettlement officer for prison leavers and plan to develop this service further to include a Prison Leavers Protocol in line with SHORE standards ensuring prison leavers achieve the best possible housing outcomes upon release and are supported through the housing process enabling them to successfully integrate back into the community and reduce the likelihood of reoffending.

Hospital Discharge

It is often the case that people are unable to be discharged from hospital as they do not have suitable accommodation to go to, or are discharged from hospital to return to accommodation that is no longer suitable. We will therefore work in partnership with the West Dunbartonshire HSCP to review and build on current arrangements relating to those being discharged from hospital to ensure that the most suitable accommodation and support pathway is delivered quickly.

Armed Forces

We will also create appropriate pathways for those applicants leaving the armed forces ensuring that they are provided with secure tenancies promptly and not routinely provided with temporary homeless accommodation. We will also ensure that those previously in the armed forces and find themselves at risk of homelessness are supported where necessary to ensure a sustainable housing solution.

Domestic Abuse

West Dunbartonshire Council was the first local authority to sign up to the Make a Stand scheme, a national initiative run by the Chartered Institute of Housing (CIH), Women’s Aid and the Domestic Abuse Housing Alliance. During 2018 we also launched our ‘No Home for Domestic Abuse’ approach which takes a zero tolerance approach to domestic abuse, with victims being supported to pursue their most appropriate housing option. These pathways will have close links with partner agencies such as Women’s Aid and WDHSCP and provide a holistic support service tailored to the needs of the household.

LGBT+

In addition, we will also provide pathways to those from our LGBT+ communities. It is recognised that young people who identify as LGBT are grossly over-represented within youth homelessness populations and are at a significantly higher risk of exposure to a range of experiences that are associated with becoming homeless, most notably parental rejection, familial physical, sexual and emotional abuse, and familial violence and domestic abuse from partners. Pathways for LGBT+ communities will also link with our pathways for young care leavers and victims of domestic abuse where appropriate.

Autism

Developing pathways for clients with autism can be challenging. We aim to provide a route to safe and secure housing that meets the needs of those with autism, this will include residential care in small group settings, individual housing tenancies, shared housing tenancies and support for individuals to manage their own home and tenancies. In order to achieve a successful pathway for this client group we will work closely with HCSP and third sector groups to ensure the support provided is both appropriate and adequate for this client group. Developing skills for independent living means working with individuals to maximise their potential, personalise their support, promote and encourage their self-determination and explore their aspirations.

Implement a Housing First model which enables the most excluded service users to access and sustain a tenancy

