

Supplementary Agenda

West Dunbartonshire Health and Social Care Partnership Board

Date: Monday, 24 March 2025

Time: 14:00

Format: Hybrid Meeting

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Dear Member

ITEM TO FOLLOW

I refer to the Agenda for the above meeting that was issued on 17 March 2025 and now enclose a copy of Item 12 – Annual Budget Setting Update (Revenue Estimates), which was not available for issue at that time.

Yours faithfully

BETH CULSHAW

**Chief Officer
Health and Social Care Partnership**

Note referred to:

12 2025/26 Annual Budget Setting Update (Revenue Estimates) 255 - 465

Submit report by Chief Financial Officer outlining the financial allocations from West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board, identifying the main cost pressures and key financial risks for the HSCP Board, and seeking members' approval to set an indicative 2025/26 revenue budget.

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
Lesley James
John Kerr
Helen Little
Anne MacDougall
Diana McCrone
Kim McNab
Saied Pourghazi
Selina Ross
Julie Slavin
David Smith
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Senior Management Team – Health and Social Care Partnership
Chief Executive – West Dunbartonshire Council

Date of issue: 18 March 2025

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Financial Officer

24 March 2025

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

1. Purpose

- 1.1 This report outlines the financial allocations from West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board, identifies the main cost pressures and key financial risks for the HSCP Board, and seeks members' approval to set an indicative 2025/26 revenue budget.

2. Recommendations

- 2.1 The HSCP Board is recommended to:

- a) **Accept** the flat cash offer from West Dunbartonshire Council of the roll forward of the 2024/25 recurring base allocation of £89.830m plus share of Scottish Government funding for social care policy commitments;
- b) **Accept** the additional funding offer from the Council for Grant Aided Expenditure (GAE) Indicator changes of £0.517m and Employer's National Insurance of £0.681m;
- c) **Accept** a total Council allocation for 2025/26 of £93.442 based on (a) and (b) above;
- d) **Note** that funding of £13.138m related to Children's Social Care Pay remains unallocated at this time. The HSCP's share is anticipated to be £0.227m which would increase the funding allocation from the Council to £93.669m (Refer to Table 5 and Appendix 1);
- e) **Note** the 2025/26 funding for Justice Social Work Services of £2.838m (Refer to Appendix 2);
- f) **Accept** the indicative 2025/26 budget allocation from NHS Greater Glasgow and Clyde Health Board (NHSGGC) of £115.831m, subject to confirmation of the final month 12 recurring base and indicative set aside budget of £46.348m (refer to Table 6 and Appendix 3);
- g) **Note** that 60% of the cost relating to the Employer's National Insurance increase for Health Care, totalling £0.500m, is anticipated to be funded by the Scottish Government;
- h) **Note** that the remaining 40% cost relating to Employer's National Insurance increases for Health Care, totalling £0.334m, is anticipated to be funded from the NHSGCC sustainability fund. This brings the total indicative recurring base allocation to £116.665m;
- i) **Approve** an overall indicative funding allocation to the Partnership of £210.334m based on (c), (d), (f), (g) and (h), excluding set aside for delegated health and social care services for 2025/26;
- j) **Note** the analysis of the reserves position and projected balances as at 31 March 2025;

- k) **Approve** the required increase to the Scottish Living Wage for adult commissioned services as detailed in the letter in Appendix 4;
- l) **Note** the range of management adjustments to the value of £2.561m contained within Table 7;
- m) **Approve**:
 - the range of savings options to the value of £1.988m; and
 - the drawdown of a range of reserves to the value of £3.049m comprising those approved in March 2024 of £2.262m and further application of reserves totalling £0.787m. All contained within Table 7.
- n) **Note** that further management action is still to be identified totalling £0.168m which will be underwritten by further application of earmarked reserves if required;
- o) **Agree** that if all options set out in (l), (m) and (n) above are approved, this delivers a balanced budget to deliver planned expenditure of £213.383m for 2025/26 consisting of:
 - Partners financial allocation of £210.334m; and
 - Application of reserves of £3.049m.
- p) **Note** the 2025/26 budget allocation for Housing Aids and Adaptations of £0.080m; and
- q) **Note** the update to the Council's 10 Year Capital Plan.

3. Background

- 3.1 This report continues from the 28 January Annual Budget Setting Update and includes proposals to achieve a balanced revenue budget for 2025/26.
- 3.2 Setting a balanced budget is required by s108(2) of the Local Government (Scotland) Act 1973 and s93(3) of the Local Government Finance Act 1992.
- 3.3 The Integration Scheme between the Council and NHS Greater Glasgow and Clyde Health Board sets out the partners responsibilities to address inflationary and demographic pressures. However, over the last five years funding settlements have not kept pace with the demand and inflationary pressures in health and social care. This was detailed within Medium Term Financial Outlook 2024/25 – 2027/28, reported to the November 2024 HSCP Board which at that time, forecast a funding deficit of £27.4m over the three-year period to 2027/28, see Exhibit 1 below.

Exhibit 1: Extract from Medium Term Financial Outlook reported to November 2024 HSCP Board

Actual / Indicative Budget Gaps	2025/26 Draft Budget	2026/27 Draft Budget	2027/28 Draft Budget
	£000	£000	£000
Annual Budget Gap			
Health Care	3,476	3,263	3,044
Social Care	3,087	6,344	8,194
Total	6,563	9,607	11,239

- 3.4** The Medium Term Financial Outlook will require to be updated to reflect the impact of all options accepted and the level of reserves applied to close the budget gap. The HSCP Board must make difficult, yet proportionate decisions, to maintain sustainable services that meet the demands of West Dunbartonshire's population while staying within the financial limits of the approved budget.
- 3.5** The financial challenge in 2025/26 is considerable and requires a measured response and approval where possible of the least worst proposals, which may not be attractive but are considered by officers to be the best of the options developed. The main goal is to protect core services that provide care and protection to those who are assessed as needing it and fulfil statutory responsibilities. Approving a budget where service delivery and statutory obligations are met will be challenging, but failure to approve the 2025/26 options to balance the budget will significantly increase this risk.
- 3.6** The financial challenges in future years necessitate that ongoing service redesign programmes accelerate so that decisions can be made regarding the future shape of service provision. This work will continue during 2025/26 and will be reported in future updates to the HSCP Board.
- 3.7** The revenue budget estimates for 2025/26 have been formulated by taking into account the impact of any identified or anticipated inflationary pressures and current demographic demand on HSCP services. This includes any agreed changes to service delivery models that align with the priorities of the Strategic Plan.
- 3.8** All previously approved savings from prior years, not fully delivered on a recurring basis in 2024/25 must be achieved by services in 2025/26, in addition to savings options approved within this report. The forecast balance of earmarked reserves amounting to £0.926m held for "Unachievement of Savings" will be reviewed as part of the 2024/25 year end exercise, with recommendations presented to the HSCP Board for consideration.
- 3.9** On 4 December 2024, the Scottish Government announced the 2025/26 financial settlements to local authorities and health boards. Both settlement letters, which were presented to the HSCP Board on 28 January, included specific references to funding to be directed to Integration Authorities.
- 3.10** An indicative funding gap of £9.570m for 2025/26 (prior to the application of reserves) was reported to the 28 January HSCP Board.

4. Main Issues

- 4.1** The budget estimates reported January 28th have been continually revised by officers to minimise the requirement for savings programmes and where possible, protect reserves to support financial sustainability in the short to medium term.

- 4.2** Tables 1 and 2 below show the updated budget gap analysis for March 2025 and significant changes since January, including adjustments to demand, inflation and funding assumptions. The budget gap has decreased from £9.570m to £7.766m.

Table 1: Revised Budget Gap Analysis at March 2025

West Dunbartonshire Health and Social Care Partnership - Budget Gap Analysis as at March 2025	Health Care £000	Social Care £000	Total HSCP £000
2024/25 Recurring Budgets	113,415	90,817	204,232
<u>Pay Pressures</u>			
Pay Uplift - assumed at 3%	1,112	2,260	3,372
National Insurance on Directly Employed Staff	834	1,367	2,201
Job Evaluation	0	948	948
<u>Non Pay Budget and Inflationary Pressures</u>			
Children and Families *	4	1,274	1,278
Mental Health, Learning Disability and Addictions	20	(61)	(41)
Community Health and Care (Excluding Homecare)	138	200	338
Resource Transfer	270	(270)	0
Highland SLA Uplift	(168)	0	(168)
Other	(16)	(289)	(305)
<u>National Budget Pressures</u>			
Scottish Living Wage Uplift	0	2,223	2,223
NCHC Further Pressure	0	338	338
<u>Other Budget Pressures</u>			
Adjustment to previously approved savings and efficiency options	663	(351)	312
Prescribing	3,372	0	3,372
2025/26 Estimated Budget	119,644	98,456	218,100
2025/26 Indicative Funding from Partners *	116,665	93,669	210,334
2025/26 Estimated Budget Gap	2,979	4,787	7,766
<i>NI for Commissioned Services not included Above</i>	<i>0</i>	<i>1,427</i>	<i>1,427</i>
* WDC funding includes anticipated undistributed Children's Scottish Living Wage of £0.227m			

- 4.3** The increase in the cost of employers' national insurance contributions for commissioned services is not reflected in the budget gap in Table 2. It is estimated to be approximately £1.427m after a revision to the indicative offer from COSLA for the 2025/26 National Care Home Contract (NCHC).
- 4.4** It should be noted that while this NCHC revision has been incorporated within the 2025/26 estimated budget, no additional funding has been received from the Scottish Government, thus increasing the budget gap.

Table 2: Reconciliation between January and March Budget Gaps

WD HSCP - Reconciliation of Budget Gaps between January and March	Health Care	Social Care	Total HSCP
	£000	£000	£000
Funding Gap as reported to 28 January HSCP Board	4,270	5,300	9,570
Change in Partner Funding Assumptions			
NHSGGC Funding	(305)		(305)
WDC Funding for Employer National Insurance		(681)	(681)
WDC Funding for GAE Indicator Changes		(517)	(517)
WDC Minor Funding changes		(8)	(8)
Revision to Inflationary Assumptions	(99)	(203)	(302)
Resource Transfer Uplift	269	(269)	0
Reduction in Prescribing Pressure	(776)		(776)
Continuation of 2024/25 Prescribing Savings Programme	(230)		(230)
Highland SLA Uplift	(168)		(168)
Employers National Insurance for Directly Employed Staff	834	1,367	2,201
Revision to Children and Families Supported Accommodation Estimates		(200)	(200)
Revision to NCHC Assumptions		338	338
Sheltered Housing Burden		105	105
Reduction to Criminal Justice Burden following Funding Confirmation		(147)	(147)
Revision to Universal Credit Burden to phase in Migration Impact		(110)	(110)
Increase to Non Residential Charging to reflect revised Charging Policy		(46)	(46)
Other Adjustments across Various Services	18	(142)	(124)
2025/26 Estimated Budget Gap	3,813	4,787	8,600
National Insurance 60% Funding	(500)		(500)
Sustainability Fund for National Insurance	(334)		(334)
2025/26 Estimated Budget Gap	2,979	4,787	7,766

Scottish Government – Budget 2025/26

4.5 On 28 January, the HSCP Board reviewed the Scottish Government's 4 December 2024 letters, focusing on their impact on health and social care funding (see Table 3 below).

- **For Health Care** – NHS Boards will receive a 3% increase in baseline funding in 2025/26 to cover pay deal costs and non-pay inflation, plus £150m to support reforms from the 2023/24 Agenda for Change pay deal.

The Health and Social Care Portfolio will transfer £140m to Local Government in 2025/26 to support social care, including:

- £125m for the Real Living Wage of £12.60 per hour for adult social care workers in the third and private sectors.
- £10m for inflationary uplift on Free Personal Nursing Care rates.

- £5m for voluntary sector short breaks funding for unpaid carers, to be paid directly to the third sector, not local authorities.
- **For Social Care** – The Scottish Government aims to “*further simplify and consolidate the Settlement*”, while implementing the Verity House Agreement principles. In relation to funding for Integration Authorities “*the additional funding allocated as General Revenue Grant... 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 substitutonal** to each Council's 2024/25 recurring budgets for delegated adult social care services.*”

Table 3: Scottish Government Funding

Financial Settlement	Scotland Wide	WDHSCP Allocation	Confirmed
	£000	£000	Yes / No
Social Care			
Adult Social Care Pay in Commissioned Services	125,000	2,150	Yes
Free Personal Care and Nursing Services	10,000	96	Yes
Childrens Social Care Pay in Commissioned Services *	13,138	227	No
Children and Young People Community Mental Health	15,000	228	Yes
Scottish Disability Assistance	3,200	70	Yes
	166,338	2,771	

* Anticipated WDHSCP share based on 72% cost allocation

- 4.6** Since the settlement announcement on 4 December 2024, the Scottish Government budget was approved on 25 February 2025. The budget included an additional £144m for local government in relation to the increase to employers’ national insurance contributions. West Dunbartonshire Council’s share is expected to be £2.621m, covering about 50% of the national insurance cost.

2024/25 Financial Performance Update and Review of HSCP Reserves

- 4.7** The 2024/25 Financial Performance Update, detailed in a separate report within this agenda, projects an overspend for the year ended 31 March 2025 of £1.565m. This figure represents the net projection after planned drawdown of earmarked reserves of £2.085m. This projection is used to assess the impact on the overall HSCP reserves position at the close of the financial year, and the potential application of reserves towards addressing some cost pressures in 2025/26, taking into account the implications of the proposed budget balancing options.
- 4.8** The HSCP Board’s Reserves Policy recommends that during the annual budget setting process, the Chief Financial Officer should review the current

level of reserves, estimate the year end position and evaluate their sufficiency considering the medium-term financial outlook.

- 4.9** The HSCP Board's Reserve Policy recommends maintaining a prudent level of general reserve of approximately 2% of the partnership's net expenditure budget. The opening unearmarked reserves balance as at 1 April 2024 was £3.504m (1.63% of the 2024/25 net expenditure budget) compared to the 2% target figure of £4.293m.
- 4.10** The projected 2024/25 overspend of £1.565m is mainly due to cost pressures in Care at Home and GP Prescribing, offset by vacancies and the over achievement of some savings. Without further recovery measures, this overspend will need to be funded by reserves. The final accounts exercise will determine whether this will be unearmarked reserves, release of earmarked reserves, or a combination of both. For this report, it is anticipated to be unearmarked reserves as set out in Table 4 below.
- 4.11** Using unearmarked reserves leads to a projected balance of circa £1.939m (0.90% of the 2024/25 net budget) by March 2025. This is £2.364m below the 2% target, necessitating additional savings options or actions to restore the target in the short to medium term. The next update of the Medium-Term Financial Outlook will explore how this could be achieved.
- 4.12** The 2024/25 Annual Budget Setting Update report recommended the allocation of £1.568m from earmarked reserves to partially balance the 2025/26 budget. This is now £1.562m after a small adjustment. Additionally, it is anticipated that a further £0.700m of earmarked reserves will be applied related to Winter Planning Interim Care (£0.195m), Carers (£0.046m) and the Children's Health and Care Services Strategy "Improving Lives with Children and Young People in West Dunbartonshire, What Would It Take? 2024 – 2029" (£0.459m).
- 4.13** Table 4 below shows impact of the projected outturn on unearmarked reserves and the movement in earmarked reserves from the March Financial Performance Update Report, including those proposed for the 2025/26 budget.

Table 4: Anticipated Reserve 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 Proposed to be Applied to 2025/26	Remaining Balance After 2025/26 Application of Reserves
	£000	£000	£000	£000	£000
Unearmarked	3,504	(1,565)	1,939	0	1,939
Earmarked	15,150	(2,085)	13,064	(2,268)	10,796
Total	18,654	(3,650)	15,003	(2,268)	12,735

- 4.14** The 2% prudential target should be recalculated based on the 2025/26 funding allocations from Council and Health Board. Given potential changes to the indicative allocations in Table 5 and 6 below, based on a total indicative budget of £259.731m less Family Health Services budget of £33.128m, a 2% unearmarked reserve would be £4.532m.

Funding from West Dunbartonshire Council

- 4.15** West Dunbartonshire Council set their 2025/26 budget on 5 March and approved funding for the HSCP Board according to the Scottish Government's "flat cash" directive, including Council's share of £135m for Adult Scottish Living Wage and Free Personal and Nursing Care.
- 4.16** Additionally, the Council allocated a further £1.686m for the 2024/25 pay award (£0.488m), changes in GAE social care indicators (£0.517m), and partial funding of national insurance pressures (£0.681m). The 2025/26 funding allocation has been confirmed the 15 March letter from the Council's Chief Officer – Resources, attached at Appendix 1.
- 4.17** Table 5 below outlines the Council's approved funding, including an estimated £0.227m for Children's Services Pay from the national £13.138m allocation, not yet distributed (see Table 3 above). This allocation is £1.190m higher than that reported to the 28 January HSCP Board

Table 5: Council Approved Funding Allocation to the HSCP Board

West Dunbartonshire Council Funding	£000
Original 2024/25 Requisition	85,029
Adjustments in Year	
Share of £230m Adult Social Care Funding	3,916
Scottish Disability Services	54
Pay - Children Services	343
Share of 2024/25 Pay Award Scottish Government Funding	488
Revised 2024/25 HSCP Requisition	89,830
Children and Young People Community Mental Health	228
Carers Services, Respite Care and Health & Social Care Uplift (including share of real living wage for adults only)	2,150
Personal and Nursing Care for Older People	96
Scottish Disability Assistance	16
Mental Health Renewal and Recovery Officers	(59)
Share of Mobile Phone Contract Saving	(17)
Share of Anticipated 2025/26 Scottish Government NI Funding	681
Share of Additional Local Government Funding to Reflect Increase in GAE Indicators	517
Revised 2025/26 HSCP Requisition	93,442
Undistributed Children's Scottish Living Wage (Assumed HSCP Share)	227
Total 2025/26 WDC Funding Reflected in Budget Gap Analysis	93,669

Justice Social Work (JSW) Services

- 4.18** The funding for Justice Social Work Services comes to the HSCP from the Scottish Government and continues to be ring-fenced solely for the provision of this service.
- 4.19** Funding of £2.838m was confirmed in a letter from the Deputy Director, Community Justice Alex Doig dated 5 March 2025 and is attached as Appendix 2. In 2025/26 there remains an estimated shortfall in the grant of £0.082m the cost of which is included within Table 1. Plans will be developed to manage this service within the funding available for future years.

Funding from NHS Greater Glasgow and Clyde

- 4.20** Given the nature of the monthly financial allocations made by the Scottish Government to Health Boards, the final recurring roll-forward position will be confirmed in April 2025, post month 12 finalisation and formal confirmation from the Health Board. Table 6 below provides the indicative budget contribution and the offer letter is attached as Appendix 3.

Table 6: NHSGGC Indicative Funding Allocation to the HSCP Board

Indicative Funding Allocation based on Month 9	£000
Recurring 2024/25 Health Care Budget (See Health letter, Appendix 3)	113,449
NHS 3% Uplift on Eligible Services (i.e. Excludes FHS)	2,417
2025/26 Budget Contribution for Health Care	115,866
Adjustment for Enhanced Mental Health Outcome funding hosted by East Renfrewshire	(35)
National Insurance 60% Funding from Scottish Government	500
National Insurance 40% Funding from NHSGGC Sustainability Fund	334
2025/26 Revised Indicative Budget Contribution for Health Care	116,665
Notional 2025/26 Set Aside Budget	46,348

Financial Risks and Uncertainties

- 4.21** Table 1 above sets out a summary of the key component cost pressures considered as part of the 2025/26 revenue estimates exercise. The following sections expands on the content, uncertainties and risk related to these pressures and mitigation that could be applied.

Pay

- 4.22** Health and social care pay increases are one of the main risk areas for the HSCP as 2025/26 pay uplifts and the potential levels of funding are unknown at this time. The Scottish Government's Public Sector Pay Policy, published on 4 December 2024 sets out a multi-year framework based on a 9% pay

envelope covering 2025/26, 2026/27 and 2027/28 with flexibility for employers to configure three-year proposals within the 9% pay envelope.

- 4.23** For Social Care, the budget estimates assumes a 3% pay pressure for Council employed staff. As set-out in Table 1 above, this equates to a cost pressure of £2.260m, with every additional 1% costing circa £0.753m.
- 4.24** For Health, the budget estimates assumes a 3% fully funded pay pressure for Health Board employed staff. As set-out in Table 1 above, this equates to a cost of £1.112m with every additional 1% costing circa £0.371m.
- 4.25** The Scottish Government have historically funded health staff pay increases beyond public sector pay policies, including the 2024/25 pay deal. According to the NHSGGC Assistant Director of Finance's letter on 6 March (Appendix 3), any additional funding negotiated for 2025/26 that exceeds the 3% already allocated will be transferred to the HSCP.

Increase to Employers National Insurance Contributions

- 4.26** The UK Budget announced on 30 October 2024, increased Employers National Insurance Contributions from 13.8% to 15%, effective from 1 April 2025. The tax threshold for employer's contributions will be reduced from £9,100 to £5,000 per year. Table 1 shows the estimated cost pressures for directly employed Health Care and Social Care staff at £0.834m and £1.367m respectively.
- 4.27** As highlighted in section 4.16 above, the Council has committed to pass through a proportionate share of the funding it will receive from the Scottish Government. However, while welcome, the £0.681m will only cover circa 50% of the increased cost in employer's national insurance contributions. This shortfall has been factored into the budget estimates, however until the Council receives confirmed funding there remains a financial risk.
- 4.28** Table 1 above highlights the estimated cost of increased employer's national insurance contributions for commissioned services, excluding external care homes, is £1.472m. This is a risk as it is not factored into the budget gap. If no additional funding, commissioned services will have to absorb this cost or the HSCP may need to consider reducing services or revising eligibility criteria.
- 4.29** Table 6 above shows the total indicative 2025/26 funding allocation from NHSGGC. It notes that 60% (£0.500m) of the cost for increased employer's national insurance contributions is expected to be funded by the Scottish Government. The remaining 40% (£0.334m) is anticipated to be covered by the sustainability fund, to be made to Health Boards, to be applied at their discretion.

Inflationary Uplifts and Policy Commitments

- 4.30** The Scottish Government has increased the living wage for adult social care workers from £12.00/hr to £12.60/hr, an increase of 5%. Details on the

national weightings of contract values are provided in the 11 March 2025 letter from the Director of Social Care and National Care Service Development, Scottish Government, found in Appendix 4.

- 4.31** Additionally, the Scottish Government has allocated £13.138m to increase the living wage for commissioned children's social care workers. Though undistributed currently, this funding is included within the total Council's indicative funding. Correspondence regarding its application will follow once distributed.
- 4.32** Tables 3 and 5 above details the HSCP shares as £2.150m and £0.227m respectively and both funding announcements are fully committed in 2025/26 covering the 5% weighted uplift on current levels of commissioned services and increases to personal assistants.
- 4.33** The funding provided falls short of the national weightings, with Table 1 showing a Scottish Living Wage pressure of £2.561m against anticipated funding of £2.377m, creating a £0.184m shortfall. There is a risk that providers might also request additional uplifts to cover increases in employer's national insurance contributions. The HSCP Commissioning Manager will work with providers and relevant teams to scrutinise and minimise any extra funding requests in line with available budget.
- 4.34** There is an associated risk with the 2025/26 National Care Home Contract (NCHC) negotiations. Scotland Excel, COSLA and HSCP CFOs continue to work with care home sector representatives to agree on a fair deal that recognises the significant financial pressure all sectors are under. In early March a firm offer of 5.79% and 6.79% was made to Scottish Care in relation to Nursing and Residential rates respectively, with the Nursing rate subject to review following Agenda for Change uplifts. The current HSCP estimates reflect this offer. Should the care home sector decline the offer, each additional 1% increase beyond this equates to an additional cost pressure of circa £0.146m.

Current 2024/25 Demand Continuing into 2025/26

- 4.35** The Scottish Government acknowledged the pressures faced by local government and provided real term protection of the General Revenue Grant through additional funding of £289m to support local priorities. West Dunbartonshire Council budget's report confirmed that this provided them with £4.820m of uncommitted Revenue Support Grant, of which 10.7% or £0.517m was to be passed to the HSCP Board to align with increases to Social Care, GAE Indicators.
- 4.36** While welcome this is the first demographic funding allocation from the Council since 2019 and only partially compensates for current pressures. While the Medium Term Financial Outlook contained an estimate of future demographic pressures, the scale of the funding gap could not support this. As a consequence, the draft estimates for 2025/26 do not include any costs

associated with new demographic growth but only makes provision for current 2024/25 demand continuing into 2025/26.

- 4.37** Regular financial performance reports for the 2024/25 financial year, have shown that actual costs exceeded budgets in areas like Children and Families placements; staffing costs for Internal Care Homes; Care at Home overtime and agency costs, and GP Prescribing (offset by turnover in other health services).
- 4.38** Table 1 above shows a total of £1.274m in pressures for Children and Families of which community and residential placements pressure equate to £1.209m. While this pressure has remained essentially unchanged since the start of the 2024/25 financial year it has been offset by turnover and reduced supported accommodation costs.
- 4.39** The turnover savings reflect ongoing challenges in recruiting qualified children's social workers and efforts to redesign children and family services, including a review of staffing structures and implementing the "What Would it Take" strategy, with some savings extending into 2025/26.
- 4.40** A report on allowances for kinship carers and young people is included separately in this agenda, and an update on the "What Would it Take" strategy will be presented to the HSCP Board in August 2025.
- 4.41** The Care at Home Review continues to progress; however, the pace in 2024/25 has been affected by the increasing frailty of service users, job evaluation processes and high levels of staff sickness at all levels. These issues have been managed through additional overtime and agency work. The financial consequences of this, alongside savings targets are well documented within regular financial performance reports. As stated in section 3.8 above, it remains the service's responsibility to achieve previously approved savings.
- 4.42** The 2025/26 budget estimates have been constructed using a zero-based approach, taking into consideration the staff structure outlined in the redesign and employees who will transition to the new staffing rotas by April 2025. While circa 27% of staff will not move to new rotas until April 2026, the efforts thus far should ensure that the 2025/26 budget sufficiently funds the anticipated planned hours of care. This should reduce reliance on premium rate overtime and use of agency staff for full service delivery.
- 4.43** The 2024/25 pressures, amounting to £0.139m for all other adult social care packages, will carry forward into 2025/26 as shown in Table 1. This relatively low figure is reflective of all the work carried out throughout 2024/25 to assess individual service user's outcomes against the SDS principle of "Just Enough Support". Any new packages of care will have to be managed within existing resources. An update on Phase One of the Learning Disability Review is contained within a separate report to this agenda.

