

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Tuesday, 28 January 2025

Time: 14:00

Format: Hybrid Meeting, Civic Space, 16 Church Street, Dumbarton G82 1QL

Contact: Lynn Straker, Committee Officer
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Dear Member

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

Members will have the option to attend the meeting in person at the Civic Space, 16 Church Street, Dumbarton G82 1QL or remotely via Zoom Video Conference.

The business is shown on the attached agenda.

Yours faithfully

BETH CULSHAW

**Chief Officer
Health and Social Care Partnership Board**

Distribution:-

Voting Members

Michelle Wailes (Chair)
Fiona Hennebry (Vice Chair)
Michelle McGinty
Martin Rooney
Lesley-Ann MacDonald
Libby Cairns

Non-Voting Members

Barbara Barnes
Beth Culshaw
Shirley Furie
Lesley James
John Kerr
Helen Little
Anne MacDougall
Diana McCrone
Kim McNab
Saied Pourghazi
Selina Ross
Julie Slavin
David Smith
Val Tierney

Senior Management Team – Health and Social Care Partnership
Chief Executive – West Dunbartonshire Council

Date of Issue: 20 January 2025

Audio Streaming

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WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

AGENDA

TUESDAY, 28 JANUARY 2025

1 STATEMENT BY CHAIR – AUDIO STREAMING

2 APOLOGIES

3 DECLARATIONS OF INTEREST

4 RECORDING OF VOTES

The Committee is asked to agree that all votes taken during the meeting be done by a Roll Call vote to ensure an accurate record.

5 (a) MINUTES OF PREVIOUS MEETING 5 - 10

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board held on 19 November 2024.

(b) ROLLING ACTION LIST 11 - 12

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

6 VERBAL UPDATE FROM CHIEF OFFICER

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

**7 2024/25 FINANCIAL PERFORMANCE REPORT: 13 - 46
PERIOD 9 (31 DECEMBER 2024)**

Submit report by Julie Slavin, Chief Financial Officer, providing an update on the financial performance as at period 9 to 31 December 2024 and a projected outturn position to 31 March 2025.

8/

8 2025/26 ANNUAL BUDGET SETTING UPDATE (REVENUE ESTIMATES) 47 - 85

Submit report by Julie Slavin, Chief Financial Officer, providing an update on the revenue estimates exercise for 2025/26, including the main cost pressures, funding assumptions and key financial risks for the HSCP Board. Options to close the gap will be presented to the Board on the 24 March 2025.

9 AUDIT SCOTLAND: INTEGRATION JOINT BOARDS' (IJBs) FINANCE AND PERFORMANCE 2024 – SELF EVALUATION AND IMPROVEMENT PLAN 87 - 99

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update on the outcomes of the informal self-evaluation event held on the 12 November 2024, and to seek approval for the supporting improvement action plan.

10 MINUTES OF MEETING FOR NOTING 101 - 118

Submit for noting the Approved Minutes of Joint Staff Forum (JSF) Meetings held on:

- (a) 21 October 2024; and
- (b) 21 November 2025.

11 DATE OF NEXT MEETING

Members are asked to note the next meeting of West Dunbartonshire Health and Social Care Partnership Board will be held on Monday, 24 March 2025 at 2.00 p.m. as a Hybrid Meeting in the Civic Space, 16 Church Street, Dumbarton G82 1QL.

For information on the above agenda please contact: Lynn Straker, Committee Officer, Regulatory, Municipal Buildings, College Street, Dumbarton G82 1NR.
Tel: 07814553595. Email: lynn.straker@west-dunbarton.gov.uk.

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
BOARD**

At a Hybrid Meeting of the West Dunbartonshire Health and Social Care Partnership Board held in the Civic Space, 16 Church Street, Dumbarton on Tuesday, 19 November 2024 at 2.01 p.m.

Present: Michelle Wailes, Libby Cairns and Lesley McDonald, NHS Greater Glasgow and Clyde and Councillors Fiona Hennebry and Martin Rooney, West Dunbartonshire Council.

Non-Voting Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Barbara Barnes, Chair of the Locality Engagement Network – Alexandria and Dumbarton; John Kerr, Housing Development Homeless Manager; Lesley James, Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer; Helen Little, MSK Manager; Diana McCrone, Staff Representative (NHS Greater Glasgow and Clyde); Kim McNab, Service Manager - Carers of West Dunbartonshire; Dr Saied Pourghazi, Clinical Director; David Smith, Unpaid Carers Representative and Val Tierney, Chief Nurse.

Also Attending: Peter Hessett, Chief Executive of West Dunbartonshire Council; Michael McDougall, Manager of Legal Services; Margaret-Jane Cardno, Head of Strategy and Transformation; Gillian Gall, Head of Human Resources; Fiona Taylor, Head of Health and Community Care; Jennifer Ogilvie, Finance Manager and Lynn Straker and Nicola Moorcroft, Committee Officers.

Apologies: Apologies for absence were intimated on behalf of Councillor Michelle McGinty, West Dunbartonshire Council; Selina Ross, Chief Officer - West Dunbartonshire CVS; Anne McDougall, Chair of the Locality Engagement Network – Clydebank; Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction and Caleb Oguche, External Auditor – Forvis Mazars.

Michelle Wailes in the Chair

DECLARATIONS OF INTEREST

It was noted that there were no declarations of interest in any of the items of business on the agenda.

RECORDING OF VOTES

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health and Social Care Partnership Board held on 24 September 2024 were submitted and approved as a correct record.

ROLLING ACTION LIST

The Rolling Action list for the Health and Social Care Partnership Board was submitted for information and relevant updates were noted and agreed.

VERBAL UPDATE FROM CHIEF OFFICER

Beth Culshaw, Chief Officer, provided a verbal update on the recent business of the Health and Social Care Partnership. She noted it had been a busy month with regards to the current financial position and outlook and the savings which the Board were starting to finalise for consideration at a future HSCP Board meeting. There has been focus on Winter planning and vaccination program and ensuring Care Home residents are prioritised, which she noted looked to be already nearly completed alongside house-bound residents in West Dunbartonshire.

Ms Culshaw gave an update on Delayed Discharges and noted that in recent weeks there had been a strong performance on reducing Delayed Discharges within West Dunbartonshire and they are currently holding the position of most improved HSCP in Scotland for this since the start of this financial year. She noted ~~we currently have~~ that there are 18 Acute Delays and 4 in Mental Health and thanked the team for their great effort in achieving this.

Ms Culshaw thanked Members who attended the HSCP Informal Session on 12 November 2024 noting that it gave reassurance on the work the team are currently doing and some thoughts on how ~~we~~ the team continue to develop. A summary report on the work undertaken at the session will be brought to the next meeting of the HSCP Board on 28 January 2025.

Lastly, Ms Culshaw thanked those who attended the HSCP Staff Awards in November 2024 and said it was great to see staff from a wide range of departments recognised for the hard work and dedication they show in their role and seeing it acknowledged.

2024/25 FINANCIAL PERFORMANCE REPORT: PERIOD 6 (30 SEPTEMBER 2024)

A report was submitted by Julie Slavin, Chief Financial Officer, providing an update on the financial performance as at Period 6 to 30 September 2024 and a projected outturn position to 31 March 2025.

After discussion and having heard the Chief Officer; Chief Financial Officer; the Head of Health and Community Care; the Head of Human Resources and the Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer in further explanation and in answer to Members' questions, the Committee agreed:-

- (1) to note the updated position in relation to budget movements on the 2024/25 allocation by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and approve the direction for 2024/25 back to our partners to deliver services to meet the HSCP Board's strategic priorities;
- (2) to note the reported revenue position for the period to 30 September 2024 is reported an adverse (overspend) position of £2.155m (2.26%);
- (3) to note the projected outturn position of £4.286m overspend (2.10%) for 2024/25 including all planned transfers to/from earmarked reserves;
- (4) to note that the impact of recovery planning actions taken to date by the Senior Management Team to address the projected overspend;
- (5) to note the update on the monitoring of savings agreed for 2024/25;
- (6) to note the current reserves balances and the impact the projected overspend has on un-earmarked balances;
- (7) to approve the proposed funding arrangements to deliver programmes funded through the Enhanced Mental Health Outcomes Framework;
- (8) to note the update on the capital position and projected completion timelines; and
- (9) to note the impact of a number of ongoing and potential burdens on the reported position for 2024/25 and the previously reported budget gaps for 2025/26 and 2026/27.

REFRESH OF THE MEDIUM-TERM FINANCIAL OUTLOOK

A report was submitted by Julie Slavin, Chief Financial Officer, outlining the Medium-Term Financial Outlook for the HSCP Board which has been prepared to support financial planning and delivery of the HSCP Board's Strategic Plan.

After discussion and having heard the Chief Financial Officer and the Head of Strategy and Transformation in further explanation and in answer to Members

questions, the Committee agreed to approve the draft Medium Term Financial Outlook subject to any required revisions.

WEST DUNBARTONSHIRE HSCP WINTER PLAN 2024-2025

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, presenting the Winter Plan 2024-2025 to Members for noting.

After discussion and having heard the Head of Strategy and Transformation in further explanation and in answer to Members' questions, the Committee agreed to note the content of the report.

SHORT BREAK PILOTS OUTCOMES

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update on the outcomes and impact of the Short Breaks Pilot carried out between April and August 2023.

After discussion and having heard the Head of Strategy and Transformation; the Chief Financial Officer and the Service Manager - Carers of West Dunbartonshire in further explanation and in answer to Members' questions, the Committee agreed:-

- (1) to note the impact and outcomes from the Short Breaks Pilot and consider the key learning points from the project for future planning, resource allocation and process review; and
- (2) to note the commencement of a review of the current Adult Carer Assessment and Support Plan (ACASP) process and the short breaks service based on key feedback and learnings gathered from this pilot.

ENGAGEMENT AND PARTICIPATION STRATEGY

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, seeking approval of the Engagement and Participation Strategy and also seeking comments from Members on supporting the operational delivery plan.

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

- (1) to approve the West Dunbartonshire HSCP Engagement and Participation Strategy;
- (2) to note the supporting operational delivery plan; and
- (3) to note the supporting Equalities Impact Assessment.

DUTY OF CANDOUR

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation presenting the HSCP Duty of Candour Procedure.

After discussion and having heard the Head of Strategy and Transformation in further explanation and in answer to Members' questions, the Committee agreed to note the HSCP Duty of Candour Procedure.

MEMBERSHIP OF THE HSCP BOARD

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update on progress towards the recruitment of a minimum of four service user representatives to act as Non-Voting Members of the HSCP Board and also seeking two nominations from Members to engage in the recruitment and selection process.

After discussion and having heard the Head of Strategy and Transformation in further explanation and in answer to Members' questions, the Committee agreed to note progress towards the recruitment of a minimum of four service user representatives to act as non-voting Members on the HSCP Board. Michelle Wailes and Councillor Fiona Hennebry nominated themselves as volunteers to take part in the recruitment and selection process.

MINUTES OF MEETING FOR NOTING

The Minutes of Joint Staff Forum (JSF) Meeting held on 29 August 2024 were submitted and noted.

DATE OF NEXT MEETING

Members noted that the next meeting of West Dunbartonshire Health and Social Care Partnership Board would be held on Tuesday, 28 January 2025 at 2.00 p.m. as a Hybrid Meeting in the Civic Space, 16 Church Street, Dumbarton G82 1QL.

The meeting closed at 4.01 p.m.

**WEST DUNBARTONSHIRE HSCP BOARD
ROLLING ACTION LIST**

Agenda Item	Decision / Minuted Action	Responsible Officer	Timescale	Progress/ Update/ Outcome	Status
REVIEW OF INTEGRATION SCHEME – August 2024	Query regarding delegated services within the Integration Scheme document. The Chief Officer is to provide revised definitions of delegated services.	Beth Culshaw	Information to be provided to Members as soon as possible	Update 14/01/25: The work is ongoing to agree the revised definitions and once a conclusion is reached, a Briefing Note will be distributed to Members.	Open
SHORT BREAK PILOTS OUTCOMES – November 2024	Action for Head of Strategy and Transformation to bring an update back to HSCP Board in 6 months' time regarding the outcomes and also to share work done with Scottish Government.	Margaret-Jane Cardno	Update required before July 2025	Report scheduled for IJB 19 August 2025	Open
ENGAGEMENT AND PARTICIPATION STRATEGY – November 2024	Action for Head of Strategy and Transformation to update links within the report to direct electronically to correct online reports before distributed further.	Margaret-Jane Cardno	28 January 2025	Complete and document published online.	Closed

HSCP DUTY OF CANDOUR PROCEDURE – November 2024	Action for Head of Strategy and Transformation to bring this paper to the next Joint Staff Forum meeting in January 2025.	Margaret-Jane Cardno	28 January 2025	Complete discussed at JSF on 21 November 2024.	Closed
MEMBERSHIP OF THE HSCP BOARD – November 2024	Action for Head of Strategy and Transformation to arrange a meeting off table with the 2 current Locality Engagement Network Representatives to discuss what this would mean for their role going forward.	Margaret-Jane Cardno	28 January 2025	Incomplete, awaiting confirmation of dates.	Open

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Julie Slavin, Chief Financial Officer

28 January 2025

Subject: 2024/25 Financial Performance Report: Period 9 (31 December 2024)**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 2024 and a projected outturn position to 31 March 2025.

2. Recommendations

- 2.1 The HSCP Board is recommended to:

- a) **Note** the updated position in relation to budget movements on the 2024/25 allocation by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and **approve** the direction for 2024/25 back to our partners to deliver services to meet the HSCP Board's strategic priorities;
- b) **Note** the reported revenue position for the period to 31 December 2024 is reporting an adverse (overspend) position of £2.471m (1.62%);
- c) **Note** the projected outturn position of £3.277m overspend (1.58%) for 2024/25 including all planned transfers to/from earmarked reserves;
- d) **Note** that the impact of recovery planning actions taken to date by the Senior Management Team to address the projected overspend;
- e) **Note** the update on the monitoring of savings agreed for 2024/25;
- f) **Note** the bad debt write off for July to September 2024;
- g) **Note** the current reserves balances and the impact the projected overspend has on unearmarked balances;
- h) **Note** the update on the capital position and projected completion timelines; and
- i) **Note** that the progress to date on the budget planning process for 2025/26 to 2027/28 is detailed in a separate report within the agenda for this HSCP Board meeting.

3. Background

- 3.1 At the meeting of the HSCP Board on 28 March 2024 members agreed the 2024/25 revenue estimates. A total indicative net revenue budget of £199.662m (excluding Set Aside) was approved as the health allocation was subject to NHSGGC Board formal approval. This indicative budget consists of combined partner contributions of £197.512m and application of reserves of £2.150m, to close the presented budget gap for 2024/25.

3.2 Since the March HSCP Board report there have been several budget adjustments. A total net budget of £207.058m is now being monitored as detailed within Appendix 1.

4. Main Issues

Summary Position

4.1 The current year to date position as at 31 December is an overspend of £2.471m (1.62%) with an annual projected outturn position being a potential overspend of £3.277m (1.58%). The consolidated summary position is presented in greater detail within Appendix 3, with the individual health care and social care partner summaries detailed in Appendix 4.

4.2 The overall HSCP summary and the individual head of service positions are reported within Tables 1 and 2 below.

Table 1 – Summary Financial Information as at 31 March 2025

Summary Financial Information	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Forecast Variance
	£000	£000	£000	£000	£000	£000	£000	£000	
Health Care	122,787	92,255	92,152	103	124,020	(1,233)	(1,370)	137	0.11%
Social Care	122,894	83,774	87,316	(3,542)	126,998	(4,104)	621	(4,725)	-3.84%
Expenditure	245,681	176,029	179,468	(3,439)	251,018	(5,337)	(749)	(4,588)	-1.87%
Health Care	(5,074)	(1,529)	(1,529)	0	(5,074)	0	0	0	0.00%
Social Care	(33,549)	(22,137)	(23,105)	968	(33,172)	(377)	(1,688)	1,311	-3.91%
Income	(38,623)	(23,666)	(24,634)	968	(38,246)	(377)	(1,688)	1,311	-3.39%
Health Care	117,713	90,726	90,623	103	118,946	(1,233)	(1,370)	137	0.12%
Social Care	89,345	61,637	64,211	(2,574)	93,826	(4,481)	(1,067)	(3,414)	-3.82%
Net Expenditure	207,058	152,363	154,834	(2,471)	212,772	(5,714)	(2,437)	(3,277)	-1.58%

Table 2 – Financial Information as at 31 March 2025 by Head of Service

Summary Financial Information	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Forecast Variance
	£000	£000	£000	£000	£000	£000	£000	£000	
Children's Health, Care & Justice	30,912	20,051	19,980	71	31,468	(556)	(650)	94	0.31%
Health and Community Care	52,832	37,237	40,710	(3,473)	57,216	(4,384)	232	(4,616)	-8.74%
Mental Health, Learning Disability & Addictions	31,101	25,335	23,818	1,517	29,906	1,195	(825)	2,020	6.49%
Strategy & Transformation	2,058	1,254	1,134	120	2,128	(70)	(231)	161	7.82%
Family Health Services	33,088	27,072	27,072	0	33,088	0	0	0	0.00%
GP Prescribing	21,787	15,628	16,773	(1,145)	23,799	(2,012)	(487)	(1,525)	-7.00%
Hosted Services	8,941	6,560	6,539	21	9,127	(186)	(215)	29	0.32%
Other	26,339	19,226	18,808	418	26,040	299	(261)	560	2.13%
Net Expenditure	207,058	152,363	154,834	(2,471)	212,772	(5,714)	(2,437)	(3,277)	-1.58%

- 4.3 The favourable movement in the overall position between the period 6 projections of a £4.286m overspend and the current projection of £3.277m is covered in Table 3 below. This table highlights the ongoing positive impact of recovery planning taken by the Senior Management Team who have been focussed on minimising the projected overspend where possible, through a range of actions including reviews of individual care packages across a range of services, ongoing vacancy management and no discretionary spend unless authorised by the Chief Officer.

Table 3 – Movement since Period 6

Movement since period 6	£000
Period 9 adverse variance	(3,277)
Period 6 adverse variance as reported to HSCP Board 19 November 2024	(4,286)
Movement since period 6	1,009
Represented By:	
Increasing financial impact of staffing vacancies within Childcare Operations	39
Revision of staffing projections within Residential Care Homes	243
Continued review of care packages within Residential - Learning Disability	530
Continued review of care packages within Physical Disabilities	128
Increase in the cover for medical vacancies within Mental Health - Elderly Inpatients	(202)
Other favourable variances individually less than £0.100m	271
Movement since period 6	1,009

- 4.4 Members should note that the current projected outturn considers the progress on agreed savings programmes, totalling £7.132m. Further detail on progress of savings is detailed in Appendix 2 with a summary position shown in Table 4 below.

Table 4 – Monitoring of Savings and Efficiencies

Efficiency Detail	Saving to be Monitored	Saving achieved	Saving on track to be achieved	Saving at low/medium risk of not being achieved	Saving at high risk of not being achieved
	£000	£000	£000	£000	£000
Total	7,132	3,687	673	577	2,196
Health Care	2,343	993	592	326	432
Social Care	4,789	2,694	81	251	1,764

- 4.5 The progress of savings is tracked by the Senior Management Team, and a RAGB (Red, Amber, Green and Blue) status applied to inform further actions. In the first three quarters of this financial year approximately 61% of savings have been achieved or are on track to be achieved, with the remainder

requiring further action, which could include application of reserves as appropriate.

- 4.6** Summary detail on the anticipated level of reserves, including those approved by the HSCP Board in March 2024 to underwrite the savings challenge (£2.150m), is provided within Appendix 6. The appendix highlights that the current projected overspend of £3.277m would utilise 93.5% of the opening unearmarked reserves balance of £3.504m, leaving the HSCP Board at significant risk of being unable to mitigate against any further in-year pressures. With regards to the range of earmarked reserves, it is anticipated that £4.151m will be drawn down to cover planned expenditure. As set-out within the March 2024 budget setting paper, the benefit of the two-year local authority employer's superannuation saving (19.3% to 6.5% contribution rate) was to be spread over a three-year period. For 2024/25, the saving will be in the region of £1.447m (based on budgeted rates).
- 4.7** Analysis on the projected annual variances more than £0.050m are contained within Appendix 5. The variance analysis highlights the range of pressures being managed across the HSCP's delegated budgets. After accounting for the planned application of earmarked reserves, the core elements of the residual projected overspend of £3.277m remains unchanged and is mainly due to prescribing pressures, successful job evaluation claim for residential care home workers, the use of agency and premium rate overtime delivering care at home services and social care pay uplifts in excess of budgeted levels, while children's residential and community care pressures are offset by turnover and vacancy savings due to ongoing recruitment challenges.

Update on Older People Services

- 4.8** While the Care at Home re-design progresses, and staffing challenges continue to present themselves, the overall projected overspend has reduced by circa £0.067m from the previous report. The movement is due in part to a reduction in forecast staffing costs of £0.200m, however an increase in the volume and cost of external care packages of £0.102 partially offsets this favourable movement. While overall this is encouraging it should be recognised that the full impact of winter and festive cover has yet to present itself, therefore the favourable movement should be treated with caution.

Update on 2024/25 Local Authority Pay Award

- 4.9** The Scottish Government has confirmed total additional funding to local authorities of £24.5m to support this year's above inflation pay award. West Dunbartonshire Council's confirmed share is £1.395m for all staff, including those delivering HSCP delegated services. As in the previous two financial years, the decision on what, if any share the HSCP will receive, will be taken by elected members at their own March budget setting meeting. Based on staffing numbers the HSCP share would be circa £0.488m (35%). If the HSCP received its proportionate share this would improve the projected overspend and increase the roll-forward into 2025/26 of the HSCP's recurring budget.

