

# Agenda

West Dunbartonshire  
Health & Social Care Partnership

## West Dunbartonshire Health and Social Care Partnership Board

**Date:** Tuesday, 27 May 2025

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**Time:** 14:00

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

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**Contact:** Natalie Roger, Committee Officer  
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Dear Member

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

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

The business is shown on the attached agenda.

Yours faithfully

**BETH CULSHAW**

Chief Officer  
Health and Social Care Partnership Board

**Distribution:-****Voting Members**

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

**Non-Voting Members**

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

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

Date of Issue: 20 May 2025

**Audio Streaming**

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

## **AGENDA**

**TUESDAY, 27 MAY 2025**

**1 STATEMENT BY CHAIR – AUDIO STREAMING**

**2 APOLOGIES**

**3 DECLARATIONS OF INTEREST**

**4 RECORDING OF VOTES**

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

**5 (a) MINUTES OF PREVIOUS MEETING 5 - 12**

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board held on 24 March 2025.

**(b) ROLLING ACTION LIST 13 - 14**

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

**6 VERBAL UPDATE FROM CHIEF OFFICER**

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

**7 FINANCIAL PERFORMANCE UPDATE REPORT 15 - 52**

Submit report by Julie Slavin, Chief Financial Officer, providing an update on the financial performance as at period 12 to 31 March 2025 and a projected, draft outturn position.

**8/**

**8      ENGAGEMENT ACTIVITY REPORT 2024/25**

**53 - 64**

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update to the HSCP Board on community engagement activities undertaken in the year 2024/25.

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update on the HSCP Self Directed Support (SDS) Policy by introducing a fair access approach to community care which will enhance the HSCP Self Directed Support (SDS) Policy by providing greater transparency in relation to the local mechanism for the calculation of the “relevant amount”, ensuring equity of service across the HSCP and promoting further opportunities for service users to exercise choice and control.

**9      UPDATE REPORT ON THE PROPOSED CLOSURE OF WORK CONNECT    65 - 108**

Submit report by Sylvia Chatfield, Head of Addictions, Learning Disabilities and Mental Health presenting feedback from the engagement and consultation event held with service users from Work Connect on 22 April 2025.

**10     PROCUREMENT OF COMMISSIONED SERVICES**

**109 - 120**

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, seeking HSCP Board authorisation to initiate the procurement processes, which may be awarded to third party providers for the procurements set out in Appendix 1 and agree the recommendations set out in section 2.

**11     MINUTES OF MEETING FOR NOTING**

**121 - 126**

Submit for noting the Approved Minutes of Joint Staff Forum (JSF) Meetings.

**12     DATE OF NEXT MEETING**

Members are asked to note the next meeting of West Dunbartonshire Health and Social Care Partnership Board will be held on Tuesday, 19 August 2025 at 2.00 p.m. as a Hybrid Meeting in the Civic Space, 16 Church Street, Dumbarton G82 1QL.

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For information on the above agenda please contact: Natalie Roger, Committee Officer, Regulatory, Municipal Buildings, College Street, Dumbarton G82 1NR.  
Email: [natalie.roger@west-dunbarton.gov.uk](mailto:natalie.roger@west-dunbarton.gov.uk).

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

At a Hybrid Meeting of the West Dunbartonshire Health and Social Care Partnership Board held in the Civic Space, 16 Church Street, Dumbarton on Monday, 24 March 2025 at 2.00 p.m.

- Present:** Michelle Wailes, Libby Cairns and Lesley McDonald, NHS Greater Glasgow and Clyde and Councillors Fiona Hennebry, Michelle McGinty and Martin Rooney, West Dunbartonshire Council.
- Non-Voting** Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Lesley James, Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer; Helen Little, MSK Manager; Kim McNab, Service Manager - Carers of West Dunbartonshire; Dr Saied Pourghazi, Clinical Director; Selina Ross, Chief Officer - West Dunbartonshire CVS; David Smith, Unpaid Carers Representative, Barbara Barnes, Chair of the Locality Engagement Network – Alexandria and Dumbarton and Val Tierney, Chief Nurse.
- Also Attending:** Peter Hessett, Chief Executive of West Dunbartonshire Council; Michael McDougall, Manager of Legal Services; Margaret-Jane Cardno, Head of Strategy and Transformation; Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction; Gillian Gall, Head of Human Resources - HSCP; and Lynn Straker and Natalie Roger, Committee Officers.
- Apologies:** Apologies for absence were intimated on behalf of John Kerr, Housing Development and Homeless Manager, Diana McCrone, Staff Representative (NHS Greater Glasgow and Clyde); and Andi Priestman, Chief Internal Auditor.

**Michelle Wailes in the Chair**

### **VALEDICTORY**

**GILLIAN GALL, HEAD OF HUMAN RESOURCES - HSCP AND DIANA MCCRONE, STAFF REPRESENTATIVE (NHS GREATER GLASGOW AND CLYDE)**

Michelle Wailes advised that this was the last meeting Gillian Gall and Diana McCrone would be attending. On behalf of all Members of the Committee, she

thanked Gillian Gall and Diana McCrone for all their work for West Dunbartonshire and wished them well in their future role and retirement respectively.

### **DECLARATIONS OF INTEREST**

It was noted that there were no Declarations of Interest in any of the items of business on the Agenda however Councillors Martin Rooney, Michelle McGinty and Fiona Hennebry made Transparency Statements noting a connection to matters discussed at Item 12, however, noting that having applied the objective test, it does not amount to an interest.

### **RECORDING OF VOTES**

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

### **MINUTES OF PREVIOUS MEETING**

The Minutes of Meeting of the Health and Social Care Partnership Board held on 28 January 2025 were submitted and approved as a correct record.

### **ROLLING ACTION LIST**

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

### **VERBAL UPDATE FROM CHIEF OFFICER**

Beth Culshaw, Chief Officer, provided a verbal update on the recent business of the Health and Social Care Partnership highlighting the complexity of the agenda and explaining that almost since budget setting last year the Management Team have been developing the proposals presented today, considering greater effectiveness and efficiency balanced with quality of service and consideration of impact on patients and service users, as well as staff.

The Chief Officer explained that this process will be started again next week, developing a new strategic plan, ensuring it reflects the resources that are available and the impact of this on abilities to provide a service that meet the needs of West Dunbartonshire's communities including the most vulnerable members of society.

The Chief Officer explained that the Management Team are committed to providing the best possible services with the resources that are available and noted that the savings presented for consideration had been debated at length to ensure that the Management Team were professionally satisfied that they do not compromise professional or statutory standards.

There were no questions and the Chair thanked the Chief Officer for the update.

### **LEARNING DISABILITY REVIEW**

A report was submitted by Sylvia Chatfield, Head of Addictions, Learning Disabilities and Mental Health, on the review of Work Connect, and to seek approval for closure of the service.

After discussion and having heard the Head of Addictions, Learning Disabilities and Mental Health in further explanation of the report and in answer to Members' questions, the Board agreed:-

- (1) to instruct the Head of Addictions, Learning Disabilities and Mental Health to engage further with service users highlighting the options available to the Board;
- (1) to note the proposal to close Work Connect;
- (2) to note the alternative service provision options for service users impacted by this closure as outlined in paragraph 4 of this report; and
- (3) to note the staff and service user engagement as outlined in Appendix III of this report.

### **FAIR ACCESS TO COMMUNITY CARE (ADULT SERVICES AND CHILDREN SERVICES)**

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update on the HSCP Self Directed Support (SDS) Policy by introducing a fair access approach to community care which will enhance the HSCP Self Directed Support (SDS) Policy by providing greater transparency in relation to the local mechanism for the calculation of the "relevant amount", ensuring equity of service across the HSCP and promoting further opportunities for service users to exercise choice and control.

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

- (1) to approve the implementation of Self-Directed Support Equivalent Service Rates. Indicative rates are outlined in Appendix 1 of this report;
- (2) that HSCP Officers will update the indicative rates in Appendix 1 once the external provider rates are known for 2025/26;
- (3) that these service rates be applied from the 1 April 2025; and
- (4) that the Indicative Self-Directed Support Equivalent Service Rates be appended to the current Self Directed Support Policy noting that a full review of this Policy is scheduled for the first half of the 2025/26 financial year.

## **KINSHIP ALLOWANCES FOR CARERS AND YOUNG PEOPLE IN WEST DUNBARTONSHIRE**

A report was submitted by Lesley James, Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer, considering eligibility and allowances to Kinship Carers who support children and young people in West Dunbartonshire.

After discussion and having heard the Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer in further explanation of the report and in answer to Members' questions, the Board agreed:-

- (1) to note the allowances aligned to the Scottish Recommended Allowance (SRA) which was implemented by the Scottish Government in August 2023;
- (2) entitlement to Kinship allowances at SRA rate for all formal kinship carers where the child has a looked after status and where the child was looked after on his/her 16th Birthday up until age of 18 years old;
- (3) entitlement to Kinship allowances at SRA rate for all informal kinship carers, where the child is a non-looked after child and is subject of a Kinship Care Order, and was previously looked after by virtue of having been placed in Kinship care with involvement from the local authority; or is assessed through a multi-agency assessment using GIRFEC Wellbeing Indicators as being at risk of becoming looked after up until the child's 18th Birthday.
- (4) for young people aged between 18 and 21 years old who remain within a Kinship Care placement and who are eligible for Continuing Care due to having been looked after on their 16th Birthday receive a Continuing Care allowance of £200;
- (5) for young people aged between 18 and 21 years old who remain within a Kinship Care placement and had been the subject of an order under Section 11 of the Children's (Scotland) Act 1995 and who also remain in full time education receive a Continuing Care allowance of £200 which will be payable to the young person;
- (6) that officers review the additional allowances currently payable to Kinship carers following consultation with both Kinship carers and young people who this relates to and the completion of a further Equalities Impact Assessment; and
- (7) implementation of eligibility criteria and allowances will be effective from 1st July 2025.