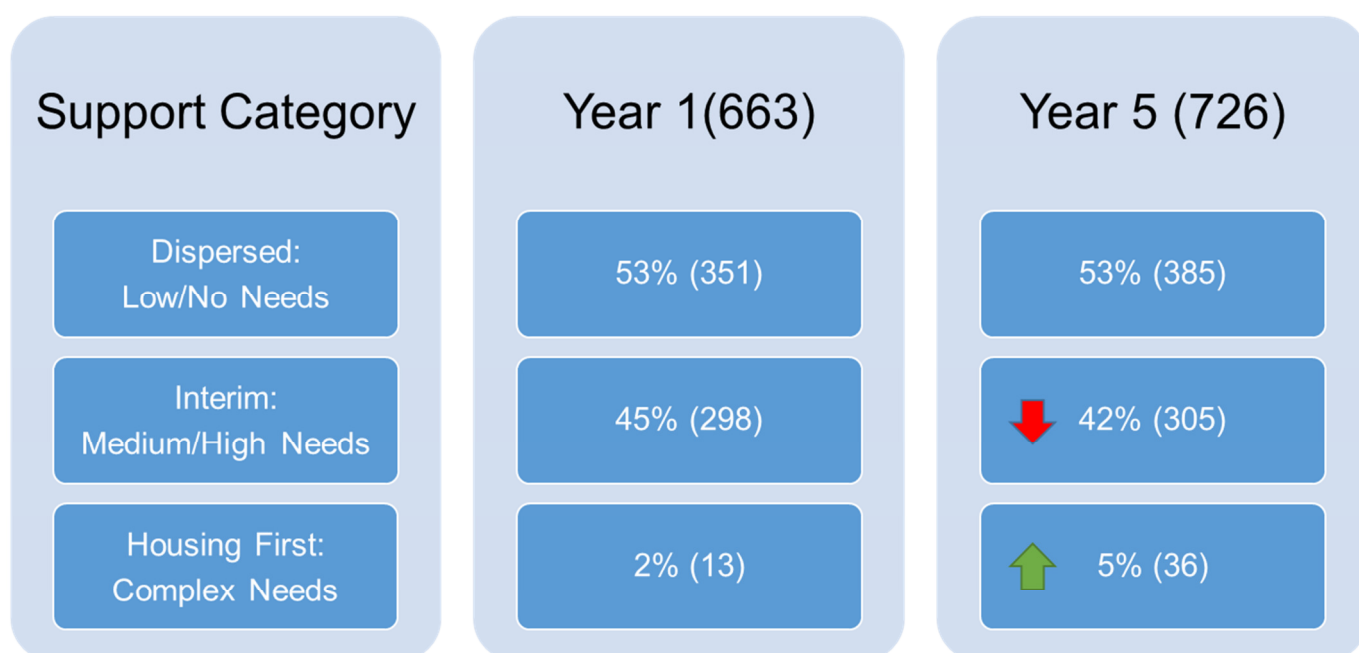
Throughout 2018 the Council has been developing a Housing First project and have agreed the following key objectives to guide our approach:

- To achieve sustainable tenancies for those with multiple and complex support needs;
- To reduce repeat homelessness among this client group;
- To address the housing support, addiction issues and criminal justice issues to enable service users to make positive life changes;
- To provide a person centred service and be creative and flexible when supporting service users;
- To respect and listen to service users and involve and encourage them to make decisions about the service they want; and
- To provide an a non-judgemental service

Our Housing First approach targets those with a history of issues such as repeat homelessness, multiple and complex support needs and previous contact with support services which have not led to successful and/or sustainable outcomes.

Model inputs: Newly arising need

Profile of need starts to change as Housing First meets the complex housing needs and reduces repeat homelessness



Our temporary accommodation modelling exercise suggests that 2% of households currently presenting as homeless would meet this profile as part of our wider Rapid Rehousing approach. We expect that this will equate to 13 households in Year 1, increasing to 36 households by Year 5.

A key aspect of our vision is to reduce the high number of homeless households who currently lose contact with the service by 50% over the course of the 5 year plan. However, successfully achieving this will increase both demand for temporary accommodation and for the number of secure tenancies required for homeless households. Therefore, there will be a significant drop in demand for dispersed temporary furnished flats. We project a need for 110 supported tenancies and 63 hostel places in Year 5 (there will be a full review of hostel provision in Year 3 of our action plan outlined in Section 5).

Table 16 – Type of provision	Capacity 31 Mar 2017 (toolkit baseline)	Capacity 31 Mar 2018	Capacity (5 years)
WDC Dispersed TFF	208	219	110
Interim Supported Tenancy	0	0	130
Interim Supported Hostel	49	63	63

Conversion Programme

Our vision includes a conversion programme of temporary accommodation to Scottish Secure Tenancies. This has been a highly popular and successful option when available in the past, with tenancy sustainment rates of 100% being achieved. The case study below outlines a common example where this approach was key to securing a sustainable outcome for a household with complex needs.

Conversion Case Study

A single 51 year old male presented as homeless in April 2016.

This applicant had made three previous homeless presentations between October 2015 and April 2016. He had various health issues and was considered to be particularly vulnerable.

He had previously given up a secure tenancy with a housing association in the area due to a neighbour dispute and whilst he was keen on securing another tenancy and had the necessary support to do so, he also had concerns about being able to settle in a new location.