Primary Care Improvement Programme Funding

- 4.44** In addition to the Health baseline recurring budget allocation and the financial gap set out in Table 1, the HSCP receives an annual ring-fenced non-recurring allocation from Scottish Government for the delivery of the Primary Care Improvement Programme, (PCIP).
- 4.45** The PCIP allocation for 2024/25 was £3.355m and is expected to remain the same for 2025/26. The estimated cost of delivery of PCIP in 2025/26 is £3.675m, resulting in a cost pressure of £0.320m. To address this and to remain in financial balance within the ring-fenced Scottish Government PCIP Allocation, proposed cost containment measures recommended by the PCIP Steering Group include setting a turnover savings target of £0.090m for all directly employed PCIP staff, reallocating £0.070m from additional Health Board Vaccination Programme funding, and reducing commissioned services by £0.160m related to Community Link Workers.
- 4.46** The PCIP cost pressure mainly arose due to the removal of earmarked PCIP reserves, which offset Scottish Government PCIP allocations in 2023. This affected planned short-term investments like additional Community Link Workers. Since 2023, turnover and vacancy management processes have contained this funding shortfall, but further measures are needed to ensure PCIP expenditure meets allocated funds without harming the wider HSCP financial position.

Primary Care Prescribing

- 4.47** Prescribing is the largest singular budget delegated to the HSCP at £21.787m. The management of such a budget is highly complex and significantly impacted by global price inflation, as the majority of drugs are imported.
- 4.48** Throughout 2024/25 the projected costs of prescribing have exceeded the available budget by as much as £2.2m, before falling to circa £1.1m as per the latest month 10 information. This shortfall must be addressed in 2025/26 before taking account of any further increases in both costs and volumes.
- 4.49** Traditionally West Dunbartonshire performs favourably in comparison with the other GGC HSCPs in average cost and volume levels per patient. However, West Dunbartonshire's strategic needs assessment sets out the significant impacts the burden of disease places on individuals. In 2024/25, while the average cost per item reduced in the latter months by 2.3%, volumes have increased by an average of 4%. Projections for UK and global inflation levels remains volatile and must be factored into 2025/26 projections. Table 1 above details the revised anticipated cost pressure, with Table 2 highlighting the positive impact of 2024/25 efficiency programmes. Overall a £3.372m pressure must be managed in 2025/26.
- 4.50** Over the year work has been ongoing in respect of a clinically led approach to cost containment and volume control as part of an NHSGGC system wide

approach and one that is built up from prescribing patterns of individual GPs. Total savings of £1.332m were applied to the 2024/25 revenue budget. These savings have been regularly tracked, and it is forecast that circa 81% at £1.078m will be achieved in 2024/25 which is 10% higher than the Health Board average of 71%. Work continues to maximise these savings and where they have been phased in during 2024/25 a full year effect is anticipated in 2025/26.

- 4.51** While the direction of travel within prescribing is encouraging it must be recognised that the delivery of prescribing programmes are predicated on a number of factors including the availability of pharmacists, GP and other multi-disciplinary team prescribers to undertake individual patient reviews which include reassuring patients of the efficacy of any switch.
- 4.52** New prescribing savings are anticipated to deliver a further £0.570m of savings as set out in Table 7, as part of the recommended measures to close the HSCP budget. These efficiencies, along with the application of the full earmarked prescribing reserves of £0.972m, will mitigate the prescribing pressure in 2025/26.

Closing the Revised Budget Gaps

- 4.53** Further scrutiny and analysis has been undertaken to minimise the projected budget gaps set out in Table 1 above. Any further management action, savings options or application of reserves have been considered in line with the strategic priorities set out in the “2023 - 2026 Strategic Plan: Improving Lives Together and recommendations are detailed within Table 7, with detailed breakdowns available within the accompanying appendices on management adjustments (Appendices 5 to 7), savings proposals (Appendices 8 to 10) and application of reserves (Appendix 11). It should be clearly understood by the HSCP Board that a number of these measures are non-recurring and unless additional funding is provided in the future, recurring measures will impact on permanent staffing levels and reductions to services.
- 4.54** The proposals set out in Table 7 below would allow the HSCP Board to set a balanced budget based on the indicative funding offers and estimated costs of delivering delegated health and social care services in 2025/26.

Chief Social Work Officer Commentary

- 4.55** In the preparation of this report a number of management adjustments and savings options were developed for consideration. All options were subject to robust challenge by the Senior Management Team, Chief Social Work Officer (CSWO), Chief Nurse, Clinical Director and the Allied Health Professional Lead. Following the challenge process some initial options have been discounted at this time based on professional opinion and advice. However, given the future funding gaps set-out in the Medium Term Financial Outlook, all options will be revisited in the coming months.

- 4.56** The CSWO provides professional advice and contributes to decision-making in the local authority and the Health and Social Care Partnership (HSCP) regarding statutory social work services. The CSWO ensures that the council and HSCP balance need, risk, and human rights according to professional standards.
- 4.57** The CSWO must be confident that the council and HSCP can meet their statutory duties within the available budget. Services for existing users cannot cease if there is a statutory duty to deliver them, and any reduction in services must consider the risk impact on individuals.
- 4.58** Support for service users is based on assessed need, and changes to support packages require an updated assessment. There is a legal duty under section 12A of the Social Work (Scotland) Act 1968 to assess any adult over 18 who may need services. Similarly any child requires to have concerns about their wellbeing investigated and support implemented where a risk of harm is assessed as defined in the Children's (Scotland) Act 2015.
- 4.59** Failure to align assessed need with required care and support would result in the Council breaching its statutory duty. There is a risk that budgetary pressures may curtail new demand for services, increasing waiting times beyond immediate and emergency responses.
- 4.60** Actions to mitigate budgetary pressures are ensuring that statutory functions continue to be delivered, with no anticipated increase in delay to service access. Strengthened self-evaluation in relation to quality of service is key to ensuring that professional standards are met and that services continue to be person-centred and able to meet identified need underpinned by robust assessment and planning.
- 4.61** To achieve a balanced budget, expenditure reduction is necessary. In children's services, cost reductions are based on shifting care to community-based services, disinvesting in care provision, reducing costs, and improving outcomes for families. In adult services, strengthened oversight on assessment and care packages aligned to assessed need enables identification of efficiencies.
- 4.62** The CSWO highlights the significant risks associated with not approving a budget, which would result in an inability to prioritise those with the highest level of need. The presented budget aims to minimise and mitigate the impact of reductions as much as possible.

Table 7: Closing the Revised Budget Gap

West Dunbartonshire Health and Social Care Partnership - Budget Gap Analysis as at March 2025	Health Care £000	Social Care £000	Total HSCP £000
Revised 2025/26 Budget Gap before Options	2,979	4,787	7,766
Previously Approved Application of Reserves			
Prescribing	(485)		(485)
Winter Planning Funding - Interim Care		(195)	(195)
Winter Planning Funding - Enhance Care at Home		(521)	(521)
Covid-19 Support to women & children in recovery from Domestic abuse		(56)	(56)
Complex Care Packages/Supporting delay discharges		(500)	(500)
Carers Reserve		(46)	(46)
What Would It Take		(459)	(459)
Total Application of Reserves Previously Approved	(485)	(1,777)	(2,262)
Please refer to Appendix 11 for details			
Revised 2025/26 Budget Gap after Reserves	2,494	3,010	5,504
Management Adjustments			
Please refer to Appendices 5 to 7 for full details	(862)	(1,699)	(2,561)
Revised 2025/26 Gap after Management Adjustments	1,632	1,311	2,943
Savings Options			
Please refer to Appendices 8 to 10 for full details	(772)	(1,216)	(1,988)
Revised 2025/26 Budget Gap after Savings Options	860	95	955
Proposed Further Application of Reserves			
Prescribing	(487)		(487)
Alcohol and Drugs Partnership	(300)		(300)
Total Further Application of Reserves Proposal	(787)	0	(787)
Please refer to Appendix 11 for details			
Revised 2025/26 Budget Gap after Application of Reserves	73	95	168
Further Management Actions to be underwritten by Unachieved Savings Reserve	(73)	(95)	(168)
Revised 2025/26 Budget Gap if all Options Agreed	0	0	0

- 4.63** As covered in the “Financial Risks and Uncertainties” section above, delivery of the range of options do not come without risk, and as such a number of the adjustments related to additional turnover and the temporary non filling of vacancies are assumed for one year only. Turnover targets have always been factored in health and social care budgets and formed part of the original delegated budgets. They range from 1% to 4.5% depending on frontline or support services and over the last three years they have been exceeded

across a range of services. This situation is not unique to West Dunbartonshire and is one of the main contributory factors in all Scottish HSCPs continuing to hold reserves, albeit they are reducing year on year, across a range of Scottish Government policy commitments. Therefore, together with all the other uncertainties around inflation and pay, increasing turnover targets, where appropriate, in 2025/26 is considered a reasonable approach in the short term.

Other Integrated Budgets in Scope

- 4.64** 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 which should be delegated to Integration Authorities.
- 4.65** As covered within the regular financial performance report, these budgets are currently held within Council's 'Roads and Neighbourhood' and 'Housing and Employability' Services and are managed on behalf of the HSCP Board. The 2025/26 budgets approved by Council on 5 March 2025 are detailed below, including the impact of approved savings:
- Aids and Adaptations - £0.080m (unchanged)
 - Care of Gardens - £nil (reduced from £0.227m)

Capital

- 4.66** West Dunbartonshire Council approved their refreshed 10 year capital plan on 5 March 2025. While the updated Capital Plan has some changes to projects from the previous plan agreed in March 2024 due to projects coming to the end of their natural life and reprofiling of ongoing projects as a consequence of a formal review carried out during 2024/25 there are no changes to HSCP capital projects.
- 4.67** The phasing of the approved HSCP capital budgets from 2024/25 to 2033/34 are detailed in Table 8 below.

Table 8: Social Care Capital Budgets 2024/25 to 2033/34 (Extract from Council 5 March 2025 Budget Setting Report)

HSCP Capital Projects	Forecast Spend 2024/25 £000	Budget 2025/26 £000	Budget 2026/27 £000	Budget 2027/28 £000	Budget 2028/29 £000	Budget 2029/30 to 2033/34 £000	Budget 2024/25 to 2033/34 £000
Special Needs and Adaptations	867	767	767	767	767	3,597	7,532
ICT Modernisation	50	141	259	259	200	937	1,846
Community Alarms Upgrade	273	339	40	40	40	235	967
Total	1,190	1,247	1,066	1,066	1,007	4,769	10,345

5. Options Appraisal

5.1 None required for this report.

6. People Implications

6.1 Since the establishment of the HSCP Board in 2015 there has been significant investment in the workforce that supports the delivery of HSCP services, through specific policy funding, service redesign and use of reserves. However, the challenging financial climate has required management adjustments and savings options to be considered which will result in a reduction in staffing. Appendices 5 and 8 sets out the expected Full Time Equivalent (FTE) impact as 3.4FTE and 37.2FTE respectively.

6.2 Where possible these reductions will be delivered through vacancy management or redeployment in line with both Council and Health Board Organisational Change Policies.

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 HSCP Board faces significant financial and service risks in 2025/26 and beyond. Short term and one-off measures such as increased turnover, non-recurring funding (employers' superannuation benefits) and using reserves to meet financial deficits will not be available in future years. Recurring savings programmes will have to be developed at pace and will affect all HSCP services, impacting both on staff and the communities we serve.

8.2 Other risks in relation to the current and future years include:

- Continued volatility in, and increasing demographic pressures, for some key social care and community services, including the cost of complex care packages;
- No scope to fund new demographic/demand pressures with flat-cash funding settlements (excluding specific pay and policy funding). Services will have to manage any new demand pressure within existing budgets. This risk is estimated at £1.6m as detailed within the Medium Term Financial Outlook;
- Embedding of robust commissioning and contract monitoring processes to ensure Best Value and quality of service delivery;
- Service redesign programmes failing to deliver recurring savings;
- Financial sustainability and the ongoing need to ensure the reserves strategy is prudent and serves the needs of the HSCP;
- The depletion of both earmarked and unearmarked reserves to maintain current levels of service activity.

- Movement to Universal Credit for those in receipt of Kinship Care;
- Delivery of targets and outcomes such as delayed discharge and waiting times;
- Managing demand and the impact of legislative changes;
- Implications from consumption of hosted services if current arrangements are revised;
- Volatile prescribing costs and volumes along with potential short supply prescribing pressures and the inability to deliver on efficiency programmes;
- The financial impact of cost-of-living pressures, including the impact on Scottish Living Wage and both local authority and health pay uplifts;
- Implementation of the Safer Staffing Act and associated cost implications;
- Ongoing Agenda for Change non pay agreements to reduce the working week for AFC staff to 36 hours per week by April 2026;
- 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;
- Uncertainty around funding local authority and health pay uplifts; and
- Uncertainty around the further funding in relation to the increase to employers' national insurance contributions in relation to both direct staffing costs and indirect costs potentially passed on from commissioned service providers.

9. Equalities Impact Assessment (EIA)

- 9.1** Equality impact assessments are attached at Appendices 7 and 10 to this report.

10. Environmental Sustainability

- 10.1** None required.

11. Consultation

- 11.1** This report and the projections and assumptions contained within it has been presented for consideration at a range of budget information sessions with HSCP Board Members, Joint Staff Forum and Council and Health Board senior officers.

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 2025/26 indicative budget allocation for core health and social care services are set out within a direction at Appendix 12 to both West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board.

Julie Slavin – Chief Financial Officer

Date: 17 March 2025

Person to Contact:

Julie Slavin – Chief Financial Officer
 Telephone: 07773 934 377
 E-mail: julie.slavin@ggc.scot.nhs.uk

Appendices:

Appendix 1 – Letter from West Dunbartonshire Council's Chief Officer – Resources

Appendix 2 – Letter from Deputy Director, Community Justice (Scottish Government) regarding Justice Social Work Services – Allocation of Grant for 2025/26

Appendix 3 – Letter from Assistant Director of Finance-Financial Planning & Performance (NHSGCC)

Appendix 4 - Letter from Director of Social Care and National Care Service Development Directorate regarding Adult Social Care Uplift

Appendix 5 – Management Adjustments Summary

Appendix 6 – Management Adjustments Detail

Appendix 7 – Management Adjustments Equality Impact Assessments

Appendix 8 – Savings Options Summary

Appendix 9 – Savings Options Detail

Appendix 10 – Savings Options Equality Impact Assessments

Appendix 11 – Proposed Reserves Application

Appendix 12 – Directions

Background Papers: 2025/26 Annual Budget Setting Update (Revenue Estimates) – 28 January HSCP Board

Localities Affected: All

Council Offices
16 Church Street
Dumbarton
G82 1OL

Date: 15/03/25

Dear Beth

Subject: 2025/26 HSCP Requisition

West Dunbartonshire Council agreed its budget for the financial year 2025/26 on 5 March 2025.

In setting the budget, Council agreed total funding to the West Dunbartonshire HSCP of £93.442 million as detailed below.

2025/26 HSCP Requisition

	£000
24/25 Requisition	85,029
Adjustments in year	
Share of £230m Adult Social Care Funding	3,916
Scottish Disability Allowance	54
Pay Children's services	343
Share of 24/25 Pay Award	488
Revised 24/25 HSCP Requisition	89,830
Children and Young People Community Mental Health	228
Carers Services, Respite Care and Health & Social Care Uplift	2,150
Personal and Nursing Care for Older people	96
Scottish Disability Allowance	16
Mental Health Renewal and Recovery	- 59
Share of Mobile Phone Contract Saving	- 17
GAE Indicators	517
NI Funding	681
Agreed 25/26 HSCP Requisition	93,442

Additional funding will be passed through to the HSCP in relation to the outstanding Children's Living Wage once the distributed amount has been confirmed by the Scottish Government.

Yours Sincerely



Laurence Slavin
Chief Officer
West Dunbartonshire Council

Justice Directorate
Community Justice Division

Alex Doig, Deputy Director
Community Justice



Director of Finance
West Dunbarton Council

cc: Justice Social Work Manager

05 March 2025

Dear Director of Finance

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

The funding allocation for Justice Social Work (JSW) services was included in the Scottish Government's draft budget for 2025-26, which was approved by the Scottish Parliament on the 25th February 2025.

This budget includes additional investment of £5 million in justice social work and £15 million of continued funding which was provided to support Covid recovery efforts and bail services, which will now be baselined and reoccurring for future years to help build capacity in justice social work services.

A total of £3.1 million, will also be repurposed. This includes £1.5 million of funding which is linked to the decommissioning of a justice social work third sector legacy service and £1.6 million of funding from the bail supervision and structured deferred sentences incentivisation schemes, which end on 31 March 2025. The new investment and the baselining of £15 million builds on the £11.4 million of new investment provided in 2024-25.

I am writing to let you know your grant allocation based on the approved budget and the process for claiming this funding for the delivery and commissioning of JSW services for the financial year 2025-26. This will allow the planning process to commence in respect of services and prioritisation of funding in advance of the start of the financial year.

The distribution methodology for 2025-26 excludes workload data for those years most affected by the pandemic (i.e. 2021-22) to avoid data which has been significantly affected being used in the funding formula calculation. This approach has been agreed by COSLA with no Councils being disadvantaged as a result of any temporary fluctuations in workload.

Applying this formula, against the budget available provides a grant allocation of funding for your Council of **£2,838,155**.

This allocation includes a share of £2.5 million of investment to support the commissioning of third sector justice services in line with previous years. It will be for the local authority areas working with justice partners and third sector to target this funding in collaboration. As was the case last year, in the relevant local authority areas the allocation includes funding for the Caledonian Women and Children's Service Equality Programme and the Caledonian Women and Children's Service Violence Against Women & Girls Programme. This has been included as part of the overall allocation for ease of financial administration.

The funding for the Caledonian Programme is currently being reviewed by a Funding Review Group and in discussions with COSLA, with a view to moving towards a more data driven allocation. The outcome of this review will not be known until early 2025/26 and we will provide an update on this separately. Any changes in Caledonian funding, if supported, will not negatively impact on the resources allocated 2025/26.

I have included further information below on:

- Section 1: Legislative basis for justice social work funding and the National Strategy for Community Justice
- Section 2: An overview of the discretionary and non-discretionary funding available.
- Section 3: Funding for Intensive Support Packages (ISPs) and Virement
- Section 4: Demand-led funding for Bail Supervision and Structured Deferred Sentences
- Section 5: Audit and grant administration arrangements

Section 1 –The legislative basis for justice social work funding and the National Strategy for Community Justice

This section includes specifically allocated funding for those relevant local areas delivering the Caledonian Women and Children's Service Equality Programme and the Caledonian Women and Children's Service Violence Against Women & Girls Programme.

This ring-fenced grant is provided under sections 27A and 27B of the Social Work (Scotland) Act 1968. This is being provided to allow your Council to discharge its statutory duties in delivering JSW services and to work towards preventing and reducing further offending in line with your Community Justice Outcome and Improvement Plans (CJOIPs).

The funding for the Caledonian Women and Children's Service Equalities Programme is administered under Section 111 of the Criminal Justice and Licensing (Scotland) Act 2010. The funding for the Caledonian Women and Children's Service Violence Against Women & Girls Programme this is administered under Section 169 of the Criminal Justice and Public Order Act 1994.

When prioritising this funding JSW must have regard to the [Community Justice \(Scotland\) Act 2016](#) ("the Act") which places a duty on the statutory partners to have regard to the [National Strategy for Community Justice](#) when developing their plans. The Strategy is to help partners to prioritise key areas which they will address in partnership, through an approach which is outcomes-focused and is based on evidence.

The Act also provides the statutory basis to monitor continuous improvement through effective planning and performance management. A key element of this is the [Community Justice Performance Framework](#), which sets out nationally determined outcomes and indicators to support local planning and reporting.

Section 2 – An overview of the discretionary and non-discretionary funding available

The funding available under the legislative basis for JSW funding is made up of two elements and details of this are set out below.

Part one – Flexible grant element

The make-up of part one of this funding is derived from JSW workloads, Rurality and the Social and Economic Cost of Crime and is set out in **Annex A**. Each local authority has flexibility to utilise this funding, working in partnership with other statutory partners and the third sector, to meet local community justice priorities, in accordance with their CJOIPs and ensuring they fulfil relevant statutory obligations relating to the provision of JSW services to prevent and reduce further offending.

New investment to bolster additional capacity

This part includes a portion of the new investment which aims to support an increase in the capacity of JSW services in line with the Vision for Justice and National Strategy for Community Justice.

Part two - (Non-Discretionary) funding for the delivery of key services and programmes

The second part of this funding is intended to help support effective interventions and improvements in the priority areas highlighted, including funding for key programmes and services agreed by Ministers. Flexibility to direct this funding, working in partnership with relevant bodies, still exists for these areas, however the funding identified under **Annex B** should be utilised under the relevant headings. Any underspends should be declared, as this is not service specific delivery funding which falls under flexible resources identified under **Annex A**. This funding is additional to the workload component in Part 1 of the grant.

This funding covers a range of services and programmes, some of which may be specific to an area and not delivered pan- Scotland.

For your area this includes:

Women Services funding

The local authority share of funding is £1.5m, which was new funding introduced in 2017-18 for bail support for women with a view to reducing remand numbers and includes flexibility to support other interventions for women in the justice system. This is specific funding to support women in the justice system, focused on reducing remand and use of short-custodial sentences, and periodic local authority updates may be required to inform Scottish Ministers of how this funding has been utilised.

Additional funding for community-based interventions

This includes £5.5 million funding originally allocated in 2018-19 to support JSW in preparation for an expansion of community sentencing, including any impact from the presumption against short sentences (PASS) and the development of electronic monitoring. This funding will continue in 2025-26.

In 2020-21 further funding of £4 million was approved to help build further capacity around bail supervision, and to help support and improve the use of and delivery of alternative non-custodial interventions such as structured deferred sentences and diversion from prosecution. This funding will also continue in 2025-26 and periodic local authority updates may be required, to inform Scottish Ministers of how this funding has been utilised.

Section 3 - Intensive Support Packages (ISPs) and Virement:

Each Local Authority will be expected to meet the costs of monitoring individuals on ISPs from within their Section 27 flexible funding allocation. This includes provision for third sector services commissioned, including any initial set-up costs pertaining to the ISP.

LAs should continue to plan and make provision to fund ISPs in their area in the same way as they do currently. In the event that assistance with an ISP is required from the Scottish Government then the LA must submit a claim to seek approval in principle, when cases are identified in-year, for planning purposes and follow existing guidance. ISP claims will only be considered at the end of the financial year, where these cannot be met from the JSW grant. LAs will still be expected to meet at least 10 per cent of the cost from the JSW funding grant identified in **Annex A**. Late claims received may not be approved, as funding will be committed against those ISPs approved in principle in-year.

As is currently the case, LAs will be expected to evidence that they cannot meet more than 10 per cent of the cost of the ISP, prior to any support for assistance with an ISP being sought.

The Director of Finance will be required to sign off the ISP claim to confirm that the Local Authority is unable to meet costs from their Section 27 funding identified under **Annex A** at the end of the financial year end. This should be submitted with any ISP invoices which confirm costs incurred.

Section 4 - Demand-led funding

Bail Supervision:

The Bail Supervision incentivisation scheme will end on 31 March 2025. In agreement with COSLA transitional funding has been provided, based on workloads reported 2023/24. This funding will be available for 2025/26 and 2026/27 and will be tapered (reduced by 25% each year) as mainstream funding for these services, through the funding distribution model, will include provision in future years.

National Guidance on Bail Supervision was published in May 2022 and is available at [Bail Supervision: National Guidance](#)

Structured Deferred Sentences:

The Structured Deferred Sentences incentivisation scheme will end on 31 March 2025. In agreement with COSLA, and in line with the Bail incentivisation scheme, transitional funding has been provided, based on workloads reported 2023/24. This funding will be available for 2025/26 and 2026/27 and will be tapered (reduced by 25% each year) as mainstream funding for these services, through the funding distribution model, will include provision in future years.

National guidance on Structured Deferred Sentences is available at: [Structured Deferred Sentences: Guidance](#)

Section 5 - Audit and Grant administration arrangements

Audit Arrangements – accounting for grant funding

Following the disestablishment of Community Justice Authorities, local authorities are not required to keep separate financial accounts for Section 27 funding. Audit arrangements however will continue at a local level, as this funding is ring-fenced and will need to be accounted for separately. In future this funding or spend could be subject to audit, given the nature and specific focus of this funding.

A breakdown of the total funding available to justice social work services has been provided in **Annex C**. This includes the budget lines, identifying the source of funding in the published Scottish Government budget for 2025/26.

Arrangements for payment of grant

Grant funding for Section 27 will be paid in monthly instalments from May 2025. The funding will be paid by the 10th working day of each calendar month.

In April 2026, the final monthly grant payment will be released following examination of the final quarterly report which will confirm spend to date and any underspend/overpayments. The Director of Finance will be required to confirm that the terms and conditions of grant have been complied with, identify any underspend of grant, and repay any amounts to the Scottish Government.

Please contact Stephen Harper (Stephen.Harper@gov.uk) if you have any queries.

Yours sincerely



Alex Doig
Deputy Director | Community Justice | Scottish Government



Scottish Government
Riaghaltas na h-Alba
gov.scot

West Dunbarton Council

Part 1 – (Flexible grant) - Funding for delivering statutory Justice Social Work services

Section 27 Justice Social Work (JSW)	
The main JSW grant derived from the funding formula	£1,829,736
JSW funding investment to support capacity building derived from the funding formula ¹ .	£665,515
Total funding determined under flexible grant	£2,495,251

Notes:

¹ This includes RRT covid recovery funding which has been baselined and will be recurring in future years. Subject to the annual SG Budgetary process.