## **BUDGET ENGAGEMENT UPDATE**

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, updating the HSCP Board on the findings of the 2025/26 Budget



Engagement Survey published by the West Dunbartonshire Health and Social Care Partnership in December 2024.

After discussion and having heard the Head of Strategy and Transformation and Head of Addictions, Learning Disabilities and Mental Health in further explanation of the report and in answer to Members' questions, the Board agreed to note the content of this report and to take it forward within a future Informal Session

## **FINANCIAL PERFORMANCE UPDATE REPORT**

A report was submitted by Julie Slavin, Chief Financial Officer, providing information on the financial performance as at period 10 to 31 January 2025 and a projected outturn position to 31 March 2025.

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

- (1) to note the updated position in relation to budget movements on the 2024/25 allocation by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and approve the direction for 2024/25 back to our partners to deliver services to meet the HSCP Board's strategic priorities;
- (2) to note the reported revenue position for the period to 31 January 2025 is reporting an adverse (overspend) position of £1.316m (0.76%);
- (3) to note the projected outturn position of £1.565m overspend (0.75%) for 2024/25 including all planned transfers to/from earmarked reserves;
- (4) to note that the impact of recovery planning actions taken to date by the Senior Management Team to address the projected overspend;
- (5) to note the update on the monitoring of savings agreed for 2024/25;
- (6) to note the current reserves balances and the impact the projected overspend has on unearmarked balances;
- (7) to note the update on the capital position and projected completion timelines; and
- (8) to note that the progress to date on the budget planning process for 2025/26 to 2027/28 is detailed in a separate report within the agenda for this HSCP Board meeting.

## **ADJOURNMENT**

The Chair adjourned the meeting for a short recess. The meeting reconvened at 3.41 p.m. with all Members listed in the sederunt present.

## REVENUE BUDGET SETTING REPORT

A report was submitted by Julie Slavin, Chief Financial Officer, providing information on the above.

Following discussion, the Chair agreed to write to Scottish Government regarding the funding of Community Link Workers.

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

- (1) **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;
- (2) **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;
- (3) **Accept** a total Council allocation for 2025/26 of £93.442 based on (a) and (b) above;
- (4) **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);
- (5) **Note** the 2025/26 funding for Justice Social Work Services of £2.838m (Refer to Appendix 2);
- (6) **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);
- (7) **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;
- (8) **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;
- (9) **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;

- (10) **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; and
- (11) **Note** the analysis of the reserves position and projected balances as at 31 March 2025.

### **STRATEGIC RISK REGISTER (APPROVAL)**

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, presenting the Strategic Risk Register to the West Dunbartonshire Health and Social Care Partnership Board for approval.

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

- (1) to note the comments offered by the HSCP Board Audit and Performance Committee on 18 February 2025; and
- (2) to approve the Strategic Risk Register, subject to any required amendments.

### **MEMBERSHIP OF THE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD**

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, confirming the constitutional membership of the Integration Joint Board, known locally as the Health and Social Care Partnership Board.

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

- (1) to note the Voting members from the Elected Members of West Dunbartonshire Council as detailed in paragraph 4.2 of this report;
- (2) to note the Voting members from the Non-Executive Directors of Greater Glasgow and Clyde Health Board as detailed in paragraph 4.2 of this report;
- (3) to appoint the Non-Voting members of the HSCP Board, including the confirmation of the designated professional advisors as detailed in paragraph 4.3 of this report, noting that the final appointment of Carolyn Ralston (Stakeholder Member) is subject to the receipt of suitable references; and
- (4) to note the forthcoming retirement of Diana McCrone and thank Diana for her many years of dedicated service to the HSCP Board.

## **CHIEF SOCIAL WORK OFFICER REPORT**

A report was submitted by Lesley James, Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer, providing information on the statutory work undertaken on the Council's behalf, including a summary of governance arrangements, service delivery, resources and workforce.

After discussion and having heard the Head of Children's Health, Care and Criminal Justice and the Chief Social Work Officer in further explanation of the report and in answer to Members' questions, the Board agreed to note the contents of the report.

## **DATE OF NEXT MEETING**

Members noted that the next meeting of West Dunbartonshire Health and Social Care Partnership Board would be held on Tuesday 27 May 2025 at 2.00 p.m. as a Hybrid Meeting in the Civic Space, 16 Church Street, Dumbarton G82 1QL.

The meeting closed at 5.05 p.m.

**WEST DUNBARTONSHIRE HSCP BOARD  
ROLLING ACTION LIST**

<b>Agenda Item</b>	<b>Decision / Minuted Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>	<b>Progress/ Update/ Outcome</b>	<b>Status</b>
<b>REVIEW OF INTEGRATION SCHEME – August 2024</b>	Query regarding delegated services within the Integration Scheme document.  The Chief Officer is to provide revised definitions of delegated services.	Beth Culshaw	Information to be provided to Members as soon as possible	Update 19/11: The work is ongoing to agree the revised definitions and once a conclusion is reached, a Briefing Note will be distributed to Members.	<b>Open</b>
<b>SHORT BREAK PILOTS OUTCOMES – November 2024</b>	Action for Head of Strategy and Transformation to bring an update back to HSCP Board in 6 months' time regarding the outcomes and also to share work done with Scottish Government.	Margaret-Jane Cardno	Update required before July 2025	Report scheduled for IJB 19 August 2025	<b>Open</b>
<b>MEMBERSHIP OF THE HSCP BOARD – November 2024</b>	Action for Head of Strategy and Transformation to arrange a meeting off table with the 2 current Locality Engagement Network Representatives to discuss	Margaret-Jane Cardno	28 January 2025.	Two members have confirmed their roles in the community for HSCP Board.	<b>Closed</b>

	what this would mean for their role going forward.				
<b>AUDIT SCOTLAND REPORT</b>	Action for Head of Strategy and Transformation to include details regarding good practice and challenging issues faced within the Annual Performance Report	Margaret-Jane Cardno	19 August 2025		<b>Open</b>
<b>BUDGET ENGAGEMENT</b>	Action for Head of Strategy and Transformation to take to the Informal Board session, ways to increase engagement.	Margaret- Jane Cardno	TBC	No longer a requirement for an informal session as a paper will be brought to the full HSCP Board meeting.	<b>Closed</b>

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

Report by Julie Slavin, Chief Financial Officer

27 May 2025

**Subject: 2024/25 Financial Performance Draft Outturn Report****1. Purpose**

- 1.1** To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 12 to 31 March 2025 and a projected, draft outturn position.

**2. Recommendations**

- 2.1** The HSCP Board is recommended to:

- a) **Note** the updated position in relation to budget movements on the 2024/25 allocation by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and **approve** the direction for 2024/25 back to our partners to deliver services to meet the HSCP Board's strategic priorities;
- b) **Note** the draft outturn position (subject to audit) for the period 1 April 2024 to 31 March 2025 is reporting a favourable (underspend) position of £0.216m (0.10%);
- c) **Note** this will be subject to change as the financial ledgers are not yet closed and transfers to and from reserves have yet to be finalised;
- d) **Note** the update on the monitoring of savings agreed for 2024/25;
- e) **Note** the current draft projected reserves balances and **approve** addition of £0.397m to earmarked reserves as set-out in section 4.13 below;
- f) **Note** the update on the projected capital position; and
- g) **Note** the HSCP Board's Audit and Performance Committee will consider the 2024/25 draft unaudited accounts at the 25 June 2025 meeting.

**3. Background**

- 3.1** At the meeting of the HSCP Board on 28 March 2024 members agreed the 2024/25 revenue estimates. A total indicative net revenue budget of £199.662m (excluding Set Aside) was approved as the health allocation was subject to NHSGGC Board formal approval. This indicative budget consists of combined partner contributions of £197.512m and application of reserves of £2.150m, to close the presented budget gap for 2024/25.
- 3.2** Since the March HSCP Board report there have been several budget adjustments. A total net budget of £209.935m is now being monitored as detailed within Appendix 1.
- 3.3** Draft set aside figures have been received indicating an outturn position of £45.781m.

## 4. Main Issues

### Summary Position

- 4.1** The 2024/25 financial year ended on 31 March 2025, however the complexities of closing the annual accounts for the HSCP Board, adhering to the year-end timetables of both Council and Health Board means that the Period 12 position is still being finalised. The final outturn position will be reported within the 2024/25 unaudited annual accounts at the 25 June HSCP Board's Audit and Performance Committee.
- 4.2** The projected outturn position contained within this report may be subject to change as the year end process progresses, however all efforts have been made to ensure that any movement will not be material. Any significant changes will be clearly presented as part of the report on the 2024/25 draft unaudited accounts, with any movements being accounted for in final reserve balances.
- 4.3** The current draft year end position to 31 March 2025 is an underspend of £0.216m (0.10%), subject to any changes as set-out in sections 4.1 and 4.2 above. The consolidated summary position is presented in greater detail within Appendix 3, with the individual health care and social care partner summaries detailed in Appendix 4.
- 4.4** The overall HSCP summary and the individual head of service positions are reported within Tables 1 and 2 below.

