

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Monday, 21 February 2022

Time: 10:00

Format: Zoom Video Conference

Contact: Lynn Straker, Committee Officer
lynn.straker@west-dunbarton.gov.uk

Dear Member

Please attend a meeting of the **West Dunbartonshire Health and Social Care Partnership Board** as detailed above.

The Convener has directed that the meeting will be held by way of video conference and Members will therefore attend the meeting remotely.

The business is shown on the attached agenda.

Yours faithfully

BETH CULSHAW

Chief Officer
Health and Social Care Partnership

Distribution:-**Voting Members**

Denis Agnew (Chair)
Rona Sweeney (Vice Chair)
Jonathan McColl
John Mooney
Lesley Rousellet
Michelle Wailes

Non-Voting Members

Barbara Barnes
Beth Culshaw
John Kerr
Helen Little
Diana McCrone
Anne MacDougall
Kim McNab
Peter O'Neill
Saied Pourghazi
Selina Ross
Julie Slavin
Val Tierney

Senior Management Team – Health and Social Care Partnership

Date of issue: 14 February 2022

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

MONDAY, 21 FEBRUARY 2022

1 APOLOGIES

2 DECLARATIONS OF INTEREST

3 (a) MINUTES OF PREVIOUS MEETING 7 - 16

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board held on 22 November 2021.

(b) ROLLING ACTION LIST 17 - 18

Submit for information the Rolling Action list for the Partnership Board.

4 VERBAL UPDATE FROM CHIEF OFFICER

The Chief Officer will provide a verbal update on the recent business of the Health and Social Care Partnership.

5 2021/22 FINANCIAL PERFORMANCE REPORT 19 - 85 **AS AT PERIOD 9 (31 DECEMBER 2021) AND 2022/23** **ANNUAL BUDGET SETTING UPDATE**

Submit report Chief Financial Officer providing an update on the financial performance as at period 9 to 31 December 2021 and a projected outturn position to the 31 March 2022 along with an update on the 2022/23 annual budget setting process.

6 WINTER MONIES SPENDING PLAN 87 - 97

Submit report by Head of Health and Community Care detailing proposals to support Health and Social Care to respond to current pressures through investment of Winter Monies.

7 STRATEGIC PLANNING UPDATE 99 - 104

Submit report by Head of Strategy and Transformation providing an update on the progress in relation to the development of the next Strategic Plan 2023/2026.

- 8 UPDATE FROM WEST DUNBARTONSHIRE CARERS DEVELOPMENT GROUP ON THE IMPLEMENTATION OF WEST DUNBARTONSHIRE'S CARERS STRATEGY 105 - 131**
- Submit report by Chief Nurse providing an update on the progress of implementation of the Local Carer Strategy Action Plan.
- 9 THE SCOTTISH GOVERNMENT MENTAL HEALTH RECOVERY AND RENEWAL FUND 133 - 145**
- Submit report by Head of Mental Health, Learning Disability and Addictions providing an update on the new Scottish Government Mental Health Recovery and Renewal Fund which focuses on the Psychological Therapies Improvement. The proposals have been considered by the Mental Health Programme Board; Board wide Mental Health Heads of Service group; HSCP Chief Officers meeting; NHSGGC CMT. This plan is hosted by Glasgow City IJB.
- 10 ALCOHOL AND DRUG PARTNERSHIP UPDATE 147 - 155**
- Submit report by Head of Mental Health, Addictions and Learning Disability advising of the progress in relation to the Scottish Government Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs in relation to the expectations of local governance arrangements for Alcohol and Drug Partnerships (ADPs).
- 11 WEST DUNBARTONSHIRE LOCAL HOUSING STRATEGY 2022-2027 – MORE HOMES BETTER HOMES WEST DUNBARTONSHIRE 157 - 208**
- Submit report by Housing Development and Homeless Officer presenting the Council's new Local Housing Strategy (LHS) for the five year period 2022 – 2027 to the West Dunbartonshire Health and Social Care Partnership.
- 12 MINUTES OF MEETING FOR NOTING 209 - 223**
- Submit for information the undernoted Minutes of Meeting for:-
- (a) Joint Staff Forum held on 18 November 2021;
 - (b) Joint Staff Forum held on 16 December 2021; and
 - (c) Joint Staff Forum held on 6 January 2022.
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For information on the above agenda please contact: Lynn Straker, Committee Officer,
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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Meeting of the West Dunbartonshire Health and Social Care Partnership Board held via video conference on Monday, 22 November 2021 at 10.02 a.m.

Present: Denis Agnew, John Mooney and Jonathan McColl, West Dunbartonshire Council; Rona Sweeney, Lesley Rousselet and Michelle Wailes, NHS Greater Glasgow and Clyde Health Board.

Non-Voting Beth Culshaw, Chief Officer; Julie Slavin - Chief Financial Officer; Val Tierney - Professional Nurse Advisor; Diana McCrone - Staff Representative (NHS Greater Glasgow and Clyde); Selina Ross - Chief Officer, West Dunbartonshire CVS; Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum; Kim McNab, Service Manager, Carers of West Dunbartonshire; Dr Saied Pourghazi, Clinical Director; Helen Little - Lead Allied Health Professional and John Kerr - Housing Development and Homelessness Manager.

Attending: Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addictions, Jennifer Ogilvie, HSCP Finance Manager; Fiona Taylor, Senior Nurse; Jo Gibson, Head of Health and Community Care; Jacqui McGinn, Health Improvement and Inequalities Manager; Dr Fiona Wilson, NHS Health Board; Laura Smith, Child Health Care and Criminal Justice Manager; Jack Kerr, Auditor – Audit Scotland; Christopher Gardner, Auditor – Audit Scotland; Nigel Ettles, Principal Solicitor; Christine McCaffary, Senior Democratic Services Officer and Lynn Straker, Committee Officer.

Apologies: Apologies for absence were intimated on behalf of Barbara Barnes, Chair of the Locality Engagement Network, Alexandria and Dumbarton and Anne MacDougall - Chair of the Locality Engagement Network, Clydebank.

Bailie Denis Agnew in the Chair

DECLARATIONS OF INTEREST

Jonathan McColl declared a non-financial interest in Item 18 – The Implementation of Eligibility Criteria – Policy for Unpaid Carers, due to him being an unpaid carer for a family member and advised that he would take no part in the discussion on this item of business.

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health and Social Care Partnership Board held on 20 September 2021 were submitted and approved as a correct record.

ROLLING ACTION LIST

A Rolling Action list for the Board was submitted for information and relevant updates were noted and agreed by the Board.

RECORDING OF VOTES

The Council agreed that all votes taken during the meeting would be done by roll call vote to ensure an accurate record.

VERBAL UPDATE FROM CHIEF OFFICER

Ms Culshaw, Chief Officer, provided a verbal update on the recent business of the Health and Social Care Partnership. She highlighted the Staff Awards virtual ceremony which had been held recently, noting that she had visited many of the winners to congratulate them on their awards. Ms Culshaw also thanked all staff for their hard work and dedication in sustaining the service throughout the pandemic and noted that a briefing would be issued shortly providing more information on the winners and their achievements.

Ms Culshaw then provided a brief update on the rollout of Covid-19 vaccinations in the area and advised of challenges around scheduling and difficulties in increasing uptake, particularly in the younger age groups. Ms Culshaw stated that priority was still being given to our residents and staff within Care Homes and that staff were liaising with Education Services colleagues to discuss the possibility of vaccinations being delivered in schools.

2021/22 FINANCIAL PERFORMANCE UPDATE REPORT

A report was submitted by Chief Financial Officer providing an update on the financial performance as at period 6 to 30 September 2021 and a projected outturn position to 31 March 2022.

After discussion and having heard from the Chief Financial Officer in further explanation, the Board agreed:-

- (1) to note the updated position in relation to budget movements on the 2021/22 allocation by WDC and NHSGGC;

- (2) to note that the reported revenue position for the period 1 April 2021 to 30 September 2021 was reporting a favourable (under spend) position of £0.450m (0.54%);
- (3) to note the projected outturn position of £0.948m underspend (0.54%) for 2021/22;
- (4) to note that the projected costs of Covid-19 for 2021/22 were currently estimated to be £7.785m;
- (5) to note the update on the monitoring of savings agreed for 2021/22;
- (6) to note the update on the current reserves balances;
- (7) to note the update on the capital position and projected completion timelines; and
- (8) to note the progress on the 2022/23 budget setting process, initial planning assumptions and the expected timeline in relation to our partner bodies budget offers.

CHARGING POLICY FOR NON-RESIDENTIAL CARE SERVICES 2022-2023

A report was submitted by Chief Financial Officer presenting a summary of changes and recommendations on the Charging Policy for Non-Residential Care Services 2022/2023.

After discussion and having heard from the Chief Financial Officer in further explanation and in answer to Members' questions, John Mooney moved:-

That the Board agrees:-

- (1) to note and provide feedback on the Charging Policy for Non-Residential Care Services 2022/23;
- (2) to note the proposed recommendation to split the current consolidated building based day centre charge for activities, transport and meals to offer greater flexibility to service users;
- (3) to note the options for the building based day centre charge for activities;
- (4) to note the proposed recommendation to extend the list of exemptions for means tested, non-residential services to those service users who already contribute to their ILF funded element of their care package; and
- (5) to note that the Charging Policy will be reviewed and recommended for approval by West Dunbartonshire Council on 22nd December 2021, and the HSCP Board asks the Council to provide the additional funding to mitigate the costs of these recommendations.

Jonathan McColl requested an addendum to the motion where bullet point (5) reads:-

‘to note that the Charging Policy will be reviewed and recommended for approval by West Dunbartonshire Council on 22nd December 2021, and the HSCP Board asks the Council to consider providing the additional funding to mitigate the costs of these recommendations.

Having heard Mr Mooney confirm his acceptance to the addendum, the Board agreed the motion as amended.

WINTER PLANNING FOR HEALTH AND SOCIAL CARE AND PANDEMIC FUNDING

A report was submitted by Chief Financial Officer providing an update on the recently announced Scottish Government funding for Winter Planning for Health and Social Care and Pandemic funding for 2021/22 and beyond.

After discussion and having heard the Chief Financial Officer and the Head of Health and Community Care in further explanation and in answer to Members’ questions, the Board agreed:-

- (1) to note the funding made available by Scottish Government for the ongoing costs of the pandemic and Winter Planning for Health and Social Care;
- (2) to note the priorities to be addressed and outcomes to be achieved in return for this investment;
- (3) to agree to passing on the element of funding, aligned to the Adult Social Care Pay Uplift, to providers to enable them to increase pay for staff delivering direct care in adult social care to a minimum of £10.02 per hour. This is on the proviso that the funding is sufficient to cover all the costs;
- (4) to agree that best endeavour is made to provide this uplift for December or as soon as possible thereafter given the requirement to communicate directly with every adult social care provider and have them formally commit to paying a minimum of £10.02 per hour to direct care staff;
- (5) to note that a significant element of the funding would be made available on a recurrent basis into 2022/23 and was likely to cover priorities already committed to and therefore must be considered as part of the budget setting process to support projected budget gaps across health and social care; and
- (6) to note that further reports will be submitted to the Board as all funding shares are confirmed and plans for delivering on specific priorities and outcomes are developed.

AUDIT SCOTLAND: COVID-19 – TRACKING THE IMPACT OF COVID-19 ON SCOTLAND’S PUBLIC FINANCES: A FURTHER UPDATE

A report was submitted by Chief Financial Officer providing an overview of the Audit Scotland report on ‘Covid-19 – Tracking the impact of Covid-19 on Scotland’s public finances: A further update.

After discussion and having heard from the Chief Financial Officer in further explanation, the Board agreed:-

- (1) to note the content of the report; and
- (2) to note that the challenges identified within the report had been considered.

MENTAL HEALTH RECOVERY AND RENEWAL SPECIALIST CHILDREN’S SERVICES – CAMHS FUNDING

A report was submitted by Chief Officer providing an update on proposals for the planned use of the first and second tranches of the new Scottish Government Mental Health Recovery and Renewal Fund 2021/22 and 2022/23 specifically in relation to Specialist Children’s Services (SCS) CAMHS.

After discussion and having heard the Chief Financial Officer in further explanation and in answer to Members’ questions, the Board agreed:-

- (1) to note the priorities and funding made available by the Scottish Government for Phase 1 and Phase 2 Mental Health Recovery & Renewal priorities for CAMHS;
- (2) to agree to a centralised whole GGC approach to increasing the workforce, undertaken in the initial stages the approach will be similar to that used for Action 15 monies in Adult Mental Health with budget delegated thereafter. Recruitment decisions will follow governance arrangements within each HSCP Board;
- (3) to approve the proposed spending priorities identified for Phase 1 funding as outlined in Appendix 2a & b of the report; and
- (4) to note that funding proposals for Phase 2 funding will be the subject of a future report; and
- (5) that a briefing would be issued to HSCP Board members in the near future detailing further information on how this approach would be governed and monitoring how it was applied, including how it interacted with our school Counselling services.

SCOTTISH GOVERNMENT FUNDING FOR CHILDREN & YOUNG PEOPLE'S COMMUNITY MENTAL HEALTH SUPPORTS AND SERVICES PROGRESS UPDATE

A report was submitted by the Interim Head of Children's Services and Social Work providing an update on any progress on work to develop and improve community mental health supports and services for children and young people within West Dunbartonshire.

After discussion and having heard the Head of Strategy and Transformation and the Health Improvement & Inequalities Manager in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note contents of report; and
- (2) to agree that a full report would be presented to the HSCP Board in March 2022.

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR) – REVIEW OF EXISTING POLICY IN WEST DUNBARTONSHIRE

A report was submitted by the Clinical Director providing an update on the approach to DNACPR taken in West Dunbartonshire.

After discussion and having heard from Dr Saied Pourghazi, Clinical Director and Dr Fiona Wilson from NHS Health Board in further explanation and in answer to Members' questions, the Board agreed to note the contents of the report and thanked both doctors for the further explanation of how this approach was applied within West Dunbartonshire.

COVID-19 RECOVERY AND RENEWAL PLAN – KEEP BUILDING BETTER: A JOURNEY OF CONTINUOUS IMPROVEMENT

A report was submitted by the Head of Strategy and Transformation providing an update on COVID-19 recovery planning as we move through the Scottish Government Road Map out of recovery which sets out a 'phased' planned approach to how we collectively recover across Scotland.

After discussion and having heard from the Head of Strategy and Transformation in further explanation, the Board agreed to note the progress made on a local authority level.

UPDATE ON STRATEGIC PLANNING

A report was submitted by Head of Strategy and Transformation providing an update on the approach of reviewing the Strategic Commissioning Plan and seeking

approval to extend the current Strategic Plan 2019 – 2022 for a further 12 months from March 2022.

Following advice from Mr. Ettles, Principal Solicitor, the Board agreed to suspend Standing Order 12.1 to allow consideration of this item of business to proceed.

After discussion and having heard the Head of Strategy and Transformation in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to approve the proposal to extend the current Strategic Plan for a period of 12 months from March 2022, following consultation with the Strategic Planning Group and;
- (2) to approve the approach to engagement outlined in paragraphs 4.6 – 4.10 of the report, including the proposal to co-produce an engagement plan and delegate responsibility where possible to external partners to carry out engagement activity.

STRATEGIC RISK REGISTER SIX MONTH REVIEW

A report was submitted by the Head of Strategy and Transformation presenting the updated Strategic Risk Register.

After discussion and having heard the Head of Strategy and Transformation in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to approve the reviewed and updated Strategic Risk Register, shown as Appendix A to the report;
- (2) to note the two current strategic risks selected by the HSCP Audit and Performance Committee to be presented in greater detail to the HSCP Board at its meeting on the 24 March 2022; and
- (3) to note that this review had been undertaken in line with the West Dunbartonshire HSCP Risk Management Policy approved by the HSCP Board on 20 September 2021.

STRATEGIC RISK DEEP DIVE - WORKFORCE SUSTAINABILITY

A report was submitted by the Head of People and Change providing an update on the approach taken to workforce sustainability.

After discussion and having heard the Head of People and Change in further explanation, the Board agreed to note the content of the report.

SIX MONTH MONITORING REPORT ON MY LIFE ASSESSMENT / ADULT SOCIAL CARE ELIGIBILITY CRITERIA

A report was submitted by the Acting Head of Health and Community Care providing monitoring information relating to the six months since launch of the My Life Assessment (MLA) and adult social care eligibility criteria.

After discussion and having heard the Acting Head of Health and Community Care in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note the progress and challenges set out in the report;
- (2) to note that ongoing monitoring would be published in the HSCP Annual Performance Report as previously agreed; and
- (3) to note that the Evaluation Advisory Group (EAG) would provide oversight regarding evaluation of the MLA for the next 18 months.

Note:- Jonathan McColl left the meeting at this point, having declared an interest in the following item of business.

THE IMPLEMENTATION OF ELIGIBILITY CRITERIA POLICY FOR (UNPAID) CARERS

A report was submitted by the Chief Nurse providing an update on the work of the Carers' Development Group (CDG) on the development of eligibility criteria for carers and the CDG endorsement of same for use in West Dunbartonshire.

After discussion and having heard the Chief Nurse in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to the introduction and implementation of an eligibility criteria policy for unpaid carers in West Dunbartonshire in compliance with Section 21 of the Carers' (Scotland) Act 2016;
- (2) to the implementation date of April 2022;
- (3) to note this work had been endorsed by the Carers' Development Group; and
- (4) to note this aligned with the Eligibility Criteria for Adult Social Care Policy agreed by the HSCP Board on 23 September 2020.

Note: Jonathan McColl re-joined the meeting at this point.

IMPROVEMENT ACTION PLAN FOR JUSTICE SERVICES: UPDATE ON ACTIVITY

A report was submitted by the Head of Children's Health, Care and Justice providing an update on activity surrounding the Improvement Action Plan for Justice Services.

After discussion and having heard the Head of Children's Health, Care and Justice in further explanation and in answer to Members' questions, the Board agreed to note the content of the report and the ongoing improvement activity in relation to the key findings from the Care Inspectorate Report.

EQUALITIES IMPROVEMENT UPDATE

A report was submitted by the Head of Strategy and Transformation providing an update on the recent and proposed improvement work to embed equalities across the HSCP.

After discussion and having heard the Head of Strategy and Transformation in further explanation, the Board agreed:-

- (1) to note the work and progress that had already taken place; and
- (2) to approve the Equalities Improvement Action Plan.

CLINICAL AND CARE GOVERNANCE ANNUAL REPORT 2020-2021

A report was submitted by the Clinical Director describing the clinical and care governance arrangements of the HSCP and the progress made in improving the quality of health and social care. The report also described work undertaken across the HSCP in response to the unique circumstances of the Covid-19 pandemic in order to maintain safe effective person centred care.

After discussion and having heard the Chief Nurse in further explanation and in answer to Members' questions, the Board agreed:-

- (a) to note the contents of the report; and
- (b) to note that the report would be sent to NHS Greater Glasgow and Clyde as the Annual Report covering the role and remit of the group and future plans for review and evaluation.

CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2020-2021

A report was submitted by the Head of Mental Health, Learning Disabilities and Addictions and Interim Chief Social Work Officer providing the Chief Social Work Officer's (CSWO) Annual Report for 2020-21, shown as Appendix 1 to the report which detailed information on the statutory work undertaken on the Council's behalf, including a summary of governance arrangements, service delivery, resources and workforce.

After discussion and having heard the Head of Mental Health, Addictions and Learning Disabilities in further explanation, the Board agreed:-

- (a) to note the content of the Chief Social Work Officer's Annual Report 2020-21; and
- (b) to approve its submission to the Office of the Chief Social Work Advisor to the Scottish Government.

MINUTES OF MEETINGS FOR NOTING

The Minutes of Meetings of the Joint Staff Forum held on (a) 23 August 2021; and (b) 16 September 2021 were submitted and noted by the Board.

The meeting closed at 11.34 a.m.

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WEST DUNBARTONSHIRE HSCP BOARD

ROLLING ACTION LIST

Agenda item	Board decision and minuted action	Responsible Officer	Timescale	Progress/Update/ Outcome	Status
Unison Ethical Care Charter	The Board agreed that, in relation to the Ethical Charter Improvement Action Plan, officers would: (i) review the level of Trade Union involvement that would be appropriate, and also look at having this involvement through the Practice and Development Group; and (ii) look at a more appropriate review period for a collaborative review of less than 24 months which was considered to be overly long.	Head of Strategy and Transformation, Margaret-Jane Cardno	March 2022	To be discussed with Trade Unions. UPDATE 24/06/21: On discussion it was agreed the review should be every 6 months and not every 24 months.	Open
Charging Policy for Non-Residential Care Services 2022-2023	The Board agreed a motion with addendum stating, “to note that the Charging Policy will be reviewed and recommended for approval by West Dunbartonshire Council on 22nd December 2021, and the HSCP Board ask West Dunbartonshire Council to consider providing funding to mitigate the costs of these recommendations.” The report will be updated to reflect this recommendation and proposed at the next Council meeting on 22 December 2021.	Julie Slavin, Chief Financial Officer	Council Meeting March 2022	UPDATE: Report was updated and will be presented to Council in March 2022	Closed

Mental Health Recovery and Renewal: Specialist Children's Services – CAMHS	The Board agreed that a briefing will be issued to HSCP Board members in the near future detailing further information on how this approach will be governed and monitoring how it is applied, including how it interacts with our school Counselling services.	Chief Officer – Beth Culshaw	21/02/2022	Briefing circulated W/C 14/02/22	Open
Agenda item	Board decision and minuted action	Responsible Officer	Timescale	Progress/Update/ Outcome	Status
Scottish Government Funding for Children and Young People's Community Mental Health Supports and Services Progress	The Board agreed a more detailed and comprehensive report will be brought back to the HSCP Board meeting in March 2022 to provide a more thorough update on progress on the use of this funding.	Chief Nurse – Val Tierney	Before HSCP Board meeting in March 2022.	Ongoing	Open

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Financial Officer

21 February 2022

Subject: 2021/22 Financial Performance Report as at Period 9 (31 December 2021) and 2022/23 Annual Budget Setting Update

1. Purpose

- 1.1** To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 9 to 31 December 2021 and a projected outturn position to the 31 March 2022 along with an update on the 2022/23 annual budget setting process.
- 1.2** The financial impact of the Covid-19 pandemic on health and social care services continues to be refined as services adapt and renew, therefore the outturn projection to the end of 31 March 2022 will be subject to change as the HSCP and our partners move out of restrictions into recovery and renewal.

2. Recommendations

- 2.1** The HSCP Board is recommended to:
- **note** the updated position in relation to budget movements on the 2021/22 allocation by WDC and NHSGGC and direction back to our partners to deliver services to meet the strategic priorities approved by the HSCP Board;
 - **note** that the reported revenue position for the period 1 April 2021 to 31 December 2021 is reporting a favourable (under spend) position of £1.412m (1.11%);
 - **note** the projected outturn position of £1.964m underspend (1.09%) for 2021/22 and the main movements since last reported to the HSCP Board;
 - **note** that the Covid-19 cost for the period 1 April 2021 to 31 December 2021 is £4.043m (including the costs of the £500 thank-you payments for social care staff and external providers);
 - **note** that the projected costs of Covid-19 for 2021/22 are currently estimated to be £4.965m (including the costs of the £500 thank-you payments for social care staff and external providers);
 - **note** the update on the monitoring of savings agreed for 2021/22;
 - **note** the update on the current reserves balances;
 - **note** the update on the capital position and projected completion timelines;
 - **approve** that the £0.010m shortfall in the Criminal Justice capital works is funded from the existing revenue budget; and

- **note** the progress on the 2022/23 budget setting process, initial planning assumptions, and the expected timeline in relation to our partner bodies budget offers.

3. Background

- 3.1** At the meeting of the HSCP Board on 25 March 2021 members agreed the 2021/22 revenue estimates. A total indicative net revenue budget of £170.097m (excluding Set Aside) was approved as the health allocation was subject to NHSGGC Board formal approval.
- 3.2** Since the March HSCP Board report there have been a number of budget adjustments. The health allocation was formally confirmed by letter on the 17 November 2021, attached at Appendix 1. As expected it confirms the additional pay award funding, in line with previous updates to the HSCP Board, as well as the Set Aside budget for 2021/22 being £32.961m, which is additional to the revenue budgets being monitored within this report and supporting appendices. A total net budget of £181.026m is now being monitored as detailed within Appendix 2.

4. Main Issues

Financial Impacts of the HSCP Response to the Covid-19 Pandemic

- 4.1** A detailed Local Mobilisation Plan (LMP) Covid-19 financial tracker continues to be completed and is submitted to the Scottish Government on a quarterly basis by HSCPs via NHSGGC Health Board. Quarter 3 LMP was submitted on 26 January 2022 with the next submission due on 20 April 2022.
- 4.2** The projected costs of Covid-19 are anticipated to be £4.965m and include £1.009m related to the costs of the £500 thank-you payments for social care staff and external providers. The anticipated spend has reduced by £2.660m from that reported to the 22 November HSCP Board with the main movements noted in Table 1 below.

Table 1 – Main Movement in Covid-19 Costs since Quarter 2 Submission

Covid/Remobilisation Movement Analysis	£000
Reduction in Staff Costs aligned to Covid-19	(1,073)
Reduction in Estimated Social Care Provider Sustainability Payments	(576)
Increase in Offsetting Cost Reductions aligned to Covid-19	(1,138)
Other Movements	126
Main Movement since Quarter 2 Submission	(2,660)

- 4.3** The reduction in staff costs are mainly related to updated analysis of Care at Home costs whereby the total additional costs have been realigned to more appropriate spend categories, including the application of winter monies.

- 4.4** Members will be aware that on 1 November 2021 the Scottish Government issued updated guidance for providing financial support to social care providers for costs relating to the COVID-19 pandemic with the main change being the end to Care Home under occupancy payments. While the HSCP continues to engage with external providers the level of claims received since November 2021 has reduced significantly resulting in an updated projection of full year costs associated with provider sustainability.
- 4.5** As previously reported the Scottish Government appreciates that the ongoing response to Covid-19, alongside unscheduled care pressures, continues to impact the delivery of planned savings, however they expect Boards and HSCPs to maximise the in-year efficiency opportunities to deliver savings in line with planned targets. Appendix 3 details the progress on agreed savings programmes and while it is anticipated that the cost of unachieved savings remain unchanged it is recognised that these will be more than covered by increased offsetting savings and the Quarter 3 submission has been updated to take this into account.
- 4.6** Table 2 provides a summary of the actual and projected costs based on December ledger data with the detailed information being considered by the Senior Management Team in addition to individual scrutiny by our funding partners and the Scottish Government.

Table 2 - Summary of Covid-19 Costs and Funding to 31 March 2022

Covid/Remobilisation Cost Analysis	Actual to Date	Full Year Forecast
	£000's	£000's
Covid-19 Pressures	3,856	4,687
Additional PPE	1	13
Flu Vaccination	5	5
Community Hubs	63	95
Additional Care Home Placements	7	7
Additional Capacity in Community	208	319
Additional Staff Costs	1,447	1,687
Staff Wellbeing	28	37
Additional FHS Prescribing	72	86
Additional FHS Contractor Costs	11	15
Social Care Provider Sustainability Payments	1,377	1,474
Increased costs of Service Provision	379	572
Loss of Income	294	392
Other	305	439
Unachievable Savings	813	1,084
Offsetting Cost Reductions	(1,154)	(1,538)
Remobilisation Costs	187	278
Adult Social Care	9	30
Reducing Delayed Discharge	154	206
Other	24	42
Total Spend	4,043	4,965
Funding		
Earmarked Reserve for Covid Pressures	(2,905)	(3,825)
Grant Funding for Social Care £500 Thankyou Payment	(688)	(775)
Grant Funding for Third Party Provider £500 Thankyou Payment	(234)	(234)
New Funding Received	(131)	(131)
Total Funding	(3,958)	(4,965)
Assumed Funding Gap	85	0

- 4.7** The table details the anticipated drawdown of the Covid-19 Pressures Reserve at £3.825m which would leave a balance of £1.145m to carry forward to 2022/23. It should be noted however that costs for 2021/22 will be subject to change as additional guidance is issued and the partnership moves through its recovery and renewal phases.
- 4.8** The actual to date position shows an overspend position of £0.085m which is not funded from the Covid-19 earmarked reserves but from specific Scottish Government grant funding. This relates to social care £500 thank-you payments, the costs of which have been claimed from the Scottish Government with a final claim due towards the end of the financial year.

Summary Position

- 4.9** The current year to date position as at 31 December is an underspend of £1.412m. The projected outturn position, with all identified Covid-19 costs being fully funded from reserves, is a potential underspend of £1.964m. This consolidated summary position is presented in greater detail within Appendix 4, with the individual Health Care and Social Care reports detailed in Appendix 5.
- 4.10** The projected underspend of £1.964m is an increase of £0.998m from that reported at period 6 with the main changes being related to additional social care Covid-19 related costs of £0.744m being reallocated from services to the Covid-19 cost centre and an increase in the anticipated underspend for Mental Health Adult Community of £0.254m related to staffing vacancies and recruitment challenges within core mental health services.
- 4.11** Members should note that the projected underspend takes into account the progress on agreed savings programmes and £0.280m of expenditure to be added to earmarked reserves. Further detail on progress of savings is detailed in Appendix 3 with an update on the anticipated level of reserves with supporting narrative provided within section 4.18 below and within Appendix 8.
- 4.12** The summary position is reported within Table 3 below which identifies the projected 2021/22 budget underspend of £1.964m. A detailed analysis on the projected annual variances in excess of £0.050m contained within Appendix 6.

Table 3 - Summary Financial Information as at 31 March 2022

Summary Financial Information	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Actual Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Health Care	109,980	79,315	79,001	314	107,083	2,897	2,456	441	0.4%
Social Care	104,417	70,433	69,049	1,384	100,995	3,422	1,649	1,773	1.7%
Covid-19	131	0	85	(85)	4,965	(4,834)	(3,825)	(1,009)	0.0%
Expenditure	214,528	149,748	148,135	1,613	213,043	1,485	280	1,205	0.6%
Health Care	(4,122)	(3,063)	(3,063)	0	(4,122)	0	0	0	0.0%
Social Care	(29,380)	(19,477)	(19,276)	(201)	(29,130)	(250)	0	(250)	0.9%
Covid-19	0	0	0	0	(1,009)	1,009	0	1,009	0.0%
Income	(33,502)	(22,540)	(22,339)	(201)	(34,261)	759	0	759	-2.3%
Health Care	105,858	76,252	75,938	314	102,961	2,897	2,456	441	0.4%
Social Care	75,037	50,956	49,773	1,183	71,865	3,172	1,649	1,523	2.0%
Covid-19	131	0	85	(85)	3,956	(3,825)	(3,825)	0	0.0%
Net Expenditure	181,026	127,208	125,796	1,412	178,782	2,244	280	1,964	1.1%

Update on Prescribing 2021/22

- 4.13** The 2021/22 prescribing forecast outturn is comprised of a number of complex variables and is based on:
- Prescribing volumes;
 - Cost per item
 - Number of generic items dispensed as a percentage of total items dispensed;
 - Pricing and short supply; and
 - Transfer of Apremilast costs and budget from Acute Sector into FHS.
- 4.14** The average cost per item for the period April to October is currently £10.13 which is higher than the GGC average of £10.04.
- 4.15** Detailed analysis on prescribing activity is provided in Appendix 7 and reports a projected underspend of £0.299m based on the recurring 2020/21 rollover budget.

Update on Pay Awards

- 4.16** Board Members will recall that following union ballots an amended pay offer for local authority staff was made by COSLA on 29 October which included £30m extra funds from the Scottish Government and £18.5m made available from Scottish Councils with the key difference being the backdating of the implementation date of the pay award and the increase in the SLGLW to 1 January 2021.

- 4.17** The revised offer has now been agreed and payment of both the annual and backdated uplifts are in progress. It is estimated that the 2020/21 backdating element will cost in the region of £0.280m and while it has been confirmed that the Council will receive additional one off funding of £0.530m to part fund the total backdated pay element the financial impact of this on West Dunbartonshire HSCP has yet to be confirmed at the time of writing.

Update on Reserves

- 4.18** At the 24 June 2021 meeting members approved proposals to take forward expenditure plans for earmarked reserves totalling £14.193m with anticipated spend in 2021/22 of £8.968m.
- 4.19** Detailed analysis of reserves is detailed in Appendix 8. The analysis identifies that while £6.301m of earmarked reserves will be drawn down in the current financial year to fund expenditure; services underspends and new funding received will both increase earmarked reserves already in place (£3.634m) as well as create new earmarked reserves (£2.947m) with the new Winter Planning funding contributing £2.372m. It is currently anticipated that net amounts of £1.964m and £0.280m will be added to unearmarked and earmarked reserves respectively with the most significant challenge remaining recruitment of staff into a number of fixed term posts.

New Funding

- 4.20** In addition to the new funding streams reported to the November HSCP Board, i.e. winter monies, it was announced in early January that Tranche 2 of Primary Care Improvement Fund (PCIF) funding will be released to HSCP totalling £1.401m which is included as part of the PCIF earmarked reserve within Appendix 8.

Housing Aids and Adaptations and Care of Gardens

- 4.21** The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services delegated to the HSCP Board and should be considered as an addition to the HSCP's 2021/22 budget allocation of £75.037m from the council.
- 4.22** These budgets are managed by the Council's – Roads and Neighbourhood and Housing and Employability Services on behalf of the HSCP Board.
- 4.23** The summary projected position for the period to 31 March 2022 is included in the table below and will be reported as part of WDC's financial update position.

Table 4 - Financial Performance as at 31 December 2021

Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council	Annual Budget	Year to Date Actual	Forecast Full Year
	£000's	£000's	£000's
Care of Gardens	453	336	448
Aids & Adaptations	250	42	250
Net Expenditure	703	378	698

4.24 At the Council meeting on 9 February Members were provided with a list of potential savings options to help deliver a balanced 2022/23 budget. Included within this list are 2 options related to the Care of Gardens Scheme as detailed below with a decision on agreed options anticipated to be made at the next Council meeting of 9 March 2022.

- Option 13 – Equalise the charges for all residents such that residents over the age of 65, or those under the age of 65 is they are registered disabled, would be charged £70 per annum for two hedge cuts and seven grass cuts throughout the year; or
- Option 14 – Cease the service provision entirely given that there is no statutory obligation to offer this service to residents.

2021/22 Capital Expenditure

Health Care

4.25 The progress to date of the individual capital projects funded by WDC and NHSGGC for the Health Social Care Partnership were impacted by the lockdown restrictions. Previous HSCP Boards have updated on the impact of these delays and this is refreshed below.

4.26 The new Clydebank Health and Care Centre opened on Monday 7 February 2022 and will offer the Clydebank community access to a wide range of health and social care services under one roof for the first time, with initial reactions to the modern and comfortable surroundings being extremely positive. As previously reported there is a revenue shortfall which will require to be built into future budgets. It is unlikely that the HSCP will be required to drawdown any funds from the earmarked reserve in 2021/22, with any impact in 2022/23 forecast to be minimal due to the anticipated level of the earmarked reserve remaining at 31 March 2022.

Social Care

4.27 As detailed in Appendix 9 Clydebank Care Home (Queens Quay House) completion was certified 9 November 2020. Clydebank Care Home is due to be financially complete by the end of financial year 2021/22 with the costs of demolition being carried forward to 2022/23.

- 4.28** The Covid-19 reserve can be used to tackle backlogs in community assessments by increasing the number of Occupational Therapists and Assistants, however at this time due to recruitment challenges it is anticipated that the Aids and Adaptations budget will be underspend by £0.229m as the backlog is addressed. The HSCP has requested that this slippage is carried forward to be added to the 2022/23 budget allocation and it is anticipated that officers will be in a position to confirm this at the March HSCP Board meeting.
- 4.29** The Criminal Justice adaptations work will not take place until next financial year. The capital works were initially estimated to cost £0.063m, however tenders have been returned which indicate that this estimate is insufficient and is now likely to be £0.073m. This additional cost can be accommodated within the current budget and the HSCP Board is asked to approve this additional cost commitment. A report is due to be submitted to the West Dunbartonshire Council Tendering Committee on 23 February 2022 to seek approval to instruct the work with the works anticipated to commence mid-March 2022.

2022/23 to 2024/25 Budget Setting

- 4.30** Work continues on the 2022/23 to 2024/25 budget projections and in reflecting the priorities set out within the Strategic Plan, current pressures which will impact on future years, known transition packages and demographic pressures.
- 4.31** There was an ambitious plan to update the Medium Term Financial Plan in 2021 but the scale of additional funding coupled with the ongoing Covid-19 response rendered this unachievable. It is anticipated that the March HSCP Board will receive a high level overview of potential costs and funding assumptions covering the period 2022/23 to 2031/32.

Scottish Government Budget and Budget Bill

- 4.32** The Scottish Government Budget Bill for 2022/23 was introduced on 9 December with details of their local authority 2022/23 finance settlements announced on 20 December 2021.
- 4.33** Following the announcement of the local authority settlement the Scottish Government has progressed the budget through the parliamentary process, on the following dates with the Local Government Finance Order being expected to be published on 24 February 2022.
- Stage 1 27 January 2022
 - Stage 2 1 February 2022
 - Stage 3 10 February 2022
- 4.34** The Scottish Public Sector Pay Policy for 2022/23 was also published on 9 December 2021 and provides for:

- A new £10.50 wage floor;
- A guaranteed cash uplift of £775 for those earning £25,000 and below which delivers a pay increase in excess of 3% to the lowest paid;
- A progressive headline pay increase of £700 for those earning over £25,000 and up to £40,000; and
- A £500 pay uplift to those earning over £40,000.

4.35 This is not binding on pay negotiations for public sector employees; however it has been used to update the previous 2% uplift included initially.

Social Care

4.36 The key messages from the budget announcement are contained within a letter from the Cabinet Secretary for Finance dated 9 December 2021 are detailed below with the letter appended to this report as Appendix 11.

- In addition to maintaining the £292.6m provided in 2021/22 a further £353.9m will be transferred from the health portfolio to local authorities for investment in health and social care and mental health services and includes:
 - £174.5 million to support ongoing adult social care pay; for carers;
 - £15 million to uplift free personal nursing care rates;
 - £124 million of recurring care at home investment; and
 - £20 million for interim care;
- A further £200m will be transferred to support pay and sustainability of social care services to support retention, and begin to embed improved pay and conditions for care workers. The additional £200m funding transfer requires local government to deliver a £10.50 minimum pay settlement for adult social care workers in commissioned services, in line with the equivalent commitment being made in the public sector pay policy.

4.37 Finance Circular 9/2021 provided details on the initial total revenue support grant funding for West Dunbartonshire Council. While the finance circular detailed an initial distribution of some elements of the £553.9m officers have requested further clarification based on some figures not being as expected and other allocations omitted from the data provided.

4.38 The Scottish Government have also announced an additional £22m of funding specifically to assist efforts in the adult social care sector which will be fully distributed by the Council and includes:

- £4.8m for Care Home and Care at Home oversight funding; and
- £17.2m for additional workforce capacity with adult social work.

- 4.39** The distribution of the separate funding announcements detailed in sections 4.36 to 4.38 are detailed in Table 5 below. It should be noted that the current indicative figures correspond with the funding assumptions reported to West Dunbartonshire Council within their 2022/23 Budget Setting Update Report in relation to funding for the HSCP Board.

Table 5 – Additional Investment in Health & Social Care 2022/23

Funding	Scotland (£m)	WDC (£m)	Recurring / Non Recurring	Distribution Information
Scottish Living Wage	174.500	2.600	Recurring	Not yet confirmed but assumed based on share of 2021/22 SLW Funding
Free Personal and Nursing Care	15.000	0.146	Recurring	Not yet confirmed but assumed based on share of 2021/22 FPNC Funding
Carer's Act	20.400	0.351	Recurring	Not yet confirmed but assumed based on 1.73% social care GAE
Expansion of Care at Home	124.000	2.086	Recurring	Not yet confirmed but assumed based on share of 2021/22 Care at Home Funding
Interim Care	20.000	0.336	Non Recurring	Not yet confirmed but assumed based on share of 2021/22 Interim Care Funding
Support pay and sustainability of social care services	200.000	3.347	Recurring	Not yet confirmed but assumed based on 1.673% adult social care GAE
Additional social work capacity within local authorities	22.000	0.364	Recurring for 3 years from 2022/23	Confirmed via letter from Iona Colvin 9 February 2022 and based on adult social care GAE
	575.900	9.230		

- 4.40** The 9 December letter also states:

“The funding allocated to Integration Authorities **should be additional and not substitutonal to each Council’s 2021/22 recurring budgets** for adult social care services that are delegated”

- 4.41** The November HSCP Board was provided with early risk analysis regarding the UK Government's health and social care tax of 1.25% across the UK to pay for reforms to the care sector and NHS funding in England. Members will recall that the tax will begin as a 1.25% increase in national insurance from April 2022 paid by both employers and workers, and will become a separate tax on earned income from April 2023 calculated in the same way as national insurance. While the UK wide tax will be focused on funding health and social care in England additional funding will flow to Scotland to spend on services.
- 4.42** It has now been confirmed that local government organisations will not receive any additional funding to mitigate the financial impact of this policy. The cost of the health and social care tax on social care services has been estimated at £0.270m and has been fully considered within the 2022/23 budget setting process.
- 4.43** Discussions with the Council's Members Budget Working Group are ongoing and until a confirmed funding offer is made this report is based on the 2021/22 funding allocation plus the full £9.230m of new funding less redetermination adjustments of £0.005m. This is effectively a "flat cash" settlement which effectively means the HSCP are responsible for fully funding staffing pay awards, the 1.25% national insurance increase, inflationary uplifts (including the National Care Home Contract) and demographic impacts itself with no cost pressures funded by the Council.
- 4.44** At this time the £9.230m of new funding comes with cost commitments of £6.839m leaving £2.391m unallocated. Current working assumptions are that the application of this excess funding, in addition to applying the future year impacts of previously approved savings, baseline adjustments, service efficiencies (including considerations such as HSCP recovery and redesign work) and assuming that the application of reserves for social workers will continue, have all contributed to reduce the initial social care budget gap of £6.274m as presented to the HSCP Board in November.
- 4.45** Applying this level of funding, cost pressures and known service changes the indicative social care budget allocation of £81.302m falls short of the draft 2022/23 social care budget of £82.062m, resulting in an indicative budget gap of £0.760m as detailed in Appendix 12 before the continued application of reserves. Table 6 below summaries the indicative budget gap for 2022/23 along with further anticipated budget gaps for 2023/24 and 2024/25. The Council will consider the impact of the local government finance settlement for 2022/23 on 9 March, at which time they will confirm the funding offer to the HSCP Board.

Table 6 – Social Care Budget Gaps 2022/23 to 2023/24

	2022/23 (£m)	2023/24 (£m)	2024/25 (£m)
Indiative / Draft Budget	82.062	83.890	86.424
Indicative Funding	81.302	82.333	81.653
Annual Budget Gap	0.760	1.557	4.771
Cumulative Budget Gap	0.760	2.317	7.088
Continued Application of Reserves	0.344	0.344	0.344
Annual Budget Gap	0.416	1.213	4.427
Cumulative Budget Gap	0.416	1.629	6.056

4.46 As detailed in section 4.44 it has been assumed that new funding in excess of spend commitments will be used to mitigate service pressures. Members should also note that the budget gaps as detailed in table 6 do not include any provision for growth items at this time. The senior management team are currently putting forward growth bids to the Chief Officer for consideration with early indications being that a sum in the region of £0.250m is likely to be requested. If members wished to use the excess funding to increase service provision and/or approve growth bids then the budget gaps as detailed in Table 6 would increase accordingly.

4.47 The HSCP Board Meeting scheduled for 21 March 2022 will be provided with a further update on confirmed budget offers and any further amendments to projections, in particular around pay policy; inflationary uplifts and service redesign plans. At that point any identified budget gap will be considered alongside a range of options that may be required to close the anticipated 2022/23 budget gap and is likely to include:

- Savings options and further efficiencies developed by Heads of Service; and
- Further application of reserves. As detailed in sections 4.18 – 4.19 and Appendix 8 the projected year end position is further additions to both unearmarked and earmarked reserves balances.

Health Care

4.48 The key messages from the budget announcement are contained within a letter from the Director for Health Finance and Governance dated 9 December 2021 are detailed below with the letter appended to this report as Appendix 13.

- All Boards will receive a baseline uplift of 2% along with further support for increased employer national insurance costs arising from the UK Health and Social Care Levy. The uplift should be applied to Integration Authorities 2021/22 recurring budgets.

- In terms of pay, initial funding has been allocated in line with the Scottish Government Public Sector Pay Policy.
- In addition to the 2% baseline uplift Covid-19 funding of £63m will be provided as detailed below with any allocation to the HSCP still to be confirmed:
 - £30m on a recurring basis to support the permanent recruitment of vaccination staff with further funding to be provided following a review of staffing models.
 - Funding of £30m for the first 6 months of 2022/23 for the National Contact Centre staffing and Test and Protect contract tracing staffing
 - £17.5m for mobile testing units; and
 - £4.1m for regional lab staffing
- In addition to the £775.9m provided in 2021/22 a further £70m will be In will be invested in improving patient outcomes in 2022/23 as detailed below with any allocation to the HSCP still to be confirmed:
 - £12.5m for Primary Care
 - £36.1m to address Waiting Times
 - £14.9m for Mental Health and CAMHS
 - £6.5m for Trauma Networks
- The Health and Social Care Portfolio will transfer additional funding of £554 million to Local Government to support social care and integration (refer to section 4.35 above), which recognises the recurring commitments on adult social care pay and on winter planning arrangements.
- The overall transfer to Local Government includes additional funding of £235.4 million to support retention and begin to embed improved pay and conditions for care workers, with the Scottish Government considering that this funding requires local government to deliver a £10.50 minimum pay settlement for adult social care workers in commissioned services, in line with the equivalent commitment being made in the public sector pay policy. The additional funding will also support uprating of FPNC and the Carers Act.
- The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2021/22 recurring budgets for social care services and therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £554 million greater than 2021/22 recurring budgets.

4.49 While NHSGGC have still to make a formal offer the 2% uplift will be applied to recurring budgets and the additional investment in Primary Care, Waiting Times, Mental Health / CAMHS and Trauma Networks will be distributed once final confirmation of allocations are received.

- 4.50** Early 2022/23 planning assumptions had anticipated an uplift of 1.5%, therefore the actual uplift exceeds this. However the pay award assumption was also anticipated to be around 2%, but with the offer contained within the Public Sector Pay Policy (see section 4.32 above) this is projected to cost approximately 2.4% on current pay budgets, before adjusting for the cost of increments.
- 4.51** Annual increases to GP Prescribing budgets present the greatest financial risk to the partnership covered in detail in sections 4.13 – 4.15 above. Pre Covid-19 average annual increases range from 4%-6% which have exceeded annual uplifts requiring ambitious efficiency programmes and additional investment. Since 2020/21 the impact of the Covid-19 pandemic and preparations for Britain's exit from the EU has influenced short supply price rises; however this pressure has been more than contained by the 4% reduction in items dispensed. The projected underspend in the current financial year of £0.299m effectively means that the 1.5% uplift applied to the 2021/22 budget was not required and is available for roll-forward into 2022/23. The current working assumption, given the uncertainty of future volumes and prices as restrictions start to lift, is that the prescribing uplift can be limited to 2%. Between now and the March report the Board will be presented with a recommendation, taking into account the projected reserve balance of £1.583m.
- 4.52** These assumptions are set out in more detail within Appendix 14 and if accepted would result in a budget gap in 2022/23 of £0.335m. The March report will provide the Board with recommendations that could include reduced or no-inflation to non-pays budgets and prescribing.
- 4.53** Historically health care budgets are agreed for one year only and no indicative future funding offers are agreed with Health Boards. However assuming this year's Scottish Government uplift and pay policy is replicated in the future 2 years, prescribing pressure returns to pre Covid-19 levels of 5% and a burden is added for the Health Centre revenue shortfall, Table 7 below summaries the indicative budget gap for 2021/22 along with further anticipated budget gaps for 2023/24 and 2024/25.

Table 7 – Health Care Budget Gaps 2022/23 to 2024/25

	2022/23 (£m)	2023/24 (£m)	2024/25 (£m)
Indiative / Draft Budget	102.189	104.720	107.056
Indicative Funding	101.854	103.650	105.723
Annual Budget Gap	0.335	1.070	1.333
Cumulative Budget Gap	0.335	1.406	2.738

5. Options Appraisal

5.1 None required

6. People Implications

- 6.1** Other than the position noted above within the explanation of variances there are no other people implications known at this time.

7. Financial and Procurement Implications

- 7.1** Other than the financial position noted above, there are no other financial implications known at this time. The regular financial performance reports to will update on any material changes to current costs and projections.

8. Risk Analysis

- 8.1** The main financial risks to the 2021/22 projected outturn position relate to anticipated increases in demand for some key services such as mental health and other social care services as the HSCP move through its Covid-19 Recovery and Renewal phases.
- 8.2** An employer's liability insurance claim has been submitted on behalf of an HSCP employee with a policy excess of £0.250m. While the HSCP will be responsible for costs up to this amount the actual financial impact cannot be quantified at this time and therefore no provision has currently been included with the period 9 finance update report.
- 8.3** The ongoing impact of Britain's exit from the European Union on an already Covid depressed UK Economy may have a detrimental impact on public sector funding.
- 8.4** In relation to budget setting there are a number of risks in relation to the current and future years including:
- Continued volatility in, and the legacy impact of the Covid-19 pandemic on, demand pressures across a range of community services;
 - Financial sustainability and the ongoing need to ensure the reserves strategy is prudent and serves the needs of the HSCP;
 - Continued pressure from external providers to sign up to Scotland Excel Frameworks which would result in significant rate increases;
 - Financial and governance impacts of the Independent Review of Adult Social Care and the outcome of the National Care Service consultation such as the phasing out of Non Residential Charges and the income derived from them;
 - Delivery of targets and outcomes such as delayed discharge and waiting times;
 - Managing demand and the impact of legislative changes such as the Carers Act and Free Personal Care for under 65's;
 - Implications from consumption of hosted services if current arrangements are revised;
 - Continued discussions regarding Set Aside arrangements;

- Potential short supply prescribing pressures and the inability to deliver on efficiency programmes post pandemic;
- Continuing impact on staff recruitment, drug prices and drug availability as a consequence of the United Kingdom leaving the EU; and
- Staff recruitment challenges as all HSCP's seek to recruit from a limited pool of staff resulting in a potential inability to fulfil national priorities.

9. Equalities Impact Assessment (EIA)

9.1 None required.

10. Environmental Sustainability

10.1 None required.

11. Consultation

11.1 This report and the projections and assumptions contained within it has been discussed with both council and health board finance colleagues.

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 priorities of the Strategic Plan.

13. Directions

13.1 The recurring and non-recurring budget adjustments up to 31 December 2021 (as detailed within Appendix 2) will require the issuing of a revised direction, see Appendix 10.

Julie Slavin – Chief Financial Officer

Date: 14 February 2022

Person to Contact:

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Appendices:	Appendix 1	– NHSGGC 2021/22 Budget Confirmation
	Appendix 2	– Budget Reconciliation
	Appendix 3	– Monitoring of Savings
	Appendix 4	– Revenue Budgetary Control 2021/22 (Overall Summary)
	Appendix 5	– Revenue Budgetary Control 2021/22 (Health Care and Social Care Summary)
	Appendix 6	– Variance Analysis over £50k
	Appendix 7	– Prescribing Analysis
	Appendix 8	– Reserves
	Appendix 9	– Social Care Capital Update
	Appendix 10	– Directions
	Appendix 11	– Letter from the Cabinet Secretary for Finance dated 9 December 2021
	Appendix 12	– Social Care 2022/23 to 2024/25 Budget Gap Update
	Appendix 13	– Letter from the Director for Health Finance and Governance dated 9 December 2021
	Appendix 14	– Health Care 2022/23 to 2024/25 Budget Gap Update
Background Papers:	2021/22 Financial Performance Update Report – November HSCP Board	
Localities Affected:	All	

Greater Glasgow and Clyde NHS Board

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Date: 17th November 2021
Our Ref: FMcE

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Dear Beth

2021/22 Financial Allocation to Glasgow Health and Social Care Partnership

Following on from the initial uplift letter sent out in March 2021, I can now update the Boards Allocation to the HSCP for 2021/22, based on further allocations for the Agenda for Change pay agreement. Please note this does not include an allocation for the Medical Pay Award and AFC band 8-9, this has still to be confirmed by Scottish Government.

Annual uplift to NHSGGC

The annual general uplift is provided by the Scottish Government to support Boards in meeting expected additional costs related to pay, supplies (which includes prescribing growth and utilities charges) and capital charges. The Board's initial uplift for 2021/22 is 1.5% totalling £33.7m followed by a further £31.2m for Agenda for Change Pay Uplift

The HSCP Settlement

The Scottish Government's funding allocation letter issued on 28 January 2021 states that *"In 2021/22, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020/21 agreed recurring budgets"*.

The total allocation uplift to all six HSCPs should therefore be £13.1m based on the recurring budget at 31 January 2021 followed by a further £7.6m for AFC pay uplift and the partnership's share of this allocation is included in **Appendix 1**.

Set Aside Budget

During 2020/21 work continued to identify the actual budgets and costs of unscheduled care services and these have been used as the basis for the set aside allocation for 2021/22. Now that the final out-turn for 2020/21 is confirmed the current value has been uplifted by 2.12%. This figure represents the estimated actual usage of the in scope Acute services. This will continue to be a notional allocation.

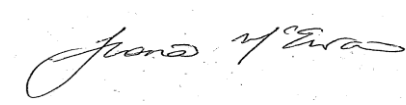
Recharges to HSCPs

The following items will continue to be charged to the HSCP during 2021/22:

- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost; and
- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17.

Non recurring allocations including Scottish Government allocations for COVID-19 for both health and social care expenditure will be passed directly to the partnership when received by the Board.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Fiona McEwan', with a stylized, cursive script.