As he had nowhere to go he had accepted an offer of temporary accommodation. Unfortunately he had to be moved to alternative accommodation due to a further neighbour dispute. The applicant went on to settle well into the new temporary accommodation.

When a permanent offer of housing was being sought, the option of converting the temporary accommodation arose. Given previous difficulties, this was discussed with the applicant who was very keen for this to happen, especially as he now knew his neighbours and would benefit from inheriting the furnishings in the flat.

It was therefore agreed to convert the temporary accommodation to a Scottish Secure Tenancy and for the applicant to remain in his settled accommodation. At the time of writing he remains in his home and has had no further risk of homelessness.

Resettlement Support Service

It is acknowledged that a tenancy within Council stock is not the preferred housing outcome for all homeless households and that some households will access RSL stock or the private rented sector through choice. We aim to provide homeless households with a more structured Resettlement Support Service whatever tenure is accessed for the first 8 weeks of their new tenancy.

Homelessness Prevention Service

We also plan to introduce an additional Homelessness Prevention Service, specifically aimed at tenancies which are at risk and where the landlord is considering actions to end the tenancy. At present advice and assistance is provided when a household makes an approach, however it is envisioned to provide a more proactive service which initiates this contact and improves the likelihood of preventing homelessness.

Rehousing projections for homeless households

To deliver our vision of Rapid Rehousing across West Dunbartonshire, the number of lets for homeless households currently projected over the next 5 years is outlined below. This will be reviewed and updated on an annual basis in partnership with our RSL partners. We are also keen to provide a great consistency across social housing allocations and provide greater clarity to those seeking housing.



Model outcomes: % lets to homeless households

	Year 1	Year 2	Year 3	Year 4	Year 5
Lets Required	648	701	810	872	898
Lets PRS	18	18	18	18	18
Tenancies Less PRS	630	683	792	854	880
Turnover Available					
LA Allocation Required	44%	47%	41%	49%	55%
RSL Allocation Required	38%	40%	35%	42%	48%

Average annual lets to homeless to achieve RRTP:
47% (LA), 41% (RSL)

Section 5 – Rapid Rehousing Plan

As outlined in Section 4 of this report, in order to realise our vision of Rapid Rehousing four key objectives have been identified. These objectives were developed following a series of stakeholder events held in West Dunbartonshire led by the Homelessness and Homelessness Prevention Strategic Implementation Group and involving key partners, including the West Dunbartonshire HSCP, local Registered Social Landlords, other key front line Council services, third sector partners and Elected Members.

Our Rapid Rehousing Transition Plan aligns closely with our wider Local Outcome Improvement Plans, Local Housing Strategy and our homelessness strategy “More than a Roof”. All partners are committed to a collaborative approach to deliver the objectives outlined in this plan and ensure positive and sustainable outcomes for homeless households.