**Table 1 – Summary Draft Financial Information as of 31 March 2025**

Summary Financial Information	Annual Budget	Actual Spend	Actual Variance	Reserves Adjustment	Actual Variance	Forecast Variance
	£000	£000	£000	£000	£000	
Health Care	126,337	124,362	1,975	608	1,367	1.08%
Social Care	123,558	125,756	(2,198)	639	(2,837)	-2.30%
<b>Expenditure</b>	<b>249,895</b>	<b>250,118</b>	<b>(223)</b>	<b>1,247</b>	<b>(1,470)</b>	<b>-0.59%</b>
Health Care	(6,235)	(6,235)	0	0	0	0.00%
Social Care	(33,725)	(33,707)	(18)	(1,704)	1,686	-5.00%
<b>Income</b>	<b>(39,960)</b>	<b>(39,942)</b>	<b>(18)</b>	<b>(1,704)</b>	<b>1,686</b>	<b>-4.22%</b>
Health Care	120,102	118,127	1,975	608	1,367	1.14%
Social Care	89,833	92,049	(2,216)	(1,065)	(1,151)	-1.28%
<b>Net Expenditure</b>	<b>209,935</b>	<b>210,176</b>	<b>(241)</b>	<b>(457)</b>	<b>216</b>	<b>0.10%</b>



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

Summary Financial Information	Annual Budget	Actual Spend	Actual Variance	Reserves Adjustment	Actual Variance	Forecast Variance
	£000	£000	£000	£000	£000	
Children's Health, Care & Justice	30,847	30,815	32	(475)	507	1.64%
Health and Community Care	53,184	55,307	(2,124)	258	(2,382)	-4.48%
Mental Health, Learning Disability & Addictions	31,247	29,864	1,383	(175)	1,558	4.99%
Strategy & Transformation	2,069	1,933	136	(55)	191	9.23%
Family Health Services	35,107	35,174	(67)	0	(67)	-0.19%
GP Prescribing	21,718	22,626	(908)	0	(908)	-4.18%
Hosted Services	8,752	8,973	(221)	(221)	0	0.00%
Other	27,011	25,484	1,528	211	1,317	4.87%
<b>Net Expenditure</b>	<b>209,935</b>	<b>210,176</b>	<b>(241)</b>	<b>(457)</b>	<b>216</b>	<b>0.10%</b>

- 4.5** The draft outturn position is an improvement of £1.781m from that reported at period 10 as highlighted in Table 4. These movements are mainly due to additional income, additional staff turnover, updated prescribing costs, acceleration of 2025/26 savings programmes and continued review of service packages.

**Table 3 – Movement in Reported Position since Period 10 Position**

<b>Movement since period 10</b>	<b>£000</b>
Period 12 favourable variance, subject to ledger closure and reserves adjustments	216
Period 10 adverse variance as reported to HSCP Board 24 March 2025	(1,565)
<b>Movement since period 10</b>	<b>1,781</b>
Represented By:	
Revision of staffing projections and client contributions within Residential Care Homes	337
Reduction in projection re Care at Home Staffing and External Service Provision	149
Prescribing costs and volumes favourable movement plus additional rebates	259
Acceleration of 2025/26 Health savings	101
Additional Health Income re Integrated posts	305
Lanarkshire SLA Income received	200
Other favourable variances (service package reviews and additional turnover)	430
<b>Movement since period 10</b>	<b>1,781</b>

- 4.6** Members should note that the draft outturn considers the progress on agreed savings programmes totalling £7.132m and a net drawdown in earmarked reserves of £0.457m. Further detail on progress of savings is detailed in Appendix 2 with a summary position shown in Table 4 below.

- 4.7** The progress of savings is tracked by the Senior Management Team, and a RAG (Red, Amber, and Green) status applied to inform further actions. In the period to 31 March 2025 approximately 79% of savings have been achieved, with the remainder requiring further action and carried forward to 2025/26. Summary detail on the anticipated level of reserves, including those approved by the HSCP Board to underwrite the savings challenge, is provided within Appendix 7.

**Table 4 – Monitoring of Savings and Efficiencies**

Efficiency Detail	Saving to be Monitored	Saving achieved	Saving on track to be achieved	Saving at low/medium risk of not being achieved	Saving at high risk of not being achieved
	£000	£000	£000	£000	£000
Total	7,132	5,162	487	278	1,206
Health Care	2,343	1,725	406	212	0
Social Care	4,789	3,437	81	66	1,206

- 4.8** Analysis on the projected annual variances more than £0.050m are contained within Appendix 5. The variance analysis highlights the range of pressures being managed across the HSCP delegated budgets. After accounting for anticipated movements demand pressure and further recovery planning actions, the residual projected underspend of £0.216m is mainly due to the additional income and further staff turnover.

#### **Bad Debt Write-Off and Bad Debt Provision**

- 4.9** As agreed by WDC and the HSCP Board in March 2022, the Board are responsible for accounting for bad debt arising from charges levied for HSCP delegated services and as such include a provision for potential bad debt within the HSCP Board's balance sheet.
- 4.10** At the time of writing the analysis of outstanding debt for the Quarter 4 (period 1 January to 31 March 2024) was not yet available, however it will be provided within the first update report of the new financial year. The bad debt provision has been recalculated, and the projected draft outturn position includes a financial impact in 2024/25 of £0.216m. The 24 March financial performance report had estimated an increase in provision of £0.200m.

#### **Update on Reserves**

- 4.11** As part of the closure of the 2024/25 accounts, a full review of all current earmarked reserves is being undertaken, recognising the decisions made by the HSCP Board in March 2025 to utilise a number of earmarked reserves to close the 2025/26 remaining budget gap.

- 4.12** Based on the projected outturn position set out in Table 1 above, the impact that has on current reserve balances is shown below in Table 5 and detailed in Appendix 7. The projected closing balance of £3.720m as an unearmarked reserve equates to approximately 1.69% of the 2024/25 indicative budget of £220.609m (excluding Family Health Services but including Set Aside).

**Table 5 – 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
	£000	£000	£000
Unearmarked	3,504	216	3,720
Earmarked	15,150	(457)	14,693
<b>Total Earmarked Reserves</b>	<b>18,654</b>	<b>(241)</b>	<b>18,413</b>

- 4.13** This is an improved projected outturn position when compared to the March budget report, which had anticipated drawdowns from unearmarked reserves of £1.565m and earmarked reserves of £2.085m. This is due to a combination of factors including further turnover, additional Service Level Agreement income and additional health funding to support future prescribing pressures (refer to Appendix 1: “Camchp 132 for £0.397m) which has minimised the requirement to apply reserves and will also add to some earmarked reserves balances. The HSCP Board is asked to approve that the additional £0.397m received from the Health Board is added to the existing prescribing earmarked reserves for utilisation in 2025/26 to underwrite efficiency programmes.
- 4.14** It should be noted that the March budget report has already committed £3.049m of earmarked reserves to support the implementation of the Children’s Health and Care Services Strategy, “Improving Lives with Children and Young People in West Dunbartonshire, What Would It Take? 2024 – 2029” and as part of the measures approved to balance the 2025/26 budget.
- 4.15** A full review of all earmarked reserves to identify any reserve no longer required for its original earmarked purpose, and which can be reallocated to partially replenish unearmarked reserves is ongoing. Once finalised proposals will be contained within the Unaudited Annual Report and Accounts to be reported to the Audit and Performance Committee on 25 June 2025.

### **Housing Aids and Adaptations and Care of Gardens**

- 4.16** The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services delegated to the HSCP Board and should be considered as an addition to the HSCP’s 2024/25 budget allocation of £89.833m from the council.
- 4.17** These budgets are managed by the Council’s – Roads and Neighbourhood and Housing and Employability Services on behalf of the HSCP Board.

- 4.18 The draft outturn position for the period to 31 March 2025 is included in Table 6 below and will be reported as part of WDC's financial update position.

**Table 6 – Draft Outturn Financial Performance as of 31 March 2025**

<b>Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council</b>	<b>Annual Budget</b>	<b>Actual Spend</b>	<b>Actual Variance</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
Care of Gardens	229	229	0
Aids & Adaptations	80	74	6
<b>Net Expenditure</b>	<b>309</b>	<b>303</b>	<b>6</b>

### **2024/25 Capital Expenditure**

- 4.18 The capital updates for Health Care and Social Care are detailed in Table 7 below and details the unaudited outturn position on several capital projects.

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

<b>2024/25 HSCP Capital Project Summary</b>	<b>Forecast Spend</b>	<b>Actual Spend</b>	<b>Actual Variance</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
Special Needs (Aids & Adaptations)	867	886	(19)
ICT Modernisation HSCP	50	27	23
Community Alarm upgrade	273	305	(32)
<b>Total</b>	<b>1,190</b>	<b>1,218</b>	<b>(28)</b>

## **5. Options Appraisal**

- 5.1 None required for this report.

## **6. People Implications**

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

## **7. Financial and Procurement Implications**

- 7.1 Other than the financial position noted above, there are no other financial implications known at this time. The 2024/25 draft unaudited accounts to be presented to the June 2025 HSCP Board's Audit and Performance Committee will update on any material changes to the draft outturn position.

## **8. Risk Analysis**

- 8.1 The main financial risks to the 2024/25 projected outturn position relate to ongoing increases in demand for some key social care services, complex care packages and prescribing costs.