Fiona McEwan

Assistant Director of Finance- Financial Planning & Performance
NHS Greater Glasgow and Clyde

Appendix 1 – Financial Allocation 2021/22

Spend Categories	West Dunbartonshire Hscp
	£000s
Family Health Services	29,542
Fhs Income	(1,007)
Family Health Services Budget (Net)	28,536
Prescribing & Drugs	19,633
Non Pay Supplies	3,622
Pay	28,132
Other Non Pay & Savings	20,495
Other Income	(3,472)
Budget - HCH incl Prescribing	68,410
Total Rollover budget - NET	96,946
Adjustments:	
Non Recurring budget allocated to base	(61)
Budget Eligible for HCH & Prescribing uplift	68,349
<u>Uplifts</u>	
Scottish Government allocation	1,028
AFC additional uplift	630
West of Scotland Sexual Assault & Rape Service (Topsliced)	(46)
West of Scotland Sexual Assault & Rape Service (Hosted)	
Total Uplift	1,612
Revised Budget	98,558
<u>Set Aside Budget</u>	
2021/2022 Value	32,276
Uplift @ 2.12%	684
2021/22 Value	32,961

2021/22 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Budget Approved at Board Meeting on 25 March 2021	97,853	72,244	170,097
Council Budget Adjustments			
Reduction in pay award funding from WDC following Cosla adjustment		(20)	(20)
Additional Scottish Living Wage funding allocated 26 March 2021		527	527
Health Budget Adjustments			
Recurring Transfer to Corporate/NHS Board - MSK Physio Accommodation SLA	(170)		(170)
Recurring Transfer to MHAU	(34)		(34)
Period 1 to 3 Adjustments			
Mobile Licence Realignment		(2)	(2)
FHS GMS Recurring adjustments	509		509
Fhs Other To Hscp's Budget - Prescribing	473		473
Wdhscp Camhs Spec Doc	(16)		(16)
Gms X Chg Hscp Covid MI 6701	2		2
Gms X Chg Hscp Covid MI 6701	1		1
Camchp19 Mh Strategy Action 15	289		289
Camchp20 Pcip Tr 1 Wdhscp	1,261		1,261
Camchp22 Wdhscp Adp Funding	244		244
Wd Camhs Nursing (af) - Mental Health Recovery and Renewal Fund	75		75
Wd Camhs Psychology (af) - Mental Health Recovery and Renewal Fund	82		82
Anticipated outstanding budget adjustments	690		690
Period 4 Adjustments			
Hscp Ncl 2021-reduce Dent Inc	500		500
Hscp Ncl Adjust Gds Bud	61		61
Hscp Ncl Adjust Gos Bud	75		75
Hscp Ncl Adjust Gps Bud	342		342
CAMCHP30 Agenda for Change Pay Uplift	630		630
CAMCHP43 WD SARC Contribution	(46)		(46)
CAMCHP47 WD Outcome Fwk Uplift	4		4
Gms X Chg Hscp Covid MI 6701	0		0
Pay Award Shortfall to fund	(190)		(190)

2021/22 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Anticipated outstanding budget adjustments	(125)		(125)
Period 5 to 6 Adjustments			
Hscp Ncl Adjust Gps Bud	133		133
Hscp Ncl Reduce Dent Inc	32		32
Gms X Chg Hscp Covid MI 6701	(3)		(3)
Sesp Chd Eat Up - West D	50		50
Sesp Diabetes - Wd	20		20
Apremilast Cam From Acute Q1	11		11
Camchp68 Wdhscp Smoking Prev	70		70
Apremilast Cam From Acute M4	8		8
Camchp16 Wdhscp Mhrr Camhs	497		497
Camchp97 Wd Wkforce Wellbeing	36		36
Budget Trs Fr Nw Pcmh	54		54
Camhs Waiting List Budget	9		9
Camhs Waiting List Budget	77		77
Camhs Waiting List Budget	7		7
Ldl Team From Ld To Hscps	12		12
Anticipated outstanding budget adjustments	(482)		(482)
Period 7 to 9 Adjustments			
Interim Care Funding		673	673
Expanding Care at Home Capacity Funding		1,043	1,043
Scottish Living Wage Funding		580	580
AdobeAcrobat Pro DC Licence Realignment		(3)	(3)
Mobile Phone Licence Realignment		(5)	(5)
PCIP Tranche 2 Funding	1,402		1,402
MDT Funding	336		336
1000 Healthcare Worker Funding	269		269
Winter Planning PCIF Funding	51		51
Adjust Hscp Ncl Gds	1,038		1,038

2021/22 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Adjust Hscp Ncl Gos	(308)		(308)
Hscp Ncl Adjust Gps Bud	(680)		(680)
Hscp Ncl Reduce Dent Inc	(84)		(84)
Gms X Chg Hscp 17c 21/22	15		15
Gvp21100 Apremilast M5 (aug)	11		11
Camchp118 Wd Covid Ppe	126		126
Camchp127 Wd Covid & Flu Vac	5		5
Camchp18 Wd Dn Funding	96		96
Camchp27 Wd Pcip Pharmacists	167		167
Pharm Contribut Camchp105 Wd	(91)		(91)
Gvp21131 Apremilast M6 (sept)	8		8
Camchp130 Wd Vale Post Tfer	(25)		(25)
Apremilast Cam Acute Accrual	13		13
Apremilast Cam Acute M09 Oct21	7		7
Camchp132 Wdhscp Adp Frontline	118		118
Camchp133 Wdhscp Adp Pfg	310		310
Camchp135 Mh Outcomes Fwk	174		174
Camchp136 Wd Dementia Pds	63		63
Camchp141 Wdhscp Clw Payment	2		2
Camchp149 Wdhscp Adp Ddtf	57		57
West Dun Share Of Pfg Funding	60		60
Covid funding for PPE and Flu Costs	131		131
Anticipated Parenting Income	50		50
Anticipated outstanding budget adjustments	(370)		(370)
Revised Budget 2021/22	105,989	75,037	181,026

Efficiency Detail	Total Savings to be Monitored	Comment	Savings Anticipated to be Achieved as Planned	Savings not anticipated to be achieved as planned but funded from Covid Reserve	Savings not anticipated to be achieved as planned but funded from Earmarked Reserve	Savings not anticipated to be achieved as planned but to be covered by other HSCP underspends
	£000		£000	£000	£000	£000
Health Care						
2021/22 Approved Savings						
Admin Review	56	Not at risk	56			
Social Care						
2018/19 Savings Proposals Revised for Public Consultation and Review						
Housing Support - Spend to Save Project. Move to Core and Cluster Model of Support. Phase 2 - New Build Bungalow	180	Saving at risk due to timing of project start date and existing costs associated with prospective clients being lower than anticipated.				180
2019/20 Savings Based on 27 March Council Meeting						
Learning Disability - Out of Authority Repatriation Part Year	70	This saving is considered to be partially at risk. High cost packages and those with single sleepovers are being reviewed. Use of taxi provision also being considered.	35	35		
2019/20 Uplift in income from SFC Agreed by Council on 27 March 2019						
Physical Disabilities - Charging £10 for Day opportunity	16	Day Services remain affected by Covid-19 - This is only likely to be achievable if support returns to 19/20 levels.		16		
2020/21 Baseline Budget Adjustments						
Reduction to taxis for social work clients	20	Saving at risk due to historical overspending on this line and linkage with review of travel policy		20		
Invoke Ordinary Resident	247	One OR client agreed to be transferred from 24 March 2021, however the second OR will not go ahead and is likely to move to Dumbarton but cost, structure and timing of new package is unknown at this time.	111	136		
Review of Residential Placements reflecting work of Service Improvement Leads	150	At risk given the historical nature of the service to overspend in recent years and the fact that a service review has yet to commence.		150		
Part Year Reduction in Care at Home budget reflecting work of Service Improvement Leads	181	Care at Home review to commence in 21/22 but unlikely to realise full saving target in year for new saving which is required in addition to the previous unachieved savings		181		
2020/21 Approved Savings delayed until 2021/22						

Efficiency Detail	Total Savings to be Monitored	Comment	Savings Anticipated to be Achieved as Planned	Savings not anticipated to be achieved as planned but funded from Covid Reserve	Savings not anticipated to be achieved as planned but funded from Earmarked Reserve	Savings not anticipated to be achieved as planned but to be covered by other HSCP underspends
	£000		£000	£000	£000	£000
Admin Saving	119	At risk due to delays in service redesign				119
2021/22 Recurring Savings						
Overstated Mental Health Staffing	27	No risk as budget file was overstated	27			
Reduction in packages across Mental Health and Addiction Services	43	No risk due to review of RF packages	43			
1 reduction in 1 WTE Senior Social Worker	59	No risk as vacant post removed from structure.	59			
TRFS Staying Well Group	52	While there is a delay of approximately 3 months in this saving but overall supporting people likely to come in on budget	39	13		
Release of balance of FPC Monies in HQ	121	No risk as funds were unallocated and therefore able to be removed from budget	121			
Redetermination Adjustment for Community Placement	68	At risk - budget based on current numbers but this relates to an unexpected redetermination adjustment.				68
Recurring Savings Exercise (50% of reduction in external care beds)	401	Saving based on the HSCP strategic priority of supporting people in their own homes for longer and reducing length of stay. Also recovery to pre-Covid levels is unlikely in 21/22.	401			
2021/22 Approved Savings						
Review of foster carer strategy	108	At risk - The age profile of foster carers needs to be addressed by recruiting more internal foster carers to allow a reduction of overall expenditure within the private provision. The Covid pandemic has impacted on recruitment campaigns.		108		
Reduction in external property leases	29	Saving based on vacation of current services in Clydebank by the end of October. This will not be achieved as alternative accommodation not yet identified.			29	
Care at Home service improvement project	425	Care at Home review to commence in 21/22 but unlikely to realise full saving target in year for new saving which is required in addition to the previous unachieved savings		425		
Total Savings to be Monitored	2,372		892	1,084	29	367

Consolidated Expenditure by Service Area	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Actual Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Older People Residential, Health and Community Care	30,549	23,060	22,933	127	30,012	537	160	377	1.2%
Care at Home	13,076	7,896	8,081	(185)	12,283	793	1,043	(250)	-1.9%
Physical Disability	2,636	1,868	1,868	0	2,636	0	0	0	0.0%
Childrens Residential Care and Community Services (incl. Specialist)	25,793	16,763	16,820	(57)	25,493	300	(45)	345	1.3%
Strategy, Planning and Health Improvement	1,750	1,217	945	272	1,490	260	0	260	14.9%
Mental Health Services - Adult and Elderly, Community and Inpatients	9,380	6,538	6,538	0	9,239	141	(115)	256	2.7%
Addictions	3,307	2,198	2,294	(96)	2,998	309	309	0	0.0%
Learning Disabilities - Residential and Community Services	11,689	8,256	8,054	202	11,447	242	(17)	259	2.2%
Family Health Services (FHS)	30,196	22,133	22,133	0	30,196	0	0	0	0.0%
GP Prescribing	19,871	15,042	14,754	288	19,572	299	299	0	0.0%
Hosted Services	7,163	5,361	4,978	383	6,676	487	468	19	0.3%
Criminal Justice (Including Transitions)	136	(44)	(120)	76	(17)	153	73	80	58.8%
Resource Transfer	16,924	12,693	12,657	36	16,924	0	0	0	0.0%
Covid-19	131	0	88	(88)	3,956	(3,825)	(3,825)	0	0.0%
HSCP Corporate and Other Services	8,425	4,227	3,773	454	5,877	2,548	1,930	618	7.3%
Net Expenditure	181,026	127,208	125,796	1,412	178,782	2,244	280	1,964	1.1%

Consolidated Expenditure by Subjective Analysis	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Actual Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Employee	78,471	55,453	55,843	(390)	81,144	(2,673)	(2,244)	(429)	-0.5%
Property	974	597	695	(98)	1,162	(188)	(33)	(155)	-15.9%
Transport and Plant	1,399	756	735	21	1,371	28	0	28	2.0%
Supplies, Services and Admin	4,002	2,819	2,315	504	4,173	(171)	(43)	(128)	-3.2%
Payments to Other Bodies	73,533	50,865	50,291	574	72,995	538	(42)	580	0.8%
Family Health Services	30,018	22,001	21,986	15	30,119	(101)	(101)	0	0.0%
GP Prescribing	19,871	15,042	14,754	288	19,572	299	299	0	0.0%
Other	6,259	2,213	1,511	702	2,504	3,755	2,444	1,311	20.9%
Gross Expenditure	214,527	149,746	148,130	1,616	213,040	1,487	280	1,207	0.6%
Income	(33,501)	(22,538)	(22,334)	(204)	(34,258)	757	0	757	-2.3%
Net Expenditure	181,026	127,208	125,796	1,412	178,782	2,244	280	1,964	1.1%

Health Care Net Expenditure	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Actual Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Planning & Health Improvements	832	567	467	100	802	30	0	30	3.6%
Childrens Services - Community	3,551	2,620	2,677	(57)	3,524	27	9	18	0.5%
Childrens Services - Specialist	2,075	1,108	1,353	(245)	1,877	198	198	0	0.0%
Adult Community Services	9,965	7,376	7,441	(65)	9,880	85	(35)	120	1.2%
Community Learning Disabilities	659	494	487	7	659	0	0	0	0.0%
Addictions	2,563	1,361	1,457	(96)	2,001	562	562	0	0.0%
Mental Health - Adult Community	4,018	2,820	2,864	(44)	3,943	75	(178)	253	6.3%
Mental Health - Elderly Inpatients	2,926	2,141	2,097	44	2,861	65	63	2	0.1%
Family Health Services (FHS)	30,196	22,133	22,133	0	30,196	0	0	0	0.0%
GP Prescribing	19,871	15,042	14,754	288	19,572	299	299	0	0.0%
Other Services	5,115	2,536	2,573	(37)	4,046	1,069	1,070	(1)	0.0%
Covid-19	131	0	0	0	630	(499)	(499)	0	0.0%
Resource Transfer	16,924	12,693	12,657	36	16,924	0	0	0	0.0%
Hosted Services	7,163	5,361	4,978	383	6,676	487	468	19	0.3%
Net Expenditure	105,989	76,252	75,938	314	103,591	2,398	1,957	441	0.4%

Social Care Net Expenditure	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Actual Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Strategy Planning and Health Improvement	918	651	478	173	688	230	0	230	25.1%
Residential Accommodation for Young People	2,926	1,971	1,915	56	2,850	76	0	76	2.6%
Children's Community Placements	5,628	4,077	4,042	35	5,581	47	0	47	0.8%
Children's Residential Schools	3,398	1,680	1,766	(86)	3,510	(112)	0	(112)	-3.3%
Childcare Operations	4,738	3,450	3,288	162	4,793	(55)	(272)	217	4.6%
Other Services - Young People	3,476	1,854	1,779	75	3,357	119	20	99	2.8%
Residential Accommodation for Older People	7,070	4,537	4,372	165	6,851	219	0	219	3.1%
External Residential Accommodation for Elderly	8,079	7,397	7,397	0	7,884	195	195	0	0.0%
Sheltered Housing	1,351	1,192	1,203	(11)	1,365	(14)	0	(14)	-1.0%
Day Centres Older People	1,180	819	817	2	1,180	0	0	0	0.0%
Meals on Wheels	22	4	12	(8)	34	(12)	0	(12)	-54.5%
Community Alarms	(23)	(208)	(188)	(20)	4	(27)	0	(27)	117.4%
Community Health Operations	2,907	1,945	1,875	70	2,814	93	0	93	3.2%
Residential - Learning Disability	8,877	6,321	6,127	194	8,635	242	(17)	259	2.9%
Physical Disability	2,351	1,655	1,655	0	2,351	0	0	0	0.0%
Day Centres - Learning Disability	2,153	1,441	1,441	0	2,153	0	0	0	0.0%
Criminal Justice (Including Transitions)	136	(44)	(120)	76	(17)	153	73	80	58.8%
Mental Health	2,435	1,577	1,577	0	2,435	0	0	0	0.0%
Care at Home	13,076	7,896	8,080	(184)	12,283	793	1,043	(250)	-1.9%
Addictions Services	744	837	837	0	997	(253)	(253)	0	0.0%
Equipu	285	213	213	0	285	0	0	0	0.0%
Frailty	138	101	98	3	134	4	0	4	2.9%
Carers	1,218	406	255	151	768	450	450	0	0.0%
Integrated Change Fund	0	0	0	0	0	0	0	0	0.0%
Covid-19	0	0	85	(85)	3,326	(3,326)	(3,326)	0	0.0%
HSCP - Corporate	1,954	1,184	854	330	930	1,024	410	614	31.4%
Net Expenditure	75,037	50,956	49,858	1,098	75,191	(154)	(1,677)	1,523	2.0%

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 9 covering 1 April 2021 to 31 December 2021
Analysis for Variances Over £0.050m

Appendix 6

Budget Details	Variance Analysis				
	Annual Budget	Forecast Full Year	Forecast Variance	% Variance	RAG Status
	£000	£000	£000		
Health Care Variances					
Adult Community Services	9,964	9,844	120	1%	↑
Service Description	This service provides community services for adults				
Main Issues / Reason for Variance	The favourable variance is mainly due to anticipated underspend against Glasgow HSCP Quayside bed usage				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Mental Health - Adult Community	4,019	3,766	253	6%	↑
Service Description	This care group provides mental health services for adults				
Main Issues / Reason for Variance	The favourable variance is mainly due to staffing vacancies and recruitment challenges within core mental health services				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Social Care Variances					
Strategy Planning and Health Improvement	918	688	230	25%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The favourable variance is due to a number of vacant posts.				
Mitigating Action	None required as this time				
Actual Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership
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Analysis for Variances Over £0.050m

Appendix 6

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Residential Accommodation for Young People	2,927	2,850	76	3%	↑
Service Description	This service provides residential care for young persons				
Main Issues / Reason for Variance	The favourable variance is due to a number of ongoing vacant posts in childrens homes that remain unfilled due to recruitment challenges				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				
Children's Residential Schools	3,397	3,509	(112)	-3%	↓
Service Description	This service area provides residential education for children and includes the costs of secure placements				
Main Issues / Reason for Variance	The unadjusted position is an adverse variance of £0.869m mainly due to the increasing pressure on children and young persons being placed within high cost residential placements, however analysis of these costs have taken place with the result that £0.453m of increased service provision and £0.170m of unachieved savings are deemed to be covid related and have therefore been included in the January LMP as suitable to be funded from Covid reserves along with an adjustment of £0.134m for overall children and families offsetting savings.				
Mitigating Action	Service Managers will continue to review placements				
Anticipated Outcome	An unadjusted overspend of £0.869m is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 9 covering 1 April 2021 to 31 December 2021
Analysis for Variances Over £0.050m

Appendix 6

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Childcare Operations	4,738	4,520	217	5%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The favourable variance is mainly due to a number of vacant posts				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				
Other Services - Young People	3,477	3,377	99	3%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The favourable variance is due to a number of vacant posts and additional income from Asylum seekers				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership
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Analysis for Variances Over £0.050m

Appendix 6

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Residential Accommodation for Older People	7,070	6,851	219	3%	↑
Service Description	WDC owned residential accommodation for older people				
Main Issues / Reason for Variance	The favourable variance is mainly due to increases in staffing vacancies particularly in Crosslet House and Support Services, the impact of the reduction in cross contamination prevention requirements is also having an impact on agency contractual relationships.				
Mitigating Action	None required as this time				
Anticipated Outcome	While an underspend is anticipated at this time, long term the outcome is harder to predict. As client numbers increase with isolation rules easing the need to backfill absences will also increase so the final outturn will be dependent on both absence levels and client contribution levels.				
Community Health Operations	2,906	2,813	93	3%	↑
Service Description	Adult services				
Main Issues / Reason for Variance	the unadjusted position is an adverse variance of £0.138m mainly due to increased staffing and the unanticipated recharge of an NHS member of staff. However analysis of these costs have taken place and covid related costs of £0.231m have been recorded in the January LMP.				
Mitigating Action	Officers will continue to monitor staffing levels				
Anticipated Outcome	An unadjusted overspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 9 covering 1 April 2021 to 31 December 2021
Analysis for Variances Over £0.050m

Appendix 6

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Residential - Learning Disability Service Description	8,876	8,617	259	3%	↑
Main Issues / Reason for Variance	<p>This service provides residential care for persons with learning disabilities</p> <p>The unadjusted position is an adverse variance of £0.266m mainly due to a forecast in increased client packages and savings that are unlikely to be achieved. Analysis of these costs have taken place and covid related costs of £0.507m have been recorded in the January LMP with a further £0.018m of spend being funded from reserves.</p>				
Mitigating Action	Service Managers will continue to review placements				
Anticipated Outcome	An unadjusted overspend of £0.266m is anticipated at this time				
Criminal Justice (Including Transitions and VAW) Service Description	136	56	80	59%	↑
Main Issues / Reason for Variance	<p>This service provides support and rehabilitation for offenders</p> <p>The favourable variance is mainly due to covid recovery funding received after the budget had been set which will be used to bring in additional staffing resources (projected for 6 months) to clear the backlog of work due to covid and is able to be utilised to fund current staff budget shortage which means that the contribution from the HSCP is not fully required.</p>				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 9 covering 1 April 2021 to 31 December 2021
Analysis for Variances Over £0.050m

Appendix 6

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Care at Home	13,077	13,327	(250)	-2%	↓
Service Description	This service provides care at home which includes personal care and minor domestic tasks				
Main Issues / Reason for Variance	The unadjusted variance is an adverse position of £1.337m mainly due to festive holiday overtime, backdated pay award, increase in staff isolation and positive covid cases impacting on internal and external care at home resulting in a projected increase in the use of agency staff and overtime to cover the service. In addition there is a reduction in charging income as less practical care is being provided and delays in completing financial assessments due to the conflicting demands of the service during the pandemic. An analysis of the forecast spend has taken place and £1.087m of covid related costs have been recorded in the January LMP.				
Mitigating Action	Officers continue to review packages and seek to balance internal and external				
Anticipated Outcome	An overspend is anticipated at this time				
HSCP - Corporate	1,954	1,339	614	31%	↑
Service Description	This budget contains Corporate spend and income pending allocation to services				
Main Issues / Reason for Variance	The favourable variance is mainly due to currently unallocated living wage funding of £0.660m, admin saving not being achieved, vacant posts and pay award budget unallocated.				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				

Financial Ledger

Financial ledger figures cover seven months of prescribing actuals (April to October) for financial year 2021-22 plus a two month financial accrual (November and December). Total variance is a year to date underspend of £0.287m on WDC FHS Prescribing with a forecast year end underspend of £0.299m.

Table 1 - Financial Ledger Data

Year to Date Position 2021/22	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	YTD Variance %
	£000's	£000's	£000's	£000's	
Schedule 4 Gic	19,424	14,676	14,901	(225)	
Central Gic	513	385	376	9	
Patented Drugs - Actual Discount	(282)	(212)	(214)	2	
Rebates	(365)	(274)	(357)	83	
Prescribing Invest To Save	199	149	149	0	
Generic Drugs - Discount Clawback	0	0	0	0	
Prescribing Other	382	317	261	56	
Prescribing Contingency	0	0	(362)	362	
HSCP Prescribing	19,871	15,041	14,754	287	1.91%
Non Discretionary Pharmaceutical	5,247	3,854	3,854	0	
Total Prescribing	25,118	18,895	18,608	287	

Forecast Outturn Position 2021/22	Annual Budget	Forecast Full Year	Forecast Variance	YTD Variance %	Note
	£000's	£000's	£000's		
Schedule 4 Gic	19,424	19,669	(245)		
Central Gic	513	503	10		
Patented Drugs - Actual Discount	(282)	(285)	3		
Rebates	(365)	(456)	91		
Prescribing Invest To Save	199	199	0		
Generic Drugs - Discount Clawback	0	0	0		
Prescribing Other	382	305	77		
Prescribing Contingency	0	(362)	362		
HSCP Prescribing	19,871	19,572	299	1.50%	Based on approximately 1.986m items being dispensed

Based on item volume increase/(decrease) compared to 2019/20, November 2021 to March 2022 of (1.3%)
Based on average cost per item November 2021 to March 2022 of £10.10

Prescribing Other' category, as listed above, includes budget and costs for Stoma Fees, VAT, Dental Prescribing, SG/CPS funding (dating back years) and assorted smaller charges including broken bulk other dispensing costs. Previously held within Health Board these budgets are now devolved to HSCP's.

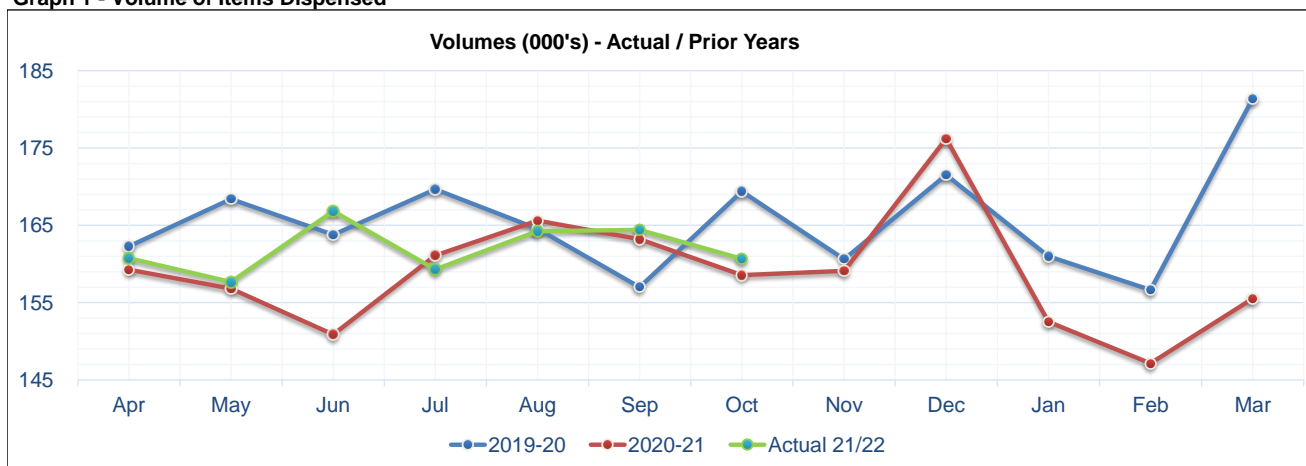
GIC actuals – volumes and values

Prescribing outturn during 2020/21 was driven by a reduction in item volumes dispensed of 0.080m items with 1.906m items dispensed in 2020/21 compared with 1.986m items dispensed in 2019/20.

The 2021/22 budget for WDC was calculated based on volumes from 2019/20 (including an adjustment for Covid impact spike in late March 2020).

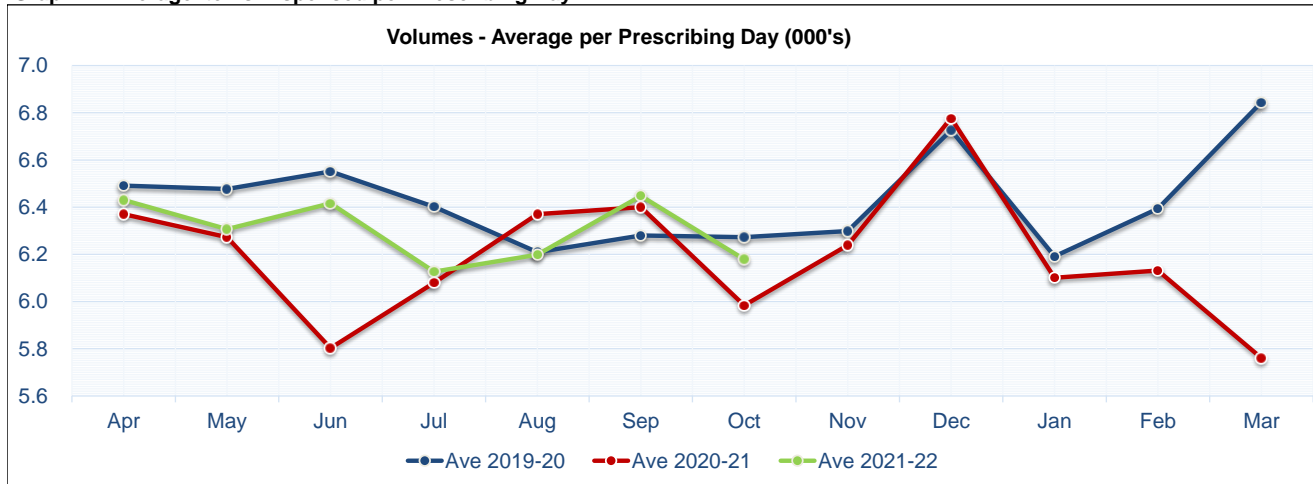
While actuals recorded for April 2021 to October 2021 have seen items dispensed track under the 2021/22 forecasted volumes (despite fluctuations month on month) the recorded figures lie mid way between 2019/20 and 2020/21. Graph 1 tracks current year's actual items dispensed (green line) against 2020/21 actuals (red line) and 2019/20 actuals (blue line).

Graph 1 - Volume of Items Dispensed

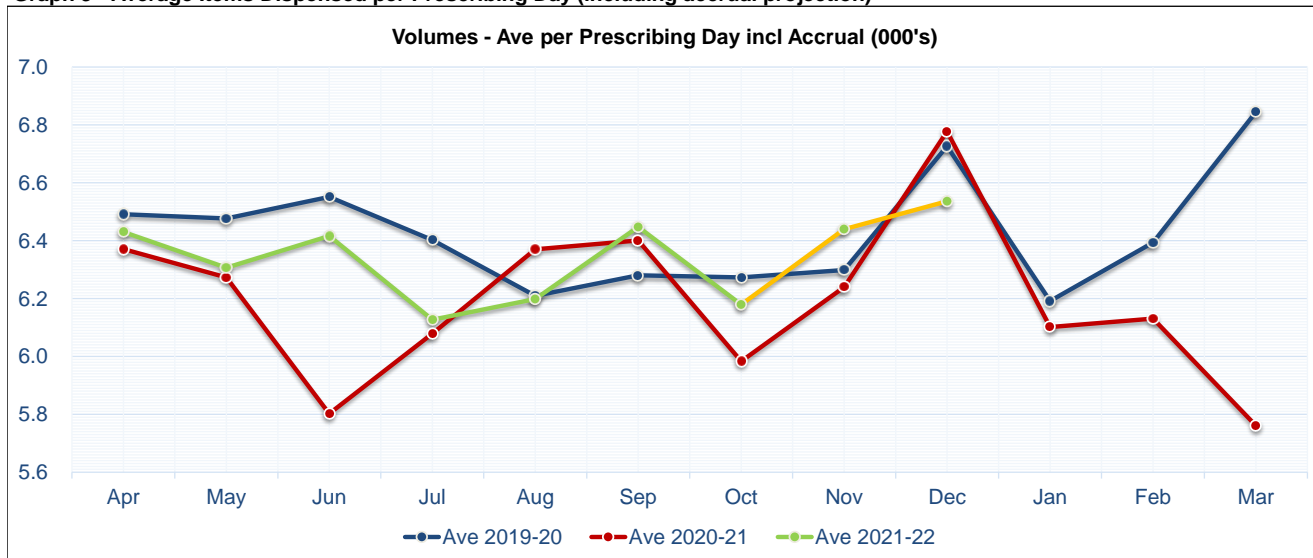


Graph 1 displays current year actual (green line) highlighted against actuals from previous two years. **A total of 0.160m items were dispensed in October 2021** compared to 0.164m items in September 2021 – a decrease of 0.004m items over one month. On a cumulative YTD position the volume dispensed between April 2021 and October 2021 was 1.134m items (April 2020 to October 2020 was 1.116m items with April 2019 to October 2019 being 1.155m items). Cumulative 2021/22 volume levels are up on previous year but still tracking below 2019/20 levels. This analysis includes fluctuations dependent on number of weekends and or public holidays within each month. Analysing volume trends on the number of prescribing days per month, which should smooth over any long / short months illustrates that at present actual items dispensed for 2021/22 are following a similar pattern to 2019/20 with an assumption that November and December 2021 will be more in line with the 2020/21 pattern as detailed in Graph 2 and 3.

Graph 2 - Average Items Dispensed per Prescribing Day



Graph 3 - Average Items Dispensed per Prescribing Day (including accrual projection)



Seven months actual GIC expenditure to end of October 2021 is £11.492m with the seven months to October 2020 being £11.052m. The increase of £0.440m in costs year on year as a result of increased volumes valued at £0.182m and an increase in tariff pricing of £0.258m.

Analysis of Reserves	Period 9 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 9 Forecast Movement			Notes
	Actual Opening Balance as at 1 April 2021	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2022	Projected Movement in Earmarked Reserves (June HSCP Board)	Forecast Movement in Reserves	Variance	
	£000	£000	£000	£000	£000	£000	
Unearmarked Reserves							
Unearmarked Reserves	(4,367)	(1,964)	(6,331)				
Total Unearmarked Reserves	(4,367)	(1,964)	(6,331)				
Earmarked Reserves							
Scottish Govt. Policy Initiatives	(4,445)	(3,656)	(8,101)	1,891	(3,656)	5,547	
Criminal Justice	(111)	(73)	(184)	20	(73)	93	The increase in this reserve relates to the core funding that has been applied to HSCP capital works that will now not take place until next financial year. The capital works were initially estimated to cost £0.063m, however tenders have been returned which indicate that this estimate is insufficient and is now likely to be £0.073m. A report is due to be submitted to the West Dunbartonshire Council Tendering Committee on 23 February 2022 to seek approval to instruct the work with the works anticipated to commence mid March 2022.
Carers Funding	(266)	(450)	(716)	80	(450)	530	Facilitated sessions have taken place with the Carers Development Group to consider the allocation of this funding including the delivery of the unpaid carers strategy delivery plan with the work being undertaken in the spirit of co-production considering not only the allocation of reserves but recurring revenue funding. While these sessions have been productive and have (in theory) developed a mechanism for allocation of unallocated funding to support achievement of outcomes in the strategic plan in a transparent and collaborative way a key challenge of this approach is to ensure that the proposal is 'compliant' within existing financial and legislative framework. Given the challenges it is unlikely that the full recurring budget will be fully spent in this financial year resulting in an estimated £0.450m being added to the earmarked carers reserve at this time.
Social Care Fund - Living Wage	(678)	0	(678)	0	0	0	The HSCP does not have any local Frameworks in place and with support from the Corporate Procurement Unit and the Commissioning Manager the HSCP Board may have to consider instructing WDC to "sign-up" to the Scotland Excel Care and Support Frameworks. This will increase the current hourly rates paid across a number of providers.
GIFREC NHS	(72)	15	(57)	36	15	21	Scottish Government earmarked non recurring funding with conditions of spend - This is ring fenced to fulfil GG&C Partnership's commitment to link social care data with Health data via the NHS GG&C Clinical Portal application and funds external I.T support, software upgrades and related requirements. The work is co-ordinated by GG&C Corporate I.T. and they anticipate that £0.015m will be drawn down against this earmarked reserve at this time.
TEC (Technology Enabled Care) Project	(89)	35	(54)	43	35	8	Scottish Government non recurring grant funding for technology enabled care project. At this time only £0.035m is anticipated to be drawn down in 2021/22.

Analysis of Reserves	Period 9 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 9 Forecast Movement			Notes
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	£000	£000	£000	£000	£000	£000	
Mental Health Action 15	(295)	178	(117)	138	178	(40)	This is Scottish Government funding which is ring fenced and will be allocated in line with the approved programme plan to increase the number of mental health workers as set out within the Action 15 commitment. Recruitment to GP Practice based Wellbeing Nurse posts is being progressed and contribution to NHS GGC&C Board-wide initiatives is ongoing. At this time we anticipate £0.178m will be drawn down in 21/22 to fund in year expenditure. The Scottish Government have yet to confirm if Tranche 2 Action 15 21/22 funding will be released to HSCP's, however if allocated, this will result in an additional transfer to earmarked reserves of £0.289m, as recruitment delays and staff turnover mean that full year effect costs will not be incurred until 2022/23.
New Dementia Funding	0	63	(63)		(63)	63	This is the West Dunbartonshire share of new Board wide funding for Dementia Post-Diagnostic Support as part of the Mental Health Recovery and Renewal Fund. The aim of this funding is to increase the percentage of people newly diagnosed with dementia who are referred into post-diagnostic services, with the baseline service expectation that everyone newly diagnosed receives a minimum of a year's dedicated support coordinated by a named and appropriately trained Link Worker. Discussions have taken place with Alzheimers Scotland regarding the work required, however it is unlikely that any spend will be incurred in this financial year resulting in £0.063m being placed in an earmarked reserve pending spending plans being realised.
Alcohol and Drug Partnership	(594)	(325)	(919)	349	(325)	674	This is Scottish Government ring fenced funding (Drug Death Task Force, and Reduce Drug Death and Harms) and will be spent in line with Scottish Government guidance on Residential Rehab, Harm Reduction and Improving Access to Treatment, including lease of Mobile Harm Reduction Unit. While the mobile unit has been procured, staff recruitment challenges mean that it is likely that the total HSCP Alcohol and Drug Partnership budget is likely to underpend in this financial year resulting in an addition to the earmarked reserve of £0.325m at this time.
Primary Care Boardwide MDT	(27)	0	(27)		0	0	NRAC Share of non recurring ring-fenced funding allocated to hosted Primary Care (Renfrewshire HSCP) for Board Wide Multi-Disciplinary Team post in relation to PCIP. Each HSCP were transferred their share to Earmark at year end from Renfrewshire (host).
Child Health Weight (Henry Programme)	(15)	15	0	15	15	0	This is Scottish Government ring fenced funding to deliver a test of change for to support pre 5 child healthy weight (Tier 2) that meets Health Scotland published Standards for Weight Management for Children and Young People. Henry is evidenced based family intervention programme and the reserve will be used to fund the facilitator training to skill practitioners to deliver our Healthy Families programme and support health visitor training on the core HENRY training to support to skill practitioners to use HENRY's proven approach to support family behaviour change. This project continues to be on track with planning underway and training being developed and at this time it is anticipated that the reserve will be fully drawn down in 2021/22.

Analysis of Reserves	Period 9 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 9 Forecast Movement			Notes
	Actual Opening Balance as at 1 April 2021	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2022	Projected Movement in Earmarked Reserves (June HSCP Board)	Forecast Movement in Reserves	Variance	
	£000	£000	£000	£000	£000	£000	
Infant Feeding PFG Funding	(21)	(24)	(45)	21	(24)	45	This is Scottish Government ring fenced funding for the Breast Feeding project and this reserve along with new 2021/22 funding of £0.060m will involve the secondment of a health visitor to lead for Breast Feeding project for 6 months and continued funding for a Health improvement worker and some educational supplies for nursery providers. At this time it is anticipated that the new funding will not be fully spend in this financial year resulting in an increase to the earmarked reserve of £0.024m at this time.
Community Living Change Fund	(357)	0	(357)	27	0	27	This is Scottish Government ring fenced funding. Across the 6 GGC HSCPs a short life working group has been convened to cover both complex learning disability delays and complex mental health delays. Total funding of £4.5m has been allocated over a 3 year period (of which WD HSCP share is £0.357m) to achieve the recommendations to reduce the delayed discharges of people with complex needs, repatriate those people inappropriately placed outside of Scotland and redesign the way services are provided for people with complex needs. Work is underway with GG&C re Board wide approach to work - there has been agreement for a Programme Board to lead with this work. There are two areas being targeted; 1) Community Services and link to inpatients, and 2) Multi agency collaborative focussing on commissioning challenges.
Childrens Mental Health and Wellbeing (2020/21)	(175)	123	(52)	148	123	25	This is Scottish Government ring fenced funding to support the mental health of Children and Young People from the impacts of Covid-19 pandemic and will fund the first year of a Clinical Psychologist post (2 year fixed term post to support the HSCP strategic plan of seeing children and young persons with mental health and/or neurodev difficulties for treatment within 18 weeks), provide access to swimming lessons and transport for children and young people (in partnership with Sports Development), fund the roll out of Dyadic Developmental Practice (DDP) training to multi-agency staff (including Education, social work and relevant third sector partners) and work with Includem to support early intervention work with extremely challenging children and young people to remain at home. While the non staffing element of the plan anticipates full spend in this financial year recruitment of the Clinical Psychologist post has proved challenging and remains unfilled despite being advertised 4 times. With a view to seeking alternatives ways to provide the support required a Band 4 Assistant Psychologist has been recruited instead and commenced employment on 10th January 2022 with the result that the total drawdown against this reserve in the current financial year is likely to be £0.123m.
Childrens Mental Health and Wellbeing (2021/22)	0	(189)	(189)		(189)	189	This is Scottish Government ring fenced funding of £0.233m to be utilised to deliver new and enhanced community based mental health and emotional wellbeing supports and services for children, young people, their families and carers. To ensure that the funding is directed in an appropriate manner a comprehensive study was commissioned to explore best practice, the results of which are due back mid February. Based on preliminary findings it is likely that this funding will cover spend with Mental Health organisations as well as a variety of sports and community related initiatives with spend commitments in place. Due to the timing of the report being issued it is anticipated that spend incurred in this financial year will be limited to £0.044m resulting in £0.189m being added to earmarked reserves at this time with officers confirming carry forward arrangements with the Scottish Government.

Analysis of Reserves	Period 9 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 9 Forecast Movement			Notes
	Actual Opening Balance as at 1 April 2021	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2022	Projected Movement in Earmarked Reserves (June HSCP Board)	Forecast Movement in Reserves	Variance	
	£000	£000	£000	£000	£000	£000	
PCIF	(1,414)	(560)	(1,974)	707	(560)	1,267	This is Scottish Government ring fenced funding. The HSCP is progressing Year 4 of the new GMS Contract implementation and returns submitted to date provide an overview of progress to date in delivering our local PCIF against the MoJ commitments. In addition to the opening reserve of £1.414m it has been confirmed that full year PCIF funding of £2.663m will be allocated to HSCP's in 2021/22 with spend of £2.103m allocated against this resulting in a requirement to earmark £1.974m at this time with the main reasons for the underspend related to staff recruitment and retention challenges along with premises related issues.
PCIP Premises	(118)	0	(118)	118	0	118	This is Scottish Government ring fenced funding and will support improvement to GP Practices including Dumbarton Health Centre.
Winter Plan for Social Protection - Funding for Vulnerable Children	(91)	28	(63)	90	28	62	This is Scottish Government ring fenced funding to support Alternative to Care out of hours and emergency provision within the community and fund intensive support to facilitate a young person returning to West Dunbartonshire from expensive residential placement for initially a 6 month period which will be kept under review with entry and exit strategy agreed. Agency workers had been recruited for children with disability to manage and prioritise the review of backlog cases and to feed into the redesign project with a revised methodology for monitoring and review of cases, however this has only been attained on part time basis due to national agency availability issues with some of the agency workers engaged no longer with the HSCP. At this time is anticipated that only £0.028m will be drawn down in 2021/22 to fund agency staff and early intervention work.
SG District Nursing Funding	(44)	0	(44)	44	0	44	Ring Fenced SG funding for investment/expansion of District Nursing workforce. Additional staffing phased over next 4 years
Analogue to Digital Community Alarms	(30)	0	(30)	30	0	30	This is Scottish Government ring fenced funding to support a pilot project to move community alarms from analogue to digital. The HSCP received £30k from the Technology Enabled Care Programme (Transition from Analogue to Digital for Telecare Services). The funding was to be used to purchase an advanced digital alarm system for Manse Gardens Sheltered Housing and an adaptor option for another sheltered housing complex. The plan was that both complexes would then be connected to a Digital Alarm Receiving Centre, however while the equipment provider could complete the initial install within the Sheltered Housing Complexes they are having issues with all the digital upgrades to the Alarm Receiving Centres. Without a Digital Alarm Receiving Centre the HSCP would be unable to test the digital system within the Sheltered Housing Complexes to ensure it is working correctly. Officers have monthly meetings with the Digital Office, regarding the Analogue to Digital transition and they are in agreement that the upgrade cannot progress until the equipment provider has a working digital solution for upgrading the Alarm Receiving Centre. While the use of other providers and a national option is being considered it is unlikely that any spend will be incurred in this financial year.
PEF Funding – Speech & Language Therapy Projects	(49)	6	(44)	25	6	20	Ring Fenced funding from WDC Education for additional speech & language therapy projects. Recruitment to a new fixed term post has proved challenging. Additional hours for an existing staff member has been approved from 4 October 2021, however this will result in only £0.006m being drawn down in 2021/22.

Analysis of Reserves	Period 9 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 9 Forecast Movement			Notes
	Actual Opening Balance as at 1 April 2021	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2022	Projected Movement in Earmarked Reserves (June HSCP Board)	Forecast Movement in Reserves	Variance	
	£000	£000	£000	£000	£000	£000	
Winter Planning Funding - MDT	0	(336)	(336)		(336)	336	This relates to new recurring funding announced in October 2021 to support strengthening of Multi-Disciplinary Working across the health and social care system to support discharge from hospital and ensure that people can be cared for as close to home as possible, reducing avoidable admissions to hospital. The Chief Officer and the SMT have been preparing spending plans which are at an advanced stage, however due to the timing of the funding announcement and the lead in time for staff recruitment it is unlikely that any spend will take place in this financial year resulting in a requirement to earmark £0.336m pending spending plans being realised.
Winter Planning Funding - 1000 Healthcare Workers	0	(269)	(269)		(269)	269	This relates to new recurring funding announced in October 2021 to support the recruitment of 1,000 new health care support workers (HCSWs) across Scotland with specific focus on AfC bands 3 and 4, to provide capacity in both the community and in a hospital settings. The key point to note is the application of this funding must increase capacity within the community and for WD HSCP this equates to 15 additional staff. The Chief Officer and the SMT have been preparing spending plans which are at an advanced stage, however due to the timing of the funding announcement and the lead in time for staff recruitment it is unlikely that any spend will take place in this financial year resulting in a requirement to earmark £0.269m pending spending plans being realised.
Winter Planning Funding - PCIF Funding Bid	0	(51)	(51)		(51)	51	This relates to new Winter Planning Funding totalling £28m to support a range of measures including accelerated multi-disciplinary team (MDT) recruitment to aid General Practice and targeted funding to tackle the backlog in routine dental care. The Scottish Government has allocated an element of the £28m to support further recruitment of MDT staff as part of implementation of the GP contract which will subsequently provide further support to general practice over the winter period with detail on the investment of the remainder of the £28 million to follow. This funding was by application only and was heavily caveated to only be made available to HSCP's who were able to demonstrate that they are likely to be able to spend their recurring PCIF allocation for 2021/22 including any amounts that are still to be drawn down and are reasonable confident that this additional funding will be spent on MDT staff in financial year 2021/22. While it was acknowledged that full spend of PCIF allocations would not be possible a bid was submitted to the Scottish Government in November 2021 with West Dunbartonshire being successful in being awarded part year funding of £0.051m to help accelerate achievement of full delivery of the three key work streams, namely pharmacotherapy, vaccinations and CTAC along with additional Advance Nurse Practitioners roles which will support West Dunbartonshire to support delivery of Urgent Care when the Scottish Government bring forward secondary legislation so that Boards are responsible for providing an Urgent Care service from 2023/24.

Analysis of Reserves	Period 9 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 9 Forecast Movement			Notes
	Actual Opening Balance as at 1 April 2021	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2022	Projected Movement in Earmarked Reserves (June HSCP Board)	Forecast Movement in Reserves	Variance	
	£000	£000	£000	£000	£000	£000	
Winter Planning Funding - Interim Care	0	(673)	(673)		(673)	673	This relates to new non recurring funding announced in October 2021 to enable patients currently in hospital to move into care homes and other community settings, on an interim basis, to ensure they can complete their recovery in an appropriate setting. This is likely to be for a period of up to six weeks through an expedited process. Local teams will work with people and their families to explore options, maintaining choice and control. Multi-disciplinary teams will provide support to people in these interim settings to ensure they receive high quality, responsive healthcare and rehabilitation. Consent will, of course, be sought before discharge from hospital and safe clinical pathways, aligned with public health advice and guidance must be adhered to. Any placement is expected to be in their immediate locality or other suitable location. There will be no financial liability for the individual or family towards the costs of the care home. The offer of an interim placement should be made when the HSCP is unable to provide an appropriate care at home package immediately, or when the first choice care home is temporarily unavailable. A clear care plan for this period of interim care needs to be in place, with an agreed date for the placement to end, set out before the placement begins. The Chief Officer and the SMT have been preparing spending plans which are at an advanced stage, however due to the timing of the funding announcement, the lead in time for staff recruitment and commissioning challenges it is unlikely that any spend will take place in this financial year resulting in a requirement to earmark £0.673m pending spending plans being realised.
Winter Planning Funding - Enhance Care at Home	0	(1,043)	(1,043)		(1,043)	1,043	This relates to new recurring funding announced in October 2021 to build capacity in care at home community-based services, fulfil unmet need, and deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers. The Chief Officer and the SMT have been preparing spending plans which are at an advanced stage, however due to the timing of the funding announcement and the lead in time for staff recruitment it is unlikely that any spend will take place in this financial year resulting in a requirement to earmark £1.043m pending spending plans being realised.
HSCP Initiatives	(4,237)	533	(3,704)	1,501	533	968	
Service Redesign and Transformation	(1,030)	480	(550)	790	480	310	

Analysis of Reserves	Period 9 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 9 Forecast Movement			Notes
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	£000	£000	£000	£000	£000	£000	
Recruit to fixed term development post to progress work on Older People's Mental Health, Adult Mental Health and Learning Disabilities Strategies.	(176)	0	(176)	44	0	44	Work requires to take place to progress the development of community and inpatient Older Peoples Mental Health Services within WDHSCP. The current provision of inpatient services is split between Gartnavel Royal and Vale of Leven/Dumbarton Joint and medical workloads and long term recruitment issues of medical staff have resulted in a temporary reduction in dementia assessment beds within the Vale. To facilitate development work and strategic planning around the direction of development and support prevention of hospital admission and discharge delays a Service Manager would be required to assist the Head of Service in the delivery of service objectives including strategic policy implementation and support the development of WDHSCP Mental Health and Learning Disability Strategies, as well and providing strong governance across services to support the Recovery and Renewal Plan. While the recruitment requirements were underway a delay with the NHS job evaluation process will impact on the filling of this post and at this time it is unlikely that any spend will be incurred in this financial year.
Recruit to fixed term posts with the integrated HSCP Finance team	(144)	7	(137)	36	7	29	The Finance Team have come under increasing pressure to respond to the many demands in enhanced reporting to the Scottish Government and other stakeholders linked to numerous Scottish Government policy commitments. The requirement to attend local project boards, GGC Boardwide and national groups is diluting the time available to carry out key management accounting tasks including regular and timeous HSCP Board reports. The fixed term Health Management Accountant post has been filled with the successful candidate starting on 31st January, however the recruitment of the Social Care Finance Officer post has been delayed pending analysis of resource requirements within the team which have now been resolved. At this time it is anticipated that spend of £0.007m will be drawn down to fund the Health post only in this financial year.
Extension of the role of the Service Improvement Leads until 31 March 2023 . Approved by the Board at 25 March 2021 meeting.	(388)	176	(212)	388	176	212	This reserve relates to funding of the 3 service improvement leads for a two year period. All staff are in post and no issues are anticipated in relation to the drawdown of this reserve in 2021/22.
Additional six social workers in children and families on a non recurring basis. Approved by the Board at 25 March 2021 meeting.	(322)	297	(25)	322	297	25	While the six social workers are in post and no issues are anticipated in relation to the drawdown of this reserve in 2021/22 Board members will recall that these fixed term posts were agreed as part of a proposed resolution to the 2019 children and families staffing grievance. Work in respect of service redesign is currently paused, however post holders are working within the service within current service parameters. Unallocated work is reducing however the service is still experiencing a number of vacancies mainly due to illness which has mitigated this and the impact of the pandemic is also evident in this respect due to the changes in working arrangements and priorities.
Unscheduled Care Services	(500)	0	(500)		0	0	Unscheduled care services in Greater Glasgow & Clyde are facing an unprecedented level of demand. To meet the twin challenges of rising demand and patient needs and deliver the high standards of care aspired to significant changes are required. This new reserve has been created to cover initial work outlined in the Strategic Commissioning Plan for Unscheduled Care Services in Greater Glasgow & Clyde 2020-2025.
COVID-19 Recovery	(806)	20	(786)	337	20	317	

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	£000	£000	£000	£000	£000	£000	
CEDAR domestic abuse group worker to address backlog of support to women and children in recovery from Domestic abuse and support redevelopment of the service as a trauma responsive service and Violence against Women coordination to support the development of the Violence against Women Partnership.	(425)	0	(425)	212	0	212	This reserve was created to fund a CEDAR domestic abuse group worker (to address the backlog of support to women and children in recovery from Domestic abuse and support redevelopment of the service as a trauma responsive service), Violence against Women coordination (to support the development of the Violence against Women Partnership) and additional staffing to lead on the development and oversight of kinship care within the children and families service (developing the policy and support provided to kinship carers, including working with legal colleagues with a view to achieving permanence for more children within kinship placements). All posts will support our redesign priorities with a view to creating a sustainable and fully refreshed approach to this significant area of statutory responsibility. While the new fixed term posts have been through the job evaluation process, where required, the recruitment of these posts will be delayed until early 2022 to enable managers to focus on recruitment of other permanent posts within Children and Families with any drawdown likely to be minimal in this financial year.
Refer to Childrens Mental Health and Wellbeing above and recruitment of a fixed term 2 year Clinical psychologist. During Covid the numbers of children and young people with an eating disorder has increased and WD CAMHS has approx 38 high risk cases that require regular psychological interventions.	(220)	20	(200)	34	20	14	During Covid the numbers of children and young people with an eating disorder has increased and West Dunbartonshire CAMHS has numerous high risk cases that require regular psychological interventions. The use of reserves will support recruitment of additional nursing, admin and clinical staff to support the HSCP strategic plan of seeing all children and young persons with mental health and/or neurodev difficulties for treatment within 18 weeks. Additional nursing staff will increase the skill mix and allow more assessments to be completed each week while additional clinical staff (clinical psychologist and clinical support worker) will increase clinical capacity to allow interventions to commence for those children with a higher clinical risk. All posts have now been filled with the exception of the clinical psychologist as recruitment of this post has proved challenging and remains unfilled despite being advertised 4 times, resulting in the recruitment of a Band 4 Assistant Psychologist who commenced employment on 10th January 2022. At this time it is anticipated that only £0.020m will be drawn down in 2021/22 due to recruitment difficulties.
To recruit fixed term Physio, Admin Support and Social Work Assistant to support clinical staff in addressing backlog of care resulting from pandemic restrictions alongside the need to respond to the perceived expected increased demand as a direct result of COVID-19 within Mental Health Services. As part of Post Covid recovery we require to work through the backlog of Self- Directed Support social care reviews including adopting our new person centred assessment paper work to assist people to live independently.	(161)	0	(161)	91	0	91	To recruit fixed term Physio, Admin Support and Social Work Assistant to support clinical staff in addressing backlog of care resulting from pandemic restrictions alongside the need to respond to the perceived expected increased demand as a direct result of COVID-19 within Mental Health Services. As part of Post Covid recovery we require to work through the backlog of Self- Directed Support social care reviews including adopting our new person centred assessment paper work to assist people to live independently. While the Medical Secretary and Business Administration Manager have been recruited to and are in post with the Social Work Assistant post being progressed through the recruitment process, the Physio Technician post has been put on hold at this time. Any drawdown in 2021/22 is anticipated to be minimal at this time due to recruitment timescales.