Part 2 (Non-Discretionary) - Specific targeted funding for Community Sentences and Women's Services including key programmes and services agreed by Ministers.

Section 27 Justice Social Work (JSW)	
Specifically targeted funding (for services highlighted)	
Community interventions and PASS funding	£114,646
Women Services Funding (Bail support for women with a view to reducing remand numbers.)	£31,267
Additional funding to support Bail Supervision, Diversion from Prosecution and Structured Deferred Sentences	£83,379
Funding to support the commissioning of third sector services (Local authority areas working with justice partners and third sector to target this funding in collaboration)	£52,112
<ul style="list-style-type: none"> Bail Supervision (transitional funding) ^{2.} 	£30,000
<ul style="list-style-type: none"> Structured Deferred Sentences (transitional funding) ^{2.} 	£31,500
Part 2: Total of specifically targeted funding	
	<u>£342,904</u>

Total funding Parts 1 & Part 2 combined

Section 27 Funding for JSW Services ^{1.}	2025-26
As notified on 05 March 2025.	<u>£2,838,155</u>

Notes:

1. The funding includes provision for commissioning third sector services, aimed at reducing reoffending.
2. This Bail and SDS incentivisation funding ending on 31 March 2025. This funding attributed, is based on the Bail and SDS workloads reported in 2023/24 to support transition of the scheme ending. This funding has now been mainstreamed and is workload determined.

Background information on the total Budget allocation for Justice Social Work Services for 2025-26.

The funding referred to below includes total funding allocated to community justice for the delivery of justice social work services.

From the Scottish Government budget published, this is drawn from:

- i. Central Government Grant to Local Authorities £86,450,000
- ii. Offender Services budget – Community Justice Services and Programme Costs £54,931,326

The total budget allocated for JSW services is £141,381,326, this includes:

<u>Core JSW funding</u>	<u>£87,779,169</u>
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<u>JSW capacity building funding (baselined)</u>	<u>£31,927,196</u>
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New investment 2024/25	£11,400,000
New Investment 2025/26	£5,000,000
RRT funding Baselined 2025/26	£14,000,000
Legacy funding redistributed to support capacity	£1,527,196

<u>Double ring fenced funding</u>	<u>£13,500,000</u>
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Community Sentences and PASS	£5,500,000
Women's Services & Bail	£1,500,000
Bail, SDS and Diversion	£4,000,000
Third Sector Commissioning	£2,500,000

Outwith Section 27 funding formula calculation

<u>Double ring fenced Targeted funding</u>	<u>£5,542,861</u>
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This includes provision for, Caledonian, MAPPA, ViSOR and legacy funding

<u>Demand Led funding</u>	<u>£2,632,100</u>
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Incentivisation scheme Bail Supervision	£1,649,600
Incentivisation scheme SDS	£982,500

A total of £1,910,118 is allocated for Caledonian services for women, this is in addition to the above JSW funding totals as this falls outwith Section 27, legislation.

Greater Glasgow and Clyde NHS Board

JB Russell House
Gartnavel Royal Hospital
1055 Great Western Road
GLASGOW
G12 0XH
Tel. 0141-201-4444
www.nhsggc.org.uk

Date: 6th March 2025
Our Ref: FMcE

Enquiries to: Fiona McEwan
Direct Line: 07957638165
E-mail: fiona.mcewan@ggc.scot.nhs.uk

Dear Beth

2025/26 Indicative Financial Allocation to West Dunbartonshire Health and Social Care Partnership

Further to initial informal discussions with Chief Officers and Chief Finance Officers, I am writing to you with an indicative budget proposal for 2025/26. An update to this letter formally confirming your final allocation for 2025/26 will be issued on behalf of the Board after the Board's financial plan has been approved at the April board meeting and when the Board's financial out-turn is confirmed along with further clarification on the totality and distribution of the pay awards and other funding allocations have been determined.

Annual uplift to NHSGGC

The Scottish Government's budget letter issued on 4th December 2024 states that "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."

The HSCP Settlement

Baseline funding will be uplifted by the 3% as stated in the budget letter.

Additional funding with regards to the additional elements in relation to the 2023/24 pay award namely band 5-6 and the first 30 mins reduction in working week, is being provided. The impact of the band 5-6 evaluations is still unknown and when clarity has been provided on funding arrangements for these elements this will be communicated and allocated in due course.

Once the pay deal has been negotiated for 2025/26 and if additional funding is agreed this will be passed over to the HSCP if it is over and above the 3% that has already been included in the funding allocation.

An allocation has still to be provided for the 60% of the NI direct pay costs increase, once this allocation has been confirmed, the HSCP share will be included in the financial allocation for 2025/26.

The Board intends to pass over a recurring sustainability payment, this must be ringfenced and used to assist with the pressures arising due to only 60% of the National Insurance direct pay cost increase being funded by Scottish Government. These figures will be confirmed in due course.

An indicative allocation based on Month 9 figures is included in **Appendix 1**.

Set Aside Budget

This is initially based on the estimated set aside budget for 2024/25 and will be revised when the Board's final out-turn is confirmed. This figure represents the estimated actual usage of in scope Acute services. This will continue to be a notional allocation.

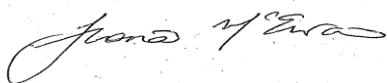
Recharges to HSCPs

The following items will continue to be charged to the HSCP during 2025/26:

- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost;
- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17; and
- The HSCP's share of Office 365 costs based on the number of licences in use.

Meetings will be arranged before the end of the financial year to allow us to formalise the funding and processes that are required for 2025/26. In the meantime, this letter enables the HSCP to produce its financial plans for 2025/26.

Yours sincerely



Fiona McEwan

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

Appendix 1 – Financial Allocation 2025/26 (based on month 9 figures)

Spend Categories		West Dunbartonshire Hscp
		£000s
Family Health Services		33,988
Fhs Income		(1,120)
Family Health Services Budget (Net)		32,868
Prescribing & Drugs		22,067
Non Pay Supplies		3,335
Pay		36,330
Outstanding Uploads		843
Other Non Pay & Savings		21,798
Other Income		(3,793)
Budget - HCH incl Prescribing		80,580
Total Rollover budget - NET		113,449
Budget Eligible for HCH & Prescribing uplift		80,580
<u>Uplifts</u>		
Scottish Government allocation 25.26	3.0%	2,417
Sustainability Funding tbc	0.0%	0
SG NI 60% funding tbc	0.0%	0
Total Uplift		2,417
Revised Budget		115,866
<u>Set Aside Budget</u>		
2024.25 Value (2023.24 final +5.5%)		46,348
2025/26 Set Aside Value		46,348

**Director of Social Care and National Care
Service Development Directorate**

Donna Bell



Scottish Government
Riaghaltas na h-Alba
gov.scot

E: donna.bell@gov.scot

To: Integration Authority Chief Officers
Integration Authority Chief Finance Officers
Local Authority Chief Executives
Local Authority Directors of Finance
COSLA
Scotland Excel
ILF Scotland
Chief Social Work Officers
Scottish Care
CCPS
Care Inspectorate
Unite
UNISON
GMB
STUC
Care providers

From: Donna Bell, Director of Social Care and National Care Service Development,
Scottish Government

Date: 11 March 2025

Adult Social Care Pay Uplift

Dear colleague,

Following agreement at COSLA Leaders on 28 February 2025, I am writing to confirm the initial details of the pay uplift for adult social care workers that was announced on 4 December 2024 by the First Minister as part of the Scottish Budget for 2025/26.

As you are aware, in the Scottish Budget for the 2025/26 fiscal year, it was announced that £125 million will be transferred to Local Government to support the delivery of a £12.60 minimum wage for all adult social care staff delivering direct care in commissioned services from April 2025. This funding will be paid to Local Authorities in the weekly General Revenue Grant payments from April 2025.

There has been political agreement that the uplift to £12.60 per hour will be delivered in the same manner as the uplift to £12.00 per hour for these workers, which was delivered in the 2024/25 financial year.

Scope

The pay uplift will apply to staff providing direct care within Adult Social Care in commissioned services in the third and independent sectors. This will include Supervisors, Practitioners, Support Workers, Personal Assistants, and staff providing overnight support. This funding will apply to workers in care homes, care at home, day care, housing support, adult placement services, respite services and those delivering direct support through all SDS Options.

This funding will enable pay for these workers, in these services, to be uplifted from at least £12.00 per hour to at least £12.60 per hour.

Full details of scope and eligible services can be found at Annex A.

Timing and Process

This funding will take effect from April 2025.

In line with existing process and previous years approach, Local Government and Integration Joint Boards will be working through the required governance, legal and contractual arrangements to deliver this to providers.

Local indications suggest that most payments will be made across April and May, with funding back dated and provided from April 2025. Best endeavours will be made to have all payments with providers by July 2025. However, this relies on the timely return of contract variation letters by providers and payments will not be released until providers return their signed contract variation letters.

The Scottish Government and COSLA will meet with Scottish Care, Coalition of Care and Support Providers Scotland (CCPS) and Trade Union representatives to discuss any concerns or questions around implementation and will work together to resolve these quickly through the established troubleshooting process.

Policy Implementation

The uplift to £12.60 per hour will be distributed to providers in the same manner as the previous uplift to £12.00 per hour for the workers in scope.

This will mean a 5% uplift will be applied to a set percentage (national weighting) of contract values, in line with the **average full workforce costs** for residential and non-residential services. A separate agreed weighted percentage has been set for Personal Assistants who are paid directly through SDS Option 1 budgets.

The current approach provides funding for wages and on-costs and the national weightings are based on the **average full workforce costs** within a contract.

The term **average full workforce cost** references and means that the weightings do not only include workers on the £12.00 per hour in direct care roles - that this uplift to £12.60 is intended for - but that the calculation also provides for all workers

employed directly within services and the associated on-costs. This includes workers on higher rates and in non-direct care roles as are included in the contracts.

National Weightings

The national weightings for the £12.60 uplift will be the same as those used for the uplift to £12.00. These percentages are below:

- Residential care – uplift applied to **71.8%** of full contract value.
- Non-residential – uplift applied to **86.9%** of full contract value.
- SDS option 1 Personal Assistants – uplift applied to **90%** of budgets.

This equates to contract uplifts of:

- Residential Care **3.59%**
- Non-Residential Care **4.35%**
- SDS Option 1 **4.50%**

Due to the nature of this approach, this may result in some providers having funds remaining once the policy intent - **to uplift pay for the workforce delivering direct care to at least £12.60 per hour** - has been fully delivered.

Any additional funds that providers may have from this policy must be spent on uplifting pay for the directly employed workforce working within services for the 2025/26 financial year. It is the provider's discretion of how any remaining funds are to be spent within these stipulations, but this can be used to support differentials.

The residential care uplift does not relate to National Care Home Contract rates which are dealt with separately and incorporate the pay uplift using the established Cost Model.

Non-workforce costs

This policy, to uplift the minimum rate of pay for adult social care workers, provides funding for wages and on-costs within providers contracts.

Local areas still have the ability to offer increases to providers on the non-workforce costs within their contracts.

Any changes on the rest of local contracts, or on Scotland Excel's Adult Social Care National Flexible Frameworks, to address other increasing and inflationary non-workforce costs would be out with the remit of this policy and would form part of the normal local contractual negotiating process with providers and their local commissioners and finance departments. For national arrangements, Scotland Excel will work in collaboration with providers and commissioners in line with the Framework's Price Review process.

Assurance process

For this uplift, and in line with previous practice, providers will be required to sign and return contract variation letters. This will confirm that the funding must only be used for uplifting pay and local areas will be responsible for assuring this funding is used for these purposes through their normal contract monitoring processes.

As per usual process, funding will then be released to providers as soon as possible after they return their signed contract variation letters.

Personal Assistants

Separate guidance will be issued for PA employers.

ILF Scotland

Separate guidance will be issued for ILF Scotland recipients.

Children's Social Care

Separate guidance will be issued by the Children and Families Directorate for Children's Services.

Next steps

I hope this provides clarity on the pay uplift for 2025/26.

The Scottish Government recognises the exceptional work of the social care workforce, and we thank them for the most important role that they play in our communities.

We appreciate you sharing this with your networks and working with us to get this uplift delivered to the workforce at speed.

Yours sincerely,



Donna Bell
Director of Social Care and National Care Service Development

Annex A

Workforce in scope (those eligible to be paid a minimum of £12.60)

Broad title	Role description
Supervisor in Care Home Services / Care at Home Services / Housing Support Services / Day Care Services / Adult Placement Services / Respite Services	<p>Worker who holds responsibilities for providing and supervising the provision of care and/or support provided directly to adults using residential care / a user within a care at home service or of a housing support service.</p> <p>This also includes workers providing overnight support¹</p>
Practitioner in Care Home Services / Care at Home Services / Housing Support Services / Day Care Services / Adult Placement Services / Respite Services	<p>Worker who provides care and support to adults using residential care and who has responsibility for co-ordinating the implementation of care plans. This may include holding keyworker responsibilities.</p> <p>This also includes workers providing overnight support.</p>
Support Worker in Care Home Services / Care at Home Services / Housing Support Services / Day Care Services / Adult Placement Services / Respite Services	<p>Worker employed in providing care / and or support directly to adults using residential care / a user of service within a care at home service or of a housing support service.</p> <p>This also includes workers providing overnight support.</p>
Personal Assistants	Separate guidance will be provided.

¹ Overnight support is where a care worker sleeps, provides a waking night service or night sitting service, in the home of someone they support or in work premises, so that they are on hand in case of an emergency or any other issue during the night.

Services in scope

The uplift applies to commissioned services for adult social care in the independent and third sectors.

This does not include workers in children's, justice, or homelessness services.

Type of service	Definition of services
Care homes	A service which provides accommodation, together with nursing, personal care or personal support, for persons by reason of their vulnerability or need this may include for: alcohol & drug misuse, blood borne virus, learning disabilities, mental health problems, older people, physical and sensory impairment or respite care and short breaks.
Care at home	<p>Care at home is registered by the Care Inspectorate as a support service – "Support Service – Care at home."</p> <p>A support service is defined as a personal care or personal support service provided by arrangement made by a local authority or health body to a vulnerable or person in need. This does not include a care home service or a service providing overnight accommodation.</p>
Day care	<p>Adult day care is registered as a support service – "Support service – Other than care at home."</p> <p>See definition above.</p>
Housing support	<p>A service, also defined as Supported Living, which provides support, assistance, advice or counselling to a person who has particular needs, with a view to enabling that person to occupy residential accommodation as a sole or main residence.</p> <p>This will include delegated and non-delegated services.</p> <p>The nature of the work within the contract (either residential or non-residential care) should attract the current percentage uplifts applied to the total value of the contract.</p>

	While homelessness services largely fall out-with the scope of this policy, the Scottish Government recognises that homelessness services within the housing support sector as defined by the SSSC, where staff provide direct care, fall within the parameters of this policy.
Adult placement services	A service which consists of, or includes, arranging for the provision of accommodation for an adult (age of eighteen years or over), together with personal care or personal support or counselling, or other help, provided other than as part of a planned programme of care by reason of the person's vulnerability or need, by placing the person with a family or individual; but a service may be excepted from this definition by regulations.
All SDS options (1, 2, 3 and 4)	All SDS options where workers provide direct Adult Social Care support, either in a social care provider organisation or someone paying a Personal Assistant.
Respite services	Registerable under a care home and housing support as per the definitions above.
Shared Lives	<p>Shared Lives services are a form of care that supports people to live safely and comfortably in a home and community of their choosing. Care is provided by professional carers - either individuals, couples, or families - in their homes and as part of their local community.</p> <p>The services in scope are.</p> <ul style="list-style-type: none"> • Live-in support • Daytime support <p>The nature of the work within the contract (either residential or non-residential care) should attract the current percentage uplifts applied to the total value of the contract.</p>

**West Dunbartonshire Health and Social Care Partnership
2025/26 Summary Management Adjustments**

Ref	Head of Service	Partner Body	Detail	2025/26		2026/27		2027/28	
				Saving (£000)	FTE	Saving (£000)	FTE	Saving (£000)	FTE
ADD01	Sylvia Chatfield	Social Care	Addictions Social Care Package Savings	170	N/A	170	N/A	170	N/A
ADD02	Sylvia Chatfield	Social Care	Addictions 20% Review on Commissioning of Services	142	N/A	142	N/A	142	N/A
ACT01	Sylvia Chatfield	Social Care	Adult Care Team (Physical Disability) Social Care Package Savings	100	N/A	100	N/A	100	N/A
S&T03	Margaret Jane Cardno	Social Care	Reduction in Core Funding to Carers of West Dunbartonshire	79	N/A	79	N/A	79	N/A
HSCP02	Margaret Jane Cardno	Social Care	Reduction in Training Budget	28	N/A	28	N/A	28	N/A
C&F02	Lesley James	Social Care	Phased Delivery of Staffing Review: Children and Families Social Work	200	N/A	TBC	N/A	TBC	N/A
RESP01	Sylvia Chatfield	Social Care	Reduction in Short Break Funding	154	N/A	154	N/A	154	N/A
LD04	Sylvia Chatfield	Social Care	Review of Learning Disability Social Care Packages	200	N/A	200	N/A	200	N/A
MH01	Sylvia Chatfield	Social Care	Review of Mental Health Social Care Packages	175	N/A	175	N/A	175	N/A
ExtCH01	Fiona Taylor	Social Care	Reduce Number of External Care Home Beds	451	N/A	451	N/A	451	N/A
Social Care Sub Total				1,699	-	1,499	-	1,499	-
S&T01	Margaret Jane Cardno	Health Care	Strategy & Planning Manager and Health Improvement Officer	165	2.0	TBC	TBC	TBC	TBC
IAS01	Fiona Taylor	Health Care	Reduction in WTE Allied Health Professionals	54	1.4	26	0.4	26	0.4
MSK01	Helen Little	Health Care	Non Recurring Additional Turnover	240	N/A	TBC	N/A	TBC	N/A
DRS01	Helen Little	Health Care	Non Recurring Additional Turnover	27	N/A	TBC	N/A	TBC	N/A
HSCP01	All	Health Care	Recurring Turnover to Reset baseline	376	N/A	376	N/A	376	N/A
Health Care Sub Total				862	3.4	2,881	0.4	2,881	0.4
Total Management Adjustments				2,561	3.4	4,380	0.4	4,380	0.4

2025/26 BUDGET PREPARATION – MANAGEMENT ADJUSTMENTS DETAIL

Head of Service: Sylvia Chatfield		Saving Ref: ADD01	
Saving Title		Addiction social care package savings	
Summary of Savings Proposal We will achieve savings of £170,000 by: Reviewing inappropriate high tariff residential placements Reviewing all social care packages for addiction service users in line with eligibility criteria			
Impact and Risk Associated with Proposed Savings This will maximise service users' independence ensure that they continue to meet identified outcomes. Some packages are too large and have reduced the service users' skills which now need to be redeveloped in line with the approach across HSCP reablement. Some service users will no longer be eligible for HSCP services and will be signposted elsewhere. Service users will be charged according to Council charging policy. Risks are associated with staff ability to progress the reviews within agreed timescale. Also, whether this is staffing availability to take on packages of care within the third sector.			
Saving			
2025/26		2026/27	
£000	FTE	£000	FTE
170	N/A	170	N/A
FTE Impact that could be delivered through existing vacancies: N/A			
Equality Impact Assessment Completed: Yes		EIA No: ADD01	

Head of Service: Sylvia Chatfield		Saving Ref: ADD02																															
Saving Title		Addiction 20% reduction on commissioning of services																															
Summary of Savings Proposal Reduction in the commissioning of future Addictions providers— New tender for Addiction services in line with Alcohol and Drug Strategy.																																	
Impact and Risk Associated with Proposed Savings The current providers will require to tender for the current budget to ensure that the ADP strategy is implemented appropriately, targeting new projects and updating direction of travel. The current contracts are due to end on 31 March 2025. Contracts will be extended for a period of six months to allow for the completion of a comprehensive review of current addiction services. This review is essential to assessing addiction services (both statutory and 3rd sector) effectiveness and developing a sustainable model for future service delivery, in alignment with the new Alcohol and Drug Partnership Strategy. Following the conclusion of this review, a formal tendering process will be initiated, with an anticipated completion date of 30th September 2025. It is important to acknowledge that these providers have previously been protected from funding reductions. Their longstanding contracts have included provisions for initial setup costs and ongoing overheads, such as utilities. However, as noted, the overall funding allocation has now been reduced, and this will be reflected in any future contracts awarded. Risk is that current providers will not be able to continue in their current form, or limited interest in tendering from other providers.																																	
Saving																																	
<table border="1"> <thead> <tr> <th colspan="2">2025/26</th> <th colspan="2">2026/27</th> <th colspan="2">2027/28</th> </tr> <tr> <th>£000</th> <th>FTE</th> <th>£000</th> <th>FTE</th> <th>£000</th> <th>FTE</th> </tr> </thead> <tbody> <tr> <td>142</td> <td>N/A</td> <td>142</td> <td>N/A</td> <td>142</td> <td>N/A</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		2025/26		2026/27		2027/28		£000	FTE	£000	FTE	£000	FTE	142	N/A	142	N/A	142	N/A														
2025/26		2026/27		2027/28																													
£000	FTE	£000	FTE	£000	FTE																												
142	N/A	142	N/A	142	N/A																												
FTE Impact that could be delivered through existing vacancies: N/A 																																	
Equality Impact Assessment Completed: Yes			EIA No: ADD02																														

Head of Service: Sylvia Chatfield		Saving Ref: ACT01	
Saving Title		Adult Care Team (Physical Disability) social care package savings	
Summary of Savings Proposal We will achieve savings of £100,000 by: Reviewing all social care packages for adults with a physical disability in line with eligibility criteria.			
Impact and Risk Associated with Proposed Savings Reviews will focus on maximising service users' independence and ensure they continue to meet identified outcomes. Some packages are too large and have reduced the service users' skills which now need to be redeveloped in line with our approach across the HSCP of reablement. Some service users may no longer be eligible for HSCP services and will be signposted elsewhere. Service users will be financial assessed in line with the Council's charging policy. Risks are associated with staff ability to progress the reviews within agreed timescale. Also, whether this is staffing availability to take on packages of care within the third sector.			
Saving			
2025/26		2026/27	
£000	FTE	£000	FTE
100	N/A	100	N/A
FTE Impact that could be delivered through existing vacancies: N/A			
Equality Impact Assessment Completed: Yes		EIA No: ACT01	

Head of Service: Head of Strategy and Transformation		Saving Ref: S&T03			
Saving Title		Reduction in Core Funding to Carers of West Dunbartonshire			
Summary of Savings Proposal					
Reduction in Core Funding to Carers of West Dunbartonshire.					
Impact and Risk Associated with Proposed Savings					
An options appraisal was undertaken in partnership with the Carers of West Dunbartonshire to determine the impact on services delivered to carers.					
A £79k funding reduction is being proposed as this can be effectively managed through the removal of two vacant posts (Marketing Comms and Engagement Officer, and a Carer Support Worker) within the Carers of West Dunbartonshire’s structure.					
These savings have the potential to create several risks as detailed within the attached Equalities Impact Assessment.					
To mitigate against this saving, work is ongoing with Carers of West Dunbartonshire to forward plan with 3% annual savings built in. Frontloading the funding arrangements in this way provides greater stability for both the HSCP and Carers of West Dunbartonshire and enables more effective service planning.					
Saving					
2025/26		2026/27		2027/28	
£000	FTE	£000	FTE	£000	FTE
79	N/A	79	N/A	79	N/A
FTE Impact that could be delivered through existing vacancies: N/A					
Equality Impact Assessment Completed: Yes				EIA No: S&T03	

Head of Service: Head of Strategy and Transformation		Saving Ref: HSCP02			
Saving Title		Reduction in Training Budget			
Summary of Savings Proposal					
Reduction in the HSCP’s training budget.					
Impact and Risk Associated with Proposed Savings					
The training budget across the HSCP is currently £207k which is in the region of 0.3% of the HSCP’s total payroll. Further reducing this budget may generate several risks aligned to recruitment and retention of staff.					
These risks can be mitigated in 2025/26 by the application of the HSCP Board’s earmarked training reserve.					
Saving					
2025/26		2026/27		2027/28	
£000	FTE	£000	FTE	£000	FTE
28	N/A	28	N/A	28	N/A
FTE Impact that could be delivered through existing vacancies: N/A					
Equality Impact Assessment Completed: No				EIA No: N/A	

Head of Service: Lesley James		Saving Ref: C&F02			
Saving Title		Phased Delivery of Staffing Review: Children and Families Social Work			
Summary of Savings Proposal					
<p>The children and Families Social Work Service is undertaking a review of the structure to determine whether it is fit for purpose. This commenced in 2022. The review has focused on the statutory functions and requirements of regulated services fulfilled within the Children and Family Service.</p> <p>There is now a proposed structure which if accepted, will produce savings through a phased implementation. The proposed structure will require a realignment of staffing resource and recruitment. There will be a tiered and cascaded approach to this process which will create running vacancies until its conclusion which may take up to 12 months.</p> <p>In common with other areas of the country recruitment and retention is challenging and this is expected to continue through 25/26. This will also result in savings and generate staff turnover.</p>					
Impact and Risk Associated with Proposed Savings					
<ul style="list-style-type: none">• Should the proposed structure not be accepted the savings projected during the implementation phase may not be achieved• There is a risk that if vacancies are not filled in a timely way, then statutory functions and responsibilities will not be met. Therefore this will be kept under review• Delay in filling vacancies may put additional pressure on the existing employees and may lead to increased absence or resignations. Staff wellbeing is of primary concern and this will be closely monitored					
Saving					
2025/26		2026/27		2027/28	
£000	FTE	£000	FTE	£000	FTE
200	N/A	TBC	TBC	TBC	TBC
FTE Impact that could be delivered through existing vacancies: This saving is being created by existing vacancies					
Equality Impact Assessment Completed: Yes				EIA No: C&F02	