Bad Debt Write-Off

- 4.10** As agreed by WDC and the HSCP Board in March 2022, the Board are responsible for accounting for bad debt arising from charges levied for HSCP delegated services and as such include a provision for potential bad debt within the HSCP Board's balance sheet.
- 4.11** While WDC retain the legal power to both set and levy charges, with the collection of those charges being governed by the Council's Corporate Debt Policy, any requests to write off HSCP debt come to the HSCP Chief Financial Officer and HSCP Board for approval depending on the value of the write off request. The policy recognises that where a debt is irrecoverable, prompt and regular write off of such debts is appropriate in terms of good accounting practice and while the Council and HSCP will seek to minimise the cost of write-offs by taking all necessary action to recover what is due, where it has not been possible to collect a debt, authorisation to write these debts off will be requested to:
- The HSCP Chief Financial Officer if the debt is under £5,000; or
 - The HSCP Board if the debt is valued at more than £5,000.
- 4.12** Bad debt write off totalling £0.097m for the period July to September 2024 are included in the tables 5 and 6 below for information only, as no individual debt exceeds £5,000. The debt written off for to date for 2024/25 totals £0.179m when compared to the total debt written off for 2023/24 of £0.084m this shows an increasing trend which will have to be monitored closely for potential impact on the current provision which is £0.439m. Further analysis is ongoing, including the interrogation of more detailed reports to strengthen decision making on approving bad debt write-off, therefore these figures may be subject to change.

Table 5 – Bad Debt Write off by Classification

Debt Write Off Summary for July to September 2024	Value of Debt Write Off	Number of Cases
Prescribed under £5k	52,108	617
Uneconomical under £5k	0	0
Unreasonable under £5k	21	5
Deceased under £5k	45,318	314
Small balance under £5k	0	0
Deceased over £5k	0	0
Prescribed over £5k	0	0
Unreasonable over £5k	0	0
Total	97,448	936

Table 6 – Bad Debt Write off by Service Area

Debt Write Off Summary for July to September 2024	Value of Debt Write Off	Number of Cases
Care at Home	14,727	49
Care Contracts	17,699	15
Learning Disability	11,304	53
Addictions	187	2
Older People Day Service	1,344	8
Respite	816	6
Community Alarms	50,897	801
Finance	473	2
Total	97,448	936

Budget Process for 2025/26 to 2027/28

- 4.13** Significant work has been undertaken to date regarding the draft budget position for 2025/26 and future years and an update is provided in a separate report within this HSCP meeting agenda.

Housing Aids and Adaptations and Care of Gardens

- 4.14** 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 2024/25 budget allocation of £89.345m from the council.
- 4.15** These budgets are managed by the Council's – Roads and Neighbourhood and Housing and Employability Services on behalf of the HSCP Board.
- 4.16** The draft outturn position for the period to 31 March 2025 is included in Table 7 below and will be reported as part of WDC's financial update position.

Table 7 – Draft Outturn Financial Performance as of 31 March 2025

Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council	Annual Budget	Year to Date Actual	Forecast Spend	Forecast Variance
	£000	£000	£000	£000
Care of Gardens	229	172	229	0
Aids & Adaptations	80	55	80	0
Net Expenditure	309	227	309	0

2024/25 Capital Expenditure

- 4.17** The capital updates for Social Care are summarised in Table 8 below and contained within Appendix 7 and details the forecast position on the undernoted capital projects.

Table 8 – Capital Project Summary

HSCP Capital Project Summary	Project Life Budget	Project Life Forecast Spend	Project Life Variance	On Track / Complete	Off Track
	£000	£000	£000	£000	£000
Special Needs (Aids & Adaptations)	6,765	8,387	-1,622	0	8,387
ICT Modernisation HSCP	1,668	1,668	0	1,668	0
Community Alarm upgrade	898	898	0	898	0
Total	9,331	10,953	-1,622	2,566	8,387

4.18 A request for acceleration of the 2025/26 capital budget will be submitted to West Dunbartonshire Council for Special Needs (Aids & Adaptations) due to the 2024/25 budget being reduced as part of the 2023/24 year end capital closedown processes. In addition, a new capital bid will be submitted to increase the overall capital budget for future years.

5. Options Appraisal

5.1 None required for this report.

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.

8. Risk Analysis

8.1 The main financial risks to the HSCP in 2024/25 and beyond relate to:

- ongoing increases in demand for some key social care services;
- movement to universal credit for those in receipt of Kinship Care;
- cost of complex care packages;
- uncertainty around funding local authority and health pay uplifts;
- uncertainty around the increase to employers' national insurance contributions announced as part of the October budget statement in relation to both direct staffing costs incurred by the HSCP and indirect costs potentially passed on from commissioned service providers;
- volatile prescribing costs and volumes; and
- the depletion of both earmarked and unearmarked reserves to maintain current levels of service activity and cover unfunded pay award costs for Local Authority staff.

8.2 As of December 2024 the current rate of inflation was reported at 2.6% compared to the target level of 2%. Interest rates were held at 4.75% at the

December meeting of the Monetary Policy Committee. The next meeting will be held on 6 February 2025 when the February Monetary Policy Report will also be published. It is unclear at this time what impact the current rate of inflation will have on the February interest rate decision and on the wider future of the UK Economy going forward which may have a detrimental impact on public sector funding.

8.3 The progress of the National Care Service Bill remains subject to change.

9. Equalities Impact Assessment (EIA)

9.1 None required for this report however any recovery plan may require equality impact assessments to be undertaken.

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 – Improving Lives Together.

12.2 Strategic enablers being workforce, finance, technology, partnerships, and infrastructure will support delivery of our strategic outcomes as below:

- Caring Communities;
- Safe and Thriving Communities;
- Equal Communities and
- Healthy Communities

13. Directions

13.1 The recurring and non-recurring budget adjustments up to 31 December 2024 (as detailed within Appendix 1) will require the issuing of a direction, see Appendix 8.

Julie Slavin – Chief Financial Officer

Date: 19 January 2025

Person to Contact: Julie Slavin – Chief Financial Officer
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Appendices: Appendix 1 – Budget Reconciliation
Appendix 2 – Monitoring of Savings
Appendix 3 – Revenue Budgetary Control 2024/25
(Overall Summary)
Appendix 4 – Revenue Budgetary Control 2024/25
(Health Care and Social Care Summary)
Appendix 5 – Variance Analysis over £50k
Appendix 6 – Reserves
Appendix 7 – Capital Update
Appendix 8 – Directions

Background Papers: 2024/25 Annual Budget Setting Report – 28 March HSCP Board

2024/25 Financial Performance Report as at Period 6 (30 September 2024)

Localities Affected: All

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2024/25 Period 9 covering 1 April 2024 to 31 December 2024

Appendix 1

2024/25 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Budget Approved at Board Meeting on 28 March 2024	109,242	90,420	199,662
Health Rollover Budget Adjustments	426		426
Budget Adjustments			
Board Allocated			
Pfg Afc Rec Wdhscp	34		34
Wdhscp App Levy Scs Tfer	(10)		(10)
Wdhscp O365 Scs Tfer	(14)		(14)
Wdhscp Pension Scs Tfer	(1)		(1)
Adp Tr 1 Wdhscp	455		455
Adp Tr 1 Wdhscp Afc	65		65
Wd Pcip	3,214		3,214
District Nursing	214		214
Camchp42 Vale Live Active	(25)		(25)
2024-25 Apremiast Allocation From Acute	151		151
Camchp28 Care Home Funding	35		35
Camchp35 Wd Ch Lead Nurse	57		57
Camchp64 Smoking Prevention Wd	66		66
Eers Superannuation	387		387
Childrens £12p/hr funding		343	343
Scottish Disabilitiy Allowance		54	54
Camchp87 Mdt Rec Wdhscp	482		482
Camchp97 Pays Uplift Wdhscp	2,054		2,054
2023-24 #20m Tariff Adjustment - Recurring	377		377
#80m Tariff Swap 2022-23 Recurring Gvp23124 & Gvp24079	(276)		(276)
FHS - Ncl Budget Adjustment To Match 2023-24 Actuals	370		370
Harm Reduction 2425 Funding West Dun	(5)		(5)

2024/25 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Camchp70 Wd Vacc Hb & Ch	137		137
Camchp73 Wd Pds	61		61
Wdhscp Hv Ctb	40		40
Outstanding			
School Nursing	203		203
ADP	114		114
Action 15	538		538
Revised Budget 2024/25	118,391	90,817	209,208
Drawdown from Reserves	(678)	(1,472)	(2,150)
Budget Funded from Partner Organisations	117,713	89,345	207,058

Head of Service	Partner	Efficiency Detail	Comment	Saving Target £000	Saving at Risk £000
Savings at high risk of not being achieved					
Head of Community Health and Care Services	Social Care	Budget savings taken from Care at Home between 2020/21 and 2023/24 related to the ongoing service redesign work. These savings have been unachieved in prior years and have not been added back to the 2024/25 budget and therefore still require to be monitored.	While work to implement the Care at Home redesign continues, the forecast outturn at this time shows there is a high risk of these savings not being achieved. The areas of largest cost pressure sit within staffing and relate to the continued use of agency staff and payment of premium rate overtime. Redesign pathways to address these areas are ongoing with the SOP overtime authorisation process now in place and further "deep dive" analysis to identify reasons for high use. Phase 1 staff moving to new contracts in December 2024 (approximately 40 staff) with phase two (majority of staff) moving in March 2025 and phase 3 (now at around 27%) anticipated to move in March 2026. Compliance data (visit and time) is being monitored per organiser to reduce the gap between planned and actual hours.	1,206	1,206
Head of Children's Health Care and Criminal Justice	Social Care	Budget savings taken from Children and Families between 2021/22 and 2023/24. Elements of these savings remain unachieved and require to be monitored and addressed as part of the What Would It Take medium term financial plan.	Progress has been made in relation to the ambition to save, however there remains significant pressure within community placements and children residential placements of circa £1.326m due to continued demand. The 2025/26 budget will be constructed on a zero based approach to reset and accurately account for demographic pressures. While the overall children and families social work portfolio shows a small adverse variance at period 6 this is mainly due to ongoing recruitment challenges and additional income not all of which are recurring.	558	558
Head of Community Health and Care Services	Health Care	Prescribing Board Wide and Stretch Efficiency Programmes	While significant progress has been made around switching patients to other suitable medications in line with our prescribing initiative targets, fluctuating prices of some of these drugs are reducing the financial benefit.	727	432
Savings at low/medium risk of not being achieved					
Head of Strategy and Transformation	Social Care	Admin Saving	Progress on the admin review continues with a full analysis of current team requirements being undertaken. The saving is being managed through turnover and scrutiny of all vacancies as they arise.	185	185
Musculoskeletal Physiotherapy Manager	Health Care	Temporary Increase in MSK Service Turnover from 3.7% to 8.3%	Negotiations on the SLA Lanarkshire are ongoing. Increased turnover target is challenging and approximately £0.103m at risk continue to monitor on a monthly basis. If full turnover target cannot be realised the plan would be to cover from unachieved savings reserve at year end.	375	103
Head of Community Health and Care Services	Health Care	Prescribing Board Wide and Stretch Efficiency Programmes	While significant progress has been made around switching patients to other suitable medications in line with our prescribing initiative targets, fluctuating prices of some of these drugs are reducing the financial benefit.	605	223
Various Head of Service	Social Care	Various	There is some slippage in the delivery of a small number of low value savings linked to commissioning and staff turnover within community health and care.	318	66
		Total		4,227	2,773
		Health Care		1,707	758
		Social Care		2,520	2,015

Consolidated Expenditure by Service Area	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Older People Residential, Health and Community Care	34,650	25,858	26,205	(347)	34,865	(215)	232	(447)	-1.29%	↓
Care at Home	14,520	8,832	12,021	(3,189)	18,772	(4,252)	0	(4,252)	-29.28%	↓
Physical Disability	2,947	2,024	1,960	64	2,863	84	0	84	2.85%	↑
Childrens Residential Care and Community Services	30,831	20,008	19,909	99	31,246	(415)	(546)	131	0.42%	↑
Strategy, Planning and Health Improvement	2,058	1,255	1,135	120	2,128	(70)	(231)	161	7.82%	↑
Mental Health Services - Adult and Elderly, Community and Inpatients	12,131	10,935	10,540	395	11,888	243	(284)	527	4.34%	↑
Addictions	4,123	3,190	2,738	452	3,895	228	(375)	603	14.63%	↑
Learning Disabilities - Residential and Community Services	14,847	11,208	10,540	668	14,122	725	(166)	891	6.00%	↑
Family Health Services (FHS)	33,088	27,072	27,072	0	33,088	0	0	0	0.00%	→
GP Prescribing	21,787	15,628	16,773	(1,145)	23,799	(2,012)	(487)	(1,525)	-7.00%	↓
Hosted Services	8,941	6,560	6,539	21	9,127	(186)	(215)	29	0.32%	↑
Criminal Justice (Including Transitions)	81	43	71	(28)	222	(141)	(104)	(37)	-45.68%	↓
Resource Transfer	17,813	13,360	13,360	0	17,814	(1)	0	(1)	-0.01%	↓
Contingency	1,979	1,484	1,085	399	0	1,979	1,447	532	26.88%	↑
HSCP Corporate and Other Services	7,262	4,906	4,886	20	8,943	(1,681)	(1,708)	27	0.37%	↑
Net Expenditure	207,058	152,363	154,834	(2,471)	212,772	(5,714)	(2,437)	(3,277)	-1.58%	↓

Consolidated Expenditure by Subjective Analysis	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Employee	91,279	64,292	66,427	(2,135)	93,636	(2,357)	483	(2,840)	-3.11%	↑
Property	1,134	555	805	(250)	1,469	(335)	0	(335)	-29.54%	→
Transport and Plant	1,455	782	800	(18)	1,480	(25)	0	(25)	-1.72%	→
Supplies, Services and Admin	6,552	3,447	2,723	724	5,830	722	(243)	965	14.73%	↓
Payments to Other Bodies	86,502	61,008	61,793	(785)	88,052	(1,550)	(502)	(1,048)	-1.21%	↓
Family Health Services	34,014	28,023	28,042	(19)	34,042	(28)	0	(28)	-0.08%	→
GP Prescribing	21,788	15,628	16,773	(1,145)	23,800	(2,012)	(487)	(1,525)	-7.00%	↓
Other	2,957	2,290	2,105	185	2,709	248	0	248	8.39%	→
Gross Expenditure	245,681	176,025	179,468	(3,443)	251,018	(5,337)	(749)	(4,588)	-1.87%	↓
Income	(38,623)	(23,662)	(24,634)	972	(38,246)	(377)	(1,688)	1,311	-3.39%	↓
Net Expenditure	207,058	152,363	154,834	(2,471)	212,772	(5,714)	(2,437)	(3,277)	-1.58%	↓

Health Care Net Expenditure	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Planning & Health Improvements	894	578	452	126	838	56	(113)	169	18.90%	↑
Childrens Services - Community	4,268	3,303	3,215	88	4,191	77	(40)	117	2.74%	↑
Adult Community Services	11,500	8,556	8,480	76	11,434	66	(35)	101	0.88%	↑
Community Learning Disabilities	851	619	618	1	947	(96)	(96)	0	0.00%	→
Addictions	3,063	2,258	1,961	297	2,667	396	0	396	12.93%	↑
Mental Health - Adult Community	4,918	4,549	4,024	525	4,279	639	(60)	699	14.21%	↑
Mental Health - Elderly Inpatients	3,916	3,835	3,976	(141)	4,304	(388)	(200)	(188)	-4.80%	↓
Family Health Services (FHS)	33,088	27,072	27,072	0	33,088	0	0	0	0.00%	→
GP Prescribing	21,787	15,628	16,773	(1,145)	23,799	(2,012)	(487)	(1,525)	-7.00%	↓
Other Services	6,674	4,408	4,153	255	6,458	216	(124)	340	5.09%	↑
Resource Transfer	17,813	13,360	13,360	0	17,814	(1)	0	(1)	-0.01%	↓
Hosted Services	8,941	6,560	6,539	21	9,127	(186)	(215)	29	0.32%	↑
Net Expenditure	117,713	90,726	90,623	103	118,946	(1,233)	(1,370)	137	0.12%	↑

Social Care Net Expenditure	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Strategy Planning and Health Improvement	1,164	676	682	(6)	1,290	(126)	(118)	(8)	-0.69%	↓
Residential Accommodation for Young People	2,943	1,993	1,918	75	2,842	101	0	101	3.43%	↑
Children's Community Placements	7,559	5,170	5,810	(640)	8,412	(853)	0	(853)	-11.28%	↓
Children's Residential Schools	5,836	3,084	3,382	(298)	6,234	(398)	0	(398)	-6.82%	↓
Children's Supported Accommodation	1,191	908	481	427	623	568	0	568	47.69%	↑
Childcare Operations	6,103	4,168	3,811	357	5,918	185	(291)	476	7.80%	↑
Other Services - Young People	2,931	1,382	1,292	90	3,026	(95)	(215)	120	4.09%	↑
Residential Accommodation for Older People	6,975	4,836	5,395	(559)	7,720	(745)	0	(745)	-10.68%	↓
External Residential Accommodation for Elderly	10,266	9,039	8,813	226	9,965	301	0	301	2.93%	↑
Sheltered Housing	1,384	613	655	(42)	1,425	(41)	0	(41)	-2.96%	↓
Day Centres Older People	1,268	614	587	27	1,232	36	0	36	2.84%	↑
Meals on Wheels	0	0	0	0	0	0	0	0	0.00%	→
Community Alarms	(65)	(175)	(85)	(90)	55	(120)	0	(120)	184.62%	↓
Community Health Operations	3,267	2,373	2,358	15	2,981	286	267	19	0.58%	↑
Residential - Learning Disability	12,183	9,319	8,783	536	11,538	645	(70)	715	5.87%	↑
Physical Disability	2,616	1,856	1,793	63	2,532	84	0	84	3.21%	↑
Day Centres - Learning Disability	1,813	1,270	1,139	131	1,638	175	0	175	9.65%	↑
Criminal Justice (Including Transitions)	81	43	71	(28)	222	(141)	(104)	(37)	-45.68%	↓
Mental Health	3,297	2,552	2,540	12	3,305	(8)	(24)	16	0.49%	↑
Care at Home	14,520	8,832	12,021	(3,189)	18,772	(4,252)	0	(4,252)	-29.28%	↓
Addictions Services	1,060	933	777	156	1,228	(168)	(375)	207	19.53%	↑
Equipu	330	167	168	(1)	330	0	0	0	0.00%	→
Frailty	54	2	1	1	53	1	0	1	1.85%	↑
Carers	1,511	943	944	(1)	1,632	(121)	(122)	1	0.07%	↑
Contingency	1,979	1,488	1,086	402	0	1,979	1,447	532	26.88%	↑
HSCP - Corporate	(921)	(449)	(211)	(238)	853	(1,774)	(1,462)	(312)	33.88%	↓
Net Expenditure	89,345	61,637	64,211	(2,574)	93,826	(4,481)	(1,067)	(3,414)	-3.82%	↓

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2024/25 Period 9 covering 1 April 2024 to 31 December 2024
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Health Care Variances					
Planning & Health Improvements	894	725	169	19%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to a number of vacancies across Planning, Health and Management				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Childrens Services - Community	4,268	4,151	117	3%	↑
Service Description	This care group provides community services for children				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to staff turnover, maternity leave and long term sickness. It is anticipated that some bank usage will be required to cover gaps in service.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

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 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Adult Community Services	11,500	11,399	101	1%	↑
Service Description	This service provides community services for adults				
Main Issues / Reason for Variance	The main reason for the forecast favourable variance is due to staff turnover savings currently in excess of target.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Addictions	3,063	2,667	396	13%	↑
Service Description	This care group provides addictions services				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to staff turnover and recruitment delays				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Mental Health - Adult Community	4,918	4,219	699	14%	↑
Service Description	This care group provides mental health services for adults				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to high levels of staff turnover and recruitment delays.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

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 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Mental Health - Elderly Inpatients	3,916	4,104	(188)	-5%	↓
Service Description	This care group provides mental health services for the elderly				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to increased and extended contract cover for medical vacancies.				
Mitigating Action	Officers will review the mental health earmarked strategy reserve to consider any appropriate funding.				
Anticipated Outcome	An overspend is anticipated at this time				
GP Prescribing	21,787	23,312	(1,525)	-7%	↓
Service Description	GP prescribing costs				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to increased volume and price projections, partial unachievement of savings as detailed within the savings tracker and buvidal costs of £0.323m, which are offset by additions core underspend. Savings targets and achievement of savings are currently under review board-wide with the position subject to change.				
Mitigating Action	Continue to closely link in with the HSCP Prescribing Lead and NHSGCC prescribing to revisit projections as prescribing data becomes available.				
Anticipated Outcome	A significant overspend is forecast at this time				

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Other Services	6,674	6,334	340	5%	↑
Service Description	This care group covers administration and management costs in relation to Health				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to vacancy management and non recurring savings in financial planning.				
Mitigating Action	Vacancy management process is in place and a review of workforce profile and commissioned services will be required for future budget planning.				
Anticipated Outcome	An underspend is forecast at this time				
Social Care Variances					
Residential Accommodation for Young People	2,943	2,842	101	3%	↑
Service Description	This service provides residential care for young persons				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to vacant posts				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Children's Community Placements	7,559	8,412	(853)	-11%	↓
Service Description	This service covers fostering, adoption and kinship placements				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to an increase in kinship and external fostering client activity at £0.218m and £0.702m respectively. The forecast overspend in kinship has arisen due to placement of 9 more clients than budgeted and the backdated impact of changes to children's tax credits of £0.133m to date, while 12 more clients than budgeted are placed with external fostering providers.				
Mitigating Action	The "What Would It Take" children and families medium term financial plan will require to accelerate in pace to achieve previously approved savings options and further reduce to bring spend back in line with budget.				
Anticipated Outcome	A significant overspend is forecast at this time unless further action is taken to address underlying causes and use of external fostering providers along with a recognition of unfunded demographic pressures.				

