

# **West Dunbartonshire Health & Social Care Partnership**

## **Medium Term Financial Plan 2022/23 – 2026/27**

## **Foreword**

Welcome to the refreshed West Dunbartonshire Health & Social Care Partnership (WDHSCP) Medium Term Financial Plan covering the period 2022/23 - 2026/27.

The medium term financial plan sets out the forecast income and expenditure for the Integrated Joint Board, commonly known as the HSCP Board over the next five years. Whilst the funding levels contained in the 2022/23 budget have only been set for one year, we have based future projections on historical trends and the financial outlook positions of our key partners.

The HSCP Board is the governing body of the WDHSCP with the responsibility of setting the strategic direction and budget for the services delegated to it by its partners West Dunbartonshire Council (WDC) and NHS Greater Glasgow and Clyde Health Board (NHSGGC).

The HSCP Board are committed to working with the people of West Dunbartonshire to improve their health and wellbeing, a commitment even more fundamental as the world continues to respond and recover from the Covid pandemic.

The demography of West Dunbartonshire provides specific challenges as changes in the populations of children and older adults (who tend to be the biggest users of universal health and care services) means that we have a relatively unique challenge in planning our services and ensuring that we meet national outcomes.

The WDHSCP has now been operating for almost seven years and has worked with its strategic planning partners across a range of activities centred around a continuous cycle of “analyse, plan, do and review” supporting collaborative system change across health and social care. This is reflected by redefining its key strategic priorities in the Strategic Plan 2019 – 2022, extended until 2023.

The Strategic Planning Group will consider this demography and the emerging data on the immediate and medium term impacts of the pandemic to inform the Strategic Needs Assessment and the next Strategic Plan 2023 - 2026.

This refreshed medium term financial plan will assist in the strategic planning process and will allow the HSCP to take informed decisions when planning for the future to support financial sustainability in the medium term.

**Denis Agnew**  
**Chair of the HSCP Board**

**Beth Culshaw**  
**Chief Officer**

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## Executive Summary

West Dunbartonshire HSCP Board continues to be ambitious for our communities and to build on the positive outcomes the integration of health and social care affords us. Despite the challenges of the last two years and knowing that the full impact of the pandemic is yet to reveal itself on our communities, there has been innovation, new ways of working and joining up services to improve the care and support provided.

The five year planning period 2022/23 – 2026/27 will be extremely challenging to the HSCP Board as it seeks to balance increasing service demands and their associated costs, driven by both the demography of the local population and the effects of the pandemic, against rising inflation and short-term funding settlements from the Scottish Government.

West Dunbartonshire has the joint third highest number of data zones in the 20% most deprived in Scotland and the gap between the most deprived areas compared to the least deprived areas is widening. Overall life expectancy is poor in comparison with Scotland as a whole and in addition population projection is complex. As West Dunbartonshire's older population increases overall population growth is lower than many other local authority areas which is likely to generate continued reductions in Scottish Government funding.

West Dunbartonshire HSCP Board is responsible for planning and overseeing the delivery of a full range of community health and social care services. The annual revenue budget for delegated services in 2022/23 is £185.117m (subject to Board approval) and this will be spent delivering a range of health and social care services across West Dunbartonshire.

The financial plan sets out the forecasted income and expenditure for the HSCP Board based on a single year (2022/23) agreed budget from our partners; West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board. Financial projections for the following four years to 2026/27 are based on assumptions around pay inflation, service demand, demographic changes and prescribing pressures. While the plan covers the period 2022/23 to 2026/27 it also provides very high level, indicative financial data for the period 2027/28 to 2031/32.

West Dunbartonshire HSCP Board is committed to addressing the financial challenges over the short, medium and longer term. Whilst the Strategic Plan is ambitious in addressing the needs of its population it also recognises that it is resource bound. Over the medium term this plan estimates a funding shortfall of £30.725m which will have to be addressed.

The HSCP Board is clear that it needs to be as financially well placed as possible to plan for and deliver services in a difficult financial climate, whilst maintaining enough flexibility to adapt and invest where needed to redesign and remodel service delivery moving forward depending on the funding available in future years.

As part of West Dunbartonshire's wider Community Planning Partnership the HSCP Board will support the vision for resilient communities with active, empowered and informed citizens who feel safe and engaged to be a main contributor to service change across health and social care.

The Medium Term Financial Plan aims to pull together in one place all the known factors affecting the financial position and sustainability of the organisation over the medium term.

Included within the plan is a range of key assumptions which are subject to a significant degree of uncertainty. In order to test the assumptions used in the modelling of three scenarios (Best, Likely, Worst) sensitivity analysis was undertaken to calculate the financial impact of any material change on current assumptions. This strategy will be continually kept under review with appropriate adjustments being made as current assumptions become clearer.

While the position for 2022/23 is of a balanced budget the Medium Term Financial Plan estimates annual cost pressures of between £13.3mm to £14.4m with an indicative cumulative budget gap from "best" to "worst" of between £10.4m to £18.7m for the period to 2026/27 which the HSCP will need to address.

## Purpose of the Medium Term Financial Plan

The Medium Term Financial Plan is an important part of the strategic planning process and supports the successful delivery of the HSCP Board's five strategic priorities, which are:

- Priority 1: **Early Intervention**
- Priority 2: **Access**
- Priority 3: **Resilience**
- Priority 4: **Assets**
- Priority 5: **Inequalities**

The Financial Plan aims to pull together in one place all known factors affecting the financial outlook and sustainability of the HSCP in the medium term. This will assist the HSCP Board's delivery of planned outcomes for our communities by linking directly to the financial and service delivery plans and their response to any financial challenges identified which threaten the achievement of these outcomes.

The Board will face significant financial uncertainty over the medium term as Scottish Government funding settlements remain as single-year awards. This is exacerbated by the risks around recurring Covid costs not being supported by recurring funding. Difficult choices will continue to be required and this Plan provides a practical framework within which choices will be identified, debated and approved.

To provide clear and consistent direction for the HSCP Board, the following objectives have been identified for the Financial Plan – it will ensure that:

- The HSCP Board has all available information to assist in setting a comprehensive balanced budget;
- Resources are allocated and deployed to facilitate delivery of the outcomes set out in the strategic plan. This takes account of the functions and services of a statutory nature as well as those services provided due to local need;
- All key strategic decisions on the allocation and deployment of resources are made within the appropriate financial context, with due regard to levels of risk;
- Board members are able to take full account of the impact of decisions on the overall financial resources of the HSCP in the short and medium;
- The HSCP Board has flexibility to address new policy requirements, or significant changes to policies, within overall available financial resources;
- Resources are invested effectively, efficiently and on sustainable basis;
- There is an ongoing focus on securing efficiencies across the organisation; and
- There is an increased level of understanding on behalf of the wider community with regard to the finances of the HSCP.

The primary financial challenges facing the HSCP Board over the period of this plan will be delivering a coherent, balanced budget year on year. This will require the HSCP to continuously review existing and revised service delivery arrangements to determine if they are effective, efficient and sustainable, consider alternative methods of service delivery where appropriate (including further pandemic limitations) and proactively identify opportunities to secure efficiencies or reduce service provision.

This Financial Plan is about making sure we have sufficient resources in place when required to deliver the outcomes we want to achieve for the communities of West Dunbartonshire. This will link in with development and refinements of our workforce plan, property strategy, commissioning plans and charging policy.

The Financial Plan undertakes some sensitivity analysis to provide a picture of best case, worst case and likely case in terms of financial projections. This allows the HSCP Board to see the risk associated with the range of variables within the financial issues/pressures identified.

The Plan will also provide information to a range of stakeholders as detailed in Table 1 below.