Head of Service: Head of Strategy and Transformation		Saving Ref: RESP01	
Saving Title		Reduction in Short Break Funding	
<p>Summary of Savings Proposal</p> <p>This proposal is a reduction in the funding currently allocated for short breaks. The term 'short break' covers a wide range of services and activities, such as respite or breaks from caring. Breaks can be short or long; be during the day or overnight; give the carer a break at home or be a break away for the carer.</p> <p>The purpose of a short break is to support the caring relationship and promote the health and wellbeing of the carer, the supported person, and other family members affected by the caring situation.</p>			
<p>Impact and Risk Associated with Proposed Savings</p> <p>There is no standard method for allocating short breaks budget equitably and transparently. A review will be completed by June 2025 to address current issues, reduce risks to carers, and help the HSCP achieve best value.</p> <p>The approved budget was reviewed alongside annual demand for short breaks. A new process may support a small budget reduction if managed based on the short breaks pilot learning. On November 19, 2024, the HSCP Board noted the impact and outcomes of the Short Breaks Pilot, considering key learning points for future planning and resource allocation.</p> <p>The Board also acknowledged the review of the Adult Carer Assessment and Support Plan (ACASP) process, and the short breaks service based on feedback from the pilot. Addressing these concerns is crucial to prevent carer dissatisfaction.</p>			
Saving			
2025/26		2026/27	
£000	FTE	£000	FTE
154	N/A	154	N/A
FTE Impact that could be delivered through existing vacancies: N/A			
Equality Impact Assessment Completed: Yes		EIA No: RESP01	

Head of Service: Sylvia Chatfield		Saving Ref: LD04			
Saving Title		Review of Learning Disability Social Care Packages			
Summary of Savings Proposal					
<p>We will achieve savings of £0.200m by:</p> <p>The current budget for social care expenditure in Learning Disability is £10.942m. Staffing of the social work team has been an ongoing issue, and efforts are underway to stabilise the team to progress review work. Several areas within these care packages have been identified as having potential savings.</p> <p>This includes service users who do not meet the eligibility criteria and should be signposted to other community services, packages that are not meeting outcomes and could be amended, and client charges not appropriately applied.</p>					
Impact and Risk Associated with Proposed Savings					
<p>This initiative will maximise service users' independence and ensure they continue to meet identified outcomes.</p> <p>Some packages are too extensive and have reduced the service users' skills, which now need to be redeveloped in line with the HSCP approach to reablement.</p> <p>Some service users may no longer be eligible for HSCP services and will be signposted elsewhere.</p> <p>Service users will be financially assessed in line with Council's charging policy.</p> <p>Risks are associated with stability of the review team and their ability to progress the reviews within the agreed timescale and the availability of staffing to take on care packages within the third sector.</p>					
Saving					
2025/26		2026/27		2027/28	
£000	FTE	£000	FTE	£000	FTE
200	N/A	200	N/A	200	N/A

FTE Impact that could be delivered through existing vacancies: N/A	
Equality Impact Assessment Completed: Yes	EIA No: LD04

Head of Service: Sylvia Chatfield		Saving Ref: MH01			
Saving Title		Mental Health social care package savings			
Summary of Savings Proposal					
We will achieve savings of £175,000 by:					
Reviewing inappropriate high tariff residential placements					
Reviewing all social care packages for mental health patients in line with eligibility criteria					
Impact and Risk Associated with Proposed Savings					
This will maximise service users' independence ensure that they continue to meet identified outcomes. Some packages are too large and have reduced the service users' skills which now need to be developed.					
Some service users may no longer be eligible for HSCP services and will be signposted elsewhere.					
Service users will be financially assessed in line with the Council's charging policy.					
Risks are associated with staff ability to progress the reviews within agreed timescale. Also, whether this is staffing availability to take on packages of care within the third sector.					
Saving					
2025/26		2026/27		2027/28	
£000	FTE	£000	FTE	£000	FTE
175	N/A	175	N/A	175	N/A
FTE Impact that could be delivered through existing vacancies: N/A					
Equality Impact Assessment Completed: Yes				EIA No: MH01	

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Head of Service: Fiona Taylor		Saving Ref: ExtCH01			
Saving Title	Reduce number of external care home beds				
Summary of Savings Proposal					
Reduce commissioned external nursing care beds by 10 beds, circa £0.451m.					
The number residential and nursing beds commissioned changes daily. Recent activity would support a reduction in nursing care home beds with no detriment to service or delayed discharge performance.					
As at P10 the financial projection is an underspend of c£0.300m. The current 2025/26 estimates have assumed a similar number of beds as well increasing the costs for the 2025/26 National Care Home Contract uplift, therefore this proposed saving can be achieved with appropriate management input.					
Funding for all Care Home placements is approved at the Area Resource Group (ARG) and based on agreed criteria (available at Adult Assessment Governance process - Employee Intranet)					
Impact and Risk Associated with Proposed Savings					
The WDHSCP Strategic Plan identifies increasing incidence of dementia and services should anticipate the increased health and social care needs associated with this disease.					
Risks					
<ul style="list-style-type: none">• Demand increases.• Increasing number of people delayed in their discharge from hospital.• Care Home sustainability is already flagged as a strategic risk, reducing commissioned beds may compound this.					
Saving					
2025/26		2026/27		2027/28	
£000	FTE	£000	FTE	£000	FTE
451	N/A	451	N/A	451	N/A

FTE Impact that could be delivered through existing vacancies: N/A					
Equality Impact Assessment Completed: YES				EIA No: ExtCH01	

Head of Service: Head of Strategy and Transformation		Saving Ref: S&T01
Saving Title	Strategy & Planning Manager and Health Improvement Officer	
Summary of Management Adjustment		
<p>Two NHS employees are currently on fixed-term secondment, therefore non-recurring savings could be generated in 2025/26. If they choose not to return to their positions, authorisation is sought to remove the posts from the establishment.</p>		
Impact and Risk Associated with Proposed Savings		
<p>Removing the health improvement resource will reduce capacity for health improvement work.</p>		
<p>The HSCP Strategic Needs Assessment 2022 shows that 71% of adults in West Dunbartonshire are overweight or obese, 62% of adults meet the guidelines for moderate or vigorous physical activity, this translates to only 52% of women and 72% of men.</p>		
<p>Both these posts played a significant role in the development of the HSCP Strategic Plan 2023 - 2026. The plan should be reviewed in this financial year and a new plan developed for 2026 onwards.</p>		
<p>Effective strategic planning is essential for the IJB to navigate the complex and ever-changing landscape of health and social care delivery. By setting clear goals, allocating resources efficiently, enhancing the quality of care, anticipating challenges, engaging stakeholders, and adapting to changes, the IJB can meet the needs of the communities they serve and achieve long-term success. Resource depletion reduces the HSCP's ability to undertake this work effectively.</p>		
<p>There is a risk that at the end of the fixed term both post holders will wish to revert to their substantive posts. Should the posts be removed prior to the end of the secondment periods the policies within NHS GGC mean that the HSCP would continue to pay for these posts until suitable alternatives could be found. Given the level of displacement across all 6 HSCPs within the NHS GGC area redeployment may be challenging.</p>		

Saving					
2025/26		2026/27		2027/28	
£000	FTE	£000	FTE	£000	FTE
165	2.0	TBC	TBC	TBC	TBC
FTE Impact that could be delivered through existing vacancies: 2.0 FTE					
Equality Impact Assessment Completed: Yes				EIA No: S&T01	

Head of Service: Fiona Taylor		Saving Ref: IAS01	
Saving Title		Saving: Reduction in WTE Allied Health Professionals (AHP) across Integrated Adult Services	
Summary of Savings Proposal			
<div>1) The Community Hospital Discharge Team has an interim Band 7 Team Lead post, promoted from within with no backfill for the Band 6 position. The vacancy panel will review this interim post by September 2025. At that time, the IOM will decide whether to fill the Band 6 role or release as a recurring saving. 1 WTE Band 6 for 5 months = £28K</div> <div>2) Longstanding Band 6 AHP vacancy 0.4 WTE within Integrated Adult Services. No negative impact on care delivery therefore being presented as a management adjustment to remove the post from the establishment (recurring) = £26K</div> <div>TOTAL: £56K</div>			
Impact and Risk Associated with Proposed Savings			
<div>1) Temporary reduction in the Community Hospital Discharge Team (CHDT) establishment of 1WTE may impact on capacity to support people being 'discharged to assess' from Acute sites. However, this reduction is now in the 7th month with no negative impact on the volume of people being supported towards a safe and timeous discharge home.</div> <div>2) The Band 6 0.4 WTE AHP post in Integrated Adult Services has been vacant for over 8 months due to recruitment challenges. The Integrated Operations Manager and Senior Nurse are collaborating to consider effective and efficient use of Multi-Disciplinary Team (MDT) resources across Adult Services. The aim is to further reduce risk of admission to hospital and facilitate earlier discharges, linking with the Urgent and Unscheduled Care agenda and supporting people living with frailty.</div>			

Saving						
25/26			26/27		27/28	
	£000	FTE	£000	FTE	£000	FTE
1	28	1.0	TBC	TBC	TBC	TBC
2	26	0.4	26	0.4	26	0.4
FTE Impact that could be delivered through existing vacancies: 1.4						
Equality Impact Assessment Completed: No					EIA No: N/A	

Head of Service: Helen Little		Saving Ref: MSK01
Saving Title	MSK Physiotherapy Service:	
	The savings proposal is based on an additional non-recurring 2.8% turnover target Required: £0.240m (this is an addition to the recurring turnover target of £0.318m) Total savings required - £0.558m	
Summary of Savings Proposal		
<p>The MSK Physiotherapy Service has experienced significant levels of turnover in recent years mainly due to the high demand for practitioners across Primary Care. In 2023/24 the service delivered an additional 5% turnover saving, on top of the 3.8% recurring target, to support the delivery of a balanced budget across HSCP services. As investment levels in Primary Care have levelled off, turnover has also slowed down, however it is still anticipated to exceed the 3.8% budgeted target.</p> <p>It is therefore recommended to protect the core establishment and increase the turnover target to 6.6% - see risks below. This would equate to £0.240m. This would require to be closely monitored monthly by the Head of Service and Finance, and if a risk to achieve this then vacancies may be delayed (or worst scenario held).</p>		
Impact and Risk Associated with Proposed Savings		
<p>The impact of the above option is a rise in waiting times for MSK physiotherapy (currently 13 weeks), as well as a rise in the numbers waiting for a routine appointment (currently over 15k).</p> <p>MSK conditions can worsen while patients wait for appointments, leading to increased use of Primary Care services, more orthopaedic referrals, higher Emergency Department visits, and economic losses from missed workdays.</p>		

Saving:						
	2024/25		2025/26		2026/27	
	£000	FTE	£000	FTE	£000	FTE
Option	240	N/A	TBC	TBC	TBC	TBC
FTE Impact that could be delivered through existing vacancies: N/A						
Equality Impact Assessment Completed: N/A as impact same across all groups				EIA No: N/A		

Head of Service: Helen Little		Saving Ref: DRS01
Saving Title	Diabetic Eye Screening Service: The option below is based on additional non-recurring 3% turnover target. Required: 3%= £27,000	
Summary of Savings Proposal The DRS Service has experienced significant levels of turnover in recent years across a small, board wide service team. Achieving the above would require approximately 0.54 WTE of a Band 5 post. However, the actual WTE removed may vary depending on staff turnover and could include roles from Band 4 Screener to Band 7 Clinical Coordinator. This reduction will impact clinical capacity and may result in the loss of experienced staff, affecting support and supervision for junior staff. The turnover target will be increased from 3% to 6% in 2025/26 by maintaining current vacancies resulting from internal staff movement/secondment and reduced hours due to the Retire and Return process. A revised staffing structure is being trialled for a period of 12 months, after which a review will be conducted to determine if further adjustments to the staffing establishment are necessary. This review aims to identify WTE savings to achieve the increased turnover target.		
Impact and Risk Associated with Proposed Savings The impact of the above management adjustment is a rise in routine waiting times for Diabetic Eye screening (currently at longest 4 weeks). There may be unintended consequences due to rise in newly diagnosed diabetic patients requiring first time screening. On a monthly basis the service receives an increase of between 400 and 500 newly diagnosed patients. The outcome for Diabetic Eye Screening can mean a 3 month, or 6 month, or 12 month recall for the patient there for increasing the frequency of appointments		

Saving: based on 3% each year for next 3 years (n.b this is in addition to existing 3% Turnover Target already built into recurring budget).

	2024/25		2025/26		2026/27	
	£000	FTE	£000	FTE	£000	FTE
Turnover	27	N/A	27	TBC	27	TBC

FTE Impact that could be delivered through existing vacancies: N/A

Equality Impact Assessment Completed: N/A

EIA No: N/A

Head of Service: All

Saving Ref: HSCP01

Saving Title

Health Recurring Turnover Savings Target:

The savings proposal is based on 3.5% recurring turnover savings target to be set against all Health Baselined Pays budgets

Required: Recalculate Health recurring turnover savings target to take account of increase in baseline funding allocations. The historic target of 3% has not been updated to take account of the increase in baseline funding linked to Agenda for Change funding and a range of other Scottish Government funding for Mental Health and Addictions etc.

In addition, apply a further 0.5% recurring turnover savings target to health pays to increase target to 3.5%.

This would generate £0.376m in additional recurring turnover savings, bringing the total general recurring target to £0.900m.

Summary of Savings Proposal

Employee costs are the primary expense in the HSCP's Health budget, excluding Prescribing and Family Health Services. NHSGGC's no redundancy policy means savings must come from turnover or removing vacant posts.

Recent turnover has exceeded the 3% target, with actual rates near 5%. As new funding streams have been baselined, for example Agenda for Change uplifts, Enhanced Mental Health Outcomes and Addictions, the budget turnover target has reduced to around 2%.

Current turnover savings mainly come from Hosted Services (MSK and Diabetic Retinal Screening) and long-term vacancies due to staff secondments. The proposed £0.376m saving excludes Hosted Services pay budgets, as separate savings options have been submitted by these services.

Impact and Risk Associated with Proposed Savings

Maintaining this recurring turnover target without redesigning services could affect performance. Recruitment and retention of health and social care staff is a national challenge. It is prudent to acknowledge the financial benefits of turnover as an alternative to cutting positions.

Saving:

	2025/26		2026/27		2027/28	
	£000	FTE	£000	FTE	£000	FTE
Option	376	N/A	376	N/A	376	N/A

FTE Impact that could be delivered through existing vacancies: TBC

Equality Impact Assessment Completed: Not required

EIA No: N/A

Equality Impact Assessment record layout for information

Owner:	Sylvia Chatfield
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Resource:	HSCP	Service/Establishment:	Mental Health
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	First Name	Surname	Job Title
Head Officer:	Sylvia	Chatfield	Head of Mental Health, Learning Disability and Addictions.

	Include job titles/organisation
Members:	<p>Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions</p> <p>Julie Slavin, Chief Financial Officer</p> <p>Julie Campbell/Anne Kane, Integrated Ops Managers</p>

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Reviews of Addictions Service packages - ADD01

The aim, objective, purpose and intended outcome of policy

The aim of this policy is to embed the practice of effectively embedding the use of eligibility criteria, assessment and review ensuring the best outcomes for users of adult social work and social care services.

As set out in the section on duties, Section 1 and 2 of the Social Care (Self-directed Support) (Scotland) Act 2013 provides a legislative framework for the HSCPs approach to assessment of needs for adults, children and carers and the HSCPs social work function must have regard to these principles in conducting assessments.

Once a service user has a package of care and support in place, it must be checked or reviewed regularly to confirm that it is still appropriate for the needs of the individual. A service users' package is based on their original needs assessment which formally records all of their needs and intended outcomes. Reviews are an ongoing process used to reflect on the current package, to discuss what is working, what isn't working and what might need to change in future.

Staffing within the Addictions social work team has been an ongoing issue and work is underway to try and stabilise the team so that review work can be effectively progressed. This is vitally important to ensure service users have access to the right level of service to meet their needs and improve their outcomes.

Although the purpose of a review is never to simply generate savings there are a number of areas of inequity which have been identified which may result in the release of savings and ensure the HSCP is meeting its best value duties. For example, there are service users who do not meet the HSCPs eligibility criteria. These service users could have their needs more effectively met through the support of other community-based services, this in turn will lead to better outcomes for the individual. It is also clear that the client charge is not appropriately or consistently implemented, another inequity which must be addressed

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy
HSCP staff

Does the proposals involve the procurement of any goods or services?	N
If yes please confirm that you have contacted our procurement services to discuss your requirements	

SCREENING	
<i>You must indicate if there is any relevance to the four areas</i>	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Y
Relevance to Human Rights (HR)	Y
Relevance to Health Impacts (H)	Y
Relevance to Social Economic Impacts (SE)	Y

Who will be affected by this policy?
HSCP staff Service users and carers Partner organisations

Who will be/has been involved in the consultation process?

1. Joint staff forum
2. Staff
3. HSCP Board and West Dunbartonshire Council

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups

	Needs	Evidence	Impact
Age	Neutral		Neutral

	Needs	Evidence	Impact
Disability	Service users and carers may be concerned that they will not be able to access services which they previously attended.	According to the Social Care (Self-directed Support) (Scotland) Act 2013 the authority should aim to conduct reviews within a maximum period of 12 months. It should consider the review as a means by which to prevent crisis or to respond and adapt to the supported person's life.	There will be a reduction in service users attending Addictions services but it will be more targeted and ensure that those attending meet eligibility criteria, or are signposted to community supports. This will ensure that positive outcomes are delivered as packages will be more reflective of individual needs and outcomes.
	Needs	Evidence	Impact
Gender Reassign	Neutral		Neutral
Marriage & Civil Partnership	Neutral		Neutral
Pregnancy & Maternity	Neutral		Neutral
	Needs	Evidence	Impact

Race	Neutral		Neutral
Religion & Belief	Neutral		Neutral

	Needs	Evidence	Impact
Sex	Neutral		Neutral
Sexual Orientation	Neutral		Neutral

	Needs	Evidence	Impact
Human Rights (ECHR statutory) UNCRC (note: currently	Neutral		Neutral

non statutory)			
Health	Neutral		Neutral

	Needs	Evidence	Impact
Social & Economic Impact	The consistent implementation of the charging policy may impact on service users and carers who may be on low incomes.	Service users are likely to be on low income/welfare benefits and therefore will have their income maximised.	Negative – charges for services which they have not paid previously.
Cross Cutting	Neutral		Neutral

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this

Service users may not have paid the client charge previously however it is to be applied consistency ensuing equity. Some service users may no longer be eligible for services from HSCP.

Will the impact of the policy be monitored and reported on an ongoing basis?

The progress and impact will be updated to the Senior Management Meeting and HSCP Board.

What is your recommendation for this policy?

It is recommended that this work is progressed.

Please provide a meaningful summary of how you have reached the recommendation

Services have been implemented previously contrary to eligibility criteria and equity. It is important that all service users have the same opportunity and access to services to meet their assessed needs. The local resource group (AARG) has been set up to ensure that there is transparency and equity for service users and carers.

Equality Impact Assessment record layout for information

Owner:	Sylvia Chatfield
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Resource:	HSCP	Service/Establishment:	Commissioned Addiction Services
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	First Name	Surname	Job Title
Head Officer:	Sylvia	Chatfield	Head of Mental Health, Learning Disability and Addictions.

	Include job titles/organisation
Members:	<p>Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions</p> <p>Julie Slavin, Chief Financial Officer</p> <p>Fiona Taylor, Head of Service</p> <p>Neil McKechnie, Commissioning Manager</p>

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Reduction in Commissioned Addiction Services – ADD02

The aim, objective, purpose and intended outcome of policy

West Dunbartonshire HSCP currently commissioned a number of providers which provide support for Adults with Addictions as directed by the Alcohol and Drug Partnership (ADP) Strategy.

The ADP will be putting out to tender the provision of services in line with the revised strategy to meet the needs of West Dunbartonshire citizens, within the available funding resource.

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy

Engagement with the providers involved.

Does the proposals involve the procurement of any goods or services?	Y
If yes please confirm that you have contacted our procurement services to discuss your requirements	Y

SCREENING

You must indicate if there is any relevance to the four areas

Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Y
Relevance to Human Rights (HR)	Y
Relevance to Health Impacts (H)	Y
Relevance to Social Economic Impacts (SE)	Y

Who will be affected by this policy?
Third Sector organisations

Who will be/has been involved in the consultation process?
<ol style="list-style-type: none"> 1. HSCP Board and West Dunbartonshire Council 2. Commissioning and Procurement 3. Third Sector organisations

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups			
	Needs	Evidence	Impact

Age	Neutral		Neutral
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	Needs	Evidence	Impact
Disability	Service users and carers may be concerned that they will not be able to access services which they previously attended.	Services are being contracted in line with the strategic priorities. This may change the current model of services.	There may be some negative impact if providers change however the changes will meet the agreed priorities.
	Needs	Evidence	Impact
Gender Reassign	Neutral		Neutral
Marriage & Civil Partnership	Neutral		Neutral
	Neutral		Neutral

Pregnancy & Maternity			
	Needs	Evidence	Impact
Race	Neutral		Neutral
Religion & Belief	Neutral		Neutral

	Needs	Evidence	Impact
Sex	Neutral		Neutral
Sexual Orientation	Neutral		Neutral

	Needs	Evidence	Impact
Human Rights (ECHR statutory)	Neutral		Neutral

UNCRC (note: currently non statutory)			
Health	Neutral		Neutral

	Needs	Evidence	Impact
Social & Economic Impact	Neutral		Neutral
Cross Cutting	Neutral		Neutral

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this

Service users may experience change in the manner that services are provided however this is in line with the strategic priorities agreed by the Alcohol Drug Partnership.

Will the impact of the policy be monitored and reported on an ongoing bases?

Reported to Senior Management Meeting

What is your recommendation for this policy?

It is recommended that this work is progressed.

Please provide a meaningful summary of how you have reached the recommendation

This review is essential to improve Addiction Services (both statutory and 3rd sector) effectiveness and developing a sustainable model for future service delivery, in alignment with the new Alcohol and Drug Partnership Strategy.

Equality Impact Assessment record layout for information

Owner:

Sylvia Chatfield

Resource:	HSCP	Service/Establishment:	Physical Disability
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	First Name	Surname	Job Title
Head Officer:	Sylvia	Chatfield	Head of Mental Health, Learning Disability and Addictions.

	Include job titles/organisation
Members:	<p>Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions</p> <p>Julie Slavin, Chief Financial Officer</p> <p>Julie Campbell/Anne Kane, Integrated Ops Managers</p>

Please note: the word policy is used as shorthand for strategy policy function or financial decision

Policy Title:	Reviews of Adult Care Service packages - ACT01
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The aim, objective, purpose and intended outcome of policy

The aim of this policy is to embed the practice of effectively embedding the use of eligibility criteria, assessment and review ensuring the best outcomes for users of adult social work and social care services.

As set out in the section on duties, Section 1 and 2 of the Social Care (Self-directed Support) (Scotland) Act 2013 provides a legislative framework for the HSCPs approach to assessment of needs for adults, children and carers and the HSCPs social work function must have regard to these principles in conducting assessments.

Once a service user has a package of care and support in place, it must be checked or reviewed regularly to confirm that it is still appropriate for the needs of the individual. A service user's package is based on their original needs assessment which formally records all their needs and intended outcomes. Reviews are an ongoing process used to reflect on the current package, to discuss what is working, what isn't working and what might need to change in future.

Staffing within the ACT social work team has been an ongoing issue and work is underway to try and stabilise the team so that review work can be effectively progressed. This is vitally important to ensure service users have access to the right level of service to meet their needs and improve their outcomes.

Although the purpose of a review is never to simply generate savings there are a number of areas of inequity which have been identified which may result in the release of savings and ensure the HSCP is meeting its best value duties. For example, there are service users who do not meet the HSCPs eligibility criteria. These service users could have their needs more effectively met through the support of other community-based services, this in turn will lead to better outcomes for the individual. It is also clear that the client charge is not appropriately or consistently implemented, another inequity which must be addressed

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy
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HSCP staff

Does the proposals involve the procurement of any goods or services?	N
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If yes please confirm that you have contacted our procurement services to discuss your requirements	
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SCREENING	
<i>You must indicate if there is any relevance to the four areas</i>	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Y
Relevance to Human Rights (HR)	Y
Relevance to Health Impacts (H)	Y
Relevance to Social Economic Impacts (SE)	Y

Who will be affected by this policy?
<p>HSCP staff</p> <p>Service users and carers</p> <p>Partner organisations</p>

Who will be/has been involved in the consultation process?
<ol style="list-style-type: none"> 1. Joint staff forum 2. Staff 3. HSCP Board and West Dunbartonshire Council

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups

	Needs	Evidence	Impact
Age	Neutral		Neutral

	Needs	Evidence	Impact
Disability	Service users and carers may be concerned that they will not be able to access services which they previously attended.	According to the Social Care (Self-directed Support) (Scotland) Act 2013 the authority should aim to conduct reviews within a maximum period of 12 months. It should consider the review as a means by which to prevent crisis or to respond and adapt to the supported person's life.	There may be a reduction in service users using Adult Care services but it will be more targeted and ensure that those attending meet eligibility criteria or are signposted to community supports. This will ensure that positive outcomes are delivered as packages will be more reflective of individual needs and outcomes.
	Needs	Evidence	Impact
Gender Reassign	Neutral		Neutral
Marriage & Civil Partnership	Neutral		Neutral
Pregnancy & Maternity	Neutral		Neutral
	Needs	Evidence	Impact

Race	Neutral		Neutral
Religion & Belief	Neutral		Neutral

	Needs	Evidence	Impact
Sex	Neutral		Neutral
Sexual Orientation	Neutral		Neutral

	Needs	Evidence	Impact
Human Rights	Neutral		Neutral

(ECHR statutory) UNCRC (note: currently non statutory)			
Health	Neutral		Neutral

	Needs	Evidence	Impact
Social & Economic Impact	The consistent implementation of the charging policy may impact on service users and carers who may be on low incomes.	Service users are likely to be on low income/welfare benefits and therefore will have their income maximised.	Negative – charges for services which they have not paid previously.
Cross Cutting	Neutral		Neutral

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this

Service users may not have paid the client charge previously however it is to be applied consistency ensuing equity. Some service users may no longer be eligible for services from HSCP.

Will the impact of the policy be monitored and reported on an ongoing basis?

The progress and impact will be updated to the Senior Management Meeting and HSCP Board.

What is your recommendation for this policy?

It is recommended that this work is progressed.