Analysis of Reserves	Period 9 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 9 Forecast Movement			Notes
	Actual Opening Balance as at 1 April 2021	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2022	Projected Movement in Earmarked Reserves (June HSCP Board)	Forecast Movement in Reserves	Variance	
	£000	£000	£000	£000	£000	£000	
Unachievement of Savings	(485)	33	(452)		33	(33)	The response to COVID-19 has put a number of savings that were built into 2020/21 budgets approved in March at risk of not being achieved and has resulted in the creation of this reserve to provide services additional time to mobilise plans agreed. The action plan around Self Directed Support including the agreement of robust eligibility criteria will impact on the success of savings delivery. At this time it is anticipated that £0.033m will be drawn down to support the requirement to extend the lease at 118 Dumbarton Road (currently occupied by Addictions and Learning Disability services) due to lack of alternative suitable accommodation being identified.
Recruitment Campaign for Internal Foster Carers	(30)	0	(30)	7	0	7	It is proposed that we seek to recruit an additional 10 foster carers across the three year period over and above standard recruitment processes, where we see around 4/5 carers going through our recruitment process per year. Due to staff vacancies and sickness it is unlikely that the service will be unable to focus on any meaningful recruitment campaign for the foreseeable future resulting in minimal (if any) drawdown from this reserve in 2021/22.
Champions Board Top Up Funding	(18)	0	(18)	18	0	18	The Champions Board is due to end its funding in October 2021. With finances that are available there is an identified shortfall of £0.018m to pay for staffing and formal back up provision. This reserve was created to allow support to be maintained in place until April 2022 and will allow this crucial service to develop their work, moving out of Covid restrictions, enabling them to reach out to our looked after community after this pandemic. It was agreed that a full evaluation report would be completed by the end of 2021, with a view to seeking a position on the future arrangements of the Champions Board, however this could not be completed for various reasons. Staff continue to work from home leading to a saving in property costs which will result in a nil drawdown against this reserve in the current financial year.
Promise Keeper Fixed Term Recruitment	(71)	0	(71)	10	0	10	The Promise Scotland is responsible for driving the work of change demanded by the findings of the Independent Care Review. The Promise Plan 2021/24 is the next step towards keeping the promise made to children and families. It seeks to ensure that the fundamentals are set and that there is significant and sustained action over 5 priority areas: a good childhood, whole family support, supporting the workforce, planning and building capacity. It is the intention to recruit to a dedicated 'Promise Keeper' post to ensure West Dunbartonshire HSCP and partners can deliver on this significant policy commitment. The post was advertised during the festive period and resulted in only 2 candidates applying, however an extension on this for a further 2 weeks resulted in increased interest with 9 applications received in total. Interviews are scheduled to take place in early February 2022, however it is likely that any spend incurred in this financial year will be minimal.

Analysis of Reserves	Period 9 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 9 Forecast Movement			Notes
	Actual Opening Balance as at 1 April 2021	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2022	Projected Movement in Earmarked Reserves (June HSCP Board)	Forecast Movement in Reserves	Variance	
	£000	£000	£000	£000	£000	£000	
Public Protection Officers	(244)	0	(244)	122	0	122	Public Protection duties are a core function of the HSCP across social work and health. These relate to the assessment and management of risk and harm to children and adults in need of support and protection as well as the management of offenders subject to multi-agency public protection arrangements (MAPPA). Recent review of adult and child protection services has identified a vital need to upscale audit and quality assurance activity across services and professions, alongside the development of core training to ensure the partnership can demonstrate its delivery of public protection duties. The posts would also provide importance capacity to develop service improvements and support single and multi-agency training across services with responsibility for public protection. The Audit and Performance post has been to Job evaluation and having been evaluated as a Grade 7 (which will result in an underspend against anticipated grade) was advertised in December with a closing date in February 2022 with no current applications. The Learning and Development post appeared to be lost within the HR process however the Head of Service is meeting regularly with HR to progress this and it will now go to Job Evaluation in February/March 2022.
Participatory Budgeting	(300)	0	(300)	50	0	50	Community Empowerment Participatory Budgeting. The HSCP has undertaken pre-engagement activity in order to establish the community impact of Covid-19, this will be further explored further as part of the new Strategic Plan 2022-2025.
Digital Transformation	(282)	0	(282)	66	0	66	Digital transformation has become a key priority across health and social care services, this presents significant opportunities in terms of transforming service not only in respect of the challenges arising from Covid-19 but also in relation to current service models focusing on health improvement and early intervention linked to health care. The Care First system is reaching the end of its natural life and work is required not only to scope and project manage this work but also to identify capital budgets to replace the system over the next 3 years.
Training and Development	(327)	0	(327)	83	0	83	Leading on continuing professional development is one of the most important roles for a Health and Social Care Partnership. It enables health and social care professionals to acquire new knowledge and skills as well as maintain and improve their standards across all areas of their practice. For the HSCP to be effective, it is important that continue to develop as integrated services and that the whole system continues to learn and develop. This proposal seeks to assist health and social care staff (and includes the recruitment of a Learning and Development Officer) to meet the CPD requirements of a variety of professional bodies to ensure evidence of professional development as well as the ability to meet the requirements of professional regulatory bodies, including practice teaching, child protection post-qualifying award and Mental Health Officer (MHO) Awards, ensuring learning and development is rooted in evidence and excellent practice. The Covid pandemic; political; social and economic factors have changed the way social care is being delivered. This means the HSCP must re-design their workforce structures and support systems, this bid seeks to stimulate activity to address the learning and development needs of the whole health and social care workforce.

Analysis of Reserves	Period 9 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 9 Forecast Movement			Notes
	Actual Opening Balance as at 1 April 2021	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2022	Projected Movement in Earmarked Reserves (June HSCP Board)	Forecast Movement in Reserves	Variance	
	£000	£000	£000	£000	£000	£000	
Change and Transformation	(144)	0	(144)	18	0	18	This is part of a wider reserves proposal to embed a change and transformation team within the HSCP. While further information is required a key element of the bid relates to a change and transformation fund to complement the work being undertaken by the Service Improvement Leads.
Covid-19	(5,025)	3,825	(1,200)	5,025	3,825	1,200	
COVID-19 Pressures	(4,970)	3,825	(1,145)	4,970	3,825	1,145	The Scottish Government not only fully funded actual Covid-19 expenditure in 2020/21 but also provided funding in advance to alleviate ongoing cost pressures as the HSCP continues to move through the ongoing pandemic and into recovery. At this time spend on Covid-19 in 2021/22 is forecast to be £4.965m including spend of £1.009m related to the £500 thankyou payment (fully funded via a specific grant from the Scottish Government) with the core element to be funded from new covid funding of £0.131m and the partial application of the Covid-19 Pressure reserve resulting in an anticipated balance of £1.145m remaining to carry forward into 2022/23.
NHS Board Adult Social Care	(55)	0	(55)	55	0	55	This relates to additional 2020/21 funding attached to the Adult Social Care Winter Plan and could be used to put in place the necessary resources to enable the Nurse Director to ensure the provision of advice, support and guidance in relation to nursing practice and IPC in adult social care settings.

Analysis of Reserves	Period 9 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 9 Forecast Movement			Notes
	Actual Opening Balance as at 1 April 2021	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2022	Projected Movement in Earmarked Reserves (June HSCP Board)	Forecast Movement in Reserves	Variance	
	£000	£000	£000	£000	£000	£000	
Health Care	(2,729)	(982)	(3,711)	513	(982)	1,495	
DWP Conditions Management	(164)	6	(158)	0	6	(6)	Former Board Wide Condition Management Programme, funded by DWP - hosted in West Dun HSCP. Small recurring costs to fund storage costs and an admin post. There is a possibility that this reserve could be utilised for another purpose, however at this time a minimal drawdown of £0.006m is anticipated in the current financial year.
Physio Waiting Times Initiative	(703)	(385)	(1,088)	200	(385)	585	There is a 3 year planned approach for spend of the earmarked reserves. The MSK service will utilise the reserves wholly towards enhancing the quality of service provision and clinical care. The MSK service are required to protect £0.100m of the reserves due to possible cost of Electronic Patient Records (EPR). While planned recruitment to address waiting times is underway the timing of this, along with staff turnover being in excess of in year target, will result in no real drawdown required in the current financial year as the in year position is forecast to be underspent by circa £0.435m. In relation to the IT equipment purchase for EPR orders for approx half of this value are in the process of being checked and authorised, so it is anticipated that a maximum spend of £0.050m (depending on delivery timescales from eHealth) is likely to be incurred. Taking all matters into account the net movement is an anticipated increase to reserves of £0.385m.
Retinal Screening Waiting List Grading Initiative	(125)	(83)	(208)	63	(83)	146	There is currently backlog of patients due to service being suspended and current reduced clinic capacity and locations. The reserves were anticipated to be used to fund a double clinics per month at two location for an initial 4 month period pending review. To the end of December 2021 the additional clinics have costs £0.021m with an anticipated spend on new equipment of £0.030m, however due to some vacant posts the recurring budget in the current financial year is likely to be underspent by £0.134m resulting in a net reserves movement of £0.083m.

Analysis of Reserves	Period 9 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 9 Forecast Movement			Notes
	Actual Opening Balance as at 1 April 2021	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2022	Projected Movement in Earmarked Reserves (June HSCP Board)	Forecast Movement in Reserves	Variance	
	£000	£000	£000	£000	£000	£000	
Prescribing Reserve	(1,284)	(299)	(1,583)	31	(299)	330	This reserve was newly created in 2018/19 in preparation of the UK's exit from the European Union and while the UK has now left the European Union (EU) and the transition period has passed there is an ongoing risk of anticipated increases in drug costs arising from potential future supply issues and pricing impacts arising from the COVID-19 pandemic as well as the risk that to Greater Glasgow and Clyde boardwide prescribing efficiency programmes will be unable to fully achieve anticipated savings that were built into budgets pre COVID19. This increased reserve represents 6.64% of the 2021/22 approved prescribing budget. Prescribing analysis has been carried out and anticipates a favourable variance in the current financial year of £0.299m which is likely to be added to this reserve for future use. While the majority of the reserve is being held to address prescribing risk West Dunbartonshire carers currently complete a significant number of visits for solely medication prompts per week with each visit costing 25% of the carer completing the visit's hourly rate. Additional fixed term pharmacy technician resource for 2 years (at a cost of £0.088m) would enable an additional follow up review for suitable clients approximately 4-6 weeks following discharge. It was anticipated that this would free up carer and GP time and ensure patients were reviewed by the most appropriate member of the health care team and would promote the realistic medication in the community and continue to work toward reducing the number of preventative readmissions to hospital. This fixed term post has been advertised twice with no applicants partly due to the geographical location of West Dunbartonshire and the nationwide shortage of pharmacy technicians across Scotland such that fixed term posts are not seen as desirable.
CAMHS	(134)	92	(42)	86	92	(6)	Access to Tier 3 CAMHS is a National priority. The service continues to face significant increased demand alongside critical staffing challenges which in turns impacts on waiting time performance and this reserve was created to provide additional support to the team to enable them to see more children and young people with mental health issues and improve our performance against the 18 week referral-to-treatment target. All posts have been filled (albeit one staff member subsequently left) with £0.092m anticipated to be drawn down in 2021/22 to fund associated staffing costs.
Health Centre	(250)	0	(250)	63	0	63	The revenue costs for that new Clydebank Health Centre are £0.250m more than currently budgeted as regularly reported to the HSCP Board. This burden will be built into future budgets, however an earmarked reserve was created to allow time to generate options for funding this budget gap. The Health Centre was handed over on 3 December 2021 and current indications are that no drawdown from this reserve will be required in this financial year.
Planning and Health Improvement	(70)	10	(60)	70	10	60	Reserve created to fund Prevention and Early Intervention work, included Peer Research, Tests of Change, Smoke Free Playgrounds, publicity and printing costs and Third Sector Activity Programmes. At this time only £0.010m is anticipated to be drawn down in the current financial year relating to the Test of Change project.

Analysis of Reserves	Period 9 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 9 Forecast Movement			Notes
	Actual Opening Balance as at 1 April 2021	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2022	Projected Movement in Earmarked Reserves (June HSCP Board)	Forecast Movement in Reserves	Variance	
	£000	£000	£000	£000	£000	£000	
Mental Health Recovery and Renewal Fund	0	(323)	(323)		(323)	323	Recovery and renewal funding of £0.497m was allocated to the HSCP in period 6 - it is unlikely that this will be fully spent in 2021/22 due to the remaining timescales within this financial year with an anticipated need to earmarked £0.323m as a new reserve.
Social Care	(1,004)	0	(1,004)	38	0	38	
Learning Disability	(113)	0	(113)	0	0	0	Creation of learning disability reserve from funding received from East Renfrewshire Reserves in relation to resources claimed for one very high cost LD package for a male now being supported within the community.
Care Homes	(891)	0	(891)	38	0	38	Newly created reserve to deal with the unknown legacy impact of covid on the care home sector that is anticipated not to be required in the current financial year at this time.
Total Earmarked Reserves	(17,440)	(280)	(17,720)	8,968	(280)	9,248	
Total Reserves	(21,807)	(2,244)	(24,051)				

Month End Date 31 December 2021

Period 9

Budget Details	Project Life Financials					
	Budget	Spend to Date		Forecast Spend	Variance	
	£000	£000	%	£000	£000	%

Special Needs - Aids & Adaptations for HSCP clients						
Project Life Financials	1,113	620	56%	1,113	0	0%
Current Year Financials	1,113	620	56%	884	(229)	-21%
Project Description	Reactive budget to provide adaptations and equipment for HSCP clients.					
Project Manager	Julie Slavin					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date	31-Mar-22	Forecast End Date	31-Mar-22		
Main Issues / Reason for Variance						
Reallocation of expenditure currently coded through HSCP Revenue Aids & Adaptations budget. There is likely to be an underspend at this time due to the ongoing impact of Covid-19.						
Mitigating Action						
Officers will continue to monitor the position						
Anticipated Outcome						
Provision of adaptations and equipment to HSCP clients as anticipated.						

Month End Date 31 December 2021

Period 9

Budget Details	Project Life Financials					
	Budget	Spend to Date	Forecast Spend	Variance		
	£000	£000	%	£000	£000	%

Criminal Justice Adaptations						
Project Life Financials	63	0	0%	73	10	16%
Current Year Financials	63	0	0%	0	(63)	-100%
Project Description	Renovation of Unit 11 Levenside Business Court					
Project Manager	Laura Smith					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date		31-Mar-23	Forecast End Date		31-Mar-23
Main Issues / Reason for Variance						
The capital works were initially estimated to cost £0.063m, however tenders have been returned which indicate that this estimate is insufficient and is now likely to be £0.073m with the additional £0.010m being funded from HSCP reserves. A report is due to be submitted to the West Dunbartonshire Council Tendering Committee on 23 February 2022 to seek approval to instruct the work with the works anticipated to commence mid March 2022.						
Mitigating Action						
None Required						
Anticipated Outcome						
Renovation of Unit 11 Levenside Business Court						

Month End Date 31 December 2021

Period 9

Budget Details	Project Life Financials					
	Budget	Spend to Date		Forecast Spend	Variance	
	£000	£000	%	£000	£000	%

Replace Elderly Care Homes and Day Care Centres

Project Life Financials	27,531	27,053	98%	27,531	0	0%
Current Year Financials	477	18	4%	200	(277)	-58%

Project Description Design and construction of replacement elderly care homes and day care centres in Dumbarton and Clydebank areas.

Project Manager Craig Jardine

Chief Officer Beth Culshaw

Project Lifecycle Planned End Date 31-Mar-22 Forecast End Date 31-Mar-22

Main Issues / Reason for Variance

Clydebank Care Home (Queens Quay House) completion was certified 9 November 2020. The Statement of Final Account has been agreed with the Principal Contractor at a figure less than the cost plan and as such officers have adjusted the project outturn to report the project will be delivered on budget. Officers in HSCP and Asset Management are progressing the disposal strategy for Mount Pleasant, Frank Downie and Queen Mary Day Centre. Clydebank Care Home is due to be financially complete by the end of financial year 2021/22 with budget being rephased to 2022/23 for demolition costs

Mitigating Action

The statement of final account has been signed and financial risk exposure should be reduced through efforts to dispose of the existing properties at the earliest opportunity.

Anticipated Outcome

Dumbarton Care Home opened 2017. Clydebank Care Home was certified complete on 9 November 2020 and projected to deliver on budget.

Direction from Health and Social Care Partnership Board.**Appendix 10**

The Chief Officer will issue the following direction email directly after Integration Joint Board approval.

From: Chief Office HSCP
To: Chief Executives WDC and NHSGCC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: For Action: Directions from HSCP Board 21 February 2022

Attachment: 2021/22 Financial Performance Report

Following the recent Integration Joint Board meeting, the direction below have been issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014. Attached is a copy of the original HSCPB report for reference.

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCPB000018JO21022022
2	Date direction issued by Integration Joint Board	21 February 2022
3	Report Author	Julie Slavin, Chief Financial Officer
4	Direction to	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes
		HSCPB000015JS22112021
6	Functions covered by direction	All delegated Health and Care Services as set-out within the Integration Scheme
7	Full text and detail of direction	West Dunbartonshire Council is directed to spend the delegated net budget of £75.037m in line with the Strategic Plan and the budget outlined within this report.
		NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £105.989m in line with the Strategic Plan and the budget outlined within this report
8	Specification of those impacted by the change	2021/22 Revenue Budget for the HSCP Board will deliver on the strategic outcomes for all delegated health and social care services and our citizens.
9	Budget allocated by Integration Joint Board to carry out direction	The total 2021/22 budget aligned to the HSCP Board is £213.987m. Allocated as follows: West Dunbartonshire Council - £75.037m NHS Greater Glasgow and Clyde - £105.989m Set Aside - £32.961m
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities
11	Strategic Milestones	Maintaining financial balance in 2021/22
12	Overall Delivery timescales	30 June 2022
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report
14	Date direction will be reviewed	The next scheduled HSCP Board 21 March 2022

Rùnaire a' Chaibineit airson Ionmhas
Ceit Fhoirbheis BPA
Cabinet Secretary for Finance
Kate Forbes MSP



Scottish Government
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Councillor Alison Evison
COSLA President
Verity House
19 Haymarket Yards
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EH12 5BH

Copy to: The Leaders of all Scottish local authorities

09 December 2021

Dear Councillor Evison,

Today I formally set out the Scottish Government's proposed Budget for 2022-23 to the Scottish Parliament. Alongside the Budget I also published the Scottish Public Sector Pay Policy, the Medium Term Financial Strategy and the Resource Spending Review Framework. Further to the budget statement I write now to confirm the details of the local government finance settlement for 2022-23.

The intention is that the indicative allocations to individual local authorities for 2022-23 will be published in a Local Government Finance Circular on Monday 20 December. These can only be calculated following the publication next week of education statistics that are key to the distribution formula. That circular will begin the statutory consultation period on the settlement.

This Budget comes at a crucial juncture for Scotland. Over the past year, thanks to the hard work and sacrifices of everyone across Scotland, including the critical role Local Authorities have played in continuing to support our communities and administer financial support to our businesses, we have started to look beyond the immediate impact of the pandemic.

As the emergence of new variants demonstrates, we must remain vigilant and ensure the necessary resources are available for the continued protection of people and public services, but we must also look to the future. This Budget seeks to balance immediate pressures with long term imperatives – shifting the dial on inequalities, carbon emissions and economic prosperity. It also delivers on the Programme for Government and our Shared Policy Programme with the Scottish Green Party.

The total revenue funding to be provided through the settlement for 2022-23 will increase to £11,794.8 million, which includes distributable non-domestic rates income of £2,766 million.

The capital settlement has been set at £679.5 million. In parallel I am mindful of the challenges in delivering capital investment in the current economic climate so I will also explore the potential to offer flexibility to councils on carry forward of unspent capital from 2021-22 in light of the operation of the Fiscal Framework. This is subject to consideration about the impact on the Scottish Government reserve and I would hope to be in a position to provide confirmation in the early part of 2022 following the UK Government's Supplementary Estimates.

The total funding which the Scottish Government will provide to local government in 2021-22 through the settlement is therefore £12,474.3 million, an increase of £853.9 million and includes;

- £145 million for additional teachers and support staff in addition to the £88 million to maintain the pupil:teacher ratio nationally and secure places for all probationers who require one under the teacher induction scheme;
- funding to maintain 100 day commitments including the removal of curriculum and music tuition charges and expanded School Clothing Grant;
- £68.2 million for Child Bridging Payments;
- maintaining the £292.6 million provided in 2021-22 and providing a further £353.9 million transfer from Health for investment in health and social care and mental health services – including £174.5 million to support ongoing adult social care pay, £20.4 million to continue implementing improved rights and support for carers, £15 million to uplift free personal nursing care rates, £124 million of recurring care at home investment, and £20 million for interim care;
- In addition, a further £200 million will be transferred to support pay and sustainability of social care services bringing (with further detail set out below);
- £5.3 million for Assessors for Barclay implementation costs;
- an extra £62.5 million of Capital including:
 - £30 million for Free School Meals;
 - £20 million for the Local Bridge Maintenance Fund;
 - £11 million for Flood Prevention; and
 - £1.6 million for Coastal Protection

In terms of the broader Local Government Finance package, I have listened to the Live Well Locally campaign and intend to offer a number of flexibilities in direct response to that campaign.

I can confirm that councils will have full flexibility to set the Council Tax rate that is appropriate for their local authority area. In setting Council Tax rates, we expect councils to take full account of the local needs and impacts on household budgets of the decisions they make.

I acknowledge the argument in Live Well Locally that reserves are one off in nature and do not represent a substitute for recurring funding. However, I would also highlight that across Scotland some councils have accrued additional reserves during the pandemic,. Since we are likely to continue to face economic and fiscal challenges during 2022-23, I would encourage all councils to consider whether current levels of General Fund Reserve balances are an efficient use of public funds at this time.

In addition to flexibility on Council Tax rate setting, I recognise that local government have repeatedly called for removal of ring-fencing in the settlement and a greater focus on trust and partnership working. On that basis I commit to reviewing all ring-fenced funding as part of the forthcoming Resource Spending Review and would welcome your constructive engagement in that process so that removal of ring-fencing goes hand in hand with agreement about shared priorities and outcomes whilst ensuring maximum value for money.

More immediately, as recognised in correspondence from Councillors Parry and MacGregor on 06 December 2021, Scottish Government and COSLA officials are currently working together to develop a combined employability grant offer letter for 2022-23 which removes ring-fencing for the various employability programmes and instead focusses on the characteristics and needs of service users with the view of continuing to work together to develop options for a refreshed and collective approach to employability funding for 2023-24 onwards.

I and my ministerial colleagues fully recognise and value the work of Local Employability Partnerships and the important role that they play in shaping the crucial services that individuals need across their journey towards and into employment and that Scottish Government officials will continue to work in partnership with Local Authority employability leads and COSLA to achieve our shared ambitions.

Alongside reducing ring-fenced funding, the Scottish Government remains committed to working with COSLA to develop a rules based fiscal framework to support future funding settlements for local government. The development of a fiscal framework will have direct relevance to the Scottish Government's Resource Spending Review and I am keen to see some substantive work being taken forward during the first part of 2022.

It will be important for local government to bring forward proposals that can then be explored in partnership. The development of a fiscal framework is also an important part of the ongoing work on the Local Governance Review, which considers how powers, responsibilities and resources are shared across national and local spheres of government, and with communities.

The correspondence of 06 December 2021 referenced above also included a request from Leaders to provide flexibility to enable all 2021-22 employability funding to Local Government to be spent across 2021-22 and 2022-23. This request has unfortunately come too late to be factored into the Budget position I outlined today but I will prioritise the request in the coming days to try and agree a position which ensures that services to those requiring support is provided as swiftly as possible whilst reducing the administrative burden on those delivering the services.

I am also content to agree your request of 08 October 2021 for an extension of the flexibilities to allow capital receipts to be used to fund the financial impact of COVID and to fund transformational projects in 2022-23. I had previously stated that the COVID capital receipts flexibility was limited to two financial years, in the light of ongoing COVID impacts I will agree this extension for one further financial year. The extension of these flexibilities is dependent on confirmation from the UK Government that this will not result in an adjustment to Scotland's block grant. I am currently seeking that confirmation.

Similarly, I also agree to extend the period for the loans fund principal repayment holiday for one further year. I will deliver this through an administrative arrangement rather than a further statutory instrument. Any council looking to use this flexibility in 2022-23 should take the loans fund holiday in 2021-22 and carry that saving to their General Fund reserve. To keep with the original intent of this flexibility the increase in General Fund reserves from taking this holiday are to be earmarked as being to fund the financial impact of COVID, and that earmarked reserve must be used in the course of 2022-23.

In terms of your request for a change in policy on capital accounting for service concessions, I remain committed to continuing to work with Directors of Finance and CIPFA/LASAAC on the capital accounting review.

Finally, in acknowledgment of the calls for greater fiscal empowerment across local government, the Transport (Scotland) Act 2019 introduced a discretionary power for local authorities to implement workplace parking licensing (WPL) schemes. I can confirm that regulations to implement those powers will be laid early next year to enable this to progress.

Prior to the COVID-19 pandemic, the Scottish Government was developing legislation to introduce the power for local authorities to create a visitor levy, or tourism tax but this was paused due to the pandemic. Given the overall impact of the pandemic on the tourism sector in Scotland it would be prudent to carefully review that work and undertake further stakeholder engagement before making a firm decision on the next steps, however I am committed to taking this forward in 2022.

Building on previous years' settlements, Local Authorities will again be expected to deliver further certain specific commitments and outcomes.

This year, we will again work with local government to help ensure Integration Authorities use total resources to focus on delivery of key areas for improvement, including: reducing delayed discharges; improving availability of, and access to, community-based health and social care services; and ensuring more people are supported to stay at home.

We will also wish to ensure that the social care workforce is supported and sustained during and following the challenges of the Covid pandemic. To support retention, and begin to embed improved pay and conditions for care workers, the additional £200 million funding transfer requires local government to deliver a £10.50 minimum pay settlement for adult social care workers in commissioned services, in line with the equivalent commitment being made in the public sector pay policy.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2021-22 recurring budgets for adult social care services that are delegated. We will provide support and challenge by working with local government to agree a shared national and local approach to accountability for delivery, building upon existing shared mechanisms for routine reporting of expenditure, activity and outcomes across Scotland.

This Budget cannot deliver the resources all our partners will want. It addresses key priorities, targets resources on low income households, and paves the way for future investment in this Parliament. Where possible, it seeks to cushion all sectors against the headwinds that COVID-19, Brexit and UK Government's settlement have created and it treats Local Authorities fairly and consistently with other portfolios.

The 2022-23 Local Government Settlement of almost £12.5 billion offers a like with like increase of 7.5 per cent in real terms and continues to provide local government with a funding settlement that is both fair and affordable, under the most challenging of circumstances. I look forward to working with COSLA in the year ahead to deliver the broader commitments set out in this letter.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Kate Forbes', with a stylized, cursive script.

KATE FORBES

West Dunbartonshire Health & Social Care Partnership
Social Care 2022/23 to 2024/25 Budget Gap Update

Appendix 12

Financial Year	2022/23	2023/24	2024/25
	£000s	£000s	£000s
Actual / Forecast Budget	72,748	82,062	83,890
Social Care Pressures - HSCP			
Pay Pressures			
Pay Award based on Scottish Government Pay Policy	1,286	1,304	1,320
1.25% National Insurance Uplift	270	0	0
Service Budget Pressures/Reductions in Cost			
Children and Families	738	(23)	204
Mental Health, Learning Disability and Addictions	999	62	70
Community Health and Care	(797)	(80)	431
National Budget Pressures			
Scottish Living Wage uplift to £10.50 per hour	3,060	630	630
1.25% National Insurance Uplift for Externally Commissioned Services	425	0	0
Carers Act	341	0	0
Interim Care Arrangements	613	(450)	0
Expanding Care at home Capacity	2,165	0	0
Social Care Funding to Support Workforce Capacity	364	0	0
Other			
Other budget adjustments	(150)	385	(121)
Total Pressures	9,314	1,828	2,534
Budget required	82,062	83,890	86,424
Anticipated WDC Funding	81,302	82,333	81,653
Application of Reserves for Social Workers	344	344	344
Anticipated Funding Projection	81,646	82,677	81,997
Anticipated Savings Gap	416	1,213	4,427
% of Controllable Budget	0.6%	1.5%	5.3%



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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

9 December 2021

Dear Chief Executives

Scottish Government Budget 2022-23

Following the announcement of the Scottish Government's Budget for 2022-23 by the Cabinet Secretary for Finance and the Economy in Parliament today, I am writing to provide details of the funding settlement for Health Boards. A breakdown of the total is provided in **Annex A** to this letter.

The Cabinet Secretary has set out that this is a transitional budget, paving the way for a full resource spending review in May 2022, and taking the next steps to deliver the Health and Social Care commitments outlined in the Programme for Government. As in previous years, the position set out in this letter will be subject to any amendments agreed through the Scottish Parliament's Budget Bill process, as well as recognising the further work that we will undertake with you specifically in relation to Covid-19 funding arrangements. I will keep you up to date with any changes to our planning assumptions.

Baseline Funding

All Boards will receive a baseline uplift of 2% along with further support for increased employer national insurance costs arising from the UK Health and Social Care Levy. In addition, those Boards furthest from NRAC parity will receive a share of £28.6 million, which will continue to maintain all Boards within 0.8% of parity.

In terms of pay, initial funding has been allocated in line with the Scottish Public Sector Pay Policy for planning purposes. This will be used as an anchor point in the forthcoming Agenda for Change pay settlement and funding arrangements for Boards will be revisited by the Scottish Government in line with the outcome of the pay negotiations.

Boards should make appropriate provision for medical, dental and other staff groups, and expect to accommodate these costs within the baseline uplift.

Covid-19 Funding

We recognise the scale of anticipated Covid commitments and expenditure for 2022-23 and are keeping this under close review. To this end, we are currently seeking clarity on the level of Covid-19 funding that will be provided by HM Treasury in 2022-23. In addition however to the baseline uplift we will provide:

- an initial £30 million in 2022-23 on a recurring basis to support the permanent recruitment of Vaccination staff. Further funding will be provided following review of staffing models across NHS Boards.

- funding of £33 million for the first six months of 2022-23 for the National Contact Centre staffing and Test and Protect contact tracing staffing, £17.5 million for mobile testing units, and a further £4.1 million for the regional labs staffing in 2022-23.

We will set out more detail on overall financial support as we receive further clarity from HM Treasury and as planning arrangements are developed. We will continue to work closely with NHS Directors of Finance and Chief Financial Officers, to ensure that all appropriate steps are being taken to deliver value and efficiency across totality of spending.

Investment in Improving Patient Outcomes

In addition to the funding above, a total of £845.9 million will be invested in improving patient outcomes in 2022-23, as set out below:

Improving Patient Outcomes	2021-22 Investment in reform (£m) Restated	2022-23 Investment in reform (£m)	Increase for 2022-23 (£m)
Primary Care	250.0	262.5	12.5
Waiting times	196.0	232.1	36.1
Mental Health and CAMHS	231.1	246.0	14.9
Trauma Networks	37.8	44.3	6.5
Drugs Deaths	61.0	61.0	0.0
TOTAL	775.9	845.9	70.0

When combining the £70 million increase in investment set out above with the increase of £317.4 million in baseline funding for frontline NHS Boards, the total additional funding for frontline NHS Boards will amount to £387.4 million (3.2 per cent) in 2022-23 - see **Annex A**.

Core Areas of Investment

Further detail on funding allocations and arrangements will be set out by individual policy areas, however please note the overall funding committed:

Primary Care

Investment in the Primary Care Fund will increase to £262.5 million in 2022-23 as a first step to increasing primary care funding by 25% over the life of this Parliament. Funding will continue to support the delivery of the new GP contract as well as wider Primary Care reform and new models of care including multi-disciplinary teams and increased use of data and digital.

Waiting Times Recovery

Investment of £232.2 million is being provided to support waiting times improvement, recovery and reform. This includes £60 million for NHS Recovery and an additional support for National Treatment Centres. As in previous years this includes £10 million for winter, to allow Boards maximum opportunity to plan as appropriate.

Mental Health and CAMHS

Funding of £246 million for Improving Patient Outcomes will be directed to a range of partners for investment to support mental health and children and young people's mental health. It will help fund a range of activities which support prevention and early intervention through offering a sustained increase in investment in mental health services. It will support our commitment to increase direct mental health funding by at least 25% over this parliamentary term. It will incorporate recurring funding of £120 million, which was provided in 2021-22 to support the delivery of the Mental Health Transition and Recovery Plan, published in October 2020, including significant funding to improve Child and Adolescent Mental Health Services and to reduce waiting times.

As part of the 2022-23 budget we are investing to deliver commitments across perinatal and infant mental health, school nursing service, increased funding for suicide prevention, enhanced services for children and young people, and action on dementia, learning disabilities and autism.

Health Boards and their partners are expected to prioritise mental health and to deliver the Programme for Government commitment that at least 10% of frontline health spending will be dedicated to mental health and at least 1% will be directed specifically to services for children and young people by the end of this parliamentary session.

Trauma Networks

This funding will increase from £37.8 million to £44.3 million, taking forward the implementation of the major trauma networks.

Alcohol and drugs

The total 2022-23 Portfolio budget of £85.4 million includes £50 million to be targeted towards reducing drugs deaths. This is part of the delivery of the National Drugs Mission, with a commitment to provide a total of £250 million of additional funding by 2025-26. Funding will support further investment in a range of community-based interventions, with a focus on supporting individuals and their families within their community, as well as an expansion of residential rehabilitation and improving delivery of frontline care as part of the overarching aim of reducing harms and avoidable deaths caused by substance misuse.

Health and Social Care Integration

In 2022-23, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2021-22 agreed recurring budgets, and make appropriate provision for increased employer national insurance costs.

The Health and Social Care Portfolio will transfer additional funding of £554 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay and on winter planning arrangements. In doing so, we recognise the potential range of costs associated with elements of the winter planning commitments, and that some flexibility in allocation of funding may be required at a local level.

The overall transfer to Local Government includes additional funding of £235.4 million to support retention and begin to embed improved pay and conditions for care workers, with the Scottish Government considering that this funding requires local government to deliver a £10.50 minimum pay settlement for adult social care workers in commissioned services, in line with the equivalent commitment being made in the public sector pay policy. The additional funding will also support uprating of FPNC and the Carers Act.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2021-22 recurring budgets for social care services and therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £554 million greater than 2021-22 recurring budgets.

Capital Funding

Territorial Boards should assume a five per cent increase in their initial capital formula allocation. National Boards formula capital will be unchanged.

2022-23 Financial Planning

As previously confirmed, we will return to three year financial planning in 2022-23. It is expected that Boards will submit these plans in line with the timescales for three year operational plans, however we will provide further updates on this in advance of the new financial year.

It is recognised that some specific cost pressures have been highlighted by NHS Boards, such as those relating to CNORIS, Office 365 and PACS reprovisioning. We will undertake further work with Directors of Finance to determine the extent of these pressures and planning assumptions that should be made.

Yours sincerely



RICHARD MCCALLUM

Director of Health Finance and Governance

Annex A – Board Funding Uplifts

NHS Territorial Boards	2021-22 Allocation	Recurring Allocations**	Total 2021- 22 Allocation	Uplift***	Uplift	2022-23 Total Allocation	NRAC Funding	Distance from NRAC Parity
	£m	£m	£m	£m	%	£m	£m	%
Ayrshire and Arran	774.5	12.0	786.4	20.3	2.6%	806.8	0.2	-0.8%
Borders	222.7	3.7	226.3	8.5	3.7%	234.8	2.7	-0.8%
Dumfries and Galloway	320.6	5.2	325.8	8.3	2.6%	334.1	0.0	1.3%
Fife	712.6	11.2	723.8	25.5	3.5%	749.4	7.0	-0.8%
Forth Valley	569.4	9.2	578.7	19.4	3.4%	598.1	4.6	-0.8%
Grampian	1,027.9	17.6	1,045.5	26.7	2.6%	1,072.2	0.0	-0.5%
Greater Glasgow and Clyde	2,398.1	43.4	2,441.5	62.4	2.6%	2,504.0	0.0	1.9%
Highland	691.9	12.6	704.5	21.2	3.0%	725.6	3.1	-0.8%
Lanarkshire	1,286.1	20.2	1,306.3	40.6	3.1%	1,346.8	7.2	-0.8%
Lothian	1,569.5	26.0	1,595.5	43.8	2.7%	1,639.3	3.0	-0.8%
Orkney	54.8	0.9	55.7	1.4	2.6%	57.1	0.0	0.6%
Shetland	54.6	0.9	55.6	1.4	2.6%	57.0	0.0	2.4%
Tayside	819.9	14.4	834.4	22.2	2.7%	856.5	0.8	-0.8%
Western Isles	81.1	1.2	82.4	2.1	2.6%	84.5	0.0	12.1%
Territorials Total	10,583.7	178.5	10,762.2	303.9	2.8%	11,066.1	28.6	
NHS National Boards								
National Waiting Times Centre	60.9	4.9	65.9	2.2	3.4%	68.1		
Scottish Ambulance Service	283.7	14.2	297.9	8.0	2.7%	305.9		
The State Hospital	38.1	0.8	39.0	1.0	2.7%	40.0		
NHS 24	73.8	2.4	76.2	2.2	2.9%	78.4		
NHS Education for Scotland	471.7	8.3	479.9	12.4	2.6%	492.3		
NHS National Services Scotland	341.4	5.4	346.8	8.5	2.4%	355.3		
Healthcare Improvement Scotland	27.5	2.2	29.7	0.7	2.5%	30.4		
Public Health Scotland	48.6	1.7	50.4	1.7	3.4%	52.1		
Nationals Total	1,345.8	39.9	1,385.8	36.8	2.7%	1,422.6		
Total NHS Boards	11,929.5	218.4	12,148.0	340.7	2.8%	12,488.7		
Improving Patient Outcomes****	775.9		775.9	70.0		845.9		
Total Frontline NHS Boards*	11,816.2	200.9	12,017.1	387.4	3.2%	12,404.4		

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

** Includes recurring allocations from 2020-21 and funding for Agenda for Change and Medical & Dental pay uplift in 2021-22.

*** Includes funding for increased employer NI contributions and NRAC parity adjustments.

**** Restated for Mental Health and NHS Recovery Funding

Financial Year	2022/23	2023/24	2024/25
	£000s	£000s	£000s
Actual Recurring Budget / Forecast Budget	100,208	102,189	104,720
Health Care Pressures - HSCP			
Pay Pressures			
Pay Award based on Scottish Government Pay Policy	808	827	847
1.25% National Insurance Uplift	236	0	0
Budget Pressures			
Prescribing (assume returns to pre-covid levels after 2021/22)	394	985	1,005
Purchase of Healthcare (including Hospice)	67	68	70
Non Pays/Supplies Uplift	75	76	78
Specialist Care Package (Nursing Element)	177	181	184
Resource Transfer to Social Care	173	177	180
Health Centre budget shortfall	0	250	5
Covid Budget Pressures			
Covid recurring costs (MHAU, Care Home Hubs)	86	2	2
Resources			
Increase in Service Level Agreement Income	(35)	(35)	(35)
Total Pressures	1,981	2,531	2,336
Budget required	102,189	104,720	107,056
Anticipated NHSGCC Funding	101,854	103,650	105,723
Anticipated Funding Projection	101,854	103,650	105,723
Anticipated Savings Gap	335	1,070	1,333
% of Controllable Budget	0.3%	1.0%	1.3%

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

Report by Head of Health and Community Care

21 February 2022

Subject: Winter Monies Spending Plan

1. Purpose

- 1.1 This paper sets out proposals to support Health and Social Care to respond to current pressures through investment of Winter Monies.

2. Recommendations

- 2.1 The HSCP Board is asked to approve the proposals outlined in this paper, including recruitment of approximately 60 posts.
- 2.2 The HSCP Board is asked to direct NHS GGC and West Dunbartonshire Council to support in the recruitment of the posts outlined in Appendix 1, while recognising that the final specification of posts and skill-mix is still under development. The Board is asked to delegate the HSCP's Chief Officer and Chief Financial Officer to finalise the detail.

3. Background

- 3.1 Historically, NHS Boards receive extra funding during the winter period, primarily to support improved flow into and home from hospital.

During the current year, Scottish Government has acknowledged the pressure across the entire health and social care system and as a result, additional funding has been made available for primary care, integrated community services and social care, in addition to funding for acute hospitals.

Two new funding announcements totalling £300m and £482m were made by the Scottish Government on 5 October 2021 and 26 October 2021 respectively, to help protect health and social care services over the winter period and provide longer term improvement in service capacity, and to meet costs of the pandemic and remobilising health services respectively.

£300m for Winter Planning for Health and Social Care

- 3.2 On 5 October the Scottish Government allocated investment of £300m of recurring funding as a direct response to current and anticipated systems pressures now and across the winter months. The planning work is predicated on four key principles:

- **Maximising capacity** – through investment in new staffing, resources, facilities and services;
- **Ensuring staff wellbeing** – ensuring that staff continue to work safely and effectively with appropriate guidance and line-management and access to timely physical, practical and emotional wellbeing support;
- **Ensuring system flow** – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible; and
- **Improving outcomes** – through our collective investment in people, capacity and systems to deliver the right care in the right setting.

3.3 The funding is to support health and social care system pressures and it is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response.

3.4 The distribution mechanisms have yet to be fully finalised as elements of funding will come to Integration Authorities via health boards and councils. A further letter was received on 4 November setting out some confirmed allocations and notification that quarterly returns will be required to demonstrate outcomes against key performance indicators. The known allocation of the new investment are detailed in Table 1.

Table 1 – Detail of the £300m Funding Announcement for Winter Planning for Health and Social Care

Funding	Scotland (£m)	WD (£m)	Recurring Funding	Distribution Information
Multi-Disciplinary Working	20.0	0.336	Yes	1.68% (Adult Social Care GAE)
Recruiting 1,000 additional NHS staff	15.0	0.269	Yes	8.14% (of GGC total on an NRAC Basis)
Providing Interim Care	40.0	0.673	Partially	1.68% (Adult Social Care GAE)
Expanding Care at Home Capacity	62.0	1.043	Yes	1.68% (Adult Social Care GAE)

Social Care Pay Uplift (£10.02/hr)	48.0	TBC	Yes	TBC
Primary Care	28.0	TBC	TBC	Bidding Process
Covid-19 Financial Support for Social Care Providers	TBC	TBC	TBC	TBC
Nationally Coordinated Recruitment in Specialist Areas of Need	TBC	TBC	TBC	TBC
International Recruitment (<i>to attract at least 200 registered nurses from outwith Scotland by March 2022</i>)	4.5	TBC	TBC	TBC
Professional Regulators' Emergency Covid-19 Registers	TBC	TBC	TBC	TBC
Healthcare Students	TBC	TBC	TBC	TBC
Wellbeing	4.0	0.072	TBC	8.14% (of GGC total on an NRAC Basis)
Total	221.5	2.393		

- 3.5** Where the funding stream is applicable to HSCPs, more detail is provided below, including emerging West Dunbartonshire HSCP plans.

Multi-Disciplinary Working, including the recruitment of 1,000 Health and Care Support Staff

This recurring funding package of £20m is to support Multi-Disciplinary working to support discharge from hospital and to ensure that people can be cared for as close to home as possible while reducing avoidable admissions to hospital. Multi-Disciplinary teams should support:

- Social work and care assessments;
- Hospital to home; and
- Rapid response in the community

In West Dunbartonshire, plans are underway to recruit the following:

- 1 x Senior Social Worker
- 3 x Social Work Assistants
- 3 x Nurses

In addition, support will be provided to improve Power of Attorney completion, and to support West Dunbartonshire CVS in providing wellbeing calls and deliveries to vulnerable people.

- 3.6** In relation to the 1,000 new health care support workers (HCSWs) with specific focus on AfC bands 3 and 4, these will provide capacity in both the community and in a hospital setting. For NHSGCC this equates to 222 additional staff.
- 3.7** West Dunbartonshire HSCP has been allocated an 8.14% NRAC share of the NHSGGC total of 222 which equates to 18 new HCSWs. The recruitment process has already commenced and if the new recruits will be deployed across Hospital Discharge, Focused Intervention Team, Care at Home, Older People's Team and District Nursing.

Providing Interim Care

- 3.8** Funding of £40m for 2021/22 and £20m for 2022/23 will enable patients who are currently in hospital to move into care homes and other community settings on an interim basis (likely to be up to 6 weeks) to allow them to complete their recovery in an appropriate setting. Working with the Multi-disciplinary teams an offer of interim care should only be made if the HSCP is unable to provide the patient with an appropriate care at home package or a placement in their first choice care home. It is essential that a clear interim care plan is in place (with an agreed end date) prior to the placement commencing.
- 3.9** In West Dunbartonshire, 3 additional social workers will be recruited to focus on Mental Health and Learning Disabilities related delayed discharges. In addition, additional funding will be offered to care homes to support interim placements.

Expanding Care at Home Capacity

- 3.10** Recurring funding of £62m for 2021/22 is to build capacity in community based care at home services and is designed to fulfil unmet need and the current increase in demand and complex needs while helping to reduce pressures on unpaid carers. There are three strands to this funding stream as detailed below:
- Expansion of existing services
 - Prevention of the escalation of care needs
 - Technology enabled care (TEC)
- 3.11** The West Dunbartonshire HSCP Board have invested in the Care at Home service over the last few years to support anticipated demographic demand pressures, however members also approved some targeted efficiency saving in the 2021/22 budget setting exercise predicated on a service redesign programme. While the service redesign has commenced, progress has been

impacted by the ongoing response to the pandemic. However the service has continued to provide support to hospital discharge despite Covid-19 related absences and recruitment challenges.

- 3.12** The application of this new recurring funding must take into consideration the requirement to deliver on approved efficiencies aligned to service redesign and recognise the projected pressures in overtime, agency and externally commissioned packages of care.
- 3.13** In line with national strategy, there has been significant success in West Dunbartonshire in supporting older people to remain at home for as long as possible. As a result, the caseload that Care at Home now manage has increased, not significantly in total numbers needing support, but in the complexity and acuity of the client group, with significantly more clients now requiring the maximum of 4 visits per day, and needing the support of 2 home carers to assist them in moving , dressing etc.
- 3.14** The Care at Home service, with a budget of approximately £12m for 2021/22, has historically managed with a relatively light management structure, lead by a single Grade 10 Integrated Operations Manager, supported by 2 x Grade 9 Service Managers.
- 3.15** The pandemic has seen additional pressure on this team, as they continue to deliver essential service, 365 days a year, while managing sickness absence and shielding relating to the virus. In addition, as external providers have struggled to deliver service due to staff shortages, the inhouse Care at Home Service has needed to absorb this additional work.
- 3.16** The current projected costs for the service in 2021/22 are approximately £13.3m and when compared to the budget referenced in 3.6 above, results in additional costs of £1.3m over the approved budget. This latest projection will be reflected in the Quarter 3 Local Mobilisation Plan Covid-19 Financial Tracker. Earlier submissions of the tracker had estimated approx £1.5m of additional Covid-19 related costs for Care at Home. This projection included additional staffing costs for covid related absences, staff shielding and self-isolation. These staffing costs are across our own internal workforce as well as agency and externally commissioned services. There is also recognition within the tracker of the savings linked to the delayed service redesign.
- 3.17** The Scottish Government will now require HSCPs to consider whether some of the expenditure detailed within the LMP tracker could now be aligned to the Winter Pressures funding. For Care at Home services, the funds are expected to expand service capacity, support preventative and reablement approaches and reduce delays. As part of the 2022/23 budget setting process an element of recurring funding has been aligned to reduce the projected costs and minimize the HSCP budget gap. From the total anticipated recurring funding of £2.086m an amount of £0.777m has been earmarked to cover additional budget pressures.

- 3.18** Across Scotland and elsewhere, a number of providers of Care at Home Services have developed a reablement approach to the delivery of care. In line with strategic objectives around maximising independence and resilience, reablement is principally about offering an intense service to support an individual to regain their abilities, and so relearn the skills they need to care for themselves. This approach aims to help individuals achieve their goals over a 4-6 week period following referral, and then reduce or cease support as appropriate. The Social Care Institute for Excellence (SCIE) states that 'the reablement approach supports people to do things for themselves. It is a 'doing with' model, in contrast to traditional home care which tends to be a 'doing for' model.
- 3.19** This will be a significant change for the population of West Dunbartonshire who have come to assume, as is similar in many parts of Scotland, through how care at home service has been delivered in the past, that once a client is in receipt of the service, that will continue for life.
- 3.20** The opportunity of the Winter Monies, with £2.086m in West Dunbartonshire, ring-fenced to support Care at Home, allows for us to:
- Introduce a Reablement Team, alongside the current Care at Home Service to work in a new way to assess and support people, in a more intense way but for a much shorter period, allowing greater through-put and becoming more cost-effective
 - Provide support at all levels of the current Care at Home Service to increase capacity and resilience during this challenging period
 - Address some of the financial pressures already being experienced by the service
 - Drive the service review forward by investing on a fixed term basis in some of the service improvement skills needed to support this work and the other streams of development outlined in this paper

The details of the additional staff described in this proposal are set out in Appendix 1

Social Care Pay Uplift

- 3.21** A maximum of £48m has been allocated to enable employers to increase the hourly rate of Adult Social Care staff engaged in direct care from 1 December 2021 from a minimum of £9.50 per hour to a minimum of £10.02 per hour which equates to a 5.47% increase. This funding only applies to Adult Social Care staff employed by external providers and does not apply to HSCP Social Care staff employed through the council.
- 3.22** This funding is recurring (albeit the level of funding for 2022/23 is unknown at this time) and will be baselined into Local Government settlement from

2022/2023. The funding for 21/22 will be paid as the redetermination of the General Revenue Grant in March 2022.

4. People Implications

A number of teams have been consulted in the development of these plans. In total, 68.4 new posts will be created as a result of this funding. Of these, 63.4 will be permanent.

5. Financial and Procurement Implications

Financial plans have been set out in the document. All recruitment will follow organisational processes, including redeployment and secondment opportunities if appropriate.

6. Risk Analysis

6.1 The main risks associated with the new funding relates to:

- The scale and pace of action required and the risk that existing challenges surrounding staff recruitment and retention will be exacerbated on a national basis and may result in the requirement to earmark an element of this funding for use in 2022/23;
- The impact on local mobilisation plan projections related to additional care at home pressures; and
- The cost of applying the uplift for Social Care Pay Uplift being in excess of available funding.
- Reputational risk to the HSCP and its partners if we are unable to mobilise the additional workforce as directed by Scottish Government, while the challenges of the pandemic remain significant

7. Equalities Impact Assessment (EIA)

It is anticipated that implementation of these plans will support some of the most vulnerable people in West Dunbartonshire.

8. Consultation

The plans developed by West Dunbartonshire have been developed in consultation with HSCPs, and with the Third and Independent Sectors.

9. Strategic Assessment

This investment is in line with the priorities set out in Scottish Government funding letters and the priorities of the HSCP's Strategic Plan.

10. Environmental Sustainability

10.1 Not Applicable

11 Not Applicable

12 Not Applicable

13. Directions

13.1 The Board is asked to direct NHS GGC and West Dunbartonshire Council to support in the recruitment of the posts outlined in Appendix 1, while recognising that the final specification of posts and skill-mix is still under development. The Board is asked to delegate the HSCP's Chief Officer and Chief Financial Officer to finalise the detail.