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Children's Residential Schools	5,836	6,234	(398)	-7%	↓
Service Description	This service area provides residential education for children				
Main Issues / Reason for Variance	While the overall number of young people are below budgeted levels, an increase in the number of young people funded 100% by the HSCP along with an increase in the average negotiated Scotland Excel rates in excess of budgeted levels has resulted in the reported overspend.				
Mitigating Action	The "What Would It Take" children and families medium term financial plan will require to accelerate in pace to achieve previously approved savings options and further reduce to bring spend back in line with budget.				
Anticipated Outcome	A significant overspend is forecast at this time unless further action is taken to address underlying causes and use of children's residential care placements along with a recognition of unfunded demographic pressures.				
Children's Supported Accommodation	1,191	623	568	48%	↑
Service Description	This service area provides the cost of supported accommodation for children				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to a reduction in client packages and additional income.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2024/25 Period 9 covering 1 April 2024 to 31 December 2024
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Childcare Operations	6,103	5,627	476	8%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to a number of vacant posts				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Other Services - Young People	2,931	2,811	120	4%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to reduced direct payments and supported lodging payments				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2024/25 Period 9 covering 1 April 2024 to 31 December 2024
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Residential Accommodation for Older People Service Description	6,975	7,720	(745)	-11%	↓
Main Issues / Reason for Variance	WDC owned residential accommodation for older people The forecast adverse variance is mainly due to the cost of the care home regrading (£0.438m), the social care pay uplift being in excess of budgeted levels (£0.104m) and increased agency spend arising from recruitment challenges of £0.579m partially mitigated by additional income.				
Mitigating Action	The service will need to continue to focus on recruitment to enhance in house staffing to reduce reliance on agency spend.				
Anticipated Outcome	A significant overspend is forecast at this time.				
External Residential Accommodation for Elderly Service Description	10,266	9,965	301	3%	↑
Main Issues / Reason for Variance	The forecast favourable variance is mainly due additional self funder income.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Community Alarms Service Description	(65)	55	(120)	185%	↓
Main Issues / Reason for Variance	Installation and response service for Community Alarms The forecast adverse variance is mainly due to the anticipated use of sessional staff and a reduction in income due to data cleansing.				
Mitigating Action	The service will need to closely monitor staffing to reduce sessional spend.				
Anticipated Outcome	An overspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2024/25 Period 9 covering 1 April 2024 to 31 December 2024
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Residential - Learning Disability	12,183	11,468	715	6%	↑
Service Description	This service provides residential care for persons with learning disabilities				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to staffing vacancies of £0.180m and the over achievement of previously approved savings options of £0.500m due to client service reviews.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Physical Disability	2,616	2,532	84	3%	↑
Service Description	This service provides physical disability services				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to a reduction in the number of client service packages.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Day Centres - Learning Disability	1,813	1,638	175	10%	↑
Service Description	This service provides day services for learning disability clients				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to a number of vacant posts.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Care at Home	14,520	18,772	(4,252)	-29%	↓
Service Description	This service provides care at home which includes personal care				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to increased staffing costs (£3.761m), an increasing number of external care packages (£0.353m) and a forecast under recovery of income as no invoices have been raised in 2024/25 due to the reduction in provision of meals and non personal care (£0.114m). While forecast staffing costs have reduced from period 6 use of agency and premium overtime continues to be an issue, with the full impact of winter still to present itself and a number of staff still to move to new shift patterns as the service review continues.				
Mitigating Action	The service review will require to accelerate in pace to address inefficiencies within the service and the reliance on the use of external care packages, agency workers and premium rate overtime to achieve previously approved savings options and further reduce to bring spend back in line with budget.				
Anticipated Outcome	A significant overspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2024/25 Period 9 covering 1 April 2024 to 31 December 2024
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Addictions Services	1,060	853	207	20%	↑
Service Description	This budget contains the cost of working with Clients dealing with Drug and Alcohol Addictions				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to moving clients into more affordable placements and clients moving to older peoples services. There are also turnover and sickness absence savings in staffing				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Contingency	1,979	1,447	532	27%	↑
Service Description	This consists of elements of budget transferred from services where elements are no longer required and/or unlikely to show any spend against it in the current financial year due to recovery planning actions.				
Main Issues / Reason for Variance	The forecast favourable variance is a combination of the reasons above. The 2025/26 budget construction exercise has factored in where this is recurring.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2024/25 Period 9 covering 1 April 2024 to 31 December 2024
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
HSCP - Corporate	(921)	(609)	(312)	34%	↓
Service Description	This budget contains Corporate spend and budgeted reserve drawdown				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to unachieved admin savings target and additional HSCP Social Care turnover target applied.				
Mitigating Action	The admin review will require to accelerate in pace to achieve required savings.				
Anticipated Outcome	An overspend is forecast at this time.				

Analysis of Reserves	Actual Opening Balance as at 1 April 2024	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2025
	£000	£000	£000
<u>Unearmarked Reserves</u>			
Unearmarked Reserves	3,504	(3,277)	227
Total Unearmarked Reserves	3,504	(3,277)	227
<u>Earmarked Reserves</u>			
Scottish Govt. Policy Initiatives	4,841	(1,523)	3,317
Community Justice	192	(61)	131
Carers Funding	219	(153)	66
Informed trauma	130	0	130
Additional Social worker capacity	364	267	631
GIFREC NHS	57	0	57
Mental Health Recovery and Renewal Fund	432	0	432
New Dementia Funding	63	0	63
Scottish Government Alcohol and Drug Partnership (including various National Drugs Priorities)	841	(375)	466
Community Living Change Fund	336	(166)	170
Children's Mental Health and Wellbeing	65	(65)	0
SG District Nursing Funding	74	0	74
TEC and Analogue to Digital Project	30	0	30
PEF Funding – Speech & Language Therapy Projects	26	0	26
Workforce Wellbeing	67	0	67
Winter Planning Funding - Interim Care	610	(211)	399
Winter Planning Funding - Enhance Care at Home	1,162	(586)	576
Care Home & Housebound Vaccination funding from Health Board and Call Before You Convey	94	(94)	0
LD Health Checks	60	(60)	(0)
Pharmacy NES Funding	20	(20)	0

Analysis of Reserves	Actual Opening Balance as at 1 April 2024	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2025
	£000	£000	£000
HSCP Initiatives	2,924	(623)	2,301
Service Redesign and Transformation	496	(251)	245
Children at risk of harm inspection action	481	(236)	245
Fixed term posts with the integrated HSCP Finance team	15	(15)	(0)
Unscheduled Care Services	397	0	397
COVID-19 Recovery (HSCP Funded)	218	(159)	59
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.	218	(159)	59
Unachievement of Savings	1,085	(159)	926
Public Protection Officers	244	0	244
Participatory Budgeting	50	0	50
Digital Transformation	227	(54)	173
Training and Development	207	0	207
Covid-19- Scottish Government Funded	2	0	2
COVID-19 Pressures	2	0	2
Health Care	5,410	(1,087)	4,323
DWP Conditions Management	46	(10)	36
Physio Waiting Times Initiative	103	0	103
Retinal Screening Waiting List Grading Initiative	147	(112)	35
Prescribing Reserve	972	(487)	485
NHS Board Adult Social Care	88	0	88
CAMHS	120	(90)	30
Planning and Health Improvement	248	(113)	135
West Dunbartonshire Mental Health Services Transitional Fund	1,454	(200)	1,254

Analysis of Reserves	Actual Opening Balance as at 1 April 2024	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2025
	£000	£000	£000
C&F 5 year MTFP "What Would it Take"	1,130	0	1,130
Property Strategy	963	(35)	928
Health Visiting	120	(40)	80
Workforce Wellbeing	18	0	18
Social Care	1,973	797	2,770
Complex Care Packages/Supporting delay discharges	1,973	(650)	1,323
Local Authority Superannuation	0	1,447	1,447
Total Earmarked Reserves	15,150	(2,437)	12,712
Total Reserves	18,654	(5,714)	12,939

Month End Date

31 December 2025

Period

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Summary

HSCP Capital Project Summary	Project Life Budget	Project Life Forecast Spend	Project Life Variance	On Track / Complete	Off Track
	£000	£000	£000	£000	£000
Special Needs (Aids & Adaptations)	6,765	8,387	-1,622	0	8,387
ICT Modernisation HSCP	1,668	1,668	0	1,668	0
Community Alarm upgrade	898	898	0	898	0
Total	9,331	10,953	-1,622	2,566	8,387

Changes to Capital Plan and Implications

	Initial End Date	Revised End Date	Current Year 2024/25	2025/26	2026/27	2027/28	Future Years	Total Capital Plan
ICT Modernisation HSCP - Original	31/03/2025	31/03/2025	125,000	396,729	396,729	125,000	625,000	1,668,457
ICT Modernisation HSCP - Revised			62,500	459,229	396,729	125,000	625,000	1,668,457
Explanation	The Digital Strategy was approved at the HSCP Board Meeting on 20 August. Spend plans have still to be agreed but will be clearer once prioritisation planning meeting has taken place. Some of the focus will be internal around framework to support digital skills development. It is likely that spend will be incurred towards the latter part 2024/25.							

	Initial End Date	Revised End Date	Current Year 2024/25	2025/26	2026/27	2027/28	Future Years	Total Capital Plan
Special Needs (Aids & Adaptations) - Original	31/03/2025	31/03/2025	629,073	767,000	767,000	767,000	3,835,000	6,765,073
Special Needs (Aids & Adaptations) - Revised	31/03/2025	31/03/2025	867,000	940,000	940,000	940,000	4,700,000	8,387,000
Explanation	The aids and adaptations budget in 2023/24 was insufficient resulting in an overspend of £0.115m at the end of the financial year which has been reduced from the initial approved 2024/25 budget. We require the 2024/25 budget to be profiled from future years to the projected outturn level and a bid will be submitted to increase the overall project life budget. The increase in the budget is required due to the numbers of clients requiring aids and adaptations of a capital nature and the increasing cost of OT recharges to capital that have arisen due to pay uplifts.							

Month End Date

31 December 2025

Period

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Projects that are Off Track

Appendix 2

	Approved Project Life Cost	Revised Project Life Cost	Project Life Variance	Initial Completion Date	Revised Completion Date
	£'000	£'000	£'000		
Aids & Adaptations - Special Needs Adaptations & Equipment	6,765	8,387	1,622	31/03/2025	31/03/2025

Project Name:		Aids & Adaptations - Special Needs Adaptations & Equipment	
Initial End Date:	31/03/2025	Revised End Date:	31/03/2025
How was this project initially funded:		Please Detail any additional funding	
		N/A	
Why is the project classified as off track and what has caused the issues identified?			
<p>The aids and adaptations budget in 2023/24 was insufficient resulting in an overspend of £0.115m at the end of the financial year which has been reduced from the initial approved 2024/25 budget. We require the 2024/25 budget to be profiled from future years to the projected outturn level and a bid will be submitted to increase the overall project life budget. The increase in the budget is required due to the numbers of clients requiring aids and adaptations of a capital nature and the increasing cost of OT recharges to capital that have arisen due to pay uplifts.</p>			
What action will be taken to rectify the position?			
Additional Funding Requested:	TBC	Source of Funding	WDC Capital Allocation
New Completion Date:	Unchanged		
What are the implications on the actions proposed?			
Revenue Implications	Additional loan fund costs		
Virement Implications			

Direction from Health and Social Care Partnership Board.

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 28 January 2025

Attachment: 2024/25 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 HSCP Board report for reference.

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP B000071JS28012025
2	Date direction issued by Integration Joint Board	28 January 2025
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)	HSCP B000067JS19112024
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 £89.345m 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 £117.713m in line with the Strategic Plan and the budget outlined within this report In relation to outstanding debt, further analysis is ongoing, including the interrogation of more detailed reports to strengthen decision making on approving bad debt write-off, therefore the £0.097 of outstanding debt as detailed within the report may be subject to change and should not be written off at this time.
8	Specification of those impacted by the change	2024/25 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 2023/24 budget aligned to the HSCP Board is £247.654m. Allocated as follows: West Dunbartonshire Council - £89.345m NHS Greater Glasgow and Clyde - £117.713m Set Aside - £40.596m
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities
11	Strategic Milestones	Maintaining financial balance in 2024/25 30 June 2025
12	Overall Delivery timescales	30 June 2025
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report and (where appropriate) the position regarding Debt Write Off's.
14	Date direction will be reviewed	The next scheduled HSCP Board - 24 March 2025

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Julie Slavin, Chief Financial Officer

28 January 2025

Subject: 2025/26 Annual Budget Setting Update (Revenue Estimates)**1. Purpose**

- 1.1** To provide the Health and Social Care Partnership Board with an update on the revenue estimates exercise for 2025/26, including the main cost pressures, funding assumptions and key financial risks for the HSCP Board. Options to close the gap will be presented to the Board on the 24 March 2025.

2. Recommendations

- 2.1** The HSCP Board is recommended to:
- a) **Note** the progress on the 2025/26 budget setting process, planning assumptions, updated gap analysis, and the expected timeline in relation to our partner bodies budget offers;
 - b) **Note** the analysis of the reserves position and the projected balances as at 31 March 2025;
 - c) **Note** that options to close the gap will be presented to the Board on the 24 March 2025;
 - d) **Note** the current progress and implications of the 2025/26 revised plans for delivery on programmes funded through the Enhanced Mental Health Outcomes Framework; and after consideration of the plans, **approve** the proposed funding arrangements to deliver programmes in 2025/26.

3. Background

- 3.1** This report is a continuation of the budget gap analysis contained within the Medium-Term Financial Outlook (MTFO) 2024/25 to 2027/28, reported to the 19 November 2024 HSCP Board, and sets out updated indicative revenue budgets for 2025/26 to 2027/28.
- 3.2** The revenue budget estimates have been constructed considering the impact of pressures related to employers' national insurance contributions for directly employed staff and external providers. However, in line with the position taken by our funding partners, West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board, projected costs are offset by, as yet, undistributed UK and Scottish Government funding (see sections 4.3, 4.8 to 4.10 below). The estimates also include any known or anticipated inflationary increases and current demographic demand on HSCP services, coupled with any agreed changes to service delivery models.

- 3.3** All previously approved savings in prior years, not fully delivered on a recurring basis in 2024/25, will have to be delivered by services in 2025/26 in addition to any further savings options approved within this report. The forecast balance of the earmarked reserve of £0.926m held for “Unachievement of Savings” will be reviewed as part of the 2024/25 annual accounts exercise and recommendations will be put to the HSCP Board.
- 3.4** The indicative 2025/26 funding gap of £13.667m, reported within the MTFO approved by the HSCP Board in November 2024, is detailed in Table 1.

Table 1: Composition of projected budget gaps as at November 2024

WD HSCP - Composition of Mid Range Budget Gap within Medium Term Financial Outlook	Health Care £000	Social Care £000	Total HSCP £000
2024/25 Recuring Budgets	111,758	90,763	202,521
Net Expenditure Pressures as at November 2024			
<u>Pay Pressures</u>			
Pay Uplift - assumed at 3%	0	2,314	2,314
Job Evaluation	0	948	948
<u>Non Pay Budget and Inflationary Pressures</u>			
Children and Families	0	1,993	1,993
Mental Health, Learning Disability and Addictions	0	279	279
Community Health and Care	0	603	603
Other	193	240	433
<u>National Budget Pressures</u>			
Scottish Living Wage Uplift	0	4,768	4,768
NI Uplift on commissioned services	0	1,648	1,648
<u>Other Budget Pressures</u>			
Demographic pressures	0	1,628	1,628
Adjustment to previously approved savings and efficiency options	178	(351)	(173)
Prescribing	4,378	0	4,378
MDT Resource Transfer	239	0	239
2025/26 Estimated Budget	116,746	104,833	18,749
2025/26 Assumed Funding from Partners	111,512	94,132	205,644
Estimated Funding Gap	5,234	10,701	15,935
Application of Previously Approved Reserves	(485)	(1,783)	(2,268)
Estimated Budget Gap per Medium Term Financial Outlook	4,749	8,918	13,667

- 3.5** The HSCP Board received further information on the main pressures, funding assumptions and potential actions to close the gap at a dedicated member’s sessions on 22 January 2025.
- 3.6** Further work is being undertaken to consider whether, if turnover trends continue and services continue to incur difficulties in filling vacancies, the estimated pay inflation pressure could be recalculated and reduce the gap further.

3.7 The reported position will be subject to continual review as more definitive information is forthcoming regarding 2024/25 pay deals and the impact of additional Scottish Government funding to West Dunbartonshire Council. It is unknown at this time, if an appropriate share will be passed through for local authority employed staff delivering HSCP delegated services.

4. Main Issues

2025/26 Budget Setting

4.1 Work continues on the 2025/26 budget projections reflecting strategic priorities, current pressures which will impact on future years, known transition of individual care packages and demographic and inflationary pressures.

4.2 The key assumptions and cost pressures detailed in the MTFO have been revisited to reduce the budget gap from £13.667m to £7.302m as detailed within Table 2 and Table 3 below.

Table 2: Composition of projected budget gaps as at January 2025

WD HSCP - Composition of Budget Gap as at January 2025	Health Care £000	Social Care £000	Total HSCP £000
2024/25 Recurring Budgets	111,758	90,763	202,521
Net Expenditure Pressures as at January 2025			
<u>Pay Pressures</u>			
Pay Uplift - assumed at 3%	1,393	2,314	3,707
Job Evaluation	0	948	948
<u>Non Pay Budget and Inflationary Pressures</u>			
Children and Families	0	1,723	1,723
Mental Health, Learning Disability and Addictions	0	132	132
Community Health and Care	0	188	188
Other	193	(159)	34
<u>National Budget Pressures</u>			
Scottish Living Wage Uplift	0	2,221	2,221
<u>Other Budget Pressures</u>			
Adjustment to previously approved savings and efficiency options	178	(351)	(173)
Prescribing	4,378	0	4,378
MDT Resource Transfer	239	0	239
2025/26 Estimated Budget	118,139	97,779	215,918
2025/26 Assumed Funding from Partners	113,869	92,479	206,348
Estimated Funding Gap	4,270	5,300	9,570
Application of Previously Approved Reserves	(485)	(1,783)	(2,268)
Estimated Budget Gap as at January 2025	3,785	3,517	7,302
<u>National Insurance Pressures Not Included Above</u>			
Direct Staffing	834	1,371	2,205
Commissioned Services		1,648	1,648
Estimated Budget Gap Including NI Pressures	4,619	6,536	11,155
Assumed Full Funding for Direct Staffing NI Pressures	834	1,371	2,205
Assumed Absorption for Commissioned Services NI Pressures	0	(1,648)	(1,648)
Estimated Funding Gap Excluding NI Pressures	3,785	3,517	7,302

4.3 The main movements that have taken place since November are detailed within Table 3 below and relate to:

- 3% confirmed uplift in NHSGGC funding to cover pay and non-pay inflationary pressures.
- Removal of both demographic pressure growth, and the estimated cost of revisions to employers' national insurance for external providers, across all HSCP service user groups as these burdens cannot be accommodated within a "flat cash" settlement. The draft estimates now recognise the costs associated with care provision for current service users only and assumes that third party national insurance increased costs will be absorbed by external providers in the absence of mitigating funding being received by the Scottish Government. Further information on the emerging risk associated with national insurance increases for the wider public sector is contained within sections 4.8 to 4.10 below, however it should be recognised that this will have to be closely monitored.
- The MTFO assumed revisions to both costs and income associated with an increase in the Scottish Living Wage from £12 per hour to £13.50 per hour. The Scottish Budget on 4 December confirmed an increase to £12.60 per hour resulting in a net budget pressure reduction of £0.999m.

Table 3: Movement in Budget Pressures

Movement in Budget Gap from Medium Term Financial Outlook	Budget Pressures
	2025/26 £000
Budget Gaps reported within Medium Term Financial Outlook	
Health Care	4,749
Social Care	8,918
Total	13,667
Adjustments to January 2025	
Adjustment to Pay and Non Pay Inflationary Assumptions within Health Care	1,394
NHSGGC Funding Uplift	(2,357)
Baselining of Childrens Mental Health Funding within Social Care	(228)
Assumed Local Authority Pay Funding re 24/25 final pay uplift	(488)
Removal/Reduction of Demographic Pressures within Social Care	(1,628)
Removal of NI Pressures for Social Care External Providers	(1,648)
Additional Burden for Universal Credit Impact on Kinship Payments	462
Removal of Burdens within Addictions	(139)
Adjustments to SLW assumptions	(999)
Removal of Burdens within External Care Homes	(198)
Right Sizing the Budgets	(405)
Other Movements	(131)
Total	(6,365)
Revised Budget Gaps @ January 2025	7,302

Scottish Government Budget and Budget Bill

- 4.4** The Scottish Government wrote to local authorities and health boards announcing their 2025/26 financial settlements on 4 December 2024 with both settlement letters containing specific reference on funding to be directed to Integration Authorities. Further details on the local authority 2025/26 finance settlements was published on 12 December 2024 with the Budget Bill being introduced on 18 December 2024.
- 4.5** The Scottish Government is expected to progress the budget through the parliamentary process (subject to approval), on the following provisional dates with the Local Government Finance Order being expected to be published by the end of February 2025.
- Stage 1 (4 February 2025) - Debate in Chambers on the general principles of the Bill
 - Stage 2 (18 February 2025) - Changes to the Bill can be suggested by Scottish Government Ministers
 - Stage 3 (25 February 2025) – MSPs decide on any further changes proposed to Scottish Ministers and vote on whether to pass the Bill
 - Local Government Finance Order Debate (28 February 2024)
- 4.6** The Scottish Government published a Multi-Year Public Sector Pay Policy on 4 December 2024 which sets out a multi-year framework from 2025/26 to 2027/28 and sets out pay metrics above forecast levels of inflation. While inflation is forecast to average under 7% across the 3-year period, the key features of the multi-year pay metrics are:
- 9% pay envelope covering 2025/26, 2026/27 and 2027/28; and
 - Flexibility for employers to configure three-year proposals within the 9% pay envelope.
- 4.7** The multi-year Pay Policy sets a clear expectation that pay deals will be agreed covering three years, 2025/26 to 2027/28, with any employer not agreeing a three-year pay deal restricted to a maximum 3% pay uplift for 2025/26. Current draft estimates include a 3% pay uplift for both health care and local government social care staff as detailed in Table 2.
- 4.8** As part of the UK Budget announced on 30 October 2024, the Chancellor announced an increase to Employers National Insurance Contributions effective from 1 April 2025. The rate that employers pay in contributions will rise from 13.8% to 15% on a worker's earnings above £175 from April. The threshold at which employers start paying the tax on each employee's salary will be reduced from £9,100 per year to £5,000. Table 2 includes details of the estimated cost pressures associated with this announcement for both directly employed staff and those staff employed by external providers.
- 4.9** At this time, the position advised by COSLA and the UK Government is that the increase in public sector employers' national insurance will be funded through Barnett consequentials, therefore it assumed that the £2.205m

pressure for directly employed staff will be fully funded. It is also assumed that external providers will fully absorb the £1.648m pressure on commissioned services if no additional funding is received from the Scottish Government.