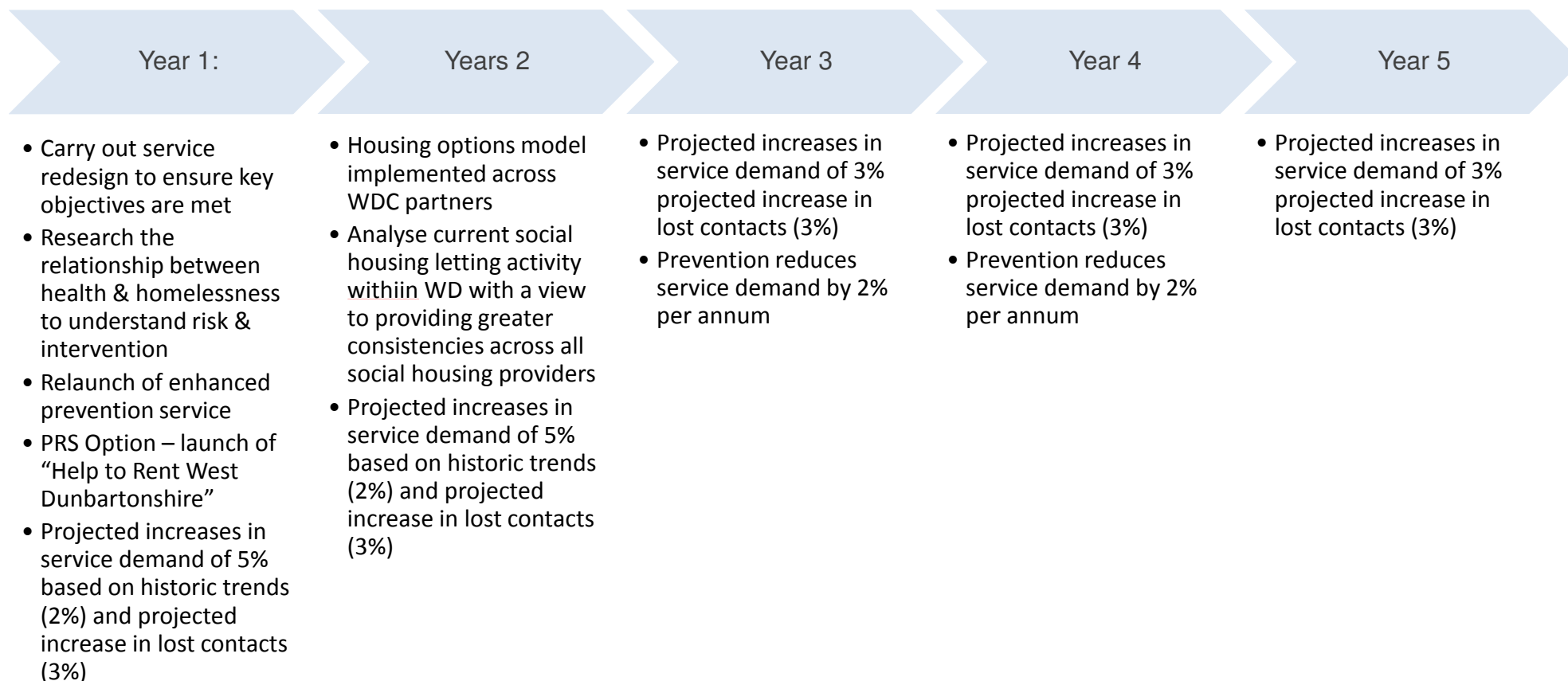
Our 5 year plan is ambitious and is based on our current assessment of homelessness, rehousing requirement and supply of social housing. In addition to requiring partnership working in its development, delivering the plan will require the support and skills of frontline workers across a range of service areas and it is expected that new ideas in terms of service delivery innovation will feed into the review process.

The Homelessness and Homelessness Prevention Strategic Implementation Group meets bi-monthly and will be responsible for monitoring the implementation of our Rapid Rehousing Transition Plan and ensuring that the plan is reviewed and updated on an annual basis.

Each objective along with associated actions is outlined in the next page.

RRTP Objective 1:

1. Whole System approach to the prevention of homelessness



RRTP Objective 2

2. To enable service users with no/low support needs to access settled housing quickly

Year 1:

- Define % annual target of allocations to homeless households to reduce length of stay by 44% in 5 years
- Build SHIP assumptions on % allocations to homeless households
- Develop the allocations policy & nomination agreements to increase the number of homes allocated to homeless households with no or low support needs
- Negotiate agreement with RSL's on how to eliminate the backlog of homeless households awaiting settled accommodation

Year 2:

- Reduce the length of stay in temporary accommodation for those with no or low support needs by 3 weeks by incrementally increasing the % allocation to homeless households
- **Baseline assumption:** length of stay in dispersed accommodation: 20 weeks

Year 3:

- Reduce the length of stay in temporary accommodation for those with no or low support needs by a further 3 weeks by incrementally increasing the % allocation to homeless households
- **Baseline assumption:** length of stay in dispersed accommodation: 17 weeks

Year 4

- Reduce the length of stay in temporary accommodation for those with no or low support needs by a 2 weeks by incrementally increasing the % allocation to homeless households
- **Baseline assumption:** length of stay in dispersed accommodation: 15 weeks

Year 5

- Reduce the length of stay in temporary accommodation for those with no or low support needs by a further 2 weeks by incrementally increasing the % allocation to homeless households
- **Baseline assumption:** length of stay in dispersed accommodation: 13 weeks

RRTP Objective 3:

3. To develop interim housing options which enable housing sustainment & independent living

Year 1:

- Develop a Supported Accommodation Service
- Create defined Pathways for the following groups:
 - Prison Leavers
 - Leaving Care
 - Armed Forces
 - Hospital Discharge
 - Domestic Abuse
 - LGBT+
 - Autism
- Provide ongoing support to Pathway groups
- Develop Conversion Programme
- Provide Refuge Accommodation

Year 2:

- Contribute to Research into Youth Homelessness
- Develop targeted Youth Homelessness Service
- Review the use of Hostel Accommodation
- Implement Conversion Programme

Year 3

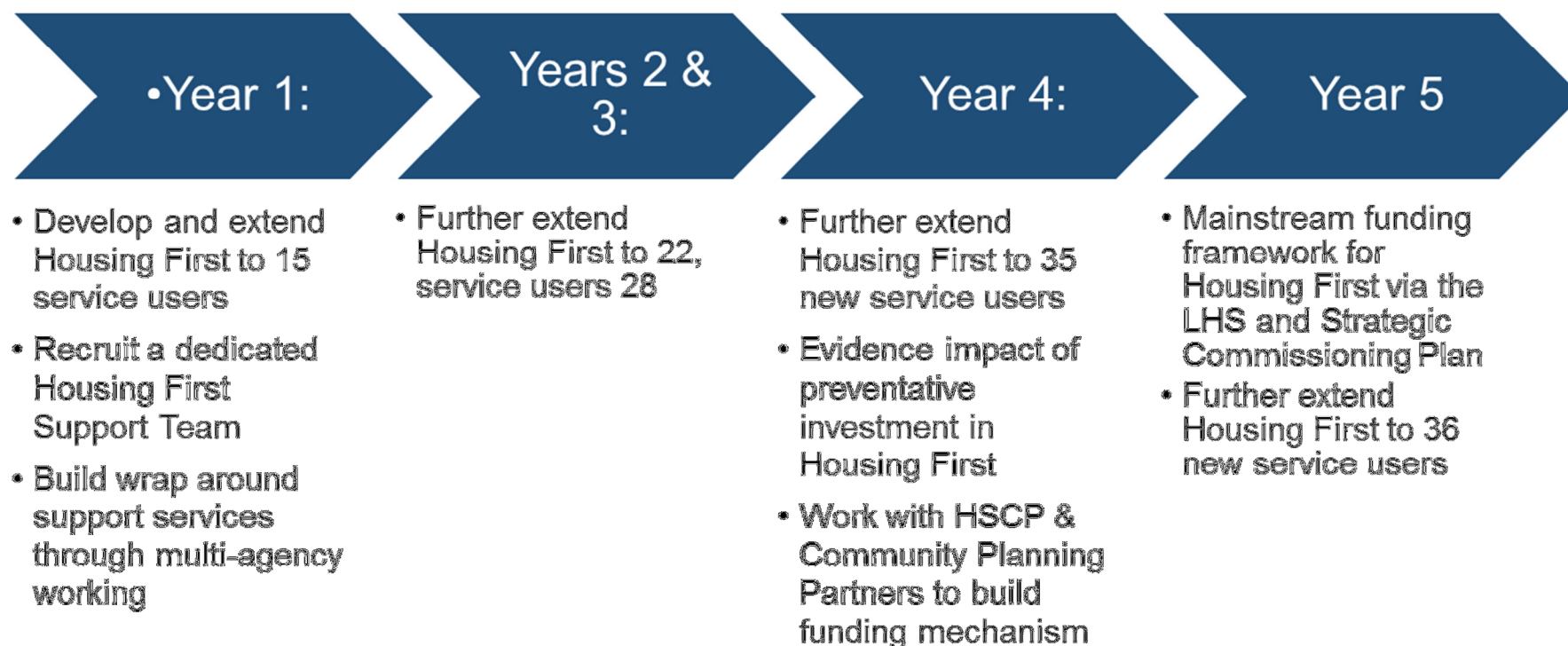
- Ongoing Review including review of hostel provision
- Review and continue Conversion programme