- 8.2** The impact of inflationary pressures and costs of imports has added to the volatility of GP Prescribing costs. The complicated contractual arrangements and gathering of monthly data from community pharmacies causes a two-month lag in confirming actual costs. Any differences between actual costs and those accrued will impact on 2025/26.
- 8.3** As of March 2025 the current rate of inflation was reported at 2.6% compared to the target level of 2%. Interest rates were reduced to 4.25% at the May meeting of the Monetary Policy Committee. The next meeting will be held on 19 June 2025 with the next Monetary Policy Report due on 7 August 2025. It is unclear at this time what impact the current rate of inflation will have on the March interest rate decision and on the wider future of the UK Economy going forward which may have a detrimental impact on public sector funding.
- 8.4** The advisory board, formed to take forward some of the ambitions of the National Care Service, brings together independent and third sector care providers, NHS, council and integration joint board (IJB) leaders, disabled people's organisations and individuals with experience of health and social care and, at the time of writing, was scheduled to meet to 21 May 2025 for the first time.

## **9. Equalities Impact Assessment (EIA)**

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

## **10. Environmental Sustainability**

- 10.1** None required.

## **11. Consultation**

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

## **12. Strategic Assessment**

- 12.1** Proper budgetary control and sound financial practice are cornerstones of good governance and support the Partnership Board and officers to pursue the priorities of the Strategic Plan – Improving Lives Together.
- 12.2** Strategic enablers being workforce, finance, technology, partnerships, and infrastructure will support delivery of our strategic outcomes as below:
- Caring Communities;
  - Safe and Thriving Communities;
  - Equal Communities and
  - Healthy Communities

### 13. Directions

- 13.1** The recurring and non-recurring budget adjustments up to 31 March 2025 (as detailed within Appendix 1) will require the issuing of a direction, see Appendix 7.

Name	Julie Slavin
Designation	Chief Financial Officer
Date	19 May 2025

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Person to Contact:	Julie Slavin – Chief Financial Officer, Church Street, WDC Offices, Dumbarton G82 1QL Telephone: 07773 934 377 E-mail: <a href="mailto:julie.slavin@ggc.scot.nhs.uk">julie.slavin@ggc.scot.nhs.uk</a>
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Appendices:	Appendix 1 – Budget Reconciliation Appendix 2 – Monitoring of Savings Appendix 3 – Revenue Budgetary Control 2024/25 (Overall Summary) Appendix 4 – Revenue Budgetary Control 2024/25 (Health Care and Social Care Summary) Appendix 5 – Variance Analysis over £50k Appendix 6 – Reserves Appendix 7 – Directions
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Background Papers:	2024/25 Annual Budget Setting Report – 28 March HSCP Board  2024/25 Financial Performance Report as at Period 10 (24 March 2024)
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**West Dunbartonshire Health & Social Care Partnership**  
**Financial Year 2024/25 Period 12 covering 1 April 2024 to 31 March 2025**

<b>2024/25 Budget Reconciliation</b>	<b>Health Care £000</b>	<b>Social Care £000</b>	<b>Total £000</b>
<b>Budget Approved at Board Meeting on 28 March 2024</b>	<b>109,242</b>	<b>90,420</b>	<b>199,662</b>
Health Rollover Budget Adjustments	426		426
<b>Budget Adjustments</b>			
<b>Board Allocated</b>			
Pfg Afc Rec Wdhscp	34		34
Wdhscp App Levy Scs Tfer	(10)		(10)
Wdhscp O365 Scs Tfer	(14)		(14)
Wdhscp Pension Scs Tfer	(1)		(1)
Adp Tr 1 Wdhscp	455		455
Adp Tr 1 Wdhscp Afc	65		65
Wd Pcip	3,214		3,214
District Nursing	214		214
Camchp42 Vale Live Active	(25)		(25)
2024-25 Apremliast Allocation From Acute	151		151
Camchp28 Care Home Funding	35		35
Camchp35 Wd Ch Lead Nurse	57		57
Camchp64 Smoking Prevention Wd	66		66
Eers Superannuation	387		387
Childrens £12p/hr funding		343	343
Camchp87 Mdt Rec Wdhscp	482		482
Camchp97 Pays Uplift Wdhscp	2,054		2,054
2023-24 #20m Tariff Adjustment - Recurring	377		377
#80m Tariff Swap 2022-23 Recurring Gvp23124 & Gvp24079	(276)		(276)
FHS - Ncl Budget Adjustment To Match 2023-24 Actuals	370		370
Harm Reduction 2425 Funding West Dun	(5)		(5)
Camchp70 Wd Vacc Hb & Ch	137		137

**West Dunbartonshire Health & Social Care Partnership**  
**Financial Year 2024/25 Period 12 covering 1 April 2024 to 31 March 2025**

**Appendix 1**

<b>2024/25 Budget Reconciliation</b>	<b>Health Care £000</b>	<b>Social Care £000</b>	<b>Total £000</b>
Camchp73 Wd Pds	61		61
Wdhscp Hv Ctb	40		40
Camchp103 Emhof Rec Wdhscp	843		843
Camchp15 Adp Tr 2 Wdhscp	114		114
Scottish Disabiltiy Allowance		54	54
2024/25 Pay Funding		488	488
Camchp114 Domestic Hrs Wdhscp	(8)		(8)
2024-25 Gms Uplift	1,147		1,147
2024-25 Gms Uplift Adj	(9)		(9)
Ncl Gds 24-25 Budget Requirement	1,163		1,163
Ncl Gds Income Offset Required Budget Uplift 2024-33	(377)		(377)
Ncl Gos 24-25 Budget Requirement	104		104
Ncl Gps 2024-25 Budget Adjustment	(219)		(219)
Ncl Gps 24-25 Budget Requirement	211		211
Reversal Of J441994	(377)		(377)
Reverse Bud J441995	753		753
Reverse Bud J 442002	(377)		(377)
2024-25 Gms Uplift	(1)		(1)
2024-25 Gps Cps Global Sum Contribution (er)	(85)		(85)
Ldl Team From Ld To Hscps	12		12
Apremilast 24-25 - Portion Of Central Budget	1		1
Uplift In Apremilast Budget	14		14
Camchp121 Rev To Cap Rs Wdhscp	(112)		(112)
Camchp132 Afc Reform Wdhscp	397		397
Camchp141 It Project Wdhscp	14		14
Camchp143 Ou Lc Wdhscp	5		5



**West Dunbartonshire Health & Social Care Partnership**  
**Financial Year 2024/25 Period 12 covering 1 April 2024 to 31 March 2025**

**Appendix 1**

<b>2024/25 Budget Reconciliation</b>	<b>Health Care £000</b>	<b>Social Care £000</b>	<b>Total £000</b>
Camchp158 Rww Costs Wdhscp	9		9
Camchp163 Msk Ortho Wait Times	24		24
Camchp56 Ou Lc Wdhscp	5		5
Camchp81 Mod App Wdhscp	17		17
Realign Emhof	(24)		(24)
<b>Revised Budget 2024/25</b>	<b>120,780</b>	<b>91,305</b>	<b>212,085</b>
<b>Drawdown from Reserves</b>	<b>(678)</b>	<b>(1,472)</b>	<b>(2,150)</b>
<b>Budget Funded from Partner Organisations</b>	<b>120,102</b>	<b>89,833</b>	<b>209,935</b>



West Dunbartonshire Health & Social Care Partnership  
Monitoring of Efficiencies and Management Adjustments 2024/25

Head of Service	Partner	Efficiency Detail	Comment	Saving Target £000	Saving at Risk £000
<b>Savings at high risk of not being achieved</b>					
Head of Community Health and Care Services	Social Care	Budget savings taken from Care at Home between 2020/21 and 2023/24 related to the ongoing service redesign work. These savings have been unachieved in prior years and have not been added back to the 2024/25 budget and therefore still require to be monitored.	Progress through the Care at Home redesign continues, with Phase 1 and 2 now complete. The forecast outturn variance is an overspend of £3.332m, therefore the approved saving has not been achieved. The areas of largest cost pressure sit within staffing and relate to the continued use of agency staff and payment of premium rate overtime. Redesign pathways to address these areas are ongoing with the SOP overtime authorisation process now in place and further "deep dive" analysis to identify reasons for high use. Phase 1 staff moved to new contracts in December 2024 (approximately 40 staff) and phase 2 (majority of staff) moved in March 2025 with phase 3 anticipated to move in March 2026. Compliance data (visit and time) is being monitored per organiser to reduce the gap between planned and actual hours.	1,206	1,206
<b>Savings at low/medium risk of not being achieved</b>					
Musculoskeletal Physiotherapy Manager	Health Care	Temporary Increase in MSK Service Turnover from 3.7% to 8.3%	Increased turnover target is challenging and approximately £0.109m was unrealised and this was covered by unachievement of savings reserve at the year end.	375	109
Head of Community Health and Care Services	Health Care	Prescribing Board Wide and Stretch Efficiency Programmes	Overall savings performance came close to delivering on the total of all efficiency programmes at a 93% success rate. Price fluctuations in some drugs will impact on the final position. Overall switches in Lidocaine, inhalers and application of Scriptswitch, along with polypharmacy reviews had an average success rate of 200%.	774	103
Various Head of Service	Social Care	Various	There is some slippage in the delivery of a small number of low value savings linked to commissioning and staff turnover within community health and care.	318	66
		<b>Total</b>		<b>3,246</b>	<b>1,484</b>
		<b>Health Care</b>		<b>1,164</b>	<b>212</b>
		<b>Social Care</b>		<b>2,082</b>	<b>1,272</b>



West Dunbartonshire Health & Social Care Partnership  
Financial Year 2024/25 Period 12 covering 1 April 2024 to 31 March 2025