**Table 1 – Stakeholder Information**

<b>Stakeholder</b>	<b>Purpose of Financial Plan</b>
For the HSCP Board and Board Members	to decide how available financial resources will be used and prioritised
For Chief Officer, Senior Management Team, managers and employees	to reinforce and support their roles in financial management arrangements
For service users	to show how the HSCP Board's Financial Plan impacts upon service provision
For partners and stakeholders	to share the HSCP Board's vision and help identify opportunities for joint working

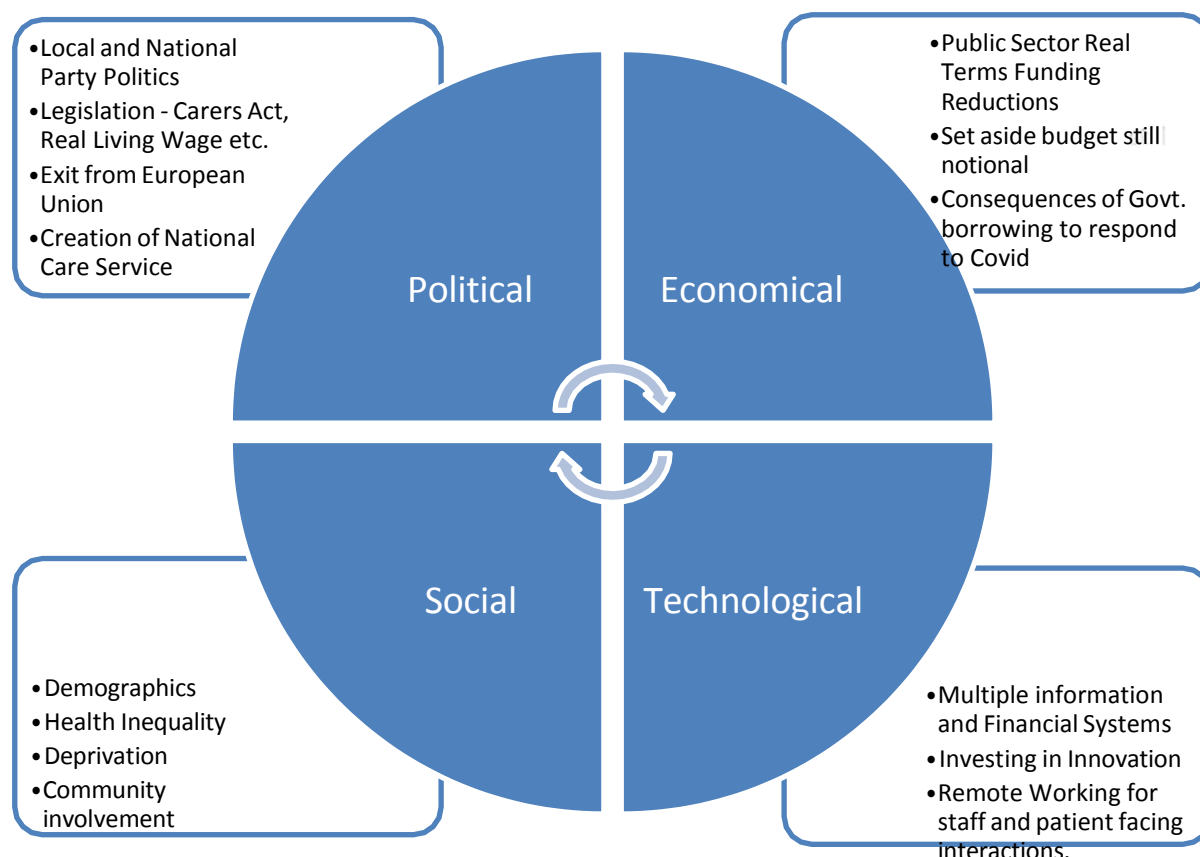
Inevitably some of the information of the Financial Plan will be based on assumptions and these will change over time (especially in the longer term) - the Plan will be reviewed and updated regularly so that the HSCP Board can respond proactively to any such changes.

The associated strategic planning process will ensure there is a clear linkage between the strategic planning and budgeting processes.

## Refresh of the Medium Term Financial Plan

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

The HSCP Board is operating in a climate of uncertainty and continuing change across the political, social, economical and technological landscape. Short term (one year) financial settlements coupled with new and changing demand pressures has meant that much of the financial focus has been on the present, never more so from March 2020 to date, as services have had to mobilise and respond to the Covid pandemic. However the delivery of transformational change must be supported by a longer term financial strategy and the Medium Term Financial Plan is the critical link between the HSCP Board's financial strategy and its plans for service delivery.





The Medium Term Financial Plan underpins the Strategic Plan and is integral to the delivery of our priorities ensuring that the reality of the financial landscape is balanced against our aspirations for **working with the people of West Dunbartonshire.**

Robust financial planning is especially important in this current climate of public sector funding uncertainty, rising inflation and recovery from the pandemic. The Medium Term Financial Plan’s purpose is to allocate finite financial resources over time, considering the impact of a range of factors, allowing the HSCP Board to achieve its goals and also to support the annual budget process.



**COST DRIVERS**



In preparing the financial plan the following approach has been adopted:

- The 2022/23 base budget has been used as the basis for the medium term financial plan;
- A detailed analysis of costs and demand pressures has been undertaken to inform projections for the next five years with a range of assumptions used to provide indicative figures for the period to 2031/32;
- Some sensitivity analysis is used to highlight the risks associated if assumptions change around the key cost drivers; and
- Engagement with our partners to support the refresh of the plan.

### **Benefits**

The financial plan aims to deliver a number of benefits to the Board including:

- Resources are aligned to deliver on the strategic outcomes;
- Members are able to make informed decisions based on the totality of the financial resource and the level of risk in the short, medium and longer term;
- Providing a basis for engaging with partner bodies in relation to annual budget setting negotiations;
- Supporting members decision making in relation to service commissioning and procurement with external providers and the third sector; and
- Identifying the service improvements required to provide effective and efficient services to secure financial sustainability.

The value of such a Plan is that it should enable the HSCP Board to understand the wider policy and financial environment, within which it operates, identify and respond flexibly to opportunities and threats, manage and mitigate risks and ensure that financial resources are contributing to achieving corporate objectives.

## National Context

The current Scottish Government, in 2011, set out a statement of its “2020 Vision” which was used to provide the strategic narrative and context for taking forward health and social care reform.

**2020 Vision** - *By 2020 everyone is able to live longer healthier lives at home, or in a homely setting*

Having an integrated health and social care system is a key outcome to this vision and the “Public Bodies (Joint Working) (Scotland) Act 2014” is the legislation that underpins the role and function of Integrated Joint Boards.

Integration Authorities operate in a complex and constantly changing environment driven by the Scottish Government’s expectations on the delivery of **national outcomes** around health and social care as well as statutory obligations, legislative and policy requirements, performance targets reporting and multi layered governance structures. There are **nine national health and wellbeing outcomes** which apply to integrated health and social care:

People are able to look after and improve their own health and wellbeing and live in good health for longer.

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

People who use health and social care services have positive experiences of those services, and have their dignity respected.

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Health and social care services contribute to reducing health inequalities.

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

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

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

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

To assure the citizens of West Dunbartonshire that financial resources are being used appropriately to support the commissioning of services an understanding of the national context is essential when developing a medium term financial plan.

## **The Economy**

The Global, United Kingdom and Scottish economies all have an impact on the day to day lives of the citizens of West Dunbartonshire, including earnings, taxation, employment and the funding available to support public sector services.

Prior to the March 2020 COVID-19 pandemic the main threat to the economic outlook were around the uncertainties of Britain's exit from the European Union. While changes to import and export regulations have impacted on the supply chain, it has been the public health restrictions across all of our communities that has had the greatest impact.

In December 2021 the Fraser of Allander Institute warned that ongoing COVID-19 restrictions to respond to emerging variants are likely to slow down the speed of economic recovery in 2022. Despite this their latest quarterly summary predicts growth of 6.4% in 2021 and 4.7% in 2022; although there is evidence that Scotland may be recovering more slowly than the UK as a whole.

In September 2021, Audit Scotland published a further report on the financial impacts of COVID-19 ["Tracking the impact of Covid-19 on Scotland's public finances"](#). This set out the scale of the funding in 2020/21 to support both the public and private sector in Scotland through additional Barnett consequential from the UK Government (£8.6 billion) and a reprioritisation of existing Scottish Government budgets (£1.14 billion).

The report's key messages included:

- Transparency of how these funds are utilised is essential whilst acknowledging that as Scotland moves into the recovery phase, it is likely to become increasingly hard to define what, is and what isn't, COVID-19 spending; and
- Planning for the medium term is difficult, but necessary, to manage the levels of uncertainty and volatility facing the Scottish budget.

In December 2021 the Scottish Government published its [Scottish Budget 2022-23](#) which sets out their main priorities for "A Fairer, Greener Scotland" amidst an uncertain fiscal future and economic recovery.

The headline message was that once all 2021/22 COVID-19 funding and other one-off funding is stripped out, the financial settlement from the UK Government between

2021/22 and 2022/23 is 7.1% less in real terms. These real term reductions in both revenue and capital funding will continue into the short to medium term.

### **Scottish Government's Health & Care Portfolio**

Within its 2022/23 budget allocation the Scottish Government has provided further funding to Health Boards and Local Authorities to be passed through to Integration Authorities to support the continued implementation of a number of key health and care policy commitments. These include investment for:

- Support for Carers
- Free Personal Care
- Primary Care
- Mental Health Recovery and Renewal
- Waiting Times Recovery
- Alcohol and Drugs
- Care at Home Services
- Fair Work and Living Wage
- Additional Social Work Capacity
- Sustainability for Integrated Social Care Services

Where funding has been confirmed at an individual HSCP level, this is reflected within the refreshed Financial Plan as is any anticipated shortfalls in delivering fully on the policy commitments.