Year 4 & 5

- Extend use of Supported Tenancies
- Minimise use of and time spent in Temporary Accommodation
- Review and continue Conversion programme

RRTP Objective 4

4. To extend the Housing First model enabling the most complex & disadvantaged service users to quickly access & successfully sustain settled accommodation



Section 6 – Rapid Rehousing Resource Plan

In order to deliver our vision of Rapid Rehousing across West Dunbartonshire, the comprehensive action plan outlined in Section 5 will need to be fully implemented. This plan includes a commitment to redesigning the way services are delivered, extending our Housing Options approach, Homelessness Prevention activities and Housing Support services and ensuring that homeless households get access to the accommodation and support they require quickly and “Right First Time”.

To meet the existing backlog and new demand over the 5 years, this transition to Rapid Rehousing will also include annual rehousing targets for homeless households for both the Council and RSL sectors and the relaunch of the Council’s Help-to-Rent scheme to assist households access the private rented sector. A crucial element is a commitment that homeless households get equitable access to all new supply social housing in West Dunbartonshire.

Housing First

As outlined in Section 4, our plan includes the introduction of a Housing First initiative in West Dunbartonshire. The projected demand for this service is illustrated below and includes initial tenancy set-up costs of £5,000 and staffing costs to deliver the service over the 5 year period.

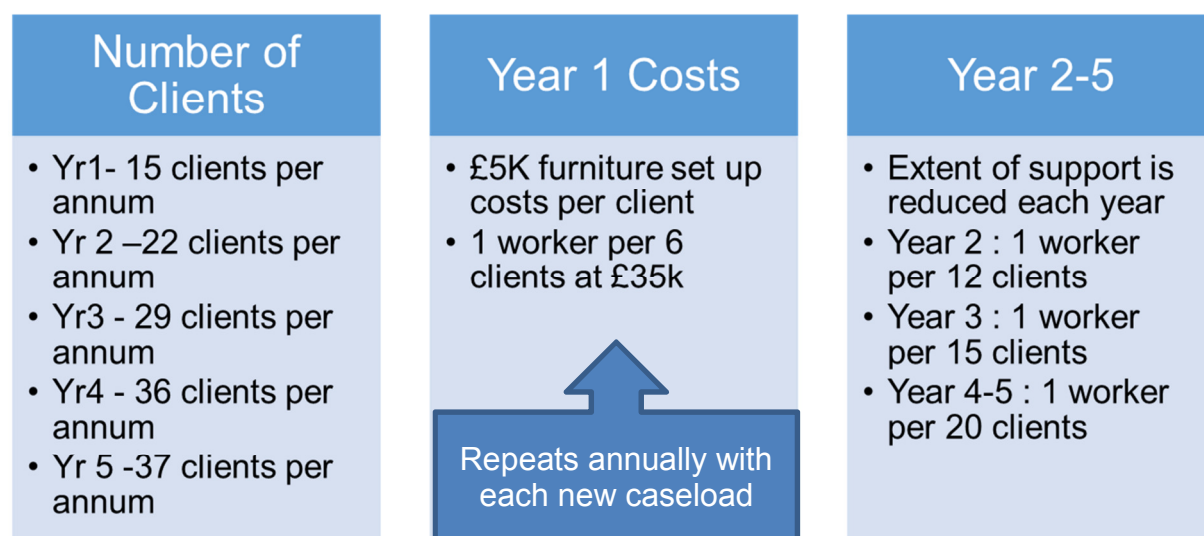


Table 17 - Delivering Housing First	Year 1	Year 2	Year 3	Year 4	Year 5
Housing First Resources	170,000.00	296,833.33	436,333.33	584,066.67	677,100.00