Name Fiona Taylor

Designation Acting Head of Health and Community Care

Date 25/01/22

Person to Contact Fiona Taylor
Acting Head of Health and Community Care
Fiona.Taylor@ggc.scot.nhs.uk

Appendices: Appendix 1 – WDHSCP Winter Plan Funding and Proposals

Background Papers None

Expanding Care at Home - Proposals	Subject
	SMT Lead
Create Reablement Team	
1 WTE Team Leader Grade 7	Fiona Taylor
2 WTE Grade 6 Duty Organisers	
3 WTE Grade 5 Care at Home Organisers	
2 WTE Grade 3 admin (re CM2000)	
2 WTE schedulers – Grade 4	
2 WTE Grade 5 to do assessment and reviews	
OOH 1 * Grade 5 1.6 WTE	
OOH 3 * Grade 3 1.6 WTE	
6 WTE Grade 4 Frontline care at home staff to enhance 7 day / discharges	
OT holding Professional Oversight	
3 WTE Grade 4 Mobile Attendants/rapid responders intervention.	
Service Redesign	
2x Grade 3 Support	Fiona Taylor / Margaret Jane Cardno
1 Grade 7, with operational (reablement and Quality Improvement role in FIT/HDT	
2 x Organisers to be released to do redesign work	
2 schedulers to test new ways of working	
Project Manager Grade 7	
1 year fixed term systems analyst Grade 7	
1 dedicated 1 business support officer Band 6	
Total of New Proposals	
Existing Pressures funded through LMP and Non-Recurring Reserves - Total	
50% of Care at Home Pressure currently included in LMP	
External provision burden included within draft estimates	
Funding (Winter Planning and Wellbeing Fund)	
+underspend/-funding shortfall	

The Estimation of LMP Pressure will not all be recurring costs and some of the pressure could be offset by other
All posts costed at the top of scale to provide worst case scenario
There needs to be a cost added for mobile phones, travel, laptops etc

to change - depending on the success of any recruitment						2021/22	2022/23
WTE	Perm or Fixed Term	SW/HC	Grade	Post Approved by SRRG	Cost Centre	£ - Assume 3 months	£ Costed at Top of scale
1	Perm	SW	7	Yes - 21 December 2021	G1901	11,562	47,543
2	Perm	SW	6		G1901	19,557	80,393
3	Perm	SW	5		G1901	25,192	103,525
2	Perm	SW	3		G1901	13,060	53,636
2	Perm	SW	4		G1901	14,930	61,338
2	Perm	SW	5		G1901	16,795	69,017
1.6	Perm	SW	5		G1901	13,436	55,213
4.8	Perm	SW	3		G1901	41,792	128,726
6	Perm	SW	4		G1901	44,790	184,015
1	Perm	SW	8		G1901	13,247	54,481
3	Perm	SW	4		G1901	22,395	92,007
2	Perm?	SW	3	To go back to SRRG in January		13,060	53,636
1	Perm?	SW	7			11,562	47,543
2	Fixed Term	SW	6			19,557	80,393
2	Perm?	SW	6			19,557	80,393
1	Fixed Term	SW	7			11,562	47,543
1	Fixed Term	SW	7			11,562	47,543
1	Fixed Term	SW	6			9,779	40,197
38.4						333,395	1,327,143
						194,252	777,008
							61,000
						1,043,000	2,086,000
						515,353	- 79,150

general reserves

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP)
BOARD**

Report by Head of Strategy and Transformation

21 February 2022

Subject: Strategic Planning Update

1. Purpose

- 1.1** The purpose of this report is to update the HSCP Board on the progress in relation to the development of the next Strategic Plan 2023/2026.

2. Recommendations

- 2.1** It is recommended that the HSCP Board note the contents of this report.

3. Background

- 3.1** On the 22 November 2021 the HSCP Board agreed to extend the current strategic plan for a further year. This report seeks to update the HSCP Board on the work required to review the strategic plan and publish a new plan, associated strategies and actions plans by March 2023.

4. Main Issues

- 4.1** Good progress has been made since the HSCP Board meeting on 22 November 2021 and as noted in Appendix I of this report delivery timeframes continue to be achievable.
- 4.2** The Strategic Planning Group although in its infancy has met twice, has agreed a Terms of Reference and continues to review the emerging data which will influence the strategic needs assessment. The development of the strategic needs assessment is progressing well and service delivery plans are currently under development for the year 2022/23. These service delivery plans will be presented to the HSCP Board in March 2022.
- 4.3** Appendix I shows two actions at amber, these pertain to the development of a community engagement and participation strategy. The HSCP currently has a vacancy in respect of a Community Participation Officer, this together with service winter pressures and those relating to Covid-19 will impact on the teams capacity to progress this work. However, this risk has been identified and mitigating actions have been put in place namely: (a) action taken to recruit to the current vacancy; (2) work ongoing to establish a short life working group to develop an engagement and participation plan and (3) additional capacity has been offered by NHS GGC in relation to technical support for this work.

5. Options Appraisal

- 5.1** An options appraisal is not required for this report.

6. People Implications

- 6.1** There are no people implications arising from the recommendation within this report.

7. Financial and Procurement Implications

- 7.1** There are no financial or procurement implications arising from the recommendation within this report.

8. Risk Analysis

- 8.1** There is an element of risk in relation to the HSCPs capacity to undertake effective engagement as highlighted in paragraph 4.3 of this report. However actions are in place to mitigate against this risk and regular updates will continue to be provided to the Strategic Planning Group and the HSCP Board.

9. Equalities Impact Assessment (EIA)

- 9.1** As EIA is not required as there are no implications for those with protected characteristics as a result of the recommendations within this report.

10. Environmental Sustainability

- 10.1** A Strategic Environmental Assessment (SEA) is not required in this instance.

11. Consultation

- 11.1** The HSCP Senior Management Team, the Chief Finance Officer and the Monitoring Officer within regulatory services have been consulted in the compilation of this report.

12. Strategic Assessment

- 12.1** The Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act"), places a number of duties on Integration Authorities in relation to strategic planning. A key principle of the strategic planning process is that it should be equitable and transparent, and therefore open to influence from all stakeholders via an on-going dialogue with people who use services, their carers and providers. The HSCPs approach to Strategic Planning aligns with this duty and the HSCPs key strategic priorities.

13. Directions

- 13.1** Directions are not required for this report.

Margaret –Jane Cardno
Head of Strategy and Transformation
21 January 2022

Person to Contact:	Margaret-Jane Cardno Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership 16 Church Street Dumbarton G82 1QL
Email:	Margaret-Jane.Cardno@west-dunbarton.gov.uk
Phone:	07786 747 952
Appendices:	Appendix I: Strategic Plan Delivery Plan
Background Papers:	<u>22/11/21 Item 14 Update on Strategic Planning</u>

Appendix I: Strategic Plan – Delivery Plan

<u>TASK</u>	<u>THEME</u>	<u>ACTION</u>	<u>Responsible Officer (supported by)</u>	<u>START DATE</u>	<u>END DATE</u>	<u>RAG</u>
Strategic Needs Assessment	Gather Data	Data Collection All Chapters	MJC (JMcG)		31 December 2021	G
Strategic Needs Assessment	Gather Data	Present Data/Analysis and Interpretation of Data	MJC (JMcG)	1 January 2022	31 March 2022	G
Strategic Needs Assessment	Gather Data/Staff Insights	Establishment of short life service planning groups to look at service use patterns and develop considerations	MJC (JMcG/All HoS)	1 April 2022	31 May 2022	G
Strategic Needs Assessment	Gather Data	Public Strategic Needs Assessment supported by Infographic and Easy to Read documents	MJC (JMcG)	1 June 2022	30 June 2022	G
Development of Community Participation and Engagement plan	Citizen Insights	Short life working group established and plan developed	MJC (GGC Rep)	1 December 2021	31 March 2022	A
Community Reconnection Work	Citizen Insights	Review of Local Engagement Networks. Community Conversation Programme to be implemented.	MJC (Engagement Officer)	01 April 2022	31 July 2022	A
Staff Reconnection Work	Staff Insights	Facilitated multi disciplinary staff sessions.	MJC (Engagement Officer)	1 July 2022	31 July 2022	G
Employee Input Via SPG and EMT	Determine Strengths & Weaknesses	Facilitated EMT and SPG sessions.	MJC (Engagement Officer)	01 July 2021	31 July 2021	G
SWOT Analysis (SPG)	Determine Position	Facilitated SPG session.	MJC (S&T Manager)	01 August 2022	14 August 2022	

Mission: Determine Core Purpose (SPG)	Develop Strategy		MJC (S&T Manager)	01 August 2022	14 August 2022	
Values: Identify HSCP Core Beliefs (SPG)	Develop Strategy		MJC (S&T Manager)	01 August 2022	14 August 2022	
Vision: What Will Success Look Like (SPG)	Develop Strategy		MJC (S&T Manager)	01 August 2022	14 August 2022	
Organisational Wide Strategies (EMT)	Develop Strategy	Facilitated EMT Session.	MJC (S&T Manager)	01 September 2022	14 September 2022	
Long Term Objectives (EMT)	Develop Strategy		MJC (S&T Manager)	01 September 2022	14 September 2022	
Long Term Objectives (SPG)	Develop Strategy	Facilitated EMT Session.	MJC (S&T Manager)	01 September 2022	14 September 2022	
Medium Term Financial Strategy	Develop Strategy	Finance Team.	J Slavin	01 October 2022	31 March 2023	
Workforce Plan	Develop Strategy	HR Team.	A Slater	01 October 2022	31 March 2023	
Staff and Trade Union Consultation	Develop Strategy	Strategy & Transformation Team.	MJC (S&T Manager & Engagement Officer)	01 October 2022	31 January 2023	
Public Consultation	Develop Strategy	Strategy & Transformation Team.	MJC (S&T Manager & Engagement Officer)	01 October 2022	31 January 2023	
Progress Update To Board	Develop Strategy	Report to Board (TBC) November 2022.	Chief Officer (MJC)	TBC October 2022	TBC October 2022	

Consult Strategic Partners	Develop Strategy	Reports to Community Planning Board, NHS Board and WDC dates TBC	Chief Officer (MJC)	01 October 2022	31 January 2023	
Board Approval March 2023	Develop Strategy	Report to Board (TBC) March 2023	Chief Officer (MJC)	TBC February 2023	TBC February 2023	
Set Service Priorities (3 Years)	Build The Plan	Facilitated Service Specific Workshops.	All Heads of Service (S&T Manager)	01 January 2023	28 February 2023	
Set Service Goals (1 Year, with years 2 & 3 highlighted)	Build The Plan		All Heads of Service (S&T Manager)	01 January 2023	28 February 2023	
Select KPIs	Build The Plan		All Heads of Service (S&T Manager/Info Gov Manager)	01 January 2023	28 February 2023	
Communication Across Service	Build The Plan	Internal Communications.	All HoS (Comms Officer)	March 2023	March 2023	
Communication Via Supervision	Build The Plan	Via Relevant Managers.	All HoS (IOMs)	March 2023	March 2023	
Align Annual Budget With Operational Plan	Build The Plan	Supported by Finance Team.	All HoS	01 January 2023	25 March 2023	
Launch Strategy	Manage Performance	External Communications.	MJC (Comms Officer)	01 April 2023	05 April 2023	
Performance Reviews to Board	Manage Performance	As Per Quarterly Performance Cycle.	MJC	01 April 2023	31 March 2024	
Review and adapt Operational Plans	Manage Performance	Six Monthly Reviews Annual Light Touch Review until the end of the strategic cycle.	All HoS	01 April 2023	31 March 2024	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Report by Chief Nurse****21 February 2022**

Subject: Update from West Dunbartonshire Carers Development Group on the Implementation West Dunbartonshire's Carers Strategy 2021

1. Purpose

The purpose of this report is to provide an update to HSCP Board members on progress of implementation of the Local Carer Strategy Action Plan.

2. Recommendations

2.1 Members of the HSCP Board are asked to note the content of the report.

3. Background

3.1 In November 2020 the HSCP Board approved a revised draft of the Local Carers Strategy and were advised of the structure to oversee and support implementation of the strategy.

3.2 In March 2021 a report was submitted providing an update on the development of the Carers Strategy Action Plan designed to support implementation of West Dunbartonshire's Carers Strategy.

3.3 This report provides an update on progress towards achievement of the identified outcomes in the action plan.

4. Main Issues

4.1 Key achievements to date include:

- Y Sort It Youth Service and Carers of West Dunbartonshire's use of new technologies to provide ongoing support to carers despite the constraints of the pandemic.
- Development of HSCP carer eligibility criteria which identifies carers who can access HSCP resources, support and funding. This will support equity and clarity across all services.
- Efforts to improve general data quality. As our data collection systems improve we will be able to include more in-depth analysis of needs of carers in West Dunbartonshire and the extent to which these are being met.

- Ongoing development of a mechanism for allocation of unallocated funding to support achievement of outcomes in the strategic plan in a transparent and collaborative way.
- Approval for a Carer Development Officer Post which will help accelerate and drive implementation of the carers' strategy.

4.1 Principal constraints and mitigations.

- Impact of the pandemic on service providers, carers and service users.
- The low number of ACSP completed by the HSCP and variation across teams requires further exploration and reflects that ongoing work is required to identify the roles and responsibilities for completing ACSP /YCS in West Dunbartonshire.
- Aligning collaborative commissioning aspirations with traditional approaches and finance, procurement and legal requirements. It has proved difficult to provide assurances that what is being proposed will be 'compliant' within the existing framework. The associated delay has been disappointing particularly with respect to preventing resources being provided where they are urgently needed, however we remain optimistic about being able to progress.

5. Options Appraisal

- #### **5.1**
- Further work is required with respect to collaborative commissioning.

6. People Implications

- #### **6.1**
- The HSCP has identified a new role of strategic lead for this portfolio and has identified roles for other senior staff in supporting the Carers Development Group.
- #### **6.2**
- There has been unavoidable delay in recruiting to the Carers Development Officer position. This is due to NHSGGC job evaluation panel having been stood down during the pandemic. This is having an adverse impact on the pace of implementation of the action plan.
- #### **6.3**
- Creating capacity for staff learning and development to support the delivery of the LCS. For example, one of the outcomes is that more staff will be trained in [Equal Partners in Care \(EPiC\)](#). This training will support the delivery of other outcomes including increasing the number of carers identified and the number of Adult Carer Support Plans created to meet the needs of carers in their own right.

7. Financial and Procurement Implications

- #### **7.1**
- The LCS is clearly aligned to both the National Guidance regarding LCS and also the HSCP strategic priorities. This will ensure any future spend in relation to carers should achieve local and national outcomes.

- 7.2** Clarity and improvements in relation to the LCS support greater efficiency and effectiveness of budgetary spend, greater transparency and the HSCPs ability to demonstrate adherence to the principles of Best Value, specifically: Commitment and Leadership Responsiveness and Consultation; Sound Governance at a Strategic, Financial and Operational Level; Sound Management of Resources; Use of Review and Options Appraisal; Competitiveness; Equal Opportunities Arrangements; Joint Working and Accountability.
- 7.4** At the end of 2020/21 the value of the earmarked reserve was £0.266m with the 2021/22 budget set at £1.218m. Based on current year spend it is likely that the existing earmarked reserve will not be used and instead is likely to be increase by a substantial level due to underspending in 2021/22.
- 7.5** In addition a further £20.4m funding has been allocated for 2022/23 with the WDHSCP share of this to be confirmed.

8. Risk Analysis

- 8.1** The implications for citizens, and carers in particular, are significant. When implemented as intended, there should be an increase in the number of carers identified who can access a range of supports (from universal services through to HSCP services where appropriate) to assist them in their caring role. The Local Carers Strategy sets outcomes the achievement of which have been impacted by aforementioned constraints. However we remain optimistic about being able to progress implementation of the action plan in line with the lifetime of the Local Carer's Strategy.

9. Equalities Impact Assessment (EIA)

- 9.1** An equalities impact assessment has been undertaken and was provided previously.

10. Environmental Sustainability

- 10.1** Not Required

11. Consultation

- 11.1** Consultation was undertaken to inform the original strategy published 2019. This involved consultation with members of the public, communities of interest and various partners, all of which informed the strategic direction of the LCS. Subsequent revisions retained the direction and the priorities while strengthening how the strategy will be implemented and how impact will be monitored and evaluated.

- 11.2** The Membership of the CDG including HSCP staff (including finance and senior management personnel), Carers of West Dunbartonshire, Y Sort-It, Education, and adult carer representatives have contributed to the creation of this report.

12. Strategic Assessment

- 12.1** This work is in line with the HSCPs five strategic priorities: early intervention; access; resilience; assets and inequalities. The strategy has been written to reflect each of these, outcomes have been aligned to each of these and indicators have been aligned to outcomes to support performance reporting.
- 11.2** By adopting the strategic priorities as a lens through which to frame outcomes important to carers across West Dunbartonshire, the strategy will help deliver the HSCP strategic priorities and support the achievement of the [National Health and Wellbeing Outcome 6](#) , “People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.”

13. Directions

- 13.1** No directions

Name : Val Tierney

Designation:
Chief Nurse

Date 17.01.22

Person to Contact Val.Tierney @ggc.scot.nhs.uk

Appendices:

Background Papers Progress Report Implementation of Carers
Strategy Action Plan 2020 – 2021

West Dunbartonshire
Health & Social Care Partnership



**Progress Report
Implementation
of
Carers Strategy Action Plan
2020 – 2021**

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1. Introduction

1.1 The Carers (Scotland) Act 2016, came into force on 1st April 2018. The Act aims to improve consistency of support, to prevent problems, and to sustain caring relationships and protect carers' health and well-being.

1.2 West Dunbartonshire's original Local Carers Strategy was published in 2019. This involved consultation with members of the public, communities of interest and various partners, all of which informed the strategic direction of the Local Carers Strategy (LCS). In 2020 revisions were undertaken which retained the direction and the priorities of the original strategy but aimed to strengthen the framework for implementation, and how the impact would be monitored and evaluated. This resulted in previous priorities being edited into the format of outcomes. The outcomes have associated indicators to support performance reporting aligned to the Health and Social Care Partnership (HSCP) Strategic Plan.

1.3 The Carers Development Group (CDG) was involved in the revision of the strategy and their feedback shaped the revisions made in the LCS. Membership of the CDG include HSCP staff (including finance and senior management personnel), Carers of West Dunbartonshire, Y Sort-It, Education, and adult carer representatives. West Dunbartonshire Carers Development Group (CDG) developed the action plan and is responsible for overseeing implementation, and monitoring the impact of the strategy.

1.4 In November 2020 the HSCP Board approved a revised draft of the LCS and the structure to oversee and support implementation of the strategy. In March 2021 a report to the HSCP Board provided an update on the development of the Carers Strategy Action Plan.

1.5 The Scottish Governments Annual Carers Census collects information on unpaid carers being supported by Local Authorities and Carer Centres across Scotland. This information is collected to monitor the implementation of The Carers (Scotland) Act 2016. Appendix 1 provides a summary of the data mandated for collection and links to associated Scottish Government Census Reports.

1.6 This report is framed around the outcomes within the LCS action plan and provides an account of achievements to date and reflections on areas that require to be strengthened. It provides an update on implementation of the carers' action plan during a period of unprecedented challenge for service users, carers, their families and service providers during the Covid 19 pandemic.

2. The Scottish Carers Census Data – Performance Reporting Framework

The Scottish Governments Annual Carers Census collects information on unpaid carers being supported by Local Authorities and Carer Centres across Scotland (Appendix 1). This information is collected to monitor the implementation of The Carers (Scotland) Act 2016. The first year data on unpaid carers was collected and analysed through the Carers Census was 2018/19. Nationally data collection systems and quality assurance processes are still being developed and progress has been delayed by the pandemic.

The census metrics were adopted to inform our developing a performance framework and where available are reported within this report. Carers are only included in the census where they received

a support plan or some kind of formal support. This means that carers who were registered with local services but only received newsletters or information leaflets without any further contact would not have been recorded in the Carers Census. As the Carers Census is still a relatively new data collection system, the HSCP in keeping with the rest of Scotland, is still in the midst of implementing new systems to collect and record the required data. Some data presented is incomplete and care is therefore required when interpreting results. The information has been collated from the data submitted for 2019/20 and to a more limited extent 2020-21 Carers' Census. Some of the information reported comes from Adult carer Support Plans (ACSPs) only, while others come from both ACSPs and Carer Conversations. The difference in overall numbers of ACSP is due to people having more than one ACSP in the year.

Only the number of ACSPs completed by the Carers' Centre are included. No further breakdown of this data is included as they make their own submission to the Scottish Government which is available separately for scrutiny in their annual report (Appendix 2). Going forward we intend to explore further breakdown of this data to provide a more comprehensive report.

3. Assessment of Progress towards West Dunbartonshire Carers Strategy Action Plan Outcomes

The action plan demonstrates intentions to improve the quality of support for unpaid carers (young persons and adult) across the HSCP with actions structured around the key ambitions of the HSCP strategic plan and expressed as related outcomes. Progress towards achievement of the outcomes is described below and supported by available census data.

3.1 HSCP Strategic Priority: Access

(Outcome 1) Carers' awareness regarding the availability of short breaks (respite) will increase

All carers are informed of short break/respite options during the Adult Carers Assessment undertaken by HSCP staff. The HSCP figures recorded from the Care First system in Table 1 reflect that provision of short breaks and respite were adversely impacted due to Covid restrictions.

Table 1 Short Breaks Arranged by HSCP for Carers

Short Break Arranged by HSCP during the reporting period 2019-20	77
Short Break Arranged During reporting Period 2020-21	2

The HSCP has a designated short break co-ordinator for the Learning Disability Service and Older Peoples Services.

Table 2 depicts respite/ short break numbers for Learning Disability Services. This is not the number allocated and reflects only the number actually taken.

Table 2 Short Breaks Clients of Learning Disability Service

YEAR	Number of individual residential respite breaks	Number of individual Short Breaks	Total number of Short Breaks & Residential Respite
Apr 2019- Mar 2020	281	17	298
Apr 2020- Mar2021	145	26	171

Carers are also informed about short break options provided by Carers of West Dunbartonshire (CWD). Carers of West Dunbartonshire Newsletter provides information on short breaks/respite and is distributed to all partners. Carers of West Dunbartonshire have identified a Link Worker whose liaison role ensures information is shared widely with partners, service users and carers. All HSCP Service areas now have a named link worker to enhance partnership working with CWD.

CWD arranged short breaks to 244 individual carers during April 2020-March 21.

(Outcome 2) Carers will have access to a range of flexible options which will support a life alongside caring

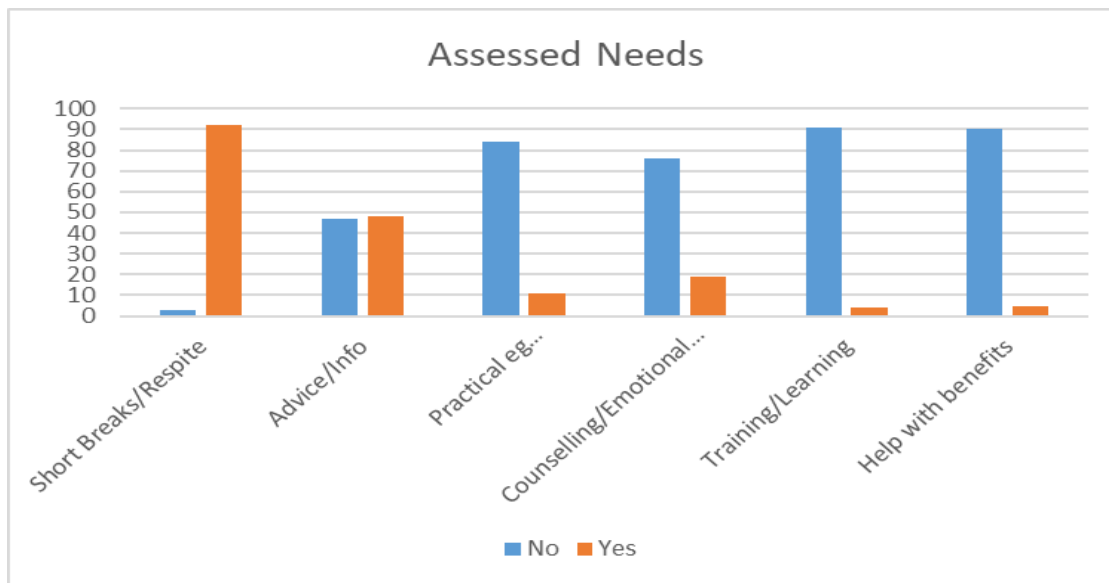
The HSCP Learning Disability Services provide a range of short break/respite options to carers to meet their assessed needs including residential, support in the home, day services, holiday opportunities and Flexible Short Breaks and Direct Payments.

CWD recruited a Short Break Co-ordinator into a temporary position for 18 months. The post is grant funded and largely, (but not entirely) focusses on arranging short breaks for people with dementia and their carers. CWD Time for Me service delivers short breaks to carers of those aged over 21 years. The Time for Me project, funded by the Short Breaks fund, provides carers with personalised micro grants to give them a break from their caring role.

CWD also provide short breaks to Parent Carers using the same model as above, funded by Carers Act money. CWD is also the local delivery partner for Scottish Government Scot Spirit Holiday Voucher scheme (SSHV). Applications for a short break would normally include visits to see family and friends in other parts of the country, days out, or a few days away. During the pandemic although CWD were receiving some applications for this type of break, due to travel restrictions, carers were thinking of new and more creative ways of what a break could mean. They used their grants to create relaxation spaces in their gardens, to purchase hobby items, and games and other activities to help them relax

Census Data can be extracted from ACSP via Care First to identify carers assessed needs and this will help inform the range of support required going forward. Carers can have multiple support needs; including short breaks or respite, counselling or emotional support, or assistance with benefits.

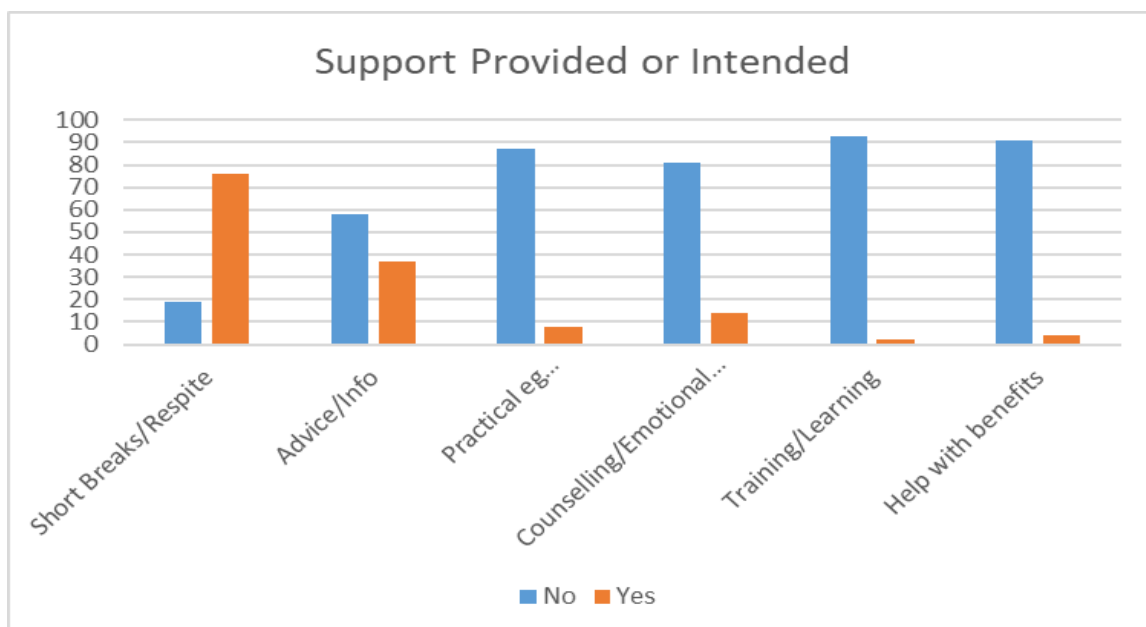
Figure 1: Assessed Needs Adult Carers - Source ACSP Care First 2019



Carers may be provided with multiple types of support to meet their needs and to help support their caring role. A carer can also be provided with support without needing to have an Adult Carer Support Plan (ACSP) or Young Care Statement (YCS) in place.

Census data indicates that of the people who needed short breaks, respite, or practical support, the majority were provided with that support.

Figure 2 Support Provided or Intended to Provide - Source ACSP Care First 2019



Respite and short breaks are also vital for Young Carers and Young Adult Carers as this has a positive impact on their own health and wellbeing as well as providing a vital break away from their caring role. Unfortunately, over the last reporting period respite opportunities such as residential trips and overnight stays have not been possible during the COVID 19 pandemic for young carers/ young adult carers. This is in contrast to the previous reporting period 2019/20 in which 133 young carers / young adult carers benefited from a short break or respite including 64 young carers / young adult carers staying overnight at the Y sort it Carbeth Hut.

However, Y sort it (Youth Service) recognised that it was important that young carers still had respite of some type during the last year, to help ease the pressure which often impacts individuals' general and mental health. Alternative respite opportunities experienced by Young Carers involved day camps at local parks, cycles, themed Summer & Autumn activities and home based activities such as cooking and hair and make-up online sessions. Although this was not the type of respite normally experienced by young people, feedback remained positive with young carers enjoying being able to take part in activities and day trips during an extremely challenging time.

Y sort it provided equipment for alternative respite at home such as purchasing trampolines, fitness equipment and bikes which allowed the young carers to have time away from their caring role, whilst keeping active and having fun. These were accessed through the Time to Live Fund in partnership with CWD and Y sort it Helping Hands Fund funded by Scottish Government via Inspiring Scotland and the Corra Foundation

(Outcome 3) The proportion of adult carers receiving HSCP support in their own right by choosing SDS options 1, 2, 3 or 4 will increase

Information on Self Directed Support is on West Dunbartonshire HSCP Website.

Carers are informed about Self Directed Support during the adult carers' assessment and review and also during service user assessment and review. Training on Self Directed Support has been delivered within Learning Disability Services. Two Disability Link Workers are available to provide information and support on Self Directed Support to staff, carers and service users.

There are no SDS questions in the current ACSP and a short life working group are working to revise the content and format of the ACSP to ensure that this will be addressed. Finance only hold information on Option 1 and 2, and are working to secure this information going forward.

The HSCP board agreed the recent implementation of eligibility criteria for unpaid carers. This will also help deliver Self-Directed Support (SDS) for carers meaning they will be able to access SDS in their own right, this has aligned WDHSCP with other HSCP's positions across the country and will align with the HSCP Boards policy on eligibility criteria for adult social care.

Information on SDS is Included in CWD Carers Information Pack available at <https://www.carerswd.org/services-self-directed-support/>

(Outcome 4) The volume of information available to all carers via social media will increase

West Dunbartonshire HSCP provide information to carers via WD HSCP Website, leaflets, letters and emails. The appointment of a Communications Officer will support further planned developments in the area.

Carers of West Dunbartonshire have employed a Marketing & Engagement Officer. CWD now has strong social media presence on various platforms including Twitter, Facebook, LinkedIn and Instagram. CWD YouTube channel is used as valuable way of signposting carers to information <https://www.youtube.com/watch?v=B4kdWx8fn54>.

Y sort it Social media platforms played a crucial role in supporting our young Carers / young Adult Carers in response to the Covid crisis. It meant safety information could be shared quickly but importantly helped Young Carers stay connected to Y sort it Young Carers service and support workers, especially when face to face contact was restricted. This enabled Y sort it to deliver Digital Youth Work opportunities for young carers / young adult carers to participate. Y sort it has established a dedicated West Dunbartonshire Young Carers Facebook and Instagram channel.

Y sort it Social Media in numbers....

Facebook – 4572 Followers - Average Weekly reach over 10,000 views

Twitter – 1646 Followers

Instagram – 928 Followers 420 Posts

Tik Tok – 192 Followers & 907 Likes (New Platform 2020)

YouTube – 13 new Videos 64 subscribers (2020)

(Outcome 5) The volume of information for all carers accessed online will increase

Carers of West Dunbartonshire issue information packs to all newly registered carers and Short break information is available at <https://www.carerswd.org/services-short-breaks/> this information is augmented in Newsletters and HSCP staff Bulletins. Google analytics have been adopted by Carers of West Dunbartonshire used to monitor traffic on online platforms. This will assist in evaluating the reach and impact of activities to promote awareness e.g. during carers week.

Y sort it has information available on both WDC Website <https://www.west-dunbarton.gov.uk/schools-and-learning/advice-info-support/advice-young-people/young-carers-support-and-advice/> and the Carers Trust website <https://carers.org/resources/all-resources/130-west-dunbartonshire-young-carers>

(Outcome 6) The availability of information for all carers in print format will increase

HSCP print information, including accessible formats, this is provided as and when required in response to service user and carer request. Traditional outlets and public buildings/spaces are closed due to Covid restriction and this has presented a challenge. Work is underway to review all information available to carers in West Dunbartonshire.

(Outcome 7) Carers report feeling listened to regarding their own outcomes and needs

CWD used Carers' Week 2020 to carry out a survey with carers. It asked about their experience of caring during lockdown, how well supported they felt and what CWD might do differently. 1,200 carers were sent the survey by post, CWD received 293 (24%) responses. The response was overwhelmingly positive and many carers took the time to include additional comments and provided CWD with some very constructive feedback.

A short life working group has been established to oversee the review of ACSP and will ensure the content is designed capture this information to deliver this outcome.

Y sort it widely promoted the survey carried out by the Carers Trust Scotland, highlighting that many young carers have experienced increased pressures due to COVID-19. This has had a negative impact on young carers' mental health and wellbeing. The results highlight that many young carers are experiencing high stress levels, increased caring responsibilities and difficulties in accessing online education. Key findings include:

45% of young carers said their mental health was worse as a result of COVID-19.

71% of young carers said they were more worried about the future since COVID-19.

58% of young carers said their education was suffering.

74% of young carers said they feel less connected to others now than they did before the pandemic.

In response Y sort it continued to develop and host weekly group sessions for both our Young Carers and Young Adult Carers. These were a mix of online sessions and outdoor face to face work, when the restrictions allowed. In addition, throughout the reporting year Y sort it continued to support our young carers by offering 1-2-1 sessions. These took place over the phone, face to face and online via video calling.

Y sort it distributed 32 Connecting Scotland packages which included 22 Chromebooks and 10 I pads with a 12 Month Free Mobile Broadband, ensuring young carers could access learning, entertainment and stay connected not only Y sort it but family and friends. West Dunbartonshire's Education Department young carers to access Chromebooks for online school lessons and home work.

Young Carers steering group are working on a range of opportunities to ensure the needs and outcomes for young Carers and YACs are identified and services developed to ensure that their needs and outcomes are met.

(Outcome 8) Access to resources will be improved through the implementation of eligibility criteria

Section 21 of the Carers' (Scotland) Act 2016 sets out the duty on each Local Authority to set local eligibility criteria for carers. This responsibility was been delegated to the HSCP. The Carers Development group presented a paper to the HSCP board recommending the Implementation of an Eligibility Criteria Policy for (Unpaid) Carers. WDC HSCP now have carer eligibility criteria which identifies carers who can access HSCP resources, support and funding. This ensures equity and clarity across all services. The eligibility criteria endorsed by the CDG is that which was published by the National Carer Organisations (NCO) in June 2015. The Scottish Government has produced a similar but slightly different version which is included in the updated Carers' Act Guidance published by Scottish Government in July 2021. The HSCP will initially use the NCO version as this will allow the

HSCP and partner organisations to continue to report on the Carer's Census. The revised version does not yet have the appropriate reporting infrastructure in place however, when appropriate, the HSCP will move to the criteria provided in the revised guidance. The HSCP Board approved eligibility criteria in November 2021. The Eligibility Criteria Policy is intended to go live in April 2022.

3.2 HSCP Strategic Priority: Early Intervention

(Outcome 9) Awareness of caring and the carer role will be raised among HSCP, voluntary and independent sector staff.

CWD Bulletin is circulated to HSCP staff monthly. CWD Newsletter circulated to all carers, HSCP staff, and others on their mailing list four monthly. Social Media platforms are used to share information and carers' stories are available on The CWD YouTube channel. Carers of West Dunbartonshire offer training courses/support groups relevant to Carers' needs, e.g. Caring for an Older Person Pack; Condition-specific courses; First Aid Awareness; Moving & Assisting Practical Skills; Palliative Care Workshops.

Y sort it participated in national Young Carers Awareness day by promoting the Count Me in Campaign to key partners across WD <https://carers.org/young-carers-awareness-day/making-an-impact-on-young-carers-awareness-day-2020> and Carers Week by creating video messages for their social media channels <https://www.youtube.com/watch?v=kCnM27UBV9I&t=1s>

Going forward there will be Young Carers Awareness Day will now be known as Young Carers Action Day – this will be held on 16th March <https://carers.org/young-carers-action-day-2021/young-carers-action-day-2021>.

The Young Carer steering group are working on a programme of awareness raising to ensure the needs of young carers are highlighted as early as possible and supports agreed, if required.

(Outcome 10) WDHSCP and partner agencies, including education, will increase the number of young carers identified

During this reporting period Y sort it has support 113 young carers / young adult cares across West Dunbartonshire and has worked with Education on the following to increase the number of young carers identified;

- A dedicated Y sort it Young Carer Support Worker for each High School and related Primary Cluster
- A member of school staff identified as a young carer coordinator to work closely with Young Carer, and as a single point of contact for that school.
- A review of Y sort it referral guidance and forms was undertaken with education staff and young carers. Subsequently there has been an increase of referrals to Y sort it.
- Y sort it providing six weekly update reports to young carer coordinators, to cascade to school staff supporting young carers.
- Young carer forums are in the process of being implemented so that key updates can be cascaded to education staff ensuring that there is a consistent approach across West Dunbartonshire. These forums will be multi agency with partner agencies being a key feature.

The aim is to follow the same approach for WD HSCP and partner agencies, with a number of inputs into the Family Nurse Partnership, Working 4U Teams and Youth Alliance partners being carried out to raise the profile of identifying and supporting young carers.

As part of the Getting it Right for Every Child My World Triangle Assessment all new referrals to School Nursing are involved in discussion about being caring responsibilities and referred to Y sort it for support if required. This is recorded in the young person record and the electronic management information system will be able to identify young carers and ensure that care planning reflects identified need in this respect via future audit activity.

Outcome 11: (Outcome 11) WDHSCP and partner agencies will increase the number of adult carers identified.

Scotland's 2011 Census shows that 9.3% of the Scottish population as a whole identified themselves as being a carer but this varies across Scotland. West Dunbartonshire showed the highest rates with nearly 11% of the population identified as having a caring role. This was before the Covid 19 pandemic so this is likely to have increased. The 2011 census identified that West Dunbartonshire had the highest levels of intensity defined by number of hours of care provided by unpaid carers each week.

Within West Dunbartonshire, Carers Conversations are undertaken to support and encourage carers to identify themselves to services. Carers may not be in need of support or services at that time. If carers choose not to have a formal Adult Carers Support Plan (ACSP) they will still be offered information on health and wellbeing, recreation and wider services.

Under the Carers (Scotland) Act 2016, all carers have the right to an ACSP or YCS based on their personal outcomes and needs for support. In the HSCP this is identified through the completion of Adult Carer Assessment via Care First. ACSP completed by Carers of West Dunbartonshire are recorded in Care First as well as on CWD file management system. Our systems to collect and record this information are still being developed and refined.

Figure 3: Number of Carers Assessments Completed (Source: Care First)

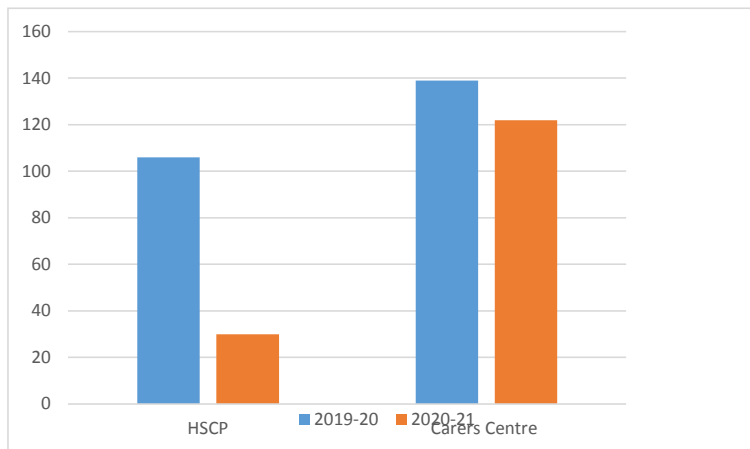


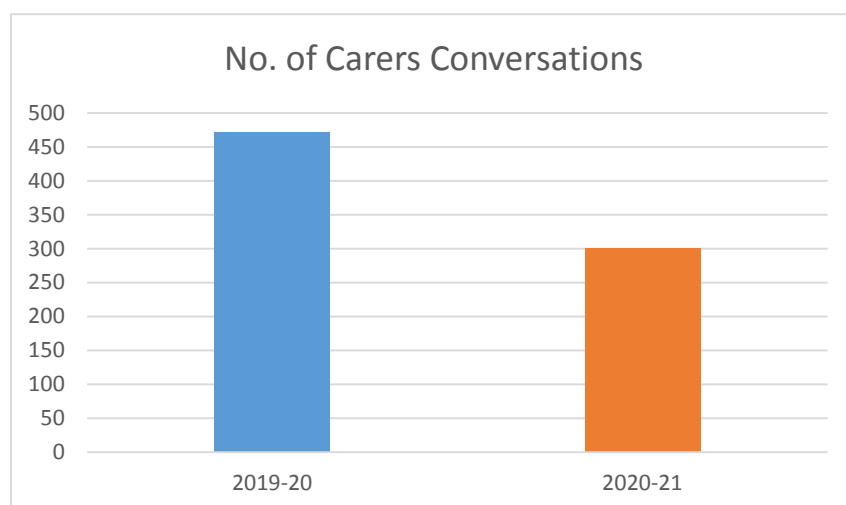
Table 3 Completion of ACSP by Each HSCP Team

TEAM	No. of ACSP	No. of ACSP
COMMUNITY HOSPITAL DISCHARGE SOC WORK	5	2
COMMUNITY OLDER PEOPLES TEAM	24	0
DUMBARTON OLDER ADULTS MENTAL HEALTH TEAM	1	3
FOCUSSED INTERVENTION TEAM	2	0
LEARNING DISABILITIES TEAM	60	4
SENSORY IMPAIRMENT TEAM	3	0
SOCIAL WORK ADULT WAITING LIST	16	4
SOCIAL WORK DUMBARTON COPT WAITING LIST	1	11
WORK CONNECT	12	6
Total	124	30

The impact of the pandemic on completion of ACSP not with-standing, the relatively low number of ACSP completed and variation across teams requires further exploration and consideration across all HSCP teams.

Figure 4: HSCP Carers Conversations (Source: HSCP Single Shared Assessment Form Care First)

These are the numbers of conversations undertaken by HSCP staff with clients that identified that the client received care and support from and an unpaid carer.



Figures 3 & 4 reflect the adverse impact of the pandemic on identification and access to carers by frontline HSCP service providers. The decline is concerning as the number of unpaid carers is thought to have risen, as access to health and social care services was limited due to demand and restrictions.

The impact of alternative efforts adopted by Carers of West Dunbartonshire Carers Centre using innovative technology is reflected in their results. CWD managed to slightly increase the number of carer's conversations undertaken during the pandemic from 1132 to 1163. The learning about the use of technology will inform future approaches and engagement activity.

3.3 HSCP Strategic Priority: Assets

(Outcome 12) ACSP's will be asset-based and outcome focused

The HSCP and Carers of West Dunbartonshire are currently reviewing the format of Adult Carers Support Plan to ensure the questions and format reflect an asset-based and outcome focus approach. The group will ensure content is designed to help deliver outcome 12.

The new My Life Assessment introduced in 2020 is less deficit focused and more asset and strength based and looks at a family's ability to self-manage. This will be complemented by the roll out of anticipatory care planning across all services. The anticipatory care planning questions are included within all discipline assessments and further training is planned to strengthen performance in this area.

(Outcome 13) YCS's will be asset-based and outcome focused

Y sort it offered a young carers statements to all new referrals with reviews carried out when needed or every six months. Given the recent updated eligibility criteria the role and responsibilities of the YC coordinator within schools and Y sort it YC Support Workers will be revisited to ensure it is in line with the criteria and appropriate training given. Education, HSCP and Y sort it are updating the YC statement in line with eligibility criteria. Young Carers will be involved and consulted on the new YC's statements.

(Outcome 14) The number of HSCP staff trained in EPiC will increase

Equal Partners in Care (EPiC) is a learning and education opportunity aimed at those working with Carers and Young Carers. This supports practitioner's understanding of their role and responsibilities in working with carers as equal partners. Plans for roll out across the HSCP and partner agencies were hampered by the pandemic but are considered critical going forward to strengthening practice with respect to effectively identifying and working in partnership with carers.

3.4 HSCP Strategic Priority: Resilience

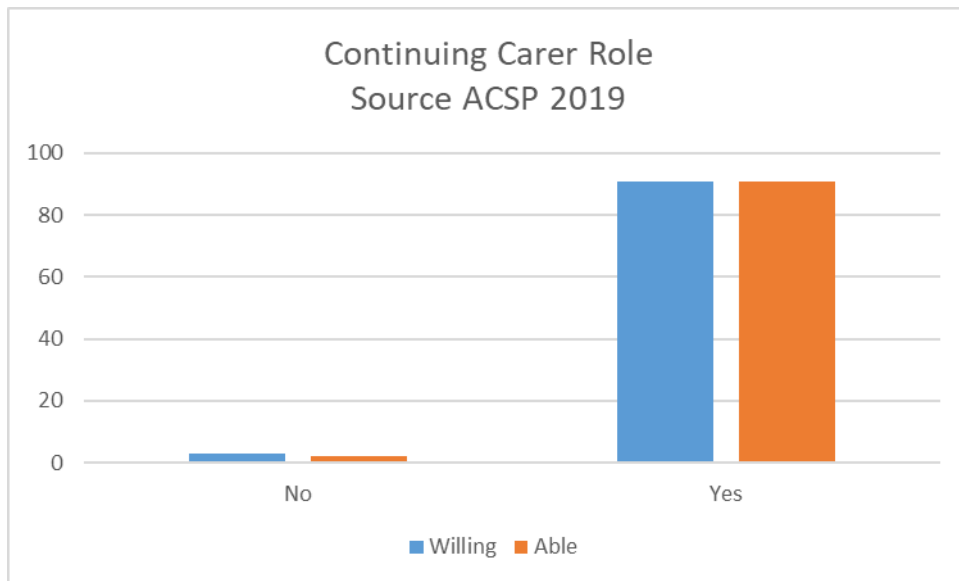
(Outcome 15) All carers with an ACSP will have robust emergency plans in place

The HSCP and Carers of West Dunbartonshire are currently reviewing the Adult Carers Support Plan to ensure the questions and format reflect an asset-based and outcome focus approach. CWD Emergency Plans have been developed to include the Herbert Protocol. (Since 2017 the Herbert Protocol has been used many times to help police and other agencies quickly and safely locate missing people who have dementia. The scheme is being rolled out nationwide from 21 September, 2021). The Herbert Protocol is a UK wide recognised scheme that focuses on people living with dementia who may be at risk of going missing. It contains key information that will help police and other agencies quickly and safely locate missing people who have dementia.

(Outcome 16) The number of (adult) carers who feel able and willing to care (resilient) will increase

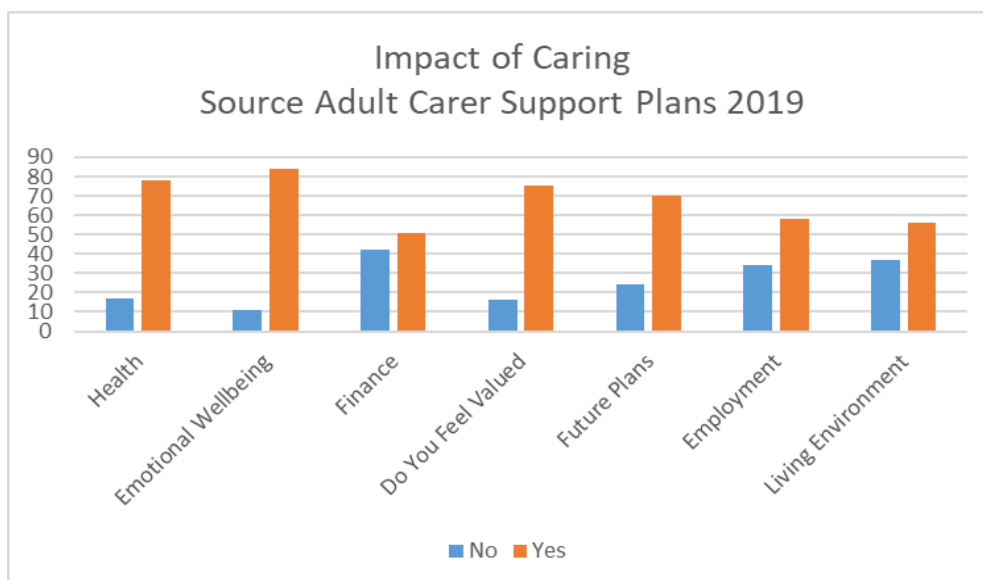
The aim is to enable carers to be better supported so that they can continue to care should they wish to. The data for 2019 suggests that >80% of carers felt both able and willing. A small number of carers did not.

Figure 5: Number of Adults who reported feeling able and willing to continue caring role



Providing care and support to a family member, friends or neighbours can have multiple impacts, both positive and negative, on a carer's life. Figure 6 reveals that despite the high proportion of carers being both willing and able to provide care many did experience an impact on various aspects of their lives. There will be some cases where carers are not able or willing to provide care and support but continue to do so. This measure will support efforts to monitor the impact of ACSP with respect to reducing any adverse impact of caring on carers.

Figure 6: The Impact of Caring on Carers



(Outcome 17) The number of young carers who feel able to care (resilient) will increase

A Link worker is now in place for CWD and Y Sortit which supports transition from Young Carer /Young Adult Carer services to adult services. Young carers and Young adult carers have access to the variety of support offered by CWD.

The aim is to enable young carers to be better supported so that they can continue to care should they wish to and ensure they are not carrying out any inappropriate caring roles. During this period, Y sort it supported 113 Young Carers & Young Adult Carers from throughout West Dunbartonshire, based on young carers statements, reviews and case notes, most were able to maintain their caring roles

(Outcome 18) The use of telecare options will increase due to the transition to Digital from Analogue

Data to enable reporting on this outcome is under construction.

3.5 HSCP Strategic Priority: Inequalities

(Outcome 19) The proportion of young carers identified who are experiencing higher levels of deprivation will increase

There does not appear to be much difference in the proportion of adult carers across deprivation categories in the Carers Census in 2020-21, however, there is a marked difference for young carers. Approximately 14% of young carers in the Carers Census lived in the most deprived Scottish Index of Multiple Deprivation (SIMD) decile compared to 5% who lived in the least deprived SIMD decile. We aim for this to be reflected in our future reporting.

During the pandemic the levels of deprivation young carers registered with Y sort it were facing were apparent.

Covid Response

Food Insecurity

It became very apparent as the Covid crisis unfolded early March 2020, that Y sort it had to act quickly to tackle food insecurity by providing food packages to young people and their families throughout West Dunbartonshire that were registered with Y sort it including the 113 young carers and their families. Y sort it Youth Centre quickly became a response and distribution hub for local young people their families to collect food, PPE and care packages. Frozen goods, hygiene products such as soap powder, soap, shampoo, hand sanitiser and personal protective equipment (PPE) was distributed and Care Packages to help support children and young people with their mental health. As schools closed, further restriction were put in place, Y sort it moved to home deliveries with workers coordinating weekly deliveries. This continued into August 2020, when pupils returned to school.

Y sort it supported over 178 families and over 350 children and young people with food, vouchers, fuel, care packages, and PPE, estimating we distributed over 2,136 food packages over a three-month period, a further 876 food packages over the summer and winter period of 2020/21.

Winter Hardship Fund – Working 4U

Working with the support of Working 4U team we helped our Young Carer families to access the West Dunbartonshire Hardship Fund with the aim of helping those most vulnerable including those who were young carers and/ or care experienced, or impacted by poverty. Support included help with household goods, fuel, clothes as well helping to avoid debts incurred due to associated job losses. Y sort it Workers contacted our most vulnerable families to gather information to help support them to apply with for the Hardship Fund worth an estimated £350 direct payment. One hundred and thirty families were supported to apply resulting in direct payments of £45,500 being awarded to West Dunbartonshire families supported by YSortit.

Helping Hands – STV APPEAL

The Y sort it Youth Board set up a Helping Hands Hardship Fund. This was to recognise that young carers and their families were finding themselves under increasing financial pressure. This fund was set up to give a Helping Hand for those most in need. During the past 12 months Y sort it has been given funding to support the response to Covid, and to respond to the impacts of lockdown. This included funding by the STV Appeal, Corra Foundation, Connect Scotland, Inspiring Scotland and donations from local businesses and community members / organisations. The aim of Helping Hands was to support STV Children's Appeal and the Scottish Government to disperse funds to children, young people and their families who are experiencing severe poverty.

Y sort it distributed £14,884 to help 80 families and over 100 children and young people directly throughout West Dunbartonshire within a three week period, this is in addition to those we have helped through our own Y sort it services, where the fund has been accessed by young carers, care experienced and many children and young people, who attend our youth clubs and groups. We supported a further 50 families to access the Helping Hands Fund through our own support services, with a total of 150 families being supported.

Additional Education Support for Young Carers

All educational settings established regular communication channels with Young Carers during the lockdown period; providing access and support from Hubs as needed. In the same way, young carers were prioritised in terms of support to overcome digital and resource barriers to engaging in online learning with Chromebook and WIFI access if needed. Step into Summer funding from Scottish Government helped expand the holiday offer to young carers and address any holiday hunger concerns, with over 400 food packages delivered to young carers and their families over the summer period for 2020/21.

1-2-1 Support

Throughout the reporting year we have continued to support our young carers by offering 1-2-1 sessions. These took place over the phone, face to face and online via video calling. It was important that these communications continued, even more so during the pandemic. We also created alternative 1-2-1 support sessions such as "Walk & Talks" and "Cycles & Chats" outside, allowing us to continue supporting young carers whilst adhering to government guidelines and ensuring young carers and their workers could continue to build their relationship. This was extremely valuable to those who were shielding or were anxious about Covid and helped build their confidence in meeting with their peers in small groups work.