To reflect this additional investment and the refocus of priorities towards recovery after the pandemic, the Scottish Government will require refreshing a number of their key policy delivery plans and financial framework documents.

It has been widely reported that delays in elective procedures and cancer waiting times as well as the health and social impact of the pandemic will only increase health inequalities in more deprived communities. Demand for health and care services are expected to increase and therefore the assumptions and growth predictions set out in the Scottish Government's, October 2018 [Medium Term Health & Social Care Financial Framework](#) will only increase.

This framework tracks historical expenditure growth rates in health and social care expenditure over the 10 years from 2006/07 to 2016/17 within the context of service demands and the significant investment in Community Health Services to support policy decisions. This includes additional funding dedicated to primary care (including GP services) and mental health as well as the re-investment of shifting the balance of care, meaning that a greater proportion of care is provided in a setting close to a person's home rather than in hospital.

While increase in expenditure can be tracked to increased activity levels across the sectors, especially the elderly population and keeping people at home for longer, it is seeing full evidence of “gains in productivity” i.e. are health and social care delivering more with the money received or are the additional funds covering the impact of policy decisions around payment of the Scottish Living Wage to adult social care workers and other legislative requirements?

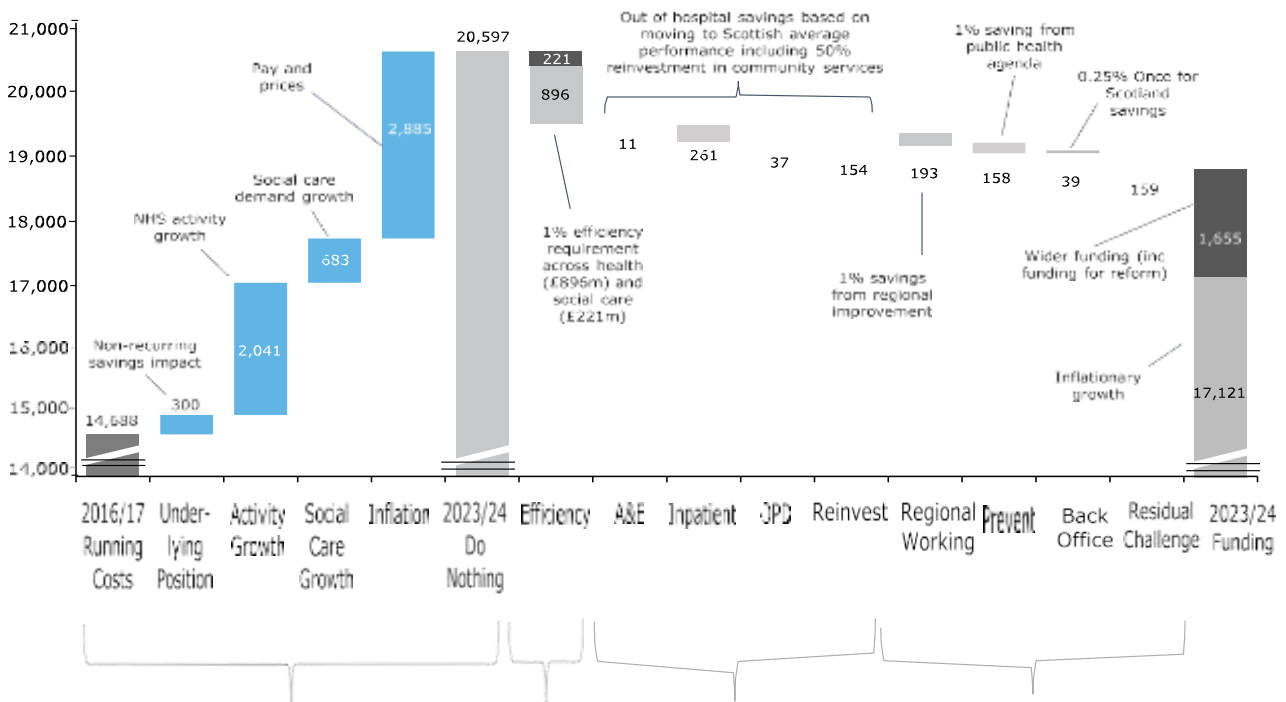
The key messages of the Medium Term Health and Social Care Financial Framework are summarised below, but what is very clear is that if the current system does not adapt and change the net increase in costs to health and social care services across the medium term are not sustainable. The framework sets out a number of approaches and initiatives, but the challenge is to prove whether activity levels can be contained through investment, reform and efficiency.

Key assumptions and messages also illustrated in graph below:

- The drivers for growth are recognised as price, including pay and inflation, activity demand and growth and demographic impacts. The combined impact on each partner are is estimated at an annual growth rate of:
  - Health services – 3.5%
  - Social Care – 4% which is slightly higher recognising the impact that the very elderly have on demographic pressures.
- With additional investment in Primary, Community and Social Care Services, shifting care out of a hospital saving will release savings – 50% of which should be redirected back to IAs through their strategic commissioning plans;
- Regional working and Once for Scotland should produce 1% and 0.25% of productivity savings respectively;
- Public Health and Prevention should result in 1% reduction in demand;
- Annual Health Board Savings Plans should produce a 1% reduction in cost;
- From the 2016/17 baseline of £14.7 billion of running costs over the period to 2023/24, if nothing changes the costs will be £20.6 billion an increase of £5.9 billion;
- Based on assumed Barnett resource consequentials and assumptions on reform initiatives and ongoing efficiency savings total funding would only increase by £4.1 billion by 2023/24;

- When all assumptions are taken into account the residual challenge for the period is estimated at £159m.
- The framework will be revised to reflect progress and future iterations will include assessment of local and regional delivery plans.

### Illustration 1: System Reform Bridging Analysis (£m)



## Local Context

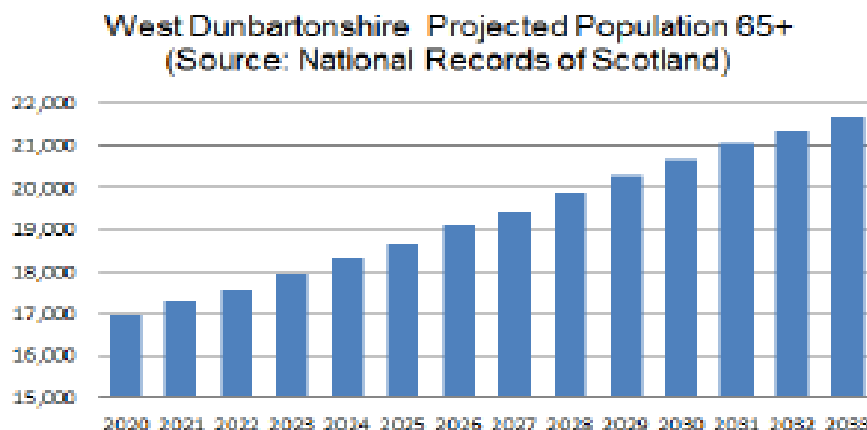
West Dunbartonshire is a diverse area with a rich industrial heritage still evident in our local communities today. It has around 45,000 households; and just less than 25% of these homes are Council owned. Over the next 20 years it is estimated that households headed by over 60s will increase, as will the number of lone person households. At the same time, the number of larger households is projected to fall.

To assess need, prioritise and plan how to deploy resources the HSCP has two identified localities of Alexandria/Dumbarton and Clydebank.

### Demographics and Demand Pressures

The population of West Dunbartonshire accounts for approximately 1.7% of the total population of Scotland and is currently estimated at around 89,000 with the gender split of the population recorded as 47.7% for males and 52.3% for females.

West Dunbartonshire overall population is in decline however the proportion of older people in the authority is steadily increasing. From 2018-based population estimates it is predicted that the pensionable age and over population will increase by 15.2% by 2033 and the over 75s population will increase by 34%. People are living longer with more complex health needs and therefore may require more input from health and social care services.



The most significant challenge going forward by far, for all HSCPs, will be the long term physical, mental and economic impacts of the Coronavirus (Covid-19) pandemic on the people within our communities, our staff and our resources. West Dunbartonshire is an area of high deprivation and the prospect of unemployment, economic decline and potential public funding decreases will have a huge impact upon the area.