- 4.10** While these pressures do not form part of the projected total 2025/26 budget gap of £7.302m there is a risk that that any Barnett consequential-based funding may not provide sufficient funding to cover the full cost of this change in Scotland as clearly detailed in the Local Government 2025/26 settlement letter of 4 December 2024 within which the Cabinet Secretary for Finance and Local Government advised:

“The Settlement I outline today does not make provision for the UK Government’s increases to employer National Insurance Contributions. I remain committed to working constructively with COSLA to ensure that the UK Government provide the funding necessary to support public services in Scotland. There have been communications that indicate we will receive a further £300m from the UK Government to support the impact of its decision to raise employer National Insurance Contributions on the public sector. However, it is clear that the impact on Scotland’s public sector, including local government, as well as commissioned services and third sector organisations which provide statutory services, could be well in excess of £700m. When the final additional amount is confirmed, I will respond in a way which is fair to all of our valued and proportionally larger public sector in Scotland.”

Social Care

- 4.11** The key messages from the budget announcement, contained within a letter from the Cabinet Secretary for Finance and Local Government dated 4 December 2024, are detailed below with the letter appended to this report as Appendix 1.

- The total funding which the Scottish Government will make available to Local Government in 2025/26 through the Settlement will be over £15bn, including additional funding which has been baselined for the recurring costs of 2024/25 pay deals. The Settlement includes:
 - Providing real terms protection of the General Revenue Grant through an additional £289m to support local priorities;
 - An additional £125m to fund the Real Living Wage uplift for commissioned services across adult social care; and
 - An additional £10m to support an inflationary uplift in free personal nursing care.

- 4.12** While not specifically detailed in the letter the settlement also baselines funding for Children and Young Persons Mental Health of £15m and the 2024/25 Children’s Social Care Pay funding of £19.862m and provides an additional £13.138m for Children’s Social Care Pay funding in 2025/26.

4.13 Finance Circular 10/2024 provided details on the initial total revenue support grant funding for West Dunbartonshire Council, however it did not detail the West Dunbartonshire allocation of the additional £148.138m (£125m + £10m + £13.138m) which remains outstanding at this time.

4.14 The 4 December letter also states:

“I consider that we have achieved real progress in implementing the principles of the Verity House Agreement. However, I hope we will continue to work to further simplify and consolidate the Settlement, while continuing to recognise the need for a robust accountability and assurance framework.”

*“In the interim, the additional funding allocated as General Revenue Grant for Integration Authorities, in support of the real living wage uplift in commissioned services and for Free Personal and Nursing Care should continue to be **additional and not substitutinal** to each Council's 2024/25 recurring budgets for delegated adult social care services.”*

4.15 Discussions with the Council are ongoing and until a confirmed funding offer is made, this report is based on the 2024/25 funding allocation plus an estimated share of the £148.138m of new funding being directly passed through to the HSCP of £2.473m. As stated above, this funding should be “additional” and is required to fund the real living wage increase from £12.00 to £12.60 per hour, estimated to be £2.221m for commissioned services, based on current rates. However, throughout 2024/25 a number of current providers have made representations for additional increases to cover inflationary pressure in all non-pay related costs therefore it is likely that the potential remaining £0.252m will have to be directed to these other costs.

4.16 While the Council will not set their own budget until 5 March, their working assumption is a “flat-cash” settlement, which means the HSCP Board are responsible for identifying and approving a range of efficiencies and savings to fund the 2025/26 pay award, other inflationary uplifts, including the National Care Home Contract (NCHC) and current 2024/25 demographic impacts carried forward to 2025/26.

4.17 As detailed in section 4.11, Local Government has been provided with an additional £289m to support local priorities. For West Dunbartonshire Council, a high-level population share of 1.81%, (based on Finance Circular 10/2024) could equate to £5.2m. However, this is a highly simplistic calculation that does not account for the complexity of the overall settlement or account for potential changes to individual allocations as all local authorities, via COSLA query numerous elements of the settlement. The Council’s S95 Officer continues to work through the complexity of the local government finance settlement for 2025/26, including any commitments aligned to current local priorities. In light of this additional funding, HSCP senior officers have made representations to Council senior officers to revisit the “flat-cash” assumption. However, this remains a political decision for the Council. For illustrative purposes, the HSCP budget requisition is approximately 31% of the Council’s

overall budget, therefore a proportionate HSCP share could be in the region of £1.6m.

- 4.18** Finance Circular 10/2024 also confirmed additional funding to the Council of £1.395m in relation to increased costs arising from the local authority pay uplift for 2024/25. The HSCP share of this funding is estimated at £0.488m and while this too is subject to political consideration, at the time of writing, this funding has been factored into the revenue estimates. If this does not happen the current social care budget gap of £3.519m, as detailed in Table 2, will increase by £0.488m to £4.007m.
- 4.19** Members should note that the indicative Social Care estimate summarised in Table 2 is inclusive of previously approved savings options and management adjustments of £2.015m that are currently at risk of not being achieved in 2024/25, carried forward into 2025/26 as detailed in Table 3 below.

Table 3: Unachieved Social Care Savings and Management Adjustments

Head of Service	Partner	Efficiency Detail	Saving Target £000	Saving at Risk £000
Savings at high risk of not being achieved				
Head of Community Health and Care Services	Social Care	Budget savings taken from Care at Home between 2020/21 and 2023/24 related to the ongoing service redesign work. These savings have been unachieved in prior years and have not been added back to the 2024/25 budget and therefore still require to be monitored.	1,206	1,206
Head of Children's Health Care and Criminal Justice	Social Care	Budget savings taken from Children and Families between 2021/22 and 2023/24. Elements of these savings remain unachieved and require to be monitored and addressed as part of the What Would It Take medium term financial plan.	558	558
Savings at low/medium risk of not being achieved				
Head of Children's Health Care and Criminal Justice	Social Care	Budget savings taken from Children and Families between 2021/22 and 2023/24. Elements of these savings remain unachieved and require to be monitored and addressed as part of the What Would It Take medium term financial plan.	558	0
Head of Strategy and Transformation	Social Care	Admin Saving	185	185
Various Head of Service	Social Care	Various	318	66
Total			2,825	2,015

- 4.20** Members should also note that the budget gaps as detailed in Table 2 do not include any provision for growth items at this time. The senior management team have been working on proposals for management adjustments and savings options. The full detail of these will be presented to the 24 March HSCP Board, along with any remaining budget gap, for consideration to close the anticipated 2025/26 budget shortfall, however, they are likely to incorporate the following themes.

Review of charging policy

- 4.21** Levying charges for non-residential social care services is common practice across Councils and forms part of the delegated budget to the HSCP Board. While the income derived from charging forms part of the delegated net budget, the legal authority to set and levy charges remains with the local authority. A review of the current charging policy, and benchmarking with other Councils and the COSLA guidance, has identified areas where West Dunbartonshire Council could refine their application of the guidance to support fairness and equity across age group and service users.
- 4.22** The charging policy is therefore under review and has been subject to public consultation and engagement sessions. A report outlining this work and the feedback received will inform a suite of recommendations due to be submitted to West Dunbartonshire Council for consideration on 5 March 2025.
- 4.23** Within the HSCP work is ongoing to create a central charging and payments team to ensure the consistent application of charges in line with the policy. At this time, the reported 2024/25 overspend includes a shortfall in income expected from charges, therefore any changes to the current policy may only restore income to current budgeted levels.

Introduction of Relevant Amount / Equivalency Model

- 4.24** In line with the work undertaken to review the charging policy, consultation has also taken place in relation to introduction of an equivalency model (sometimes known as an applicable or relevant amount). While this would be a new model for West Dunbartonshire HSCP, it is already in place within other HSCPs across Scotland.
- 4.25** The introduction of robust governance procedures within the HSCP has highlighted inequities in relation to the cost of care packages. The introduction of an equivalency model seeks to address this to ensure equitable provision across services in line with eligibility criteria.
- 4.26** It is anticipated that the HSCP Board will be invited to consider a new model at its meeting on the 24 March 2025. If approved the model would become a framework used to determine budget allocation for self-directed support to ensure that individuals receive appropriate funding based on their specific needs, enabling them to manage their own care effectively.

Review of staffing vacancies and phasing of staffing restructure proposals

- 4.27** Recruitment of all staffing vacancies and approval of various contractual changes and use of agency staff is subject to challenge by the HSCP vacancy panel underpinned by robust due diligence and governance processes. The vacancy panel fully consider, not only the financial impact, but the wider reputational and service impact of any staffing change submitted for approval.

4.28 In tandem with the continuing work of the vacancy panel is an ongoing review of staffing establishments to ensure that all structures are fit for purpose and have the appropriate skill mix to support service users across the whole HSCP. Any review of staffing structures will require to follow organisational change policies and where vacancies are held in the interim it is reasonable to consider that a proportion of non-recurring savings will continue into 2025/26.

Progress of service redesign programmes

4.29 The 27 June 2024 HSCP Board approved the Review of Learning Disability Services. Throughout the last year, there has been a significant time investment in reviewing individual service packages to confirm they align with the principles of the HSCP's eligibility criteria, meet agreed outcomes and maximise independence and access to other community supports. The financial performance reports have tracked the positive impact this has had on the overall projected outturn position.

4.30 In tandem, managers across the learning disability service have been mapping the range of service support provided both in-house and commissioned externally, to highlight gaps and identify overlaps in service provision. There has been consultation with a wide range of stakeholders including staff, service users, carers and commissioned service providers and the feedback confirms improvements can be made that align directly to the key themes set-out within the HSCP Board's Medium Term Financial Outlook, specifically:

- Better ways of working – integrating and streamlining teams; delivering services more efficiently will release financial savings and protect frontline services for those with critical and substantial need;
- Community empowerment - support the vision of resilient communities with active, empowered, and informed citizens who feel safe and engaged to contribute to service change across health and social care;
- Prioritising services – local engagement and partnership working are key strengths of the HSCP. WDHSCP must think and do things differently and find new solutions to providing support to those who need it. Avoid duplication to maximise efficiency and effectiveness;
- Equity and consistency of approach – robust application of Eligibility criteria and re-alignment of service provision where Eligibility criteria not met; and
- Service redesign and transformation – build on the work already underway to redesign community support and ensure alignment of provision across all care groups, in partnership with third sector and local providers.

4.31 Work will continue in the coming weeks, and any identified savings will be incorporated within the 2025/26 revenue budget setting report for consideration by members at the 24 March meeting.

- 4.32** Progress on the Care at Home redesign and the implementation of the What Would It Take five-year plan will also be factored into the 2025/26 revenue estimates.

Recommendation in relation to the smoothing and application of reserves

- 4.33** On 28 March 2024 the HSCP Board approved the un-earmarking and application of a number of reserves to balance the 2024/25 budget and reduce the 2025/26 budget gap as highlighted within Tables 1 and 2. Further detail on the anticipated level of reserves as at March 2025, including those already applied in 2025/26, is contained within sections 4.45 to 4.49 below. A full review will be carried out prior to the 24 March HSCP Board to determine a further application of reserves where appropriate.
- 4.34** The February 2024 HSCP Board report detailed the anticipated saving arising from the short-term reduction to the Strathclyde Pension Fund employer's superannuation contribution from 19.3% to 6.5% for 2024/25 and 2025/26 before increasing to a new level of 17.5% in 2026/27. The March 2024 HSCP Board approved the smoothing of the total superannuation saving of £11.1m over 3 years from 2024/25 to 2026/27 facilitated by earmarking excess superannuation budgets in 2024/25 and 2025/26 to fund a superannuation budget shortfall in 2026/27. In light of the budget pressures facing the HSCP and uncertainty over partner funding contributions, this treatment may require to be revisited to balance short-term financial sustainability against the risk of increasing the budget gap in future years.

Justice Social Work (JSW) Services

- 4.35** The 2025/26 budget allocation for Justice Social Work Services has yet to be confirmed. The core justice budget, referred to as Section 27 funding has not received any inflationary uplift since 2021/22 meaning that to maintain core staffing levels the HSCP has had to mitigate pay inflation pressure of circa £0.280m between 2021/22 and 2024/25 with a further £0.078m anticipated in 2025/26, mainly through non-recurring turnover and application of reserves.
- 4.36** The Community Justice Division wrote to West Dunbartonshire outlining grant allocation principles on 12 December 2024 with the letter appended to this report as Appendix 2 and the key messages highlighted below:
- Additional funding has been proposed in the draft budget in relation to community justice services which includes additional investment of £5m in justice social work;
 - The budget proposed also includes baselining £15m of funding provided from 2021/22 to support Covid recovery efforts and bail services, for the period of the Resource Spending Review (ending 2026/27), which builds on the £11.4m of new investment approved in 2024/25;

- Funding for bail and structured deferred sentences incentivisation schemes, which totals just over £2.6m will now be rolled into the justice social work funding distribution model when the schemes both end on 31 March 2025. This funding from 2025/26, will be workload based, and each area will receive a share of funding based on work reported with funding paid at the end of 2023/24 being used as a baseline to determine a level of tapering; and
- Approximately £1.5m of existing justice social work third sector funding which was provided to support a legacy justice service will be reinvested in 2025/26.

4.37 While the new investment and baselining of recovery and bail funding will be recurring funding allocations are unlikely to be provided until the end of February 2025. At the time of writing the current financial pressure of £0.180m for Justice Social Work Services is reflected within the 2025/26, £3.519m estimated budget gap.

Health Care

4.38 The key messages from the budget announcement contained within a letter from the Director of Health and Social Care Finance dated 4 December 2024 are detailed below with the letter appended to this report as Appendix 3.

- NHS Boards will receive a 3% uplift on baseline funding in 2025/26 to meet the expected costs of the 2025/26 pay deal in line with public sector pay policy with pay remaining fully funded and provides a 3% uplift for non-pay to support inflationary pressures. In addition to this, recurring funding has been included for 2024/25 pay deals as well as moving appropriate recurring funding into the baseline.
- £150m of funding has been included to support continued implementation of the reforms committed to as part of the 2023/24 Agenda for Change pay deal. This will be issued on an NRAC basis and be recurring. This is less than the £200m in 2024/25 however, costs remain uncertain moving into 2025/26. This will be kept under review as the year progresses and we have final confirmation of the timeline of moving to the 36-hour working week.
- Further discussion will take place in due course on the impact of the changes to National Insurance.
- The Health and Social Care Portfolio will transfer additional funding of £140m to Local Government to support social care and integration for 2025/26, which recognises the recurring commitment to provide the Real Living Wage to adult social care workers in the third and private sectors of £12.60 per hour (£125m) and inflationary uplift on Free Personal Nursing Care rates (£10m) along with £5m to support the commitment to provide additional voluntary sector short breaks funding for unpaid carers.

- The funding allocated to Integration Authorities should be **additional and not substitutinal** to each Council's 2024/25 recurring budgets for delegated services and therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £140 million greater than 2024/25 recurring budgets.
- 4.39** It is anticipated that NHSGGC Health Board will make an indicative offer to the HSCP Board in March which will reflect a 3% uplift on recurring budgets.
- 4.40** The 2025/26 pay inflation assumption will be a major consideration for the HSCP Board's budget setting exercise. Table 2 reflects a 3% increase at a cost of £1.393m.
- 4.41** Cost and volume increases to GP Prescribing budgets present the greatest financial risk to HSCP budgets, requiring ambitious efficiency programmes and additional investment. In 2024/25, a gross uplift of 10.5% was applied at a cost of £2.212m mitigated by anticipated efficiencies of £1.332m and application of earmarked reserves of £0.487m.
- 4.42** For 2025/26, Health Boards and HSCPs have been advised by the Corporate Finance Network (CFN) to factor in a 10% increase in prescribing costs to account for cost and volume pressures. However, this assumes that 2024/25 budgets are sufficient to cover current costs and volumes. As detailed within the regular financial performance reports, prescribing is forecasting an anticipated overspend of £2.012m on the 2024/25 recurring budget which, taken together with the 10% budgeted uplift applied, results in a 2025/26 financial pressure of £4.378m circa 20% increase over the 2024/25 rollover prescribing budget.
- 4.43** The Health Care indicative draft budget summarised in Table 2 is inclusive of previously approved savings options and management adjustments that are currently at risk of not being achieved in 2024/25 but have already been carried forward into 2025/25 totalling £0.758m as detailed in Table 4 below.

Table 4: Unachieved Health Care Savings and Management Adjustments

Head of Service	Partner	Efficiency Detail	Saving Target	Saving at Risk
			£000	£000
Savings at high risk of not being achieved				
Head of Community Health and Care Services	Health Care	Prescribing Board Wide and Stretch Efficiency Programmes	605	432
Savings at low/medium risk of not being achieved				
Musculoskeletal Physiotherapy Manager	Health Care	Temporary Increase in MSK Service Turnover from 3.7% to 8.3%	375	103
Head of Community Health and Care Services	Health Care	Prescribing Board Wide and Stretch Efficiency Programmes	727	223
Total			1,707	758

4.44 The HSCP Board Meeting scheduled for 24 March 2024 will be provided with a further update on the NHSGGC budget offer and any further amendments to projections, in particular, around prescribing taking into account the impact of pharmacy first. At that point, any remaining budget gap will be considered alongside a final range of options that may be required to close the 2024/25 Health budget gap and is likely to include.

- A review of staffing vacancies and reduction in funded establishment;
- Further updates on prescribing; and
- Recommendation in relation to the smoothing and application of reserves

Review of HSCP Reserves

4.45 The 28 January Financial Performance Report projects an overspend for the year ended 31 March 2025 of £3.277m which is split between an overspend of £3.414m for Social Care and an underspend of £0.137m for Health Care. This projection has been used to assess the impact on the forecast overall HSCP reserves position at the end of the financial year, and how reserves could be further applied to some 2025/26 cost pressures, after accounting for the impact of the management adjustments and savings options still being finalised.

4.46 The HSCP Board's Reserves Policy recommends that as part of the annual budget setting exercise the Chief Financial Officer should review the current level of reserves, estimate the year end position, and assess their adequacy in light of the medium-term financial outlook.

4.47 The HSCP Board's Reserves Policy recommends that a prudent level of general reserve would be approximately 2% of the partnership's net expenditure budget which for 2024/25 equates to £4.291m.

4.48 The 28 January Financial Performance Update Report, provides members with a comprehensive update on the forecast movement of both unearmarked and earmarked reserves, projected to 31 March 2025 as detailed in Table 5 below.

Table 5: Anticipated Reserves Position as at 31 March 2025

Analysis of Reserves	Actual Opening Balance as at 1 April 2024	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2025	Already Applied to 2025/26 within 2024/25 Annual Budget Setting Report	Remaining Balance After 2025/26 Application of Reserves
Unearmarked	3,504	(3,277)	227	-	227
Earmarked	15,150	(2,437)	12,713	(2,268)	10,445
Total	18,654	(5,714)	12,940	(2,268)	10,672

4.49 Current forecasts indicate, if the HSCP does not receive a share of the additional funding allocated by the Scottish Government for the entire local authority workforce, including those staff delegated to the HSCP, that the projected 2023/24 overspend of £3.277m will require to be drawn down from unearmarked reserves. This would result in a significantly depleted unearmarked reserve at 31 March 2025 of circa 0.11% and would require to be replenished in future years.

Future Years Budget Gap Position

4.50 In addition to the reported budget gap for 2025/26 anticipated budget gaps for 2026/27 and 2027/28 are detailed in Table 6 below to illustrate the scale of the financial challenge facing the HSCP.