Care Packages

At various times of the year the Y sort it team and Youth Board members made up and distributed Care Package for young people/ carers across West Dunbartonshire. The aim of the packs were to keep young people safe at home, entertained, provide learning opportunities and at a time when they felt scared, vulnerable or alone it would provide comfort. Care Packages ranged from and contained arts and crafts, puzzles, sport equipment, science technology and maths materials, information about support available, and PPE. YSortit also provided key information in regards to Covid. Care Packages were home delivered throughout the year, and when possible could be collected from our Youth Centre. We estimate that we distributed 862 Care Packages to young people across West Dunbartonshire including the following:

- Lockdown Care Packages – 157
- Easter Care Packages – 162
- Pizza with Love Care Boxes – 147
- 12 Days of Xmas Activity Packs – 97
- Xmas Wellbeing Care Packages - 152
- Winter Mental Health & Wellbeing – 147

In addition, Young Carers and their siblings benefited from Carer Care packages including Creative, Pamper, Active and Study Packs. Young Carers selected packs at various times either picking them up at the Youth Centre or these were home delivered by their young carer support worker.

(Outcome 20) The proportion of adult carers identified who are experiencing higher levels of deprivation will increase

There does not appear to be much difference in the proportion of adult carers by deprivation in the Carers Census in 2020-21. Data to enable reporting on this outcome is under construction and will better inform the local position in West Dunbartonshire. Benefit Maximisation (Carers Allowance) is included within all assessments and workers will ensure referral to appropriate support agencies e.g. Working 4 U, Welfare Rights.

(Outcome 21) The number of carers, including young carers, represented at strategic and operational levels of service design and delivery will increase

There is currently Carer Representation on the Carers Development Group, Dementia Strategy Group, and Keys to Life Group. Carers were also involved in carrying out Equality Impact Assessment undertaken to support development of the Unpaid Carers Eligibility Policy.

CWD is managed by a Board of Trustees. The Trustees are carers, former carers and members of the local community who have a commitment to improving and developing quality services for carers. This user involvement management structure ensures the effective governance of the organisation and has a positive impact on the delivery of its services.

While People with lived experience have been supported to participate in the CDG as well as various sub groups we recognise that more work is required in this area from across the HSCP but early signs of progress are encouraging.

Y sort it Youth Management Board membership includes young adult carers, who are committed to the development of the Y sort it Young Carers service. Members are involved in the design and decision making, ensuring the Young carers service continues to deliver high quality support for local young carers.

Case Study – Feedback

Young Carer 'A' – *“During lockdown it has been really good to always have someone to talk to. I suffer really bad anxiety and I always feel much calmer after small group activity. Y Sort It have helped my family so much with the food parcels and the activities that you give out always keep my mind focused. The workers have all really been understanding of my anxiety and caring role, and make me feel better about things. Coming along to small group activities and making new friends has been great. I feel calmer now and I can focus more on me”*

Parent 'A' *“For me as a parent, I can't thank Y sort it enough. We were going through an extremely difficult time adjusting to life as a shielding family, all enclosed together, my husband lost his job. Our life is a tough one. For 'A', to have an outlet of someone at the end of the phone checking on her, emailing her and when allowed inviting her to activities just to keep her active and socialising was particularly important for her mental health. 'A' as a young carer suffers from anxiety and doesn't have the opportunities that her peers may have so having people there for her, and other young people who are in same or similar position to her, as a mother I can't thank Y sort it and the support workers enough. When times were tough and my husband lost his job Y sort it supported our family with food deliveries and parcels for all three of my children, and it really did boost morale and gave the kids something to do and excitement in a very tricky time. Also, I am proud to say I also learned some new skills from the Zoom classes in relation to cooking and it was enjoyable as even though 'A' was anxious about appearing on camera she still participated, sometimes on her own time or with her camera off but we did it together and it pushed us to have that quality time which sometimes we don't get together given our circumstances you can end up not doing things together as much. I really feel blessed to have the support of Y sort it for 'A' and the support workers are always kind, considerate and at the other end of the line if we need anything. Definitely made a huge difference to us, lifting spirits and just knowing we weren't alone”*

(Outcome 22) Access to HSCP services will be more equitable through the implementation of eligibility criteria

Section 21 of the Carers' (Scotland) Act 2016 sets out the duty on each Local Authority to set local eligibility criteria for carers. The legal requirement to publish local eligibility criteria is intended to improve transparency in decisions about eligibility for carer support.

An equalities impact assessment was undertaken which concluded: *“This policy should be introduced due to the assessed benefits and absence of significant negative impacts identified through the equalities impact assessment (EQIA). The group who completed the EQIA, comprised of the manager from Carers of West Dunbartonshire, a carer representative, an HSCP Service Manager and an HSCP Service Improvement Lead who are all also members of the Carers Development Group which provided its endorsement of the policy, are satisfied that from the available data, the policy stands to make a more positive difference than negative. Examples include advancing equity and equality through transparent and collaborative decision making, ensuring where appropriate, carers can access Self Directed Support options and services proportionate to their needs. Work undertaken to deliver the policy will also see assertive approaches taken to engage seldom heard populations. It*

was also recognised that some data were unavailable for certain protected characteristics, both at a local and national level. Efforts will be made to better understand any potential impacts on all protected groups and a monitoring framework is being developed to assist with this”.

The Board approved the eligibility criteria policy at its meeting in Nov 2021. The policy is intended to go live April 2022. The Equalities Impact Assessment identified no major concerns from an EQIA perspective; ensuring equitability will require monitoring of how the policy is implemented

3.6 HSCP Strategic Priority Crosscutting

(Outcome 23) The HSCP and partners will ensure a Best Value approach.

There is a commitment to ensuring spending linked to carer's services and commissioning is undertaken in a clear and transparent manner.

Learning Disability Resources are allocated on an assessed needs basis to carers who are eligible for HSCP support. Resources are agreed at the Resource Allocation Meetings of the Area Resource Group. Appropriate paperwork is completed for financial audit. Regular reviews of support packages and respite/short break allocation is undertaken.

The Carers Development Group participated in a session which aimed to

- Secure consensus on which aspects of the LCS Action Plan could be delivered, and by whom, within existing resource.
- Identify what required additional resource
- Provide an overview of Carers Act Funding – Allocated and Unallocated
- Develop a mechanism for allocation of unallocated funding to support achievement of outcomes in the strategic plan

At its meeting in June 2021, the CDG considered a discussion paper on how reserve funding could be allocated. The paper provided options and prompted discussion on various points including but not limited to: application eligibility, process for reviewing applications (by whom and scored), how projects could be evaluated (e.g. appropriate indicators and strategic alignment). Following initial discussion and a follow-up survey, the proposal was refined to a stage where the CDG at its July meeting agreed it was satisfied a way forward had been agreed in principle. Unfortunately, and despite frequent attempts to try and progress this, the proposal has been delayed due to neither WDC procurement nor legal departments being able to confirm that the proposal is compliant with existing regulations and legislation. While progress has been slow, discussions remain live. From a “Best Value” perspective clearly a number of issues require to be resolved to enable this approach to be progressed

There will also be a requirement to potentially hold back some funds in recognition of new carer demand and/or alignment of existing service expenditure related to carers to the carer funding. At the end of 2020/21 the value of the earmarked reserve was £0.266m with the 2021/22 budget set at £1.218m. Based on current year spend it is likely that the existing earmarked reserve will not be used and instead is likely to be increased by a substantial level due to underspending in 2021/22. In addition a further £20.4m funding has been allocated for 2022/23 with the WDHSCP share of this to be confirmed.

4. Conclusion

The report describes progress to date towards achieving the desired outcomes of the LCS in terms of identifying and responding to carers needs by developing the services we deliver.

The Covid-19 pandemic created significant additional demands for unpaid carers and service providers. Carers of West Dunbartonshire developed innovative responses using technology to ensure carers received support throughout the pandemic.

Establishing the Unpaid Carers Eligibility Criteria Policy has been a significant development the value of which was supported by the accompanying equality impact assessment. Efforts to secure participation and engagement of those with lived experience have been commendable and we will continue to build on this from a position of strength.

Further work is required to identify the roles and responsibilities for completing ACSP / YCS. While it is the role of the HSCP to ensure these are completed, it is an option for the HSCP to commission a third party to either undertake this role or to undertake the role in combination with the HSCP. It appears to be the latter which is in place in West Dunbartonshire however, role ambiguity, among other issues, appears to contribute to a relatively low number of ACSP / YCS being completed by HSCP staff. Resolving these issues developing a shared understanding of the model for carer support in West Dunbartonshire will make clearer any implications for staff and stakeholders.

Across the HSCP practitioners and partner agencies must continue to change mind-sets. We require to ensure ongoing learning and education opportunities to be assured that staff have the requisite knowledge and skills to identify and work effectively in partnership with unpaid carers, support implementation of self - directed support and the unpaid carers' eligibility criteria.

Not all HSCP Care Teams have a designated short break coordinator post and requirement for extension of this role requires consideration. The Respite Review Group has not been operational through-out the pandemic and requires to be re-established. The short breaks statement requires to be updated to reflect the aspirations of the unpaid carers' eligibility criteria policy.

We continue with efforts to improve general data quality, as quality improves, and our data collection systems evolve we will be able to include more in-depth analysis of the needs of carers in West Dunbartonshire. This will enable us to robustly evaluate the impact of implementation of the carers' strategy.

The HSCP is also to developing a mechanism for allocation of unallocated funding to support achievement of outcomes in the strategic plan in a transparent and collaborative way. The allocation will be aligned to the lifetime of strategy (i.e. from allocation until March 2024 by which time new strategy should be agreed). For a number of months now we have been trying to progress a multi-agency, collaborative and transparent approach to allocating resources. The CDG worked to create a set of expectations for how, and on what, it would like to allocate resource. One of the challenges of developing a collaborative commissioning approach is providing assurance that what is being proposed will be 'compliant' within existing financial and legislative frameworks. We remain optimistic about being able to progress this but the delay has been disappointing and is preventing resources being provided where they are urgently needed.

Encouragingly the HSCP have approval for a Carer Development Officer Post which will help accelerate and drive implementation of the carers' strategy. Recruitment has been significantly

delayed due to job evaluation panels being unavailable in NHS GGG during the pandemic outbreak. The work of the Carers development Group has been commendable in the context of the competing priorities faced during the pandemic. However this role has been created to provide more focus on prioritising and championing the role of unpaid carers in West Dunbartonshire by ensuring that the needs of unpaid carers are integrated across all HSCP teams in line with the existing and emerging national approach to supporting unpaid carers. The role will assist in the development of appropriate and responsive services for unpaid carers, raise awareness of the needs of unpaid carers and provide opportunities for unpaid carers to influence local planning, commissioning and procurement of services. It will assist in meeting the needs of unpaid carers in relation to the Carers (Scotland) Act 2016. This will include responsibility for the development of a comprehensive support service for unpaid carers which will include regular access to quality respite and short break provision, as well as a responsibility for measuring and evaluating service outcomes for unpaid carers.

Appendix 1

The Scottish Government published a report on the 2019/20 and 2020/21 submission at the end of December which can be found at <https://www.gov.scot/publications/carers-census-scotland-2019-20-2020-21/pages/1/> and the supporting excel tables at <https://www.gov.scot/publications/carers-census-scotland-2019-20-2020-21/documents/>

What is collected in the Carers Census?

For each Carer:

- Data Provider
- ID Carer
- CHI number
- postcode
- date of birth
- gender
- ethnic group
- care duration
- care hours
- care impact

Items in pale text are not mandatory for 2019-20 and 2020-21 but we would encourage you to return these if you already hold this data as this will help with discussion on taking forward data collection for these items which are still considered essential for the longer term data collection.

For the person they care for:

- ID Carer
- Unique ID for cared for person
- age group
- living with carer
- gender
- ethnic group
- client group
- relationship to carer

For Adult Care Support Plan / Young Carers Statement:

- date ACSP / YCS requested / offered
- ACSP / YCS completed?
- date completed
- ACSP / YCS incomplete?
- type of ACSP / YCS – new or review
- is carer willing to care
- is carer able to care
- is carer eligible for support
- carers support needs
- support provided to carer or support purchased by LA
- Short break provided
- Replacement care provided

For Young Carers Statement:

responsible Authority for young carer

Appendix 2 West Dunbartonshire Local Carers Strategy Action Plan



West Dunbartonshire
Carers Development (

Appendix 3 West Dunbartonshire Carers Strategy



local-carers-strategy-
2020-2023.pdf

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Mental Health, Learning Disability and Addictions

21 February 2022

Subject: The Scottish Government Mental Health Recovery and Renewal Fund

1. Purpose

- 1.1** The purpose of the report is to update the West Dunbartonshire Health and Social Care Partnership Board on the new Scottish Government Mental Health Recovery and Renewal Fund which focuses on Psychological Therapies Improvement. The proposals have been considered by the Mental Health Programme Board; Mental Health Heads of Service; HSCP Chief Officers and NHS GG&C Corporate Management Team. This plan is hosted by Glasgow City IJB, and delivered in collaboration with HSCP across NHS GG&C.

2. Recommendations

- 2.1** it is recommended that the HSCP board;
- Note the funding made available by the Scottish Government for Phase 1 and Phase 2 Mental Health Recovery & Renewal priorities;
 - Note the centralised whole GGC approach to increasing the workforce, undertaken in the initial stages, the approach similar to that which is used for Action 15 monies in Adult Mental Health with budget delegated thereafter. Recruitment decisions will follow governance arrangements within each HSCP Board.

3. Background

- 3.1** The Scottish Government announced the Recovery and Renewal Fund for Mental Health in February 2021. The fund should be used to implement and deliver on the actions laid out in the Mental Health Transition and Recovery Plan.

- 3.2 Subsequently, the Scottish Government wrote to the NHS GG&C Chair, Chief Executive, Finance and Mental Health leads on 5th May 2021 to confirm the first tranche of the 2021-22 allocations. Direction included that these should be targeted towards clearance of any backlogs on waiting lists for Psychological Therapies (PT). Proposals for the utilisation of these funds, totalling £1,105,059 (non-recurring) were presented to and approved at the September Glasgow City IJB meeting.
- 3.3 The Scottish Government sent a subsequent letter on 1st October (**Appendix 1**). This provides an overview of the phase two allocation from the Mental Health Recovery and Renewal Fund to be made available over the remainder of 2021-22 to help improve access to Psychological Therapies.
- 3.4 The letter of 1st October directs where the next phase of funding should be targeted within Psychological Therapies:
- Increasing access to Psychological Therapies to ensure there is a continued reduction in Psychological Therapies waiting times.
 - Clinical posts and infrastructure to support the PT workforce.
 - Local improvement planning to reduce waiting times and longest waits.

4. Main Issues

4.1 Funding

The allocation to NHS Greater Glasgow and Clyde for this purpose is £860,115 (non-recurring).

- 4.2 Funding has been confirmed until 31st March 2022 and future funding will be confirmed as part of the overall budget process. This will, as usual, be subject to final agreement through the annual budget process. Such confirmation will be provided following approval of the annual Scottish Budget by the Scottish Parliament.
- 4.3 The plans for phase two of Psychological Therapies funding, as set out below, therefore assume recurring funding will be put in place.
- 4.4 Expected Outcomes and Timescale, Adult Psychological Therapies (**Appendix 2**) provides detail of the proposed spend to deliver against the Psychological Therapy funding. It is recommended that the specific amounts assigned to individual Partnerships are centrally co-ordinated, with investment plans aiming to achieve consistency in the level of service available to

patients across the Board. The proposed use and anticipated outcomes of the funding proposals will be:

- To increase clinical capacity and support the development of PT skills in the wider mental health workforce. Outcome: more nurses and occupational therapists (OTs) trained to deliver PTs in Board-wide and HSCP mental health services; increased numbers of patients seen by nurses and OTs; increased numbers of staff trained in psychological skills; reduction in numbers waiting beyond the target time and in numbers of people waiting for PTs in services.
- To increase training and supervision capacity to be able to support more psychology and CBT trainees and to increase skills development in the wider mental health workforce. Outcome: Increased numbers of psychology and CBT trainees and increased numbers of staff in the wider mental health workforce being trained in psychological skills.
- To increase staffing in the Board-wide 'Groups service' to enable it to extend its reach beyond Community Mental Health Teams (CMHTs) to other services, e.g. Addictions (ADRS), Clinical Health, Trauma. Outcome: To provide a wider range of treatment programmes and broaden the service's scope to include more services. Measurement: performance on wait times within the beneficiary services/ teams i.e. number of teams consistently reporting performance within target; or numbers breaching as a result of access to common PT groups in single team services (e.g. GPTS).
- To increase clinical capacity in the Board-wide peripatetic team, to reduce gaps resulting from vacancies. The peripatetic team deploys staff flexibly on a temporary basis to services in all the HSCPs and to Board-wide services with long wait pressures caused by staffing pressures e.g. maternity leave, longer term vacancies. Outcome: To improve staff retention within the peripatetic team; reduce the number of teams breaching the target due to temporary staffing pressures. Measurement: staffing retention in peripatetic team; number of teams breaching the target due to temporary staffing pressures.

- To increase senior psychology leadership capacity across the Board and all HSCPs by backfilling existing Leads' clinical sessions to retain clinical capacity. Outcome: Support for strategic planning, service improvements, and workforce development. Measuring progress against: PT Improvement Plan, e.g. improving access, outcomes and expanding the workforce.

5. People Implications

- 5.1** Staff partners will be involved in shaping these workforce developments.

6. Financial and Procurement Implications

- 6.1** The proposals have been developed to fit within the allocation from Scottish Government.

7. Risk Analysis

- 7.1** The currently non-recurring nature of the funding has implications for longer term sustainability. This will be monitored under the mental health strategy.

8. Equalities Impact Assessment (EIA)

- 8.1** Individual EQIAs will be completed as part of the strategy.

9. Environmental Sustainability

- 9.1** None

10. Consultation

- 10.1** This paper has been prepared in consultation with Chief Officers, NHSGGC Corporate Management Team and senior management representation from the six GG&C HSCPs.

11. Strategic Assessment

- 11.1** This new funding will support the five strategic priorities of the HSCP Board:
- Early Intervention
 - Access
 - Resilience
 - Assets

- Inequalities

12. Directions

12.1 NHS Greater Glasgow and Clyde

Sylvia Chatfield

Head of Mental Health, Learning Disability and Addiction

24th January 2022

Person to Contact	Sylvia Chatfield, Head of Mental Health, Learning Disability and Addiction 07973792397 Sylvia.Chatfield@ggc.scot.nhs.uk
Appendices:	Appendix 1: Letter from Scottish Government detailing allocation Appendix 2: 01/10/21 Funding spend
Background Papers	None

Directorate for Mental Health and Social Care

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Scottish Government
Riaghaltas na h-Alba
gov.scot

Directors of Finance, NHS Boards
Chief Finance Officers, Integration Joint Boards

cc.
Chief Executives, NHS Boards
Chief Officers, Integration Joint Boards
Directors of Psychology
Mental Health Leads

01 October 2021

Dear Colleague,

**MENTAL HEALTH RECOVERY & RENEWAL FUND – PHASE 2
PSYCHOLOGICAL THERAPIES SERVICES IMPROVEMENT**

I am writing to provide you with an overview of phase 2 allocations from the Scottish Government's Mental Health Recovery & Renewal Fund which will be provided to help improve access to Psychological Therapies. This will be followed up with specific allocation letters.

The Fund supports the delivery of actions set out in the [Mental Health Transition and Recovery Plan](#) to respond to the mental health need arising from the Covid-19 pandemic. It will also benefit the full agenda for mental health and wellbeing in line with the four areas of key need:

- Promote and support the conditions for good mental health and wellbeing at population level
- Providing accessible signposting to help, advice and support
- Providing a rapid and easily accessible response to those in distress
- Ensuring safe, effective treatment and care of people living with mental illness.

We appreciate colleagues' concerns around the issue of non-recurring funding as the £120 million Fund - allocated as a result of Barnett Covid-19 consequential funding – is for 2021-22 only. However, Ministers recognise that if we are to deliver real transformation, a significant amount of this investment will need to be made on a recurring basis. We hope that the commitments to increase direct mental health investment, contained in both the NHS Recovery Plan and this year's Programme for Government, will provide sufficient comfort that recurring funding will be available where it is required and would encourage you to plan on

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that basis, recognising the funding will need to be confirmed at the next Spending Review. We will continue to discuss with our stakeholders the extent of that requirement over the next few months.

An annual letter confirming funding will be provided following approval of the annual Scottish Budget by the Scottish Parliament.

Phase 1 Board Allocations 2021-22

Following on from the Minister's initial letter in March, in May 2021, you received a letter from Hugh McAloon, Mental Health Deputy Director, setting out details of allocations from the first phase of Recovery & Renewal funding. This included £5 million for PT which was allocated using the National Resource Allocation Committee (NRAC) mechanism.

Phase 2 Board Allocations 2021-22

I can now confirm that a further **£4 million** for 2021-22 is being allocated for other packages of PT improvement work, as set out below. This is for all Psychological Therapies which are being delivered out with CAMHS. Allocations have been calculated using the National Resource Allocation Committee (NRAC) formula with an additional £130k share for the three Island Boards included as a critical floor. The table below provides a breakdown of this funding, providing the full-year equivalent.

PT Improvement	2021-22 Part-year equivalent (£m)	Full-year equivalent (£m)	Allocated to
Local PT waiting lists	4	8	Territorial Boards (NRAC) + Island critical floor
Total	4	8	

Given that Psychological Therapies cover many areas of clinical care and pathways, and PT services for adults and older people are delegated to Integration Joint Boards (IJB), individual letters setting out Board allocations will also provide indicative IJB allocations.

This allocation of funding is for increasing access to Psychological Therapies (out with CAMHS) to ensure there is a continued reduction in Psychological Therapies waiting times. The allocation should be used for clinical posts and infrastructure to support the PT workforce. It should also be linked to local improvement planning to reduce waiting times and longest waits. Posts that are allocated to these monies should therefore be prioritised through local vacancy and recruitment processes to ensure services can meet demand of expected winter pressures.

It should also be noted that additional funding is also being allocated for different key areas of service delivery linked to the Transition and Recovery Plan. It is expected that the wider funding allocated to your Board and IJB for different clinical work streams should also include additional recruitment of practitioner psychologists to supervise and work with professionals trained in psychological therapies. This will further support psychological therapies waiting

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times and increased access to evidence based psychological interventions in all the areas of the Transition and Recovery plan highlighted below:

1. Whole population mental health	10. People who have suffered bereavement & loss
2. Employment (<i>supports by improving wellbeing</i>)	11. Distress interventions
3. Ensuring equity & equality	12. Suicide prevention
4. Socio-economic inequalities	13. Clinical rehabilitation & recovery from COVID-19
5. Relationships	14. A long-term, trauma-informed approach to recovery
6. Children, young people & families	15. Digital innovations
7. Women & girls' mental health	16. Mental health services
8. People with long-term health conditions & disabilities	17. Forensic mental health services
9. Older people Dementia	18. Mental health law Learning Disability and Autism

Spend this financial year

This funding is provided for the current financial year, 2021-22. If an underspend arises or is expected to arise in this financial year, this must be notified to Mental Health Division as soon as possible so we can consider whether this should be returned to Scottish Government. The funds should be used entirely for the purpose outlined above and should not be top sliced or used for any other purpose.

Progress Monitoring and Reporting

Progress will be discussed via Mental Health Division Performance Unit's regular programme of engagement with your Board Professional Lead for Psychology/Director of Psychology and relevant senior managers. This will complement and be co-ordinated as part of wider arrangements which support scrutiny and reporting, including local governance arrangements, workforce planning, Annual Operating Plans, and Board review processes.

Investment should be used to ensure that demand can be met at the earliest possible stage as people are increasingly able to access the right service in the right place at the right time. It is expected that Professional Lead for Psychology/Director of Psychology will have governance and oversight of the allocation of spend to ensure the resource is utilised in the most effective cross systems ways.

Other PT-related funding in 2021-22

Finally, I would like to make you aware that additional funding is being allocated in 2021-22 to deliver a national Scottish Psychological Early Intervention service. The aim of this service will be to offer integrated short evidence based early interventions through a digital platform and linked to whole population health. It will support access to psychological therapies, digital interventions, and self-help for those who may not require access to specialist services.

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Future funding will also follow and be clearly linked to the development of a new National Psychological Services Specification to ensure comparable, equitable and effective delivery of Psychology Therapies and Services across Scotland.

In order to support the implementation of the work outlined above, a National Implementation Support resource will be established to assist Boards in their work to implement the National Psychological Services Specification: Principles and Standards of Care. This will not be allocated to NHS Boards at this stage.

I hope that this letter has been helpful, and I would be grateful if you could pass this letter on to any relevant interests within your organisations. If you have any questions, please contact Luska Jerdin or Dr Lynne Taylor in the Scottish Government's Mental Health Division Luska.jerdin@gov.scot or Lynne.Taylor3@gov.scot.



Gavin Gray
Deputy Director, Mental Health & Social Care Directorate, Scottish Government

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ANNEX A

NHS BOARD ALLOCATIONS

NRAC ALLOCATION OF £4 MILLION SPEND FOR PT WITH ISLAND CRITICAL FLOOR

NHS Board	Allocation
Ayrshire and Arran	£285,598
Borders	£82,330
Dumfries and Galloway	£115,855
Fife	£263,805
Forth Valley	£210,859
Grampian	£377,077
Greater Glasgow and Clyde	£860,115
Highland	£255,265
Lanarkshire	£474,930
Lothian	£579,723
Orkney	£64,000
Shetland	£64,000
Tayside	£302,443
Western Isles	£64,000

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APPENDIX 2

Outcome	Proposal	Funding required
1. To increase clinical capacity and support the development of PT skills in the wider mental health workforce. Distributed across Board-wide and HSCP Mental Health Services, e.g. Trauma Services, Clinical Health, cCBT service, Addictions, Prison Healthcare, PCMHTs, CMHTs, etc.	9 x Band 7 CBT Therapists (nurses/AHPs/Social workers) with option to recruit interested staff wishing to undertake formal CBT training to diploma level on a preceptorship basis (Band 6 to 7).	£569k Recurring
2. To increase training and supervision capacity to be able to support more psychology and CBT trainees and to increase skills development in the wider mental health workforce.	6 x Band 7 Clinical Associates in Applied Psychology 7 x Band 4 Psychology Assistants	£379k Recurring £245k Recurring
3. To increase staffing in the Board-wide Groups Service.	2 x Band 4 Psychology Assistants (Band 4) in PT Groups Service 1 x Band 7 CAAP 1 x Band 4 Administrator	£70k Recurring £63k Recurring £35k Recurring
4. To increase clinical capacity in the peripatetic team – Board-wide services and all HSCPs.	3 x Band 8a Psychologist 1 x Band 7 Psychologist	£202k recurring £63k Recurring

5. To support the development of PT skills in the wider mental health workforce	0.4 Band 6 SPIRIT trainer	£22k Recurring
	0.2 Band 6 BA Trainer	£11k Recurring
	What's the Harm Training course	£10k Non-recurring
	MBT Skills Training course	£10k Non-recurring
6. To increase senior psychology leadership capacity across the Board and all HSCPs.	Backfill for existing local Psychology Leads. Equivalent of 4 clinical sessions.	£42k Recurring
	Total (for full year)	£1,721,000
	3 months (Jan 2021 – Mar 2022)	£430,000

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Report by Head of Mental Health, Addictions and Learning Disability****21 February 2022**

Subject: Alcohol and Drug Partnership Update**1. Purpose**

- 1.1** The purpose of the report is to inform the Health and Social Care Partnership (HSCP) Board of the progress in relation to the Scottish Government Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs in relation to the expectations of local governance arrangements for Alcohol and Drug Partnerships (ADPs).

2. Recommendations

- 2.1** The Board is asked to note the progress in relation to section 4 of the report.

3. Background

- 3.1** The Alcohol and Drug Partnership is the framework where statutory and non-statutory service providers assess plan and deliver services that are developed to prevent problem substance use, and provide treatment services for people directly and indirectly affected by problematic substance use.
- 3.2** The national policy landscape in relation to alcohol and drug harms has changed significantly since January 2021. A national mission has been launched to reduce drug deaths with a recognition that drug harms and drug deaths are closely associated within socio economic inequality.

The delivery of the national mission will result in increased scrutiny for Alcohol and Drug Partnerships, and Health and Social Care Partnerships to provide effective service delivery and improve outcomes for people experiencing severe and multiple disadvantage.

4. Main Issues**4.1 Scottish Government Funding Allocation**

The Scottish Government announced several funding streams to support the delivery of the national mission to reduce drug deaths. The funding streams are for specific ring fenced purposes. These are;

- National Mission priorities

- Adopting a Whole Family Approach
- Increased access to residential rehabilitation

The Scottish Government have also communicated that Programme for Government monies would continue during the course of the Scottish Parliament to support the national mission of reducing drug deaths. The amount available for the Alcohol and Drug Partnership will be dependent on monies allocated to the Scottish Government through the comprehensive spending review undertaken in November 2021 by the UK Treasury.

The ADP continue to advocate with colleagues within Scottish Government for an alternative funding formula in future financial years that proportionately reflects the area nature of drug harms and drug deaths.

4.2 Improvement Recommendations

The Scottish Government published eight improvement recommendations that will have an impact on Alcohol and Drug Partnerships, Health and Social Care Partnerships, and wider Community Planning Partnerships. The eight recommendations are included as Appendix 1. Key recommendations include;

- A clear focus of performance reporting
- Greater emphasis on accountability with a specific requirement that Chief Finance Officers sit on ADPs and provide financial reassurance on funding decisions ensuring underspend is reinvested into the ADP strategy.
- Assessment of financial contributions in meeting meet the national mission
- Improved planning and annual needs assessments

4.3 Governance Arrangements

There have been a range of improvement actions taken to ensure governance arrangements within the Alcohol and Drug Partnership. This will ensure partnership agencies are working more effectively in partnership to deliver improved outcomes in line with national policy priorities.

The improvement actions include the development of a Recovery Oriented System of Care steering group. This governance group will ensure all partner agencies are aware of and are implementing this critical paradigm model within the local area.

Several action plans have been developed. These plans will be incorporated within a revised delivery plan.

4.4 Commissioning

The Alcohol and Drug Partnership recognised the need for improved process in regard to commissioning third sector specialist alcohol and drug service providers. A commissioning group has been established within the Alcohol

and Drug Partnership to ensure appropriate mechanisms are in place. This will ensure commissioned specialist alcohol and drug services delivered vital services in accordance with contract management processes.

4.5 System Wide Rights Based Awareness Training

The Alcohol and Drug Partnership is the first area in Scotland to take forward system wide human rights based awareness training. Around 300 staff across partner agencies have participated in the one day training provided by Reach Advocacy. This approach has been viewed very positively by colleagues in the Drug Death Taskforce, Public Health and Scotland and Scottish Government.

4.6 Needs Assessment

A draft needs assessment has been submitted to the Alcohol and Drug Partnership in 2021. A final version will be submitted to the ADP in May 2022. Initial findings highlighted;

- Drug harms and drug deaths concentrated within specific communities in West Dunbartonshire
- High levels of people with severe and multiple disadvantage
- Increased number of people accessing services
- Significantly higher number of drug and alcohol harms in West Dunbartonshire compared to Scottish average
- A need for improved partnership working between agencies

The needs assessment will provide information for the upcoming HSCP Strategic Needs Assessment, as well as HSCP Locality Plans which are in development.

4.7 Service Gaps

The needs assessment identified a range of different service delivery areas. The Alcohol and Drug Partnership have plans to meet these service gaps after receiving additional monies from the Scottish Government. These include:

- A family support worker
- A dedicated worker for young people with problematic substance use
- Near Fatal Overdose Project

Partner agencies have also submitted funding bids to the Corra Foundation for projects to meet service gaps identified. These include;

- Multi agency workers to support people with severe and multiple disadvantage
- Aftercare workers

- Family support workers to support parents affected by problematic substance use.

4.8 Medication Assisted Treatment (MAT) Standards

The Medication Assisted Treatment Standards were launched by the Scottish Government in 2021. These new standards are underpinned by existing legislation and will place a duty on all specialist alcohol and drug services to provide a minimum level of services for people accessing support. Performance on meeting these new standards will be published.

The Alcohol and Drug Partnership has received funding to support the implementation of the standards. These include;

- Support for same day prescribing
- Support for people who require co-occurring drug and mental health support
- Psychosocial intervention support
- A Rights Based Advocacy Service
- Assertive Outreach service

4.9 Delivery Plan and Performance Reporting

A revised delivery plan will be developed in early 2022. This delivery plan will include all actions associated with the Alcohol and Drug Partnership in accordance with the Partnership Delivery Framework agreed with the Scottish Government.

Performance in meeting the actions contained in the revised delivery plan will be updated within Pentana to reflect the significant changes in Alcohol and Drug Partnership activity.

The revised delivery plan and updated Pentana report will be submitted at subsequent meetings.

5. Options Appraisal

5.1 Not applicable

6. People Implications

6.1 The work to deliver on the work within the ADP is within existing staffing structures.

7. Financial and Procurement Implications

7.1 Financial plans are being developed as a result of the new funding arrangements.

8. Risk Analysis

8.1 There are no risks associated with this paper.

9. Equalities Impact Assessment (EIA)

9.1 An equalities impact assessment is required for the West Dunbartonshire ADP strategy in accordance with the Fairer Scotland Duty. This will be developed and published in accordance with legislation.

10. Environmental Sustainability

10.1 Not applicable

11. Consultation

11.1 There is no consultation required for this report.

12. Strategic Assessment

12.1 The work of the Alcohol and Drugs Partnership contributes to the achieving the Health and Social Care Partnership (HSCP) strategic outcomes and priorities.

12.2 The Alcohol and Drug Partnership DP also coordinates the HSCP response alcohol and drugs and inequalities in line with the Scottish Government Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs.

<https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/pages/2/>

13. Directions

13.1 Not applicable

Name Sylvia Chatfield

Designation Head of Mental Health, Addictions & Learning Disability

Date 24th January 2022

Person to Contact Barry Sheridan
Email barry.sheridan@ggc.nhs.scot.nhs.uk

Appendices Appendix 1 Scottish Government Improvement Recommendations

Background
Papers Medically Assisted Treatment Standards

<https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/#:~:text=MAT%20standards%20are%20evidence%20based%20and%20aim%20to,Scotland%20has%20a%20high%20level%20of%20drug-related%20deaths.>

Please find below eight recommendations that are being considered as part of the implementation of the National Mission to reduce drug deaths and the implementation of Rights, Respect and Recovery in local communities. These recommendations have been informed through engagement with local Alcohol and Drug Partnership officers.

The Scottish Government and COSLA coproduced the Partnership Delivery Framework for Alcohol and Drug Partnerships which was published in 2019. Given the increased focus on drug deaths we need to look at options for increasing the speed of implementation of this framework. Additional suggestions of methods of improvement are welcome.

The Scottish Government are keen to emphasise the importance of local Alcohol and Drug Partnerships and reinforce our commitment to good local strategic planning, engagement and leadership whilst increasing the pace of delivery.

The Scottish Government and COSLA are seeking feedback on the proposed areas for action below.

ACTION 1: Implement the Partnership Delivery Framework which underpins ADP governance

MEASURABLE PERFORMANCE: Recommendation 1 – We will implement a Quality Assurance process to support ADP performance against the Partnership Delivery Framework and local delivery of Mission priorities. The assessment process will be a combination of local self-assessment, ADP peer-to-peer assessment and external validation. An external agency will be commissioned to validate the assessment process. We will replace the current ADP Annual Report format with a self-assessment framework. We will facilitate new alliances and synergies between clusters of ADPs facing similar challenges to support the sharing of good practice and innovation. We will seek assurance and ensure that there is specific Improvement Methodology Training available to ADPs locally and nationally and we will support progress towards Whole System Approaches to drug and alcohol issues.t

STANDARDISE AND IMPROVE PLANNING: Recommendation 2 – The Scottish Government will develop and supply an Annual Delivery Plan format and require local ADPs to submit an Annual Delivery Plan in month eight each year; the Scottish Government will establish a Mission Scrutiny Group to ensure Annual Delivery Plans are in line with national priorities; evidenced based; meet local needs and based on gaps identified in the self-assessment

STANDARDISE GOVERNANCE: Recommendation 3 – We will require ADPs to have a Service Level Agreement (SLA) specifying local partner's contribution and commitment to delivering the Partnership Delivery Framework and Mission priorities. The SLA will detail investment of direct resource, local financial investments and "in kind" resources and detail cross-system prioritisation within, for example, Health and Social Care Partnerships; Children's Services Boards, Community Justice Partnerships and Community Planning Partnerships to be deployed to implement the Annual Delivery Plan; outcomes to be achieved by providers; request senior

accountable officers to submit to the Scottish Government via their ADP an audit of direct, indirect and in kind resources directed to the local delivery of the Mission; The SLA will specify the relationship between the ADP and the IJB and will specify how decisions and directions from the IJB to services outwith IJB scope e.g. Children's Service, Police, housing will be issued; SLA will specify how governance arrangements are supported to ensure resources are deployed at pace to support the Mission

ACTION 2: Strengthen existing approaches to ADP governance including annual reports and approaches to planning

STRENGTHEN RESPONSIBILITY: Recommendation 4 – we will specify the relationship between ADPs and senior accountable officers, and specifically, the relationship between ADPs and Public Protection arrangements in local areas ensuring that there is clear responsibility for reducing substance use mortality and harm that sits with local Chief Officers Groups. We will specify that the HSCP Chief Finance Officer (CFO) is required to sit on the ADP and provide assurance regarding funding and require service underspends to be reinvested into ADP strategy. We will require the CFO to provide routine financial reporting to ADPs meetings and provide the Scottish Government with an annual financial report. The above will be included in an Annexe to the Partnership Delivery Framework

STANDARDISE OUTCOMES: Recommendation 5 - Develop a menu of evidenced based standardised outcome measures to support and underpin the evaluation of Rights, Respect & Recovery and the National Mission; in addition to establishing standardise national outcomes we will support local areas to develop local outcome measures in a standardise format and share cross system learning

ACTION 3: Establish and test formal arrangements to enable ADPs to effectively quality assurance and improve services

ESTABLISH ACCOUNTABILITY FOR TARGETS: Recommendation 6 - With publication of Medication Assisted Treatment standards and consideration being given to the establishment of a Mission Target/s we will ensure that the appropriate Chief Officer/s responsible for the relevant system, work with ADPs and are accountable for the delivery of any targets / expectations for delivery.

STANDARDISE AND IMPROVE NEEDS ASSESSMENT: Recommendation 7 - ensure Public Health Scotland works with local NHS Public Health Departments to supply ADPs with an annual needs assessment to inform their Annual Delivery Plan and National Priorities

ACTION 4: Strengthen the relationship between ADPs and the Scottish Government

REAFFIRM COMMITMENT TO LOCAL ADPS: Recommendation 8 – seek to strengthen the relationship at national and local levels across public sector, including the Scottish Government, and demonstrate commitment to local strategic planning, local co-production and service delivery.

Promote a whole system approach at a national level to alcohol and drug issues and the key role of ADPs. Seek to ensure that frontline workers (public and 3rd sector services equally; doctors, nurses, social workers, care workers, volunteers; psychologists etc) and all staff committed to improving the harms of drug and alcohol

issues are equally valued and their contribution is recognised. Support efforts to ensure to ensure that the alcohol and drug sector is a modern, inclusive, dynamic and exciting place to work. Seek to highlight the importance of the National Mission and the need to deliver improvements at pace nationally and locally. We will engage with local areas and seek assurance that adequate resources are in place to support ADPs and local delivery of national priorities.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

Report by Chief Officer, Housing and Employability

21 February 2022

**Subject: West Dunbartonshire Local Housing Strategy 2022 – 2027 –
More Homes Better Homes West Dunbartonshire**

1. Purpose

- 1.1** The purpose of this report is to present the Council's new Local Housing Strategy (LHS) for the five year period 2022 – 2027 to the West Dunbartonshire Health and Social Care Partnership.

2. Recommendation

- 2.1** It is recommended that the HSCP Board:

- i) Note the final West Dunbartonshire Local Housing Strategy 2022-2027 as appended to this report;
- ii) Note the establishment of the Local Housing Strategy Delivery Board which will oversee the implementation of the Local Housing Strategy; and
- iii) Note that an Annual update report will be presented to the West Dunbartonshire Health and Social Care Partnership Board.

3. Background

- 3.1** The Housing (Scotland) Act 2001 ('the 2001 Act') places a statutory requirement on local authorities to produce a LHS that sets out its strategy, priorities and plans for the delivery of housing and related services.
- 3.2** This plan builds on the success of its predecessor More Homes Better Homes West Dunbartonshire Local Housing Strategy 2017 – 2022, approved by Housing and Communities Committee on 2 November 2016, and seeks to address emerging housing challenges.
- 3.3** The LHS is the Council's overarching strategic document on housing and housing support issues and has a key role to play in the effective integration of health and social care. The Local Housing Strategy (LHS) sets out how West Dunbartonshire Council and its partners plan to respond to the housing and housing related opportunities and challenges over the next five year period 2022/2023 – 2026/2027

3.4 It demonstrates the local authority's strategic approach to dealing with key housing related issues such as:

- Delivering high quality housing and housing related services across all tenures
- Setting out its contribution to the effective integration of health and social care
- Showing how the LHS is supporting the Scottish Government National Outcomes and Targets, whilst reflecting the needs and priorities of the local authority area.

3.5 The Scottish Government also requires local authorities to submit a biennial Strategic Housing Investment Plan (SHIP) indicating how investment in affordable housing will be directed over the five year period with a view to achieving the LHS outcomes.

3.6 Increasing the supply of new housing is a high profile national priority. The Council welcomed the Scottish Government's 50,000 new affordable homes target by 2021 under the More Homes Scotland banner and supports the continuation of the social house building programme which sets a target of 110,000 new homes, 70% of which will be affordable, across Scotland by 2032. The annual Strategic Housing Investment Plan (SHIP) links to the LHS and details the new affordable housing priorities in West Dunbartonshire.

3.7 The new West Dunbartonshire LHS was approved by West Dunbartonshire's Housing and Communities Committee on 2nd February 2022.

4. Main Issues

4.1 Strategic Policy Framework

4.1.1 The Local Housing Strategy is set within, and contributes to, a wider strategic policy framework at both a local and national level. The LHS sets out the Strategic Policy Framework, both locally and nationally, and outlines the contribution it will make to the delivery of key strategies, in particular the following:

Housing to 2040

Housing to 2040 sets out the Scottish Government's ambition for everyone to have a safe, good quality and affordable home that meets their needs in the place they want to be. It is the overarching policy paper on Housing and related issues.

West Dunbartonshire Council Strategic Plan 2017 – 2022

The WDC Strategic Plan sets out the vision and direction for Council services over a five year period and details priorities and outcomes. The plan is accompanied by a scorecard showing progress made on the priorities.

West Dunbartonshire Health and Social Care Partnership Strategic Plan 2019 – 2022

This plan outlines the vision for the delivery of integrated health and social care services across West Dunbartonshire.

West Dunbartonshire Equalities Mainstreaming and Outcomes Report 2021 - 25

This report sets out how West Dunbartonshire Council will fulfil its obligations under the general duty as defined in the Equalities Act 2010. It contains details of Equality Outcomes and performance indicators showing what progress has been made

A Fairer Scotland for Disabled People Delivery Plan (2016 – 2021)

The aim of this plan is to remove the barriers that isolate, exclude and so disable the individual and instead promote an independent living model in which all disabled people are able and supported to live their lives with freedom, choice, control and dignity, participating equally alongside other citizens in their families, communities, workplaces and wider society.

Race Equality Framework and Action Plan (2016 -2030)

The Scottish Government is determined to show leadership in advancing race equality, tackling racism and addressing the barriers that prevent people from minority ethnic communities from realising their potential.

Getting It Right for Every Child (GIRFEC)

GIRFEC is the Scottish Government's policy supporting families by making sure children and young people can receive the right help, at the right time, from the right people.

Tackling Child Poverty Action Plan (2018 – 2022)

This plan details the measures being taken to eradicate child poverty in Scotland through partnership working. Housing has a vital role to play in its delivery.

Health Inequalities Reform Programme 2018

To improve Scotland's health and wellbeing we need to work together to shift our focus towards preventing ill health, reducing inequalities and working more effectively in partnership.

The Scottish Government's Autism Strategy 2011

Autism is a national priority.

Good Mental Health for All – NHS Scotland 2016

'Good Mental Health for All' is an initiative developed by Public Health Scotland and endorsed by the Scottish Government and the Convention of Scottish Local Authorities which sets out a vision to improve mental health and wellbeing

4.2 The Consultation Process

4.2.1 Local authorities have a statutory duty to involve, consult and engage with as wide a range of their residents as possible. The Housing (Scotland) Act 2001 requires local authorities to consult on the preparation of their LHS.

4.2.2 The Covid-19 pandemic inevitably impacted on our consultation process and required that we carried out the exercise in new ways. For example in person meetings were replaced by virtual ones and instead of running two surveys we decided to run a single, more detailed survey reflecting the more online nature of consultation.

4.2.3 The consultation process included:

- An invitation to comment to all relevant organisations on the Council's corporate Community Group Distribution List, together with an offer to speak directly to the group
- Two consultative sessions with the West Dunbartonshire Tenants and Residents Organisation
- Presentations were made to the West Dunbartonshire Strategic Housing Providers Forum which brings together all the RSLs operating locally
- The draft LHS was shared with neighbouring Local Authorities through the umbrella Glasgow City Region Housing Market Partnership
- A range of social media outlets including the Council's website, twitter and Facebook
- Local press, the Council's *Housing News* quarterly periodical, library and other noticeboard outlets.

4.2.4 A series of eight thematic workshop consultation events were held in August 2021 followed by a special meeting of the Housing Solutions Partnership. These generated good discussion constructive feedback on the consultative draft LHS

4.2.5 A very successful online survey was carried out which resulted in 130 returns. A report on the consultation exercise has been posted on the Council's LHS web pages.

4.3 Five Key Themes

4.3.1 The LHS 2022 – 2027 is organised under 5 key themes:

- Housing need and demand
- Promoting quality homes
- Homelessness and housing options
- Place and community
- Supported, Specialist and Particular Needs housing.

4.3.2 The LHS details the issues around each of the five key themes. Each section concludes with a series of key actions for inclusion in the performance management Action Plan, which is appended to the LHS.

4.4. Main Issues by Key Theme

4.4.1 Housing Need and Demand

This chapter focuses on issues around population and household projections and what these mean for housing and future supply in West Dunbartonshire. The main points include:

- i) The projected housing need and demand for West Dunbartonshire over the next five years as set out in the Housing Needs and Demand Assessment (HNDA). The HNDA is the tool we use to define the housing supply base for the Local Housing Strategy and the Housing Land Allocation for the strategic and local development plans. It provides estimates of the amount, and likely tenure, of additional housing required to meet existing and future demand. The HNDA analyses the need for social rented housing at a local authority level. Meanwhile, the demand for private sector (owner-occupation and private rented) houses were considered within a framework of housing market areas which reflect the way the private market operates across the eight local authorities within the Glasgow City Region Housing Market Partnership and expressed in its Clydeplan HNDA.

- ii) Conclusions: The Housing Need and Demand Assessment demonstrates both a clear need and demand for housing in West Dunbartonshire. Demographics play an important part in these trends and this was supported by our survey responses and HIIA findings which show that young and older people, along with single adult households have particular challenges accessing housing which meets their needs and is affordable.

4.4.2 Promoting Quality Homes

This chapter focuses on the physical quality of the properties in West Dunbartonshire, across all tenures, and issues such as energy efficiency and fuel poverty. Key points include:

- i) This chapter provides detailed information of the nature of the housing stock composition across West Dunbartonshire and on its condition and energy efficiency.
- ii) Conclusions: Quality homes are the foundation of many of our ambitions including reducing our impact on the environment, reducing fuel poverty and supporting the health and wellbeing of our residents. Achieving these goals will require effort, not only from ourselves, but also our strategic partners, home owners and private landlords. In order to help everyone contribute towards these ambitions, education is important. Our survey identified that 70% of people did not know that we offered an energy advice service. Therefore we will look to promote the energy advice service to our residents and enable the energy advice officer to link in with colleagues in housing operations and Working4U to ensure that households are helped to increase their incomes.

4.4.3 Homelessness and housing options

Tackling homelessness has been a focus of Scottish Government policy. While significant measures have been taken to address issues around homelessness, there is an ambition to do more to ensure that people experiencing homelessness can access the accommodation and support they need. This ambition focuses on preventing homelessness in the first place and then preventing it from recurring through the provision of supportive pathways. Key points include:

- i) Homelessness remains a serious issue in West Dunbartonshire, especially among young people aged 16-24, and details our response particularly through a Rapid Rehousing Approach.

- ii) Conclusions: Prevention of homelessness has, and will continue to be, our focus. We have already put in place a number of policies and pathways to support people and households at risk of homelessness to understand their housing options. We understand that as the HASARG recommendations come into place other public sector bodies such as education and health services will have a responsibility to prevent homelessness. We know that making the right information available including on tenant rights can be crucial in preventing homelessness and averting crisis. Therefore, as more information about the Prevent duty is available we will work with our partners to develop a joint approach to helping them fulfil this duty. We already have a good working relationship with a number of partners and this action will build on those relationships.

4.4.4 Place and Community

Our places, our towns, and communities are where many of the ambitions of this strategy intersect. The physical buildings, which provide us with homes, sit within and help create places and therefore we must work to make these places the best that they can be. This section considers our contribution to creating high-quality places which are safe, vibrant, and community-focused and are home to people who are healthier and happier. Such communities will encourage people to take fewer car journeys and instead travel safely and pleasantly by foot, bike or public transport, bringing individual health and wider sustainability benefits.

Key points include:

- i) Placemaking is a public health priority for the Scottish Government. High-quality places and design is also a priority for the Council and our Local Development Plan 2 sets out how we will promote such initiatives, including through 20-Minute Neighbourhoods. This section outlines housing's contribution to delivering on these ambitions.
- ii) In preparing the LHS, housing regeneration areas were designated where a degree of prioritisation would be given to projects in specific areas, linked to wider social and economic outcomes. The new LHS proposes that for the period of the plan, the following areas will be considered as housing regeneration areas:
- Haldane, Balloch
 - Bonhill, Alexandria
 - Bellsmyre, Dumbarton
 - Brucehill, Dumbarton
 - Westcliff, Dumbarton
 - Castlehill, Dumbarton
 - Mountblow, Clydebank
 - Dalmuir, Clydebank

- Drumry, Clydebank
 - Faifley, Clydebank
 - Clydebank East, Clydebank.
- iii) Conclusions: Places and communities are vitally important to both our resident's health and well-being and our ambitions to reduce our impact on the environment. Indeed, our survey findings suggest strong support for the idea of 20 minute neighbourhoods and the opportunity they present to improve our places. However, housing is only one part of our places and we do not have control over every element of our places but we will endeavour to work with colleagues in other teams for example roads and their active travel strategy ensuring that our homes contribute the best they can. We will commit to carrying out at least one 20 minute neighbourhood review per year with our colleagues and communities where appropriate.

4.4.5 Supported, Specialist and Particular Needs Housing

- i) Housing has an important role to play in health because homes can impact on people's health in a way that few other factors can. Homes are where people spend a significant portion of their time and the links to physical health are clear but homes also invoke feelings of safety and security and therefore have important connections to mental health too.
- ii) Having access to the right housing can deliver positive mental and physical outcomes and this is particularly the case for those who require specialist accommodation, support to live independently or have housing requirements that vary from other groups.
- iv) Conclusions: This chapter sets out how we plan to ensure these groups have access to the housing and support they require. This will require close working across Council services and in particular with our colleagues in the Health and Social Care Partnership (HSCP).

4.5 Launch and Monitoring and Evaluation Framework

- 4.5.1** After approval of the draft strategy by the Housing and Communities Committee on 3rd November 2021 it was submitted to the Scottish Government as required. Whilst the Scottish Government have acknowledged receipt and made some initial positive comment, the impact of the increased Scottish Government resilience planning around the pandemic has delayed the intended peer review that was planned for late 2021. It is now anticipated that the peer review will take place in the Summer of 2022 and we currently await confirmation of this. The outcome of the peer review will be discussed at a future meeting of the soon to be established Local Housing Strategy Delivery Group, and will inform a future update report to the Housing and Communities Committee.

4.5.2 Outline actions have been drawn up and are incorporated into all five key themes within the Local Housing Strategy and a more detailed Action Plan has been developed to include indicators measuring performance against agreed timescales. It has also been proposed that the Local Housing Strategy steering group be maintained as the Local Housing Strategy Delivery Board and will meet on a quarterly basis and be chaired by the Chief Officer, Housing and Employability to ensure the successful implementation and monitoring of the Local Housing Strategy.

4.5.3 Progress on the delivery of the LHS outcomes will also be monitored through:

- An annual Progress Report to Housing and Communities Committee and Health and Social Care Partnership Board around May of each year;
- Annual presentation and update to WDTRO (West Dunbartonshire Tenants and Residents Association); and
- Quarterly progress updates to housing association partners and the Scottish Government at the West Dunbartonshire Strategic Housing Providers Forum.

4.5.4 Elements of the LHS form part of the Scottish Social Housing Charter and will be components of the Annual Return of the Charter (ARC) to the Scottish Housing Regulator.

4.5.5 The Local Housing Strategy is the overarching strategic document for housing and housing support issues across West Dunbartonshire, it is proposed that following this HSCP Board meeting, the strategy is formally launched and the Council's corporate communications team will ensure that this is achieved in the most appropriate way.

5. People Implications

5.1 There are no people implications associated with this report.

6. Financial and Procurement Implications

6.1 There are no direct financial implications in relation to this report, although the delivery of the LHS will entail bringing together a number of resource streams from the Council and partner organisations.