West Dunbartonshire has the 4th highest proportion of datazone areas in the most deprived 20% of Scotland compared to other councils. The Scottish Index of Multiple Deprivation identifies 5 quintiles ranging from SIMD1 most deprived to SIMD5 least deprived. Within West Dunbartonshire 66% of the population live in areas categorised as SIMD1 and SIMD2: 40% within SIMD1. By contrast, just 6% of the population live in SIMD5 areas. Deprivation impacts upon life expectancy, healthy life expectancy and health inequalities.

In West Dunbartonshire, life expectancy is lower for both males (75.1) and females (79.2) compared to the rest of Scotland. Healthy Life expectancy, the years a person can expect to live in good health, are similarly lower in West Dunbartonshire: with males expecting to spend 59.1 years in good health and females 60.6 years. This compares to 61.7 and 61.9 for males and females, respectively in Scotland.

Overall the population projections indicate changes to the three key life stages of children, adults and older people as illustrated in Table 2 below.

**Table 2 – Projected Changes in Population to 2024/25**

Age Ranges	2019	2020	2021	2022	2023	2024	% change
0-15	15,996	16,041	16,029	16,022	15,973	15,876	-0.76%
16-24	8,845	8,685	8,600	8,507	8,500	8,572	-2.82%
25-64	48,119	47,980	47,673	47,385	46,966	46,533	-3.29%
65-74	9,514	9,734	9,987	10,021	10,141	10,350	9.15%
75-90	7,202	7,253	7,375	7,638	7,894	8,060	12.17%
	<b>89,676</b>	<b>89,693</b>	<b>89,664</b>	<b>89,573</b>	<b>89,474</b>	<b>89,391</b>	<b>-0.32%</b>

For example there is a decrease in the projected proportion of children and working age group and an increase in the proportion of people for pensionable age with an overall projection of population decline of 0.32% to 2023 and 7% to 2037.

The overall forecast is in contrast to the projection for Scotland overall whereby the population in Scotland is projected to increase by 3% by 2024 and by 7% by 2037. This will mean that as an overall percentage of the Scottish population West Dunbartonshire could reduce from 1.7% to around 1.5% impacting on the share of overall Scottish Government funding that comes to West Dunbartonshire.

The Health and Social Care Partnership has experienced exceptional demand for services, especially in the delivery supporting children and young people and supporting our older, frailer residents and it is anticipated that projected changes in population will increase this demand further.

While not all older adults will require health and social care it is reasonable to assume that many will. In contrast it cannot be assumed that the projected reduction in the numbers of children and young people will lead to a reduction in the costs of care within this age group as the types of cases being presented are increasingly complex.

## **Our Budget**

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

The HSCP Board receive regular financial performance reports which allow members to scrutinise how public money is being used and to ensure that financial resources are used efficiently and effectively and are being directed to services that will deliver on local and national outcomes and key strategic priorities as set out above.

Our current Strategic Plan 2019 – 2022 and the priorities contained within the plan has been extended for a further year to allow for a more robust plan going forward which will reflect the recovery, renewal and re-design of services as we emerge from the pandemic.

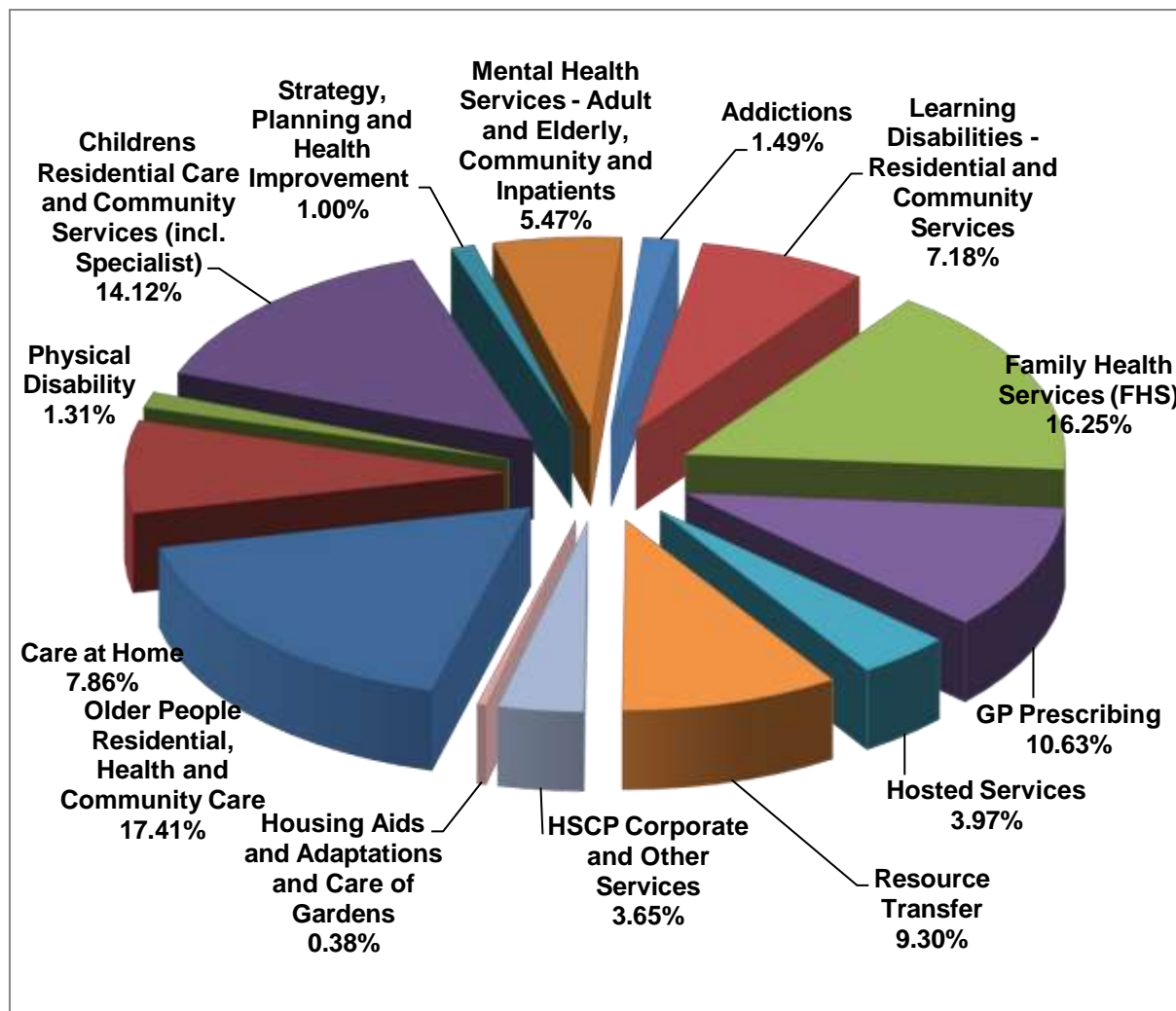
Our Annual Performance Report for 2020/21, illustrates the growing complexity of need and demand within our diverse local communities; our active engagement with stakeholders at locality, community planning and national levels; and our understanding of the broader policy and legislative context.

Increasing demand and improving performance has had to be considered within limited financial resources and the requirement for the HSCP Board to agree on a programme of savings across both health and social care budgets in prior years and their impact going forward. The impact of previously approved savings are reflected in the 2022/23 revenue budget together with the impact of all known cost drivers and the funding allocations from our partners West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board.