Interim Supported Tenancies

As outlined in Section 4, a key element of our vision is the reduction in temporary furnished flats and introduction of an enhanced Housing Support Service for those households with medium / high support needs. Our modelling suggests a need for an additional 5 support workers by the end of year 5 in order to deliver the cost of this service and the costs are illustrated in Table 18.

Table 18 - Delivering Supported Tenancies					
	Current costs of support	Year 2	Year 3	Year 4	Year 5
No/Low needs - client per worker		20	20	20	20
Medium/High needs - clients per worker		10	10	10	10
Cost per worker	35,000	35,000	35,000	35,000	35,000
No/Low needs - cost of support needs		243,250	218,750	210,000	192,500
Medium/High needs - cost of support needs		280,000	455,000	455,000	455,000
Total cost	490,000	523,250	673,750	665,000	647,500
Support Staff	14	15	19	19	19
Additional Cost		33,250	183,750	175,000	157,500

Resettlement and Prevention Support Service

It is acknowledged that a tenancy within Council stock is not the preferred housing outcome for all homeless households and that some households will access RSL stock or the private rented sector through choice. We aim to provide homeless households with a Resettlement Support Service whatever tenure is accessed.

We plan to introduce an additional, more proactive Homelessness Prevention Service, specifically aimed at tenancies which are at risk and where the landlord is considering actions to end the tenancy. This proactive service will initiate contact and improve the likelihood of preventing homelessness.

The funding requirements for these additional services are outlined below in Table 19.

Table 19 - Delivering Resettlement and Prevention Support					
	Year 1	Year 2	Year 3	Year 4	Year 5
New lets requiring Resettlement Support	163	316	390	402	402
1 hour of support per week over the first 8 weeks in settled accommodation	1,308	2,529	3,122	3,218	3,218
Support worker to support resettlement periods	1.0	1.0	1.0	2.0	2.0
Additional staff costs based on £35k per worker, p.a	35,000	35,000	35,000	70,000	70,000
Support worker to provide Homelessness Prevention	1.0	1.0	1.0	1.0	1.0
Additional staff costs based on £35k per worker, p.a	35,000	35,000	35,000	35,000	35,000

Conversion Programme

Converting temporary furnished flats to secure tenancies has proved to be a successful and highly popular option across West Dunbartonshire when this has been available. Our vision and plan identifies a funding requirement to support a conversion programme of temporary accommodation to Scottish Secure Tenancies and the costs are outlined in Table 20 below.

Table 20 - Delivering Conversion Programme					
Conversion Programme	Year 1	Year 2	Year 3	Year 4	Year 5
Number of Conversions	40	50	60	70	80
Cost per Conversion	5,000	5,000	5,000	5,000	5,000
Cost per Conversion	200,000	250,000	300,000	350,000	400,000
Total Cost of Programme					1,500,000

Total cost for transition to Rapid Rehousing within West Dunbartonshire

Table 21 notes the budgetary shortfall identified in order to fund additional support staff, resettlement staff and Housing First over the 5 year period of the transition to Rapid Rehousing.