Table 6: Budget Gap Analysis 2025/26 to 2027/28

Draft Budget by Service Area	2025/26	2026/27	2027/28
	Draft Budget	Draft Budget	Draft Budget
	£000	£000	£000
Older People Residential, Health and Community Care	36,461	38,089	41,252
Care at Home	15,851	16,906	19,117
Physical Disability	2,971	3,229	3,505
Childrens Residential Care and Community Services	33,311	34,414	36,663
Strategy, Planning and Health Improvement	2,118	2,162	2,326
Mental Health Services - Adult and Elderly, Community and Inpatients	12,079	12,426	12,853
Addictions	3,650	3,732	3,865
Learning Disabilities - Residential and Community Services	15,796	17,228	19,117
Family Health Services (FHS)	32,758	32,758	32,758
GP Prescribing	25,919	28,494	31,327
Hosted Services	9,722	9,729	9,737
Criminal Justice (Including Transitions)	180	253	487
Resource Transfer	18,282	18,282	18,282
HSCP Corporate and Other Services	6,820	7,083	5,769
Net Expenditure	215,918	224,785	237,058

Anticipated Resources	2025/26	2026/27	2027/28
	Draft Budget	Draft Budget	Draft Budget
	£000	£000	£000
West Dunbartonshire Council	92,479	94,955	97,426
NHSGGC	113,869	113,869	113,869
Application of Previously Approved Reserves	2,268	385	190
Total	208,616	209,209	211,485

Budget Gaps	2025/26	2026/27	2027/28
	Draft Budget	Draft Budget	Draft Budget
	£000	£000	£000
Annual Budget Gap			
Health Care	3,785	3,246	3,026
Social Care	3,517	5,028	6,971
Total	7,302	8,274	9,997
Cumulative Budget Gap			
Health Care	3,785	7,031	10,057
Social Care	3,517	8,545	15,516
Total	7,302	15,576	25,573

Enhanced Mental Health Outcomes Framework

- 4.51** The November 2024 financial performance report updated the HSCP Board on the new funding arrangements for the Enhanced Mental Health Outcomes Framework for NHS Greater Glasgow and Clyde from 2024/25, bundling together several existing funding allocations into a single funding stream. Scottish Government issued a funding letter on 30th September 2024, and total allocation represented a 5.48% reduction in funding. The reduction has been applied equally to each of the existing funding streams, and plans have been proposed taking account of risks and mitigation where possible.
- 4.52** The 5.48% reduction on previous years' allocation equates to £1.587m and this will impact across the range of programmes within the framework which are: psychological therapies, adult eating disorder, specialist children's services, perinatal, infant mental health and maternity and neonatal psychological therapies, school nursing, annual health checks for people with a learning disability, and Action 15. Refer to Appendix 4 for detail of funding received and the reduction required across the six partnerships.
- 4.53** All six Greater Glasgow and Clyde IJBs approved the use of earmarked reserves held collectively for the delivery of the associated programmes for 2024/25, to allow time to review programmes and develop plans to deliver within the new financial envelope for 2025/26.
- 4.54** The following paragraphs provides the HSCP Board with the current progress and implications of the 2025/26 revised plans for delivery on programmes funded through the Enhanced Mental Health Outcomes Framework. After

consideration of the plans, the HSCP Board are asked to approve the proposed funding arrangements to deliver programmes in 2025/26.

- 4.55** The funding supported delivery of psychological therapies across adult mental health services to help to reduce waiting times and capacity to meet the 18 week referral to treatment standard. Hosted by Glasgow City HSCP the funding cut of £0.270m will see a reduction in the number of psychology posts able to be recruited which will impact on the future performance in respect to meeting this treatment standard.
- 4.56** The Adult Eating Disorder service, hosted by Glasgow City HSCP, will receive no reduction to their share of the funding allocation. The funding invested through enhanced mental health outcomes will see the service continue to be developed in line with the National Specification for the Care and Treatment of Eating Disorders published in November 2024.
- 4.57** Specialist Children's Services (CAMHS), hosted by East Dunbartonshire HSCP, will see a cut of £0.517m to the funding previously received and with a reduction in workforce (equivalent to 9.4 wte staff) will see an impact on neurodevelopmental waiting lists. The service are targeting vacancies and fixed term posts to deliver on the reduced allocation. It is intended that the reduction will be applied to Tier 4 services on an NRAC basis to ensure that areas are not disproportionately affected. Health care support workers were introduced with the Mental Health Recovery and Renewal allocation, which was subsequently bundled into the Mental Health Outcomes Framework. These roles were developed to support the Unscheduled Care responses to children and young people, and there will be a reduction in these posts. It is anticipated that CAMHS will be able to maintain the 18-week referral to treatment standard.
- 4.58** The perinatal team, hosted by Glasgow City HSCP, Infant Mental Health and Maternity and Neonatal Psychological Therapies teams, hosted by East Dunbartonshire within Specialist Children's, will receive a cut in funding of £0.123m. These were new teams developed from 2019 which have never achieved full capacity, should continue to be able to operate in accordance with the service specifications and outcomes required by Scottish Government.
- 4.59** Funding for the school nursing service across the six Greater Glasgow and Clyde HSCPs will be reduced by £0.143m which will mean HSCPs will no longer be able to maintain the number of school nurses at the levels committed to in the Scottish Government's programme from 2019.
- 4.60** The Scottish Government funding for annual health checks for people with learning disabilities, hosted by East Renfrewshire HSCP, will reduce by £0.024m. This will further reduce the ability to achieve the outcomes required by the government which all health boards had highlighted was not sufficient before the reduction.

4.61 Action 15 of the Mental Health Strategy 2017-27 committed to increasing the mental health workforce, to provide access to specialist mental health assessment and treatment for acute Emergency Departments, Primary Care, Police station custody suites and Prisons. A £0.508m reduction in the funding allocated will reduce the ability to meet the increasing demand and result in longer waits.

5. Options Appraisal

5.1 None required for this report.

6. People Implications

6.1 The report outlines staffing implications across programmes funded through the Enhanced Mental Health Outcomes Framework allocation.

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 the HSCP Board will update on any material changes to current costs and projections.

8. Risk Analysis

8.1 The main financial risks to the 2024/25 projected outturn position relate to anticipated increases in demand for some key services, in particular children's community placements, care at home and residential/nursing placements.

8.2 The ongoing impact of Britain's exit from the European Union, weak exchange rates, transport costs and inflation rates are all contributing to the detrimental impact on public sector funding levels.

8.3 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 proposed National Care Service;
- 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;

- Removal of demographic pressure growth in light of the increasing complexities and wider impact of poverty on the West Dunbartonshire population;
- Implications from consumption of hosted services if current arrangements are revised;
- Significant prescribing pressures in relation to drugs already widely used and the potential increasing use of drugs, such as GLP2 and SGLT2 for diabetic use and weight loss, along with the inability to deliver on efficiency programmes;
- The financial impact of cost-of-living pressures, including the impact on the Scottish Living Wage and both local authority and health pay uplifts;
- Continuing impact on staff recruitment, drug prices and drug availability as a consequence of the United Kingdom leaving the EU;
- The financial impact of increased employers' national insurance contributions for both direct and externally employed staff arising from the 30 October 2024 UK budget announcement in the event that mitigating funding is not received from the Scottish Government;
- 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; and
- With regards to the reduction in funding across the Enhanced Mental Health Outcomes Framework there are risks across the existing programmes of psychological therapies, adult eating disorders, specialist children's services, perinatal, infant mental health and maternity and neonatal psychological therapies, school nursing, annual health checks for people with a learning disability, and Action 15.

9. Equalities Impact Assessment (EIA)

- 9.1** EQIAs will be undertaken where required for any revised plans that potentially impact on access to, or delivery of, services. None have been identified to date.

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.
- 11.2** Consultation feedback regarding any recommended changes to policy and service redesign will be incorporated into future reports.

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 – Improving Lives Together.

12.2 Strategic enablers being workforce, finance, technology, partnerships, and infrastructure will support delivery of our strategic outcomes as below:

- Caring Communities;
- Safe and Thriving Communities;
- Equal Communities and
- Healthy Communities

13. Directions

13.1 NHS Greater Glasgow and Clyde are directed to deliver the enhanced mental health bundle programmes within the revised financial framework included within this report.

Julie Slavin – Chief Financial Officer

Date: 19 January 2025

Person to Contact: Julie Slavin – Chief Financial Officer, Church Street, WDC Offices, Dumbarton G82 1QL
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Appendices: Appendix 1 – Local Government Settlement 2025/26 letter from the Cabinet Secretary for Finance and Local Government

Appendix 2 – Justice Social Work Services – Allocation of Grant for 2025/26 letter from the Community Justice Division

Appendix 3 – Scottish Budget Settlement 2025/26 letter from the Director for Health and Social Care Finance

Appendix 4 – Enhanced Mental Health Outcomes Framework Funding Update

Appendix 5 – Directions

Background Papers: 2024/25 Financial Performance Update Report – November 2024 HSCP Board

Localities Affected: All

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The Leaders and Chief Executives of all Scottish
local authorities

4 December 2024

LOCAL GOVERNMENT SETTLEMENT 2025-26

Today I formally set out the Scottish Government's proposed Budget for 2025-26 to the Scottish Parliament. Further to my budget statement, here are the details of the Local Government Finance Settlement for 2025-26. As previously agreed by the Settlement and Distribution Group, council by council allocations will follow on 12 December 2024 following the publication of the Summary Statistics for Schools in Scotland 2024.

The Budget builds upon the investments we have already made as a Government and ensures we focus resources on the four priorities set out in the Programme for Government:

- eradicating child poverty
- growing our economy
- tackling the climate emergency
- improving public services

The First Minister committed, in line with the Verity House Agreement, at the COSLA Conference that there would be substantive engagement between the Scottish Government and Local Government prior to the setting of the Budget. I have welcomed the open and transparent dialogue which has taken place.

Over recent weeks the First Minister has led negotiations with COSLA and Group Leaders to resolve key issues on education and social care policies. The Budget I have set out today is designed to support the way forward which has emerged from that dialogue, much of which you will recognise and agree with.

On the basis of the funding envelope and broader package set out below, I invite you to agree at your meeting on 6 December to the approach set out on education and social care in Annex A.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot



As a result of the political engagement, and especially the intense engagement among officials and officers, we all now have a better shared understanding of the fiscal environment facing both spheres of government in Scotland and I very much welcome that.

That better understanding includes the open book analysis of the UK Budget which confirmed that the increased funding announced at the Autumn Budget, whilst welcome, was largely in line with internal planning assumptions. Consequently, the 2025-26 block grant only represents an increase in resource of around 1% in real terms against our 2024-25 allocation.

The Settlement I outline today does not make provision for the UK Government's increases to employer National Insurance Contributions. I remain committed to working constructively with COSLA to ensure that the UK Government provide the funding necessary to support public services in Scotland. There have been communications that indicate we will receive a further £300 million from the UK Government to support the impact of its decision to raise employer National Insurance Contributions on the public sector. However, it is clear that the impact on Scotland's public sector, including local government, as well as commissioned services and third sector organisations which provide statutory services, could be well in excess of £700 million. When the final additional amount is confirmed, I will respond in a way which is fair to all of our valued and proportionally larger public sector in Scotland.

However, I do think we should all continue to press the UK Treasury for additional funding so that the increase in these contributions is fully reimbursed for us all. I would very much welcome a joint initiative, working constructively with COSLA to ensure that the UK Government provide the funding necessary to support public services in Scotland.

Despite the ongoing challenges of fiscal constraint, I am pleased to set out a strong and fair settlement for Local Government.

The total funding which the Scottish Government will make available to Local Government in 2025-26 through the Settlement will be over £15 billion, including additional funding which has been baselined for the recurring costs of 2024-25 pay deals and teacher employer pensions contributions.

That amounts to an increase on last year's Settlement of £1,008 million, including significant real terms increases in both revenue and capital funding.

The Settlement includes:

- providing real terms protection of the General Revenue Grant through an additional £289 million to support local priorities;
- honouring the commitments made as part of the 2024-25 Scottish Joint Council (SJC) and teachers (SNCT) pay deals by baselining an additional £77.5 million and £43 million of resource respectively, alongside reinstating the £26 million of capital funding for flood risk management schemes and the £5 million capital for nature restoration funding which were redeployed in year to support those deals;
- baselining £86.2 million in lieu of higher employers pension contributions for teachers;
- an additional £125 million and £25.7 million to fund the Real Living Wage uplift for commissioned services across adult social care and early learning and childcare respectively;
- £10 million to support an inflationary uplift in free personal nursing care;

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- directly responding to recent engagement on our shared priorities around education by making available a further £41 million of resource to reflect the costs of maintaining teacher numbers at 2023 levels with an additional £28 million to be made available to enhance additional support for learning services, providing a total of £43 million of dedicated funding for ASL alongside councils' own investment;
- maintaining £4 million of support for our island communities to reflect the higher costs of delivering services in island communities in lieu of the conclusion of the ongoing review of the Special Islands Needs Allowance;
- enhanced revenue support for ferry services operated by councils, now totalling £50.3 million, including funding to support the under-22s inter-island fares programme. We will also provide £20 million one-off capital funding for Orkney Islands Council and Shetland Islands Council to enable them to sustain and improve inter-island connectivity;
- an additional £108.1 million of General Capital Grant beyond 2023-24 levels, equating to a 14.2% real terms increase, as well as reinstating £31 million that was used to support the 2024-25 pay deal;
- an additional £10 million, for a total of £25 million, of funding for play parks to ensure all children have access to quality play in their own community; and
- responding to the clear ambition from COSLA and supporting councils to play their part in tackling the climate emergency, by making available £40 million of one-off capital to support local priorities, and an additional £11 million of capital funding including support for flood risk management and coastal change adaptation. Officials will explore how best to ensure the legacy impacts of this investment are clearly evidenced and understood in communities across the country.

Due to presentational changes in the budget document, the local government budget appears to fall due to the increases applied in the 2024-25 Autumn Budget Revision (ABR) – the equivalent changes for 2025-26 will not come into effect until the 2025-26 ABR.

Table 4.12 in the Budget document sets out clearly that once the 2025-26 budget revisions are processed, the overall Local Government Settlement will have increased by over £1 billion since the 2024-25 Budget was published – in addition to the baselined funding to support the council tax freeze.

While we should, and do, account for the £62.7 million reinstatement to support the Council Tax Freeze, 2024-25 pay deals and teacher pension employer contributions, the Settlement still increases by over £707.7 million – equivalent to a 5.0% increase in cash terms and 2.6% in real terms – and significantly exceeds the notional £392.7 million budget gap estimated by the Accounts Commission.

The resource settlement (excluding pay, teacher pension employer contributions and the £62.7 General Revenue Grant reinstatement) increases by £599.6 million or 4.5% in cash terms and 2.0% in real terms.

The capital settlement increases by £108.1 million or 16.9% in cash terms and 14.2% in real terms relative to the 2024-25 settlement, plus the £31 million reinstated to reflect the reprofiling necessary to secure the 2024-25 SJC pay deal resulting in a total increase of £139.1 million.

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This enhanced envelope, with a £707.7 million net increase in the Settlement, is intended to enable councils to deliver the key services and outcomes upon which our communities rely; support the implementation of the Scottish Local Authorities Remuneration Committee recommendations; and to minimise any proposed increases in Council Tax, given the ongoing cost of living pressures affecting people in our communities.

The Budget baselines a further £244.5 million of resource and, as outlined above, includes a further £125 million of funding for the real living wage and £10 million to support an inflationary uplift in free personal nursing care as General Revenue Grant in 2025-26, rather than being added as an in-year transfer as has been the case in previous years.

I consider that we have achieved real progress in implementing the principles of the Verity House Agreement. However, I hope we will continue to work to further simplify and consolidate the Settlement, while continuing to recognise the need for a robust accountability and assurance framework.

In the interim, the additional funding allocated as General Revenue Grant for Integration Authorities, in support of the real living wage uplift in commissioned services and for Free Personal and Nursing Care should continue to be additional and not substitutional to each Council's 2024-25 recurring budgets for delegated adult social care services.

We have also made good progress in exploring additional ways to raise revenue locally and to provide new sources of funding. Local authorities now have the power to introduce a visitor levy and we will soon be formally consulting on a potential cruise ship levy. We commit to continue exploring opportunities for local empowerment, including through our Joint Working Group on Sources of Local Government Funding.

I have welcomed the UK Government's intent to publish a Spending Review in the Spring – although I am sure you share my concerns at media reports that this might be put back to June 2025. Our 2025 Medium Term Financial Strategy will be accompanied by a five-year fiscal sustainability delivery plan which will outline the specific actions being undertaken to deliver sustainable finances. That delivery plan will support a future Scottish Government spending review which will ideally allow for better multi-year planning and funding.

In my view the Fiscal Framework represents a journey not a destination and it is important that we recognise the progress we have made in developing and implementing that Framework to date. On that basis I propose that we mark that progress by publishing an update alongside the Local Government Settlement, formally setting out the draft provisions which have been developed, and which have been put into practice over the last year.

I consider it important for us to commit to, and to act on the commitment, to explore new ways of working for local government in Scotland. To that end, I can advise that I wish to continue to explore the concept of a Local Authority General Power of Competence and intend to launch a consultation on that in January 2025, but I would note that we will need to be cognisant of the risks resulting from equivalent powers in England.

I also want to welcome the ongoing work through the Housing Investment Taskforce to identify actions to unlock existing and new commitments to investment in housing. This is a shared priority for both spheres of government and in parallel I have requested Scottish Government officials explore other potential avenues to provide funding flexibility, including

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the joint work to consider the statutory accounting arrangements for the Housing Revenue Account in relation to the General Fund.

Ministers are under no illusions about the challenging fiscal environment we face across all of our public services, but we have sought to design a budget which delivers progress for Scotland, by Scotland. We have listened carefully to the people of Scotland, including council leaders, and our budget seeks to deliver on those priorities and on the issues people care about most. It also seeks to lay the foundations for Scotland's future success, putting in place the investment that will help deliver the public services people need and deserve. Local Government is key to these aims and the Settlement reflects that.

In terms of Local Government, the Budget delivers real terms protection in General Revenue Grant with councils having full discretion on how that funding is allocated alongside a further £310.6 million of resource for shared priorities. It reinstates £37.1 million of capital, following a hugely challenging allocation from the UK Government last year, and offers an additional £11 million General Capital Grant and £40 million of capital to respond directly to the climate emergency.

This Settlement also provides full discretion over decisions on council tax, with no freeze and no cap. However, it is intended to enable local authorities to deliver the key services and outcomes upon which our communities rely. I therefore hope this will enable councils to minimise any proposed increases in the council tax, given the ongoing cost of living pressures affecting people in our communities right across Scotland.

All of these decisions respond directly to the key asks emerging from our meaningful engagement with COSLA over the course of the year. Should COSLA agree to the proposals set out in Annex A, the Budget will signify a marked change in our joint aspirations to ensure the sustainability of local services.

I hope this aspiration is shared and I look forward to continuing to work with COSLA in the year ahead to deliver our shared priorities.

Yours sincerely,



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Education

Local Government and the Scottish Government jointly commit to delivering improved outcomes for children and young people, acknowledging the critical importance of delivering excellence and equity in education. Local Government and the Scottish Government recognise the impact of the pandemic on learning, particularly in terms of school attendance, relationships and behaviour in schools, rising additional support needs and the poverty-related attainment gap. Local Government and the Scottish Government acknowledge that the responsibility for driving implementation of GIRFEC, and improvement of ELC and school education as set out in the National Improvement Framework, is a shared statutory responsibility, and requires a range of professional groups to achieve.

Recognising financial constraints and the increasing costs of service delivery have resulted in pressures in 2024-25 and which will continue for future years, as set out in previous correspondence from COSLA, this agreement is intended to agree a focus for delivery in the area of education, and the investment required to deliver that.

To realise this we will establish a joint Education Assurance Board. The Board will drive activity to achieve our shared objectives to improve attainment, attendance and improve relationships and behaviour. The Board will aim to provide assurance that jointly, Local Government and Scottish Government are supporting improvement, and will draw on a range of data and evidence including independent scrutiny bodies such as HM Inspector of Education.

In the next year we need to create stability to create the space for meaningful dialogue and exploration of the evidence about improving outcomes in the long term, particularly mindful of the challenges faced by our schools post pandemic and as a result of the cost of living crisis. This will mean reaching agreement for 2025-26 to maintain teacher numbers, with appropriate funding in place, to freeze learning hours, and invest in improving the additional support for learning provided across the country.

Recognising the importance of the teaching workforce to achieving improved outcomes in education, local authorities will commit to maintaining or restoring teacher numbers to the 2023 baseline in 2025-26. Acknowledging that the funding provided since 2021 for this purpose no longer has the same purchasing power, the budget uprates the value of this funding to £186.5 million from 2025-26. This funding aims to ensure that teacher numbers, set out in the publication *Summary statistics for schools in Scotland 2023*, published on 12 December 2023, being met or exceeded for each council, in the teacher numbers census of September 2025, due for publication in December 2025, noting that there may be exceptional circumstances outwith a council's control which need to be able to taken into account.

Local Government agree that learning hours will not be reduced in the 2025-26 academic year. Longer term, we will work together on proposals to establish a statutory minimum number of learning hours, to understand the definition of a "learning hour" and the impact of this ambition on local authorities currently providing a lower number of learning hours and timelines for implementation.

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Scottish Government and Local Government recognise the importance of teachers having more time to prepare for lessons, raise standards and undertake professional development as part of wider education reform ambitions and acknowledge calls to reduce teacher workload. We agree to develop a meaningful offer for the Scottish Negotiating Committee for Teachers to consider, of a phased reduction in class contact time, within the scope of 2023 levels of teacher numbers, beginning in the 2025-2026 school year.

The Scottish Government will provide additional funding of £28 million from 2025-2026 to develop the Additional Support for Learning (ASL) education workforce along with an enhanced offer in support, spanning all stages of the curriculum from the early years to the end of secondary. The Scottish Government and Local Government will work together to develop a suite of interventions, including additional ASN teachers, other specialist provision and professionals. This will involve engagement with ADES, building on good practice broadly and upon lessons learned regarding enhancing ASL from use of PEF.

There will also be the opportunity to align this with the provision of holistic whole family support. The Scottish Government will progress our commitment to collaboration across the whole family system, working with and through Local Government and other partners to deliver joined up services, with improved outcomes and a simplified funding approach. Existing examples which enhance whole family support through schools, for instance via family link workers and income maximisation officers, and Whole Family Wellbeing Funding, can be built upon as part of this approach.

The Scottish Government and Local Government agree to undertake medium and long-term joint workforce planning to respond to issues including different local needs, recruitment challenges and teacher/subject shortages across Scotland and the trajectory on teacher education intakes, the impact of demographic change on the pupil-teacher ratio, as well as making the Teacher Induction Scheme work better for all parties.

Social Care

Local Government and the Scottish Government agree on the necessity to deliver high quality care across the country to recognised high standards. Both parties are clear that this is a priority, and further action must be taken to drive further and deeper social care reform from the first quarter of 2025. This is underpinned by a firm recognition that both national and local leadership are fundamental to improving and transforming people's experience of care.