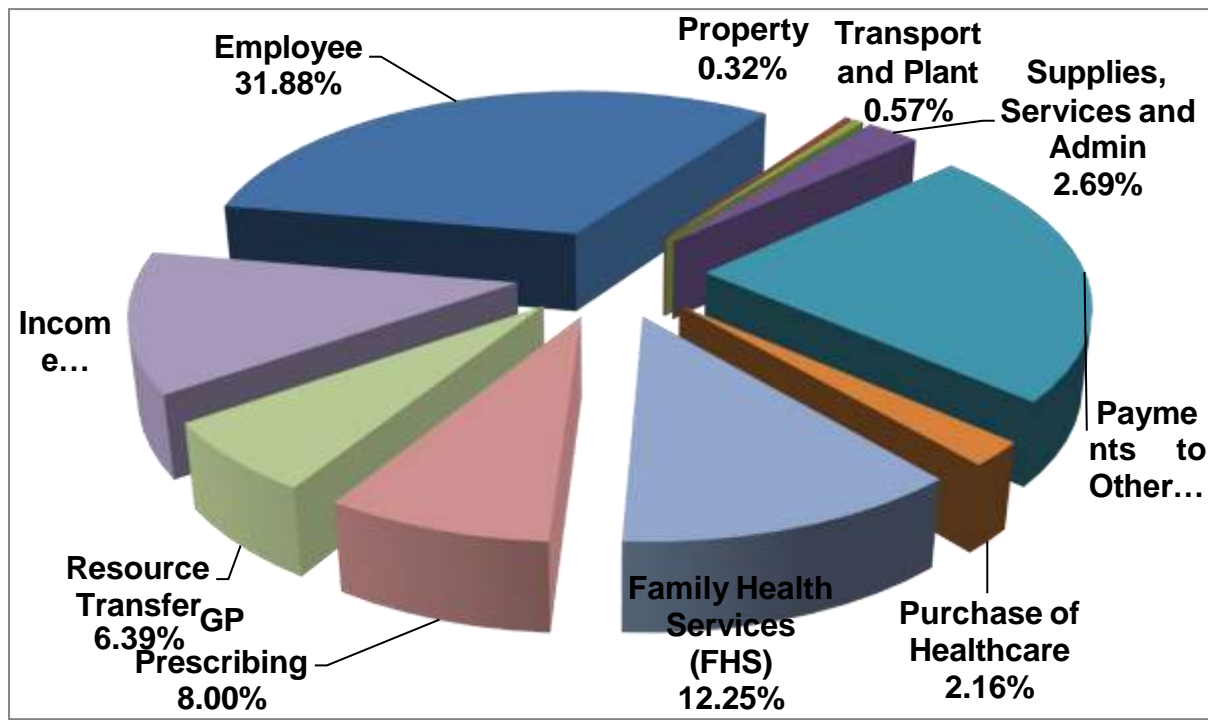
The revenue budget for 2022/23 to deliver our strategic priorities is £185.822m, including community justice and budgets managed by West Dunbartonshire Council on behalf of the HSCP but excluding the set aside budget allocation of £33.620 million. This budget may change during the year for any additional funding or adjustments to our recurring base funding.

The charts below details how this funding is allocated across: the main care groups, subjective groups and the funding source.

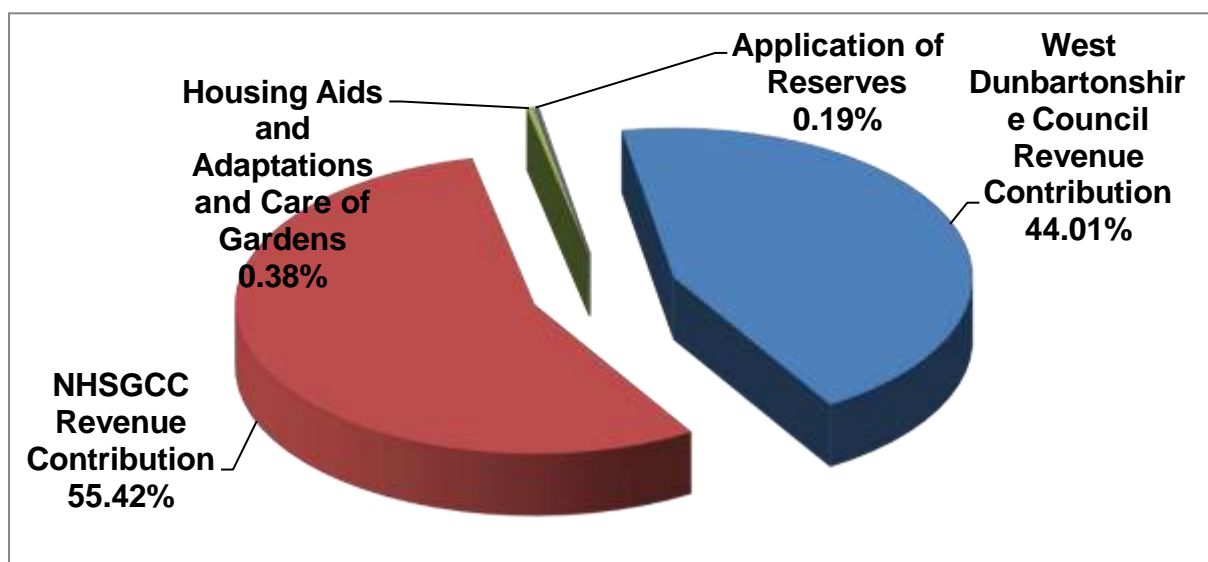
**Chart 1 - Budget allocation of £185.822m across Care Groups (incl. Care of Gardens and Housing Aids and Adaptations)**



**Chart 2 – Budget allocation of £185.177m across Subjective Spend Categories (excl. Care of Gardens and Housing Aids and Adaptations)**



**Chart 3 – Funding allocation of £185.822m across Partner Organisations**



West Dunbartonshire Health & Social Care Partnership hosts the Musculoskeletal (MSK) Physiotherapy Service and a programme of retinal screening on behalf of NHS Greater Glasgow and Clyde area across the whole area. Table 3 below shows how the 2020/21 cost (as per the WDHSCP Audited Accounts for 2020/21) relates to the use of the services by all HSCP within the NHSGCC area.

**Table 3 - Services Provided to Other IJB's Hosted by WDHSCP**

<b>Services Provided to Other IJB's within NHSGCC Hosted by West Dunbartonshire HSCP</b>	<b>2020/21 £m</b>
MSK Physiotherapy	5.733
Retinal Screening	0.657
<b>Net Expenditure on Services Provided</b>	<b>6.390</b>

Similarly each of the other 5 HSCPs hosts one or more services on behalf of the other HSCPs. Table 4 below shows the 2020/21 cost of our population's consumption of those services.

**Table 4 – Services Provided to WDHSCP by Other IJBs within NHSGCC**

<b>Services Provided to West Dunbartonshire HSCP by Other IJB's within NHSGCC</b>	<b>2020/21 £m</b>
Oral Health	0.624
Learning Disability	0.653
Continence	0.301
Sexual Health	0.656
Mental Health Services	1.448
Augmentative and Alternative Communication	0.003
Addictions - Alcohol and Drugs	1.039
Prison Healthcare	0.818
Health Care In Police Custody	0.183
General and Old Age Psychiatry	4.898
Podiatry	0.525
Primary Care Support	0.281
<b>Net Expenditure on Services Provided</b>	<b>11.429</b>

Under current arrangements there are no financial transactions between HSCPs for hosted services, with the tables showing costs for information to allow us to understand the total system wide costs of our population use of services; however this arrangement may change in future years.

Included within the 2022/23 revenue budget is specific funding streams detailed in Table 5 below to help deliver on these commitments. This funding is committed to continue over the period of this Strategic Plan.

**Table 5 - Additional Investment**

Policy Funding	2022/23	2023/24	2024/25	2025/26	2026/27
	£000	£000	£000	£000	£000
	Indicative	Indicative	Indicative	Indicative	Indicative
Primary Care Improvement Fund	2,663	2,663	2,663	2,663	2663
Mental Health Strategy Action15	563	563	563	563	563
Fair Work (Living Wage) and Sustainability	6,375				
Alcohol and Drug Partnership	887	887	887	887	887
Carers Act	347	347	347	347	347
Expansion of Care at Home	2,086	2,086	2,086	2,086	2,086
Interim Care (Non-recurring)	336	0	0	0	0
Mental Health Recovery & Renewal:					
CAMHS Phase 1 & 2	592	592	592	592	592
Mental Health & Wellbeing within Primary Care	174	347	701	701	701
Dementia - Post Diagnostic Support	63	63	63	63	63
Young People & Childrens MH allocated to LA?					
	<b>10,835</b>	<b>4,460</b>	<b>4,460</b>	<b>4,460</b>	<b>4,460</b>

The set aside budget is set at £33.620m (subject to NHSGCC Board approval) and is West Dunbartonshire's share of the health board's resource to meet the costs of unscheduled care or emergency admissions to hospital. While the set aside budget is part of the HSCP's total financial resource, the acute hospital sector delivers the care and spends the money. Successful delivery of the strategic priorities will reduce demand in unscheduled care allowing savings to be re-invested in community based services.

The Draft Unscheduled Care Joint Commissioning Plan was noted by the HSCP Board in September 2021. An updated plan will be presented to the Board in the coming months, reflecting where required elements of the additional investment detailed above.

The programme outlined in the plan was based on evidence of what works and estimates of patient needs in GG&C. The programme was focused on three key themes following the patient journey:

- early intervention and prevention of admission to hospital to better support people in the community;
- improving hospital discharge and better supporting people to transfer from acute care to community supports; and,
- improving the primary / secondary care interface jointly with acute to better manage patient care in the most appropriate setting.

## Medium Term Financial Outlook

It is anticipated that the public sector in Scotland will continue to face a very uncertain medium to long term financial outlook. The five year financial planning period 2022/23 – 2026/27 will be extremely challenging for the HSCP Board as it seeks to balance increasing demand against diminishing resources and new developments within the additional investment received.