Consolidated Expenditure by Service Area	Annual Budget	Actual Spend	Actual Variance	Reserves Adjustment	Actual Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000		
Older People Residential, Health and Community Care	34,798	33,853	945	258	687	1.97%	↑
Care at Home	14,723	18,055	(3,332)	0	(3,332)	-22.63%	↓
Physical Disability	2,947	2,652	295	0	295	10.01%	↑
Childrens Residential Care and Community Services	30,840	30,717	123	(358)	481	1.56%	↑
Strategy, Planning and Health Improvement	2,068	1,933	135	(55)	190	9.19%	↑
Mental Health Services - Adult and Elderly, Community and Inpatients	12,188	11,806	382	323	59	0.48%	↑
Addictions	4,140	3,916	224	(355)	579	13.99%	↑
Learning Disabilities - Residential and Community Services	14,920	14,140	780	(143)	923	6.19%	↑
Family Health Services (FHS)	35,107	35,174	(67)	0	(67)	-0.19%	↓
GP Prescribing	21,718	22,626	(908)	0	(908)	-4.18%	↓
Hosted Services	8,752	8,973	(221)	(221)	0	0.00%	→
Criminal Justice (Including Transitions)	8	98	(90)	(117)	27	337.50%	↑
Resource Transfer	17,814	17,813	1	0	1	0.01%	↑
Contingency	2,114	0	2,114	1,522	592	28.00%	↑
HSCP Corporate and Other Services	7,798	8,420	(622)	(1,311)	689	8.84%	↑
<b>Net Expenditure</b>	<b>209,935</b>	<b>210,176</b>	<b>(241)</b>	<b>(457)</b>	<b>216</b>	<b>0.10%</b>	<b>↑</b>

Consolidated Expenditure by Subjective Analysis	Annual Budget	Actual Spend	Actual Variance	Reserves Adjustment	Actual Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000		
Employee	92,301	92,390	(89)	836	(925)	-1.00%	↑
Property	1,203	1,502	(299)	0	(299)	-24.85%	→
Transport and Plant	1,455	1,538	(83)	0	(83)	-5.70%	→
Supplies, Services and Admin	7,178	4,846	2,332	1,090	1,242	17.30%	↑
Payments to Other Bodies	86,515	88,062	(1,547)	(679)	(868)	-1.00%	↓
Family Health Services	36,409	36,467	(58)	0	(58)	-0.16%	→
GP Prescribing	21,719	22,627	(908)	0	(908)	-4.18%	→
Other	3,115	2,686	429	0	429	13.77%	→
<b>Gross Expenditure</b>	<b>249,895</b>	<b>250,118</b>	<b>(223)</b>	<b>1,247</b>	<b>(1,470)</b>	<b>-0.59%</b>	<b>↑</b>
Income	(39,960)	(39,942)	(18)	(1,704)	1,686	-4.22%	↓
<b>Net Expenditure</b>	<b>209,935</b>	<b>210,176</b>	<b>(241)</b>	<b>(457)</b>	<b>216</b>	<b>0.10%</b>	<b>↓</b>



West Dunbartonshire Health & Social Care Partnership  
Financial Year 2024/25 Period 12 covering 1 April 2024 to 31 March 2025

Health Care Net Expenditure	Annual Budget	Actual Spend	Actual Variance	Reserves Adjustment	Actual Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000		
Planning & Health Improvements	894	630	264	100	164	18.34%	↑
Childrens Services - Community	4,273	3,881	392	40	352	8.24%	↑
Adult Community Services	11,495	11,170	325	(35)	360	3.13%	↑
Community Learning Disabilities	897	863	34	(73)	107	11.93%	↑
Addictions	3,062	2,560	502	162	340	11.10%	↑
Mental Health - Adult Community	4,971	4,263	708	708	0	0.00%	→
Mental Health - Elderly Inpatients	3,914	4,276	(362)	(361)	(1)	-0.03%	↓
Family Health Services (FHS)	35,107	35,174	(67)	0	(67)	-0.19%	↓
GP Prescribing	21,718	22,626	(908)	0	(908)	-4.18%	↓
Other Services	7,205	5,898	1,307	288	1,019	14.14%	↑
Resource Transfer	17,814	17,813	1	0	1	0.01%	↑
Hosted Services	8,752	8,973	(221)	(221)	0	0.00%	→
<b>Net Expenditure</b>	<b>120,102</b>	<b>118,127</b>	<b>1,975</b>	<b>608</b>	<b>1,367</b>	<b>1.14%</b>	<b>↑</b>

Social Care Net Expenditure	Annual Budget	Actual Spend	Actual Variance	Reserves Adjustment	Actual Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000		
Strategy Planning and Health Improvement	1,175	1,303	(128)	(155)	27	2.30%	↑
Residential Accommodation for Young People	2,956	2,747	209	0	209	7.07%	↑
Children's Community Placements	7,559	8,478	(919)	0	(919)	-12.16%	↓
Children's Residential Schools	5,836	6,106	(270)	0	(270)	-4.63%	↓
Children's Supported Accommodation	1,192	747	445	0	445	37.33%	↑
Childcare Operations	6,089	5,832	257	(226)	483	7.93%	↑
Other Services - Young People	2,934	2,926	8	(172)	180	6.13%	↑
Residential Accommodation for Older People	7,065	7,351	(286)	(2)	(284)	-4.02%	↓
External Residential Accommodation for Elderly	10,268	9,822	446	0	446	4.34%	↑
Sheltered Housing	1,408	1,427	(19)	0	(19)	-1.35%	↓
Day Centres Older People	1,278	1,146	132	0	132	10.33%	↑
Meals on Wheels	0	0	0	0	0	0.00%	→
Community Alarms	(59)	113	(172)	0	(172)	291.53%	↓
Community Health Operations	3,289	2,823	466	295	171	5.20%	↑
Residential - Learning Disability	12,197	11,574	623	(70)	693	5.68%	↑
Physical Disability	2,616	2,349	267	0	267	10.21%	↑
Day Centres - Learning Disability	1,826	1,704	122	0	122	6.68%	↑
Criminal Justice (Including Transitions)	8	98	(90)	(117)	27	337.50%	↑
Mental Health	3,302	3,268	34	(24)	58	1.76%	↑
Care at Home	14,723	18,055	(3,332)	0	(3,332)	-22.63%	↓
Addictions Services	1,078	1,356	(278)	(517)	239	22.17%	↑
Equipu	330	303	27	0	27	8.18%	↑
Frailty	54	2	52	0	52	96.30%	↑
Carers	1,511	1,455	56	0	56	3.71%	↑
Contingency	2,114	0	2,114	1,522	592	28.00%	↑
HSCP - Corporate	(916)	1,064	(1,980)	(1,599)	(381)	41.59%	↓
<b>Net Expenditure</b>	<b>89,833</b>	<b>92,049</b>	<b>(2,216)</b>	<b>(1,065)</b>	<b>(1,151)</b>	<b>-1.28%</b>	<b>↓</b>



**West Dunbartonshire Health & Social Care Partnership**  
**Financial Year 2024/25 Period 12 covering 1 April 2024 to 31 March 2025**  
**Analysis for Variances Over £0.050m**

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
<b>Health Care Variances</b>					
Planning & Health Improvements	894	730	164	18%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The favourable variance is mainly due to a number of vacancies across Planning, Health and Management				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				
Childrens Services - Community	4,274	3,921	352	8%	↑
Service Description	This care group provides community services for children				
Main Issues / Reason for Variance	The favourable variance is mainly due to staff turnover (including the acceleration of 2025/26 savings proposal), maternity leave and long term sickness partially offset by bank usage to cover gaps in service.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				

West Dunbartonshire Health & Social Care Partnership  
Financial Year 2024/25 Period 12 covering 1 April 2024 to 31 March 2025  
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Adult Community Services	11,495	11,135	360	3%	↑
Service Description	This service provides community services for adults				
Main Issues / Reason for Variance	The main reason for the favourable variance is due to staff turnover savings currently in excess of target and increased SLA income in relation to out of hours nursing.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				
Community Learning Disabilities	897	790	107	12%	↑
Service Description	This service provides community services for persons with learning disabilities				
Main Issues / Reason for Variance	The favourable variance is mainly due to lengthy discussions relating to enhance mental health outcomes funding.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				
Addictions	3,062	2,722	340	11%	↑
Service Description	This care group provides addictions services				
Main Issues / Reason for Variance	The favourable variance in core services is mainly due to staff turnover, recruitment				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				

West Dunbartonshire Health & Social Care Partnership  
Financial Year 2024/25 Period 12 covering 1 April 2024 to 31 March 2025  
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Family Health Services (FHS)	35,107	35,174	(67)	0%	↓
Service Description	Board wide family health services				
Main Issues / Reason for Variance	The adverse variance is mainly due to pressures arising from the Scottish Enhanced Services Programme.				
Mitigating Action	Further discussions required on the future of SESP and funding arrangements.				
Anticipated Outcome	An overspend is reported at this time.				
GP Prescribing	21,718	22,626	(908)	-4%	↓
Service Description	GP prescribing costs				
Main Issues / Reason for Variance	The adverse variance is mainly due to increased volume and price projections along with a partial unachievement of savings as detailed within the savings tracker and buvidal costs of £0.340m, which are offset by additions core underspend. Savings targets and achievement of savings are currently under review board-wide.				
Mitigating Action	Continue to closely link in with the HSCP Prescribing Lead and NHSGCC prescribing to revisit final costs and savings as data becomes available.				
Anticipated Outcome	A significant overspend is reported at this time				