Please provide a meaningful summary of how you have reached the recommendation

There are a number of service users within mental health services who have not received a review recently. Services have been implemented previously contrary to eligibility criteria and equity. It is important that all service users have the same opportunity and access to services to meet their assessed needs. The local resource group (AARG) has been set up to ensure that there is transparency and equity for service users and carers.

Equality Impact Assessment record layout for information

Owner:	Head of Strategy and Transformation		
Resource:	HSCP	Service/Establishment:	Strategy and Transformation
	First Name	Surname	Job Title
Head Officer:	Margaret-Jane	Cardno	Head of Strategy and Transformation
	Include job titles/organisation		
Members:	HSCP Senior Management Team		
Please note: the word policy is used as shorthand for strategy policy function or financial decision			
Policy Title:	Reduction in Core Funding to Carers of West Dunbartonshire – S&T03		
The aim, objective, purpose and intended outcome of policy			
To achieve a saving, whilst seeking to prioritise immediate and critical care health and social care services.			
Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy			
Carers of West Dunbartonshire			
Does the proposals involve the procurement of any goods or services?		No	
If yes please confirm that you have contacted our procurement services to discuss your requirements		N/A	

SCREENING	
<i>You must indicate if there is any relevance to the four areas</i>	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Yes
Relevance to Human Rights (HR), Include UNCRC Rights	Yes
Relevance to Health Impacts (H)	Yes
Relevance to Social Economic Impacts (SE), Include Fairer Scotland Duty Considerations	Yes

Who will be affected by this policy?
<p>Unpaid carers and the cared for person. Carers of West Dunbartonshire (staff and service users).</p>

Who will be/has been involved in the consultation process?
<p>HSCP Senior Management Team. Carers of West Dunbartonshire.</p>

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups

	Needs	Evidence	Impact
Age	Carer needs include access to services, financial support and health and wellbeing support.	<p>In 2020/21 Carers of West Dunbartonshire supported 1,250 adult carers 40% were aged 45-64; 76% were female.</p> <p>Nationally adult Unpaid Carers are much more likely to be female. The Carers Census, Scotland 2019-20 showed that females accounted for 76% of working age carers and 67% of carers aged 65 or over.</p>	Negative

	Needs	Evidence	Impact
Disability	Unpaid carers play a vital role in the lives of disabled people, ensuring they receive the care and support	<p>When unpaid carers' services are reduced, disabled people can face several significant impacts:</p> <p>Increased Isolation: Without the support of unpaid carers, disabled individuals may experience greater social</p>	Negative

	<p>needed to thrive, for example:</p> <p>Daily Living Assistance: Unpaid carers help with essential daily activities such as bathing, dressing, eating, and mobility. This support is crucial for individuals who may have physical limitations.</p> <p>Medical and Health Management: Carers assist with managing medications, attending medical appointments, and monitoring health conditions. This ensures that the disabled person receives proper medical care and adheres to treatment plans.</p> <p>Emotional Support: Unpaid carers provide companionship and emotional support, which can significantly improve the mental well-being of disabled</p>	<p>isolation. Carers often provide essential companionship and help maintain social connections.</p> <p>Decline in Health and Well-being: The absence of regular care can lead to a deterioration in both physical and mental health. Disabled individuals might struggle to manage daily activities, leading to increased stress and potential health complications.</p> <p>Higher Risk of Institutionalisation: Without adequate support at home, disabled people are more likely to be placed in institutional care settings, which can be more costly and less personalised.</p> <p>Financial Strain: Reduced carer support can lead to increased financial burdens for disabled individuals and their families. They may need to pay for professional care services, which can be expensive, or enter statutory services which will increase costs for the public sector.</p> <p>Reduced Quality of Life: The overall quality of life for disabled individuals can decline without the consistent support of unpaid carers. They may face difficulties in accessing necessary services, participating in community activities, and maintaining independence.</p>	
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	<p>individuals. This support helps reduce feelings of loneliness and isolation.</p> <p>Advocacy and Coordination: Carers often act as advocates, helping to navigate complex healthcare and social service systems. They coordinate care and ensure that the disabled person's needs are met effectively.</p> <p>Financial Management: Many carers assist with managing finances, paying bills, and handling other administrative tasks. This support is vital for those who may struggle with these responsibilities due to their disability.</p> <p>Enhanced Quality of Life: Overall, the support provided by unpaid carers helps</p>		
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	disabled individuals maintain a higher quality of life, enabling them to live more independently and participate in community activities.		
	Needs	Evidence	Impact
Gender Reassign			
Marriage & Civil Partnership			
Pregnancy & Maternity			
	Needs	Evidence	Impact
Race			
Religion & Belief			

	Needs	Evidence	Impact
Sex	Unpaid carers often face a range of challenges and have specific needs that require attention	In 2020/21 Carers of West Dunbartonshire supported 1,250 adult carers 40% were aged 45-64; 76% were female.	Negative

	<p>and support, for example:</p> <p>Financial Support: Many unpaid carers struggle financially due to the demands of their caregiving roles. They often need better financial assistance, such as Carer's Allowance, to help cover living expenses.</p> <p>Respite Care: The opportunity to take breaks is crucial. Many carers experience burnout and exhaustion because they can't get regular respite breaks. Access to reliable respite care services can help carers maintain their well-being.</p> <p>Access to Services: Carers often find it challenging to access support services, especially those from ethnic minority backgrounds, lower socioeconomic groups, or the LGB+ community.</p>	<p>Nationally adult Unpaid Carers are much more likely to be female. The Carers Census, Scotland 2019-20 showed that females accounted for 76% of working age carers and 67% of carers aged 65 or over.</p>	
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	<p>Improved access to these services is essential.</p> <p>Emotional and Mental Health Support: The emotional toll of caregiving can be significant. Carers need access to mental health services and support groups to help them cope with stress and isolation.</p> <p>Training and Education: Providing carers with training and education on caregiving tasks can help them feel more confident and capable in their roles. This can include, financial management, and self-care techniques</p> <p>Recognition and Advocacy: Carers often feel undervalued and overlooked. Greater recognition of their contributions and advocacy for their needs can help improve their quality of life and ensure</p>		
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	they receive the support they deserve.		
Sexual Orientation	<p>Access to Services: Carers often find it challenging to access support services, especially those from ethnic minority backgrounds, lower socioeconomic groups, or the LGB+ community. Improved access to these services is essential.</p>	<p>There is evidence indicating that LGBTQ+ unpaid carers in Scotland face specific disadvantages, for example;</p> <p>Isolation and Discrimination: LGBTQ+ carers often experience isolation and discrimination, which can impact their mental health and well-being. They may face additional barriers when accessing support services due to fears of discrimination or lack of understanding from service providers.</p> <p>Reduced Social Networks: Many LGBTQ+ carers or the individuals they care for may have reduced social networks due to a lack of acceptance of their sexual orientation or gender identity. This can lead to increased feelings of loneliness and a lack of informal support.</p> <p>Health Inequalities: LGBTQ+ individuals are less likely to report good or very good health compared to their heterosexual counterparts. This can exacerbate the challenges they face as carers, as they may have their own health issues to manage alongside their caregiving responsibilities.</p> <p>Barriers to Accessing Services: Research has highlighted that LGBTQ+ carers in Scotland face specific barriers when accessing social care services. These include concerns about how they will be treated if they disclose their sexuality or gender identity, and difficulties in recruiting and working with personal assistants.</p> <p>Addressing these challenges requires targeted support and inclusive policies to ensure that LGBTQ+ unpaid carers receive the recognition and assistance they need.</p>	Negative

		Source: National Care Service - adult social care: equality evidence review	
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	Needs	Evidence	Impact
Human Rights			
Health			

	Needs	Evidence	Impact
Social & Economic Impact	West Dunbartonshire contains the 3rd= highest share of the most deprived datazones in Scotland	<p>Unpaid carers often face several socio-economic disadvantages that can significantly impact their lives, for example:</p> <p>Financial Hardship: Many unpaid carers experience financial strain due to the demands of their caregiving roles. They may have to reduce their working hours or leave their jobs entirely, leading to a loss of income and financial security.</p> <p>Employment Challenges: Balancing caregiving responsibilities with employment can be difficult. Unpaid carers often face challenges in maintaining stable employment, advancing in their careers, or finding flexible work arrangements that accommodate their caregiving duties.</p>	Negative

		<p>Poverty Risk: The financial pressures and reduced earning potential can increase the risk of poverty for unpaid carers. This is particularly true for those who provide high-intensity care or care for extended periods.</p> <p>Health and Well-being: The stress and physical demands of caregiving can take a toll on carers' health. They may experience higher levels of stress, anxiety, and depression, as well as physical health issues due to the strain of caregiving.</p> <p>Social Isolation: Unpaid carers often face social isolation as their caregiving responsibilities limit their ability to engage in social activities, maintain friendships, and participate in community events.</p> <p>Gender Inequality: Women are disproportionately represented among unpaid carers, which exacerbates existing gender inequalities. This can limit their opportunities for education, career advancement, and economic independence.</p>	
Cross Cutting			

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this

Justifying the reduction in funding to unpaid carers, especially when the impact on protected groups is negative, is a complex and sensitive issue. An options appraisal was undertaken in partnership with the Carers of West Dunbartonshire to determine the impact on services delivered to carers, the funding reduction proposed can be effectively managed through the removal of 2 vacant posts.

Will the impact of the policy be monitored and reported on an ongoing bases?

We will continue to work partnership with Carers of West Dunbartonshire through our contract monitoring processes to evaluate impact.

What is your recommendation for this policy?

Proceed.

Please provide a meaningful summary of how you have reached the recommendation

Justifying the reduction in funding to unpaid carers, especially when the impact on protected groups is negative, is a complex and sensitive issue. However, given the IJB is experiencing severe budget constraints a reduction in this service means that steps can be taken to prioritise immediate and critical care health and social care services.

Equality Impact Assessment record layout for information

Owner:	Sharon Laing
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Resource:	HSCP	Service/Establishment:	Children and Families Social Work
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	First Name	Surname	Job Title
Head Officer:	Lesley	James	Head of Children's Health, Care and Justice

	Include job titles/organisation
Members:	Lesley James, Head of Service Sharon Laing, Senior Manager Yvonne Sloan, Accountant

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Phased Delivery of Staffing Review: Children and Families Social Work – C&F02

The aim, objective, purpose and intended outcome of policy
<p>A review of the service structure for Children and Families Social Work has been undertaken to determine whether it is fit for purpose. The review commenced in 2022. The review focused on the statutory functions and requirements of regulated services fulfilled. This work has resulted in a proposed structure which is progressing through governance processes seeking approval.</p> <p>Should the proposed structure be approved, there will need to be a realignment of resources and recruitment to posts. A phased implementation of the restructure will mean that there will be vacant posts as the process is worked through over the next 12 months.</p>

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy	
Lesley James Sharon Laing Mark Mulvenna Gillian Gall Leanne Glasso Julie Slavin Yvonne Sloan	

Does the proposals involve the procurement of any goods or services?	No
If yes please confirm that you have contacted our procurement services to discuss your requirements	N/A

SCREENING	
<i>You must indicate if there is any relevance to the four areas</i>	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Yes
Relevance to Human Rights (HR), Include UNCRC Rights	No
Relevance to Health Impacts (H)	No
Relevance to Social Economic Impacts (SE), Include Fairer Scotland Duty Considerations	Yes

Who will be affected by this policy? Employees of Children and Families Social Work Services

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Who will be/has been involved in the consultation process?

Should the proposal be accepted by SSRG there will be a full consultation with employees impacted by the proposed changes and the trade unions
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There has been bench marking with comparator and also neighbouring local authorities/HSCP

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups
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	Needs	Evidence	Impact
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Age	No impact	This characteristic is not impacted by proposed phased delivery of the staffing review as application for post as they are recruited to will be open to application by all suitably qualified candidates	
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	Needs	Evidence	Impact
Disability	No impact	This characteristic is not impacted by proposed phased delivery of the staffing review as application for post as they are recruited to will be open to application by all suitably qualified candidates	
	Needs	Evidence	Impact
Gender Reassign	No impact	This characteristic is not impacted by proposed phased delivery of the staffing review as application for post as they are recruited to will be open to application by all suitably qualified candidates	
Marriage & Civil Partnership	No impact	This characteristic is not impacted by proposed phased delivery of the staffing review as application for post as they are recruited to will be open to application by all suitably qualified candidates	
Pregnancy & Maternity	No impact	This characteristic is not impacted by proposed phased delivery of the staffing review as application for post as they are recruited to will be open to application by all suitably qualified candidates	
	Needs	Evidence	Impact
Race	No Impact	This characteristic is not impacted by proposed phased delivery of the staffing review as application for post as they are recruited to will be open to application by all suitably qualified candidates	
Religion & Belief	No Impact	This characteristic is not impacted by proposed phased delivery of the staffing review as application for post as they are recruited to will be open to application by all suitably qualified candidates	

	Needs	Evidence	Impact
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Sex	No impact	This characteristic is not impacted by proposed phased delivery of the staffing review as application for post as they are recruited to will be open to application by all suitably qualified candidates	
Sexual Orientation	No impact	This characteristic is not impacted by proposed phased delivery of the staffing review as application for post as they are recruited to will be open to application by all suitably qualified candidates	

	Needs	Evidence	Impact
Human Rights	No impact	This characteristic is not impacted by proposed phased delivery of the staffing review as application for post as they are recruited to will be open to application by all suitably qualified candidates	
Health	No Impact	This characteristic is not impacted by proposed phased delivery of the staffing review as application for post as they are recruited to will be open to application by all suitably qualified candidates	

	Needs	Evidence	Impact
Social & Economic Impact	No Impact	This characteristic is not impacted by proposed phased delivery of the staffing review as application for post as they are recruited to will be open to application by all suitably qualified candidates	Positive impact If the proposed structure is agreed this will help to mitigate for West Dunbartonshire the challenge of the national crisis in the recruitment and

			<p>retention of social workers. The phased delivery of the staffing review will provide opportunities for career progression for existing employees and make West Dunbartonshire a more attractive option for social workers seeking employment. The phased recruitment will widen the field of potential candidates, who may not be seeking employment, should there only be one point of recruitment.</p> <p>By retaining current employees by offering potential for career progression this will create stability for workforce and a stable team is a protective factor for employee's wellbeing. It will also ensure that skills, knowledge and experience existing employees hold is retained by West Dunbartonshire at a time when most applicants for vacancies are newly qualified social workers</p> <p>It will also provide more consistency of support for children and families who access services and this a factor in creating better outcomes</p>
Cross Cutting			

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this

Not applicable

Will the impact of the policy be monitored and reported on an ongoing bases?

As the recruitment to the proposed structure will be phased this will allow for monitoring of impact after each phase of implementation and where relevant recruitment. This will allow adjustments to be made to the pace of the restructure through the process. There is on going monitoring of vacancies and the impact that these have. This is reported through the Clinical Care and Governance Group

What is your recommendation for this policy?

I recommend that should the proposed redesign be accepted that there is a phased implementation. This will not negatively impact on any protected characteristic

Please provide a meaningful summary of how you have reached the recommendation

Because of the recruitment challenges in social work, it is not realistic or desirable to recruit to all post simultaneously. The structure is costed at full staffing and therefore there will be savings of £200 000 realised for 2025/26 through taking an incremental approach. If as anticipated, the new proposed structure retains existing employees, this will create stability within services which will result in better outcomes for all children and families social work employees and for West Dunbartonshire's children and their families.

Equality Impact Assessment record layout for information

Owner:	Head of Strategy and Transformation
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Resource:	HSCP	Service/Establishment:	Strategy and Transformation
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	First Name	Surname	Job Title
Head Officer:	Margaret-Jane	Cardno	Head of Strategy and Transformation

	Include job titles/organisation
Members:	HSCP Senior Management Team

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Reduction in Short Break Funding – RESP01

The aim, objective, purpose and intended outcome of policy
To secure best value for the HSCP and improve the availability of short breaks for carers through the introduction of a more transparent and equitable approach to the provision of short breaks.

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy
West Dunbartonshire HSCP Senior Management Team

Does the proposals involve the procurement of any goods or services?	No
If yes please confirm that you have contacted our procurement services to discuss your requirements	N/A

SCREENING	
<i>You must indicate if there is any relevance to the four areas</i>	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Yes
Relevance to Human Rights (HR), Include UNCRC Rights	Yes
Relevance to Health Impacts (H)	Yes
Relevance to Social Economic Impacts (SE), Include Fairer Scotland Duty Considerations	Yes

Who will be affected by this policy?
Unpaid carers and the cared for person.

Who will be/has been involved in the consultation process?
HSCP Senior Management Team.

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups

	Needs	Evidence	Impact
Age	Carer needs include access to short breaks.	Nationally adult Unpaid Carers are much more likely to be female. The Carers Census, Scotland 2019-20 showed that females accounted for 76% of working age carers and 67% of carers aged 65 or over.	Positive

	Needs	Evidence	Impact
Disability	<p>Unpaid carers play a vital role in the lives of disabled people, ensuring they receive the care and support needed to thrive.</p> <p>Daily Living Assistance: Unpaid carers help with essential daily activities such as bathing, dressing, eating, and mobility. This support is crucial for individuals who may have physical limitations.</p> <p>Medical and Health Management: Carers assist with managing medications, attending medical appointments, and monitoring health conditions. This ensures that the disabled person receives proper medical care and adheres to treatment plans.</p>	<p>When respite services are reduced, disabled people can face several impacts:</p> <p>Increased Isolation: Without the support of unpaid carers, disabled individuals may experience greater social isolation. Carers often provide essential companionship and help maintain social connections.</p> <p>Decline in Health and Well-being: The absence of regular care can lead to a deterioration in both physical and mental health. Disabled individuals might struggle to manage daily activities, leading to increased stress and potential health complications.</p> <p>Higher Risk of Institutionalisation: Without adequate support at home, disabled people are more likely to be placed in institutional care settings, which can be more costly and less personalised.</p> <p>Financial Strain: Reduced carer support can lead to increased financial burdens for disabled individuals and their families. They may need to pay for professional care services, which can be expensive, or enter statutory services which will increase costs for the public sector.</p> <p>Reduced Quality of Life: The overall quality of life for disabled individuals can decline without the consistent support of unpaid carers. They may face difficulties in accessing necessary services, participating in community activities, and maintaining independence.</p> <p>Although there is a financial saving, this work is not considered to be a reduction in service. A new and more</p>	Positive

	<p>Emotional Support: Unpaid carers provide companionship and emotional support, which can significantly improve the mental well-being of disabled individuals. This support helps reduce feelings of loneliness and isolation.</p> <p>Advocacy and Coordination: Carers often act as advocates, helping to navigate complex healthcare and social service systems. They coordinate care and ensure that the disabled person's needs are met effectively.</p> <p>Financial Management: Many carers assist with managing finances, paying bills, and handling other administrative tasks. This support is vital for those who may struggle with these</p>	<p>equitable approach to the provision of short breaks, aligned with the learning from the short break pilot should have a positive impact on service users.</p>	
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	responsibilities due to their disability. Enhanced Quality of Life: Overall, the support provided by unpaid carers helps disabled individuals maintain a higher quality of life, enabling them to live more independently and participate in community activities.		
	Needs	Evidence	Impact
Gender Reassign			
Marriage & Civil Partnership			
Pregnancy & Maternity			
	Needs	Evidence	Impact
Race			
Religion & Belief			

	Needs	Evidence	Impact
Sex	<p>Unpaid carers often face a range of challenges and have specific needs that require attention and support, for example:</p> <p>Financial Support: Many unpaid carers struggle financially due to the demands of their caregiving roles. They often need better financial assistance, such as Carer's Allowance, to help cover living expenses.</p> <p>Respite Care: The opportunity to take breaks is crucial. Many carers experience burnout and exhaustion because they can't get regular respite breaks. Access to reliable respite care services can help carers maintain their well-being.</p> <p>Access to Services: Carers often find it</p>	<p>In 2020/21 Carers of West Dunbartonshire supported 1,250 adult carers 40% were aged 45-64; 76% were female.</p> <p>Nationally adult Unpaid Carers are much more likely to be female. The Carers Census, Scotland 2019-20 showed that females accounted for 76% of working age carers and 67% of carers aged 65 or over.</p>	Positive

	<p>challenging to access support services, especially those from ethnic minority backgrounds, lower socioeconomic groups, or the LGB+ community. Improved access to these services is essential.</p> <p>Emotional and Mental Health Support: The emotional toll of caregiving can be significant. Carers need access to mental health services and support groups to help them cope with stress and isolation.</p> <p>Training and Education: Providing carers with training and education on caregiving tasks can help them feel more confident and capable in their roles. This can include, financial management, and self-care techniques</p> <p>Recognition and Advocacy: Carers often</p>		
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	feel undervalued and overlooked. Greater recognition of their contributions and advocacy for their needs can help improve their quality of life and ensure they receive the support they deserve.		
Sexual Orientation	<p>Access to Services: Carers often find it challenging to access support services, especially those from ethnic minority backgrounds, lower socioeconomic groups, or the LGB+ community. Improved access to these services is essential.</p>	<p>There is evidence indicating that LGBTQ+ unpaid carers in Scotland face specific disadvantages, for example;</p> <p>Isolation and Discrimination: LGBTQ+ carers often experience isolation and discrimination, which can impact their mental health and well-being. They may face additional barriers when accessing support services due to fears of discrimination or lack of understanding from service providers.</p> <p>Reduced Social Networks: Many LGBTQ+ carers or the individuals they care for may have reduced social networks due to a lack of acceptance of their sexual orientation or gender identity. This can lead to increased feelings of loneliness and a lack of informal support.</p> <p>Health Inequalities: LGBTQ+ individuals are less likely to report good or very good health compared to their heterosexual counterparts. This can exacerbate the challenges they face as carers, as they may have their own health issues to manage alongside their caregiving responsibilities.</p> <p>Barriers to Accessing Services: Research has highlighted that LGBTQ+ carers in Scotland face specific barriers when accessing social care services. These include</p>	Positive

		<p>concerns about how they will be treated if they disclose their sexuality or gender identity, and difficulties in recruiting and working with personal assistants.</p> <p>Addressing these challenges requires targeted support and inclusive policies to ensure that LGBTQ+ unpaid carers receive the recognition and assistance they need.</p> <p>Source: National Care Service - adult social care: equality evidence review</p>	
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	Needs	Evidence	Impact
Human Rights			
Health			

	Needs	Evidence	Impact
Social & Economic Impact	West Dunbartonshire contains the 3rd= highest share of the most	Unpaid carers often face several socio-economic disadvantages that can significantly impact their lives, for example:	Positive

	deprived data zones in Scotland	<p>Financial Hardship: Many unpaid carers experience financial strain due to the demands of their caregiving roles. They may have to reduce their working hours or leave their jobs entirely, leading to a loss of income and financial security.</p> <p>Employment Challenges: Balancing caregiving responsibilities with employment can be difficult. Unpaid carers often face challenges in maintaining stable employment, advancing in their careers, or finding flexible work arrangements that accommodate their caregiving duties.</p> <p>Poverty Risk: The financial pressures and reduced earning potential can increase the risk of poverty for unpaid carers. This is particularly true for those who provide high-intensity care or care for extended periods.</p> <p>Health and Well-being: The stress and physical demands of caregiving can take a toll on carers' health. They may experience higher levels of stress, anxiety, and depression, as well as physical health issues due to the strain of caregiving.</p> <p>Social Isolation: Unpaid carers often face social isolation as their caregiving responsibilities limit their ability to engage in social activities, maintain friendships, and participate in community events.</p> <p>Gender Inequality: Women are disproportionately represented among unpaid carers, which exacerbates existing gender inequalities. This can limit their</p>	
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		opportunities for education, career advancement, and economic independence.	
Cross Cutting			

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this

This work does not have a negative impact on any equality group.

Will the impact of the policy be monitored and reported on an ongoing basis?

The implementation of the short breaks review will be monitored by the HSCP Programme Management Office. The impact will then be monitored by the Carers Development Group, the HSCP Senior Management Team, The HSCP Board Audit and Performance Committee and the HSCP Board.

What is your recommendation for this policy?

Proceed

Please provide a meaningful summary of how you have reached the recommendation

Although this programme will generate a financial saving, this work is not considered to be a reduction in service. A new and more equitable approach to the provision of short breaks, aligned with the learning from the short break pilot should have a positive impact on service users.

Equality Impact Assessment record layout for information

Owner:	Sylvia Chatfield
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Resource:	HSCP	Service/Establishment:	Learning Disability
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	First Name	Surname	Job Title
Head Officer:	Sylvia	Chatfield	Head of Mental Health, Learning Disability and Addictions.

	Include job titles/organisation
Members:	Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions Julie Slavin, Chief Financial Officer Lesley Kinloch, Integrated Ops Manager

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Reviews of Learning Disability (LD) social care packages - LD04

The aim, objective, purpose and intended outcome of policy

The aim of this policy is to embed the practice of effectively embedding the use of eligibility criteria, assessment and review ensuring the best outcomes for users of adult social work and social care services.

As set out in the section on duties, Section 1 and 2 of the Social Care (Self-directed Support) (Scotland) Act 2013 provides a legislative framework for the HSCPs approach to assessment of needs for adults, children and carers and the HSCPs social work function must have regard to these principles in conducting assessments.

Once a service user has a package of care and support in place, it must be checked or reviewed regularly to confirm that it is still appropriate for the needs of the individual. A service users' package is based on their original needs assessment which formally records all of their needs and intended outcomes. Reviews are an ongoing process used to reflect on the current package, to discuss what is working, what isn't working and what might need to change in future.

Staffing within the LD social work team has been an ongoing issue and work is underway to try and stabilise the team so that review work can be effectively progressed. This is vitally important to ensure service users have access to the right level of service to meet their needs and improve their outcomes.

Although the purpose of a review is never to simply generate savings there are a number of areas of inequity which have been identified which may result in the release of savings and ensure the HSCP is meeting its best value duties. For example, there are service users who do not meet the HSCPs eligibility criteria. These service users could have their needs more effectively met through the support of other community-based services, this in turn will lead to better outcomes for the individual. It is also clear that the client charge is not appropriately or consistently implemented, another inequity which must be addressed.