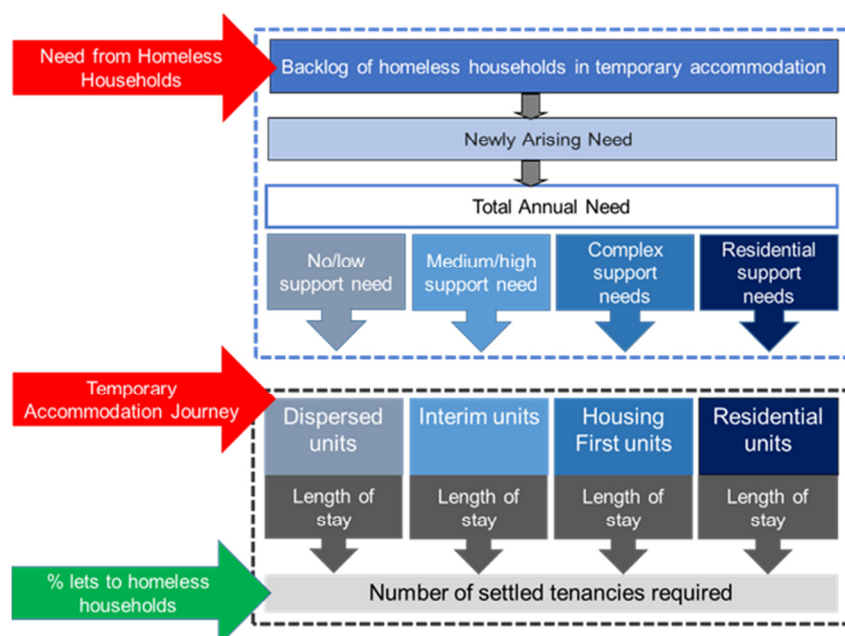
Table 21 - Total Cost for transition to Rapid Rehousing in WDC						
Rapid Rehousing Costs	Year 1	Year 2	Year 3	Year 4	Year 5	
Housing First West Dunbartonshire	170,000	296,833	436,333	584,067	677,100	£2,164,333
Additional Housing Support Service		33,250	183,750	175,000	157,500	£549,500
Additional Resettlement Support Service	35,000	35,000	35,000	70,000	70,000	£245,000
Additional proactive Homelessness Prevention Service	35,000	35,000	35,000	35,000	35,000	£175,000
Conversion programme	200,000	250,000	300,000	350,000	400,000	£1,500,000
	£440,000	£650,083	£990,083	£1,214,067	£1,339,600	£4,633,833

Notes relating to WDC Temp Modelling Tool & Rapid Rehousing Transition Tool

We have prepared the Rapid Rehousing Transition Tool provided by the Scottish Government to establish the baseline of temporary accommodation in West Dunbartonshire and outline the projected position in 5 years. However, prior to starting this process West Dunbartonshire Council had already established a Temporary Accommodation Modelling exercise to inform future service provision.

The structure of the rapid rehousing modelling tool is set out as follows:

1. the annual need from homeless households is calculated (including a proportion of the backlog of households in temporary accommodation and the annual flow of households who present for assistance), profiled to reflect the support needs of the homeless population locally;
2. temporary accommodation journeys are projected as homeless households are matched to each category of provision and remain in temporary accommodation according to a target length of stay;
3. percentage of lets to homeless households are calculated based on the number of tenancies required per category to enable the target length of stay to be delivered; and
4. assessment of the complexity of support needs (and not the number of support needs), in order to match the homeless applicant to the most appropriate temporary accommodation and ensure they are supported adequately throughout their rehousing journey.



We have therefore been able to take information, not included in the Transition Tool, into consideration when preparing our Rapid Rehousing Transition Plan. Our objective is to build a 5-year projection model that will allow us to test data inputs and assumptions year on year and model changes in:

- demand from homeless households (for example, reductions in demand through prevention initiatives or increases in demand due to successfully reducing households that lose contact);
- the profile of the support needs of the homeless population, as Housing First proactively manages the needs of the most complex and disadvantaged service users;
- the number of units required in each category of temporary accommodation as target reductions in the length of stay are implemented annually; and
- the supply of social rented housing as the Strategic Housing Investment Programme is implemented (both in terms of new build development and demolitions).