West Dunbartonshire Health & Social Care Partnership  
Financial Year 2024/25 Period 12 covering 1 April 2024 to 31 March 2025  
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget	Actual Full Year	Actual Variance	% Variance	RAG Status
	£000	£000	£000		
Other Services	7,205	6,186	1,019	14%	↑
Service Description	This care group covers administration and management costs in relation to Health Care				
Main Issues / Reason for Variance	The favourable variance is mainly due to vacancy management and non recurring savings in financial planning.				
Mitigating Action	Vacancy management process is in place and a review of workforce profile and commissioned services will be required for future budget planning.				
Anticipated Outcome	An underspend is reported at this time				
Social Care Variances					
Residential Accommodation for Young People	2,956	2,747	209	7%	↑
Service Description	This service provides residential care for young persons				
Main Issues / Reason for Variance	The favourable variance is mainly due to vacant posts				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				

West Dunbartonshire Health & Social Care Partnership  
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Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Children's Community Placements	7,559	8,478	(919)	-12%	↓
Service Description	This service covers fostering, adoption and kinship placements				
Main Issues / Reason for Variance	The adverse variance is mainly due to an increase in kinship and external fostering client activity at £0.249m and £0.687m respectively. The forecast overspend in kinship has arisen due to placement of 12 more clients than budgeted and the backdated impact of changes to children's tax credits of £0.151m to date, while 10 more clients than budgeted are placed with external fostering providers.				
Mitigating Action	The "What Would It Take" children and families medium term financial plan will require to accelerate in pace to achieve previously approved savings options and further reduce to bring spend back in line with budget.				
Anticipated Outcome	A significant overspend is reported at this time unless further action is taken to address underlying causes and use of external fostering providers along with a recognition of unfunded demographic pressures.				

West Dunbartonshire Health & Social Care Partnership  
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Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Children's Residential Schools	5,836	6,106	(270)	-5%	↓
Service Description	This service area provides residential education for children				
Main Issues / Reason for Variance	While the overall number of young people are below budgeted levels, an increase in the number of young people funded 100% by the HSCP along with an increase in the average negotiated Scotland Excel rates in excess of budgeted levels has resulted in the reported overspend.				
Mitigating Action	The "What Would It Take" children and families medium term financial plan will require to accelerate in pace to achieve previously approved savings options and further reduce to bring spend back in line with budget.				
Anticipated Outcome	A overspend is reported at this time unless further action is taken to address underlying causes and use of children's residential care placements along with a recognition of unfunded demographic pressures.				
Children's Supported Accommodation	1,192	747	445	37%	↑
Service Description	This service area provides the cost of supported accommodation for children				
Main Issues / Reason for Variance	The favourable variance is mainly due to a reduction in client packages and additional income.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				

West Dunbartonshire Health & Social Care Partnership  
Financial Year 2024/25 Period 12 covering 1 April 2024 to 31 March 2025  
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Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Childcare Operations	6,089	5,606	483	8%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social				
Main Issues / Reason for Variance	The favourable variance is mainly due to a number of vacant posts				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				
Other Services - Young People	2,934	2,754	180	6%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social				
Main Issues / Reason for Variance	workers				
Mitigating Action	The favourable variance is mainly due to reduced direct payments and supported				
Anticipated Outcome	None required at this time				
Residential Accommodation for Older People	7,065	7,349	(284)	-4%	↓
Service Description	WDC owned residential accommodation for older people				
Main Issues / Reason for Variance	The adverse variance is mainly due to the cost of the care home regrading (£0.438m) and increased agency spend arising from recruitment challenges of £0.174m partially mitigated by additional income.				
Mitigating Action	The service will need to continue to focus on recruitment to enhance in house staffing to reduce reliance on agency spend.				
Anticipated Outcome	A overspend is reported at this time.				

West Dunbartonshire Health & Social Care Partnership  
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Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
External Residential Accommodation for Elderly	10,268	9,822	446	4%	↑
Service Description	External residential and nursing beds for over 65s				
Main Issues / Reason for Variance	The favourable variance is mainly due additional self funder income.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				
Day Centres Older People	1,278	1,146	132	10%	↑
Service Description	Queens Quay, Crosslet House Daycare, Lunch clubs and daycare SDS/Direct				
Main Issues / Reason for Variance	The favourable variance is mainly due to recruitment and vacancy management.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				
Community Alarms	(59)	113	(172)	291%	↓
Service Description	Installation and response service for Community Alarms				
Main Issues / Reason for Variance	The adverse variance is mainly due to the use of sessional staff, a reduction in income due to data cleansing and bad debt write off and provision recalculation.				
Mitigating Action	The service will need to closely monitor staffing to reduce sessional spend and liaise with Council colleagues regarding the recovery of outstanding debt.				
Anticipated Outcome	An overspend is reported at this time.				



West Dunbartonshire Health & Social Care Partnership  
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Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Community Health Operations	3,289	3,118	171	5%	↑
Service Description	Adult services				
Main Issues / Reason for Variance	The favourable variance is mainly due to the delay in recruiting additional social work capacity staff and staff turnover.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				
Residential - Learning Disability	12,197	11,504	693	6%	↑
Service Description	This service provides residential care for persons with learning disabilities				
Main Issues / Reason for Variance	The favourable variance is mainly due to staffing vacancies of £0.180m and the over achievement of previously approved savings options of £0.500m due to client service reviews.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				
Physical Disability	2,616	2,349	267	10%	↑
Service Description	This service provides physical disability services				
Main Issues / Reason for Variance	The favourable variance is mainly due to a reduction in the number of client service packages.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				

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Budget Details	Variance Analysis				
	Annual Budget	Actual Full Year	Actual Variance	% Variance	RAG Status
	£000	£000	£000		
Day Centres - Learning Disability	1,826	1,704	122	7%	↑
Service Description	This service provides day services for learning disability clients				
Main Issues / Reason for Variance	The favourable variance is mainly due to a number of vacant posts.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				
Mental Health	3,302	3,244	58	2%	↑
Service Description	This service provides mental health services				
Main Issues / Reason for Variance	The favourable variance is mainly due to over achievement of previously approved savings options of £0.300m due to client service reviews and vacant posts				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				

West Dunbartonshire Health & Social Care Partnership  
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Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Care at Home	14,723	18,055	(3,332)	-23%	↓
Service Description	This service provides care at home which includes personal care				
Main Issues / Reason for Variance	The adverse variance is mainly due to increased staffing costs (£2.870m), an increasing number of external care packages (£0.294m) and an under recovery of income as no invoices have been raised in 2024/25 due to the reduction in provision of meals and non personal care (£0.114m). While staffing costs have reduced from period 10 use of agency and premium overtime continues to be an issue as the service review continues.				
Mitigating Action	The service review will require to accelerate in pace to address inefficiencies within the service and the reliance on the use of external care packages, agency workers and premium rate overtime to achieve previously approved savings options and further reduce to bring spend back in line with budget.				
Anticipated Outcome	A significant overspend is reported at this time.				
Addictions Services	1,078	839	239	22%	↑
Service Description	This budget contains the cost of working with Clients dealing with Drug and Alcohol				
Main Issues / Reason for Variance	The favourable variance is mainly due to moving clients into more affordable placements and clients moving to older peoples services. There are also turnover and sickness absence savings in staffing				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				

West Dunbartonshire Health & Social Care Partnership  
Financial Year 2024/25 Period 12 covering 1 April 2024 to 31 March 2025  
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Frailty	54	2	52	96%	↑
Service Description	This service is the Social Care element of the Focussed Intervention Team				
Main Issues / Reason for Variance	The favourable variance is due to the non charging of a Health employee in 2024/25				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				
Carers	1,511	1,455	56	4%	↑
Service Description	This budget contains resources to support Carers				
Main Issues / Reason for Variance	The favourable variance is mainly due to a reduction in recharges for carers respite.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				
Contingency	2,114	1,522	591	28%	↑
Service Description	This consists of elements of budget transferred from services where elements are no				
Main Issues / Reason for Variance	The favourable variance is a combination of the reasons above. The 2025/26 budget construction exercise has factored in where this is recurring.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				

West Dunbartonshire Health & Social Care Partnership  
Financial Year 2024/25 Period 12 covering 1 April 2024 to 31 March 2025  
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
HSCP - Corporate	(916)	(535)	(381)	42%	↓
Service Description	This budget contains Corporate spend and budgeted reserve drawdown				
Main Issues / Reason for Variance	The adverse variance is mainly due to the admin savings target and additional HSCP Social Care turnover target applied remaining within Corporate, however this is offset by these savings being shown within services. The adverse variance has reduced from that reported at Period 10 due to the actual increase in the HSCP bad debt provision now reflected across appropriate service areas.				
Mitigating Action	The admin review will require to accelerate in pace to achieve required savings and the HSCP will need to carefully monitor levels of outstanding debt to mitigate the level of bad debt provision and financial impact thereof.				
Anticipated Outcome	An overspend is reported at this time.				