7. Risk Analysis

7.1 This strategy has been drawn up in a volatile policy environment and where there continues to be economic and political uncertainty, including around Brexit. The strategy will be subject to regular scrutiny and annual review.

- 7.2** The outcomes contained in this strategy will be dependent upon ongoing resource commitments from a wide range of partners in both the public and private sector.

8. Equalities Impact Assessment

- 8.1** A series of Health Inequality Impact Assessments were carried out on each of the 5 themes of the Strategy which concluded that its impact would be overwhelmingly positive. A summary report is available as a background report and has been posted on the Council's website as a background paper to the LHS. This also incorporates the Equalities Impact Assessment. The introduction of the Health Inequality Impact Assessments to the development of a LHS is a first across Scotland and as such we anticipate some national interest in such a positive approach.

9. Strategic Environmental Assessment (SEA)

- 9.1** A Strategic Environmental Assessment pre-screening report has been carried out which has determined that a SEA is not required as the LHS sits within the framework of the Clydeplan SDP and the West Dunbartonshire Local Development Plan (Proposed Plan) 2015. The SDP defines the spatial strategy while the LDP allocates specific sites to meet identified demand. Strategic Environmental Assessments have been carried out in respect of both these plans.

10. Consultation

- 10.1** The widespread consultation involved in preparing the LHS is summarised at 4.2 above. A Consultation Summary report has been posted on the Council's website.

11. Strategic Assessment

- 11.1** The Local Housing Strategy is the overarching strategic document for housing and housing support issues across West Dunbartonshire. It supports all the Council's key strategic priorities.

Peter Barry
Chief Officer Housing and Employability
14 February 2022

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Appendices: 1. West Dunbartonshire Local Housing Strategy 2022 -2027

Background Papers: HIIA summary report
Local Housing Strategy EIA
SEA Screening
LHS Consultation Summary

Wards Affected: All



WEST
DUNBARTONSHIRE
COUNCIL

Local Housing Strategy 2022 - 2027

Foreword by Councillor Diane Docherty



Councillor Diane Docherty,
Convenor of Housing and Communities Committee

I am delighted to introduce West Dunbartonshire's new Local Housing Strategy, which sets out our vision for Housing and Housing Support services across West Dunbartonshire for the period 2022 – 2027.

The aim of this strategy is to focus on the five key themes of Housing Need and Demand; Promoting Good Quality Homes; Homelessness and Housing Options; Place and Community; and Supported, Specialist and Particular Needs Housing.

We know that good quality housing is an essential feature of any thriving community and as a Council, we are committed to ensuring that our residents have housing which not only meets their needs, but is safe, secure and desirable.

This strategy will allow us to build upon the existing work the Council has already undertaken to improve Housing provision across West Dunbartonshire, with renewed focus on our new build housing programme

More Homes West Dunbartonshire; maximising energy efficiency in all our homes; encouraging locally-focused lifestyles; and promoting and sustaining equality and inclusion.

Furthermore, the strategy demonstrates our commitment to continue to make progress with enhancements to housing provision locally, while also supporting national efforts. I look forward to joining forces with our communities and partners to see our plans progress.



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Introduction

The Local Housing Strategy (LHS) sets out how West Dunbartonshire Council and its partners plan to address the housing, and housing related opportunities and challenges, over the next five year period 2022/2023 – 2026/2027.

This new plan aims to build on the significant progress made on the issues identified in the previous LHS 2017-2022 and to address newly arising housing matters particularly in response to the Covid crisis.

The **Housing (Scotland) Act 2001** ('the 2001 Act') places a statutory requirement on local authorities to produce a LHS that sets out its strategy, priorities and plans for the delivery of housing and related services.

It should demonstrate the local authority's strategic approach to dealing with key housing related issues such as:

- **Delivering high quality housing and housing related services across all tenures.**
- **Setting out its contribution to the effective integration of health and social care.**
- **Showing how the LHS is supporting the Scottish Government National Outcomes and Targets, whilst reflecting the needs and priorities of the local authority area.**

The 2001 Act requires the LHS to be supported by an assessment of housing provision including the need and demand for housing and related services, that it must be submitted to Scottish Ministers, and that local authorities must keep their LHS under review. Local authorities are encouraged to report on progress annually as part of the monitoring process, employing an Outcome Action Plan to gauge progress.

The Scottish Government issued **guidance** in September 2019 to assist local authorities in the preparation of their strategies.

The Scottish Government expects the LHS to be developed in collaboration with stakeholders, including residents and tenants with equality issues embedded throughout including in housing advice, homelessness, procurement, new build and refurbishment, specialist housing services, housing management services, allocations and private sector housing.

The LHS is a corporate document, agreed and supported by all relevant local authority departments with the Housing Development team of the Council's Housing Services leading on its development. The development of the LHS has been taken forward in association with colleagues from the West Dunbartonshire Health and Social Care Partnership, demonstrating the vital role housing has to play in the integration of health and social care services.

This plan builds on the success of its predecessor, the **More Homes Better Homes West Dunbartonshire Local Housing Strategy 2017 – 2022**, and seeks to address emerging housing challenges.

Strategic Framework

The Local Housing Strategy is set within, and contributes to, a wider strategic policy framework both local and national. While this strategy is being written at a particularly fluid period in terms of strategic planning, it notes the key policy documents influencing our direction over the next five years.

The LHS will be influenced by and help to deliver on the following principal background policy documents:

Housing to 2040:

Housing to 2040 sets out a Vision for Housing in Scotland to 2040 and a Route Map to get there. It aims to deliver the Scottish Government's ambition for everyone to have a safe, good quality and affordable home that meets their needs in the place they want to be.

Housing to 2040 is the culmination of an extensive consultation with stakeholders carried out by the Scottish Government, which included the publication of a discussion paper in 2018 and a draft vision in 2019. It sets out the drivers of change that will impact the housing system over the next twenty years, including population and health (noting an ageing population across the country and depopulation in some rural areas), technology, energy and climate change. It outlines the route map to take housing policy forward.

The key ambitions detailed in Housing to 2040 align with those of West Dunbartonshire Council and the paper will help inform our housing policies and delivery plans as contained in this LHS. The route map is presented in four parts:

More homes at the heart of great places:

Sets a target to deliver an additional 110,000 affordable homes by 2032, with at least 70% of these to be for social rent and of a higher standard, especially in terms of energy efficiency, connectivity and outdoor space.



target to deliver
an additional
110,000
affordable homes by
2032

Placemaking and community involvement, including around town centres, is promoted, with the Planning system encouraging the idea of 20-minute neighbourhoods to encourage well-being.

Affordability and choice:

Here the Scottish Government outlines its commitment to delivering equality in housing around themes such as ending homelessness, improving accessibility, and ensuring the housing system operates fairly across all tenures including the private rented sector.

Affordable warmth and zero emission homes:

All new social housing is to be zero emissions by 2026. The energy efficiency and de-carbonisation agenda will also apply to existing homes. The value of modernising construction methods, building up supply chains and growing the skills required to deliver on these ambitions is emphasised.

Improving the quality of all homes:

No matter what tenure, everyone who wants to is enabled to live independently in comfort in their own home. Standards will be tenure neutral and the importance of connectivity recognised.

West Dunbartonshire Health and Social Care Partnership Strategic Plan 2019 - 2022:

This plan outlines the vision for the delivery of integrated health and social care services across West Dunbartonshire. It contains a Housing Contribution Statement which sets out the role and contribution of the local Housing Sector – through 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. Chapter 5 Particular Housing below provides more detail on our plans for the role of housing in the integration of health and care.

A Fairer Scotland for Disabled People Delivery Plan 2016 - 2021:

The aim of this plan is to remove the barriers that isolate, exclude and so disable the individual and instead promote an independent living model in which all disabled people are able and supported to live their lives with freedom, choice, control and dignity, participating equally alongside other citizens in their families, communities, workplaces and wider society.



Race Equality Framework and Action Plan 2016 - 2030:

The Scottish Government is determined to show leadership in advancing race equality, tackling racism and addressing the barriers that prevent people from minority ethnic communities from realising their potential. The Race Equality Framework for Scotland sets out how the Scottish Government aims to progress this ambition over a 15-year period from 2016 to 2030.

Getting It Right For Every Child:

Tackling GIRFEC is the Scottish Government’s policy supporting families by making sure children and young people can receive the right help, at the right time, from the right people. The aim is to help them to grow up feeling loved, safe and respected so that they can realise their full potential.

Tackling Child Poverty Action Plan 2018 - 2022:

This plan details the measures being taken to eradicate child poverty in Scotland through partnership working. Housing has a vital role to play in its delivery.

Health Inequalities Reform Programme 2018:

To improve Scotland’s health and wellbeing we need to work together to shift our focus towards preventing ill health, reducing inequalities and working more effectively in partnership. This will require a different way of working that supports everybody as part of a whole system to move towards a shared vision for public health. Success will be judged against the major public health challenges facing Scotland:

- **Scotland’s relatively poor health.**
- **The significant and persistent health inequalities.**
- **Unsustainable pressures on health and social care services.**

The Scottish Government and COSLA agreed six Public Health Priorities in June 2018. These are intended to support national and local partners across Scotland to work together to improve healthy life expectancy and reduce health inequalities in our communities.

- **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 Scottish Government’s Autism Strategy 2011:

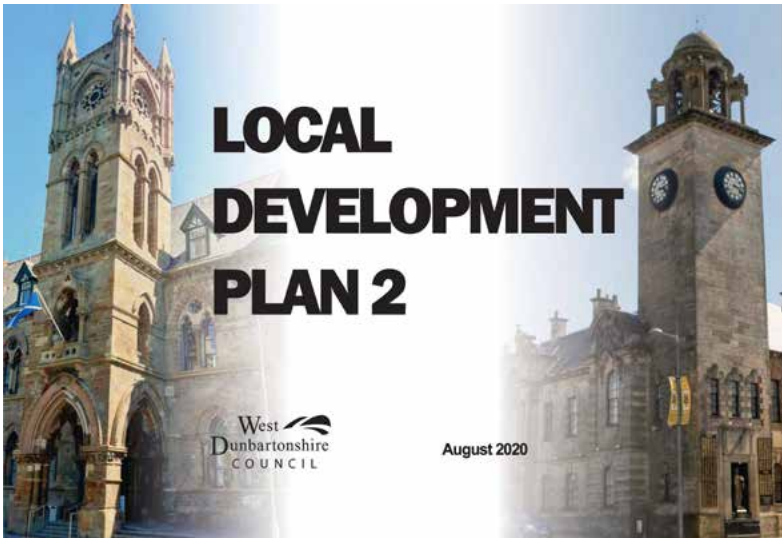
Autism is a national priority. Given the importance we all attach to this agenda, the development and creation of a new Scottish Strategy for Autism is vital to ensure that progress is made across Scotland in delivering quality services.

Good Mental Health for All – NHS Scotland 2016:

‘Good Mental Health for All’ is an initiative developed by Public Health Scotland and endorsed by the Scottish Government and the Convention of Scottish Local Authorities which sets out a vision to improve mental health and wellbeing. It links to the Scottish Government’s Mental Health Strategy and encourages action at national, local and community levels. Housing is recognised as an important factor influencing a person’s mental health.

Proposed Local Development Plan 2:

West Dunbartonshire Council’s proposed Local Development Plan 2 provides the strategic spatial framework for this Local Housing Strategy and puts green infrastructure at the core of good places.



Consultation process

We consulted as widely as possible on the draft Local Housing Strategy in order to gather as many different opinions and perspectives as possible. The pandemic made this more challenging than in previous years when in-person events and sessions could be held. Nevertheless we have taken a multi-pronged approach using a survey to allow people to engage at a time and date that suits them and workshops to allow for more detailed discussion on key topics. We offered some groups such as WDTR0 and Housing Solutions Partnership their own workshop to discuss the local housing strategy and the potential challenges and opportunities from their perspectives.

Survey

In a change from previous years where we have had two surveys, one detailed and one high level, we ran a single survey this year. The survey was mid-level of detail and designed to allow us to gain an understanding of our resident’s thoughts and priorities for housing over the next five years.

The survey was available on West Dunbartonshire Council’s website consultation page and in addition to this the survey was shared through the Citizen’s Panel, social media platforms, Tenants and Residents Organisation mailing lists and various mailing lists of interested people.

We received 130 responses to the survey which exceeds previous years’ responses and many responders took the time to leave comments and thoughts which has given us good qualitative insight into their thoughts.



Workshops

We hosted a number of thematic workshops to discuss the key topics in the Local Housing Strategy which allowed us to delve into these topics in a more detailed way than the survey allows.

The workshops were open to anyone who wished to attend and promoted as part of the wider consultation with people able to sign up via Eventbrite. The workshops provided a number of good discussions in particular around homelessness, the private rented sector and particular needs housing.

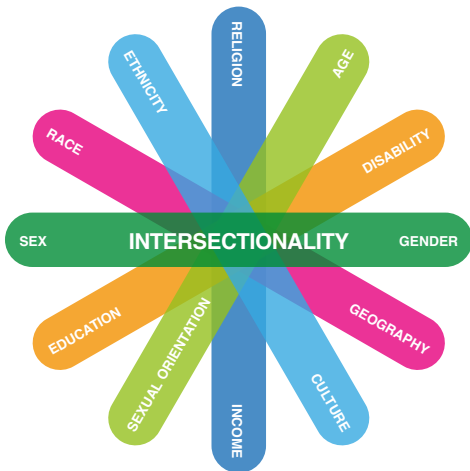
How our consultation has shaped the strategy

We have woven the findings of the survey into our strategy and particularly into our actions ensuring that are focusing on the area’s our respondents identified as priorities. For example respondents to our survey made it clear that new homes were important to them and they should be designed to cater for a variety of needs. There was also strong support throughout our consultation responses for both energy efficiency measures for both new and existing homes and survey respondents would like more information on how to ensure their property is energy efficient.

Connected to this survey respondents were very supportive of twenty minute neighbourhoods and the majority thought this improved their neighbourhood and over 50% thought it would encourage them to walk or wheel places more. Finally, support for specialist, supported or particular needs housing was strong and survey respondents recognised the vital role this type of housing can play.

Equalities

West Dunbartonshire Council’s approach to impact assessment already goes beyond the statutory minimum and has done for a number of years. For this Local Housing Strategy our approach to our equalities monitoring has utilised a Health Inequalities Impact Assessment model. This brings a number of benefits because it takes a cross cutting approach to think about inequalities and allows us to consider our duties across a number of key areas.



What is a Health Inequalities Impact Assessment (HIIA)?

Health Inequalities Impact Assessment (HIIA) is a tool to assess the impact on people of applying a proposed, new or revised policy or practice. HIIA goes beyond the public sector’s **legal duty of the Equality Act 2010** to assess impact (EQIA) by assessing the impact of the strategy:

- On health inequalities
- With regard to protected characteristics
- On human rights
- On socioeconomic circumstances.

In April 2018 legislation came into force called the **Fairer Scotland Duty**. It asks public bodies to ‘pay due regard’ to how they can reduce inequalities of outcome caused by socioeconomic disadvantage. The Scottish Government guidance is still in the interim stage of a three year implementation period. However, we believe the HIIA considers potential financial and social impacts to meet this ‘due regard.’

The HIIA prompts thinking about potential differential impacts based on income, employment, social and cultural status.

For more information see the Equality and Human Rights Commission Guide

How are we carrying out our HIIA?

Prior to consultation, we carried out HIIA scoping sessions on each of our chapters using guidance from Public Health Scotland and in collaboration with colleagues from HSCP, the Health and Social Care Partnership.

During this scoping exercise we sought to identify if there was an impact, whether the impact was positive or negative and the discussions which took place and these helped to inform the survey questions and workshop areas.

In our appendices you will find an accompanying report which combines a summary of the discussions we had in the scoping workshops with the findings of the survey to demonstrate that we have considered the impact of the Housing Strategy, maximising the positive impacts and seeking to mitigate the negative ones whilst acknowledging that some of the biggest impacts could occur due to lack of action.

How has our HIIA shaped the strategy?

As noted we carried out a HIIA on each of the chapters in this strategy, this was important to ensure that we dealt with each topic in a manageable way but it also gave us an opportunity to delve into the potential impact of this strategy in a more detailed way.

Whilst some of the discussion were very specific to the chapter we have identified five key findings which came up throughout the process and these have had the biggest impact of shaping the strategy as a whole. These are set out below and along with how these findings involved out strategy:

1.
High quality homes benefit everyone:
this helped to reinforce the importance of making sure that all homes in West Dunbartonshire are the best they can be for example investing in our social homes and helping our owner occupiers and private landlords to do the same. It also highlighted that we need to mitigate against some of the structural challenges which make it harder for people to access high quality housing suitable to their needs e.g. young people just starting out.

2.
New homes offer an opportunity:
compared to existing homes which can be challenging to retrofit or adapt new homes offer an opportunity to ensure that all new homes added to our housing stock are energy efficient and designed to suit a variety of needs and in particular cater to those with specialist or particular needs e.g. wheelchair or dementia friendly homes. This is reflected in our design standard and ambitions for homes of all tenures in West Dunbartonshire.

3.
Places need to be many things to many people:
Our homes sit within places and communities and it is important that these contribute to health and wellbeing and the recent Covid-19 pandemic has shown how important these local amenities such as greenspaces are. The HIIA demonstrated the importance of taking an inclusive approach to our places and reinforcing the need for and feeling of safety for everyone.

4.
Conscious about our communication:
Our HIIA process identified that communication processes such as engaging residents about new developments, or when organising repairs to tenant’s homes or dealing with people on a day to day basis is an area where there is always room for improvement. The HIIA process identified in particular the importance of easy to complete forms to help people access housing, support or information should be prioritised. This also means we must practice listening and as such opportunities for tenant and resident engagement are vital.

Therefore we have taken an action which covers all of the local housing strategy to review our approaches to communicating with our tenants and residents intending to take feedback to reflect how they want to be communicated with.

Action:
Review our communications e.g. forms, processes, documents to ensure they are inclusive, supportive and reflect how our tenants want to be communicated with. This will in the first instance include a review of our housing webpages to ensure they provide clear and accessible information

5.
Develop information, raise awareness and offer training:
Our HIIA process identified that there are a number of areas where we do not have information or we would like to increase our own and our team’s awareness and understanding.

Therefore there are a number of areas highlighted throughout the strategy where we would like more information and intend to gather this or carry out research. We have also identified a need for training for example around mental health, autism and LGBTQI+ communities and may identify more during the lifetime of this strategy.



Housing Need and Demand

1



About West Dunbartonshire

West Dunbartonshire Council is a Local Authority in the West of Scotland, sitting between Glasgow and the Loch Lomond & Trossachs National Park. It is one of eight local authorities which form Greater Glasgow City Region, Scotland's largest conurbation of 1.8 million people.

Yet, West Dunbartonshire is a small Council both in terms of population and land coverage; the population was 88,930 in 2020 and it covers an area of 159 square kilometres (NRS, 2019).

There were 45,357 dwellings in West Dunbartonshire in 2020 and these can primarily be found in the three urban areas; Clydebank, Dumbarton and Vale of Leven and within each, are smaller communities and neighbourhoods.

Urban areas account for approximately 16% of land in West Dunbartonshire with the remaining classified as accessible rural, reflecting the wealth of green spaces, moorland, and woodland the local authority enjoys including the Loch Lomond and Trossachs National Park.

Housing need and demand assessment

This section considers the projected housing need and demand for West Dunbartonshire over the next five years, the lifetime of this strategy.

The Housing Needs and Demand Assessment (HNDA) is the tool we use and it defines the housing supply base for the Local Housing Strategy and the Housing Land Allocation for the strategic and local development plans.

The HNDA provides estimates of the amount, and likely tenure, of additional housing required to meet existing and future demand. The HNDA analyses the need for social rented housing (including Below Market Rent) at a local authority level. Meanwhile, the demand for private sector (owner-occupation and private

rented) houses were considered within a framework of housing market areas which reflect the way the private market operates across administrative boundaries.

An HNDA was undertaken as part of the preparation of the Clydeplan Strategic Development Plan and completed in 2015. It was prepared by the eight local authorities in the Housing Market Partnership (HMP) area. The Glasgow and the Clyde Valley HMP prepared the assessment of housing need and demand based on the 2014 HNDA guidance and using the new HNDA Tool produced by the Scottish Government's Centre for Housing Market Analysis (CHMA).

The Tool, which was populated with national data, allowed the quick and easy testing of a range of different scenarios and assumptions. The results from the revised HNDA were confirmed as being robust and credible by the CHMA in May 2015.

The outcome is a shared and agreed evidence base for housing need and demand across both the City Region and West Dunbartonshire. It provides the basis for the Housing Supply Targets for both the Local Housing Strategy and the Local Development Plan.

Clydebank falls within the Greater Glasgow North and West housing sub-market area, and private housing supply and demand are considered within this wider area, whereas Dumbarton and the Vale of Leven is considered to be a discrete housing market area.

West Dunbartonshire is unusual in that the planning function is split between the Council and the Loch Lomond and the Trossachs National Park. For practical reasons, the results from the HNDA cover the whole of West Dunbartonshire Council, although some data has been extracted for the area within the National Park.

Housing Estimates

The first stage of the 2015 HNDA produced Housing Estimates, split by tenure, at local authority level. These comprise the net increase in housing numbers by tenure, taken from the CHMA Tool, plus internal estimates of existing need. Households were only assessed as being in existing need if they generate a requirement for an additional dwelling but not if the need can be addressed using in-situ housing management solutions.

A range of assumptions in terms of future household formation, income, and house prices were considered within the Tool, before an agreed set of initial Housing Estimates under the Planning Scenario were produced for the periods 2012-2024 and 2024-29, reflecting the number of additional houses required by tenure.

Figure 1
Table showing initial Housing Estimates (new homes required) in West Dunbartonshire 2022-2027

	2012-2024	2024-2029
Private	557	-32
SR/BMR	748	-21
Total	1,305	-53

Source: Fig 5.4 HNDA²

² These figures have been extrapolated from the HNDA period 2012-2024 and 2024-2029 by annualising the total figure for the period and multiplying by the years of the LHS.

Over the city region as a whole, the 2015 HNDA estimates suggest more muted growth in the private sector and more significant growth in the Social Rented/Below Market Rent sector compared with the previous HNDA.

The initial estimates for the private sector required to be adjusted to reflect demand and supply across the housing market framework, by apportioning an element of mobile demand and comparing all demand with all stock. This has resulted in a significant increase in the private housing estimates, as shown in figure 2.

Figure 2
Table showing adjusted Housing Estimates for West Dunbartonshire 2012-2029

	2012-2024	2024-2029
Private	1,229	321
SR/BMR	748	-21
Total	1,977	300

Source: Fig 5.13 HNDA³

³ These figures have been extrapolated from the HNDA period 2012-2024 and 2024-2029 by annualising the total figure for the period and multiplying by the years of the LHS.

Housing Supply Targets and their workings

The Adjusted Housing Estimates are used as a starting point for the development of the Housing Supply Targets (HSTs). These are a policy view of the number of homes the authority has agreed will be delivered.

The factors taken into consideration to do this were:

- Environmental factors
- Social factors
- Economic factors
- Capacity within the construction industry
- Inter-dependency between delivery of market and affordable housing
- Availability of resources
- Likely pace and scale of delivery based on completion rates
- Recent development levels
- Planned demolitions
- Housing brought back into effective use.

The availability of resources, likely pace of development and recent development levels were considered the most relevant of these factors for West Dunbartonshire. Taking these into consideration, the following HSTs have been set, and agreed, by the Council in August 2015. For both sectors, they have increased from the adjusted housing estimates produced by the 2015 HNDA. They are considered to be both realistic and deliverable.

It is assumed that the social rented housing supply target will be split equally between the housing sub-areas of Greater Glasgow North and West and Dumbarton/Vale of Leven. The private sector target is 150 units p.a., whilst the social rented target is 80 units p.a.

Figure 3
Table showing Housing Supply Targets for West Dunbartonshire 2012-2029

	2012-2024 total	2024-2029 total	2012-2029 per annum average
Private	1,800	750	150
SR/BMR	960	400	80
Total	2,760	1,150	230

Source: Clydeplan Schedule 7

Factors which may impact on the delivery of the Housing Supply Targets:

The Capacity of the Construction Industry: The delivery of housing does not rely solely on the allocation of appropriate land in the development plan and Councils are advised to take into consideration the capacity of the building industry and the functioning of the housing market. The slowdown in the construction industry over Covid may have a knock-on effect and there remains a risk that operative or material issues, in part as a result of Brexit, will be a feature of the programme going forward.

Wider Strategic, Economic, Social and Environmental Policy Objectives: Increasing the number of new affordable houses and a growing economy are strategic priorities for West Dunbartonshire as set out in the Council Strategic Plan 2017-2022 and the Local Outcome Improvement Plan.

Representations to Local Development Plan 2: There was a general recognition in the responses that the current economic climate was having an impact on the deliverability of new housing. Some respondents questioned the effectiveness of the housing land supply and promoted new locations for housing development.

Funding Availability: The availability of support funding is the key determinant of the number of new affordable housing being produced. As noted above, the changes to funding arrangements will be a major determinant of the supply of new housing.

Aspirations for Growth: The Council supports the Scottish Government’s goal of increasing the housing supply to 2040. Also the relocation of staff to Faslane and the expansion of the Golden Jubilee may increase demand for housing in West Dunbartonshire.

Affordable Housing Policy

Local Development Plan 2 does not contain an affordable housing quota policy. Instead, the Local Development Plan seeks to balance the future tenure requirements by specifically identifying sites for either affordable or private housing. It is intended however that flexibility will be applied regarding these housing opportunities.

West Dunbartonshire Local Development Plan

The West Dunbartonshire Local Development Plan (LDP2) will seek to ensure the Housing Supply Target is achieved by identifying sufficient land for housing development. To ensure this, the Clydeplan Strategic Development Plan, in line with Scottish Planning Policy, sets a Housing Land Requirement, which equates to the Housing Supply Target plus a 15% generosity allowance, and requires Local Development Plans to make provision for this.

Planning (Scotland) Act 2019 and National Planning Framework 4 The Planning (Scotland) Act 2019 introduces changes to how housing land is calculated. The National Planning Framework (NPF4) will set minimum all tenure housing land requirements for all planning authorities, including West Dunbartonshire.



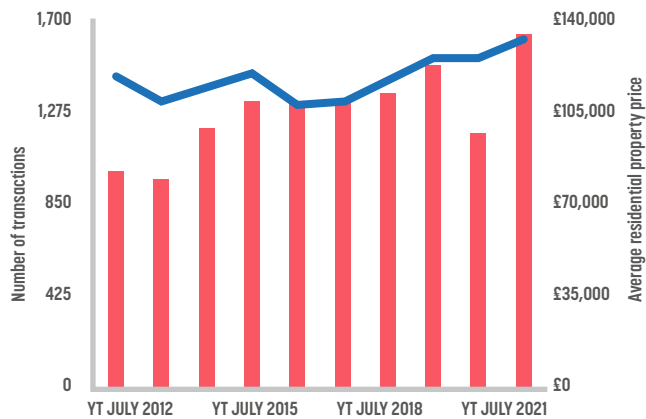
Local demand analysis

For sale market

The average transaction price in West Dunbartonshire has been increasing and averaged £131,922 during the 12 months to July 2021, this is 5% higher than the same period the previous year. The number of transactions has also been increasing over the years and during the 12 months to July 2021 there were 1,635 transactions, a ten year high.

The price increase is being driven by the price of detached, semi-detached, and terraced homes which saw average prices increase 10% during the same period.

Figure 4
Chart showing the number of transactions and average property price in West Dunbartonshire over 10 years



Source: Registers of Scotland (July 2021)

This reflects a common trend of the recent Covid pandemic which has encouraged people who have the means to seek out larger homes and homes with outside space, which can typically, but not always be found with houses rather than flats, and this trend is set to continue.

Many of our survey respondents expressed frustration that the private housing market was very competitive and they would like to see more affordable housing options available, particularly for younger people starting out. Therefore we propose to carry our research into alternative tenure options such as shared ownership to help consider whether this can help more people access the homes they want.

For private rent market

As the chart below shows the median rents in West Dunbartonshire have remained relatively stable over the past decade.

However, four-bedroom homes have witnessed significant increases in rent values between 2017 and 2019 and have since fallen but remain 9% higher than the ten-year average. However, it should be noted that the sample size for four-bedroom properties was relatively small.

The other exception is one-bedroom shared properties reflecting the changes in Welfare Reform for under 35s covered in Chapter 3. Despite being relatively steady, rents for three-bedroom properties have been creeping upwards, particularly for those in the upper quartile suggesting that high-quality homes for rent are in demand and command a premium.

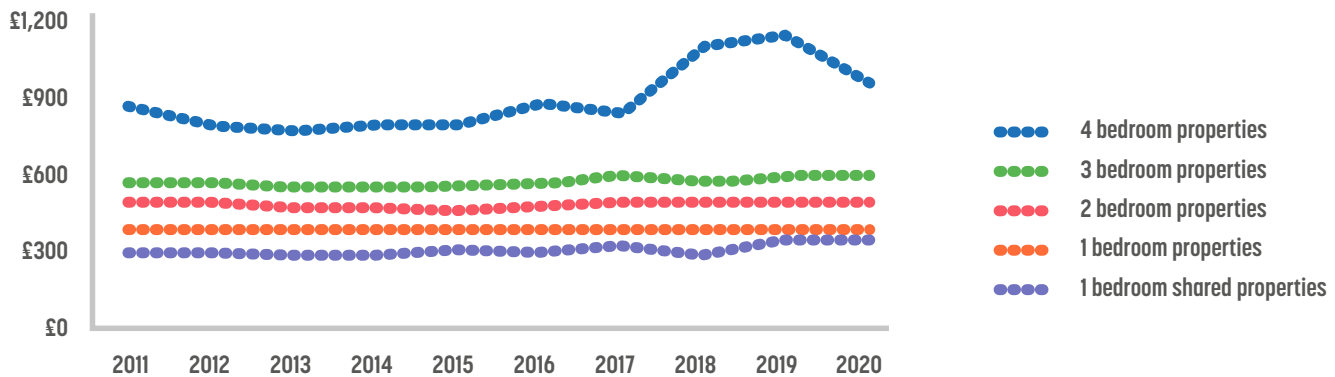
Local Demand Conclusions

There is strong demand for housing for both sale and private rent within West Dunbartonshire. These statistics also demonstrate that demand for certain types of properties including larger properties, attractive for families, has been growing as people seek out extra space during the recent pandemic.

These statistics do not provide localised statistics and instead are high-level but we are aware that many different markets operate within West Dunbartonshire; Clydebank is heavily influenced by the market in Glasgow which is a significant employment hub and Scotland's largest city. Meanwhile Dumbarton and Leven Valley are considered more discretionary markets, located further away from Glasgow these areas are more influenced by local trends such as changes in local employment rather than region-wide trends.

Ultimately, within the West Dunbartonshire Council area there are a number of micro markets operating some of which are more desirable, and therefore command a premium, compared to other areas. The premium might be linked to the types of homes available for example houses with gardens or proximity to local amenities such as schools or transport links.

Figure 5
Chart showing median rental monthly statistics for West Dunbartonshire over the past ten years.



Source: The Scottish Government

Tenures

Different tenures can fulfil different housing needs and aspirations and as the HNDA and HST have demonstrated there is a need for homes of all tenures within West Dunbartonshire. Different tenures result in differing housing costs and responsibilities, for example who needs to organise maintenance and repairs; owner-occupiers are liable for all repairs but that responsibility lies with landlords in the private and social rented tenures.

Owner Occupiers

Owner-occupiers are those who own their home, some own their property outright others own theirs with a mortgage. Just over 23,000 homes in West Dunbartonshire are owner-occupied, 53% of all households. This is lower than the Scottish figure of 62% of households.

50% of owner occupiers own their properties outright and the remaining half with a mortgage (SHS,2018). This is broadly similar to Scotland as a whole.

Those aged over 60 account for 40% of all owner-occupiers, just under 10,000 households, and this group primarily owns their properties outright and a third under occupy their home by three or more bedrooms. The second-largest group is those aged 45 to 59, with only a small number of owner-occupiers aged under 45.

This highlights that over the coming decades, as the population overall ages, the number of older owner-occupiers will also increase. Some households may find that their needs change, or their home may no longer be suitable. We have taken this into consideration in our housing strategy, see chapter 5 to see our support for remaining at home and our strategy for adaptations.

Having a high-quality owner-occupied sector is important and in Chapter 2 we discuss the quality of the owner-occupied sector including our strategy for reducing fuel poverty, improving energy efficiency, and supporting households to maintain their properties.

Private Rented Sector & Build to Rent

3,000 homes in West Dunbartonshire are privately rented (SHS, 2018). This equates to approximately 7% of all households. This is almost half the Scottish figure of 14% of households but the share of renting households in West Dunbartonshire has fluctuated significantly over the past decade reflecting the relatively small size of the sector and its ability to expand and contract based upon changing economic conditions.

The small size of the sector also means that we have limited details about the characteristics of this tenure, however, we do know that two-thirds of our renters are aged under 35, just under 2,000 households. A further 25% are aged between 35 and 59 (SHS, 2018).

Tenants in the private rented sector include a diverse range of households from single people, couples, families, and retirees. The recent changes to rental legislation under the Private Tenancies (Scotland) 2016 Act has provided tenants with more security and support but we appreciate that like any other households their needs may change and they may need support to stay at home, information about our housing support strategy is detailed in Chapter 5.

We recognise that private rented landlords are also a diverse group with some having just one property and others operating portfolios of homes. We will continue to work with landlords to help them maintain their properties, improve their energy efficiency and respond to changes in legislation, more details in Chapter 2.

Social Rented Sector

39% of households in West Dunbartonshire live in the social rented sector, this includes those who live in West Dunbartonshire Council’s housing and those who live in properties owned and managed by registered social landlords.

The number of households living in the social rented sector in West Dunbartonshire is significantly higher than in Scotland as a whole, where only 23% of households live in the social rented sector.

54% of social rented households are single-person households compared to 31% of owner-occupiers. However, it is notable that 29% of households in the social rented sector have children compared to 15% of owner-occupied households.

5,000 households in the social rented sector are headed by someone over the age of 60, approximately 40% of all households, 55% are aged between 35 and 59, the remaining 5% are aged under 35.

Living in the social rented sector brings many benefits including the security of tenure through Scottish Secure Tenancies (SST) which gives tenants certain rights such as information about rent setting and social landlords, including West Dunbartonshire Council and our Strategic Housing Partners, are regulated by the Scottish Housing Regulator. Through the regulator, tenants can access information about their landlord’s performance including areas such as repairs and maintenance, time to respond to repairs, and other governance measures.

This level of security and accountability combined with affordable rents makes social rented properties highly attractive to a range of household types and we have approximately 5,000 households on our waiting lists.

The size of the social rented sector in West Dunbartonshire has grown in recent years reflecting the role new developments, alongside Empty Home and Buy Back strategies, have played in increasing supply to meet some of this demand.



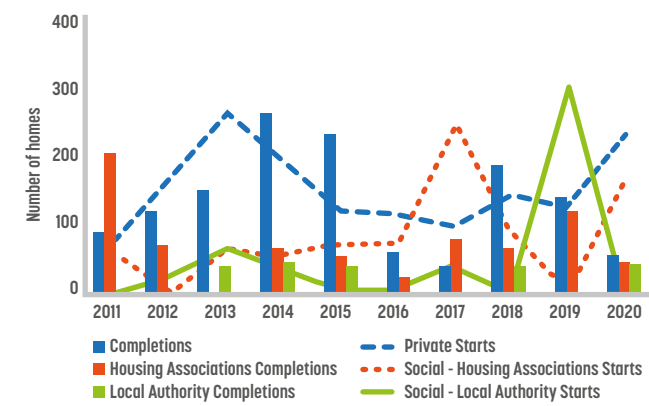
New Development

There were 144 new build homes completed across all tenures in West Dunbartonshire during 2020, a decline of 55%, or 116 homes, on the previous year. This is demonstrated in the chart below which shows the number of completions over the past ten years. The significant decline reflects the shutdown of development sites during the first covid-19 lockdown which delayed both starts and completions.

However, you can see from the chart that local authority completions increased. The large number site starts made in 2019 start to appear as completions and we anticipate these will increase again when the 2021 statistics are available.

This means the decline in completions was driven by the private and housing association sectors but they did see starts increase and we anticipate that these will convert to completions during 2021/ 22.

Figure 6
Chart showing number of new homes completed by tenure



Source: The Scottish Government

We promote high quality design in all new homes built in West Dunbartonshire, in particular through our Design Panel and our WDC Design Standard for Affordable Housing, which requires an enhancement on building standards including high levels of energy efficiency and design features, such as home office and study spaces.

Build to Rent opportunity

Build to rent or BTR is a development model which initially emerged from investors buying portfolios of properties for rental or buying excess stock from developers but more recently they have moved towards purpose building properties for the rental market. Development has primarily taken place in London and other urban centres but in recent years there has been an increase in the development of suburban, family homes for rent which are catering to a significant share of the population which do not have the means or desire to buy, for example due to temporary employment in an area, relationship breakdown or lack of deposit.

Our rented sector is small when compared to other larger, often more urban local authorities but there may still be an opportunity to develop homes for rent and as a local authority keen to see housing need met across all tenures we would support this type of development should it deliver high quality, energy-efficient homes which are professionally managed and rent at reasonable levels.

Self-build Opportunities

The Scottish Government recognises the important role that self and custom build housing can play in providing homes, sustaining communities and supporting smaller building companies in both rural and urban areas.

West Dunbartonshire Council supports these ambitions but has thus far identified little interest for self-build within the area likely due to challenges which the wider development industry faces including decontamination costs for brownfield sites and in some areas viability concerns that constrain access to finance.

That said, there are some individual building plots with planning in the local authority area and these will form the beginnings of our self-build register, which will be available on our website going forward. The list will include the

location and size of sites alongside information about available amenities and highlight any relevant planning guidance. We will also consider adding to this list with sites owned by the Council, where appropriate to do so.

Interested parties will be able to register their interest using an online form, this will allow us to gather information about the type and location of demand for a self-build plot which will inform how we support interested parties and landowners to deliver suitable plots.

We will ensure our list remains up to date by contacting interested parties periodically to confirm they wish to remain on the list and when sites become available, providing opt-in-out options. We will also develop supporting documents and advice which will be updated regularly.

Conclusions

The Housing Need and Demand Assessment demonstrates both a clear need and demand for housing in West Dunbartonshire. Demographics play an important part in these trends and this was supported by our survey responses and HIIA findings which show that young and older people, along with single adult households have particular challenges accessing housing which meets their needs and is affordable.

Action 1.1
We will continue to monitor the supply of new homes, both private and social sector against housing supply targets.

The growth in transactions, prices and rents, particularly for larger properties and the increasing number of households on our waiting list (5,000) suggests that new housing will be vital for West Dunbartonshire going forward. Our survey respondents (76.8%) voiced strong support for more affordable housing which was in the right location and suitable for occupant needs.

Action 1.2
We will continue to deliver new high quality, well designed and future proofed affordable housing and support our strategic housing partners to do the same, building upon the success of the More Homes Programme 2016-2021.

We know that many our residents aspire to own their own home. As such we have identified a need to explore alternative tenure options within West Dunbartonshire to meet the needs of two main groups; younger households trying to access their first home and for older households looking to ensure they have both have access to housing options which meet their needs and are attractive.

Action 1.3
Carry out research into alternative tenure options for both younger and older households to ensure they have housing options which meet their needs and are attractive.

For some people building their own home would be a very attractive proposition, particularly if they have specific needs or ambitions and as such we will support households to do this by the creation of self-build register of plots in West Dunbartonshire and make this available publicly. We will do this in partnership with our colleagues in planning (both West Dunbartonshire Council and Loch Lomond and the Trossachs National Park.

Action 1.4
We will establish the self-build webpage and register in the first year of the strategy and over the strategy's lifetime we will develop supporting information for interested parties, including how to register interest in self-build and commonly asked questions.

Promoting Quality Homes

2



The Scottish Government’s vision set out in the Housing to 2040 strategy, is that all homes, regardless of tenure, age or location are well designed, easily maintained, and have low running costs.

There is a wealth of evidence demonstrating the negative impact of poor housing conditions on residents’ health and well-being. Poor quality housing can cause accidents, respiratory problems and can impact the mental health of the people who live there. Therefore, quality housing for our residents continues to be an ambition for West Dunbartonshire Council and this chapter sets out how we intend to work towards achieving that.

Whilst we recognise that quality housing goes beyond the physical building this is the focus of this chapter. We will cover places in Chapter 4 and specialist housing in Chapter 5.

About our housing stock

There are around 45,804 homes within West Dunbartonshire and by 2050 these same homes will account for approximately 88% of homes we are living in, based upon development increasing the number of homes by 0.5% and removal of 0.05% of the stock (historic trend since 2000).

Therefore the homes we have now will be predominately the homes we will be living in 30 years’ time and only 12% will have been built in the years in between.

Flats:
52% of all homes in West Dunbartonshire are flats

- 45% of flats were built between 1950 and 1983
- 13% of flats were built before 1919
- 50% of flats are owned by West Dunbartonshire Council and its Strategic Housing Providers (RSLs)

Houses:
48% of all homes in West Dunbartonshire are houses

- 54% of houses were built between 1950 and 1983
- 6% of houses were built prior to 1919
- 81% are owned by owner occupiers and private landlords.

Climate change

Responding to the Climate emergency is a top priority for the whole housing sector. The recent **Climate Change Strategy** and action plan demonstrates that our climate has been becoming wetter and warmer. This is forecast to continue with extreme weather conditions such as flooding becoming more commonplace.

These changes in our climate are impacting our housing stock; for example on the lifespan of roofs and beyond, preparing our homes for the changing climate we need to make them more energy-efficient, reduce their impact on the climate, and reduce energy costs for residents.

Heating homes and hot water currently accounts for 31% of UK carbon emissions (Energy Savings Trust, 2017). We need to reduce the amount of energy needed to heat our homes and move towards more sustainable sources of power such as electricity, which is predominately generated by wind turbines. This represents both a challenge and an opportunity.

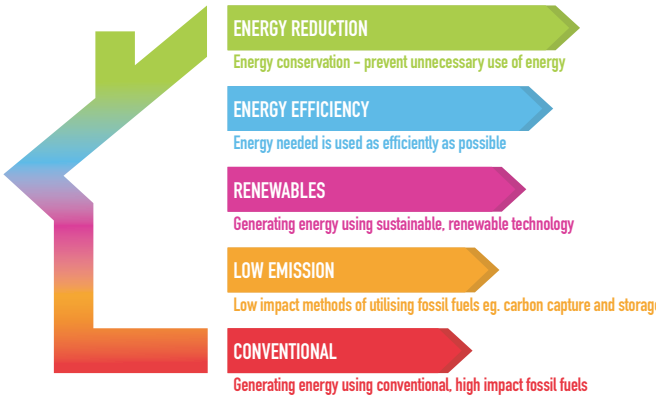
The impact of climate change will be felt by all, but it will be vulnerable groups such as those who live in flood-prone areas, have health conditions, or are on low incomes who will be impacted the most by these changes to our climate.

In the next sections, we will set out how we will continue to invest in our stock, and demonstrate the support we will give to our strategic housing

partners, private landlords, and owner-occupiers to help them prepare and improve their homes.

Our approach

In alignment with the **Climate Change Strategy and Action Plan** this Local Housing Strategy will follow the principles of the energy hierarchy (see graphic below) developed by the Scottish Government.



This approach first looks to reduce the amount of energy consumed before employing more advanced techniques and technologies, such as renewables, to reduce the amount of energy needed.

The most cost-effective way to reduce emissions is to reduce the amount of energy used in the first place, which helps to target fuel poverty too.

Fuel Poverty

The impact on households living in fuel poverty, as with any form of poverty and hardship, are complex. Recent research has shown that cold properties impact health; cold homes can aggravate respiratory illnesses such as asthma and reduce dexterity, increasing the likelihood of falls or accidents. In addition to physical impacts, fuel poverty and cold homes can impact mental wellbeing and in 2014 it was estimated that fuel poverty cost the NHS £80 million per annum⁴.

⁴ <https://www.gov.scot/publications/fuel-poverty-target-definition-strategy-scotland-bill-fuel-poverty-strategy/pages/8/>

National Context

Fuel Poverty (Targets, Definition, and Strategy) (Scotland) Act 2019 established a new two-part definition whereby a household is considered fuel poor if:

- after housing costs have been deducted, more than 10% (20% for extreme fuel poverty) of their net income is required to pay for their reasonable fuel needs
- after further adjustments are made to deduct childcare costs and any benefits received for a disability or care need, their remaining income is insufficient to maintain an acceptable standard of living, defined as being at least 90% of the UK Minimum Income Standard (MIS).

The 2019 Act also introduced a new statutory target for reducing fuel poverty that:

- by 2040, as far as reasonably possible, no household, in any Local Authority area, in Scotland is in fuel poverty
- in any event, no more than 5% of households, in any Local Authority area, in Scotland are in fuel poverty
- no more than 1% of households in Scotland are in extreme fuel poverty
- the median fuel poverty gap of households in fuel poverty in Scotland is no more than £250 in 2015 prices before adding inflation.

The act also set interim targets of a maximum of 15% of households are in fuel poverty by 2030 and 10% by 2035, with those in extreme fuel poverty reducing to a maximum of 5% and 3% respectively.

A finalised Fuel Poverty Strategy was due to be released in 2020 but has yet to be published but we understand it will be released by the end of 2021. However, the draft strategy sets several ambitions and goals and demonstrates clearly that tackling fuel poverty should be a priority.

Fuel Poverty in West Dunbartonshire

28% of households in West Dunbartonshire are in fuel poverty. This equates to around 12,000 households. This is marginally higher than the national figure of 25% (Scottish House Condition Survey-SHCS, 2018).

SHCS estimate that West Dunbartonshire Council households in fuel poverty will require a median amount of £440 uplift in income to take them out of fuel poverty, this is almost £200 more than the target identified by the Scottish Government (£250, based on 2015 figures).

- 28% of older households are fuel poor - similar to Scotland
- 30% of other household types are fuel poor - similar to Scotland
- 24% of families are fuel poor - similar to Scotland

Extreme Fuel Poverty

Of those in fuel poverty in West Dunbartonshire, one-third (4,000 households) are estimated to be in extreme fuel poverty of which 50% are owner-occupiers.

Why are households fuel poor?

Using data from the Energy Saving Trust, which uses EPC data to estimate fuel bills and fuel poverty we can identify trends.

Social rented properties, both Local Authority and Housing Association owned, typically have fuel bills which are on average below the median. This reflects the investment made into improving energy efficiency in these homes under the Energy Efficiency Standard for Social Housing (ESSH) and demonstrated by the higher SAP (energy efficiency) scores.

In comparison, fuel bills are typically higher and energy efficiency scores lower in the owner-occupied and private rented sectors but the likelihood of fuel poverty, whilst lower remains relatively high.

The major cause of fuel poverty is low household income and this likely applies across all tenures. For example, we know that 50% of our owner-occupiers are over 60 and therefore many are likely to be retired and reliant on a pension, and pension levels can vary significantly.

Thus, promoting energy efficiency measures across tenures could help reduce fuel poverty by reducing the gap particularly so in owner occupied and private rented homes.



Figure 7
Table showing number of properties, probability of fuel poverty, and average of fuel bill compared to median and average energy efficiency (SAP) rating.

Tenure	Total number of properties	Average of probability of fuel poverty (fuel bill >10% of income after housing)	Average of probability of extreme fuel poverty (fuel bill >20% of income after housing)	Average of fuel bill comparison to median (estimate)	Average of current energy efficiency (SAP) rating estimate
Housing Association	4,816	36%	11%	95%	71.53
Local Authority	11,247	43%	13%	96%	69.90
Owner Occupied	26,347	21%	8%	110%	64.50
Privately Rented	3,309	21%	7%	109%	65.05

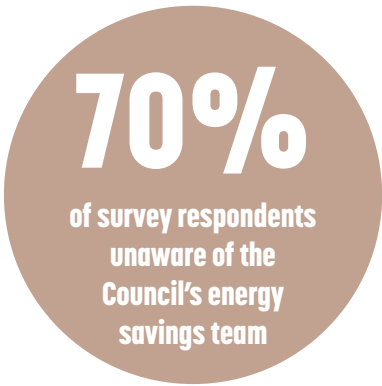
Source: Energy Saving Trust, January 2021 data

Ultimately, the levels of poverty in West Dunbartonshire mean that low household income will continue to result in fuel poverty even in the most energy-efficient homes therefore we need to work with our colleagues in other teams to help people maximise income, for example fuel bill support for older households.

In the first instance, we will seek to promote the support and advice offered by our energy savings team which is available for free to all residents and can help them improve their properties.

70% of survey respondents did not know the Council offered this service therefore we must work to promote it and when asked what information would be helpful, survey respondents demonstrated support for the following and therefore these will be the focus of the service going forward:

1. Information about how to reduce my fuel bills e.g. energy saving advice
2. Information about finance e.g. loans, grants to fund upgrades
3. Technical information about how to make my home more energy efficient



In addition, the energy savings advisor and housing teams will continue to work with colleagues in Working4U to help people increase their incomes, this is particularly important for those on low incomes because the property could be very energy efficient but if they don't have the income to heat it then they may also be limited in other areas such as food, clothing and furniture.

However, a major challenge remains around electricity and its cost. Electricity continues to be an expensive way to heat your home but it is increasingly the most renewable and energy-efficient thus there will be pressure to use more electrical systems. We are hopeful that the UK Government will review the costs of electricity and the corresponding taxes but in the meantime we will continue to tread carefully.

Quality homes across all tenures

Social rented homes

Energy Efficiency Standard for Social Housing (EESH) sets energy efficiency standards for social rented homes in Scotland. Introduced in March 2014 the standard introduced energy efficiency standards for properties with a deadline of December 2020.

This has been broadly achieved, see below table demonstrating compliance by ourselves and our strategic registered social landlord (RSL) partners.



Figure 8
Chart showing percentage of properties meeting EESH



Source: Scottish Housing Regulator
ARC submissions 2019/2020

Achieving EESH has been expensive, with the investment funded from landlord rental income. It has also at times been challenging particularly in some housing types or in mixed tenure blocks when owners or landlords are not able, or willing, to invest in upgrading their property.

The deadline for EESH has now passed and the Scottish Government has set new significant climate change targets. As a result, more onerous energy efficiency standards are being placed on social landlords going forward, known as Energy Efficiency Standard for Social Housing post-2020 (EESH2).

The new standard requires that properties become as “energy efficient as possible”, with a target of having as many properties as possible rated EPC band B or higher, and none being below an EPC band D. Technical exemptions will apply such as those using alternative fuels, the accepted EPC rating for these will be C.

This will require further significant investment to bring homes up to this new, higher standard and all landlords will require to have an EESSH2 strategy which will set out how landlords plan to work towards these new goals and targets and identify any challenges.

Levels of fuel poverty in West Dunbartonshire mean we, and our strategic partners, need to be mindful that energy efficiency investments represent value for money for our tenants and allows us to continue to carry out planned maintenance. Consequently, we will continue to programme energy improvement measures for non-compliant homes as per our regular programmes.

In addition to this, we intend to explore through the development of a pilot or strategy a holistic approach to achieving high levels of energy efficiency. This approach will allow us to take into consideration the variety of property types found in West Dunbartonshire, many being of non-traditional construction which were built at a time when there was no requirement for basic wall insulation levels to be met.

We also have a high share of stock in flatted or shared block construction involving private owners which presents obstacles for example when introducing insulation measures as these are not essential under title condition definitions.



WDC Housing Asset Management Strategy and the Housing Capital Programme

West Dunbartonshire Council has adopted a strategic, evidence-based approach to managing its Housing Revenue Account assets, in particular its housing stock.

Using a asset management database, the Council assesses the performance of its stock yearly. This assessment allows the Council to establish which properties are performing well across several indicators that look at demand, current costs, and future costs. This method has provided the Council with robust information and evidence that informs strategic plans including the demolition programme, the Council’s new build programme, and the HRA Capital Programme.

The outcomes of the assessment including plans that stem from them are reported on an annual basis to the Housing and Communities Committee.

Private homeowners

Owner-occupied properties are, on average, the least energy-efficient of all tenures. Similar to Scotland, 61% of owner-occupied homes in West Dunbartonshire are rated EPC D or below and therefore there is significant scope to improve their energy efficiency score and thus reduce bills.

In 2019 the Scottish Government consulted on an option to introduce a minimum EPC rating of C for homes at the point of sale or major renovation from 2024. This may potentially apply in the lifetime of this strategy, although this has yet to be confirmed. Further, the Scottish Government in their recent Heat in Buildings Strategy committed to ongoing support for owner occupiers to improve and invest in their properties and as such we will seek to encourage owner occupiers to engage with advice services such as Energy Advice Scotland who can offer financial assistance such as grants and loans.

Supporting owner-occupiers to know what their options are and supporting them to access funding, where appropriate, or skilled tradespeople needs to be a priority. As noted above, 70% of respondents were not aware that we offered energy advice service and therefore we would hope that by promoting this, as set out above, will be helpful and we will include them in area based scheme where appropriate, as set out below.

Private Rented Sector

The private rented sector has a slightly higher SAP score than owner-occupied properties yet fuel bills remain above the median and 57% of properties were rated EPC band D or below (EST, 2020).

This may prove problematic going forward as the Scottish Government is proposing to introduce a minimum EPC score of E for all tenancies by March 2022 and an EPC score of D for all tenancies by March 2025. These dates are subject to change due to the recent pandemic but will likely apply during the life of this strategy.

We will continue to work in partnership with private landlords active within West Dunbartonshire through our landlord’s forum and ensure that they and their tenants are aware of our energy advice service.

We will make them aware of these changes and support them to invest and upgrade their properties to ensure they comply. We will support private tenants in engagement with their landlords over improving the energy efficiency of the homes they rent. As with owner-occupiers, we will take landlords and their tenants into consideration with our area-based initiatives covered below.