Both parties are committed to securing a route to enhanced national oversight of improvement and performance delivery, in order to facilitate the sharing of best local practice, providing support to local areas where required. Scrutiny of local performance should serve genuine purpose in seeking to improve outcomes for people, be proportionate, and should go hand-in-hand with scrutiny of Scotland's national health and care needs and resource requirement.

This must include whole system collaboration, reporting on national integrated health and social care programmes and building on shared experiences such as the creation of the Collaborative Response and Assurance Group and other shared national improvement activities.

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The inclusion of the voice of lived experience is crucial and must be central to our collective plans.

We must also draw more deeply on independent scrutiny and expertise, including from the Care Inspectorate.

Both parties are agreed that leadership and assurance over improvement arrangements and overseeing any support and intervention to systems is necessary to ensure improved outcomes for people.

We must also understand at a national, and local, level, the future of Scotland's health and care needs, including population trajectories and shift, demand for social care support, changing health inequalities, and the level of investment required to fund current and future need. This necessitates mutual, whole system transparency on the allocation and use of funding to deliver these priorities.

We must make rapid progress with whole system financial transparency and accountability to swiftly improve the availability of data to investigate impact, benchmark investment and to demonstrate the effectiveness of funding allocated across the Health and Social Care system. Part of this will be to understand the current level of investment made across health and social care alongside the projected need.

One area where this leadership, assurance and transparency could be demonstrated quickly would be further work to ensure that effective whole system health and social care arrangements are in place in every local partnership area and that these are adequately resourced to minimise the risk of Delayed Discharge in hospitals.

Further work is required to assess progress on the following areas:

- **Performance and Delivery:** Development and oversight of the implementation of a Support and Improvement Framework to ensure a focus on improvement, exposition of the challenges faced across integrated health and social care delivery, earlier support, with national tools required to provide greater system support to realise improved outcomes, and, where necessary, escalation.
- **Rights, Equalities and Participation:** embracing and enabling the participation, and choice and control, of people with lived experience and unpaid carers and the assessment of enablement of Rights.
- **Strategy, Standards and Quality:** commitment to ongoing development of strategy, implementation of standards and improving the quality of provision and broader outcomes. Exploring opportunities for consolidation of strategies and reporting asks for local systems.
- **Fair Work and Ethical commissioning:** progressing the delivery of Fair Work Ethical Commissioning and social services workforce development.
- **Culture, Governance and Finance:** leading the improvement of financial transparency, scrutiny of national and local resource provision for integrated health and

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social care, clarity of governance and accountability and improving integrated approaches.

- **National programmes:** creating deeper national oversight and support for specific priority areas which may include areas like delayed discharge, the Drugs Mission and Coming Home.

Discussions have been positive and both Scottish Government and Local Government are committed to securing an agreement on social care reform.

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E: Stephen.Harper@gov.scot



Director of Finance
cc: Criminal Justice Social Work Manager

12th December 2024

Dear Director of Finance

JUSTICE SOCIAL WORK SERVICES - ALLOCATION OF GRANT FOR 2025-26

The proposed budget for Justice Social Work services was included in the Scottish Government's draft budget for 2025-26, which was presented to the Scottish Parliament on 4th December 2024. This budget is still subject to formal Parliamentary consideration and approval of the Budget Bill, but we are currently working on the indicative distribution of funding for justice social work and are engaging with COSLA officers on the timing and next steps.

It should be noted that some additional funding has been proposed in the draft budget in relation to community justice services. This includes additional investment of £5 million in justice social work. The budget proposed, also includes £15 million of funding provided from 2021-22 to support Covid recovery efforts and bail services for the period of the Resource Spending Review (ending 2026/27). From 2025/26, this will now be baselined for future years to help build capacity in justice social work services. This builds on the £11.4 million of new investment approved in 2024-25.

The funding for bail and structured deferred sentences incentivisation schemes, which totals just over £2.6 million will now be rolled into the justice social work funding distribution model when the schemes both end on 31 March 2025. This funding from 2025-26, will be workload based and each area will receive a share of funding based on work reported. To mitigate any significant shift in funding, the funding paid at the end of 2023-24 will be used as a baseline to determine a level of tapering. Approximately, £1.5 million of existing justice social work third sector funding which was provided to support a legacy justice service, when Community Justice Authorities were disestablished (March 2017) will be reinvested in 2025-26, as this service has been decommissioned. Each area will receive a small uplift when this funding is redistributed using the justice social work funding formula.

This new investment 2025-26 and agreement to baseline the recovery and bail funding is to help build capacity in justice social work services and is intended as recurring, subject to annual budget setting processes, will be incorporated within future Section 27 funding. This will allow the planning process to commence in respect of services and prioritisation of funding in advance of the start of the new financial year. This builds on the feedback we received and the concerns highlighted around temporary funding impacting on staff recruitment, training and retention of temporary staff highlighted in reports received at the end of September 2024.

We will be in touch at the end of February to provide an indicative allocation of your Council's share of the 2025-26 funding once the draft budget is formally considered and if approved by Parliament.

Yours sincerely



STEPHEN HARPER

E: alan.gray2@gov.scot
04/12/2024



Scottish Government
Riaghaltas na h-Alba
gov.scot

Chief Executives, NHS Scotland

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

Issued via email

4 December 2024

Dear Chief Executives

Scottish Government Budget 2025-26

Following the announcement of the Scottish Government's Budget for 2025-26 by the Cabinet Secretary for Finance and Local Government in Parliament today, I am writing to provide details of the indicative funding settlement for NHS Boards. A breakdown of the total is provided in **Annex A** to this letter.

This budget provides a platform for the health and social care system to focus on reform and innovation. We must work as a whole system and across organisational boundaries to improve outcomes and deliver the best possible care within our available resources.

As in previous years, the budget announced will be subject to any amendments agreed through the Scottish Parliament's Budget Bill process.

Budget Uplift

NHS Boards will receive a 3% uplift on baseline funding in 2025-26. This is to meet the expected costs of the 2025-26 pay deal in line with public sector pay policy with pay remaining fully funded and provides a 3% uplift for non-pay to support inflationary pressures. In addition to this, recurring funding has been included for 2024-25 pay deals as well as moving appropriate recurring funding into the baseline.

Funding of £55.6 million ensures no Board is further than 0.6% from NRAC parity.

£150 million of funding has been included to support continued implementation of the reforms committed to as part of the 2023-24 Agenda for Change pay deal. This will be issued on an NRAC basis and be recurring. This is less than the £200 million in 2024-25 however, costs remain uncertain moving into 2025-26. This will be kept under review as the year progresses and we have final confirmation of the timeline of moving to the 36-hour working week.

Further discussion will take place in due course on the impact of the changes to National Insurance.

The budget includes a commitment of additional funding to reduce waiting lists and to help support reduction of delayed discharge; as well as a commitment to renew our primary care enhancements, including new core funding to GMS to deliver enhanced frailty, cardiovascular disease and other essential services in General Practice, a critical dental workforce and training package and a community eye care programme to transfer patients from waiting lists. Further details of the allocation of funding will follow and will be linked to delivery plans and commitments to deliver key outcomes.

In 2025-26, NHS payments to Integration Authorities (IA) for delegated health functions must pass on an uplift of 3% over 2024-25 agreed recurring budgets.

2025-26 approach to brokerage

The brokerage requirement of NHS Boards has been increasing sharply in recent years. This is unsustainable and is creating inequity in the system between those Boards who are operating within their statutory responsibility to break-even and those in receipt of brokerage.

Moving into 2025-26, brokerage will no longer be available, and all NHS Boards must work towards break-even. Historic outstanding brokerage balances will be re-paid when the NHS Board returns to financial balance. Further discussions will be held with each Board to review their three-year financial plans and to agree how we can work with you to achieve a position of financial balance. Should financial balance not be achieved this would be shown as an overspend in financial statements, leading to potential qualification of accounts and Section 22 report, as well as consideration of escalation status.

Three Year Financial Planning

A joint letter from myself and the Chief Operating Officer was issued on 29 November setting out our expectation for Board Delivery Plans for 2025-26 and development of robust three-year financial plans. Updated planning assumptions will be shared with colleagues following this budget announcement. In developing savings plans, Boards should continue to undertake the appropriate impact assessments prior to implementation.

In the three-year plans we expect to see clear evidence of proposed service redesign and a stepped change in more joined up, whole system working.

Financial Savings

There are a number of areas of work underway to support NHS Boards and collectively improve the financial position as set out below.

15 box grid

The 15 box grid approved by Board Chief Executive on 14 November 2023 sets out 15 areas of focus for Boards to progress. The areas included in this will be revised ahead of 2025-26. National and local data and benchmarking must be used to drive evidence-based decision making to facilitate the ongoing improvement in service design and delivery. There are various national programmes of work supporting implementation of improvement opportunities at a local level.

Productivity

There will be a renewed focus on productivity and delivering more within the resources we already have. Improving productivity is vital to meet growing demand driven by an aging population, advancements in medical technology, and increasing public expectations, all within limited budgets. The steps Boards are taking to improve productivity should be set out clearly within their Annual Delivery Plans.

Key opportunities to enhance NHS productivity include adopting digital technologies, streamlining care pathways, reducing waste, and fostering collaborative practices across the whole system.

Value Based Health and Care

Linked to the 15 box grid work we must focus on ensuring that expenditure which is incurred delivers the best value for the investment made and drives improvement in outcomes. Value Based Health and Care (VBHC) emphasises the quality and effectiveness of care. By aligning incentives with measurable outcomes, this approach encourages delivery of more efficient and personalised treatments, reduce unnecessary interventions, and enhancing patient satisfaction. Key components include the use of data analytics to track outcomes, collaboration across the whole system, and a focus on preventive care. VBHC aims to create a sustainable health and care system that delivers high-value care while reducing financial burdens on patients and systems alike. We expect that VBHC will become more prominent in Board plans as a key contribution towards optimising best use of our resources. The Value Based Health and Care Action Plan published in October 2023 sets out specific actions.

Reform and Medium Term Financial Framework

This budget provides the opportunity to signal a clear intent to progress reform within health and social care. Now is the time to drive forward our vision of a Scotland where people live longer, healthier and more fulfilling lives. This will be reflected in a programme of reform focused on prevention and early intervention, maximising access and improving population health.

The newly formed Scottish Government Reform Executive and NHS Scotland Executive Forum will provide the leadership to deliver long-term planning for fundamental reform and our focus on the use of digital technology and innovation to drive improvements in efficiency and prevent ill-health. During 2025-26, we intend to publish a revised Medium-Term Financial Framework.

Policy Funding

In addition to the baseline uplift, funding aligned to policy commitments will be allocated to Boards in 2025-26. It is our intention to provide early indication of allocations and to align this to the planning guidance that will be issued in relation to Annual Delivery Plans, setting out the priorities for health and social care in the coming year. We remain committed to reducing the number of in year allocations and ensuring early notice is given on the value of in-year allocations. We are committing to putting out 80% of allocations in the first quarter.

Health and Social Care Integration

The Health and Social Care Portfolio will transfer additional funding of £140 million to Local Government to support social care and integration for 2025-26, which recognises the recurring commitment to provide the Real Living Wage to adult social care workers in the third and private sectors of £12.60 per hour (£125 million) and inflationary uplift on Free Personal Nursing Care rates (£10 million). Funding from prior year for Real Living Wage (£230 million) and inflationary uplift on FPNC rates (£11.5 million) will also be transferred. We have also prioritised £5.0 million to support the commitment to provide additional voluntary sector short breaks funding for unpaid carers.

The funding allocated to IAs should be additional and not substitutional to each Council's 2024-25 recurring budgets for services delegated to IAs and therefore, Local Authority social care budgets for allocation to IAs must be at least £140 million greater than 2024-25 recurring budgets.

As part of the funding for reform and improvement measures, while routed through NHS Boards, elements will support activity in the community and delivered via IAs. Part of this package will be used to directly support our shared ambition to alleviate pressure across the health and social care system.

Capital

Boards' formula capital will increase by 5% and all contractual commitments relating to our construction programme, IFRS 16 leases and end of contract PFI termination payments will be funded. Following receipt of Board Business Continuity Plans (BCPs) as required by [DL \(2024\) 02](#), we will undertake a further review of capital requirements and whether further allocation of funding can be made available. The health capital programme will be restarted in line with Whole System Infrastructure Planning, with Board's required to progress to the level Programme Initial Agreements setting out a deliverable, whole-system service and infrastructure change plan for the next 20-30 years. Further guidance in relation to the development of Programme Initial Agreements will be issued in the new year and will be the next stage of implementing in full the requirements of [DL \(2024\) 02](#).

Funding will be allocated to support the further development of the business cases for Monklands Replacement Hospital, Edinburgh Eye Pavilion and Belford Hospital.

Summary

We have a collective duty and responsibility to ensure that the funding we have been allocated is used effectively and delivers on our key priorities. This must include a stepped change in service redesign and a whole system view of how we can maximise outcomes.

I thank you again for your support to date and your continued engagement moving into the next financial year.
Yours sincerely,

Alan Gray

Alan Gray

Director of Health and Social Finance

Annex A – Board Funding Uplifts

	2024/25 Allocation	Recurring Allocations*	Updated Allocation	Uplift**	2025/26 Total Allocation	NRAC Funding	Distance from NRAC Parity
	£m		£m	£m	£m	£m	%
NHS Territorial Boards							
Ayrshire and Arran	883.5	91.4	974.9	31.7	1,006.6	2.4	-0.6%
Borders	260.4	27.5	287.9	15.7	303.7	7.1	-0.6%
Dumfries and Galloway	364.7	48.3	413.0	12.4	425.4	0.0	0.9%
Fife	829.2	81.4	910.6	27.3	937.9	0.0	-0.4%
Forth Valley	658.9	65.9	724.8	27.0	751.7	5.2	-0.6%
Grampian	1,176.4	130.4	1,306.8	40.0	1,346.8	0.8	-0.6%
Greater Glasgow and Clyde	2,733.1	299.4	3,032.5	91.0	3,123.5	0.0	1.1%
Highland	807.1	93.2	900.3	39.8	940.2	12.8	-0.6%
Lanarkshire	1,489.0	147.7	1,636.7	76.3	1,713.0	27.2	-0.6%
Lothian	1,825.5	226.0	2,051.4	61.5	2,113.0	0.0	-0.5%
Orkney	63.6	9.1	72.7	2.2	74.9	0.0	3.1%
Shetland	62.4	10.2	72.6	2.2	74.8	0.0	2.1%
Tayside	951.2	111.2	1,062.4	31.9	1,094.3	0.0	-0.1%
Western Isles	92.9	10.8	103.7	3.1	106.8	0.0	12.8%
Territorials Total	12,197.9	1,352.6	13,550.4	462.1	14,012.6	55.6	
NHS National Boards							
National Waiting Times Centre	81.8	13.3	95.2	2.9	98.0		
Scottish Ambulance Service	349.2	75.2	424.4	12.7	437.2		
The State Hospital	44.5	3.1	47.6	1.4	49.0		
NHS 24	91.4	23.4	114.9	3.4	118.3		
NHS Education for Scotland	550.2	79.7	630.0	18.9	648.9		
NHS National Services Scotland	380.3	35.7	416.0	12.5	428.5		
Healthcare Improvement Scotland	33.8	2.7	36.5	1.1	37.6		
Public Health Scotland	57.5	8.3	65.8	2.0	67.8		
Nationals Total	1,588.9	241.5	1,830.4	54.9	1,885.3		
Total NHS Boards	13,786.7	1,594.1	15,380.8	517.0	15,897.9		

* Includes recurring allocations from 2023-24

** Includes NRAC parity adjustments.

Impact on Programmes

The financial impact of the reduction in allocation across all programmes is detailed in the tables below. Impact on delivery of the programmes and outcomes is highlighted within the main report.

Monies Received per Programme

Programme	East Dun	East Ren	Glasgow	Inverclyde	Renfrewshire	West Dun	Total Received
MH Outcomes Framework	8,986,452		4,694,676				13,681,128
Perinatal & Infant MH	1,067,308		1,067,308				2,134,615
School Nursing Service	208,147	177,522	1,344,240	180,510	380,440	198,935	2,489,794
LD Health Checks	35,065	29,905	226,453	30,409	64,089	33,513	419,434
Action 15	639,508	544,405	4,633,172	689,218	1,705,337	610,080	8,821,720
	10,936,480	751,832	11,965,848	900,137	2,149,867	842,528	27,546,692

Reduction per Programme

Programme	East Dun	East Ren	Glasgow	Inverclyde	Renfrewshire	West Dun	Total Reduction
MH Outcomes Framework	- 517,649		- 270,428				- 788,077
Perinatal & Infant MH	- 61,480		- 61,480				- 122,961
School Nursing Service	- 11,990	- 10,226	- 77,432	- 10,398	- 21,915	- 11,459	- 143,420
LD Health Checks	- 2,020	- 1,723	- 13,044	- 1,752	- 3,692	- 1,930	- 24,161
Action 15	- 36,838	- 31,359	- 266,885	- 39,701	- 98,233	- 35,143	- 508,159
	- 629,977	- 43,308	- 689,270	- 51,851	- 123,839	- 48,532	- 1,586,777

Direction from Health and Social Care Partnership Board.

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 28 January 2025

Attachment: 2025/26 Annual Budget Setting Update (Revenue Estimates)

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 HSCP Board report for reference.

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP B000072JS28012025
2	Date direction issued by Integration Joint Board	28 January 2025
3	Report Author	Julie Slavin, Chief Financial Officer
4	Direction to	NHS Greater Glasgow and Clyde
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	All functions outlined within sections 4.51 to 4.61 of this report – Psychological Therapies, Adult and Older People’s Mental Health, Specialist Children’s Services, School Nursing, Learning Disability.
7	Full text and detail of direction	NHS Greater Glasgow and Clyde are directed to deliver the enhanced mental health bundle programmes within the revised financial framework included within sections 4.51 to 4.61 of this report.
8	Specification of those impacted by the change	The Mental Health Strategy Board oversees Action 15 funding and has agreed the proposals detailed to reduce investments across NHSGGC. NHSGGC Heads of Service group, including the Psychology Professional Lead, have discussed and proposed/agreed actions in relation to the psychological therapies, specialist children’s services, adult eating disorders, perinatal and infant mental health funding streams and learning disability health checks. Scottish Government colleagues have been involved in discussions around impact of reduction in funding, particularly in relation to psychological therapies and neurodevelopmental pathways for adult and children/young people.
9	Budget allocated by Integration Joint Board to carry out direction	Up to £27.547m for 2025/26 across NHS Greater Glasgow and Clyde IJBs.
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of the strategic priorities for the IJB as set out within the Strategic Plan within the financial framework available to deliver on this as set out within sections 4.51 to 4.61 of this report.
11	Strategic Milestones	Maintaining financial balance within the revised financial framework included within sections 4.51 to 4.61 of this report. 31 January 2026
12	Overall Delivery timescales	31 January 2026
13	Performance monitoring arrangements	The budget will be monitored through standard budget monitoring and reporting arrangements to the IJB
14	Date direction will be reviewed	31 January 2026

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Margaret-Jane Cardno, Head of Strategy and Transformation

28 January 2025

Subject: Audit Scotland: Integration Joint Boards' (IJBs) Finance and Performance 2024 – Self Evaluation and Improvement Plan

1. Purpose

- 1.1 The purpose of this report is to update the Integration Joint Board, known locally as the HSCP Board, on the outcomes of the informal self-evaluation event held on the 12 November 2024, and to seek approval for the supporting improvement action plan.

2. Recommendations

It is recommended that the HSCP Board:

- 2.1 Approve the HSCP Board Finance and Performance Improvement Plan as shown in Appendix 2 of this report

3. Background

- 3.1 On the 25 July 2024 the Account Commission published the following report, “Integration Joint Boards' Finance and Performance 2024” link to this report can be found within the background papers section of this report.
- 3.2 This report concluded that community health and social care faces unprecedented pressures and financial uncertainty and reports that the sector faces rising unmet need and that managing the crisis is taking priority over prevention due to the multiple pressures facing the bodies providing these services.
- 3.3 The report makes several key recommendations and is also supplemented by a suite of IJB Members questions. These questions were intended to support IJB Members to consider the Boards financial and performance position and were used as the basis for a self-evaluation event on the 12 November 2024.
- 3.4 The IJB Members considered several thematic topics. These were General; Finance; Data; Prevention and Early Intervention; Shifting the Balance of Care; Person Centered Care, Choice and Control; Reducing Inequalities; Unpaid Carers and Commissioning and Procurement. A relatively basic scoring matrix was applied to identify how well the Board thought they were performing across these thematic areas.
- 3.5 This exercise was intended to serve several important purposes:
- **Self-awareness:** To help the Board understand their strengths and

weaknesses by objectively reviewing its accomplishments and challenges.

- **Goal setting:** To provide an opportunity to set improvement goals, guiding future performance.
- **Open dialogue:** To foster open communication between employees and Board Members, leading to better understanding and collaboration.

3.6 Overall, this self-evaluation event was considered a valuable tool for continuous improvement and service development.

3.7 A simple scoring matrix was used to provide a structured and standardised way of assessing performance, reducing personal bias and subjectivity. The aim being to ensure that evaluations are consistent across different individuals and time periods, making it easier to track progress and identify areas for improvement.

4. Main Issues

4.1 The evaluation scores against each thematic can be found in Appendix 1 of this report. This information will be used as a baseline in order that the HSCP Board can repeat this exercise in one year and measure progress.

4.2 The feedback was then used as a basis for the development of an improvement plan. This has been reviewed by the Senior Management Team and can be found in Appendix 2 of this report.

4.3 The improvement plan contains several actions aligned to each of the themes referenced in paragraph 3.4 of this report. The HSCP Board are invited to comment on and approve this plan.

4.4 The Improvement Plan will be monitored via the Senior Management Team, the self-evaluation exercise will be repeated at the end of the year, and a formal update will be presented to the HSCP Board at that time.

5. Options Appraisal

5.1 The recommendation within this report does not require the completion of an options appraisal.

6. People Implications

6.1 There are no direct people implications arising from the recommendation within this report. Any improvement work will be absorbed within existing resources.