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy
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HSCP staff

Does the proposals involve the procurement of any goods or services?	N
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If yes please confirm that you have contacted our procurement services to discuss your requirements

SCREENING

You must indicate if there is any relevance to the four areas

Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)

Y

Relevance to Human Rights (HR)

Y

Relevance to Health Impacts (H)

Y

Relevance to Social Economic Impacts (SE)

Y

Who will be affected by this policy?

HSCP staff

Service users and carers

Partner organisations

Who will be/has been involved in the consultation process?

1. Joint staff forum
2. Staff
3. HSCP Board and West Dunbartonshire Council

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups

	Needs	Evidence	Impact
Age	Neutral		Neutral

	Needs	Evidence	Impact
Disability	Service users and carers may be concerned that they will not be able to access services which they previously attended.	According to the Social Care (Self-directed Support) (Scotland) Act 2013 the authority should aim to conduct reviews within a maximum period of 12 months. It should consider the review as a means by which to prevent crisis or to respond and adapt to the supported person's life.	There will be a reduction in service users attending LD services, but it will be more targeted and ensure that those attending meet eligibility criteria or are signposted to community supports. This will ensure that positive outcomes are delivered as packages will be more reflective of individual needs and outcomes.
	Needs	Evidence	Impact
Gender Reassign	Neutral		Neutral
Marriage & Civil Partnership	Neutral		Neutral
Pregnancy & Maternity	Neutral		Neutral
	Needs	Evidence	Impact

Race	Neutral		Neutral
Religion & Belief	Neutral		Neutral

	Needs	Evidence	Impact
Sex	Neutral		Neutral
Sexual Orientation	Neutral		Neutral

	Needs	Evidence	Impact
Human Rights	Neutral		Neutral

(ECHR statutory) UNCRC (note: currently non statutory)			
Health	Neutral		Neutral

	Needs	Evidence	Impact
Social & Economic Impact	The consistent implementation of the charging policy may impact on service users and carers who may be on low incomes.	Service users are likely to be on low income/welfare benefits and therefore will have their income maximised.	Negative – charges for services which they have not paid previously.
Cross Cutting	Neutral		Neutral

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this

Service users may not have paid the client charge previously however it is to be applied consistency ensuing equity. Some service users may no longer be eligible for services from HSCP.

Will the impact of the policy be monitored and reported on an ongoing basis?

The impact and progress will be reported to Senior Management Meeting and HSCP Board

What is your recommendation for this policy?

It is recommended that this work is progressed.

Please provide a meaningful summary of how you have reached the recommendation

There are a number of service users within learning disability who have not received a review recently. Services have been implemented previously contrary to eligibility criteria and equity. It is important that all service users have the same opportunity and access to services to meet their assessed needs. The local resource group (AARG) has been set up to ensure that there is transparency and equity for service users and carers.

Equality Impact Assessment record layout for information

Owner:	Sylvia Chatfield
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Resource:	HSCP	Service/Establishment:	Mental Health
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	First Name	Surname	Job Title
Head Officer:	Sylvia	Chatfield	Head of Mental Health, Learning Disability and Addictions.

	Include job titles/organisation
Members:	<p>Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions</p> <p>Julie Slavin, Chief Financial Officer</p> <p>Julie Campbell/Anne Kane, Integrated Ops Managers</p>

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Reviews of Mental Health (MH) Service packages - MH01

The aim, objective, purpose and intended outcome of policy

The aim of this policy is to embed the practice of effectively embedding the use of eligibility criteria, assessment and review ensuring the best outcomes for users of adult social work and social care services.

As set out in the section on duties, Section 1 and 2 of the Social Care (Self-directed Support) (Scotland) Act 2013 provides a legislative framework for the HSCPs approach to assessment of needs for adults, children and carers and the HSCPs social work function must have regard to these principles in conducting assessments.

Once a service user has a package of care and support in place, it must be checked or reviewed regularly to confirm that it is still appropriate for the needs of the individual. A service users' package is based on their original needs assessment which formally records all of their needs and intended outcomes. Reviews are an ongoing process used to reflect on the current package, to discuss what is working, what isn't working and what might need to change in future.

Staffing within the MH social work team has been an ongoing issue and work is underway to try and stabilise the team so that review work can be effectively progressed. This is vitally important to ensure service users have access to the right level of service to meet their needs and improve their outcomes.

Although the purpose of a review is never to simply generate savings there are a number of areas of inequity which have been identified which may result in the release of savings and ensure the HSCP is meeting its best value duties. For example, there are service users who do not meet the HSCPs eligibility criteria. These service users could have their needs more effectively met through the support of other community-based services, this in turn will lead to better outcomes for the individual. It is also clear that the client charge is not appropriately or consistently implemented, another inequity which must be addressed

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy
HSCP staff

Does the proposals involve the procurement of any goods or services?	N
If yes please confirm that you have contacted our procurement services to discuss your requirements	

SCREENING	
<i>You must indicate if there is any relevance to the four areas</i>	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Y
Relevance to Human Rights (HR)	Y
Relevance to Health Impacts (H)	Y
Relevance to Social Economic Impacts (SE)	Y

Who will be affected by this policy?
<p>HSCP staff</p> <p>Service users and carers</p> <p>Partner organisations</p>

Who will be/has been involved in the consultation process?

1. Joint staff forum
2. Staff
3. HSCP Board and West Dunbartonshire Council

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups

	Needs	Evidence	Impact
Age	Neutral		Neutral

	Needs	Evidence	Impact
Disability	Service users and carers may be concerned that they will not be able to access services which they previously attended.	According to the Social Care (Self-directed Support) (Scotland) Act 2013 the authority should aim to conduct reviews within a maximum period of 12 months. It should consider the review as a means by which to prevent crisis or to respond and adapt to the supported person's life.	There will be a reduction in service users attending MH services, but it will be more targeted and ensure that those attending meet eligibility criteria or are signposted to community supports. This will ensure that positive outcomes are delivered as packages will be more reflective of individual needs and outcomes.
	Needs	Evidence	Impact
Gender Reassign	Neutral		Neutral
Marriage & Civil Partnership	Neutral		Neutral
Pregnancy & Maternity	Neutral		Neutral
	Needs	Evidence	Impact

Race	Neutral		Neutral
Religion & Belief	Neutral		Neutral

	Needs	Evidence	Impact
Sex	Neutral		Neutral
Sexual Orientation	Neutral		Neutral

	Needs	Evidence	Impact
Human Rights	Neutral		Neutral

(ECHR statutory) UNCRC (note: currently non statutory)			
Health	Neutral		Neutral

	Needs	Evidence	Impact
Social & Economic Impact	The consistent implementation of the charging policy may impact on service users and carers who may be on low incomes.	Service users are likely to be on low income/welfare benefits and therefore will have their income maximised.	Negative – charges for services which they have not paid previously.
Cross Cutting	Neutral		Neutral

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this

Service users may not have paid the client charge previously however it is to be applied consistency ensuing equity. Some service users may no longer be eligible for services from HSCP.

Will the impact of the policy be monitored and reported on an ongoing basis?

The progress and impact will be updated to the Senior Management Meeting and HSCP Board.

What is your recommendation for this policy?

It is recommended that this work is progressed.

Please provide a meaningful summary of how you have reached the recommendation

There are a number of service users within mental health services who have not received a review recently. Services have been implemented previously contrary to eligibility criteria and equity. It is important that all service users have the same opportunity and access to services to meet their assessed needs. The local resource group (AARG) has been set up to ensure that there is transparency and equity for service users and carers.

Equality Impact Assessment record layout for information

Owner:	Fiona Taylor
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Resource:	ExternalCH01	Service/Establishment:	HSCP Health and Community Care
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	First Name	Surname	Job Title
Head Officer:	Fiona	Taylor	Head of Health and Community Care

	Include job titles/organisation
Members:	<p>Fiona Taylor, Head of Health and Community Care</p> <p>Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction Services</p> <p>Gillian Gall, Head of HR</p> <p>Julie Slavin, Chief Financial Officer</p>

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Savings proposal: reduce external care home bed funding by £0.451m – ExtCH01

The aim, objective, purpose and intended outcome of policy

The intended outcome of this proposal is to reduce the funding allocated to external nursing beds in line with recent demand for this service by 10 beds circa £0.451m.

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy

Does the proposals involve the procurement of any goods or services?	No
If yes please confirm that you have contacted our procurement services to discuss your requirements	

SCREENING	
<i>You must indicate if there is any relevance to the four areas</i>	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Y
Relevance to Human Rights (HR)	Y
Relevance to Health Impacts (H)	N
Relevance to Social Economic Impacts (SE)	N

Who will be affected by this policy?

Service users assessed as meeting the criteria (as per HSCP Adult Area Resource Group Policy) for external nursing care home bed funding.

External nursing care home providers.

Who will be/has been involved in the consultation process?

Commissioning and Contracts officer

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups

	Needs	Evidence	Impact
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Age	<p>Older people have higher care needs, based on the Strategic Needs Assessment (incidence of dementia, cancer and long term conditions)</p> <p>Affects all adults assessed as meeting the criteria for external care home funding due to the inability to mitigate against risk in the community setting and have a significant level of risk if they were to remain at home.</p>	<p>The Area Resource Group process ensures that there is a clear indicator of unmet need and a level of risk that cannot be tolerated in the community prior to agreement of funding for any placements.</p>	<p>There is a risk of a negative impact on older adults with a reduction in funding</p>
Disability	<p>Older people have higher care needs, based on the Strategic Needs Assessment (incidence of dementia, cancer and long term conditions)</p>	<p>The Area Resource Group process ensures that there is a clear indicator of unmet need and a level of risk that cannot be tolerated in the community prior to agreement of funding for any placements.</p> <p>There is one Care Home in WDHSCP that provides nursing care for people with a physical disability and under 65.</p>	<p>There is a risk of a negative impact on those with a disability with a reduction in funding.</p>

	Adults with significant disabilities which preclude them for being able to live as independently as possible at home and for whom a care home is only place to deliver their health and social care needs due to risk of remaining at home.		
	Needs	Evidence	Impact
Gender Reassign	Neutral	NA	Neutral
Marriage & Civil Partnership	Neutral	NA	Neutral
Pregnancy & Maternity	Neutral	NA	Neutral
Race	Neutral	NA	Neutral

Religion & Belief	Neutral	NA	Neutral
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Sex	Neutral	NA	Neutral
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Human Rights (ECHR statutory) UNCRC (note: currently non statutory)	Neutral	NA	Neutral
Health	Neutral	NA	Neutral

	Needs	Evidence	Impact
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Social & Economic Impact	The level of poverty in West Dunbartonshire indicates that people are less likely to be able to self fund care home placements. This means placements are dependent on assessed need, and when funding is provided by the HSCP.	Free Personal Care has been available in Scotland for adults aged 65 or over since 2002. The Scottish Government has legislated to ensure that by 1 April 2019 adults of any age, no matter their condition, capital or income, who are assessed by their local authority as needing this service, are entitled to receive this without charge. Free Nursing Care is similar and has been available to all who are assessed as requiring nursing care services, regardless of age, without charge.	The service will continue to be provided to those assessed as requiring residential nursing care.
Cross Cutting	Neutral	NA	Neutral

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this

The need to deliver savings across the HSCP necessitates consideration of proposals that may have a negative impact on equality groups. Implementation of the escalation process will allow the Chief Officer / CSWO to authorise funding if there is a clear risk / emergency if the placement is refused funding

Will the impact of the policy be monitored and reported on an ongoing basis?

Reported to SMT via weekly HSCP performance dashboard.

What is your recommendation for this policy?

Agreement of this proposal, noting the implementation of the escalation process as a key component of this proposal

Please provide a meaningful summary of how you have reached the recommendation

Demand for external nursing beds has reduced. The current Area Resource Group scrutiny process ensures that approval granted to fund places in long term care is defensible and equitable. The additional level of scrutiny via an escalation process will ensure that those at greatest risk of harm have access to external care home beds.

Equality Impact Assessment record layout for information

Owner:	Head of Strategy and Transformation
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Resource:	HSCP	Service/Establishment:	Strategy and Transformation
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	First Name	Surname	Job Title
Head Officer:	Margaret-Jane	Cardno	Head of Strategy and Transformation

	Include job titles/organisation
Members:	HSCP Senior Management Team

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Management Adjustment - Strategy & Planning Manager and Health Improvement Officer – S&T01

The aim, objective, purpose and intended outcome of policy
To achieve a turnover saving, whilst protecting the dignity of the staff currently on secondment.

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy
HSCP Senior Management Team

Does the proposals involve the procurement of any goods or services?	No
If yes please confirm that you have contacted our procurement services to discuss your requirements	N/A

SCREENING	
<i>You must indicate if there is any relevance to the four areas</i>	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	No
Relevance to Human Rights (HR), Include UNCRC Rights	No
Relevance to Health Impacts (H)	No
Relevance to Social Economic Impacts (SE), Include Fairer Scotland Duty Considerations	No

Who will be affected by this policy?
Limited impact as currently this is a turnover saving. The impact of a reduction in the HSCPs health improvement capacity is captured in a separate EIA.

Who will be/has been involved in the consultation process?
HSCP Senior Management Team

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups
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	Needs	Evidence	Impact
Age			

	Needs	Evidence	Impact
Disability			
	Needs	Evidence	Impact
Gender Reassign			

Marriage & Civil Partnership			
Pregnancy & Maternity			
	Needs	Evidence	Impact
Race			
Religion & Belief			

	Needs	Evidence	Impact
Sex			
Sexual Orientation			

	Needs	Evidence	Impact
Human Rights			
Health			

	Needs	Evidence	Impact

Social & Economic Impact			
Cross Cutting			

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this

Will the impact of the policy be monitored and reported on an ongoing bases?

What is your recommendation for this policy?

Proceed.

Please provide a meaningful summary of how you have reached the recommendation

West Dunbartonshire Health and Social Care Partnership 2025/26 Summary Savings Options

Ref	Head of Service	Partner Body	Detail	2025/26		2026/27		2027/28	
				Saving (£000)	FTE	Saving (£000)	FTE	Saving (£000)	FTE
ADMIN01	Margaret Jane Cardno	Social Care	Business Support and Administration Review	277	8.0	227	8.0	227	8.0
C&F01	Lesley James	Social Care	Continuing Care - Kinship Allowances	154	N/A	204	N/A	204	N/A
LD01	Sylvia Chatfield	Social Care	Learning Disability Review Phase 1 - Closure of Work Connect	276	11.9	456	11.9	456	11.9
LD03	Sylvia Chatfield	Social Care	Review of Respite Staffing Service	48	0.8	TBC	TBC	TBC	TBC
LD06	Sylvia Chatfield	Social Care	Partial Closure of Housing Support Service	60	2.8	60	2.8	60	2.8
OPDC01	Fiona Taylor	Social Care	Modernisation of Older People Day Care Services	401	11.1	539	11.1	539	11.1
Social Care Sub Total				1,216	34.6	1,486	33.8	1,486	33.8
S&T02	Margaret Jane Cardno	Health Care	Removal of Health Improvement Officer Senior Post	62	0.8	62	0.8	62	0.8
HV01	Lesley James	Health Care	Health Visitor Service Staffing Reconfiguration	140	1.8	100	1.8	100	1.8
PRES01	Fiona Taylor	Health Care	Prescribing Efficiency Savings	570	N/A	570	N/A	570	N/A
Health Care Sub Total				772	2.6	732	2.6	732	2.6
Total Savings Options				1,988	37.2	2,218	36.4	2,218	36.4
Alternative Older People Day Care Services Options									
OPDC02	Fiona Taylor	Social Care	Modernisation of Older People Day Care Services	485	13.6	654	13.6	654	13.6
OPDC03	Fiona Taylor	Social Care	Modernisation of Older People Day Care Services	600	15.7	TBC	23.0	TBC	23.0

2025/26 BUDGET PREPARATION – SAVING OPTIONS DETAIL

Head of Service: Head of Strategy and Transformation		Saving Ref: ADMIN01			
Saving Title		Business Support and Administration Review			
<p>Summary of Savings Proposal</p> <p>A business support and administration review is currently underway, to evaluate and improve the efficiency and effectiveness of the HSCP's administrative and support functions. Overall, the review aims to create a more efficient and productive business support environment.</p>					
<p>Impact and Risk Associated with Proposed Savings</p> <p>The impact of this work is largely positive. The review aims to:</p> <ol style="list-style-type: none"> 1. Identify Strengths and Weaknesses: Assessing the performance of administrative functions to pinpoint areas that are performing well and those that need improvement. 2. Enhance Productivity: Streamlining workflows, improving time management, and optimising resource allocation to enhance overall productivity. 3. Improve Resource Utilisation: Ensuring that human, financial, and physical resources are used optimally to support the delivery of the HSCP Strategic Plan. 4. Alleviate Pressure: Modifying the business structure to identify areas of pressure and distribute responsibilities more effectively to meet statutory functions. 5. Implement Best Practice: To ensure continuous improvement. 6. Engage Employees: Involving employees in the review process to gather insights and foster a sense of ownership and commitment to the proposed changes. <p>Risk: The risks in terms of achieving these savings are limited as officers are confident, they can be found through the removal of existing vacancies. The impact on the workforce is therefore reduced. However, there will be a need for changes in practice and this can be unsettling for the workforce.</p> <p>The removal of vacancies may cause short term pressure within teams. It is hoped that positive engagement with staff and trade unions will mitigate against this risk.</p>					
Saving					
2025/26		2026/27		2027/28	
£000	FTE	£000	FTE	£000	FTE
277	8.0	277	8.0	277	8.0
<p>FTE Impact that could be delivered through existing vacancies: TBC but should be managed through current vacancies</p>					
Equality Impact Assessment Completed: Yes				EIA No: ADMIN01	

Head of Service: Lesley James	Saving Ref: C&F01
Saving Title	Continuing Care – Kinship Allowances
<p>Summary of Savings Proposal</p> <p>The proposal ensures West Dunbartonshire HSCP’s payment of allowances for young people aged up to the age of 18 years who reside in Kinship Care is in line with the Scottish Government’s Recommended Allowance (SRA). The proposal outlines an option to release savings, while supporting better outcomes for our young people as it will remove the disincentive the current system creates for kinship carers to legally secure children permanently in their care.</p> <p>The report submitted to the March 2025 HSCP Board for consideration and approval titled “Allowances for Kinship Carers and Young People in West Dunbartonshire” provides background information and outlines the main issues.</p> <p>The SRA does not apply to young people aged 18-21 who remain in full time education. The proposal is for West Dunbartonshire HSCP to provide a Kinship Care Allowance for this age group that is £200 per week This is to support young people to remain in full- time education and so improve their life chances.</p> <p>The proposed allowance of £200 per week recognises the barriers experienced by this cohort of young people in transitioning to adulthood. It will also support kinship carers to continue to care for their family member through this crucial life stage. The allowance applies to all eligible for continuing care and all young people in Kinship care in continuing education</p> <p>The table below details the cost and any associated savings for Children’s Services in respect of the proposed payments of allowances to young people aged 18+ years old. It is anticipated that after allowing for consultation of the changes, reductions in cost will be realised from July 2025 onwards.</p>	
<p>Impact and Risk Associated with Proposed Savings</p> <ul style="list-style-type: none"> • There has not been a full consultation with affected groups. There has been some consultation with local kinship carers and further consultation is being developed. • There may be complaints made by kinship carers who have previously received the full SRA. However, a lead time of 3 months is proposed to support transition. • The proposal brings West Dunbartonshire HSCP in line with practice with the other local authorities benchmarked against. • There is a Scottish Government commissioned consultation underway regarding Continuing Care and support to Care Leavers, this may lead to changes that will require further review of allowances. 	

Saving

The 2025/26 saving is part year, estimated as £55,901 and £97,656 from Tables 1 and 2 below.

Table 1

18-21 Years old LAAC	25/26 Cost	No of clients
Current payment SRA rates	386,235	30
Continuing care payment £200	312,000	30
Saving	74,235	

Table 2

18-21 Years old Section 11	25/26 Cost	No of clients
Current payment SRA rates	255,008	23
If in full time Education continuing care payment £200 (50% of clients)	124,800	12
Saving	130,208	

FTE Impact that could be delivered through existing vacancies: N/A

Equality Impact Assessment Completed: Yes

EIA No: Attached to Allowances for Kinship Carers and Young People in West Dunbartonshire – 24 March 2025 Repot

Head of Service: Sylvia Chatfield		Saving Ref: LD01
Saving Title		Learning Disability Review Phase 1: Closure of Work Connect Employability Service
Summary of Savings Proposal		
Work Connect currently provides employability services to a range of services users. This service works with around 100 service users with Mental Health, Learning Disability, Acquired Brain Injury and Autism.		
Category	Details	
Service Users	100 total: 24 critical, 25 substantial, 51 low/moderate	
Hours per Week	59 users: 0-2 hrs, 65 users: 2-8 hrs, 6 users: 9-13 hrs	
Budget	£456k	
Staff	12 staff: 1 x Grade 2, 1 x Grade 3, 1 x Grade 4, 6 x Grade 5, 3 x Grade 6, 1 x seconded until 31/3/24 (FTE 11.9)	
Closure Timeframe	Maximum 6 months	
Alternative Support	Mapping done to identify alternative services	
Reviews	Reviews for non-eligible users transitioning out	
Any cost to continue to provide support for critical and substantial service users would be managed by using alternative employability resources in the area. There may be requirement for a support package for a small cohort which can be funded by services social care budget.		
Additionally, consideration must be given to VER/VS and the related costs that would affect full-year savings, with 12 staff members in post (primarily permanent positions). If some funding is allocated to provide additional capacity within another provider, then TUPE may also need to be considered.		
It is expected that work should start immediately on the closure of Work Connect with a maximum timeframe of 6 months. This will ensure that all eligible service users are found suitable alternative support and staff have opportunities to be matched into appropriate posts.		
Mapping has been done to identify alternative services in the area which would meet the needs of this service user group. Also reviews have been taking place for those not meeting the eligibility criteria and transitioning them out of this service.		
Impact and Risk Associated with Proposed Savings		
There will be limited impact on those service users who meet the eligibility criteria and those who do not will be signposted to alternative community support.		
Staff will be matched into appropriate vacancies or within SWITCH.		

Saving

2025/26		2026/27		2027/28	
£000	FTE	£000	FTE	£000	FTE
276	11.9	456	11.9	456	11.9

(Dependent on SWITCH/VER/VS in six months of financial year*). Earmarked reserves maybe required to fund these costs.

FTE Impact that could be delivered through existing vacancies:

There are currently vacancies within Housing Support Service (0.53 FTE Grade 5), Community Connections (0.81 FTE Grade 5 & 1.84 FTE Grade 3) and Dumbarton Day Centre (5.29 FTE Grade 5, 1.17 FTE Grade 3).

Equality Impact Assessment Completed: Yes

EIA No: LD01

Head of Service: Sylvia Chatfield

Saving Ref: LD03

Saving Title		Review of Respite Service Staffing			
Summary of Savings Proposal Review of the management of the Respite Services Bureau is underway.					
Impact and Risk Associated with Proposed Savings A full review of Learning Disability services is underway. It is anticipated that some posts may no longer be required in their current configuration due to service redesign. The service will be managed to ensure there is minimal disruption to the continuous provision of respite.					
Saving					
2025/26		2026/27		2027/28	
£000	FTE	£000	FTE	£000	FTE
48	0.8	TBC	TBC	TBC	TBC
FTE Impact that could be delivered through existing vacancies: Alternative posts will be reviewed via SWITCH process or VER/VS could be a consideration.					
Equality Impact Assessment Completed: Yes				EIA No: LD03	

Head of Service: Sylvia Chatfield		Saving Ref: LD06			
Saving Title		Partial Closure of Housing Support Service			
Summary of Savings Proposal This saving proposal should be seen as part of the LD01 saving proposal for full Learning Disability Review – Phase 1.					
The Learning Disability Housing support service offers supported living in three locations in West Dunbartonshire, catering to various needs and ages. While the Learning Disability Review will include this service, two users at one location do not require overnight support and receive some daytime support from other providers. The service packages need a thorough review, and alternative support models, such as community-based outreach services, could be considered.					
Impact and Risk Associated with Proposed Savings					
There are currently 3 permanent employees (2.81 FTE) at the stated location with 2 service users receiving support from 8am to 10pm.					
The closure of this service would focus on increasing alternative provisions in the community, offering service users and carers more choice and fostering service user independence. It would also generate savings.					
There is a risk that third sector providers might be unable to adopt this service due to challenges in recruiting staff for support. The Community LD team would assist providers with specialist training if necessary. The current budget is £170,000, and the cost of alternative support is estimated at £118,000, resulting in a potential saving of £52,000. This figure assumes the service users continue to require 98 hours of support, which may not be accurate, and thus the actual savings could be higher.					
Staff may potentially be integrated into other HSS services, or they may need to be transferred to the new provider under TUPE regulations.					
Saving					
2025/26		2026/27		2027/28	
£000	FTE	£000	FTE	£000	FTE
60	2.81	60	2.81	60	2.81
FTE Impact that could be delivered through existing vacancies: There are currently vacancies within Housing Support Service (0.53 FTE Grade 5), Community Connections (0.81 FTE Grade 5 & 1.84 FTE Grade 3) and Dumbarton Day Centre (5.29 FTE Grade 5, 1.17 FTE Grade 3).					
Equality Impact Assessment Completed: Yes				EIA No: LD06	

Head of Service: Fiona Taylor		Saving Ref: OPDC01
Saving Title	Modernisation of the provision of Older People Day Care services in West Dunbartonshire.	
Summary of Savings Proposals		
The HSCP Day Care Service		
Current budgeted model:		
The service requires a staffing ratio 1:6 due to level of care needs for those attending (moving and handling, assistance with continence care, nutrition, level of dementia).		
Day Services Lead	Grade 9	1 FTE
Care Manager	Grade 7	1 FTE
Care Officers	Grade 4	10 FTE
Care Assistants	Grade 3	8 FTE
Bus Escort	Grade 3	3 FTE
Current in post (23/3/25)		
Day Services Lead	Grade 9	1 FTE
Care Manager	Grade 7	0.5 FTE (0.5 FTE is a vacancy)
Care Officers	Grade 4	7.7 FTE
Care Assistants	Grade 3	5.0 FTE
Bus Escort	Grade 3	1.0 FTE
Roles:		
Day Services Lead – overall responsibility for the delivery of care, inclusive of budget and employees.		
Care Manager - Registered Manager, completes home visits for the initial assessment.		
Care Officers - oversight of the day to day service, complete reviews / care and support plans.		
Care Assistants – direct care, accompany bus runs to ensure service user safety during transport.		
Bus Escort – accompany bus runs to ensure service user safety during transport.		
Charges for attending Day Care per session:		
Day care	£4.70	
Transport (per trip)	£2	
Meal	£3.20	
Total	£11.90	

Service users: w/b 10th Feb 2025

	Crosslet	QQ
Scheduled	127	98
Attended	102	80
Daily attendance range	19-23	13-20
Option 1	30	24
Option 2	40	0
Option 3	0	0

Option 1 is to cap places per day service site, maintaining day services in both localities: - Crosslet – 30/day and Queens Quay – 24/day

Option 2 to amalgamate Day Services to one single site (Crosslet Care Home) supported by two to three buses. Crosslet – 40/day

Option 3 to remove Older Adult Day Services. Current service users will have to be offered alternative provision. The 2025/26 estimated savings figure has been adjusted to reflect this. However, this would be subject to change as each review was worked through.