57%
of properties rated EPC band D or below

Supporting Owner Occupier and Private Landlords with their homes

Scheme of assistance strategy

The Housing (Scotland) Act 2006 introduces a ‘Scheme of Assistance’ based on the principle that individual owners (including owners of privately rented houses) have primary responsibility for maintaining their properties in good condition, with assistance available from Local Authorities when necessary.

Part 2 of the above Act requires Councils to publish a ‘statement of assistance’. This Statement of Assistance sets out how this Council provides advice, information, and assistance for homeowners to improve the quality of private housing in West Dunbartonshire.

Home Improvements & Repairs

West Dunbartonshire Council will provide information and advice that will assist the homeowner in arranging home improvements or repairs by:

- advice on how to carry out repairs and maintenance
- site visits to assist in identifying works that are required
- choosing a contractor and signposting to other services to provide other specific advice, e.g. Citizens Advice Service, Money Made Clear, etc

The Council’s Private Housing Advice section will generally be the first point of contact for most homeowners who require information or advice regarding the repair, maintenance, or improvement of their homes.

However, Lomond & Clyde Care & Repair Service can also offer impartial advice and practical assistance to homeowners on improving, repairing, and maintaining their property regardless of their age or disability.

Under One Roof

West Dunbartonshire Council continues to contribute to an online resource for owners of common property which was launched in September 2016. This website is for owners of all types and ages of shared residential properties and their advisers. It will help owners of traditional stone tenements, newly built apartment blocks, ex-local authority tenements, four-in-a-blocks, and converted houses.

Invaluable advice is provided in over 100 articles on flat owners’ legal responsibilities towards their co-owners and over 70 technical information articles that enable owners to identify repair problems and understand quotations from builders.

It is envisaged that this website will continue to be a valuable resource, playing a huge part in helping to prevent properties falling into disrepair and leading to better-maintained homes in the future.

Area based Initiatives

HEEPS: ABS:

We use the HEEP: ABS funding to target the areas with high indicators of fuel poverty for energy improvement measures, mostly external wall insulation due to the type of homes in West Dunbartonshire. This is the most beneficial measure to install to enhance energy performance.

With our core allocation from the Scottish Government, we can assist approximately 120-150 per year. We also provide energy advice and signpost to other agencies for energy advice during this process. The recent Heat in Buildings Strategy noted potential to expand the HEEPS:ABS and other area based schemes and we would welcome this.



LHEES:

The concept of Local Heat and Energy Efficiency Strategies (LHEES) was introduced in 2016 and aims to establish area-based plans and priorities for improving the energy efficiency of buildings and tackling fuel poverty.

We are developing a pilot LHEES which will establish a framework for reducing energy demand and decarbonising the heat supply in the Clydebank area from the boundary with Glasgow City Council on the River Clyde, northwards using Great Western Road as a boundary and to a westerly limit of Mountblow Road.

It is anticipated that the strategy will identify opportunities for additional connections to the Queens Quay DHN, explore the feasibility and costs of other energy efficiency measures and build on existing programmes.



Heat decarbonisation agenda

District Heating Networks (DHN) aims to distribute large-scale sources of heat over a geographic area by connecting multiple buildings to create a heat network. These networks are an attractive option in dense urban areas and have been cited as a means to tackle fuel poverty.

Our DHN at Queens Quay in Clydebank is operated through an energy centre. Within the energy centre, heat pumps extract water from the River Clyde. This water is transported via district heating pipes to homes and businesses to heat them. Each property connected to the district heating network will have a Hydraulic Interface Unit (HIU) which is similar in size to, and looks like, the traditional boiler it will replace.

This device allows tenants and landlords to switch on the heat and hot water as and when it is required. It also allows them to monitor the

amount of energy consumed to ensure they are billed accurately for it.

Following the introduction of Heat Network (Metering and Billing) Regulations which came into force initially in 2014 and has since been amended, accurate billing and use of metering devices that track consumption are now required in DHN.

This change aims to drive energy efficiency and reduce carbon emissions from heating and hot water usage by making people more aware of what they use. Metering also supports fair and transparent billing for customers on heat networks and operators must use these devices to bill customers based on their consumption of heating, cooling, or hot water.



New build housing design requirements

The Scottish Government has established an ambition to achieve tenure-neutral space and quality standards for new homes (and existing homes where possible) and this has been supported by our survey respondents; 78% said homes should be designed to cater to a variety of needs and 66% said making all new homes energy efficient should be a priority.

The majority of homes, and all affordable homes, are designed in accordance with Housing for Varying Needs, which was last updated in 1999 and is understood to be under review. This standard sets basic requirements for homes to ensure that they should be able to meet the existing and future needs of occupants. These are supplemented by technical Building Standards which are updated regularly.

Best design and good practice is always evolving and West Dunbartonshire Council introduced its first **Design Standard**, required in addition to HfVN, in 2017, the first such standard in Scotland, and updated it again in 2019. The current Design Standard requires all new affordable homes to at least meet the Silver Active energy efficiency building standard and the design standard will be subject to ongoing review.



New build housing & energy efficiency

New build housing accounts for a small but important share of the homes we live in and it will have a particularly important role in ensuring that modern properties are not only well designed, but highly energy efficient.

New build properties thus offer an opportunity to put best practice into use, and we have seen the development of innovative forms of new development including the introduction of new Building Standards for energy efficiency, NetZero Carbon, and Passivhaus continuing to drive innovation and change in this sector. As per our pilot projects referenced above we will develop new build pilot projects to ensure we are bringing best practice to our new homes. In addition to the Council's own new build, through the Design Standard and SHIP

discussions we will encourage RSLs to meet similar high standards of energy efficiency in their projects.

We anticipate that each of these development types, alongside any other to emerge which are similar, will help us towards our NetZero ambitions and we will actively support and encourage developments that fulfil such criteria.



Poor quality homes
(Below Tolerable Standard)

The tolerable standard sets out the basic requirements for a healthy safe home. It applies to all tenures and is as defined by section 86 of the 1987 Act and amended by section 102 of the 2001 Act and section 11 of the Housing (Scotland) Act 2006:

A home that meets the current tolerable standard if meets all the criteria set out in the legislation, but the property is below tolerable standard if one or more of the criteria are not met

The criteria are set out in the act. It is estimated that 2% of properties in Scotland are classified as Below the Tolerable Standard, we do not have the statistics for West Dunbartonshire but it is estimated to be around 1% to 2%.

These homes are rarely found in the social rented sector due to the various requirements on social landlords and as a result, they are primarily found in the private rented and owner-occupied sectors.

When these properties are identified, as per our Statement of Assistance, we will support the property owners by providing support and guidance using formal measures such as maintenance orders and works notices where appropriate.

We intend to utilise other initiatives, such as energy efficiency improvements, our private landlord forum, and our relationship with colleagues in HSCP, to identify and support owners in the most appropriate way.

Conclusions

Quality homes are the foundation of many of our ambitions including reducing our impact on the environment, reducing fuel poverty and supporting the health and wellbeing of our residents. Achieving these goals will require effort, not only from ourselves, but also our strategic partners, home owners and private landlords.

In order to help everyone contribute towards these ambitions, education is important. Our survey identified that 70% of people did not know that we offered an energy advice service. Therefore we will look to promote the energy advice service to our residents and enable the energy advice officer to link in with colleagues in housing operations and Working4U to ensure that households are helped to increase their incomes.

Action 2.1:
Promote the energy advice service to residents, and landlords through the landlord form, across West Dunbartonshire Council and report annually on number of households helped and type of advice required.

Education and learning is also important for West Dunbartonshire Council as the strategic housing authority. Understanding, technology and best practice energy efficiency measures are constantly evolving and changing and we want to ensure that we are taking best practice forward for our homes.

Therefore in addition to continuing our planned asset management investment and strategies we will look to carry out a number of holistic pilot studies both in our existing homes and future developments. These will allow us to try new technologies and work with tenants to understand their experiences of these new measures.

Action 2.2:
Develop, track and share the findings from a number of holistic energy efficiency retrofit and new build pilot projects.

Area based schemes such as HEEPS: ABS, the District Heating Network and the upcoming LHEES report offer us the potential to approach, and tackle, energy efficiency and fuel poverty on a community focused basis. Therefore, we will work where possible to maximise the number of homes and households who benefit from these opportunities. Further, funding opportunities may present themselves and we will aim to utilise this funding as much as possible.

Action 2.3:
Maximise the number of households who benefit from area based schemes and report annually on the number of households who have been supported through area based opportunities.

Finally, new build homes offer an opportunity to ensure that all new homes we add to our housing stock are designed with best practice energy efficiency in mind and can cater to a variety of needs of households. We understand a review of Housing for Varying Needs is underway and we anticipate building standards will continue to evolve and as such we will continue to ensure our design standard for affordable homes reflects best practice and therefore we commit to updating it at least once within the lifetime of this strategy.

Action 2.4:
Update the Design standard to reflect best practice to ensure all affordable homes in the area are designed and built to highest standard including dementia design features and wheelchair specialist homes.



Homelessness and Housing Options

3



Tackling homelessness has been a focus of Scottish Government policy and the legal and regulatory framework which has been put in place means that Scotland has some of the strongest rights in the world for anyone experiencing homelessness.

However, there is an ambition to do more to ensure that people experiencing homelessness can access the accommodation and support they need. This ambition focuses on preventing homelessness in the first place and then preventing it from recurring through the provision of supportive pathways.

The forthcoming introduction of the Prevent Duty will increase the focus on the prevention of homelessness and place a duty on many of our partners such as Health and Social Care Partnership, education and criminal justice to highlight and work to prevent homelessness too. This represents an opportunity to assist people earlier but will also be a challenge to ensure that we have the resource available, in the face of short-term funding plans, to assist both our partners and those households they, and ourselves, identify.

Statutory requirement summary

Local authorities have a duty:

- to provide advice and information about the prevention of homelessness
- to carry out a robust homelessness assessment within 28 days
- for the provision of suitable temporary accommodation for those who require it
- to secure the provision of permanent accommodation when assessed as homeless
- to assess support needs for those found to be “homeless or threatened with homelessness unintentionally” and who we have reason to believe requires a support assessment.

And a power:

- to assess whether a household has a local connection
- to refer those where no local connection has been established to another local authority that they have a connection with
- to assess intentionality (to have done something deliberately, or failed to do something, which resulted in homelessness).

These duties and powers have been shaped by 35 years of legislation and regulation. In addition to this summary, more detailed information is available in our background papers.

Scottish Social Housing Charter Outcomes

Our approach to tackling homelessness is linked to the Scottish Social Housing Charter, which sets out the outcomes and standards that all social landlords should be delivering for their tenants and other customers.

The Charter:

- describes the results that tenants and other customers expect social landlords to achieve
- covers social landlords’ housing activities only
- can be monitored, assessed, and reported upon by the Scottish Housing Regulator
- does not replace the legal duties that apply to social landlords.

The Council has to report on these outcomes annually to the Scottish Housing Regulator and makes this information available to the public each year in October.



Evidence about homelessness in WDC

Number of homeless households

Homelessness figures remain high in West Dunbartonshire. During our Homelessness Strategy “More than a Roof”, which covered the period 2017/20 there was a reduction in homeless applications of 2.6% over the 3 years to a figure of 1021.

Who is homeless in West Dunbartonshire?

The age profile of those presenting as homeless in West Dunbartonshire has remained relatively stable in recent years, although in the last year of “More than a Roof” there was an increase in applications from those over 60 years old.

Figure 9
Table showing Homeless applications by age

Year	2017/18		2018/19		2019/20	
Age	No.	%	No.	%	No.	%
16-17	31	3%	22	2%	38	4%
18-25	259	25%	258	25%	267	26%
26-59	722	69%	715	69%	659	64%
60+	36	3%	42	4%	57	6%
All	1,048	100%	1,037	100%	1,021	100%

Source: Scottish Government -
West Dunbartonshire HL1 figures

The rate of youth homelessness continues to be high and a key area of concern and focus. The most recent figures published by the Scottish Government for 2019/20 highlighted West Dunbartonshire as a youth homeless hotspot, with a Youth Homeless rate of 26.7 per 1,000 population against a Scottish figure of 12.7.

There are more applications made from households where the main applicant is male, however, this gap reduced over the 3 year period of “More than a Roof” and in 2019/20 a male was recorded as being the main applicant in 52% of applications, compared to 48% of applications where a female was the main applicant.



In terms of household type, during the 3 years of “More than a Roof” over 70% of applications were received from single people, and around a quarter were from households with children, the vast majority of these being single-parent households.



Homeless rate per 1,000 population



Figure 10
Table showing Homeless applications
by household type

Year	2017/18		2018/19		2019/20	
Household type	No.	%	No.	%	No.	%
Single person	759	72.4%	754	72.7%	716	70.1%
Single Parent	189	18%	190	18.3%	199	19.5%
Couple	48	4.6%	42	4.1%	51	5%
Couple with children	42	4%	48	4.6%	50	4.9%
Other	5	0.5%	2	0.2%	4	0.4%
Other with children	5	0.5%	1	0.1%	1	0.1%

The 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). More data in our background papers.

Homeless Prevention & Housing Options

Preventing homelessness and helping people understand their housing options are the core motivations of both this Housing Strategy and our homelessness strategy, More than a Roof, and if homelessness cannot be prevented then our Rapid Rehousing Transition Plan aims to help people find settled housing as soon as possible.

The Housing Options approach seeks to help households understand their choices around housing and help them find appropriate housing solutions.

As such, we continue to strengthen our housing options approach by embedding the delivery of a robust housing options service when someone, or a household, makes contact by creating a new role within our team to provide housing options information and advice at the front of our service. We have also reviewed existing homeless caseworker job profiles to incorporate a housing options service.

Further, we have developed our own WDC Housing Options Guide and implemented the

Housing Options HUB PREVENT1 guidance to ensure that there was a shared understanding of prevention activities and recording.

Whilst some in-house training and case study review has taken place, as a member of the West of Scotland Housing Options Hub, we will benefit from licences purchased to allow all staff to use the Housing Options Toolkit when it is rolled out at the end of summer 2021. This is in addition to continuous staff development and training which includes motivational interviewing, trauma-informed practice (ACEs), mediation and dealing with disclosure for example.

Other new housing options which are being scaled up as part of our Rapid Rehousing Transition Plan include Housing First and converting temporary accommodation to a permanent housing outcome for homeless households who have settled well and wish to stay where they are. RRTP funding has also contributed to the provision of a proactive prevention role for those at risk of losing their existing home and by providing a prevention fund.

West Dunbartonshire Council continues to work closely with partners on the West of Scotland Housing Options Hub (includes East Dunbartonshire, Renfrewshire, and East Renfrewshire, North and South Lanarkshire, and Glasgow City Council and GHA) to seek service improvement in the delivery of housing options and the prevention of homelessness.

We reviewed and re-launched our Help to Rent West Dunbartonshire rent deposit guarantee scheme to support the private rented sector as a viable option for households across West Dunbartonshire.

The Prevention Review Group (PRG)

The Prevention Review Group (PRG) was set up at the request of the Scottish Government to take forward work on preventing homelessness identified by the independent Homelessness and Rough Sleeping Action Group (HARSAG) and the subsequent Scottish Government /COSLA Ending Homelessness Together Action Plan published in 2018. The Group’s task was to identify legal duties on local authorities and other public bodies to prevent homelessness.

The PRG included representatives from local authorities, HSCP, and third sector organisations. A consultation was carried out that included speaking with people who have lived experience of homelessness and frontline workers.

Effective homelessness prevention requires action as early as possible. People facing housing difficulties may be involved with various services before they make contact with housing or homelessness service, providing potential opportunities to act early. Health and social care services, children’s services, police, and prisons may all work with people who are at risk of homelessness, as well as social and private landlords, providing opportunities to identify issues early and intervene.

Therefore, the PRG has identified a need to introduce a duty or duties to prevent homelessness on services beyond homelessness and housing. We expect this duty to be introduced during the lifetime of this strategy and once we know what this duty will look like and understand the ways it may increase demands on some of our services and staff, we will look to work with partners to put policies and protocols in place to help them identify people at risk of homelessness early.

Homeless Prevention and Rapid Rehousing Transition Plan

The cornerstone of the recommendations of the Homelessness & Rough Sleeping Action Group (HARSAG) 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**
- **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**
- **a 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 was required to develop their plans in collaboration over a planned and costed phase of 5 years (2019/20 to 2023/24). Rapid Rehousing Transition Plans are now 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**
- **provides a Rapid Rehousing resource plan required to deliver the plan.**

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 followed on from the good work and progress made in “More than a Roof”, West Dunbartonshire’s previous homeless strategy 2017-2021.

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 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:

1. **deliver a Whole Systems approach to the prevention of homelessness**
2. **enable service users with low or no support needs to access settled housing quickly**
3. **to develop interim housing options which enable independent living and housing sustainment**
4. **implement a Housing First model which enables the most excluded service users to achieve housing sustainment.**



Objective One
Whole Systems approach to the prevention of homelessness

An enhanced prevention service has been launched under this objective to ultimately reduce homelessness demand in West Dunbartonshire and to stop homelessness from happening or reoccurring.

The current Section 11 process will be reviewed with the aim to intervene at an earlier stage to stop homelessness from occurring. Other pilot projects will be explored contributing to preventing homelessness.

Objective Two
Service users with low or no support needs to access settled housing quickly

Measures put in place to house those with no and low support needs as quickly as possible which is one of the main aims the Scottish Government wanted in every R RTP.

To enable this to happen requires current applicants to be housed and for new incoming demand to also be housed at the same time meaning higher letting targets. Annual letting targets will be set based on applicants waiting to be housed and an assumption on new demand. Targets for all partners are set and agreed upon in Contribution Statements. This then will allow another aim to be achieved, reducing time in temporary accommodation for the same group.

Objective Three
Develop interim housing options which enable independent living and housing sustainment

Under this objective a Supported Accommodation Service was established, this has been in place since April 2019. We have also committed to create defined housing pathways for the following particular groups:

- 1. Prison Leavers
- 2. Care Leavers
- 3. Armed Forces
- 4. Hospital Discharge
- 5. Domestic Abuse
- 6. LGBT+

To date, we already have the first five in place with the last one currently being worked on and due to be launched in Year 3 of the R RTP.

Another aim under this objective is Conversions. Where temporary accommodation is converted to a Scottish Secure Tenancy as our experience to date shows 100% tenancy sustainment. There has also been a budget for conversions however this has been increased through R RTP funding and targets set. Below shows the number achieved in the last 2 years and targets for the remaining 3 years.

No of conversions:

2019/20	2020/21	2021/22	2022/23	2023/24
11 achieved	32 achieved	target 30	target 30	target 30

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

The final objective is to establish a Housing First Service for those with multiple and complex needs and who are mostly likely to be excluded from normal routes to housing. It aims to deliver a housing led approach and lead to more sustainable housing outcomes.

The service was set up in our first year of the R RTP and plans are to continue to expand the service throughout the years to meet the projected demand. We have created a specific R RTP pathway for those who would benefit most from Housing First.

Housing First Case Study

Ann (35) had been known to homeless services for several years and had 10 previous homeless presentations as well as failed previous secure tenancies.

Ann has a history of addiction, mental health problems, and past trauma. Ann presented to WDC homeless service after a relationship breakdown and fleeing domestic violence.

She had previously lived in supported accommodation but the previous stepped-up approach required applicants to become “tenancy ready” by first working their way through issues that may prevent them from sustaining a tenancy, but this model proved problematic for Ann and others who required additional support.

The Housing First approach identifies settled accommodation early, allows support workers to be more reactive to the immediate needs of the clients and as such this was the agreed best option for Ann.

Through the Housing First process, she received an offer of housing in her chosen area with an RSL partner. With Housing First additional funding she has been able to choose her furniture and carpets for her property and was also provided with white goods. Ann expressed how grateful she was at having a carpet as her previous tenancies had never felt like a home due to not being able to afford the essential items she needed.

A year on Ann continues to meet with her Housing First keyworker regularly and takes part in regular care plan and key-work meetings. She has been supported to engage in walking and going to the gym which has helped with her anxiety. Ann is also engaging with other agencies to address issues that have contributed to previous failed tenancies. Ann states that she now feels part of a community and does not feel stigmatised for her past issues as she is managing her tenancy and running her own home with the confidence that she will not be going back through the homeless system in the future.

Pathways, Policies and Protocols

Housing works with the WDHSCP and other partners to improve pathways to housing solutions for groups with particular challenges. We highlight here the following groups:

- **Prison Leavers**
- **Young Care Leavers (see Chapter 5)**
- **Armed Forces Leavers**
- **People being discharged from Hospital (see Chapter 5)**
- **Young people facing homelessness**
- **People experiencing domestic or sexual abuse**

Prison Leavers

We have a dedicated Resettlement Officer providing a housing options service to persons with convictions, this is part of a wider prison discharge pathway that ensures West Dunbartonshire Council delivers on the SHORE Standards.

Pathways include supporting individuals to hold on to existing secure accommodation where possible and opening up opportunities for individuals to access secure accommodation and/or Housing First direct from prison.

Other initiatives such as closer working relations with Community Justice partners, signing up to the Scottish Prison Service data sharing agreement, and developing Information Sharing Protocols with RSL partners have contributed to early intervention and increased housing options for persons with convictions.

Leaving Care Housing Protocol

West Dunbartonshire’s Leaving Care Housing Protocol ensures that an integrated and coordinated service exists so that no Young Care Leaver will become homeless on leaving care or lack support to achieve independence and stability within the community.

The protocol is based on the principle that care leavers should have access to secure accommodation and is complemented by our

Housing Allocations Policy, which recognises Young Care Leavers as a group given reasonable preference to housing. More details available in Chapter 5.

Armed Forces

West Dunbartonshire Council’s Housing Options and Homelessness Officers provide high-quality professional housing advice which can help veterans plan for life outside the military environment. This can include assistance for those whose military service has resulted in a need for additional support or a specific adaptation to their home.

Our officers provide personalised housing options suited to the veterans, and where appropriate their family’s needs. Information is available online but they offer housing options meetings for those who require, or would benefit from, advice.

As well as looking at housing solutions, they also provide information and links to other services, which could impact your housing options, such as the Welfare Rights Hub, employment and training, and support services, etc.

For example, if a veteran has recently left Armed Forces and is looking for employment or unsure what their next step is, the Working4U Service can help and the Department for Work and Pension has dedicated armed forces employment champions, there are two within West Dunbartonshire Council; one in Clydebank and one in Dumbarton. The housing options team also works with several third sector partners including Poppy Scotland to assist veterans in settling into post-service life.

Hospital Discharge

WDC’s hospital discharge protocol outlines the legislative and operational frameworks agreed between services for providing assessment, planning, and appropriate accommodation for people with housing and health and/or social care needs who are discharged from the hospital (see Chapter 5).

Domestic and sexual abuse support and strategy

As a local authority, we have a responsibility to prevent and respond to domestic abuse per **Equally Safe** (Scotland’s strategy for preventing and addressing violence against women and girls).

Domestic Abuse is a violation of basic human rights, and this includes children. It is recognised that children who live with domestic abuse are, themselves, experiencing abuse.

In response to this, West Dunbartonshire Council Housing and Homelessness Services have developed a policy to prevent and address domestic abuse. It has been developed in conjunction with the Violence Against Women (VAW) partnership and has been approved there.

This wider policy incorporates our **No Home for Domestic Abuse** approach to support Council tenants experiencing domestic abuse to remain in their own home and the wider

housing options, accommodation, and support services available to everyone living in West Dunbartonshire regardless of tenure.

This policy aims to provide a proactive housing response to preventing and addressing domestic abuse by:

- **Providing a sensitive and supportive response to victims/survivors**
- **Working collaboratively to enable victims/survivors to access a range of housing options, advice, information, and support**
- **Holding perpetrators to account**

The policy is in line with the Domestic Abuse (protection) (Scotland) Bill 2020. This bill has just been passed in parliament and gives the social landlord the ability to apply to the courts for recovery of possession of a house from the perpetrator. This is with the view that the tenancy can be transferred over to the victim. This is the case for joint tenancies too. More details available in our full policy: **No Home for Domestic Abuse**.





Young people, homelessness and housing options

Young people experiencing homelessness are one of the most vulnerable groups in society. In West Dunbartonshire Council young people aged 16 to 24 make up 9.8% of the population⁵. Despite this, in 2020/21 32% of homeless presentations were from young people.

As a local authority, we have a duty to assess, provide support and accommodate anyone who is assessed as homeless and this includes young people. Young people face many barriers when accessing housing, in particular affordability, worsened by recent welfare reforms, which can make access to housing more difficult for young people than other age groups. Welfare reforms also have implications for the type of temporary housing we can provide; funding is capped at housing benefit level and if the cost to provide supported accommodation exceeds that cost then a funding gap emerges which needs to be met by West Dunbartonshire Council.

Taking a housing options approach will help young people face the challenges and barriers in a comprehensive approach that can involve multiple and varied actions to achieve sustainable housing outcomes for individual customers. Housing options are not just about providing good quality advice, but about working around the person to help them gain the skills and knowledge to make an informed choice about their housing. Having the appropriate range of housing

options available to young people, as well as providing support when required, is key to enabling tenancy sustainment.

As a Council, we need to be innovative when looking at homeless prevention and the housing options available to young people. West Dunbartonshire Council undertook a Young Persons Housing Options Service. This was across the Clydebank area and involved the use of mediation. The project was a success and has now been adopted across the whole Council area.

West Dunbartonshire Council is exploring option as part of a National Lottery-funded Early Action System Change, West Dunbartonshire Council is working closely with Action for Children who provide a bespoke Youth Housing Options Service for young people aged 16-24yrs.

We are also funding a new Shared Living pilot for young people who would otherwise struggle in their tenancy due to affordability, linked to recent changes in welfare reform, and isolation. This is a new housing option for young people with matching and support services provided by Simon Community Scotland.

West Dunbartonshire Council will continue to monitor youth homelessness levels across West Dunbartonshire and identify further actions where appropriate.

⁵ https://www.nrscotland.gov.uk/files/statistics/Council-area-data-sheets/west-dunbartonshire-Council-profile.html#table_pop_est_age

Conclusions

Prevention of homelessness has, and will continue to be, our focus. We have already put in place a number of policies and pathways to support people and households at risk of homelessness to understand their housing options.

We understand that as the HARSAG recommendations come into place other public sector bodies such as education and health services will have a responsibility to prevent homelessness. We know that education and making the right information available for example about tenant rights can be crucial in preventing homelessness and averting crisis. Therefore, as and when, more information about the Prevent duty is available we will work with our partners to develop a joint approach to helping them fulfil this duty. We already have a good working relationship with a number of partners and this action will build on those relationships.

Action 3.1:
Once details are available develop in partnership with other public sector bodies education and support to help them fulfil their prevent duties.

Ensuring that people and households achieve permanent settled accommodation as soon as possible has been shown to deliver a range of benefits for their health and wellbeing. As such, and in line with the HARSAG recommendations we have developed our Rapid Rehousing Transition Plan and intend to deliver the actions and outcomes set out in that. Therefore, we will commit to deliver that plan including the development of a LGBT+ pathway acknowledging the particular challenges those who are LGBT+ can face, as identified in our HIIA.

Action 3.2:
Deliver our Rapid Rehousing Transition Plan including committing to continually review our pathways to ensure they reflect best practice.

Our Housing First model is for those tenants who have complex needs which have historically

made sustaining a tenancy difficult and these tenancies come with significant levels of support and as the case study above makes clear it can be transformational.

The goal for this model is to firstly help people become established in their own home and able to participate and be part of their communities. In turn, it should help prevent future homeless presentations and whilst resource intensive can bring significant benefits, and therefore cost savings, for many parts of the public sector including the NHS and social services.

However, at the moment housing first is a pilot with funding only agreed for three of the five years of this strategy and thus we will need to work with our partners to establish how to best fund this service going forward.

Action 3.3:
Work with our partners to establish long term financial support for Housing First acknowledging the variety of benefits it delivers across the public sector.

Finally, our survey respondents and HIIA process identified that one of the major components needed for our approach both homeless prevention and rapid rehousing to be successful is a steady supply of homes available across all tenures and types, but in particular affordable housing and therefore this part of the strategy links closely to other actions and ambitions, primarily around the development of more, new homes including those set out in chapter 1.



Place and Community

4



Our places, our towns, and communities are where many of the ambitions of this strategy intersect. The physical buildings, which provide us with homes, sit within and help create places and therefore we must work to make these places the best that they can be.

High-quality places which are safe, vibrant, and community-focused are home to people who are healthier and happier. For example, creating places which encourage people to take fewer car journeys and instead travel safely and pleasantly by foot, bike or public transport brings benefits for both their health and is more sustainable.

Focusing on the local area will be important for making our places resilient to climate change too; by considering our planting and trees which absorb rainfall and provide shade, and local food growing initiatives to reduce food miles.

Place making as a public health priority

Our places can have an important role in encouraging active travel, such as walking and cycling and by making routes safe and pleasant we can encourage and support, improvements in the physical wellbeing of the residents who live there.

There are also benefits to be had for mental wellbeing, for example studies have shown that access to green spaces, such as parks, can boost mental health by improving mood, reducing stress, and encouraging activity (Mind, 2021). To maximise the positive role of green space, both new and existing spaces need to be integrated into our places and communities so that everyone has good access to these benefits.

Therefore our places play an important role in health and this applies across all ages and demographics including children. The WHO (2016) has shown that access to green space for children is important for both cognitive and physical development, for example allowing them to develop fine motor skills which are important for adulthood.

Place making and climate change

The recently established **Climate Change Strategy and Action Plan** identifies that our places will have an important role to play in our ability to respond to, and be resilient to, climate change.

Flood prevention systems and technical flood planning will be part of that approach but it is important we also support and contribute to attempts to manage water in our neighbourhoods. For example through using permeable surfaces, planting specific types of plants, and mechanisms such as rain gardens which slow the pace of water. These types of interventions can bring other benefits such as cooling on hot days and providing biodiversity for animals.

These types of actions can build our resilience and capacity to respond to changes but our places also have an important role to play in helping our communities reduce their carbon emissions by reducing the need to drive, promoting walking and other active travel choices by making sure our homes sit within places of short distances. Thus meaning within short distances people can be connected to other places, for example by bus. West Dunbartonshire is well placed as it is fairly compact and largely urban and this links to 20-minute neighbourhoods covered below.

We will do this by supporting town centres and neighbourhoods to provide our communities with the amenities they need, as set out below, and by working with colleagues in other teams to ensure that the space around our homes contributes to our resilience to climate change for example through biodiversity.



Place making and planning context

Creating places is about giving our communities an identity and making West Dunbartonshire a place where people want to visit and live. It is about integrating and thinking about how houses, communities, open spaces, schools, other community facilities, town centres, industrial areas and the countryside come together to create places that people are proud to call their home.

West Dunbartonshire
Local Development Plan 2

Local Development Plan 2 sets out a design framework based on creating places for people and focussing on a green infrastructure first approach to design. This approach will help to create new communities and places whilst strengthen existing ones. Policies CP1 and CP2 of the LDP 2 set out the requirements in this regard and achieved the first Building with Nature Accreditation in the UK.

High-quality places and design is also a priority for the Council and as such, a Place and Design Panel has been established to raise the standards of design and place-making within West Dunbartonshire and is a formal process that will benefit proposals brought to the Panel through the provision of a workshop approach, bringing various skillsets together. The Place and Design Panel Terms of Reference detail the work

of the Panel and the types of applications that it will consider.

Policy CP 4 of the Plan requires developers to incorporate the recommendations of the Place and Design Panel. If the developer chooses not to do so, justification must be provided as to why the recommendations have not been adhered to.

20 minute neighbourhoods

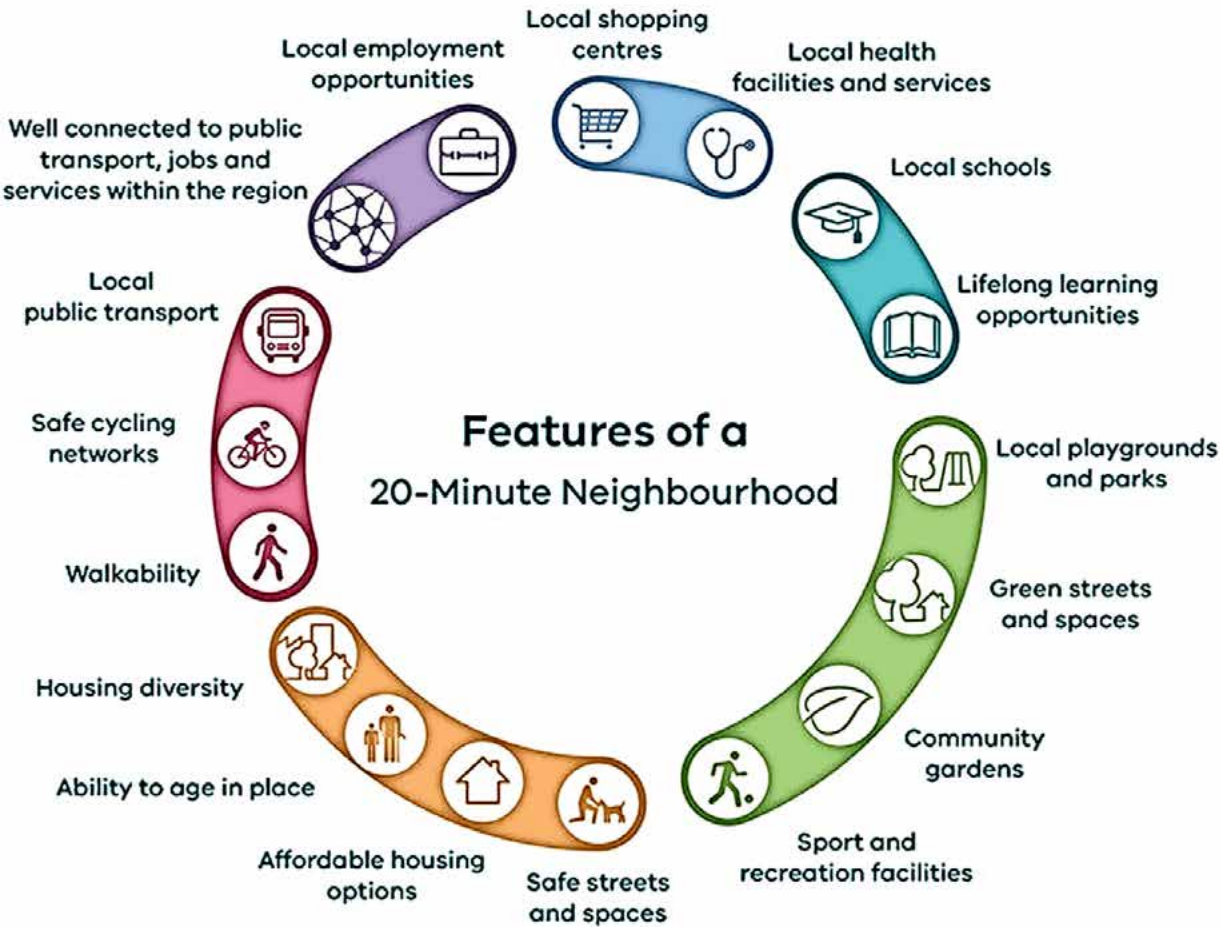
What is a 20-minute neighbourhood?
20 minutes or approximately 800m based upon average adult walking time. Within this distance, a short ten-minute walk there and ten minutes (total time 20 minutes) back you should be able to access and use, services, amenities such as public transport links, and green spaces.

Our consultation noted the differences between good (some amenities available nearby, more within reach by public transport) and great (lots of amenities nearby such as in town centre locations) but the opportunity to make good amenities great for example by good, safe paths, cycle routes and cycle storage at home and at destinations such as schools and stations. This was reflected by our survey respondents:

72%
of whom thought that 20 minute neighbourhoods would improve their neighbourhoods

52.5%
thought it would encourage them to walk or cycle more.

Indeed, walkability is an important feature of a 20-minute neighbourhood but it also supports cycling and public transport use. This may require a more dense urban form but neighbourhoods that fulfil these principles have been shown to have positive outcomes for health and wellbeing, alongside supporting reduced carbon emissions.



20-minute neighbourhoods and policy context
20-minute neighbourhoods are a concept that has been gaining popularity in policy for several years. The idea originated in large cities, with Melbourne and Paris being the most famous examples, but it is increasingly viewed as a good model for all neighbourhoods.

The recent pandemic has highlighted the importance of having good quality local amenities such as shops and green spaces and as a result, the Scottish Government, in the most recent programme for Government (2020), identified 20-minute neighbourhoods as something they support and we anticipate it may become more prominent in government thinking as contained within NPF4.

Creating 20-minute neighbourhoods
The most obvious first step in creating 20-minute neighbourhoods is to carry out community reviews. This involves taking the above graphic list mapping up where amenities such as schools and public

transport are, types of housing available, and establishing how walkable an area is.

In addition to the physical elements of the space both our HIIA process and survey respondents felt strongly that feelings of safety should be prioritised for example well lit and overlooked streets, wider paths to allow those using prams or wheelchairs to move around easily and cycle safety measures.

This is no small project and it makes sense in the first instance to align it with other initiatives or projects, for example the Alexandria Masterplan or Queens Quay Masterplan which can help involve residents in creating the places they want and weave the 20-minute neighbourhood into that. It may be that some amenities or services will be shared between communities, depending on the size of the area, but these must be connected by public transport and active travel routes.



Town Centres

Town centres are highly accessible, have good public transport connections and a large number of amenities. There are several smaller and larger town centres within West Dunbartonshire.

Our main town centres are Clydebank, Dumbarton, and Alexandria which are well connected by public transport and offer a range of retail and leisure opportunities for their catchments. In addition to these are smaller centres which typically offer shops, transport links, and schools and are located in areas throughout West Dunbartonshire including Faifley, Duntocher, Old Kilpatrick, Bowling, Milton, Renton, and Balloch.

Looking forward, housing within these areas can bring huge benefits in terms of vibrancy, driving demand for amenities, as well as allowing people to be less reliant on cars. Ultimately, the inclusion of housing can help town centres be resilient places.

Our planning and housing policies promote the Town Centre First Principle and we utilise the toolkit for example the work undertaken in Alexandria to create the Alexandria masterplan. Further, any new developments aim to be sensitive to the local area and through our work around tackling empty homes we aim to bring empty properties in our town centres back into use. All of which aim to support and promote our town centres.

Housing Regeneration Areas Strategy

Quality places are resilient and as we as a Council look to build more resilient communities we want to ensure our homes and their respective places continue to support this ambition. This is already evident in a number of our planning and housing policies but the Local Housing Strategy allows us to identify areas for regeneration where additional focus is required.



The principal criteria used in designating the priority Housing Regeneration Areas were the Scottish Index of Multiple Deprivation (SIMD) statistics, the findings from the Council's Asset Management assessment, details in chapter 2, and analysis of the capital investment made in the area. We had in the draft version excluded Bellsmyre from our regeneration areas due to the improvements in the SIMD statistics but our survey respondents and workshop feedback felt strongly that it should be included.

The areas identified and proposed are set out below:

- Haldane, Balloch
- Bonhill, Alexandria
- Brucehill, Dumbarton
- Westcliff, Dumbarton
- Castlehill, Dumbarton
- Bellsmyre, Dumbarton
- Mountblow, Clydebank
- Dalmuir, Clydebank
- Drumry, Clydebank

- Faifley, Clydebank
- Clydebank East, Clydebank

While these areas were termed housing regeneration areas, the importance of linking proposals here to wider social and economic outcomes is recognised. The Strategic Housing Investment Plan will give a degree of prioritisation to projects located in these areas.

Not all of these areas contain prospective new housing sites but in these cases, other regeneration avenues will be explored including holistic refurbishment programmes and other forms of investment into these communities. For example, supporting active travel through twenty-minute neighbourhoods or the expansion of district heating systems.

It should be stressed that investment in new affordable housing will not be confined to the regeneration areas. When deciding on the priority for any given new affordable housing proposal, several factors are taken into

account including the availability of land, type of housing being proposed, deliverability, and value for money. Projects proposed for inclusion in the WD SHIP are scored against a matrix of factors and their priority is assessed accordingly.

Empty Homes Strategy

Making the most of our existing homes is a key policy focus for this strategy and a priority for both West Dunbartonshire Council and the Scottish Government.

Our Empty Homes Strategy was recently updated and approved in February 2021 and establishes the strategy’s key objectives as:

- maximise the re-use of empty homes,
- reduce the number of long term empty problem properties,
- help to alleviate the effects of homelessness and a waiting list in WDC
- Support Town Centre regeneration.

WDC has a target to bring back into use 25 empty homes each year and during the last financial year (April 2020 to April 2021) brought 29 long-term empty properties back into use. There are 352 empty homes still on the register and they are spread across the Council area:

- Alexandria 105
- Clydebank 145
- Dumbarton 102

The Empty Homes Strategy works in alignment with the Buy-back Strategy, details below, and so far 15 out of the 40 homes purchased through the Buy-Back scheme have been empty homes and we are hoping that should more empty properties be suitable to be purchased through this scheme, we could then use the existing Empty Homes Loan Fund to refurbish these properties if necessary, making more family homes available for social rent for perpetuity.

Empty Homes and increased Council Tax

The Scottish Government announced in 2012 that local authorities would be given new powers to help reduce the number of empty homes and since April 2013 Councils have had the option to reduce, increase or maintain discounts on second homes and long term empty properties with the further option to increase Council tax owed for properties that have been empty for 12 months or more.

From April 2014, West Dunbartonshire Council has agreed to adopt a new policy that is intended to reduce the number of empty properties in our area. This policy included doubling the Council tax for long-term empty homes.

Following a review of the Empty Property Discount Policy, some discretionary elements have been agreed upon that will prevent the application of a double Council tax charge for properties that have been empty for over 12 months in some circumstances.

Existing owners of empty homes can apply for a maximum three-month discretionary exemption to allow them to do required works, for example make it suitable for habitation or prepare it for sale. Meanwhile, new owners can apply for up to 12 months to allow them to carry out required works.



Compulsory Sale Orders

The Scottish Government has intended to legislate to introduce a Compulsory Sale Order (CSOs) Power for vacant land and buildings. When introduced CSOs will be a legal mechanism intended to help local authorities address the many thousands of empty homes and vacant urban land across the nation.

CSOs would allow the authorities to sell these buildings and plots to the highest bidder after they have been derelict for a set period, allowing them to be regenerated.

This would give the Empty Homes Strategy and officer an additional tool in those instances where all other means of engaging with the owner have been exhausted. The intended legislation that would introduce these powers was delayed because of BREXIT and the COVID-19 pandemic but we await its introduction and more detail.

Compulsory Purchase Orders (CPOs)

Many public sector organisations (e.g. local authorities, Transport Scotland) and a range of infrastructure providers (e.g. energy transmission companies) have powers to purchase land without the owner’s agreement if there is considered to be a strong enough case in the public interest in doing so, this is known as a Compulsory Purchase Order (CPO).

The CPO process can be lengthy, fraught, and time-consuming and therefore we are wary of using this power, particularly when linked to empty homes, and instead welcome the prospect of Compulsory Sales Orders instead for these properties.

Otherwise, Compulsory Purchase Orders will be viewed as an option of last resort for properties that are structurally unsound, unsafe, or are otherwise putting communities at risk but we will always seek to work with owners and landlords before taking a CPO forward.

Buy Back Strategy

West Dunbartonshire Council’s Buy Back Scheme was updated and approved in October 2019. It allows the Council to purchase homes previously sold through Right to Buy to increase the amount of affordable housing available. To meet the demand for housing, the scheme has clear aims and criteria.

The main aims of the scheme are:

- to acquire housing that can increase the stock of WDC social housing
- help maintain or create viable sustainable communities
- assist with managing the effects of Welfare Reform
- assist the Council with SHQS/ capital improvements
- potentially assist with bringing empty homes back into use.

We are keen to see our registered social landlord partners also take a strategic approach to buy-backs to help deliver the objectives of the LHS. Negotiations are ongoing with the Scottish Government’s More Homes division regarding Affordable Housing Supply Programme funding for the buy-back programme.





Tenant Participation

Involving You, the Council’s Tenant Participation Strategy for 2021-2024, aims to involve tenants in decision-making about their homes and the services they receive. It does this by enhancing feedback to tenants, continuing to encourage the involvement of under-represented groups including young people, homeless people, and minority ethnic groups, and promoting the personal benefits to tenants of participating in decision-making processes.

The strategy builds upon previous successful strategies and is informed by both the Housing (Scotland) Act 2001 and the Scottish Social Housing Charter requirements, which set out between them tenant rights and Council duties. We recognise that involving tenants and other service users in decisions about their homes, services and communities helps us continually work to improve these same places and homes alongside the services we offer and as such we are committed to continually improving and listening to our tenants and residents.

We also recognise that getting involved brings benefits for our tenants and communities and as such we aim to provide a variety of different opportunities and formats to help get as many people as possible involved including Housing News, our quarterly newsletter, Tenants and Residents Associations, Scrutiny Panel, attending focus groups and public meetings. More details can be found in the strategy.



Conclusions and actions

Places and communities are vitally important to both our resident’s health and well-being and our ambitions to reduce our impact on the environment. Indeed, our survey findings suggest strong support for the idea of 20 minute neighbourhoods and the opportunity they present to improve our places. However, housing is only one part of our places and we do not have control over every element of our places but we will endeavour to work with colleagues in other teams for example roads and their active travel strategy ensuring that our homes contribute the best they can. We will commit to carrying out at least one 20 minute neighbourhoods reviews per year with our colleagues and communities where appropriate.

Action 4.1:
Carry out at least one twenty minute neighbourhood review per year with colleagues from other teams, and communities where appropriate, identifying gaps and priorities. In addition we will support other team’s strategies which are in alignment with these principles for example active travel and economic development.

Beyond 20 minute neighbourhoods we will work to support our places across a number of measures. For example our town centres and housing regeneration areas, our survey responders demonstrated clear support for prioritising investment in these areas. We will report back annually on the investment made and projects taken forward in these areas by both ourselves and partners such as the registered social landlords active in West Dunbartonshire. This may include new homes, connections to district heating and retrofit homes for energy efficiency.

Action 4.2:
Report annually on investment actions taken into town centres and housing regeneration areas by ourselves (West Dunbartonshire Council) and our partners.

All of these measures require that we make the most of our existing homes and indeed we have a number of policies, strategies and tools at our disposal to help us do this. We look forward to the introduction of Compulsory Sales Orders and hope that it will be a helpful tool. In addition to these national policies, our Empty Homes and Buy Back Strategies ensure that we make the most of existing housing in our communities and as such we will report annually on progress on these strategies.

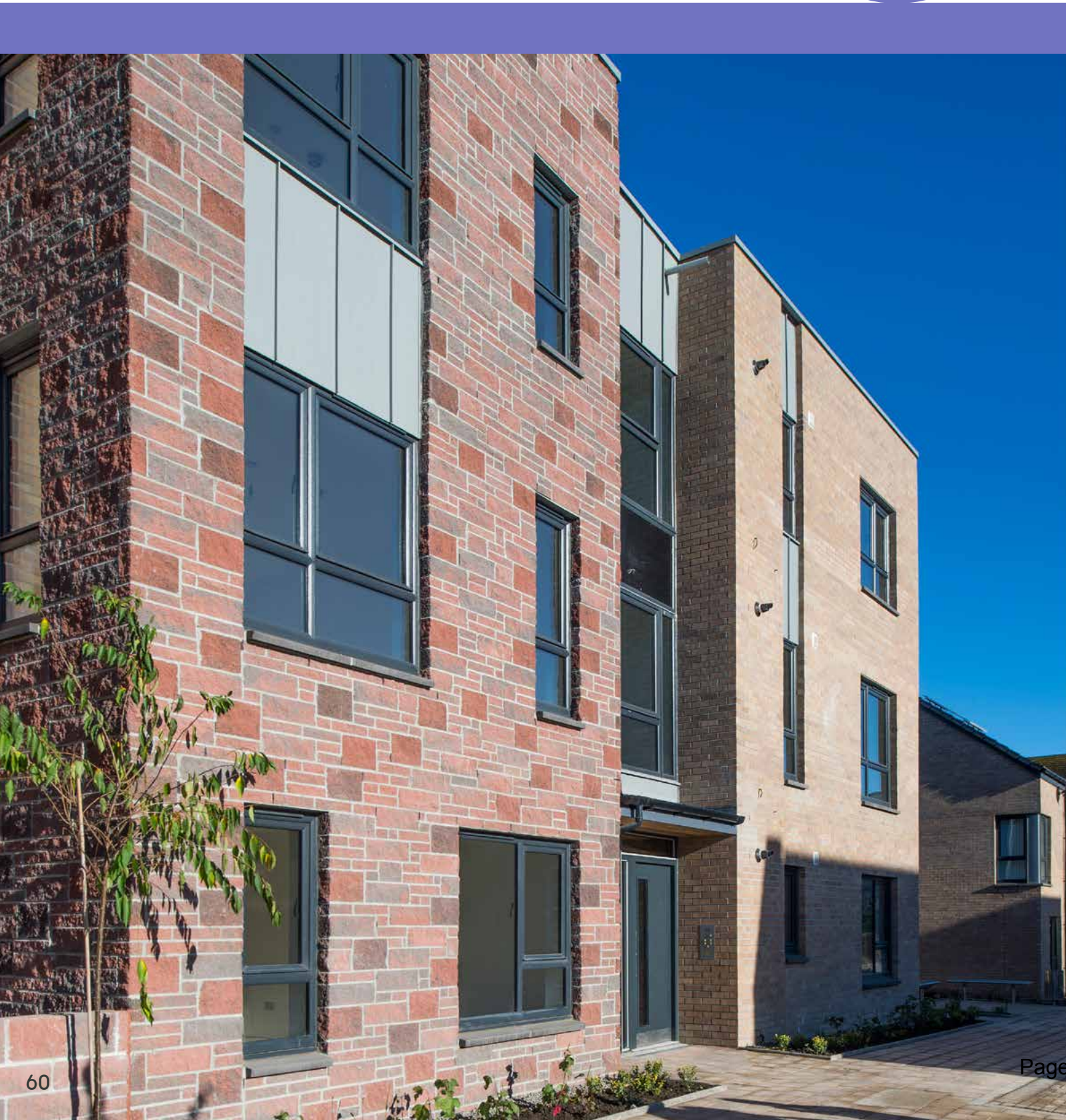
Action 4.3:
Report annually on the number of homes brought back into use by the Empty Homes officer and strategy and report on the number of homes purchased by the Buy Back officer and strategy.

Feeling part of a community and having a say in your community are both really important for building sustainable and resilient places which reflect the ambitions and aspirations of the people who live there. We have recently updated our tenant participation strategy and commit to delivering this and constantly seeking to improve not only opportunities to become involved but support our places, communities and homes.

Action 4.4:
Commit to delivering the Involving You Tenant Participation Strategy and in doing so look to continually improve how we engage and communicate with our tenants and residents, encouraging the involvement of underrepresented groups including private sector tenants, to ensure that our homes and places reflect what the people who live there want to see.

Supported, Specialist and Particular Needs Housing

5



Housing has an important role to play in health because homes can impact on people’s health in a way that few other factors can. Homes are where people spend a significant portion of their time and the links to physical health are clear but homes also invoke feelings of safety and security and therefore have important connections to mental health too.

Having access to the right housing can deliver positive mental and physical outcomes and this is particularly the case for those who require specialist accommodation, support to live independently or have housing requirements that vary from other groups.

This chapter sets out how we plan to ensure these groups have access to the housing and support they require. This will require close working across Council services and in particular with our colleagues in the Health and Social Care Partnership (HSCP). We have set out what that relationship will look like below before setting out local demand and our approach over the coming five years for specialist, supported and particular housing.

Housing and HSCP

Housing Contribution Statement
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. It forms part of the West Dunbartonshire Health and Social Care Partnership Strategic Plan: 2019 – 2022.

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:

- provide 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.

Housing will continue to engage with the HSCP over updates to the new Strategic Plan.

Need and demand for specialist accommodation

Several trends are going to influence the need and demand for specialist, supported, or particular housing in West Dunbartonshire. These are long-term trends and this is only a five-year strategy, however it presents us with an opportunity to continue to build upon work done to date and take into consideration best practice.

Changing demands on housing stock
The overall population in West Dunbartonshire is predicted to decline but the percentage of the population aged 65 and over has been increasing over the last 20 years and is expected to continue to increase from 18.8% currently to 22.8% in 2028 and 25.7% in 2043. Those aged 75 and over are predicted to rise from 8% currently to 9.6% in 2028 and then 14.3% of the total population.

Levels of frailty and ill health within our communities would be expected to rise in accordance with this aging population, however, we also have levels of frailty due to long-term conditions and co-morbidities within our under 65 population.

More support required
In West Dunbartonshire, life expectancy at birth was higher for females (79.2 years) than for males (75.0 years) in 2016-18 and has been improving in recent years. Healthy life expectancy measures how long people are living without debilitating health conditions,

chronic illness, or disability. This is not the same as life expectancy. For example for females currently aged 60-64 years in West Dunbartonshire, the average life expectancy is a further 22 years, but only 11 of these years are expected to be spent in good health.

One of the Scottish Government's National Health and Wellbeing Outcomes is that:

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 living longer with more complex health conditions means we need to consider and plan for the needs of people being supported at home often over a number of years. Over 1,400 people in West Dunbartonshire currently receive support from the HSCP's Care at Home services with over 10,000 hours of home care provided in a typical week. Around 2,000 people also have the support of a community alarm to provide an emergency response from Care at Home should they become unwell or experience a fall. As our population ages and people live longer with more complex health needs these numbers will increase as will the demand on appropriate housing and/or aids and adaptations.

It is not just older households who require support to live at home but a variety of different groups including people with physical disabilities or complex health conditions who may require to use mobility aids, specialised equipment or wheelchairs and people with learning disabilities whose support allows them to live otherwise independently. Meanwhile, for others, that support might not be in the home but around

it, for example for those experiencing poor mental health or particularly vulnerable groups such as Prison Leavers, Young Care Leavers or people being discharged home from hospital where their housing situation has become a barrier.