Financial Year 2024/25 Period 12 covering 1 April 2024 to 31 March 2025  
Analysis of Reserves 2024/25

Analysis of Reserves	Actual Opening Balance as at 1 April 2024	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2025
	£000	£000	£000
<b><u>Unearmarked Reserves</u></b>			
Unearmarked Reserves	3,504	216	3,720
<b>Total Unearmarked Reserves</b>	<b>3,504</b>	<b>216</b>	<b>3,720</b>
<b><u>Earmarked Reserves</u></b>			
<b>Scottish Govt. Policy Initiatives</b>	<b>4,841</b>	<b>(1,228)</b>	<b>3,612</b>
Community Justice	192	(68)	124
Carers Funding	219	(30)	189
Informed trauma	130	0	130
Additional Social worker capacity	364	295	659
GIFREC NHS	57	0	57
Mental Health Recovery and Renewal Fund	432	0	432
New Dementia Funding	63	0	63
Scottish Government Alcohol and Drug Partnership (including various National Drugs Priorities)	841	(355)	486
Community Living Change Fund	336	(166)	170
Children's Mental Health and Wellbeing	65	(22)	43
SG District Nursing Funding	74	0	74
TEC and Analogue to Digital Project	30	0	30
PEF Funding – Speech & Language Therapy Projects	26	0	26
Workforce Wellbeing	67	0	67
Winter Planning Funding - Interim Care	610	(211)	399
Winter Planning Funding - Enhance Care at Home	1,162	(581)	581
Care Home & Housebound Vaccination funding from Health Board and Call Before You Convey	94	(94)	0
LD Health Checks	60	23	82
Pharmacy NES Funding	20	(20)	0

Analysis of Reserves	Actual Opening Balance as at 1 April 2024	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2025
	£000	£000	£000
<b>HSCP Initiatives</b>	<b>2,924</b>	<b>(621)</b>	<b>2,303</b>
<b>Service Redesign and Transformation</b>	<b>496</b>	<b>(241)</b>	<b>255</b>
Children at risk of harm inspection action	481	(226)	255
Fixed term posts with the integrated HSCP Finance team	15	(15)	(0)
Unscheduled Care Services	397	0	397
<b>COVID-19 Recovery (HSCP Funded)</b>	<b>218</b>	<b>(111)</b>	<b>107</b>
Support to women and children in recovery from Domestic abuse and support redevelopment of the service as a trauma responsive service and Violence against Women coordination to support the development of the Violence against Women Partnership.	218	(111)	107
Unachievement of Savings	1,085	(165)	920
Public Protection Officers	244	0	244
Participatory Budgeting	50	(50)	0
Digital Transformation	227	(54)	173
Training and Development	207	0	207
<b>Covid-19- Scottish Government Funded</b>	<b>2</b>	<b>(2)</b>	<b>0</b>
COVID-19 Pressures	2	(2)	0
<b>Health Care</b>	<b>4,280</b>	<b>523</b>	<b>4,803</b>
DWP Conditions Management	46	(4)	42
Physio Waiting Times Initiative	103	0	103
Retinal Screening Waiting List Grading Initiative	147	(112)	35
Prescribing Reserve	972	397	1,369
NHS Board Adult Social Care	88	0	88
CAMHS	120	(120)	0
Planning and Health Improvement	248	(10)	238
West Dunbartonshire Mental Health Services Transitional Fund	1,454	348	1,802



Analysis of Reserves	Actual Opening Balance as at 1 April 2024	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2025
	£000	£000	£000
Property Strategy	963	(30)	934
IT Project Funding	0	14	14
Health Visiting	120	40	160
Workforce Wellbeing	18	0	18
<b>Social Care</b>	<b>3,103</b>	<b>872</b>	<b>3,975</b>
Complex Care Packages/Supporting delay discharges	1,973	(650)	1,323
C&F 5 year MTFP "What Would it Take"	1,130	0	1,130
Local Authority Superannuation	0	1,522	1,522
<b>Total Earmarked Reserves</b>	<b>15,150</b>	<b>(457)</b>	<b>14,693</b>
<b>Total Reserves</b>	<b>18,654</b>	<b>(241)</b>	<b>18,413</b>



## 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: 2024/25 Financial Performance Report

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP B000077JS27052025
2	Date direction issued by Integration Joint Board	27 May 2025
3	Report Author	Julie Slavin, Chief Financial Officer
4	Direction to	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	HSCP B000073JS24032025
6	Functions covered by direction	All delegated Health and Care Services as set-out within the Integration Scheme
7	Full text and detail of direction	West Dunbartonshire Council is directed to spend the delegated net budget of £89.833m 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 £120.102m in line with the Strategic Plan and the budget outlined within this report
		No outstanding debt write off to report at this time
8	Specification of those impacted by the change	2024/25 Revenue Budget for the HSCP Board will deliver on the strategic outcomes for all delegated health and social care services and our citizens.
9	Budget allocated by Integration Joint Board to carry out direction	The total 2024/25 budget aligned to the HSCP Board is £255.716m. Allocated as follows: West Dunbartonshire Council - £89.833m NHS Greater Glasgow and Clyde - £120.102m Set Aside - £45.781m
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities
11	Strategic Milestones	Maintaining financial balance in 2024/25
		30 June 2025
12	Overall Delivery timescales	30 June 2025
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report and (where appropriate) the position regarding Debt Write Off's.
14	Date direction will be reviewed	The next scheduled HSCP Board - 19 August 2025



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

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

**27 May 2025**

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**Subject: Engagement Activity Report 2024/25**

**1. Purpose**

- 1.1** The purpose of this report is to update the HSCP Board on community engagement activities undertaken in the year 2024/25.

**2. Recommendations**

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

**3. Background**

- 3.1** On the 25 July 2024 the Account Commission published the following report, "Integration Joint Boards' (IJB) Finance and Performance 2024".
- 3.2** The report makes several key recommendations and is also supplemented by a suite of IJB Members questions. These questions were intended to support IJB Members to consider the Boards financial and performance position and were used as the basis for a self-evaluation event on the 12 November 2024.
- 3.3** On the 28 January 2025 the HSCP Board considered the output of the self-evaluation work and approved the HSCP Board Finance and Performance Improvement Plan.
- 3.4** This report addresses one of the tasks within that improvement plan, namely "consider regular engagement reports at IJB (similar to the communications report presented to the NHS Greater Glasgow and Clyde Health Board).

**4. Main Issues**

- 4.1** West Dunbartonshire HSCP appointed a Community Engagement and Development Officer in early 2024. This post is a significant asset to the HSCP and as such the Partnership has experienced a rise in both the quality and quantity of engagements with stakeholders and service users. Appendix One highlights the breadth of community activities over the last year, its is not intended to be an exhaustive list as engagement with service users is a fundamental area of health and social care practice and will happen routinely with operational teams as part of their core business.

- 4.2** Although the improvement plan mentioned in 3.4 suggests regular reporting, upon consideration and given the current constraints on capacity, the HSCP is currently only able to provide the Board with an annual report. This may not be possible in 2025/26 due to the Community Engagement and Development Officers' extended leave from work. Currently the HSCP do not have the resources to backfill this position and as such the level of community engagement work will be somewhat constrained in this period. This approach will be reviewed once the HSCP returns to normal staffing levels.

## **5. Options Appraisal**

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

## **6. People Implications**

- 6.1** There are no direct people implications arising from the recommendation within this report. However, it is noted that the post of Community Engagement and Development Officer cannot be backfilled during the 2025/26 financial year. This will require services to undertake their own engagement work without additional support from a corporate resource.

## **7. Financial and Procurement Implications**

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

## **8. Risk Analysis**

- 8.1** There are no direct risks associated with the recommendation within this report.

## **9. Equalities Impact Assessment (EIA)**

- 9.1** An equalities impact assessment is not required as the recommendation within this report has no impact on those with protected characteristics.

## **10. Environmental Sustainability**

- 10.1** The recommendation within this report does not require a Strategic Environmental Assessment (SEA) to be undertaken.

## **11. Consultation**

- 11.1** The HSCP Senior Management Team and the HSCP Board Monitoring Officer were consulted on the content of this report and their comments incorporated accordingly.

## **12. Strategic Assessment**

**12.1** This report aligns with the enabling priorities within the HSCP Boards Strategic Plan 2023 – 2026 “Improving Lives Together”.

### **13. Directions**

**13.1** The recommendation within this report does not require a direction to be issued to either the local authority or the health board.

**Name: Margaret-Jane Cardno**

Designation: Head of Strategy and Transformation

Date: 28 April 2025

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

**Appendices:** Appendix One – Engagement Activity Report 2024/25

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





**West Dunbartonshire Health and Social Care Partnership (HSCP)**  
**Engagement Activity Report 2024/25**

**2024**

**Learning Disability, Autism and Neurodiversity Bill Consultation - April 2024**

The Scottish Government requested public views on the Learning Disability, Autism and Neurodiversity (LDAN) Bill between December 2023 and April 2024. The proposals the bill brought forward were considering legislative changes to enshrine the rights of learning disabled, autistic and neurodivergent people within Scotland. Participation in the consultation could be undertaken as a member of the public or a representative of an organisation. The consultation held relevant and important proposals to the communities of West Dunbartonshire, and it was deemed appropriate to seek out public responses for the bill.

The Community Engagement and Development Officer (CEDO) approached the Community Connections Service User Form which consisted of learning disabled, autistic and neurodivergent people to gather their views on the bill. A face-to-face engagement session was held at the Clydebank Community Sports Hub on the 9 April 2024 with approximately 20 service users in attendance. Information on the bill was presented to the group in both an oral presentation and easy-read handout format before participants separated into focus groups. Questions based on the consultation bill were presented orally and scribes were available at each table to record participant answers verbatim.



After the session had finished, the CEDO collected in all responses from the scribes and collated the feedback into a singular document, anonymising any personal or identifiable information. Each consultation question was given a general thematic overview to represent answers captured by participants and upon internal review, was submitted to the Scottish Government to represent an official response by the HSCP. As of November 2024, the Scottish Government has advised it is currently reviewing the evidence collected during the consultation period to finalise a draft of the bill to be considered by Parliament.