Public engagement

The 25/26 Budget Engagement Public Survey included a question a question about day services. There were two emerging themes (12 respondents).

Suitability of Building Based Services

Some respondents expressed their concerns about the suitability of current day service provision, specifically surrounding the facilities themselves and what they offer to service users. It was highlighted by several respondents that there are gaps within service provision for younger people (aged 40+) who need care and if a day service would be suitable for those people when its structure is created around a much older clientele.

Investment in Alternative Solutions

There were suggestions by a select number of responders who believed community-based solutions (i.e. lunch clubs, community gardens etc.) would better suit the emotional wellbeing of older people and support their independence, rather than referring straight to day services.

Service user and staff engagement sessions

The following key themes emerged from the engagement sessions with services users, carers and employees:

- Social isolation is reduced by day care

- Level of dependency is increasing for service users attending day care
- Younger people (>50) are now attending day care and have different care needs from the traditional age profile.
- Quality of care provided in day care is a high standard and valued by service users and carers
- Safety – attendance at day care provides a level of safety and security for service users
- Carer impact is significant, with carers reporting the positive impact their loved one attending day care has on them in their caring role
- Autonomy for service users- in attending day care they report a level of decision making they otherwise may not experience
- Visibility of day care services could be enhanced

Impact and Risk Associated with Proposed Savings

- Risk of unpaid carer stress and breakdown of ability to care for loved ones if day service support is unavailable.
- Risk re requirement to reduce FTE via Organisational Change,
- Risk of additional costs: redundancy / early retirement.
- Capping capacity may impact on the ability to maintain people safely at home for a longer period and may result in increased demand for long term care (internal and external care homes).
- Risk of negative impact on Care at Home OR the need to commission external Packages of Care to manage care needs in the community.
- Lower capacity in Clydebank therefore service users will need to travel to Crosslet with additional transport costs.
- Unpaid carers in Clydebank who currently transport those they care for independently may choose to utilise bus transport or decide to stop attendance.
- Transport colleagues are yet to confirm bus costs for 25/26.

Saving

OPTIONS	2025/26		2026/27		2027/28	
	£000	FTE	£000	FTE*	£000	FTE
Option 1	401	11.1	539	11.1	539	11.1
Option 2	485	13.6	654	13.6	654	13.6
Option 3	600	15.7	TBC	23.0	TBC	23.0

FTE Impact that could be delivered through existing vacancies: Currently 7.8 vacancies across both centres

Equality Impact Assessment Completed: Yes

EIA No: OPDC01

Head of Service: Head of Strategy and Transformation		Saving Ref: S&T02			
Saving Title		Removal of Health Improvement Senior Post (0.8 FTE)			
Summary of Savings Proposal					
Removal of Health Improvement Senior Post (0.8 FTE)					
Impact and Risk Associated with Proposed Savings					
The removal of this post, together with the non-recurring saving within the Health Improvement Team, results in a decreased capacity to perform tasks related to physical activity and nutrition.					
The HSCP Strategic Needs Assessment 2022 shows that 71% of adults in West Dunbartonshire are overweight or obese; 62% of adults meet the guidelines for moderate or vigorous physical activity, this translates to only 52% of women and 72% of men.					
The decision not to pursue preventative physical activity and nutrition interventions could have several impacts on service users, as detailed within the attached Equalities Impact Assessment.					
The impact will be mitigated through the prioritisation of the Health Improvement Team’s workplan.					
Saving					
2025/26		2026/27		2027/28	
£000	FTE	£000	FTE	£000	FTE
62	0.8	62	0.8	62	0.8
FTE Impact that could be delivered through existing vacancies: 0.8					
Equality Impact Assessment Completed: Yes				EIA No: S&T02	

Head of Service: Lesley James		Saving Ref: HV01			
Saving Title		Health Visitor Service			
Summary of Savings Proposal Release non-recurring funding in relation to Health Visitor (HV) Trainee programme of £40,000. Remove on a recurring basis, 1.0 WTE HV post following Retire and Return of 2 existing staff of £76,000. Reconfigure existing Health Care Support Worker, Nursery Nurse and Admin vacancies to create 2.0wte Band 4 Nursery Nurse posts, releasing recurring net savings of £24,000, (0.8wte).					
Impact and Risk Associated with Proposed Savings The Caseload Weighting Tool 2024 indicates for West Dunbartonshire HSCP that there should be a reduction of 7.4wte HV posts. However, the output from this tool cannot be considered in isolation and should be triangulated with additional workforce data using the Common Staffing Method workforce tool. Triangulation and professional judgement from last common staffing method workforce tool (Nov24) would indicate with the reduction in the pre-5 population and caseloads that a safe reduction would be 1.0 wte HV post. This could be implemented with no risk to service users. This position is further evidence by Quality metrics indicating that the service has maintained delivery of safe, high quality care. It is also worthy of noting that the reduction in working week from 37.5 to 36 hours will cumulatively equate to the loss of 1.57 wte HV from the establishment figures. The proposed reconfiguration of Health Care Support Worker vacancies into Nursery Nurse resource will support delivery of early years intervention work and align to the developmental delay profile of pre-5 children within the HSCP. This proposal will provide additional specialist input to our most complex vulnerable families resulting in minimal risk to our service users and align to the 5 year transformational plan predicated on keeping children within the family home, where it is safe to do so offering support an early intervention.					
Saving					
2025/26		2026/27		2027/28	
£000	FTE	£000	FTE	£000	FTE
40	N/A	0	N/A	0	N/A
76	1.0	76	1.0	76	1.0
24	0.8	24	0.8	24	0.8
FTE Impact that could be delivered through existing vacancies: 1.8 FTE					
Equality Impact Assessment Completed: Yes				EIA No: HV01	

Head of Service: Fiona Taylor		Saving Ref: PRES01
Saving Title	<p>Prescribing Efficiency Savings:</p> <p>The savings proposals are developed by NHSGGC Health Board Central Pharmacy colleagues alongside local HSCP Pharmacy Teams and continue the Board -wide approach adopted by all GGC Partnerships in 2024/25 to enhance prescribing efficiencies required to manage increasing costs and volume pressures.</p> <p>The projected gap for 2025/26 has been adjusted over recent months to account for current trends, including the positive impacts of the ongoing 2024/25 programmes, which are expected to deliver approximately £0.230m in additional savings into the next financial year.</p> <p>Nonetheless, the remaining pressures for 2025/26 cannot be entirely mitigated by efficiency programmes and will require the use of earmarked reserves.</p> <p>Required: To deliver Prescribing efficiencies across several targeted areas, including the continuation and expansion of Polypharmacy reviews, the de-prescribing of Lidocaine plasters, switches to generic drugs from high-cost alternatives as well as general dose optimisation and review of Care Home Prescribing.</p>	
Summary of Savings Proposal		
<p>Implement a range of identified prescribing efficiencies by reviewing practice and encouraging the use of generic drugs, reducing medicines waste through limiting over-prescribing and dose optimisation, and providing support for care home prescribing. The scope of this work requires collaboration beyond HSCP Pharmacy staff, involving commitment from all multidisciplinary team prescribers and general practice, in addition to ongoing education for prescribers and patients.</p>		
Impact and Risk Associated with Proposed Savings		
<p>Some efficiency programmes require more resources due to complex patient groups where switches are not feasible and could be labour intensive for minor savings. The HSCP Local Pharmacy Team's knowledge can pinpoint priority areas, evaluating risks and resources to optimise targets while minimising patient impact. Achieving the necessary efficiencies to reduce the Prescribing budget gap demands clear communication and shared responsibility among all Prescribing partners to change established practices. The volatile nature of prescribing volumes, prices, and supply issues may also affect the achievable savings.</p>		

Saving:

	2025/26		2026/27		2027/28	
	£000	FTE	£000	FTE	£000	FTE
Prescribing Efficiencies	570	n/a	1,067	n/a	TBC	n/a

FTE Impact that could be delivered through existing vacancies: N/A

Equality Impact Assessment Completed: N/A
based on clinical judgement

EIA No: N/A

Equality Impact Assessment record layout for information

Owner:	Head of Strategy and Transformation
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Resource:	HSCP	Service/Establishment:	HSCP
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	First Name	Surname	Job Title
Head Officer:	Margaret-Jane	Cardno	Head of Strategy and Transformation

	Include job titles/organisation
Members:	HSCP Senior Management Team

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Business Support and Administration Review – ADMIN01

The aim, objective, purpose and intended outcome of policy
A business support and administration review is currently underway within the HSCP. This review is being conducted to evaluate and improve the efficiency and effectiveness of the HSCPs administrative and support functions. Overall, the review aims to create a more efficient and productive business support environment.

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy
HSCP Senior Management Team

Does the proposals involve the procurement of any goods or services?	No
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If yes please confirm that you have contacted our procurement services to discuss your requirements	N/A
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SCREENING	
<i>You must indicate if there is any relevance to the four areas</i>	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	No
Relevance to Human Rights (HR), Include UNCRC Rights	No
Relevance to Health Impacts (H)	No
Relevance to Social Economic Impacts (SE), Include Fairer Scotland Duty Considerations	No

Who will be affected by this policy?
HSCP admin and business support staff will be impacted by this policy.

Who will be/has been involved in the consultation process?
HSCP Senior Management Team

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups

	Needs	Evidence	Impact
Age			No impact

	Needs	Evidence	Impact
Disability			No impact
	Needs	Evidence	Impact
Gender Reassign			No impact
Marriage & Civil Partnership			No impact
Pregnancy & Maternity			No impact
	Needs	Evidence	Impact
Race			No impact
Religion & Belief			No impact

	Needs	Evidence	Impact
Sex		The pool of staff who will be impacted by this work is predominately female. However, the approach taken in terms of organisational change is standardised regardless of sex. The impact upon staff is limited in that officers are confident savings can be found from existing vacancies. Change will be required in terms of existing processes, which may cause anxiety for some staff. However, options related to this work potentially include increased career	Neutral

		development opportunities. This is positive and could therefore increase morale within the staff group, therefore the overall impact neutral.	
Sexual Orientation			No impact

	Needs	Evidence	Impact
Human Rights			No impact
Health			No impact

	Needs	Evidence	Impact
Social & Economic Impact		Emerging proposals suggest that, after the removal of existing vacancies a cost neutral option could be developed, which includes career development opportunities for staff.	Neutral
Cross Cutting		The delivery of the review will be managed through the relevant workforce policies and procedures.	Neutral

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this

The impact of this work is neutral.

Will the impact of the policy be monitored and reported on an ongoing basis?

The implementation of this change project is managed through a formal project team, overall progress is monitored by the HSCP Programme Management Office (PMO) who oversee all major change projects and the HSCP Board (who oversee the delivery of key savings projects).

What is your recommendation for this policy?

Proceed.

Please provide a meaningful summary of how you have reached the recommendation

This work is considered essential to create a modern business support service for the HSCP enabling teams to deliver the outcomes of the HSCP Strategic Plan and effectively deliver its statutory functions.

Equality Impact Assessment record layout for information

Owner:	Sylvia Chatfield
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Resource:	HSCP	Service/Establishment:	Learning Disability
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	First Name	Surname	Job Title
Head Officer:	Sylvia	Chatfield	Head of Mental Health, Learning Disability and Addictions.

	Include job titles/organisation
Members:	Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions Gillian Gall, Head of HR Julie Slavin, Chief Financial Officer Lesley Kinloch, Service Manager, Learning Disability

Please note: the word policy is used as shorthand for strategy policy function or financial decision

Policy Title:	Learning Disability Review (Phase 1) - LD01
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The aim, objective, purpose and intended outcome of policy

The aim of this policy is to enable the HSCP to become more agile in the development and implementation of bespoke person-centred services which are more responsive to the needs of service users, resulting in better outcomes for the individual.

Work Connect is a high-cost service with 11.9 FTE staff who provide support to 49 service users who meet critical and substantial eligibility criteria, and 59 service users who do not meet these criteria. The hours of support range from 0 hours to 13 hours per week. 9 service users use 0 – 2 hours per week and 65 use 2 – 8 hours. This is a very low level of support with a budget of £415,082 (99% of which is staffing). This service could be provided in a more agile way via alternative providers or from services currently in place. This would improve outcomes for service users, particularly those seeking volunteering and employment opportunities, and would realise substantial savings to the HSCP.

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy	
There has been engagement with staff and service users/carers. Ongoing engagement with HSCP staff and TU reps	

Does the proposals involve the procurement of any goods or services?	N
If yes please confirm that you have contacted our procurement services to discuss your requirements	

SCREENING	
<i>You must indicate if there is any relevance to the four areas</i>	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Y
Relevance to Human Rights (HR)	Y
Relevance to Health Impacts (H)	Y
Relevance to Social Economic Impacts (SE)	Y

Who will be affected by this policy?
HSCP staff and service users/carers Partner organisations

Who will be/has been involved in the consultation process?

1.Joint staff forum and individual Unions in relation to consultation 2. IJB and West Dunbartonshire Council 3.HSCP Staff engagement 4. Service user and carer engagement and consultation. Staff sessions held on 11 th December 2024 and 13 th January 2025 and service user sessions held on 12 th December 2024 and 16 th January 2025. Detailed anonymised feedback collated by HSCP community engagement officer.

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups

	Needs	Evidence	Impact
Age	Neutral		Neutral

	Needs	Evidence	Impact
Disability	Service users may be impacted due to their disabilities.	There are a number of service users who do not meet the HSCP eligibility criteria and, through review, have been, or are in the process of being, be signposted to alternative social supports. All service users are being reviewed to ensure that needs are identified.	Some current service users may receive support from agencies other than the HSCP, whilst those who are not requiring HSCP support will be signposted to local community supports.
	Needs	Evidence	Impact
Gender Reassign	Neutral		Neutral
Marriage & Civil Partnership	Neutral		Neutral
Pregnancy & Maternity	Neutral		Neutral
	Needs	Evidence	Impact
Race	Neutral		Neutral
Religion & Belief	Neutral		Neutral

	Needs	Evidence	Impact
Sex	Neutral		Neutral
	Neutral		Neutral

Sexual Orientation			
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	Needs	Evidence	Impact
Human Rights (ECHR statutory) UNCRC (note: currently non statutory)	Neutral		Neutral
Health	Neutral		Neutral

	Needs	Evidence	Impact
Social & Economic Impact	There may be concerns about impact of job changes on lower grade staff.	HR21 records Full review of current staffing shows that there are a number of staff who are on a lower grade, however, vacancies at the same level exist within other LD services	Negative – if alternative posts are not identified

Cross Cutting	Neutral		Neutral
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Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this

There is potential for staff to be displaced as part of the closure of Work Connect. This process will be managed in line with the appropriate West Dunbartonshire Council Policies.

There are service users who may not require ongoing support from the HSCP, who will be signposted to local community supports.

Will the impact of the policy be monitored and reported on an ongoing basis?

The progress and impact of this policy will be reported and monitored to the Senior Management Meeting and the HSCP Board on conclusion.

What is your recommendation for this policy?

It is recommended that this work is progressed, and the Work Connect service is closed.

Please provide a meaningful summary of how you have reached the recommendation

This recommendation provides an opportunity for the HSCP to achieve best value whilst delivering more sustainable person-centred services to vulnerable service users. This is a high-cost service providing services to a small number of service users who are in receipt of a low number of hours of support per week.

The packages of support for those who meet the eligibility criteria for HSCP services will be reviewed and alternative opportunities identified which more appropriately meet the needs of the service user, leading to better outcomes for the individual. This may include, for example, employability services

For those current service users who do not meet the HSCP eligibility criteria (approx. 50%), these individuals will be supported to access community-based services, which will more appropriately meet their needs and outcomes. These services users will be supported to manage that transition.

Equality Impact Assessment record layout for information

Owner:	Sylvia Chatfield
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Resource:	HSCP	Service/Establishment:	Learning Disability
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	First Name	Surname	Job Title
Head Officer:	Sylvia	Chatfield	Head of Mental Health, Learning Disability and Addictions.

	Include job titles/organisation
Members:	Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions Gillian Gall, Head of HR Julie Slavin, Chief Financial Officer Lesley Kinloch, Integrated Ops Manager

Please note: the word policy is used as shorthand for strategy policy function or financial decision

Policy Title:	Review of current Respite Team within HSCP - LD03
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The aim, objective, purpose and intended outcome of policy

The purpose of this review is to facilitate the development of an effective and cost effective respite service and short breaks for carers and service users within West Dunbartonshire.

The overall aims of this review are: to identify the range of services available for carers; to identify any gaps in service provision; to embrace best practice in relation to effectiveness and cost -effectiveness of respite services for carers and to ensure services are equitable, easy to access and sustainable.

The review has looked at the current posts associated with this service. The function of this team is to book respite for those with learning or physical disabilities. A recent short break pilot lead by the HSCP Board and a review of current arrangements has highlighted a number of improvement opportunities, which includes improvements to the service user experience and outcomes. Moving forward it is the ambition of the HSCP to more effectively embed the principles of self-directed support and improve practice in

this area. The ambition is that service users will be able to exercise a greater degree of choice and control and will be able to book their short breaks or use their budget in different ways.

In addition, work is underway at looking how the HSCP ensures good financial governance, best practice and equitable service delivery. A review has taken place of the way in which resources are allocated and authorised to strengthen consistency and promote equity. All budgets for carers are agreed through the centralised resource group (AARG) to ensure consistency.

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy

HSCP staff and Trade Unions

Does the proposals involve the procurement of any goods or services?

N

If yes please confirm that you have contacted our procurement services to discuss your requirements

SCREENING

You must indicate if there is any relevance to the four areas

Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)

Y

Relevance to Human Rights (HR)

Y

Relevance to Health Impacts (H)

Y

Relevance to Social Economic Impacts (SE)

Y

Who will be affected by this policy?

HSCP staff

Who will be/has been involved in the consultation process?

1. Joint staff forum and individual Unions in relation to consultation
2. Staff member
3. IJB and West Dunbartonshire Council

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups

	Needs	Evidence	Impact
Age	Neutral		Neutral

	Needs	Evidence	Impact
Disability	Those service users with disability will continue to receive support which meets their assessed needs.	By ensuring that carers are supported to receive short breaks support via Self Directed Support, will ensure that choice and opportunities are maximised.	No impact
	Needs	Evidence	Impact
Gender Reassign	Neutral		Neutral
Marriage & Civil Partnership	Neutral		Neutral
Pregnancy & Maternity	Neutral		Neutral
	Needs	Evidence	Impact
Race	Neutral		Neutral
Religion & Belief	Neutral		Neutral

	Needs	Evidence	Impact
Sex	Neutral		Neutral
Sexual Orientation	Neutral		Neutral

	Needs	Evidence	Impact
Human Rights (ECHR statutory) UNCRC (note: currently non statutory)	Neutral		Neutral
Health	Neutral		Neutral

	Needs	Evidence	Impact
Social & Economic Impact	Neutral		Neutral
Cross Cutting	Neutral		Neutral

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this
Staff may be displaced because of this service review. This process will be managed in line with the appropriate West Dunbartonshire Council Policy.
Will the impact of the policy be monitored and reported on an ongoing basis?
Updates will be provided to Senior Management Meeting and monitoring on any progress.
What is your recommendation for this policy?
It is recommended that this work is progressed.
Please provide a meaningful summary of how you have reached the recommendation
<p>The development of a respite and short breaks service which more appropriately meets the needs of service users and their carers is a positive development. The HSCP must develop a more responsive service based on the needs of service users and their carers. The evidence gathered from the initial review of this work demonstrates that there are limited respite options and inequity of provision across the HSCP. This review seeks to address this.</p> <p>The full implementation of Self Directed Support ensures that carers can use their respite budget in a more flexible and responsive manner and will not require the support of a dedicated respite booking service.</p>

Equality Impact Assessment record layout for information

Owner:	Sylvia Chatfield
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Resource:	HSCP	Service/Establishment:	Learning Disability
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	First Name	Surname	Job Title
Head Officer:	Sylvia	Chatfield	Head of Mental Health, Learning Disability and Addictions.

	Include job titles/organisation
Members:	Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions Gillian Gall, Head of HR Julie Slavin, Chief Financial Officer Lesley Kinloch, Integrated Ops Manager

Please note: the word policy is used as shorthand for strategy policy function or financial decision

Policy Title:	Partial Closure of Housing Support Service - LD06
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The aim, objective, purpose and intended outcome of policy

The Housing Support Service (HSS) currently provides support to service users with Learning Disability. This service has never been reviewed and the staffing requires to be supplemented by overtime and agency spend, in addition to the current budget. This service user populations are now in general frailer due to age and a review is required to look at whether this model is fit for purpose, and value for money. Review should look at the model, whether there should be a programme of moving people on, or whether this is not value for money and therefore should be transferred to third sector.

The recommendation of the closure/transfer of one service which provides support for two service users. This support would be transferred to an alternative provider, ensuring that the service users continue to receive the level of support to meet their needs. They care currently over supported in this placement.

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy	
HSCP staff and Trade Unions Service users and carers Staff	

Does the proposals involve the procurement of any goods or services?	N
If yes please confirm that you have contacted our procurement services to discuss your requirements	

SCREENING	
<i>You must indicate if there is any relevance to the four areas</i>	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Y
Relevance to Human Rights (HR)	Y
Relevance to Health Impacts (H)	Y
Relevance to Social Economic Impacts (SE)	Y

Who will be affected by this policy?
HSCP staff Service users and carers Partner organisations

Who will be/has been involved in the consultation process?

1. Joint staff forum and individual Unions in relation to consultation
2. IJB and Council
3. External partner agencies
4. Consultation and co-production with individual service users and their families.

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups

	Needs	Evidence	Impact
Age	Neutral		Neutral

	Needs	Evidence	Impact
Disability	Service users and carers may be concerned that they may be changes to their current service.	Service provider may change if savings are agreed.	Service users will continue to receive support to meet their needs but this may be by a different provider.
	Needs	Evidence	Impact
Gender Reassign	Neutral		Neutral
Marriage & Civil Partnership	Neutral		Neutral
Pregnancy & Maternity	Neutral		Neutral
	Needs	Evidence	Impact
Race	Neutral		Neutral
Religion & Belief	Neutral		Neutral

	Needs	Evidence	Impact
Sex	Neutral		Neutral
Sexual Orientation	Neutral		Neutral

	Needs	Evidence	Impact
Human Rights (ECHR statutory) UNCRC (note: currently non statutory)	Neutral		Neutral
Health	Neutral		Neutral

	Needs	Evidence	Impact
Social & Economic Impact	Worries around job security may be heightened, especially within the lower graded staff.	HR21 records Full review of current staffing shows that there are a number of staff who are on lower grades.	Negative – if alternative posts are not identified
Cross Cutting	Neutral		Neutral

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this
Those with a learning disability may be unsettled by a change to their current support and this may cause additional anxiety/stress.
Will the impact of the policy be monitored and reported on an ongoing basis?
Yes
What is your recommendation for this policy?
It is recommended that this work is progressed as part of the learning disability review LD02.

Please provide a meaningful summary of how you have reached the recommendation
The Housing Support Service has been running for a number of years with ongoing challenges around staffing numbers and increased frailty of some of the residents. Reviews need to take place to identify whether some service users should be moving on to alternative placements. In addition, this is an expensive service which could free up substantial savings by transferring over to an alternative provider. The needs would still be met for the service users.

Equality Impact Assessment record layout for information

Owner:	Fiona Taylor
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Resource:	HSCP	Service/Establishment	HSCP Health and Community Care:
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	First Name	Surname	Job Title
Head Officer:	Fiona	Taylor	Head of Health and Community Care

	Include job titles/organisation
Members:	Fiona Taylor, Head of Health and Community Care Gillian Gall, Head of HR Julie Slavin, Chief Financial Officer

Please note: the word policy is used as shorthand for strategy policy function or financial decision

The aim, objective, purpose and intended outcome of policy

Currently there are 2 HSCP day services for older people in the HSCP, delivering around 230 placements per week to eligible older people. Day service opportunities are also provided by Golden Friendships (Clydebank) and Ben Vue Lunch Club (Dumbarton).

The aim of the service is to reduce social isolation and support service users to remain stimulated. The service offers a range of supports which include personalised social activities to meet the needs and outcomes of users, along with personal care and support.

The service is accessed via a Social Work assessment of need and is chargeable. Service users are means tested as part of their wider care and support package. The current charges for the service is £4.70 (24/25) per day which is means tested, while all service users are expected to pay £3.20 for their lunch each day they attend. Transport is also chargeable, £2 per trip.

To mitigate impact on service users, we would aim to align current service users to available days during the week, on a case-by-case basis, this may not fully meet service users needs and will remove an element of personal choice.

Option 1

This will be achieved by capping maximum capacity per Day Service site: 30 service users at Crosslet and 24 at Queens Quay.

This would require 2 buses at Crosslet and 2 buses at Queens Quay. One bus would be dedicated and therefore support day trips for both Care Homes. This would provide a total of 270 places per week. This proposal will reduce the current net FTE by 3.