7. Financial and Procurement Implications

7.1 There are no financial and procurement implications arising from the recommendation within this report.

8. Risk Analysis

- 8.1** There is a risk given the pressures on the HSCP that staff will not have the capacity to fully address all the actions within the Improvement Plan. This will be monitored by the Senior Management Team.
- 8.2** It should also be noted that a greater risk to the HSCP Board is the failure to deliver on the recommendations of the Audit Scotland report on Integration Joint Boards (IJBs) finance and performance. The solution to many of the issues raised within the report are complex and required to be addressed at a national level, the impact which can be made locally is limited as most of the issues raised are outwith the control of the HSCP Board.
- 8.3** Broadly should the status quo remain the risks for the HSCP Board include:
- Worsening Financial Health
 - Decline in Service Quality
 - Increased Health Inequalities
 - Strain on Workforce
 - Missed Opportunities for Improvement
 - Loss of Public Trust
- 8.4** Overall, it is crucial that the HSCP Board and its parent bodies take the recommendations within the Audit Scotland report seriously to ensure financial stability, high-quality service delivery, and equitable health outcomes.

9. Equalities Impact Assessment (EIA)

- 9.1** An EIA is not required as the recommendation within this report does not impact on those with protected characteristics.

10. Environmental Sustainability

- 10.1** The recommendation within this report does not require the completion of a Strategic Environmental Assessment (SEA).

11. Consultation

- 11.1** This report has been reviewed by the Health and Social Care Partnership Senior Management Team. Relevant Monitoring Officers have been consulted in the preparation of this report and their comments incorporated accordingly.

12. Strategic Assessment

- 12.1** This report supports the ambitions of the Strategic Plan Improving Lives Together 2023 – 2026, and specifically aligns with the plans strategic enablers.
- 12.2** Strategic enablers are capabilities, capacities and resources that contribute to the operational effectiveness of the HSCP and are required to effectively

implement our Improving Lives Together strategic plan. We have identified five strategic enablers: workforce, finance, technology, partnerships and infrastructure.

13. Directions

13.1 The recommendation within this report does not require a direction to be issued.

Name: Margaret-Jane Cardno

Designation: Head of Strategy and Transformation

Date: 19 December 2024

Person to Contact: Margaret-Jane Cardno
Head of Strategy and Transformation
West Dunbartonshire HSCP
Email – margaret-jane.cardno@west-dunbarton.gov.uk

Appendices: Appendix 1 – Self Evaluation Outcomes
Appendix 2 – Improvement Plan

Background Papers: [Integration Joint Boards' Finance and performance 2024 | Audit Scotland](#)

Item 9 Appendix 1

Audit Scotland: Integration Joint Boards' (IJBs) Finance and Performance 2024 – Self Evaluation Scores

GENERAL

<u>Question</u>	<u>Evaluation Score</u>	<u>Evidence of Good Practice</u>	<u>Improvement Action</u>
Do we, the IJB, have a comprehensive understanding of the present and longer-term needs of the population we serve?	4	Performance Report. Strategic Needs Assessment. Strategic Plan	No improvement actions based on score.
Do we have a clear plan on how to address the significant challenges facing community health and social care?	3	Vision is aspirational. HSCP can evidence achievement of budget management. Commitment and dedication from all staff. Strategic Delivery Plan. Workforce Plan. Medium Term Financial Outlook.	Area for improvement savings plan and recovery plan.
How are we seeking to address recruitment and retention challenges?	3	Workforce Plan. Development of the recruitment and retention group. Focus on newly qualified social workers. MSK work with universities.	Apprenticeship programmes. Strengthening the identity of HSCP and offering within the environment.
Is there sufficient leadership capacity within the IJB to effectively plan service provision and transformation?	3	Children and Families - What Would it Take Strategy. Care at Home Redesign. Learning Disabilities Strategy. IJB Members know clear points of contact. Clear communication within the HSCP. Stability at a leadership level. Good governance and transparency.	Digital Leadership in a digital age and embedding use of technology. Strengthening succession planning structures.
Are you clear about what your roles and responsibilities are as an IJB Board member?	3	Induction pack includes finance, governance. Informal sessions diarised across year.	A programme of visits, visibility of board members.

FINANCE

<u>Question</u>	<u>Evaluation Score</u>	<u>Evidence of Good Practice</u>	<u>Improvement Action</u>
Has the Medium-term financial plan been updated to reflect all costs pressures currently known?	General Theme Score 3	Financial Performance Reports issued to IJB. Medium Term Financial Outlook.	Recovery savings plan fully scoped out. Collaboration with partners to support understanding on what savings look like.
What proportion of the IJB budget is proposed to be funded from non-recurring sources of income?		? Uncertainty from members around the question.	
Are reserve levels in line with the IJBs reserve policy? How long can current levels of use be maintained?		In line with reserves policy at the moment. Our ear mark reserves we must go through then and look at scope to release funding. 2-4 years pessimistic.	
Are the savings targets achievable on a recurring basis?		What we are putting forward is recurring. Had to deal with unexpected emerging issues, pace, job evaluation and covid effect.	

DATA

<u>Question</u>	<u>Evaluation Score</u>	<u>Evidence of Good Practice</u>	<u>Improvement Action</u>
Is the current available data sufficient to assess how well the IJB is performing?	4	Quarterly performance reports. Annual performance reports. Weekly performance reports. SMT monthly reports. Fortnightly catch up between CO/CFO, Chair and Deputy Chair.	
How well does performance data support decision making?	2	Informed.	Link up between the two partners data sets. Under strategic planning sections list the impact on performance.
What actions are the IJB undertaking to improve data collection, quality and sharing.	3	Care First Governance Board. Standard Operating Procedures. ARG impact and actions around better use of Care First.	Reporting standards. Quality assurance around information entered.

PREVENTION AND EARLY INTERVENTION

<u>Question</u>	<u>Evaluation Score</u>	<u>Evidence of Good Practice</u>	<u>Improvement Action</u>
How are the IJB prioritising and targeting resources on prevention and early intervention?	2	Implementation of refreshed HSCP locality planning using data to identify 3 priorities. Implementation of refreshed universal pathway health visiting for under 5's. Implementation of planet youth supporting young people, parents and schools to have healthy childhoods and prevent substance use.	Focusing on involving wider partners in locality planning to do action planning. Considering how best to support speech and language development for the youngest children.
How are the IJB working with partner bodies to promote and signpost to preventative services?	2	Starting to involve wider partners in HSCP locality planning to implement local priorities. Some use of directories e.g NHS inform/AlISS/Justice to understand what else we have	Mapping of what resources are available to make better use of them and identify gaps

SHIFTING THE BALANCE OF CARE

<u>Question</u>	<u>Evaluation Score</u>	<u>Evidence of Good Practice</u>	<u>Improvement Action</u>
Are the IJB successfully shifting service provision from an institutional setting to a community setting?	3	Redesign of care at home Rehabilitation team	Broadening capacity for reablement team

How are the IJB increasing the capacity of services provided in the community?	2	Work with Improving Lives and Carers of West Dun on Short breaks being creative about opportunities. Just enough support learning and development	Expanding future care planning Expanding just enough training support to 3rd sector
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PERSON CENTRED CARE – CHOICE AND CONTROL

<u>Question</u>	<u>Evaluation Score</u>	<u>Evidence of Good Practice</u>	<u>Improvement Action</u>
How are the IJB ensuring that the views of service users are considered as part of decision-making? How clearly can you see the impact of this?	2	Redesign of short breaks My Life assessment external evaluation Consultation re Charging Policy Using Scottish approach to service design	Consider regular engagement report at IJB (like coms report at NHSGGC)
What actions are the IJB undertaking to increase the choice and control for service users over their support and care?	2	My life assessment external evaluation MSK physio patient outcomes report	Development of a consistent tool which measures customer feedback

REDUCING INEQUALITIES

<u>Question</u>	<u>Evaluation Score</u>	<u>Evidence of Good Practice</u>	<u>Improvement Action</u>
What steps are the IJB taking to identify and address inequality?	3	Strategic needs assessment - Integration of equality mainstreaming reporting into public performance reporting - Targeted services e.g Provision of community link worker service and MECOOP Gypsy traveller support	Continued review of approach considering new data and reports such as Director of Public health report and health and well being survey data
Is consideration of inequalities embedded in IJB decision-making?	3	Equality Impact assessments and trauma informed principles. Some performance measures related to inequality particularly in children's health care and justice	

UNPAID CARERS

<u>Question</u>	<u>Evaluation Score</u>	<u>Evidence of Good Practice</u>	<u>Improvement Action</u>
Does the IJB know the number of unpaid carers in their area?	3		
What proportion of these unpaid carers have carer support plans in place?	2		

How is the IJB improving support for unpaid carers?	2	New Carers Strategy choice re accessing support via Y sort it or Carers of WD or HSCP	Implementation of short break pilot Implementation and of care aware project, and raise awareness of staff re unpaid cares
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COMMISSIONING AND PROCUREMENT

<u>Question</u>	<u>Evaluation Score</u>	<u>Evidence of Good Practice</u>	<u>Improvement Action</u>
What steps have the IJB made to move towards commissioning in a more collaborative way?	3	Commissioning Manager in post. Developed frameworks. HSCP networks across GG&C boundary. Partnered up with IRIS. Foundations for change work.	Person voice for those receiving care and support more embedded. The inclusion and promotion of fair work principles.
What steps have the IJB taken to move the focus of commissioning to a basis of quality or outcomes rather than on cost?	3	Provider evaluation, just enough support training. Contract monitoring. 95% quality and 5% cost scoring for contract award.	Development of quality framework.

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD
INTEGRATION JOINT BOARDS FINANCE AND PERFORMANCE 2024
IMPROVEMENT PLAN (CALANDER YEAR 2025)**

THEME: GENERAL				
ACTION	RESPONSIBLE OFFICER	TIMESCALE	STRATEGIC OUTCOME	OUTPUT/OUTCOME MEASURE
Relaunch Strategic Planning Group	Head of Strategy and Transformation	Jan-25	Strategic Enabler	Output: Quarterly meeting scheduled and maintained in 2025. Outcome: Improved organisational alignment
Development of Apprenticeship Programmes in suitable professions	Head of HR	Ongoing	Strategic Enabler	Output: Continue to grow opportunities that will support young people to learn. Outcome: Developed skills in chosen career.
Build a strong employer brand	Head of Strategy and Transformation	Jun-25	Strategic Enabler	Output: Launch of new brand. Outcome: Improved recruitment and retention of staff.
Development and implementation of a communications plan West Dunbartonshire HSCP as an employer of choice	Head of HR	Sep-25	Strategic Enabler	Output: Communication plan agreed by recruitment and retention group. Outcome: Improved recruitment and retention of staff
Strengthen succession planning structures	Head of HR	Ongoing	Strategic Enabler	Output: Ensuring time and opportunities for workforce learning and workforce progression into senior/leadership role. Outcome: Improved retention and succession planning.
Develop a plan to enhance digital leadership and a digital mindset across the organisation	Head of Strategy and Transformation	Mar-25	Strategic Enabler	Output: Plan developed by March 2025 and fully implemented by March 2026
Develop a programme of visits for HSCP Board Members	Head of Strategy and Transformation	Mar-25	Strategic Enabler	Outcome: Enhanced visibility, in response to concerns raised via iMatter
THEME: FINANCE				
ACTION	RESPONSIBLE OFFICER	TIMESCALE	STRATEGIC OUTCOME	OUTPUT/OUTCOME MEASURE
Development and implementation of a comprehensive savings plan for 2025/26 (Lead: CFO, Responsibility All Heads of service)	Chief Finance Officer	Mar-25	Strategic Enabler	Output: Savings plan agreed by HSCP Board March 2025
Development and implementation of a comprehensive recovery plan for 2024/25 (Lead: CFO, Responsibility All Heads of service)	Chief Finance Officer	Mar-25	Strategic Enabler	Output: Recovery plan agreed by HSCP Board 24 September 2024
Improved collaboration with partners to support understanding on impact of savings (Lead: CFO, Responsibility All Heads of service)	Chief Finance Officer	Ongoing	Strategic Enabler	Outcome: Allow IJB members to approve budget savings required to set a balanced budget, confident that partners have passed through all required funding as directed. Or when local decisions result in no pass through of proportionate funding shares, each partner and the IJB are fully aware of the risks any savings options will have on performance.
THEME: DATA				
ACTION	RESPONSIBLE OFFICER	TIMESCALE	STRATEGIC OUTCOME	OUTPUT/OUTCOME MEASURE
There is a requirement to develop a set of reporting standards. Quality assurance around information entered.	Chief Social Work Officer	Mar-25	Strategic Enabler	Ensuring there is satisfactory scrutiny and oversight over statutory social work service delivery
There is a need to develop more outcome-focused data. Some of our work in relation to unscheduled care, delayed discharge, reablement, care at home and care homes, although looked at as individual datasets, can be clearly linked and service user/patient pathways identified. However this level of scrutiny is limited by staffing capacity. Some local analysis of drug misuse deaths is in very early stages of development and we hope to use this to reflect on any gaps in service and opportunities for earlier interventions.	Head of Health and Community Care /Head of Mental Health, Addictions and Learning Disability	25-Dec	Strategic Enabler	Output: HSCP 'Home First' Design and delivery action plan
To develop the HSCP Performance Dashboard over time to meet the needs of the Senior Management Team and to allow further trend analysis and support decision-making.	Head of Strategy and Transformation	Ongoing	Strategic Enabler	Output: Performance dashboard
The development of the HSCP Performance Dashboard has increased focus on our data and prompted discussion about the source, quality and learning from the data. We need to ensure that these conversations do not drift and are picked up and reflected in our work going forward.	Head of Strategy and Transformation	Ongoing	Strategic Enabler	Output: Evolution of performance dashboard
THEME: PREVENTION AND EARLY INTERVENTION				
ACTION	RESPONSIBLE OFFICER	TIMESCALE	STRATEGIC OUTCOME	OUTPUT/OUTCOME MEASURE
Focusing on involving wider partners in locality planning to do action planning	Clinical Directors	Ongoing	Strategic Enabler	Output: appropriate representation at HSCP Locality groups
Mapping of what resources are available to make better use of them and also identify gaps	Clinical Directors	Ongoing	Strategic Enabler	Output: Mapping of resources
Considering how best to support speech and language development for the youngest children	Head of Children's Health Care and Criminal Justice	Ongoing	Healthy Communities	Output: Development of sub group reporting through nurture dig and community planning.
THEME: SHIFTING THE BALANCE OF CARE				
ACTION	RESPONSIBLE OFFICER	TIMESCALE	STRATEGIC OUTCOME	OUTPUT/OUTCOME MEASURE
Broadening capacity for reablement team	Head of Community Health and Care Services	25-Aug	Strategic Enabler	Outcome: Reablement as 'front door' to HSCP Care at Home service
Expanding future care planning Expanding just enough training support to 3rd sector	Head of Community Health and Care Services	25-Dec	Strategic Enabler	Outcome: increase in FCP's on Portal. Outcome: Expansion of just enough support training
THEME: PERSON CENTRED CARE - CHOICE AND CONTROL				
ACTION	RESPONSIBLE OFFICER	TIMESCALE	STRATEGIC OUTCOME	OUTPUT/OUTCOME MEASURE
Consider regular engagement report at IJB (similar to coms report at NHSGGC)	Head of Strategy and Transformation	Mar-25	Strategic Enabler	Output: Initial Report to IJB March 2025
Development of a consistent tool which measures customer feedback (Launch of Care Opinion)	Head of Strategy and Transformation	Apr-25	Strategic Enabler	Output: Number of engagements with Care Opinion
THEME: REDUCING INEQUALITIES				
ACTION	RESPONSIBLE OFFICER	TIMESCALE	STRATEGIC OUTCOME	OUTPUT/OUTCOME MEASURE
Continued review of approach in light of new data and reports such as Director of Public health report and health and well being	Head of Strategy and Transformation	Mar-25	Equal Communities	Output: Implement our Equalities Mainstreaming and Outcomes Framework, report on our progress to the HSCP Board and the Risk, Audit and Performance Committee, and plan to review and revise the outcomes within the framework
THEME: UNPAID CARERS				
ACTION	RESPONSIBLE OFFICER	TIMESCALE	STRATEGIC OUTCOME	OUTPUT/OUTCOME MEASURE
Implementation of learning from short break pilot	Head of Strategy and Transformation	19-Aug-25	Caring Communities	Output: Report to IJB re review of Adult Carer Assessment and Support Plan (ACASP) process and the short breaks service based on key feedback and learnings gathered from this pilot.
Implementation and of care aware project and link staff re unpaid carers	Head and Strategy and Transformation	19-Aug-25	Caring Communities	Output: Update report to IJB.
THEME: COMMISSIONING AND PROCUREMENT				
ACTION	RESPONSIBLE OFFICER	TIMESCALE	STRATEGIC OUTCOME	OUTPUT/OUTCOME MEASURE
Person voice for those receiving care and support more embedded	Head of Strategy and Transformation	Mar-25	Strategic Enabler	Output: Initial Report to IJB March 2025
Fair work inclusion and promoting	Head of HR	Ongoing	Strategic Enabler	Output: NHS Greater Glasgow and Clyde and Dunbartonshire Council are committed to being a fair work employer. Outcome: Working towards fairwork criteria.
Development of an HSCP Quality Framework	Head of Strategy and Transformation	Aug-25	Caring Communities	Output: Approval and implementation of the HSCP Quality Framework

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: Joint Staff Forum

Date: Re-Scheduled from 10/10 to Monday 21st October at 2pm

Venue: Health Education Room, Clydebanks Health Centre

Present: Beth Culshaw,(Chair); Diana McCrone; Gillian Gall; Moira Wilson; Michelle McAloon; Barbara Sweeney; Sylvia Chatfield; Andrew McCready; David Smith; Theresa Conner; Julie Slavin; Gillian Bannatyne; Margaret Jane Cardno; Joyce Habo (Minutes)

Apologies: R Sherriff-Short; David Scott; Helen Little; Val Tierney; Connor Farmer; Lesley James; Susan Walker; Fiona Taylor; Shirley Furie; Margaret McCarthy; Ann Cameron Burns; Leanne Galasso

Item	Description	Action
1.	Welcome, Introduction, Apologies	Chair
2.	Standing Agenda Items	
	a) Minutes of Last Meeting 2024 08 29 - DRAFT Minute AUGUST JSF.docx	Chair
	b) Rolling Action List ..JSF ROLLING ACTION LIST.xlsx	Chair
	c) Chief Officer Update	BC

Beth noted SMT are continuing to develop savings proposals and at this stage the financial gap is of real concern. There are similar challenges at both health board and council which will have a significant impact. Julie will provide an update later on the agenda.

Good progress is being made on delayed discharges in terms of performance which had been an area of concern.

There have been some changes at the health board with the appointment of Scott Davidson as Medical Director and the appointment of a Chief Executive is also in process.

IJB / A&P update – the accounts were signed off and the annual performance report was submitted. Papers are available on line. Beth noted we still require a replacement for Shirley Furie if attendees could consider.

Absence continues to be a challenge across most service areas - this is concerning for the staff member and their colleagues who then cover workload, supporting staff back to work is key.

Moving into implementation stage of the Home Care redesign - communication will be shared with staff regarding the next phase at the beginning of December.

d) HR & OD Update

i. Report

September report based on August data.

In terms of absence - NHS – August was 8.28% and decreased in September to 6.74%. Council absence fell to 9.4% in August.

Top 5 reasons for NHS were anxiety/stress/depression/ other psychiatric illnesses, Other causes – not otherwise classified, Respiratory, Cancer, Viral and other reasons. The top reasons in the Council were Minor Illness, stress – Personal, Acute Medical Conditions, Musculo-skeletal and Back pain. Michelle advised NHS and Council record mental health differently – the Council record separately and the NHS add together.

KSF – Increased from July to August, however the target is 80% and we are currently at 61.60%.

Statutory/Mandatory training is at 94% overall. Fire Safety needs to be a priority.

NHS – no new starts in August, 8 leavers.

Council – 14 new starts, 26 leavers.

Barbara queried the KSF % stats, Michelle advised this is currently much improved and timing is part of the issue for reporting at JSF.

ii. Absence Action Plan – Local management plans

Gillian noted with winter ahead this can lead to further potential absences and there is concern around service delivery. There is a focus on application of policies in those services with absences over 6%. Peer review is important – what good practice already exists that we can learn from and use. Need to ensure we are monitoring processes and the central HR team are supporting managers. Also reviewing how we progress cases where there is a significant level of absenteeism,

we are reviewing good practice across the health board to adopt this locally.

We must ensure managers feel equipped and have the right skills and the confidence to apply policies and we need to focus on early intervention.

Diana queried learning from peer good practice - Michelle advised some partnerships have surgeries for managers reviewing long term absence cases. Training was held in April for managers focusing on a coaching perspective.

Reduced working week for NHS staff is ongoing and a further 2 exercises will take place to reduce the other 2 x 30 minutes per week on 1st April 2025 then 1st April 2026. Need to think about the mechanisms of this and start planning for engagement with the workforce and service users. This will be done via the workforce planning group and JSF. Diana queried the reduced working week pilot for staff working long hours in mental health ward, Gillian advised there have been no concerns raised by the workforce and it has been successfully implemented.

Michelle advised the Band 5 nursing review for GG&C has had 654 applications started, 495 are in draft, 105 are with managers to review and 14 have been returned by the manager for further review by the employee, 40 applications have been fully submitted. There are weekly meetings and information is shared in the Core Brief weekly. Michelle advised that very few staff have requested their job description, Andrew confirmed there are currently around 12,000 staff at band 5 that includes bank staff, of which there are 98 in West Dunbartonshire.

There is no update on the Protected Learning Time strand as there have not been any meetings since the last JSF. Andrew advised this meeting was paused for a variety of reasons and should be reinstated.