While future funding settlements are uncertain, both of our partners West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board have set out the anticipated scale of their funding challenges in the medium to long term, including savings targets for the HSCP Board. This coupled with increasing demand for services will require careful assessment, but early scenario planning would suggest the scale of the savings challenge could range from 5% to 7.5% of the HSCP Board's current resources.

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

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

### Our plans to close the gap

All of the HSCPs senior teams have a focus on redesign of services and are constantly modifying service provision to ensure the best services are provided within the agreed budget. A number of workstreams are being developed or are underway to determine where service redesign can improve service delivery and reduce the overall costs of service to contribute towards closing the financial gap.

These workstreams are being supported by our three Service Improvement Leads, the costs of which are being funded by our Transformation and Redesign Reserve for 3 years as approved by the HSCP Board.

It is too early in the process to align definitive savings target to each of these key themes until the workstreams have been fully scoped and aligned to the emerging priorities of the Strategic Planning Group.

The broad key themes include:

- Better ways of working – integrating and streamlining teams including the benefits of information technology to deliver services more efficiently will release financial savings and protect front line services;
- Community Empowerment - support the vision for resilient communities with active, empowered and informed citizens who feel safe and engaged to be a main contributor to service change across health and social care;
- Prioritise our services – local engagement and partnership working are key strengths of the HSCP. We must think and do things differently and find new solutions to providing support to those who need it;
- Equity and Consistency of approach – robust application of Eligibility Criteria for new packages of care and review of current packages using the My Life Assessment tool; and
- Service redesign and transformation – build on the work already underway redesigning support to people to remain or return to their own homes or a homely setting for as long as possible. This will be across all care groups including older people, learning, physical and mental disabilities and children and families, in partnership with Housing services, third sector and local providers.

The strategic priorities for the HSCP form the basis for the commissioning of services; and are informed by the strategic needs assessment and integrated performance framework of the HSCP.

The production of the new Strategic Plan 2023 – 2026 is underway and will be led by the newly refreshed Strategic Planning Group. It will be a community led strategy that will ensure diverse local and staff voices are heard, map local concerns and strengthen alliances with our third and independent sectors.

To ensure a more measurable approach, a Commissioning and Contract Management Framework is being developed; further clarifying the responsibilities



and roles of strategic commissioning and contract management within the entire HSCP across all services alongside the Council's Procurement Team.

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

The funding pressures over the next five years relate to demand for services, either from legislative changes or changes in population, inflationary increases and any changes in regulation or legislation. Prescribing is a particularly volatile area as in addition to cost and demand changes this can also be impacted by short supply of drugs, new drugs to the market, existing drugs coming off patient and other price mechanism changes.

### Key Budget Pressures and Planning Assumptions

The estimated pressures for the five years are detailed in table 6 below.

**Table 6 – Key Budget Pressures to 2026/27**

Key Budget Pressures	Budget Pressures	Budget Pressures	Budget Pressures	Budget Pressures	Budget Pressures
	2022/23	2023/24	2024/25	2025/26	2026/27
	£000's	£000's	£000's	£000's	£000's
<b>Social Care</b>					
Pay Pressures - assumed at 3%	1,368	1,409	1,451	1,495	1,540
1.25% National Insurance Uplift	270				
<u>Service/National Budget Pressures - 1.25</u>					
Children and Families	738	760	783	806	831
Mental Health, Learning Disability and Addictions	999	1,029	1,060	1,092	1,124
Community Health and Care	(797)	600	618	637	656
<u>National Budget Pressures - 1.25%</u>					
Scottish Living Wage uplift to £10.50 per hour	3,060	3,152	3,246	3,344	3,444
Expanding Care at home Capacity	2,165	2,230	2,297	2,366	2,437
Interim Care Arrangements	613	631	650	670	690
1.25% National Insurance Uplift for Externally Commissioned	425	438	451	464	478
Other	598	616	634	653	673
<b>Health Care</b>					
Pay Pressures - assumed at 3%	808	832	857	883	909
1.25% National Insurance Uplift	236				
Prescribing	37	948	1,005	1,025	1,046
Specialist Care Package (Nursing Element)	177	182	188	193	199
Resource Transfer to Social Care	173	179	184	189	195
Other	193	199	205	211	218
<b>Total Budget Pressures</b>	<b>11,063</b>	<b>13,205</b>	<b>13,630</b>	<b>14,029</b>	<b>14,440</b>

There are a number of areas where caseload or staffing ratio to numbers of patients will determine changes to the workforce. For example there are staffing models that determine how many District Nurses or Health Visitors are required for the population size. Where we have any change in population we need to work with partners (for examples such as these in particular NHSGCC) to assess the impact on the workforce and how this is to be funded. The HSCP have recognised the impact of demographic change in the workforce and on the costs of purchased services to date.

Workforce, service plans and service reviews are being developed and will help inform these discussions and associated cost implications.

The key assumptions included in the figures in Table 6 are:

- Pay is assumed at 3% each year from 2022/23 reflecting the current public sector pay policy with inflation assumed at the same rate for forward planning.
- Demographic and demand pressure is based on an average of 3% per annum, however specific pressures will fluctuate depending on the source of provision.
- Living wage is based on the actual cost of implementation in 2022/23 as it is considered unlikely that the upward trend in these costs will reduce going forward.
- Prescribing has been contained for 2022/23 due to the anticipated outturn in 2021/22 and the level of anticipated prescribing reserve at 31 March 2022. However due to risks around prescribing volumes, cost per item, short supply and expected discounts and rebates and lack of clarity on future European trade costs have been assumed to increase at 5% from 2023/24 onwards.

### **COVID-19 Local Mobilisation Plan**

The estimated pressures are based on current service demands in 2021/22 as a baseline, with any known COVID-19 ongoing impacts reflected where possible. While they take into account fairly conservative assumptions around service redesign these will be refined and revised as our change programme progresses.

The operational response to the COVID-19 pandemic is set-out in every financial performance report and highlights the most up to date position regarding Health and Social Care Local Mobilisation Plans, and associated costs and funding. The assumption remains that given the level of earmarked reserves anticipated to be

held at the end of 2021/22, which will include newly announced advance funding, then any additional costs incurred as a result of the pandemic response and recovery, will be funded in full and will not contribute to any funding gaps projected at this time.

## **Reserves Position**

Integration Authorities are subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounting purposes by the Office for National Statistics (ONS). As a local government body, Integration Authorities are able to hold reserves.

Since the HSCP Board was established in July 2015 we have prepared for the anticipated financial challenges through the creation of reserves as underpinned by our [Reserves Policy](#).

Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

The balance of the reserves normally comprises of three elements:

- funds that are earmarked or set aside for specific purposes;
- funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
- funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the Partnership Board.

Our reserves can be summarised into the following categories within Table 7.

**Table 7 – Anticipated Reserve Position as at 31 March 2022**

Reserves Update	Actual Opening Balance as at 1 April 2021	Drawdown from Reserves	Increase to Reserves	Forecast Balance at 31 March 2022
	£000	£000		£000
Unearmarked	(4,367)		(2,118)	(6,485)
Earmarked	(17,440)	6,206	(14,470)	(25,704)
<b>Total</b>	<b>(21,807)</b>	<b>6,206</b>	<b>(16,588)</b>	<b>(32,189)</b>

In light of the size and scale of the Board’s responsibilities, over the medium term the policy sets out that a prudent level of general reserves will represent approximately 2% of net expenditure (excluding FHS GMS & Other). For 2022/23 this equates to £3.1m.

The level of both earmarked and unearmarked reserves held at the beginning of the financial year increased due to additional funding being received late in the financial year and an underspend on mainstream services due to recruitment difficulties. The HSCP Board was also passed through any monies owed by the Government but unspent in relation to the Primary Care Improvement Fund, Alcohol and Drugs and Action 15. A significant element of the funds in reserves are ring fenced for these purposes and can’t be used for anything else.

In addition the COVID earmarked reserve will increase to reflect the advance funding received in late February 2022, along with a number of earmarked reserves to support the redesign and transformation of services (once the impact of COVID on services has reduced) and their development and delivery.

### **Financial Projections for the Period 2022/23 to 2026/27**

For 2022/23 the cost pressure of £11.063m has been offset by improved budget contributions from our Partners, new funding streams together with agreed management actions resulting in a balanced budget for health and social care.

The financial position from 2023/24 onwards details “likely” budget gaps of between £2.815m and £12.635m based on projected budget pressures and current assumption on the level of contribution from our Partners as detailed in Table 8.