Option 2

This will be achieved by capping maximum capacity to 40 service users per day Monday to Friday, 0830- 1630 hrs, and consolidate the service to a single site (Crosslet Care Home). This proposal will reduce the current net FTE by 5

Option 3

This will be achieved by removing all in house older adult day services. This proposal will reduce the current FTE by 16.

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy
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SMT, Head of Service, Finance officers, service users, employees, unpaid carers, public participation officer, Joint Trade Unions.
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Does the proposals involve the procurement of any goods or services?	Yes- Bus transport is provided by West Dunbartonshire Council
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If yes please confirm that you have contacted our procurement services to discuss your requirements	Yes
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SCREENING	
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<i>You must indicate if there is any relevance to the four areas</i>	
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Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Y
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Relevance to Human Rights (HR)	N
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Relevance to Health Impacts (H)	Y
Relevance to Social Economic Impacts (SE)	Y

Who will be affected by this policy?

Older adults in West Dunbartonshire
 Current service users
 Employees
 Unpaid carers

Who will be/has been involved in the consultation process?

Service users / carers / employee engagement sessions have been held over January and February 2025.
 Workforce consultation in line with Organisational Change Policy

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups			
	Needs	Evidence	Impact
Age	<p>Older people have higher care needs, based on the Strategic Needs Assessment (incidence of dementia, cancer and long term conditions)</p> <p>There may be benefit to commissioning out a proportion of day services to meet complex care needs to maintain people at home longer.</p>	<p>Approximately 110 service users (majority are >65 yr) currently attend the HSCP day Services over 5 days a week.</p> <p>Healthy life in WDHSCP is 56.4 for males and 56.7 for females for 2019/21</p> <p>Life expectancy 2nd lowest for males for 4th lowest for females at 74.3 and 79.2</p> <p>Current care needs include managing people with dementia, assistance with food, fluid and nutrition, moving and handling, continence care management.</p> <p>Maintaining an in house Day Service provides HSCP quality assurance of the standard of care.</p> <p>Service user and staff engagement sessions have been held. The following key themes emerged from the engagement sessions with services users, carers and employees:</p> <ul style="list-style-type: none"> • Social isolation is reduced by day care • Level of dependency is increasing for service users attending day care • Younger people (>50) are now attending day care and have different care needs from the traditional age profile. • Quality of care provided in day care is a high standard and valued by service users and carers • Safety – attendance at day care provides a level of safety and security for service users 	<p>Options 1 and 2</p> <p>Placing a maximum capacity per day may impact on unpaid carers with longer waiting times before places are available. Older people are unpaid carers with own health care needs. Long waiting times may impact on admissions to hospital (physical and mental health needs of unpaid carers).</p> <p>Male unpaid carers are less likely to engage with carer support therefore higher impact if no available spaces when assessed as being required.</p> <p>Reduced capacity may necessitate earlier admission to long term care due to level of risk if service users remain at home without this input. Ongoing work will be required to monitor the impact of this reduction, including future service users and supporting service users and their carers through this change.</p> <p>Option 3</p> <p>Removal of an in house day service without credible replacement day care opportunities will have a negative impact on older people</p>

		<ul style="list-style-type: none">• Carer impact is significant, with carers reporting the positive impact their loved one attending day care has on them in their caring role• Autonomy for service users- in attending day care they report a level of decision making they otherwise may not experience• Visibility of day care services could be enhanced.	
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	Needs	Evidence	Impact
Disability	Older people have higher care needs, based on the Strategic Needs Assessment (incidence of dementia, cancer and long term conditions) There may be benefit to commissioning out a proportion of day services to meet complex care needs to maintain people at home longer	Approximately 220 service users attend the HSCP day Services over 5 days a week. The % of those with a disability is not recorded however, given the age group and level of frailty required to meet the criteria of critical / substantial, it is reasonable to assure a large % have care needs relating to a disability. All Day Centres are fully DDA compliant and meet all legislative requirements for disability access. All areas are wheelchair accessible Appropriate moving and handling equipment is used to facilitate safe transfers	Option 1 and 2 Mitigation and monitoring as outlined above. Option 3 Removal of an in house day service without credible replacement day care opportunities will have a negative impact on people with a disability.
	Needs	Evidence	Impact
Gender Reassign	Neutral	NA	Neutral
Marriage & Civil Partnership	Neutral	NA	Neutral
Pregnancy & Maternity	Neutral	NA	Neutral
	Needs	Evidence	Impact
Race	Neutral	NA	Neutral
Religion & Belief	Neutral	NA	Neutral

	Needs	Evidence	Impact
Sex	Service users are predominantly female Carers Staff	Female – 62% Male - 38% Given the current profile of service users, there is more likely to be an impact on females. Carers engaged in the consultation process, and their needs taken into account. Refer Carers for assessment, where appropriate.	Option 1 and 2 A reduction in provision or increase in waiting list will have an impact on service users as well as carers. Option 3 Removal of an in house day service without credible replacement day care opportunities will have a negative impact on females.
Sexual Orientation	Neutral	NA	Neutral

	Needs	Evidence	Impact
Human Rights (ECHR statutory) UNCRC (note: currently	Neutral	NA	Neutral

non statutory)			
Health	Neutral	NA	Neutral

	Needs	Evidence	Impact
Social & Economic Impact	<p>There is a direct correlation between disability and low income or reliance on state benefits. Accordingly there is a higher proportion of people with a disability living in areas of deprivation.</p> <p>Unpaid carers may utilise the respite time when the cared for person is at day care to work (paid or unpaid).</p> <p>Unpaid carers in Clydebank who choose to transport the cared for person independently will have increased fuel costs for additional mileage to Crosslet.</p>	<p>It is recognised that carers are likely to experience significant financial challenges that may have a negative impact on their health and wellbeing. It therefore follows that any potential reduction to a care package budget may have a greater impact on people on lower incomes who are unable to supplement their support.</p> <p>Four service users choose not to use the transport offered.</p>	<p>All options Ensure Carer Assessment and Support plans are completed and income maximisation is discussed.</p> <p>Option 1 and 2 The option for bus transport is available.</p>
	Neutral	NA	Neutral

Cross Cutting			
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<p>Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this</p> <p>The need to deliver savings across the HSCP necessitates consideration of proposals that may have a negative impact on age, disability, sex and social economic status.</p> <p>Option 1 and 2 Mitigation to minimise this risk includes the recommendation from those with experience in delivery day care services, highlighting historic low uptake in the Clydebank locality, evidenced by a lower attendance number.</p> <p>Option 3 If implemented this policy would have negative impacts on age, disability, sex and social economic status that cannot be mitigated easily.</p>
<p>Will the impact of the policy be monitored and reported on an ongoing bases?</p> <p>Ongoing monitoring via the Area Resource Group will identify risk emerging from the reduction in capacity, and any associated increase in negative outcomes for people, and increase in appropriate referrals for long term care if care cannot be safely met in the home environment.</p>
<p>What is your recommendation for this policy?</p> <p>The recommendation is for Option 1.</p>

<p>Please provide a meaningful summary of how you have reached the recommendation</p> <p>Option 1 is the recommended option, delivering savings while providing day care to 54 service users daily, with sites in both Localities.</p>

Equality Impact Assessment record layout for information

Owner:	Head of Strategy and Transformation
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Resource:	HSCP	Service/Establishment:	Strategy and Transformation
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	First Name	Surname	Job Title
Head Officer:	Margaret-Jane	Cardno	Head of Strategy and Transformation

	Include job titles/organisation
Members:	HSCP Senior Management Team

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Removal of Health Improvement Senior (0.8 FTE) – S&T02

The aim, objective, purpose and intended outcome of policy
To achieve a saving, whilst protecting the wider health improvement provision through the management of savings through vacancies.

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy
HSCP Senior Management Team

Does the proposals involve the procurement of any goods or services?	No
If yes please confirm that you have contacted our procurement services to discuss your requirements	N/A

SCREENING	
<i>You must indicate if there is any relevance to the four areas</i>	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	No
Relevance to Human Rights (HR), Include UNCRC Rights	No
Relevance to Health Impacts (H)	Yes
Relevance to Social Economic Impacts (SE), Include Fairer Scotland Duty Considerations	No

Who will be affected by this policy?
<p>The combined impact of the removal of this post and using the Health Improvement Lead as a turnover saving means that there is reduced capacity to undertake work in relation to physical activity and nutrition.</p> <p>The HSCP Strategic Needs Assessment 2022 shows that 71% of adults in West Dunbartonshire are overweight or obese, 62% of adults meet the guidelines for moderate or vigorous physical activity, this translates to only 52% of women and 72% of men.</p> <p>The decision not to pursue preventative physical activity and nutrition interventions can have several significant impacts on service users:</p> <p>Increased Health Risks: Without these programmes, individuals may face higher risks of chronic diseases such as obesity, type 2 diabetes, heart disease, and certain cancers. Physical activity and proper nutrition are crucial in preventing these conditions.</p> <p>Mental Health Decline: Regular physical activity is known to improve mental health by reducing symptoms of depression and anxiety. Removing these programmes could lead to a decline in mental well-being.</p> <p>Higher Healthcare Costs: Preventative programs help reduce the incidence of chronic diseases, which in turn lowers healthcare costs. Without these programmes, there could be an increase in medical expenses due to the higher prevalence of preventable diseases.</p>

Reduced Quality of Life: Physical activity and good nutrition contribute to overall well-being and quality of life. Service users may experience a decline in their quality of life without access to these programmes.

Increased Health Inequalities: Preventative programs often target vulnerable populations who may not have access to other resources. Removing these programmes could widen health inequalities, affecting those who need these services the most.

Who will be/has been involved in the consultation process?

HSCP Senior Management Team

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups

	Needs	Evidence	Impact
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Age	<p>Physical activity and nutrition are crucial for older people for several reasons:</p> <p>Chronic Disease Prevention: Regular physical activity and a balanced diet help prevent and manage chronic conditions such as heart disease, type 2 diabetes, and certain cancers.</p> <p>Mental Health: Exercise can improve mood and reduce symptoms of depression and anxiety. Proper nutrition supports brain health and can help prevent cognitive decline.</p> <p>Bone and Muscle Health: Physical activity strengthens bones and muscles, reducing the risk of osteoporosis and falls. Adequate nutrition, including sufficient calcium and vitamin D, is essential for maintaining bone health.</p>	<p>Between 2018 and 2043, the 0-15 age group is projected to see the largest percentage decrease (-19.5%) to a population of 12,646.</p> <p>The working age population will also decrease by 11.4%.</p> <p>The population of pensionable age and over is projected to increase by 17.7%. The 75 and over age group is projected to see the largest percentage increase (+67.8%) to 11,836.</p> <p>In terms of size, however, 45 to 64 is projected to remain the largest age group, despite decreasing in size by -17.4% to 21,744 by 2043.</p>	<p>Negative</p>
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	<p>Weight Management: Staying active and eating a healthy diet help maintain a healthy weight, reducing the risk of obesity-related health issues.</p> <p>Independence: Regular exercise improves strength, balance, and coordination, helping older adults maintain their independence and perform daily activities more easily.</p> <p>Immune Function: Emerging research suggests that physical activity may boost immune function, helping older adults fight off illnesses more effectively</p> <p>Overall Quality of Life: Good nutrition and regular physical activity contribute to overall well-being, enhancing the quality of life for older adults.</p>		
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	Needs	Evidence	Impact
Disability	<p>Physical activity and nutrition are especially important for individuals with disabilities for several reasons:</p> <p>Chronic Disease Management: People with disabilities are at a higher risk for chronic conditions such as heart disease, diabetes, and obesity. Regular physical activity and proper nutrition can help manage and reduce the risk of these conditions.</p> <p>Improved Mobility and Independence: Exercise can enhance strength, flexibility, and balance, which are crucial for maintaining mobility and independence. This is particularly important for individuals with mobility impairments.</p>	<p>Approx 458 individuals in West Dunbartonshire with a learning disability are known to HSCP learning disability services.</p> <p>Learning disability rates are above the Scottish average. Individuals with learning disabilities have some of the poorest health outcomes of any group in Scotland.</p>	Negative

	<p>Mental Health Benefits: Physical activity can improve mood, reduce symptoms of depression and anxiety, and enhance overall mental well-being. Good nutrition also supports brain health and cognitive function.</p> <p>Enhanced Quality of Life: Engaging in regular physical activity and maintaining a balanced diet can lead to a better quality of life by improving physical health, increasing energy levels, and promoting social interaction.</p> <p>Weight Management: Proper nutrition and regular exercise help maintain a healthy weight, which is important for preventing obesity-related complications.</p>		
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	Reduced Risk of Secondary Conditions: Physical activity can help prevent secondary conditions such as pressure sores, respiratory issues, and joint problems, which are common among individuals with disabilities.		
	Needs	Evidence	Impact
Gender Reassign			
Marriage & Civil Partnership			
Pregnancy & Maternity			
	Needs	Evidence	Impact
Race			
Religion & Belief			

	Needs	Evidence	Impact
Sex	<p>Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health.</p> <p>Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of their height in meters (kg/m²).</p> <p>For adults, WHO defines overweight and obesity as follows: overweight is a BMI greater than or equal to 25; and obesity is a BMI greater than or equal to 30.</p> <p>Scotland has one of the highest prevalence rates of obesity among developed countries and is a significant public health issue. Obesity is</p>	<p>62% of adults in West Dunbartonshire met the guidelines for moderate or vigorous physical activity (MVPA) of at least 150 minutes of moderate physical activity, 75 minutes of vigorous physical activity, or an equivalent combination of the two levels per week. These levels are similar to those in NHSGGC (63%) and Scotland (65%).</p> <p>However, when broken down by sex, this drops to 53% of women compared to 72% of men.</p> <p>71% of adults in West Dunbartonshire are overweight or obese. Rates of overweight/obesity are higher for men than women. Rates in West Dunbartonshire are higher than for Scotland or NHSGGC.</p>	Negative

	associated with an increased risk of diseases including thirteen common cancers, cardiovascular disease, type 2 diabetes, Alzheimer's disease and dementia.		
Sexual Orientation			

	Needs	Evidence	Impact
Human Rights			
Health	The cost of obesity relates not only to health but also indirect economic costs as a result of loss of productivity associated with impaired quality of life along with increased absenteeism.	8.7% of people in West Dunbartonshire use active travel for their journey to work The proportion using active travel (walking or cycling) is lower than the Scottish average (14.6%). West Dunbartonshire has the 8th lowest proportion of active travel to work of the 32 Scottish local authorities.	Negative

	Needs	Evidence	Impact
Social & Economic Impact			Negative
Cross Cutting			

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this

Justifying the removal of preventative health services, especially when the impact on protected groups is negative, is a complex and sensitive issue. However, given the IJB is experiencing severe budget constraints a reduction in this service means that steps can be taken to (a) prioritise immediate and critical care health and social care services over preventative measures and (b) prioritise other preventative work streams which may have a more significant impact on the population.

It is recognised that the entire sector is under pressure but there may be other methods of delivering preventative care which might be explored. For example, leveraging technology, community-based initiatives, or third sector partnership where other areas of work such as young people's mental health may incorporate aspects of nutrition and physical activity.

Will the impact of the policy be monitored and reported on an ongoing bases?

Given the preventative nature of this work the impact is unlikely to be manifested in the short term. It is acknowledged that the long-term consequences of this decision could outweigh the short-term benefits, leading to increased health inequalities and higher healthcare costs in the future. This will be monitored via the HSCPs joint strategic needs assessment which is undertaken every three years.

What is your recommendation for this policy?

Proceed.

Please provide a meaningful summary of how you have reached the recommendation

Justifying the reduction of preventative health services, especially when the impact on protected groups is negative, is a complex and sensitive issue. However, given the IJB is experiencing severe budget constraints a reduction in this service means that steps can be taken to (a) prioritise immediate and critical care health and social care services over preventative measures and (b) prioritise other preventative work streams which may have a more significant impact on the population.

It is recognised that the entire sector is under pressure but there may be other methods of delivering preventative care which might be explored. For example, leveraging technology, community-based initiatives, or third sector partnership where other areas of work such as young people's mental health may incorporate aspects of nutrition and physical activity.

Equality Impact Assessment record layout for information

Owner:	Elaine Smith.
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Resource:	HSCP	Service/Establishment:	Children and Families Nursing Service
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	First Name	Surname	Job Title
Head Officer:	Lesley	James	Head of Children's Health and Care, Chief Social Work Officer

	Include job titles/organisation
Members:	Lesley James Head Of Service Children and Families, Chief Social Worker Val Tierney Chief Nurse Elaine Smith Senior Nurse Ailsa King Health Improvement Lead

Please note: the word policy is used as shorthand for strategy policy function or financial decision

Policy Title:	Children and Families Nursing Service Review requested as part of financial review of budgets – HV01
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The aim, objective, purpose and intended outcome of policy

The Children and Families Nursing service provides universal health visiting services on behalf of the HSCP and Local Authority. These include Universal Health Visiting Pathway, Named Person role, Child Protection role, Supports Children with Disability and complex health needs, Provides Advice and Response, Fostering, Adoption and Kinship Care, Services to Unaccompanied Asylum-Seeking Children and Trafficked Children

The aim is to improve outcomes for vulnerable children, young people and their families and to achieve financial efficiency.

The falling pre five population within West Dunbartonshire and resulting reduction in Health Visiting caseload sizes has highlighted the potential for a safe reduction of 1.0 whole time equivalent Health Visiting post. The service can absorb this change safely with no adverse impact.

The proposed reconfiguration of Health care support worker vacancies into Nursery Nurse resource will support Health Visitors to deliver early years intervention work and align to the developmental delay profile of pre five children within the HSCP

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Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy

Decisions are supported by NHSGGC Common Staffing Method tools (CSM), Caseload Weighting Tools (CLW), Professional judgement of senior team and Triangulation consultation meetings with Head of Service (HOS) and Chief Nurse (CN).

Does the proposals involve the procurement of any goods or services?	.No
If yes please confirm that you have contacted our procurement services to discuss your requirements	N/A

SCREENING

You must indicate if there is any relevance to the four areas

Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Yes
Relevance to Human Rights (HR)	Yes
Relevance to Health Impacts (H)	Yes
Relevance to Social Economic Impacts (SE)	Yes

Who will be affected by this policy?

Service users , partner agencies and existing staff
Future Service Users

Who will be/has been involved in the consultation process?

Decisions are supported by NHSGGC CSM, CWT, Professional judgement senior team Triangulation meetings with Head of Service and Chief Nurse

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups

	Needs	Evidence	Impact
Age	Service is for the most vulnerable children in our society- from antenatal period to 5 years old.	<p>FNP will continue to support younger parents</p> <p>Age demographics of staff suggests that there is a requirement to ensure ongoing recruitment to Health Visitor workforce subject to Scottish Government funding</p> <p>Scottish Government National guidance on Universal pathways.</p> <p>This is the minimum intervention pathways for service delivery.</p>	<p>No negative impact to service by reducing Health Visiting establishment by 1 x whole time equivalent.</p> <p>The proposed reconfiguration of Health care support worker vacancies into Nursery Nurse resource will support health visitors to deliver early years intervention work and align to the developmental delay profile of pre five children within the HSCP</p>

	Needs	Evidence	Impact
Disability	All staff are trained in delivery of services to those children and families affected by disability	<p>GGC Children's Health Services Complex Care Management for Children & Young People with Exceptional Health Care Needs Protocol</p> <p>Children and families dashboard data indicates that during 2024 20% of Health Visitor caseloads have an additional Health Plan Indicator (HPI) some of which will be attributed to children with additional needs</p> <p>Services to Children and Families affected by disability will not change.</p> <p>All 3 General Duties have been considered and can be evidenced.</p>	<p>There are no negative impacts associated with this review. The reconfiguration of support staff to a nursery nurse with specific skills and knowledge will provide additional support to those families with complex needs and disabilities</p> <p>The proposed reconfiguration of Health care support worker vacancies into Nursery Nurse resource will support health visitors to deliver early years intervention work and align to the developmental delay profile of pre five children within the HSCP</p>

	Needs	Evidence	Impact
Gender Reassign	No impact	The service review will not have a disproportionate impact on people with the protected characteristic of Gender Reassignment. All staff have access to/trained in LGBTQI	There are no negative impacts associated with this review.
Marriage & Civil Partnership	No impact	The service review will not have a disproportionate impact on the people with the protected characteristic of Marriage and Civil Partnership.	There are no negative impacts associated with this review.
Pregnancy & Maternity	Vulnerable Pregnancy Liaison Group will have continued representation and contribution from HV services and will remain a priority	Health Visitors access to Midwifery electronic systems to support effective sharing of information	There are no negative impacts associated with this review.
	Needs	Evidence	Impact
Race	Population in WD is becoming more diverse and there are families who require additional supports with language, financial inclusion homelessness etc adding complexities to service delivery	The service review will not have a disproportionate impact on the people with the protected characteristic of Race.	There are no negative impacts associated with this review.
Religion & Belief	No impact	The service review will not have a disproportionate impact on the people with the protected characteristic of Religion or Belief.	There are no negative impacts associated with this review.

	Needs	Evidence	Impact
Sex	No impact	The service review will not have a disproportionate impact on the people with the protected characteristic of Sex.	There are no negative impacts associated with this review
Sexual Orientation	All staff have access to or have been trained in LGBT Awareness and are more confident in asking related questions to young people. Remove discrimination, harassment and victimisation Promote equality of opportunity Foster good relations between protected characteristics	The service review will not have a disproportionate impact on the people with the protected characteristic of Sexual Orientation.	There are no negative impacts associated with this review.

	Needs	Evidence	Impact
Human Rights (ECHR statutory) UNCRC (note: currently non statutory)		GIRFEC The Promise UNCRC Parent feedback from UNICEF audits.	There are no negative impacts associated with this review.
Health	The HV Service gathers information on all protected	EMIS Data. Community Care Assurance Audit Tool	Falling pre five population and reduction in caseload sizes.

	<p>characteristics within assessments.</p> <p>A key role of HVs is to protect the rights of the most vulnerable children, young people and families in society.</p> <p>The service is physically accessible to everyone as it is a Universal Service</p>	<p>Children & Families Dashboard</p> <p>Public Health Information</p> <p>Common Staffing Method (workforce analytic tool)</p> <p>Caseload weighting tool</p> <p>The evidence from these tools provide assurance that we will be able to provide safe and effective care despite a small reduction in HV resource</p> <p>Compliance with Safer staffing legislation</p>	<p>Continued safe delivery of health programmes.</p> <p>The proposed reduction of 1.0wte HV post the service can absorb this resource safely with no adverse impact.</p> <p>The proposed reconfiguration of Health care support worker vacancies into Nursery Nurse resource will support health visitors to deliver early years intervention work and align to the developmental delay profile of pre five children within the HSCP</p>
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	Needs	Evidence	Impact
Social & Economic Impact	<p>Poverty</p> <p>Financial inclusion</p> <p>Income maximisation</p> <p>Fuel Poverty</p>	<p>The service review will not have a disproportionate impact on the people because of their social class or experience of poverty.</p> <p>Section 12 grant funding (emergency SW funding)</p> <p>Local Child Poverty Action Reports</p> <p>Routine enquiry by HV</p>	<p>There are no negative impacts associated with this review.</p>
Cross Cutting	<p>No impact</p>	<p>All marginalised groups are able to access C/F Service support in alignment with assessment of need. The duty of care extends to all groups.</p>	<p>There are no negative impacts associated with this review.</p>

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this

No identified negative impact

Will the impact of the policy be monitored and reported on an ongoing bases?

This change in service establishment will be monitored annually via Common Staffing Method tool

What is your recommendation for this policy?

Progress as no negative and potentially some positive impact on the families with additional needs/protected characteristics as a result of reconfiguration of support staff

Please provide a meaningful summary of how you have reached the recommendation

Progress, as no negative and potentially some positive impact on the families with additional needs/protected characteristics because of reconfiguration of support staff

West Dunbartonshire Health and Social Care Partnership
2025/26 Application of Reserves

Application of Reserves	Actual Opening Balance as at 1 April 2024	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2025	Comments	2025/26 Suggested Release	2025/26 Confirmed Release
Details of Reserves Considered as part of the March 2024 Budget Setting Paper						
Prescribing	972	0	972	The application of these reserves was considered as part of the March 2024 budget setting paper and other than a small adjustment in relation to the Covid-19 Support there is no change to the March 2024 position	485	485
Winter Planning Funding - Interim Care	610	(211)	399		195	195
Winter Planning Funding - Enhance Care at Home	1,162	(581)	581		521	521
Covid-19 Support to women & children in recovery from Domestic abuse	218	(162)	56		62	56
Complex Care Packages/Supporting delay discharges	1,973	(650)	1,323		500	500
Carers Reserve	219	(153)	66		46	46
Details of Reserves Contained within March 2024 Children and Families 5 Year Strategy Paper						
What Would It Take	1,130	0	1,130	The application of this reserve was detailed in the Children and Families 5 year strategy paper and there is no change to the March 2024 position.	0	459
Detail of Further Recommended Application of Reserves						
Prescribing	972	0	972	The financial performance update report to period 10 advises that the planned drawdown of £0.487m in 2024/25 will not take place but will require to be drawn down in 2025/26 due to prescribing ongoing pressures. The forecast movement in this reserve has been updated after the finalisation of the financial performance update report. The release of £0.300m relates to the funding of core additions costs now included within the budget.	0	487
ADP	841	(158)	683		0	300
Total					1,809	3,049

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 24 March 2025

Attachment: 2025/26 Annual Budget Setting Report

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCPB000075JS24032025
2	Date direction issued by Integration Joint Board	24 March 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)	No
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 £93.669m 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 £116.665m in line with the Strategic Plan and the budget outlined within this report
8	Specification of those impacted by the change	2025/26 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 2025/26 budget aligned to the HSCP Board is £256.682m. Allocated as follows: West Dunbartonshire Council - £93.669m NHS Greater Glasgow and Clyde - £116.665m Set Aside - £46.348m
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities
11	Strategic Milestones	Maintaining financial balance in 2025/26 30 June 2026
12	Overall Delivery timescales	30 June 2026
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report, a Year-End Report in line with Annual Accounts statutory timetable and (where appropriate) the position regarding Debt Write Off's.
14	Date direction will be reviewed	The next scheduled HSCP Board - 27 May 2025