OD Update

Staff awards take place on 1st November which is a good way to recognise and reward staff.

HSCP staff Newsletter to be launched at the end of October. Moira, Michelle and Lisa have been working on this and are seeking feedback.

Andrew suggested adding information about the non-pay MM
pay deal work streams to the newsletter.

e) Service Updates

i. Mental Health, Addictions and Learning Disabilities

Sylvia advised the LD review continues – there has been good representation. There is a steering group meeting this week which includes carers, TU, advocacy staff and operational staff to drive forward engagement with service users and staff.

Engagement sessions with Day Services and Community Connections have been well attended with a lot of good ideas and enthusiasm about how they see services moving forward, Sylvia will feedback the key themes.

Staffing issues on the health side of LD but this will stabilise soon, new social workers have started.

Julie Campbell continues to oversee Addictions. There have been service challenges in Helensburgh with a few complaints due to absence re: ADHD service as there is no GG&C service. Continuing to signpost people to other services and currently reviewing the wellbeing service.

There are engagement sessions and staff sessions coming up with regards to the Mental Health Strategy.

An Integrated Operations Manager for Social Work has been appointed who will engage with Theresa and drive this work forward, all SSW's will have supervision re SW governance.

Diana queried local sessions regarding the mental health strategy, Sylvia advised dates have still to be confirmed.

ii. Health and Community Care

There have been a few recent vacancies for OT that have had to be advertised twice and there were no applicants which is impacting on waiting lists. The senior OT continues to triage the waiting list every Tuesday.

Physio waiting lists are being managed well.

CHDT work is continuing and there was a recent staff development day.

Social Work team's improvement work is ongoing, there is a new IOM in post and waiting lists are reducing and caseloads are being monitored.

iii. Children's, Health, Care and Criminal Justice

Written update provided by Lesley James:
Planned move for HV to support re refurbishment work of Dumbarton's Health Centre now been put on pause and other options being considered by strategic property group.

Justice service have undertaken self-evaluation as part of Care Inspectorate activity. Now fully staffed other than some absence within the service
Active focus of statutory duties within children social work around statutory assessment function and completion of reports for children. Vacancies from appointment currently at 6.5 posts from total compliment of 53.5 of social work workforce again, some absence within service currently.

Children's residential house Craigellachie just concluded inspection by CI - report as yet not published.

Children's Services resource Group with education now in place to consider all placement and packages of care requests - around 20 referrals so far to the forum chaired by senior manager.

New graduate programme announced funded by SG to support those in employment with relevant qualification and experience access funded graduate programme at University - application will be into 2025.

NQSW Support Year implementation started on 1st October and website and materials for all operational managers in place as well as 4 briefings taken place for all managers across Justice adults and children.

Care inspectorate activity ongoing for social work services with staff questionnaire now completed. West Dunbartonshire will get survey findings as part of the CI activity early next year. Regular reminders went out to staff, but appears to be a low return.

As part of Care Inspectorate scrutiny of social work Services across justice, adults and children attending GGC wide focus Group on Assurance Governance

and workforce.

Annual Social work conference took place in October, we had 6 representative from across social work service from newly qualified social workers to experienced managers from adults, justice and children. Workshop sessions and briefs to all social work staff on the conference will be circulated for wider service.

iv. Strategy & Transformation

Margaret Jane thanked TU reps for their participation in the engagement strategy with her team, this is a really good framework for engaging with service users and stakeholders. The paper will be presented at IJB on 19th November 2024.

Also going to IJB on 19th November are procedures re Duty of Candour, there are strong governance procedures via NHS but not on the social care side. Staff training will be required.

Strategic Plan is 50% complete and there is work required early next year regarding joint needs assessment for children and adult services.

The admin review is ongoing. Diana queried when this would be finished, Margaret Jane advised it's a large piece of work and resourcing has been an issue, staff have been engaging and positive and used the workforce tool, currently focussing on processes and not people, there are a few areas requiring a deeper dive e.g. many hours spent taking minutes; inconsistencies re practice; how we support staff with related HR work. This will be fed back to the steering group next month.

Charging and Payments work is ongoing. Andrew was thanked for his attendance, however the nominated rep from Council side has been unable to attend meetings.

Health and Wellbeing Survey; Engagement re charging policy with staff, service users and other stakeholders, noting it is important to people how we use our budget.

MJC

v. MSK - Carry Forward

vi. Finance

Julie advised the Board have signed off annual year end

2024 accounts and a huge amount of work has taken place since April catching up on the current year and preparing for 2025/26 budget.

The Board also received the Annual Performance Report where finance have projected where they can. Currently looking at a £3.6m overspend on social care/health. Prescribing continues to be a huge financial risk for all partnerships and the Board re acute prescribing.

There have been delays receiving data as well as changes to prices and all 6 HSCP's have been working together reviewing Drug types which have also changed.

The health pay award will be paid in November salaries and as yet there is no information from ScotGov regarding their level of funding, noting that the figures sent to the Board in September were based on this being fully funded. Care at Home and Children and Families continue to be the biggest pressure in the social care budget.

We are struggling to recruit in some front facing areas and a weekly vacancy panel is in place to scrutinise all vacancies.

A 2025/26 budget setting exercise is in the early stages due to so many pressures in the current year it is difficult to review next year. IJB expect a medium term financial plan and Julie will refresh the current strategy as they continue to project the key themes and address any pressure.

The Council pay award is also unknown which will need to be processed and paid in the next few months, we are unclear if council will pass any of this on.

Risks around current job evaluation submissions, work around savings options will come back to JSF when prepared.

Margaret Jane queried the potential increase in employer National Insurance and Julie advised they have been asked to calculate what 1% will look like but there is no information at this time.

3. Health & Care (Staffing) (Scotland) Act

C/F

4. **Leading the Way – Nursing & Midwifery Strategy**
[3 Leading the Way - Engagement Sessions.pdf](#)
[3 Leading the Way - Engagement Sessions.pptx](#)
[3 NHS GGC Nursing and Midwifery Strategy Draft \(Current Version 22.08\).pdf](#)

5. **Trade Union Updates**

- a) Mental Health Strategy Refresh

Nothing further to add following Sylvia's update re Mental Health, Addictions and Learning Disabilities

6. **Any Other Business**

- a) Three key elements for Area Partnership Forum

Absence/staff wellbeing – winter planning/ vaccination
Agenda for Change – encouraging Band 5 to apply
Current financial position and the work around that

7. **Papers for Information**

- NHS Workforce Analytics Storyboard – August
- HR Report - September
- APF (Workforce) Agenda – 14.08.24
- APF (Workforce) Information Exchange – 14.08.24
- APF (Workforce) Minutes – 15.05.24
- JCF Agenda – 12.09.24
- JCF Minutes – 14.03.24 & 13.06.24

8. **Date of Next Meeting**

Thursday 21st November, 9.30am to 11.30am, Burgh Meeting Room, Church Street.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Meeting:** Joint Staff Forum**Date:** 21st November 2024 at 9.30am**Venue:** Burgh Meeting Room, Church Street**Present:** Diana McCrone (Chair); Beth Culshaw; Gillian Gall; Michelle McAloon; Ann Cameron Burns; David Smith; Margaret Jane Cardno; Val Tierney; Connor Farmer; Lesley James; Julie Campbell; Fiona Taylor; Leanne Galasso; Joyce Habo (Minutes)**Apologies:** Helen Little; Sylvia Chatfield; Moira Wilson; David Scott; Julie Slavin

Item	Description	Action
1.	Welcome, Introduction, Apologies	Chair
2.	Workforce Strategy 2025 – Staff Engagement Liam Spence, Head of Staff Experience	Guest

The presentation covered a comprehensive approach to workforce strategy, focusing on consistency, engagement, and addressing key trends and challenges.

Engagement and Feedback were via a range of engagement workshops, 1:1 sessions, and meetings with professional groups and HR professionals. They collected input through an online form and received around 1000 suggestions. There is ongoing work to ensure consistency in applying the strategy. Alongside trends and Challenges to address an ageing population, changes in healthcare practice, employment law, and technology.

Budget constraints and the complexity of integration issues for Health and Social Care Partnerships (HSCPs) were recognised. The strategy needs to be embedded in the culture through four main pillars. From this work it highlighted the need for clear career pathways and flexible learning to meet staff needs and also emphasised the importance of middle managers understanding and communicating the strategy. Addressing lengthy recruitment processes and the need to promote diversity and internal career development and the challenges of filling certain posts requires targeted tactics. It is important to ensure a supportive and empowering workplace culture, ensuring there is a clear vision and a welcoming culture.

Beth and Lesley also contributed to the discussion, highlighting the importance of embedding culture and addressing integration issues. Diana raised concerns about recruitment, which Liam acknowledged as a high-level strategic issue which will come back to the workforce plan.

3. Standing Agenda Items

a) Minutes of Last Meeting

Chair

[..\10 October\2024 10 21 - DRAFT Minute OCTOBER JSF.docx](#)

Minutes of the last meeting were reviewed and the following points noted:

David made reference to the £3.6m overspend projected at the last meeting and queried if this figure has changed. Beth confirmed IJB papers are now available on line with the details, but confirmed this figure has now increased to £4.2m which is an integrated overspend due to the increasing cost of prescribing. Table 3 within the published papers highlights the improvements or deteriorations, noting it is a similar picture across the GG&C Board area. A recent workshop with Clinical Directors reviewed a range of initiatives to control prescribing spend. Beth will have an updated position at the next JSF meeting in January 2025.

Diana advised it was highlighted at IJB that the government reduced some of their spend on specifics e.g. Action 15, CAMHS, LD health checks and a lot of non-recurring money was reduced by 5%. Beth advised the pay awards may also impact.

David asked about an update from the 6 staff who attended SWS conference, Lesley advised this is currently being collated and will be shared.

LJ

Diana noted limited attendance to update on MSK, Beth advised today coincided with a conference, adding that there were currently no issues within the MSK service and they were due to meet with CSP on Tuesday but the meeting had been cancelled as there were no issues to discuss.

b) Rolling Action List

Chair

[..\JSF ROLLING ACTION LIST.xlsx](#)

Rolling Action list was updated as follows:

David queried when the MLA review started. Margaret Jane advised she had to prioritise major improvement projects which means this will take another few months before returning to JSF.

David advised this is being raised at stress risk assessment meetings as well as TU meetings and workplace meetings and is causing a level of stress to staff.

Margaret Jane is sympathetic but noted this information is not being fed back to SMT and it would be important to ensure the right supports are in place in the interim. The priority as previously noted is Care at Home, Children and Families and the LD review and that's where resources currently are focussed.

David further explained there are a number of stress risk assessments being completed particularly with social workers where MLAs are mentioned. IOM's are attending these meetings which means this is not being fed back. Margaret Jane advised she will pick this up with Heads of Service.

MJC

Lesley agreed every service user requires a clear assessment tool to ensure transparency of assessment, staff need to be involved and requested some evaluation is shared. Margaret Jane advised that is the plan, development of the tool will replicate the same model and she will come back with a timetable.

c) Chief Officer Update

BC

The financial outlook for the next 3-5 years is extremely challenging and the outcome of the Scottish Government budget will be critical in addressing the financial gap. The current year overspend of £4.2m needs to be covered and we are developing a range of savings which will be shared at the end of January.

Vaccination rates are performing marginally ahead of the board average and vaccinations in care homes are done and those for the housebound are nearly complete.

Strong local performance re delayed discharges and these improvements are due to that team's ongoing efforts.

Staff Awards were held 3 weeks ago and was a very positive afternoon, but acknowledged there is debate about singling out individuals, overall it is positive to recognise staff efforts. Over 20 nominations were received. Diana attended and agreed that staff appreciated the recognition.

Membership of IJB – all to consider nominations for a local authority TU representative following SF's resignation.

All

David highlighted a recent meeting with Laurence Slavin to discuss funds re Barnett consequential due to the increase in social care spending.

Beth advised there is ongoing debate about whether the Council will pass pay awards to HSCP as they have not done so in the previous 2 years which will continue to widen this financial gap. Some funds may cover the pay awards and NI increases, but will not eliminate the financial gap.

d) Trade Union Updates

a. Pressures within Helensburgh CMHT

Julie noted they are being supported by a variety of other teams. They are looking at recruitment and are also in discussion with NHS Highland due to costs. There are 2 other Team Leaders supporting staff. The Psychiatrist has handed in their notice and there is currently no Team Leader in place. They do not currently have input from Psychology.

b. Long Shift Pattern in Mental Health - ongoing

conversations re 12 hr shifts and Gillian advised there are no concerns being raised by staff at a local level, this topic will remain on the agenda due to further reductions. Diana advised TU and Glasgow have safety concerns due to 13 hour shifts (including break), it doesn't breach working time regulations but travel time is not considered re driving after shift working, Gillian noted west
dunbartonshire staff tend to work and also live within the local area. Diana queried this noting a health board rostering policy refers to work no longer than 12 hours – Diana agreed to share this policy with Gillian.

DMcC

c. Mental Health

David advised there is a meeting in December and that a generic survey was circulated to all staff with SW in their job title in 2019 to review information about practice and workplace issues. Unison then provided a report named 'Safe from Harm'. It was highlighted that SW staff last 7 years in their role and a further survey to review changes from 2019 to 2024 was needed.

In 2024 it highlighted recruitment, retention and wellbeing issues and one difference was SW's lasting 7 years, this is now 4-5 years. This survey was Scotland wide and the SWIG group completed this noting that this will now be added to the SW Forum and a TOR has been completed and shared with Lesley.

Lesley advised this sets out a framework of expectations and we need to be confident that we adhere to and promote more than the basics. More academic work is

required of SW's now, however, the SW task is not for everyone due to the level of trauma you deal with. David agreed the reality of being a SW is different in practice, the core management model is not effective and not having time to develop relationships with people is also difficult. Lesley advised a programme is in place to bridge this gap. It would be helpful to discuss this in more detail out with this meeting.

DS

Margaret Jane queried whether there was an opportunity to receive West Dunbartonshire focussed data to review any emerging issues. David will query this.

e) HR & OD Update

i. Report

MM/LG

Michelle advised absence in the NHS has reduced from 6.82% to 5.69% in October, reporting lowest level within the HSCP's in GG&C.

Highest absence areas are Health and Community Care, Mental Health and Children's Services.

KSF is positive with an increase to 63.01% compliance.

Stat man training is compliant at 95%.

7 new staff started during October and there were 6 leavers.

Available training on Turas: Chronic Pain and Retirement information.

Leanne advised Council absence has reduced to 8.95%, HR have completed additional training with some managers in teams and this will continue to be monitored.

Turnover is at 9.89% across the HSCP, Council is 6.9%.

12 new staff started and there were 16 leavers in October.

David wanted to highlight great practice within Fiona's service area and felt it was important to have this documented e.g. he recently experienced meetings and the management team managed the situation really well, stats do not show areas of good practice.

David queried if leavers are completing exit surveys and if so, are there any common themes. Leanne advised returns are reviewed but noted no common themes emerging. The returns show more positive than negative comments. It was acknowledged response rates could be better and as a reminder managers will be encouraged to highlight to staff completion. There was an annual report to JCF in June 24, this could be provided annually going forward.

David advised of a recent event he attended for International Men's Day which highlighted that residents in West Dunbartonshire live shorter lives due to health issues. David suggested supporting this charity by purchasing mugs confirming that the TU have already donated. The presenters were also seeking 10 nominations to be trained on assisted suicide prevention. Margaret Jane was happy to take this discussion off table and involve the health improvement team.

MJC/DS

GG

ii Agenda for Change – non-pay updates

Agenda for Change: No new updates yet, but there are plans in place across the service. The operating models are being reviewed to see how reduced working hours will look, with a 30-minute reduction planned for April. If there's an acceleration, they might review how to extend this to an hour. Diana queried protected learning time, noting this is rarely utilised as intended.

C/F

iii. OD Update

f) Service Updates

i. Mental Health, Addictions and Learning Disabilities

JC

Three services are in ratification measures. Inpatient services are fully staffed and benefiting from reduced working week shifts. Work is progressing with the Mental Health Strategy, engagement sessions are complete with common themes around reducing beds emerging. However, there are concerns about recruitment for expanding community services while maintaining local beds. Plans to progress the wellbeing service are in place, with re-launch commencing.

GG&C are developing a new stance on ADHD provision. Connor noted it was imperative that the public can access these services and queried if there will be an alternative focus. Julie advised that the funding has been removed by ScotGov and this does not sit with mental health services, however we do provide resources to self-manage this. There is an increase in adults seeking assessment but this requires government investment. Diana noted people are being diagnosed privately and then expecting GP's to prescribe medication.

In Learning Disabilities the review is underway and going well. There are new nursing staff who are in their induction phase at the moment.

MAT standards are being met within Addictions.

Diana queried how many staff attended the MH refresh. Julie advised there were 70 attendees across 3 sessions and comments have been fed back, the plan is to reduce beds by 200 over 5 years.

ii. Health and Community Care

JCC was held 2 weeks ago.

FT

Absence levels are higher than usual but team are joining up to work together and supporting each other.

Fiona advised absences in the district nursing team in Clydebank have reduced leading to a more stable position. There has been good progress on vaccinating in the community by the DN and Treatment Room staff.

Integrated Adult Services are waiting for the new IOM to start who will work alongside health leads and the focus will be reducing waiting times for rehab services.

Care at Home has seen a reduction in staff absence, with policy application and ensuring return-to-work processes are completed by Organisers. The IOM is reallocating resources. The service is working on care and support planning reviews, maintaining close dialogue with the care inspectorate. An inspection of Day Services is anticipated as the service has not been inspected for a while.

Appeals for phase 1 are complete, phase 2 letters to be sent out next week, then phase 3 letters will be circulated.

David has had recent enquiries from staff currently on flexible retirement querying work patterns, Fiona advised David to confirm the staff names and she will review these specific arrangements as she didn't expect them to receive these letters.

iii. Children's, Health, Care and Criminal Justice

Lesley advised JCC was cancelled and another date will be confirmed. They have moved to quarterly JCC's and will continue to review this.

LJ

Proposed structure for Children and Family services is being circulated to all operational managers to ensure visibility as part of the consultation process. Early next year meetings will be scheduled with TU and staff.

There is an update on 6 different project streams that were

highlighted in the What Would It Take Strategy. Part of this was replacing the duty team model, recruiting internally as well as external recruitment which is going out soon.

Lesley provided an input at EMT recently re NQSW highlighting materials that were developed to support staff, there are also practitioner forums that new staff can attend. There was also an update regarding SSSC changes which can now align to our HR systems and we are seeing the benefits of that. Codes of Practice were circulated to staff as well as broader social work pieces. An inspection of social work services questionnaire was also circulated, responses were limited.

There's an improving picture with Health Visitors and the School Nursing team as well as their pathways.

A self-evaluation was recently submitted re Justice Services and where we see our services within national standards.

Craigellachie inspection was graded – there were 3 adequates so there is more work to do to re support and training for staff in that team.

A reflective workforce forum has been set up relating to a particular case and included police colleagues, there were years of horrendous abuse of a sibling group, this was to allow practitioners to speak about the trauma they had to deal with and this was well received by attendees. Beth agreed staff trauma is very important as she attended a recent event and heard about the cumulative effect this can have on people's health. This also contributes to recruitment, retention and absence, Beth suggested a potential session about this at JSF in future.

Margaret Jane agreed trauma informed work is very important and recent conversations were around how this work and practice can be imbedded. A trauma lead is required.

iv. **Strategy & Transformation**
[Additional Paper for JSF.zip](#)

IJB papers are due next week, (link added to meeting chat). The focus is on learning and outcomes from short breaks in 2023, leading to a review of respite and core services. TU reps are required for a working group.

MJC

The engagement and participation strategy has been approved and is due to be implemented

Diana queried Duty of Candour noting it is a legislative requirement to produce this. There is a clear policy for health services, but a gap on the social care side. The policy/procedure in place in the Board and the Council process was approved by the board on 19/11. It's new for council staff in HSCP, and training may be required for awareness. David advised Item 12 on the board papers included a link that does not open, Margaret Jane to re-circulate this information.

MJC

High absence rates in the service improvement team, 2 of which are long term absences. This has meant the admin review will be delayed, due to prioritising Care at Home, Children and Families, and Learning Disabilities. The new structure for charging and payments team was approved, with staff consultation to begin. The Strategy and Planning Manager position remains vacant. Internal promotions created more vacancies which will be carried for now.

The current strategic plan ends on 31st March 2026 and a refresh of the strategic needs assessment is required in 2025, which will need significant resources. SDS call for evidence could mean a possible inspection soon, the last one was in 2019.

David queried if the National Care Service is being scrapped, Margaret Jane advised this is being paused for further reflection with no set timescales, TU formally withdrew support for the bill, making its future uncertain.

David raised concerns about temporary contracts and the timing of the admin review, Margaret Jane advised she is reviewing timescales. Communication to staff will be circulated to keep them informed.

v. MSK C/F

vi. Finance C/F

4. Leading the Way Nursing & Midwifery Strategy VT

Carry forward to next meeting C/F

5. Any Other Business

a) Three key elements for Area Partnership Forum

1. Statutory and Mandatory Training - 95% compliance rate

2. Progress within Children's Health, Care & Justice

3. Positive Absence

6. Papers for Information

- Workforce Strategy 2025 – Staff Engagement - presentation
- NHS Workforce Analytics Storyboard – September
- HR Report - November
- APF (Workforce) Agenda – 23.10.24
- APF (Workforce) Information Exchange – 23.10.24
- APF (Workforce) Minutes – 14.08.24
- APF (Strategy) Agenda – 18.09.24
- APF (Strategy) Information Exchange – 18.09.24
- APF (Strategy) Minutes – 19.06.24
- NHS GG&C Nursing & Midwifery Strategy (Draft)
- Leading the Way – N & M Strategy Update - Presentation

7. Date of Next Meeting

Thursday 9th January, 10.00am to 12.00 noon, Denny Meeting Room, Church Street, Dumbarton.