**Table 8 – Final and Indicative Budgets to 2026/27**

Approved/Indicative Budget by Service Area	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate
	2022/23	2023/24	2024/25	2025/26	2026/27
	£000's	£000's	£000's	£000's	£000's
Older People Residential, Health and Community Care	32,351	32,835	33,770	34,730	35,715
Care at Home	14,597	15,133	15,673	16,232	16,811
Physical Disability	2,434	2,599	2,725	2,857	2,995
Childrens Residential Care and Community Services	26,230	26,730	27,426	28,139	28,871
Strategy, Planning and Health Improvement	1,859	1,899	1,956	2,014	2,075
Mental Health Services - Adult and Elderly, Community and Inpatients	10,161	10,606	10,994	11,395	11,919
Addictions	2,766	2,847	2,953	3,063	3,178
Learning Disabilities - Residential and Community Services	13,347	13,643	14,061	14,489	14,931
Family Health Services (FHS)	30,196	30,196	30,196	30,196	30,196
GP Prescribing	19,744	20,692	21,698	22,723	23,769
Hosted Services	7,373	7,594	7,821	8,054	8,294
Criminal Justice	0	0	0	0	0
Resource Transfer	17,280	17,578	17,889	18,200	18,405
Covid-19	0	0	0	0	0
HSCP Corporate and Other Services	6,779	7,033	7,106	7,181	7,257
<b>Indicative Revenue Budget</b>	<b>185,117</b>	<b>189,386</b>	<b>194,268</b>	<b>199,274</b>	<b>204,415</b>
Housing Aids and Adaptations and Care of Gardens	705	719	733	747	762
<b>Indicative Budget Requirement</b>	<b>185,822</b>	<b>190,105</b>	<b>195,000</b>	<b>200,021</b>	<b>205,177</b>
Actual/Indicative Funding by Resource Type	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate
	2022/23	2023/24	2024/25	2025/26	2026/27
	£000's	£000's	£000's	£000's	£000's
WDC Revenue Funding	81,777	81,441	81,441	81,785	81,785
Housing Aids and Adaptations and Care of Gardens	705	719	733	747	762
NHSGCC Revenue Funding	102,991	104,787	106,859	107,838	109,994
Application of Reserves	349	344	344	0	0
<b>Indicative Funding</b>	<b>185,822</b>	<b>187,290</b>	<b>189,377</b>	<b>190,370</b>	<b>192,541</b>
<b>Indicative Budget Gap</b>	<b>(0)</b>	<b>(2,815)</b>	<b>(5,623)</b>	<b>(9,652)</b>	<b>(12,635)</b>

### Risk and Sensitivity Analysis

This medium term financial plan sets out modelled future implications and that in itself is a risk. Overestimated cost pressures mean we may plan to save more than we need to and vice versa with both scenarios impacting on the funding available to deliver services. There is judgement and balance needed when estimating and planning for future savings.

The HSCP Board has its own strategic risk register and individual services hold operational risk registers. These are reviewed at least twice a year to add, remove or modify current risks, consider likelihood and impact, and agree mitigating actions.

The main risks impacting on the financial plan are as follows:

- The proposed pay increase for 2022/23 is based on the information provided by the Scottish Government's Public Sector Pay Policy and WDC's financial planning assumptions. This has not been agreed and there is a risk that the percentage agreed could be higher than anticipated.
- The assumptions agreed and built into the 2022/23 budget may not be fully delivered in particular the level of expected staff turnover. Or the recovery of care home placements may exceed the budgeted level.
- Recruitment and retention of social care staff, especially in our third and independent sectors, was difficult pre-pandemic. With the Scottish Government commitment to pay a fair, living wage (£10.50/hr from 1 April 2022) the external market is fragile. This coupled with rising inflation places a risk on nationally agreed contracts like the National Care Home Contract and other care providers seeking to move from locally agreed contracts to the Scotland Excel Care and Support Framework rates.
- The pandemic has exacerbated both physical and mental health issues, increasing level of complexity across our population. This means that the requirement to put a multi-layered service package in place is not always foreseen and can add to in-year budget pressure.
- If COVID-19 and its variants continue to threaten public health then the current and earmarked funding from the Scottish Government to meet additional costs may not be sufficient.
- The full impacts of Britain's exit for the European Union have been shadowed by the pandemic. In particular the supply and cost of drugs given the scale of the HSCP's prescribing budget.
- Demand for services driven by legislative changes could outstrip the funding received, for example support for carers and free personal care to all adults.
- The Scottish Government's acceptance of the recommendations contained within the Independent Review of Adult Social Care (Feeley) Report and the creation of a National Care Service will have substantial implications for social care. There are a number of risks including the disruption major structural

change could have on local delivery and local transformational change programmes and risk that the future costs will not be fully funded.

While the budget pressures (table 6) and financial projections (table 8) are based on a “likely” scenario risk a sensitivity analysis was undertaken to assess the impact of a 1% change to cost pressures.

Applying these sensitivities allow us to determine the “best” and “worst” case with the following parameters:

- Best – Cost pressures (excluding pay and living wage) at 1% lower than current projections with no changes to funding levels.
- Worst – Cost pressures at 1% higher than current projections and funding reduced by 1%.

As the position for 2022/23 is a balanced budget only the impact of a 1% change in expenditure and resources for the period 2023/24 to 2026/27 is detailed in table 9 with best, likely and worst case budget gaps for outlined in table 10.

**Table 9 – Impact of a 1% change in expenditure and resources**

<b>Impact of 1% Change in Expenditure</b>	<b>2023/24</b>	<b>2024/25</b>	<b>2025/26</b>	<b>2026/27</b>
	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
Pay	816	841	866	892
Demographic and Demand Changes	591	609	627	646
Living Wage	36	37	38	39
Prescribing	948	1,005	1,025	1,046
Non Pay Health Pressures	126	130	134	138
Resource Transfer	60	61	63	65
<b>Total</b>	<b>2,578</b>	<b>2,684</b>	<b>2,755</b>	<b>2,827</b>
<b>Impact of 1% Change in Resources</b>	<b>2023/24</b>	<b>2024/25</b>	<b>2025/26</b>	<b>2026/27</b>
	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
WDC Revenue Funding	814	814	818	818
Housing Aids and Adaptations and Care of Gardens	7	7	7	8
NHSGCC Revenue Funding	1,048	1,069	1,078	1,100
<b>Total</b>	<b>1,869</b>	<b>1,890</b>	<b>1,904</b>	<b>1,925</b>

**Table 10 – Best, Likely and Worst Case Budget Gaps from 2023/24 to 2026/27**

Indicative Budget Gap	2023/24	2024/25	2025/26	2026/27
	£000's	£000's	£000's	£000's
<b>Best</b>	(833)	(3,562)	(7,522)	(10,435)
<b>Likely</b>	(2,815)	(5,623)	(9,652)	(12,635)
<b>Worst</b>	(8,492)	(11,445)	(15,602)	(18,725)

### **Long Term Financial Outlook**

While this financial plan covers the medium term to 2026/27 we have also looked at a high level financial position for the period to 2027/28 to 2031/32 and the outcome of this analysis is detailed in the attached appendix.

This will also be reviewed and revised as future funding settlements are made and transformational and redesign programmes begin to release long-term recurring savings.



West Dunbartonshire Health & Social Care Partnership  
Consolidated Estimates for the Period 2021/22 to 2024/25

Approved/Indicative Budget by Service Area	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate
	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Older People Residential, Health and Community Care	32,351	32,835	33,770	34,730	35,715	36,722	37,751	38,796	39,852	40,910
Care at Home	14,597	15,133	15,673	16,232	16,811	17,410	18,031	18,673	19,339	20,029
Physical Disability	2,434	2,599	2,725	2,857	2,995	3,139	3,291	3,450	3,617	3,792
Childrens Residential Care and Community Services	26,230	26,730	27,426	28,139	28,871	29,623	30,394	31,185	31,997	32,830
Strategy, Planning and Health Improvement	1,859	1,899	1,956	2,014	2,075	2,137	2,201	2,267	2,334	2,404
Mental Health Services - Adult and Elderly, Community and Inpatients	10,161	10,606	10,994	11,395	11,919	12,345	12,784	13,236	13,702	14,183
Addictions	2,766	2,847	2,953	3,063	3,178	3,299	3,425	3,556	3,693	3,837
Learning Disabilities - Residential and Community Services	13,347	13,643	14,061	14,489	14,931	15,386	15,856	16,340	16,839	17,354
Family Health Services (FHS)	30,196	30,196	30,196	30,196	30,196	30,196	30,196	30,196	30,196	30,196
GP Prescribing	19,744	20,692	21,698	22,723	23,769	24,836	25,924	27,034	28,166	29,321
Hosted Services	7,373	7,594	7,821	8,054	8,294	8,540	8,793	9,053	9,320	9,594
Criminal Justice	0	0	0	0	0	0	0	0	0	0
Resource Transfer	17,280	17,578	17,889	18,200	18,405	18,723	19,045	19,371	19,700	20,032
Covid-19	0	0	0	0	0	0	0	0	0	0
HSCP Corporate and Other Services	6,779	7,033	7,106	7,181	7,257	7,334	7,413	7,493	7,575	7,658
<b>Indicative Revenue Budget</b>	<b>185,117</b>	<b>189,386</b>	<b>194,268</b>	<b>199,274</b>	<b>204,415</b>	<b>209,690</b>	<b>215,102</b>	<b>220,650</b>	<b>226,331</b>	<b>232,139</b>
Housing Aids and Adaptations and Care of Gardens	705	719	733	747	762	777	793	810	826	844
<b>Indicative Budget Requirement</b>	<b>185,822</b>	<b>190,105</b>	<b>195,000</b>	<b>200,021</b>	<b>205,177</b>	<b>210,468</b>	<b>215,896</b>	<b>221,460</b>	<b>227,157</b>	<b>232,983</b>