What does this mean for housing need and demand?

Older households mean we need to plan for smaller households whilst looking to provide housing which is:

- suitable for people with mobility problems & users of scooters
- suitable for people with dementia
- future-proofed and adaptable to suit changing needs
- provides choice so households can decide the best option for them.

Crucially our housing stock must seek to make it easier to support people and not act as an impediment to them living a fulfilling life. Thus, this might require housing that has been designed or adapted with a specialist requirement in mind, or that facilitates a degree of independence for example supported living units.

Specialist Housing

Older people's housing

There are approximately 550 purpose-built amenity, retirement and sheltered homes across West Dunbartonshire. They are primarily owned and managed by either West Dunbartonshire Council or our strategic housing partners.

Each of these three types of accommodation offers something slightly different with amenity properties offering emergency response, maintained garden areas, secure entry and repairs service; to retirement which typically offers the addition of a staff presence, some support to residents, laundry and sometimes meals facilities; through to sheltered housing

which offers considerable support to residents as well as usually a 24 hour warden presence on site.

We continue to develop new affordable housing options for older households and will be looking to review whether existing housing for this group is suitable going forward. However older people's or age-restricted housing will only ever accommodate a small number of households thus the majority of older people's housing going forward will be formed of existing mainstream homes allowing people to 'age in place'. It may not be the home the person currently lives in as they may require a property with different attributes or they may require right sizing.

Older people's housing was identified by our survey respondents as another focus and area where they would like to see more options available and many felt that internet should be readily available for this group.

Accessible housing & delivery of wheelchair housing

Accessible housing is the cornerstone of independent living. Without an accessible home, it's clearly impossible for many disabled and older people to live as equal citizens - to work, to play, to have relationships, to be active members of our communities and all that follows from that: in other words to do all the things non-disabled people take for granted.

Etienne d'Aboville Chief Executive, Glasgow Centre for Inclusive Living.

Ensuring our homes are easy to get into, out of, and around is of utmost importance and should form the cornerstone of our approach to both new and existing homes.

People who use wheelchairs face particular design and accessibility barriers, both in and around the home and in the wider environment. Projections indicate that over 31,000 people with disabilities will experience unmet housing needs in Scotland by 2024 (CIH and Horizon 2017).

The recommendation from this report included the development of new wheelchair standard homes for owner-occupiers and tenants; support for home adaptations across tenures; and efficient allocation of accessible and adaptable homes in affordable and social rented sectors to help resolve these challenges.

Our Design Standard necessitates 10% of affordable homes to be wheelchair standard to access affordable housing supply programme funding. We also provide details of wheelchair space standards, alongside required design features in our Design Standard which are required in addition to complying with Housing for Varying Needs and the latest Building Standards.

This requirement applies to the affordable housing sector but is discretionary for private developers and delivering private wheelchair user standard homes can be a challenge and may require national policy change. As such the affordable housing sector continues to be vital and as such so are their allocation policies to ensure the right people have access to appropriate housing.

Respondents to our survey and our HIA process both identified the vital role wheelchair appropriate housing play and thought it should be prioritised because it could have a significant impact upon people's ability to live independently or provide car to children who use wheelchairs.



People with disabilities

Taking a person-centred approach can help ensure that everyone, regardless of their ability level can access a home that meets their needs and allows them to access support if they require it.

Inclusive design allows people who use wheelchairs, some or all of the time, to use their wheelchair easily and this design, in turn, can also help people of varying levels of mobility, or ability, to use the space. For example, wide door frames cater for people who use electric scooters or walking supports either long term or whilst recovering from injury.

Thus, inclusive design enables future-proofing for everyone whose needs may change permanently, or temporarily, over their lifetime. We understand Housing for Varying Needs is under review and may be updated in the time of this strategy. We welcome these updates as they will apply across all new developments, regardless of tenure.

Therefore, like many areas new build homes offer an opportunity to develop custom homes which deliver best practice design but existing homes are also important and it is crucial we think about how best to make these work. As set out in the following sections, adaptations such as chairlifts, hoists and ramps can be important supports for many different ability levels.

Adaptations & policy for adaptations & allocating adapted property

In comparison to new properties where best practice and inclusive design are more easily integrated into homes, existing homes can represent more of a challenge and may require adaptations to allow people with varying levels of ability or frailty to continue to live in their existing home. Adaptations include ramps, showers, door alterations, path widening, and handrails.

West Dunbartonshire Health and Social Care Partnership's Community Teams carry out



assessments for equipment and adaptations to make it easier for people to live independently. Adaptations for tenants of West Dunbartonshire Council are provided and funded through the Council and registered social landlords have access to an adaptations budget from the Scottish Government. There is also grant funding available to assist home owners and private landlords to adapt their homes.

The community team at WDC can help with applications, and our Care and Repair Scheme can help households complete the work. Further recent Scottish Government guidance should make it easier to adapt common areas such as closes to support adaptations, [full guidance here](#).

Care and Repair

Lomond and Clyde Care & Repair Limited are a community based organisation covering all of West Dunbartonshire. Funded by West Dunbartonshire Council, West Dunbartonshire Health and Social Care Partnership and Community Planning West Dunbartonshire,

they offer advice and assistance to older people and people with disabilities who are homeowners or private rented sector tenants to enable them to have their homes repaired, improved, or adapted.

Further, they also offer a small repairs service which provides a trusted team of small repairs maintenance workers to carry out small repairs to people's homes, to enable them to remain safe and secure within their own homes, whilst retaining as much independence as possible.

Aids and Adaptations

Aids and adaptations while effective can often be costly, particularly where more complex adaptations are required and they are dependent on the design and construction of individual properties.

The design of new homes is hugely important and the development and availability of specialist homes makes it easier to support people to live independently, if this is what is best for them, for as long as possible.

Older, existing homes will always represent more of a challenge but remaining in their own home and community can deliver health and wellbeing benefits.

As such we will provide support to help people remain at home, provide assistance with adaptations and use technology to help older households live as independently as possible.

Technology supported housing

Technology is already an integral part of many homes with many households having smart heating systems, speakers or televisions but looking forward we anticipate that technology will become important in helping people to live independently.

For example, technology can help people manage their properties more easily and systems around heating systems are well established but there is a growing area around technology enabled care such as Telecare whereby people can have sensors or systems installed which allow them access to support quickly if required and also provide reassurance to family members and carers. For example, sensors that track movement can highlight when a person’s pattern of daily activity has changed and may be of concern or where a person has experienced a fall.

Our survey respondents identified that technology and access to the internet should be an integral part of our specialist and supported housing provision. They felt that internet provision could help people maintain independence, feel less isolated and make it easier to provide care. Therefore we will work with colleagues in HSCP to ensure that we incorporate technology into our care options.



Dementia Housing

There are around 90,000 people in Scotland currently living with dementia, and this number is expected to increase significantly as the proportion of older people within the national population increases. Locally almost 600 people with dementia received support at home at some point during 2021/22.

West Dunbartonshire Council has committed to CIH’s Housing and Dementia Framework and we have incorporated dementia design elements into our design standard to ensure that new homes are dementia friendly. One of the recent developments at Creveul Court in Alexandria has dementia design elements at its core which have been well received by the community and residents who are already benefitting from the good design. Our Design Standard has been updated to encourage the inclusion of dementia friendly elements.

We are aware that new builds can only accommodate limited numbers and that for some people staying in a familiar home can be more beneficial for their wellbeing. Therefore, we need to support people to find the best option for them to allow them to live as independently and safely as possible. Therefore, we will work with colleagues in the HSCP to ensure we follow best practice and are able to provide our residents with choices.



Case Study

Our Creveul Court development in Alexandria town centre delivered 22 new homes including 16 flats and 6 wheelchair bungalows. The properties were designed to make life easier for people with dementia and have been well received by the tenants who have moved in. They particularly like the communal garden (pictured), town centre location and the design features which help them retain independence. One resident commented recently that:

“moving to Creveul Court has been better than any medication that any Doctor could prescribe”





Supported Housing

For some people living independently will not be an option and supported accommodation models may be the right housing option. The type of supported accommodation and level of support required can vary significantly for example, households with dementia will require different supported accommodation models to younger people with learning disabilities who are unable or not ready to sustain their property.

Supported accommodation therefore might take the form of sheltered housing for older households where there is staff on-site to help people or it could take the form of a shared house or temporary supported accommodation for those experiencing homelessness to help them access support. Ensuring we have the right mix and types of supported accommodation in the right locations will require ongoing investment and partnership working between HSCP, Housing, and Housing Options.

Individuals with learning disabilities have some of the poorest health outcomes of any group

in Scotland. Life expectancy is increasing for people with learning disabilities, but it remains shorter by 20 years when compared to the general population (Scottish Government, 2015). In 2019, there were 458 people with a learning disability living in West Dunbartonshire known to the HSCP’s Learning Disability Services.

In line with The Keys to Life, Scotland’s learning disability strategy, both the HSCP and Housing strive to tackle the significant health inequalities faced by people with learning disabilities and to improve the quality of their lives. The principles of choice, control, and independence for people with learning disabilities are central to the strategy.

Working in partnership with registered social landlords and support providers, 206 people with a learning disability were living in their own tenancies with support in West Dunbartonshire in 2019.

Significant changes to the number of people with a learning disability living within West Dunbartonshire going forward are not anticipated. Yet, as life expectancy for people

with a learning disability is improving this may mean that we have an increasingly older population who have a learning disability and thus have more complex needs. West Dunbartonshire Housing has developed a good working relationship with HSCP Learning Disability Services resulting in good examples of collaborative working, not least in the development of the new six-bedroom Supported Living home at the heart of the St Andrews project.

People with autism

The Scottish Government and West Dunbartonshire Council recognise that the autism spectrum is wide and autistic people are diverse. As a result, there can be no one size fits all solution for their housing needs; whilst some people who have autism live independently, others may require some level of support and the needs of those with autism, like anyone else, will likely change across their lifespan. In this section of our Local Housing Strategy, we will set out how we plan to support people with autism going forward.

The latest Scottish Government Autism Strategy has established a National Scottish Autism Prevalence Rate of 1.035% (103.5 per 10,000). This means there are approximately 44,133 autistic people in Scotland and this would proportionally equate to just below 1,000 people in West Dunbartonshire. Therefore it is relatively common and people with autism are represented within the protected characteristics under the Equality Act 2010.

The Scottish Government Autism Strategy identifies four main strategic outcomes and housing plays an important role across many of these. However, it is the healthy life and independence outcomes where housing has the opportunity to play the most visible role, but good housing can assist with all four strategic outcomes.

Whilst autism is not a learning difficulty nor a mental health problem, people with autism are more likely to experience social isolation, mental

health issues, and some adults with a learning disability in West Dunbartonshire also have an autistic spectrum disorder.

Therefore some people with autism will require, as part of a wider package of support, specialist housing. We are encouraged to see the Scottish Government commit to ensuring flexibility in the housing grant subsidy arrangements within the Affordable Housing Supply Programme (AHSP) so that social landlords are supported to build specialist housing in accordance with local needs.

Meanwhile, others may require other types of support for example to sustain tenancies, engage with their community, and access other services. Housing will continue to work with our partners in HSCP to ensure people get the support they require and we will continue to review our policies and procedures to ensure that they are inclusive as possible.

People with mental health needs

The joint strategy, by the NHS, COSLA, and the Scottish Government, Good Mental Health For All set out the absolute importance of good mental health across the lifespan. The strategy identifies that poor mental health can be linked to wider health inequalities with links between mental health and socioeconomic inequality, poor physical health, stigma and discrimination.

Particularly relevant for this strategy is the positive role that good housing and housing support services can have on mental health and wellbeing. The strategy identifies a range of things in the physical environment that have an impact on mental health and wellbeing, including:

- access to local green space
- access to active travel
- opportunities for play
- good-quality, affordable, safe housing

Thus, as set out in previous chapters our approach to delivering new, and supporting

investment in existing homes and increased focus on our local places should help mental health and wellbeing.

However, the strategy notes that physical factors are only one element of mental health and it is important to take a person-centred approach in giving support and this may include supporting people to access employment and services. This is an integral part of our Housing Options approach where we work to identify and support people with their housing and tenancy sustainment.

Respondents to our survey highlighted the need for more awareness of mental health and wellbeing in our communications with tenants and thus as identified in the HIA section of this report we will seek to engage our housing staff in mental health awareness and wellbeing training and encourage our strategic partners to do the same.

People with complex needs

Whilst some people may never require specialist housing or support some people may need some or all of these elements, either throughout their life or over a short period to help them during a particular period of their life.

Complex needs are by description complex and thus taking a person-centred approach is important and day to day support will be provided by HSCP or Housing staff including Housing Options, Housing First, and housing officers, and the physical housing itself forms the backbone to this. The Scottish Government set out in Housing to 2040 that people should be able to live in homes that allow them to access support, therefore we will work in partnership to ensure that both housing and support needs are met.

Offender and Prison Leavers

We have six pathways that support those leaving prison, these require close working

with resettlement and support officers who will obtain information about any existing tenancies or properties including if any arrears have been accrued, and if no accommodation is available then organise for accommodation to be made available, potentially short term temporary solutions until permanent accommodation can be found.

As part of this process, the team may identify that the person will require additional support and as such our pathways work closely with Housing First officers and other support mechanisms to ensure that support is available from the day of release.

Armed Forces communities

Faslane, the HM Naval Base, is located in Gareloch near Helensburgh and the Ministry of Defence is proposing to expand their operations thereby relocating other submarines to the area. This will result in more Armed Forces members locating to the base and may result in increasing numbers of families moving with them.

We know that West Dunbartonshire is an attractive place to call home and should families linked to the naval base choose to live here then we will look to accommodate them across the range of housing tenures to suit their needs.

Leaving Care Housing Protocol

West Dunbartonshire’s Leaving Care Housing Protocol ensures that an integrated and coordinated service exists so that no Young Care Leaver will become homeless on leaving care or lack support to achieve independence and stability within the community.

The protocol is based on the principle that care leavers should have access to secure accommodation and is complemented by our Housing Allocations Policy, which recognises Young Care Leavers as a group given reasonable preference to housing.



The protocol has been used as an example of good practice and has been shortlisted for awards with COSLA, APSE, and CIH Scotland in their service and innovation categories.

In June 2019, as a further commitment to strengthening existing services as corporate parents, the Housing Improvement Board approved a pilot Young Care Leavers Rental Exemption Scheme. This scheme supports those care leavers who wish to attend full-time education by covering the rental payments of those eligible.

This enables these students to fully focus on their studies and not have financial worries during this time. It also encourages more Young Care Leavers to aim to further their education by undertaking further or higher studies at college or university.

The pilot Young Care Leavers Rental Exemption Scheme has been monitored since it was introduced in August 2019 and as it has been operating well, and is a key benefit for those Young Care Leavers who are eligible, it was agreed in August 2020 that the pilot Rental

Exemption Scheme is made part of our permanent mainstream service provision and incorporated within the main protocol.

We have reviewed our Leaving Care Housing Protocol to take into account recent guidance from the Scottish Government, CELCIS, and “A Way Home Scotland” and found that no additions to the protocol are required as it is fully compliant with the recommendations made and remains reflective of best practice.

Hospital Discharge Protocol

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.

WDC’s Rapid Rehousing Transition Plan committed to working in partnership with the WDHSCP 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.

The Community Hospital Discharge Team (CHDT) is part of WDHSCP and can offer support or care for those leaving the hospital. This support can include assisting people to continue to live at home, to move to supported housing or a care home, and also offer advice about benefits.

For most patients, following completion of health and social care assessments, the necessary care, support, and accommodation arrangements are put in place in the community without any delay and the patient is appropriately discharged from the hospital.

A delayed discharge occurs when a patient, clinically ready for discharge, cannot leave the hospital because the other necessary care, support, or accommodation for them is not readily accessible and/or funding is not available, for example, to purchase a care home place. Ensuring someone coming out of hospital has an appropriate property to return to is part of this package.

Accommodation and support pathways:

- 1. **Return home in the short term with appropriate equipment to assist with independent living but pursuing more appropriate settled/permanent accommodation**
- 2. **Temporary accommodation to facilitate hospital discharge whilst the home is made suitable to accommodate with appropriate aids and adaptations;**
- 3. **Temporary accommodation to facilitate hospital discharge with appropriate settled/permanent accommodation then being identified.**

As part of our sheltered housing review we will make sure there is an adequate number and the right type of home available to support this protocol.

Groups with particular needs

Gypsy/Traveller communities

There is one long-established site in West Dunbartonshire for Gypsy/Travellers. This provides 20 pitches for a largely settled community and is located at Dennystoun Forge in West Dunbartonshire.

There has been ongoing engagement with residents of the Dennystoun Forge site and this has resulted in improvements to the site we have committed to continual review and consultation to ensure it continues to meet their needs. This forms part of West Dunbartonshire Council's Equality Plan 2021-25 which set out to better meet the needs of both our permanent and temporary Gypsy Travelling communities in West Dunbartonshire.

Recent consultation, as part of the LHS, highlighted that more pitches or different housing options such as cabins may be required at Dennystoun Forge to respond to the changing profile of residents who live there. We will commit to exploring this in more detail with the community.

Further, we do have more transient gypsy populations who may locate in the area for short periods. These groups have different needs to our residents who live in the permanent site.

Travelling Show people

Whilst often considered together gypsy travellers and travelling show people are different and have different requirements and needs. On average there are between three and six license applications per year for circuses/funfairs run by show people visiting West Dunbartonshire.

The normal practice is for people to set up at sites they are using for the shows, and this has not created issues for show people or residents. The LHS arrangements will have no net effect on Travelling Show people visiting West Dunbartonshire.

Ethnic minorities

West Dunbartonshire Council is a participant in the Syrian Vulnerable Persons Relocation Scheme; strong partnership working on this scheme has contributed to fostering good relations and equality of opportunity, and this experience will inform not just future relocations, but wider work with all communities in West Dunbartonshire. In addition we have recently signed up to contribute to the Afghan Resettlement schemes which will seek us house refugees fleeing the situation in Afghanistan.

LGBTQI

We are aware that the LGBTQI community can face harassment and discrimination in the community and this may translate into discrimination in other areas of their lives, including housing.

Whilst, a specific product is not likely to be required for this group, awareness of the barriers and challenges this group can face are important elements of our housing policy. As such as we are developing an LGBTQI pathway as part of our Housing Options approach through which we hope to strengthen our policies to ensure they are supportive of the LGBTQI community.

Key workers

Key workers such as teachers, police officers, and care staff are vital to our communities and economy. They provide crucial services and they must be able to access housing which supports them to do so, for example in locations that make it easy for them to get to work and do their job. This requires housing of all types and tenures to suit different household profiles and thus we will endeavour to deliver across the housing strategy.



Conclusions

Our research has shown that we have a growing number of older households in the council area and as such we need to plan for their housing needs. This was also a clear finding from our HIA and survey respondents who want us to prioritise support for older people. Our new allocations policy will alleviate some concerns and hopefully facilitate downsizing but we need to ensure the right properties are available. This will include the type of home, its tenure and location and level of support available or it's potential to be provided.

Ultimately, no single housing type or options will be the right option for every older household but we will commit to reviewing housing options for this demographic group. This will include an older person's accommodation review. This will include a review of sheltered, amenity and retirement housing alongside making sure we have enough temporary properties to allow for hospital discharge or respite care to be provided. This will be supported by the provision of new homes and promoting of dementia designed homes as set on in action 2.4.

Action 5.1:
Over the lifetime of this strategy we will carry out a review of older people's housing options including a review of sheltered, amenity and retirement housing. We will work with our strategic partners and HSCP to do this.

Technology offers significant potential to help people of all ages and abilities to manage their home better and feel less isolated meanwhile it can help those who provide or receive care to do so more easily through tech-enabled care. Looking forward we will look to ensure we facilitate and bring best practice to our tenants and residents.

Action 5.2:
In partnership with HSCP, and other partners, we will look to facilitate tech enabled care solutions in our homes. We will jointly carry out research and look at how we can take these lessons across our housing to ensure everyone benefits.

Survey respondents felt strongly that those who use wheelchairs all or some of the time should have access to homes that suit their needs. Our statistics show us that the number of people who use wheelchairs some or all of the time is forecast to increase and thus we need to ensure that we the right mix of homes available to accommodate this need.

New affordable developments must provide at least 10% of homes as wheelchair suitable and all homes of all tenures should be future proofed as per Housing for Varying Needs but we understand that this standard is under review which is welcomed. As for existing homes we will continue to review our adaptation policies to ensure these are helping the maximum number of people access the right types of homes. We are anticipating new guidance from the Scottish Government and as such we will continue to review our policies against guidance.

Action 5.3:
We will continue to review our adaptations approach in alignment with the anticipated updated policy guidance from the Scottish Government.

Our survey respondents commented that sometimes it feels like the emphasis was on physical impairments or challenges and not on often less obvious conditions or impairments such as mental illnesses and autism. Thus we have identified that training and development for our housing staff, and others who may wish to be involved, would be beneficial to help raise awareness and understanding of the particular challenges some people encounter and how we can best mitigate.

Action 5.4:
As part of our ongoing training programme investigate and provide training on how to best support people with particular support needs including mental illness, autism and any other need, identified during the lifetime of this strategy to ensure understanding and best practice is taken forward.

For some people supported accommodation will be the best model and we will continue to provide this option across the council and will commit to reviewing our approach and policies. Supported accommodation takes various form for example sheltered accommodation for older households will be reviewed as part of our older people’s housing review and supported accommodation for homeless people will be part of our rapid rehousing plan but we also develop and own supported accommodation options for people with learning disabilities which allows them to live independently.

Action 5.5:
We will continue to work with colleagues in HSCP to ascertain demand for specialist accommodation for people with learning disabilities for example, and developing new suitable properties where appropriate

Other groups required particular housing and one such group are our Gypsy Traveller community who live at our settled site at Dennystoun Forge. We are aware from our scoping works for this report that new and different accommodation options may be required for this group and we will explore this need along with committing to continue to improve, monitor and engage with residents to ensure the site is the best it can be.

Action 5.6:
We will explore to potential need for more and different accommodation options at Dennystoun Forge whilst continuing to improve the site and work with residents to ensure it reflects their ambitions and needs long term.



Glossary of Terms/Abbreviations

AHSP: Affordable Housing Supply Programme

The principal Scottish Government grant funding for Council and housing association new build affordable housing.

ARC

Annual Return on the Charter:
The annual performance report on the Scottish Social Housing Charter, the Scottish Government’s performance management tool for local authority and RSL housing.

BTS

Below Tolerable Standard:
Term used to define houses failing to meet a minimum repairs standard as defined by section 86 of the 1987 Act and amended by section 102 of the 2001 Act and section 11 of the Housing (Scotland) Act 2006.

CHMA

Centre for Housing Market Analysis is a Scottish Government department which produces the data and information behind the HNDA.

Clydeplan

The name for the Glasgow and Clyde Valley Strategic Development Plan Authority, with participation from the eight local authorities in the area. Previously the Glasgow and Clyde Valley Strategic Development Plan Authority.

EESSH

Energy Efficiency Standard for Social Housing:
A measure introduced by the Scottish Government to improve energy efficiency and reduce fuel poverty. We are now working towards EESSH2 and updated and more onerous standard.

Equity

Net wealth invested in residential property ie the value of a property minus the owner’s outstanding mortgage balance.

Fuel Poverty

A household is defined to be in fuel poverty if more than 10% of its income is spent on fuel use.

HCS

House Condition Survey:
A representative survey of the Council’s houses often a 15% sample, which is used to inform financial planning.

HIHA

Health Inequalities Impact Assessment is a tool which we used to carry out our equalities monitoring which puts health at the core and encourages us to think about both the mental and physical health impacts of the strategy. It is similar but different to an Equalities Impact Assessment (EIA).

HNDA

Housing Need and Demand Assessment:
An exercise which requires to be carried out by a local authority or group of authorities to assess estimates of housing need from existing households together with projected housing demand from households that will form in the future. In West Dunbartonshire this is done through Clydeplan and is a key piece of evidence for both the LDP and the LHS.

Homelessness and Rough Sleeping Action Group (HARSAG)

Is an independent group which advises and reports to the Scottish Government on what needs to be done to eradicate homelessness and rough sleeping in Scotland.

Housing Contribution Statement

The WDHSCP statement of intent paper which acts as the bridge between the Strategic Plan and the Local Housing Strategy.

Housing Estimates

An estimate of the number of new houses required over the period of the plan as estimated by the HNDA.

Housing First

A model designed to ensure that the housing and support needs of homeless people are

given priority under the umbrella of the Rapid Rehousing Transition Plan.

Housing for Varying Needs

Housing for Varying Needs (HfVN) is a building standard, last updated in 1999 which provides guidance about how to design a home to suit a variety of needs.

Housing Supply Targets

These take the housing estimates and set out how many homes will be delivered during the timescales of the Local Development Plan.

HLA

Housing Land Audit: A comprehensive annual account of the current housing land supply carried out by Planning. All housing sites with a capacity of four or more are identified, organised by tenure and planning status.

HMO

Houses in Multiple Ownership: A legal term to describe a property housing more than two related families and subject to licensing.

HRA

Housing Revenue Account: The self-contained account which funds Council housing from its rental stream.

HMP

Housing Market Partnership: A grouping of Local Authorities who come together to assess the need for, and plan the delivery, of housing across a joint housing market area.

HNDA

Housing Needs and Demand Assessment:
The analysis of projected housing requirements for an area.

HSCP

Health and Social Care Partnership:
The health and social care integration body.

LDP

The Local Development Plan:
The statutory land use planning framework for West Dunbartonshire. This plan covers

the whole of West Dunbartonshire with the exception of the area within the Loch Lomond and the Trossachs National Park. Formerly known as the WD Local Plan.

LHA

Local Housing Allowance: the mechanism for calculating and paying housing benefit. The allowance figures are set by the UK government.

LHEES

Local Heat and Energy Efficiency Strategies (LHEES) aim to establish area-based plans and priorities for improving the energy efficiency of buildings and tackling fuel poverty.

LL&TTNP

Loch Lomond and the Trossachs National Park.

MMR

Mid - Market Rent:
Rents set somewhere between social housing rent and those in the private rented sector. This is usually calculated at around 80% of the Local Housing Allowance.

NRS

National Records for Scotland:
The Scottish Government compiles and publishes information and data on council areas across Scotland and makes this information available publically. This includes information about population size, number of households and household projections.

Passivhaus

A particular form of new house standard which builds energy efficient homes. It falls within the more general category of Zero Carbon homes which have very low future energy requirements and low fuel bills.

PSHG

Private Sector Housing Grant: A grant available from the local authority to help fund the upkeep of private properties. The funding is made from an annual allocation received from the Scottish Government.

Rapid Rehousing Transition Plan

A Scottish Government initiative to ensure homeless people are found settled housing as quickly as possible.

RoS

Registers of Scotland: part of the Scottish Government chiefly responsible for holding records on property and land ownership.

RSL

Registered Social Landlord:
A non- profit making social housing provider registered with Communities Scotland, generally a Housing Association.

SAP

Standard Assessment Procedure:
A government energy rating for homes.

Scottish Social Housing Charter

The Charter introduced in 2012 setting out standards for social housing landlords in Scotland. Monitoring of performance is carried out by the Scottish Housing Regulator.

Scottish Government More Homes Division

The arm of the Scottish Government responsible for funding for affordable housing. Previously known as the Scottish Government’s Housing Supply and Innovation Division.

SEA

Strategic Environmental Assessment:
An impact assessment required under the Environmental (Scotland) Act 2005.

Section 5s

Section 5 referrals are the formal means by which local authorities can ensure that homeless people are housed by registered social landlords (RSLs).

Sheltered (or Supported) Housing

Housing which gives people the independence of having their own flat within an associated warden service and call duty system, controlled entry and communal facilities.

SHS

Scottish Household Survey is a survey completed annually by the Scottish Government which surveys households on their household for example size, income and perceptions of neighbourhood.

SHQS

Scottish Housing Quality Standard:
A housing standard required to be met by all social housing landlords by 2015.

Supported Living

Where people occupy their own single or shared tenancy and are supported to sustain their tenancy and are enabled to make decisions and choices about their personal and social life. This support can be of just a few hours or up to 24 hours duration.

Telecare

The range of equipment and services available to assist a person to remain safely in their own home. It includes things like movement and fall detectors, panic buttons, and automatic medication management.

Tenure

Housing tenure describes the legal status under which people have the right to occupy their accommodation. The most common forms of tenure are:

- Home-ownership or owner occupation: this includes homes owned outright and mortgaged
- Renting: this includes social rented and private rented housing.

Very Sheltered Housing

Housing which has all the features of Sheltered Housing but will also usually have additional warden services and the provision of (at least one) meals.



Contact details:

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This document is also available in other languages, large print and audio format on request.

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Meeting:** Special Monthly COVID – 19 Meeting of Joint Staff Forum**Date:** Thursday 18th November 2021, 2 p.m. – 3.30 p.m.**Venue:** Microsoft Teams**DRAFT MINUTE**

Present: Beth Culshaw (chair); Ann Cameron Burns; Audrey Slater; David Scott; Debbie Duffy; Diana McCrone; Ian Stevenson; Julie Slavin; Lynne McKnight; Margaret-Jane Cardno; Moira Wilson; Paul Carey; Paul Kyle; Peter O'Neill; Richy Kennedy; Sam Stirling; Sean Davenport; Simon McFarlane; Sylvia Chatfield; Vivien Thomson.

Apologies: Allan Wallace; Andrew McCready; Bernadette Smith; Fiona Taylor; Helen Little; Leanne Galasso; Margaret McCarthy; Michelle McAloon; Val Jennings.

In Attendance: Hazel Slattery (minute)

Item	Description	Action
1.	Welcome, Introductions, Apologies B Culshaw welcomed everyone to the meeting.	
2.	Standing Agenda Items a) Minutes of Last Meeting Minutes of the meeting held 23 rd October 2021 agreed as an accurate record. b) Rolling Action List Members updated the rolling action list. A Slater advised that meaningful analysis of exit interviews had not been possible for a number of reasons, e.g. the way they are recorded, they are voluntary and a lot are anonymous, however she will look to see if there is anything that can be done to improve this. c) Chief Officer Update Technical sign off for the health centre is taking place today. Independent review of adult social response has been submitted, WDC also submitted response, Scottish Government will now consider responses. Covid remains volatile, there are 360 cases per 100,000; measures continue to be in place to reduce risk and staff are being reminded of the importance of adhering to them. Care homes have all been vaccinated. Trade Unions were asked to encourage members to sign up for their booster.	

Critical stage in iMatters process, good response rate, teams are completing actions plans to take next steps forward. D McCrone asked if Trade Unions will be informed of all actions plans. M Wilson advised that closing date for actions plans is 22/11/2021; M Wilson has offered her support to all managers to carry this out. Action plans will continue to be reviewed in team meetings. Line managers are asked to facilitate this process, ensuring that reviews are built into calendars. Action plans should not be closed off at this prevents the action plan from being amended on the system. Discussions are underway with the extended management team to improve visibility, it was recognised that this is difficult just due to Covid-19.

d) Guest Speaker

Paul Kyle, Senior Manager for Looked After and Accommodated Service, provided input on The Promise. Copies of The Promise can be requested from thepromise.scot.

The need for The Promise came from a review driven by those in care, who have care experience; other stakeholders were also involved in the work. The Promise provides opportunities to learn from experiences of the voices from the review. The Promise is designed for each local area to tailor The Promise to their area and change the way we work with children and families; supporting those children and families in the community and challenge the way we do things. Training in the Scottish approach has been provided to staff, this will allow us to design the best approach for our area. Our children have asked for the language currently used to be changed i.e. instead of talking about siblings, we use the terms brothers and sisters; children's homes have now to be known as children's houses.

Additional funds have been secured for a nurture box (Shannon's Box) to be provided to each child who enters who care service. This box helps young people understand their situation, including a letter advising of Shannon's journey, a teddy. Items in the box will be agreed by those who have care experience and will include what they would have found useful on their entry to the care service.

Developments are required around the front door approach, along with stake holders we need to think about additional supports for the family i.e. finding a home for children in West Dunbartonshire so that they can still attend their local school and local clubs etc.

Another significant area of funding is through Corra who have provided funding for a Lead Officer to help take this project forward for one year, WDC have matched this funding to make this a two year post. The Promise is a 5 year plan. The first plan focuses on five priority areas.

P O'Neill asked if an Oversight Board will be put in to place to facilitate this, P Kyle advised that the Oversight Board is behind schedule. It is hoped that the Lead Officer post will be advertised in the new year, who will be able to take this forward with statutory services, 3rd sector and

community members based on what we require locally.

P Carey added the work is ongoing in children's houses around language, it very important that we reflect children's view and terminology.

S MacFarlane asked what is in place for those residencies in the private sector, P Kyle advised that private sector will continue to be part of our way forward, however is it hoped that prevention work will be put in place to reduce the need for private sector residencies out with the local authority area.

P Kyle was thanked for his input and services thanked for taking this forward. The message of thanks was asked to be relayed to children's services.

e) Premises and Return to Offices

Phase 2 in underway, with some staff returning towards the end of the year/beginning of next year.

f) HR Report

Absences are decreasing; there is a focus on supporting those who are on long term absence. As of today we have 4 staff positive for Covid-19, 3 members of staff are isolating. Figures continue to fluctuate on a daily basis.

There has been a slight increase in the number of reviews carried out on eKSF. There has been a worrying decrease in NHS statutory and mandatory training carried out since last month i.e. fire safety. Managers were asked to encourage staff to complete mandatory training courses. WDC provide a monthly report on who has done training, however information cannot be extracted from the system to identify who has not completed training, conversations are ongoing on how this information can be extracted.

A Slater advised that in relation to the NHS circular about the buy back of annual leave, she is waiting on further details and clarification on the process for NHS colleagues to buy back annual leave. She emphasised that this is voluntary and staff should still be encouraged to use their annual leave allowance. Information will be circulated once received. At this point the HSCP are unable to accept any applications.

g) Service Updates

i. Mental Health, Addictions and Learning Disabilities
Mental Health service vacancies are going through recruitment process. Staffing issues in Riverview have been resolved, staff continue to be supported.

Learning Disability are at the first stage of engaging with service users on the return to day service.

Staffing groups across the service area are being encouraged to

complete mandatory training including fire safety.

Addictions have been granted an extension to use 118 Dumbarton Road for a further year, a decision has still to be made on how best to use this location, any discussions will include Trade Unions.

ii. Health and Community Care

Services are experiencing challenges in regards to recruiting to vacancies. Issues are being addressed. Trade Unions and front line staff have been very supportive.

The whole residential and care at home staff were recognised at the staff awards. Frontline members of staff were pleased to be recognised for all their hard work, being vital at providing their roles.

Service redesign is underway, currently at engagement stage, with trade union meetings and convenor meetings. Next stage is to support front line managers to take this forward with frontline staff with support from M Wilson.

iii. Children's Health, Care and Criminal Justice

Some services are returning to offices. Joint Inspection of Children at Risk of Harm is underway. Family Adoption team have been inspected; report due within the next couple of weeks.

iv. Strategy and Transformation

First meeting of the Strategic Planning Group has taken place; Trade Unions were thanked for their support and contributions. Main staffing issues are that there are a high number of vacancies, 3 out of 4 of MJ Cardno's manager posts are vacant. A Commissioning Manager will go out for advertisement again, due to not being able to be appointed through the recent recruitment process. Two posts are going through job evaluation on NHS side.

v. MSK

Waiting times have increased as new patient capacity has come reduced. As in other service area recruitment at all levels has been difficult. H Little has submitted a SBar to restart face to face classes which will help with capacity issues. Virtual classes are up and running in some sites.

The SBar for winter monies to provide a hub model was agreed by Glasgow City HSCP, and has passed to Scottish Government for consideration, a decision is awaited.

An optimising appointments group has been up, 2 metre social distancing has an impact on appointments.

Accommodation issues are ongoing.

vi. Financial Update

Some winter monies have become available for the HSCP. J Slavin

advised that a paper is being provided to the Board advising of the different stream of the winter planning money, the paper sets out different streams based on the letter from Scottish Government around multi disciplinary working, employment of support workers, expanding care at home capacity and social care uplift. The paper sets out the Scottish Government total and allocation for West Dunbartonshire. The total new funding for this year is £2.4 million. There are a lot of expectations from Scottish Government for the use of this money. Copy of report being presented to IJB will be shared.

Covid funding ended March 2021, J Slavin will provide a further report once budget has been set in December.

3. Trade Union Updates

No pertinent updates.

4. Documents to Note

No documents for noting.

5. Any Other Business

a) Three key elements for Area Partnership Forum

1. The Promise
2. Statutory and Mandatory Training
3. Staff Awards

D McCrone asked if the Area Partnership Forum are providing any feedback to the Joint Staff Forum, B Culshaw will check.

b) S Chatfield was happy to say that work has begun on the ways our services are accessed, training for staff is underway to carry out a consultation on accessing services across the HSCP and how we can develop and remodel access. A member of staff from each service area has been trained and will engage with staff and service users to gather views on how to access services. John Burns will be invited to the next meeting to provide further information.

6. Date of Next Meeting

Thursday 16th December 2021, 2 p.m. – 3.30 p.m.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: Special Monthly COVID19 Meeting of Joint Staff Forum

Date: Thursday 16th December 2021, 2:30pm

Venue: Microsoft Teams

DRAFT MINUTE

Present: Diana McCrone (chair); Beth Culshaw; Ann Cameron Burns; Audrey Slater; Debbie Duffy; Diana McCrone; Lynne McKnight; Moira Wilson; Peter O'Neill; Sam Stirling; Sean Davenport; Sylvia Chatfield; Michelle McAloon; David Smith, Lesley James, Chris Rossi; Peter O'Neill, Margaret-Jane Cardno, David Scott, John Burns, Andrew McCready; Moira Wilson, Jo Gibson, Paul Carey, Richy Kennedy.

Apologies: Fiona Taylor; Val Tierney, Shirley Furie, Val Jennings, Allan Wallace, Margaret McCarthy. Bernadette Smith, Margaret Wood, Richy Kennedy; Leanne Galasso; Julie Slavin.

In Attendance: Vivienne Warner (minute).

Item	Description	Action
1.	Welcome, Introductions, Apologies Chair welcomed everyone to the meeting and noted apologies.	
2.	Matters Arising <ul style="list-style-type: none"> Progress of iMatter Action Plans: M Wilson has been coordinating the plans. The closing date for uploading them was 22 November and 68% of teams have uploaded their plan. Next stage is for the plans to be reviewed and this should be done regularly. Previously had feedback that nothing was done with regards to outcomes from the plans; this is something teams can work on together. M Wilson will provide support. The remaining 32% can take this forward but are unable to upload to the system. There are various reasons for teams not completing this. M Wilson hopes to improve iMatters outcomes and will update in January/February. 	
3.	Standing Agenda Items <p>a) Minutes of Last Meeting Minutes of the meeting held 18 November 2021 agreed as an accurate record.</p> <p>b) Rolling Action List Members updated the rolling action list.</p>	

- Frequency of meetings – D McCrone, P O'Neill, A Slater and B Culshaw are meeting weekly. The Area Partnership Forum are stepping up the frequency of their meetings. This meeting may become more frequent due to Omicron. AS
- Exit questionnaires – complete. AS
- Adult Social Care Response – queried if this was circulated. A Slater agreed to check and re-circulate. BC
- Finance report to IJB has been circulated. BC
- 3 key messages picked up with APF and B Culshaw agreed to share the papers when they come out.
- Issues are poverty, Covid 19 and how we deal with it, RMP4, Public Enquiry on the Queen Elizabeth University Hospital, financial update; the Health Board are £38m short on its budget; NHS and LAs working through the implications of this. JS
JS
- **Action: J Slavin to finalise dates.**
- Sustainability of the Health Board.
- MJ Cardno felt that we should not need to discuss if papers have been circulated and that they should be saved into the team space. MJ Cardno picking this up. MJC

c) Chief Officer Update

Due to the developing situation in the pandemic we are revisiting all of our contingency plans from earlier stages. Need to review how we prioritise core services and providing care. It is a very challenging and worrying time for staff at work and in their home life. Staff are increasing testing and doing daily LFTs and there are changes to exemption and isolation. If staff encounter any issues with this, B Culshaw would encourage them to speak to their line manager in the first instance. With the increase in vaccinations, there is a huge amount of activity around clinics and staffing of them, however they are trying to find more vaccinators. There is good uptake of the booster in West Dunbartonshire. We should continue to encourage take up of boosters.

B Culshaw will consider the frequency of meetings and continue with the Tuesday meeting with A Slater, P O'Neill and D McCrone.

Positive news with the handover of the new Clydebank Health and Care Centre on 3 December and is on track to open as planned.

d) Guest Speaker

John Burns – Accessing HSCP Services

J Burns shared his presentation with the group:

- Involves gathering experiences.
- S Chatfield is the Sponsor.
- J Burns is the Project Lead.
- The 7 principals of the Scottish Approach to Service Design are being followed.
- Currently in the “Discovery” phase of the project; will then be followed by Define, Develop and Deliver.
- Not designed to be a research project.

- J Burns will theme HSCP wide.

D Smith raised concerns regarding this project given the current situation, the festive period and having only 4 weeks in January. However J Burns advised that the data collection had begun at the end of November, meaning it would be a total of 9 weeks. Some have started doing staff interviews. J Burns advised if any staff have this issue they should speak to their line manager or himself to see what support can be provided and that nobody had raised any concerns with him to date.

There was a discussion about the numbers being interviewed. J Burns advised it is relative to the size of the team ($\frac{1}{3}$ to $\frac{1}{2}$ of the team) and keeps it meaningful and useful. He wants to hear from a diversity of the team; those that will say what it not working.

D Smith reiterated his concerns around staff doing this work and that it is crucial we pause this until the New Year. J Burns stated he would agree if this was the feedback he was receiving, however concerned the message it would send by pressing pause therefore he is reluctant to do this at the moment. D Smith advised he represents a large number of staff and he has major concerns about the variety of different services working under very difficult circumstances. Staff are working hard and lot of it is good will. S Chatfield agreed that she had not had any evidence of staff wishing to pause the project and was quite concerned as we do not know who has advised they are unable to take part. It was agreed that the discussion could be taken outside of the meeting. L James advised there had been a similar protect carried out in her previous workplace and felt there will be benefits for staff when this work is completed. She is meeting with Children and Families staff next week and would be happy to discuss further with D Smith. A Cameron-Burns voiced her support for D Smith as she felt staff often did not feel comfortable discussing with their manager. S Chatfield advised that the new supervision policy was in place as of 1st December where seniors can discuss issues with staff.

A Cameron-Burns was congratulated on her recent appointment as Employee Director and she confirmed that she will continue in this role as an Unison Steward.

e) Premises and Return to Offices

The move back into Church Street has been paused and it is unclear at the moment when it will be picked up again and that a communication has been issued to all staff. D Smith felt that rather than closure of other buildings were there any advanced measures that could be put in place to allow staff to do their job. A lot was learned from the first time round and reiterated that we will review all previous procedures.

D McCrone congratulated everyone on the handover of the new Health Centre however was looking for communication to be shared with staff around it. It was announced in the NHS Core Brief which many WDC staff do not receive.

A McCready advised that risk assessments need to be updated and we need to ensure all staff have sufficient LFTs. We are currently changing over suppliers. Advised it takes a couple of days for labs to advise which variant of Covid patients have.

D Smith raised the issue of confidentiality and advised that his calendar is visible to other people and invites often include the name of the person making it a confidentiality breach. A Slater agreed importance of confidentiality and had already discussed with SMT and is on the agenda for the next EMT.

f) HR Report

Full HR report was provided.

Absence – NHS increase of 1.28% last month and WDC absence has decreased. Long Term Absences are the main concern. Any concerns to be advised to A Slater.

Today's updated Covid-19 figures are:

NHS – 2 Covid positive cases, 5 members of staff isolating and 2 with long Covid.

WDC – 7 Covid positive cases, 4 members of staff isolating and 22 with long Covid.

g) Service Updates

i. Mental Health, Addictions and Learning Disabilities

S Chatfield advised she is looking at ways of managing staff. They have some vacancies with staff retiring and are unable to fill posts. Using some agency staff in Mental Health and Learning Disability. Adverts going out in January/February.

Using Red/Amber/Green in provision of services as some staff may have to move into wards to work etc. however continuing as usual at the moment.

Duty system being delayed but may need to bring forward. Will review priority services and day services in LD where there are a low number of supports for those who are unable to stay at home. Will review this as we go.

ii. Health and Community Care

J Gibson advised we are now the proud owners of the new health centre after 5 years and costing £21m. She noted there was a productive meeting at the Project Board yesterday where communication challenges and solutions were discussed. It will be extremely busy in December in the new health centre and deliveries will be managed safely, and the snagging list is being addressed. Currently only allowing the Chief Officer and deliveries into the building. Planning visits in January and still on target to move in on the weekend of 4 February. Communication was sent to the Project Board and the Design and Delivery Group within minutes of getting the good news. Euan McLean is on the Comms group

and also has practice involvement.

Care homes continue to manage the outbreak well. The recent Scottish Government Guidance will still allow visiting and some family time over Christmas.

Covid Assessment Centres will be staffed over the festive period. Working on testing guidance. There is new testing guidance and new isolation guidance.

Staff absence levels are an area of concern in Care at Home and Residential Care. Working hard to ensure service delivery and continuing to monitor the situation closely.

D Scott raised the issue of using Day Care staff within the main care home. J Gibson advised that there has been ongoing and is in preparation should it be needed – the conversations are still happening and TU's are involved in the discussions.

iii. Children's Health, Care and Criminal Justice

L James is looking at some of our health staff supporting vaccinations. Need to recognise that staff have been working flat out therefore need to support them in any way possible. The wellbeing of staff is very important. Her door is always open. Continuing to support staff in Aurora House and Bridge Street.

Justice services – reviewing RAG in place through the pandemic. Critical services continue to be provided.

A lot of hard work is being done around the Children's Inspection; linking closely with other parties and the Care Inspectorate, Police, Education. Guidance is being reissued. Virtual inspection is one third of the way through. There have been discussions but no decision has been reached around any pause of the inspection in light of the emerging situation.

iv. Strategy and Transformation

There are still a number of posts to go through NHS job evaluation. The Job Evaluation Lead has been contacted for an update.

v. MSK

The MSK Team are attending a wellbeing event today so were unable to attend.

vi. Financial Update

The report has been circulated. Absence figures are included.

4. Trade Union Updates

Concerns expressed regarding exemption from isolation guidance concerns. A lot of clients are vulnerable.

DL 2021-24 is still a live document; one of the conditions is that 2

vaccinations and a booster are required at least 14 days prior to exposure to the virus.

A Slater assured that national guidance is being adhered to and that we wouldn't put or staff or clients at risk.

Need availability for LFT's.

5. Documents to Note

No documents to note.

6. Any Other Business

- a) Three key elements for Area Partnership Forum
 - Survey on Access to Services
 - New Health Centre
 - Unfolding Situation

7. Date of Next Meeting

The next meeting is scheduled for 20th January but the group discussed moving the next meeting to potentially 6th January – this will be discussed further on Tuesday and confirmed.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: Special Monthly COVID19 Meeting of Joint Staff Forum

Date: Thursday 6th January 2022, 12 noon – 1 p.m.

Venue: Microsoft Teams

DRAFT MINUTE

Present: Beth Culshaw (chair); Ann Cameron-Burns; David Scott; David Smith; Debbie Duffy; Diana McCrone; Euan McLean; Fiona Taylor; Fraser Downie; Ian Stevenson; Jo Gibson; LeeAnne Galasso; Lesley James; Margaret Wood; Margaret-Jane Cardno; Michelle McAloon; Moira Wilson; Paul Carey; Richy Kennedy; Sean Davenport.

Apologies: Andrew McCready; Barbara Sweeney; Helen Little; Julie Slavin; Margaret McCarry; Peter O'Neill; Sylvia Chatfield.

In Attendance: Hazel Slattery (minute); Joyce Habo (observer).

Item	Description	Action
1.	<p>Welcome, Introductions, Apologies</p> <p>Chair welcomed everyone to the meeting and noted apologies. It was agreed that additional meetings would take place given the current Covid-19 situation.</p>	
2.	<p>Matters Arising</p> <p>D Scott asked for it be noted that during the last meeting of the JSF, two managers were emailing trade union members about the language being used, if this continues trade unions will walk out of the meeting. B Culshaw asked for further details to be provided outside of the meeting.</p>	
3.	<p>Standing Agenda Items</p> <p>a) Chief Officer Update</p> <p>Challenging time of year, rate of infection is 2235 per 100,000, a huge figure which sits against the average for GG&C of 2351 per 100,000, this is causing concern and is having a direct impact on staffing and services being delivered. Services have been working together, reviewing priority of services for service users; staff have done an exception job in challenging circumstances. Most of our care homes have positive cases amongst staff and residents, many residents are asymptomatic and have remained well. Staffing implications are challenging, yesterday national changes were made around isolation, it is hoped that these changes will help increase staffing levels. Care at Home are experiencing challenges. Staff and Managers are continuing to work exceptionally hard. Pockets of</p>	

concerns in other areas include Children's Homes and District Nurses, there is a spread of risk across all service areas. We are concerned about the rate of infection. B Culshaw asked everyone to encourage vaccination and boosters. Additional clinics have been put on and it would be appreciated if these can be highlighted to members. The 6 HSCPs are working together – sharing challenges and learning.

D McCrone advised that she has been informed of very high delayed discharges and high levels of ward closures across GG&C and that wards are closed - she asked what impact this was having in West Dunbartonshire. B Culshaw confirmed that all wards in West Dunbartonshire remain open, there are a high number of delayed discharges but the number is not increasing. All care homes remain open to admissions despite staffing challenges. F Taylor added that we are admitting on a case by case basis safely.

D Scott asked if Hillview Care Home had been placed in lockdown, B Culshaw stated that all care home in West Dunbartonshire remain open to admission. D Scott further asked if carers who work in care home are returning to care homes following isolation despite positive LFT test. B Culshaw stated that communication is essential to ensure that everyone is aware of current guidelines. Members were urged to approach line managers if there are any concerns.

D Smith stated that members on the ground are raising concerns around the care home testing system for discharges and admissions, D Smith asked if the new rules will speed up the process of admitting people into care home. F Taylor advised that she is awaiting formal guidance which will be cascaded to Care Home Managers once received.

b) Service Updates

i. Mental Health, Addictions and Learning Disabilities

F Downie advised that 9 members of staff are isolating across the whole service, some will be able to return after 7 days due to negative LFTs. Staff continue to support each other. There is less of an impact on Addictions and Learning Disability – it is less of a worry than they thought it would be a couple of weeks ago. D Smith asked if there has been any other absences affecting the team, F Downie advised that long term absence remains a concern. Very minimal short term absences. B Culshaw advised that a full HR report will be provided at the main JSF.

D McCrone advised that at the Area Partnership Forum this morning, agency and overtime has been used to help with staffing, B Culshaw confirmed that locally staff have been offered overtime in conjunction with the use of bank staff to help relieve pressures.

ii. Health and Community Care

Meeting held with Trade Union Convenors this morning. Care at Home have continued to deliver a high level of service over the festive period, members recognised the hard work and commitment of staff during the

festive period with the added pressures of the new Covid-19 variant. In residential care all residents had an enjoyable festive period.

Trade Unions also recognised the dedication from staff and managers over this difficult period. F Taylor has offered to meet with staff to personally recognise and thank staff for their hard work during this period. P Carey added that staff within Children's Homes should also be commended.

J Gibson advised that the Community Assessment Centres remain open, plans are being developed to discuss if the Clydebank Assessment Centre will remain open when moving into the new Clydebank health centre. The plan is to start moving in to the new Clydebank Health and Care Centre as of 3rd February 2022. Communications are being drawn up to provide information to all staff. A separate plan of communication is being developed for patients and the public. D Smith advised that the communication group agreed that an all staff email would be issued, D Smith asked for it to be noted that efforts were made to release information to staff first, however IT advised that we could not use this platform to share information. J Gibson advised that more communications will be seen in the coming days.

iii. Children's Health, Care and Criminal Justice

Services are reviewing staffing levels on a daily basis ensuring that critical business is being dealt with. Minimal impact on services due to staff isolation and Covid-19 levels. L James recognised the hard work and commitment from staff during the Christmas period and over the past two years. Justice Services have reviewed their presence in Bridge Street, ensuring that protection services are provided, minimising staff requirement in offices at the moment. In relation to Joint Inspection of Children at Risk of Harm, due to the new variant of Covid-19 the inspection process has been paused. D Smith made members aware of an article in the local paper on the redesign of children's services where councillors were quoted, this will be picked up at the scheduled trade union meeting with L James.

iv. Strategy and Transformation

No Covid-19 related update.

v. MSK

Unfortunately H Little was not in attendance therefore no update was available.

4. Trade Union Updates

D Smith raised the difficulty of recruiting to posts, a suggestion was made this morning for staff to share their experiences and unique selling points of working with West Dunbartonshire which may help to address recruitment. M McAloon advised that this has been raised in the Workforce Plan, it is hoped that a group will be starting soon to move this work forward. Staff side colleagues will be invited to join this group.

D Smith asked if managers had been reminded to mark trade union business as confidential in diaries. B Culshaw confirmed this has been done.

Members asked when the financial session with the JSF would be taking place, B Culshaw advised that the financial settlement was announced just before Christmas, J Slavin is waiting on clarity on some aspects of the budget, a meeting will be arranged, hopefully early February, once clarity has been received.

5. Any Other Business

No other business.

6. Date of Next Meeting

The group will continue to meet on the 3rd Thursday of the month.

B Culshaw, A Slater, D McCrone and P O'Neill continue to meet weekly on a Tuesday. A schedule of meetings will be proposed at this meeting.

The next scheduled meeting of the JSF will be Thursday 20th January 2022, 2 p.m., MST