Actual/Indicative Funding by Resource Type	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate
	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
WDC Revenue Funding	81,777	81,441	81,441	81,785	81,785	81,785	81,785	81,785	81,785	81,785
Housing Aids and Adaptations and Care of Gardens	705	719	733	747	762	777	793	810	826	844
NHSGCC Revenue Funding	102,991	104,787	106,859	107,838	109,994	112,194	114,438	116,727	119,062	121,443
Application of Reserves	349	344	344	0	0	0	0	0	0	0
<b>Indicative Funding</b>	<b>185,822</b>	<b>187,290</b>	<b>189,377</b>	<b>190,370</b>	<b>192,541</b>	<b>194,757</b>	<b>197,016</b>	<b>199,321</b>	<b>201,673</b>	<b>204,071</b>

<b>Indicative Budget Gap</b>	<b>(0)</b>	<b>(2,815)</b>	<b>(5,623)</b>	<b>(9,652)</b>	<b>(12,635)</b>	<b>(15,711)</b>	<b>(18,879)</b>	<b>(22,139)</b>	<b>(25,485)</b>	<b>(28,911)</b>
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Sensitivity Analysis on Indicative Budget Gaps from 2022/23 onwards	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Best	1,808	(833)	(3,562)	(7,522)	(10,435)	(13,437)	(16,530)	(19,712)	(22,979)	(26,324)
Likely	(0)	(2,815)	(5,623)	(9,652)	(12,635)	(15,711)	(18,879)	(22,139)	(25,485)	(28,911)
Worst	(3,663)	(8,492)	(11,445)	(15,602)	(18,725)	(21,945)	(25,260)	(28,671)	(32,173)	(35,760)

West Dunbartonshire Health & Social Care Partnership  
Health Care Estimates for the Period 2021/22 to 2024/25

Health Care Approved/Indicative Budget by Service Area	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate
	2022/23 £000's	2023/24 £000's	2024/25 £000's	2025/26 £000's	2026/27 £000's	2027/28 £000's	2028/29 £000's	2029/30 £000's	2030/31 £000's	2031/32 £000's
Planning & Health Improvements	758	779	801	823	846	869	893	918	943	969
Childrens Services - Community	3,515	3,616	3,720	3,826	3,935	4,047	4,162	4,281	4,402	4,527
Childrens Services - Specialist	1,323	1,367	1,413	1,459	1,507	1,557	1,607	1,659	1,713	1,767
Adult Community Services	10,089	10,334	10,585	10,841	11,105	11,374	11,650	11,933	12,223	12,520
Community Learning Disabilities	841	863	884	903	923	943	963	984	1,006	1,029
Addictions	1,883	1,932	1,983	2,035	2,088	2,142	2,198	2,255	2,314	2,375
Mental Health - Adult Community	3,838	3,970	4,105	4,243	4,385	4,532	4,681	4,836	4,994	5,156
Mental Health - Elderly Inpatients	2,990	3,107	3,227	3,350	3,587	3,716	3,849	3,986	4,126	4,270
Family Health Services (FHS)	30,196	30,196	30,196	30,196	30,196	30,196	30,196	30,196	30,196	30,196
GP Prescribing	19,744	20,692	21,698	22,723	23,769	24,836	25,924	27,034	28,166	29,321
Other Services	3,160	3,456	3,501	3,548	3,595	3,644	3,694	3,745	3,797	3,851
Covid-19	0	0	0	0	0	0	0	0	0	0
Resource Transfer	17,280	17,578	17,889	18,200	18,405	18,723	19,045	19,371	19,700	20,032
Hosted Services	7,373	7,594	7,821	8,054	8,294	8,540	8,793	9,053	9,320	9,594
<b>Indicative Revenue Budget</b>	<b>102,991</b>	<b>105,485</b>	<b>107,821</b>	<b>110,201</b>	<b>112,634</b>	<b>115,119</b>	<b>117,657</b>	<b>120,251</b>	<b>122,900</b>	<b>125,606</b>

West Dunbartonshire Health & Social Care Partnership  
Social Care Estimates for the Period 2021/22 to 2024/25

Social Care Approved/Indicative Budget by Service Area	Indicative Estimate 2022/23 £000's	Indicative Estimate 2023/24 £000's	Indicative Estimate 2024/25 £000's	Indicative Estimate 2025/26 £000's	Indicative Estimate 2026/27 £000's	Indicative Estimate 2027/28 £000's	Indicative Estimate 2028/29 £000's	Indicative Estimate 2029/30 £000's	Indicative Estimate 2030/31 £000's	Indicative Estimate 2031/32 £000's
Strategy Planning and Health Improvement	1,101	1,120	1,155	1,191	1,229	1,268	1,308	1,349	1,391	1,435
Residential Accommodation for Young People	3,162	3,221	3,299	3,378	3,459	3,542	3,627	3,714	3,803	3,894
Children's Community Placements	5,614	5,700	5,820	5,942	6,067	6,194	6,324	6,457	6,592	6,730
Children's Residential Schools	4,033	4,153	4,290	4,433	4,580	4,732	4,888	5,051	5,218	5,391
Childcare Operations	4,858	4,950	5,079	5,210	5,345	5,483	5,625	5,771	5,920	6,073
Other Services - Young People	3,710	3,709	3,792	3,878	3,965	4,054	4,146	4,239	4,335	4,432
Residential Accommodation for Older People	7,358	7,535	7,746	7,964	8,187	8,416	8,652	8,895	9,144	9,401
External Residential Accommodation for Elderly	8,796	8,720	9,030	9,352	9,685	10,030	10,387	10,756	11,139	11,536
Sheltered Housing	1,417	1,473	1,521	1,570	1,621	1,674	1,729	1,785	1,843	1,903
Day Centres Older People	1,219	1,271	1,306	1,341	1,378	1,415	1,454	1,493	1,534	1,575
Meals on Wheels	26	23	24	26	27	29	31	33	35	38
Community Alarms	21	(12)	(18)	(26)	(40)	(59)	(89)	(132)	(198)	(297)
Community Health Operations	2,999	3,062	3,140	3,221	3,304	3,389	3,476	3,565	3,657	3,751
Residential - Learning Disability	10,279	10,512	10,850	11,199	11,560	11,932	12,316	12,713	13,122	13,545
Physical Disability	2,434	2,599	2,725	2,857	2,995	3,139	3,291	3,450	3,617	3,792
Day Centres - Learning Disability	2,227	2,268	2,327	2,387	2,448	2,511	2,576	2,643	2,711	2,781
Criminal Justice (Including Transitions)	0	0	0							
Mental Health	3,333	3,529	3,663	3,802	3,947	4,097	4,253	4,415	4,583	4,757
Care at Home	14,597	15,133	15,673	16,232	16,811	17,410	18,031	18,673	19,339	20,029
Addictions Services	883	915	970	1,029	1,091	1,157	1,226	1,300	1,379	1,462
Equipu	285	285	285	285	285	285	285	285	285	285
Frailty	141	144	150	156	162	169	175	182	190	197
Carers	1,565	1,565	1,565	1,912	1,912	2,259	2,259	2,606	2,606	2,953
Covid-19	0	0	0	0	0	0	0	0	0	0
HSCP - Corporate	2,067	2,026	2,054	1,735	1,764	1,445	1,474	1,156	1,185	868
<b>Indicative Revenue Budget</b>	<b>82,126</b>	<b>83,901</b>	<b>86,447</b>	<b>89,073</b>	<b>91,781</b>	<b>94,571</b>	<b>97,445</b>	<b>100,399</b>	<b>103,431</b>	<b>106,532</b>