## **Public Engagement Sessions on the Engagement and Participation Strategy – August 2024**

The Engagement and Participation Strategy used by the WDHSCP was overdue a review to realign its priorities with the [West Dunbartonshire HSCP: Improving Lives Together Strategic Plan 2023-2026](#). After setting up an internal steering group that consisted of relevant colleagues and external third sector organisations for maintaining accountability, the CEDO identified a number of potential focus areas for the new strategy. These interest areas were improving relationships between the HSCP and its staff and communities, supporting communities to become more involved in decision-making processes and increasing transparency and accountability as an organisation. Engagement sessions with the public and third sector organisations were set for August 2024 to hear the views of local communities and use their feedback to develop the strategy further.

Several third sector organisations participated in direct focus group sessions with their memberships, including Alternatives; Carers of West Dunbartonshire; Outside the Box: Moments of Freedom Group and Improving Lives.

Informal public sessions were held in Clydebank and Dumbarton and were promoted on social media as drop-in sessions for communities to give their direct feedback. Approximately 30 people participated across the six sessions and their statements on the strategy were recorded verbatim to be used as development evidence. Any identifying information provided by participants was redacted and direct quotes were selected to outline themes found during the sessions in the strategy itself.

The strategy was approved by the HSCP Board in November 2024 and was successfully published in the same month. A digital overview was created for the participants who took part in the sessions using the 'You Said, We Did' model and distributed to partners via email and social media to support the collaborative work completed by the communities of West Dunbartonshire and the HSCP.

## **Changes to Charging Policy and Applicable Amounts – October 2024**

Levying charges for some non-residential social care services forms part of the HSCP delegated budget. Previous work undertaken on Self Directed Support (SDS) Charging Policy and Applicable Amounts had resulted in several proposals for change being created. Public involvement is essential for any proposed policy change as there are potential impacts on protected characteristic groups. Although the HSCP is responsible for the provision of the service, the legal authority to levy and set the charges remains a local authority responsibility. An engagement period was set for October 2024 to seek views from West Dunbartonshire communities and stakeholders on the proposals and use the evidence collected as recommendations to support the decision-making processes of the West Dunbartonshire Council.

Three in-person sessions took place with two being held at the Clydebank Town Hall and one being held at the Dumbarton Concord Community Centre. Third sector partners including Carers of West Dunbartonshire, Improving Lives, Kinship Carers, and ShopMobility Clydebank were invited alongside their membership to take part in the engagement sessions. These organisations were targeted due to the work they

undertake in supporting people with SDS in the West Dunbartonshire area. The sessions were also open to the public and advertised online via social media platforms, including the local authority Facebook Page and X (formally known as Twitter). Approximately 40 people engaged over the three sessions and all four partners were able to provide representatives to be involved in discussions.

The session was split into two halves with the first involving a context setting information session which explained the topics and the proposals. Speakers included the Head of Strategy and Transformation, the Chief Financial Officer and the SDS Lead to support any conversations that needed targeted answers. After a comfort break, participants broke off into focus groups to answer pre-set open-ended questions on the proposals. HSCP Staff were available as facilitators and scribes for each table and EasyRead copies of the questions were also included for use. Each table was given approximately 50 minutes to complete their discussions and scribes feedback the overarching themes of discussions at the end of the session to offer participants the opportunity to correct or expand. Once the session was complete the feedback was collated and anonymised.

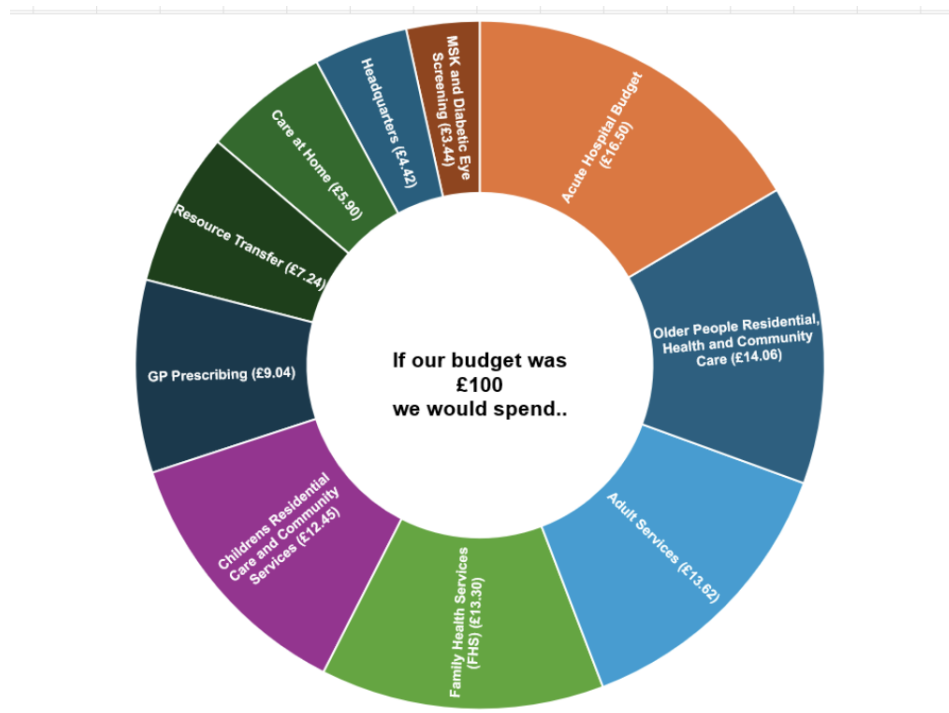
Upon completion of all three sessions and the successful anonymisation of participants completed, the collated feedback was passed to the Service Improvement Lead who was leading the project. She used the evidence collected during the sessions to create a follow up survey that went public online via social media platforms over the December period. Forty-three people answered the survey in the allotted timeframe and this data was also used as evidence for which proposals to recommend as part of the decision making process.

The closure of a feedback loop when consulting with communities is important for building trust and transparency. There is planned follow up engagement sessions with participants via online materials published on the HSCP website to outline which decisions were taken forward to the Council for consideration and ultimately what recommendations were upheld.

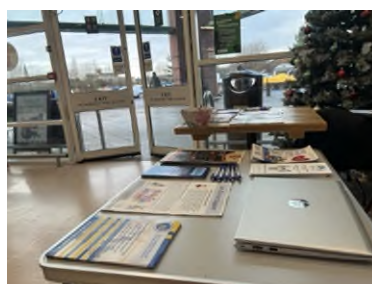
### **Budget Engagement Survey and Engagement Pop up Stalls – December 2024**

The HSCP sought to use the time prior to the end of the 2024/25 financial year to examine what priorities its communities were most interested in. Perpetration work began in November 2024 to create a Microsoft Forms survey that could be shared widely across social media networks, third sector organisations and local partners (i.e. libraries) to capture community views on the HSCP's financial budget. The presentation of this topic can be complex and difficult to make user friendly therefore national examples of good practice were considered prior to adopting an approach.

The survey was framed by using the context of 'if our budget was £100, we would spend...' with a circle chart breakdown of how funding is divided between services. A written breakdown that accompanied the circle chart explained each category and what their spending related to. Local data was provided to offer context behind budget decisions (i.e. average population age when discussing acute hospital discharge expenditure).



The survey included questions on which services the HSCP could prioritise and what measures could be taken to modernise the provision of services like social care, mental health and addiction support. It was published on social media, including Facebook and X (formally known as Twitter) on the 3 December 2024 and remained available for completion until the 6 January 2025. Overall, 21 people completed the survey within the timeframe and the responses were collated into a findings report which was presented to the HSCP Board in March 2025.



Engagement stalls were hosted across the West Dunbartonshire area, including Clydebank Shopping Centre, Morrisons Dumbarton and Vale of Leven Health Centre to promote the survey and encourage participation. The HSCP took the opportunity to link communities with local support services provided both by the HSCP but also by third sector organisations via information pamphlets. Approximately 50 people engaged with the stalls across the three days and either received information about the survey or a follow up service that they were in search of.

## **Work Connect Engagement sessions – December 2024 and January 2025**

The Mental Health, Addictions and Learning Disability Team requested support engaging with a review of the Work Connect service that supports learning disabled and mentally ill adults find employment. The goal of the engagement sessions was to determine the performance of the service and to identify any overlaps in workstreams that existed in the West Dunbartonshire area.

The Planning with People Guidance (2024) outlined best practice to involve any community groups that may be affected by a service change from the soonest opportunity and three client groups were highlighted as critical in their involvement – Staff, Service Users (SUs), and Families/Carers. The general public were also given opportunities to participate in offering feedback on the service via the Budget Engagement Survey published in December 2024. It was deemed appropriate to separate Staff and Service User sessions due to the concern that SUs may feel hindered to express their true opinion regarding the service.

Invitations to attend voluntary engagement sessions were sent to staff and SUs for engagement sessions being held on the 11<sup>th</sup> and 12<sup>th</sup> of December. The SU invites highlighted that family and carers were also invited and support workers (i.e. social worker, personal assistant, buddy etc.) were welcome to give support during the event. Staff sessions were agreed to be held on MS Teams to avoid any additional strain to workloads whilst the SUs session was conducted on a face-to-face basis at the Dumbarton Concord Community Centre. Both sessions were structured to investigate the benefits of the service and where, if possible, could improvements be made to its delivery.

Fifteen members of staff participated in the staff introduction sessions and approximately 40 people who identified as Service Users, Family or Carers participated in the Concord session. Both group sets were presented with a slide pack with background context of the service, the financial climate experienced by Health and Social Care Partnerships and the steps to be considered when reviewing the service. After a short break, the participants were split into focus groups to answer pre-set open-ended questions about where improvements could be made within the service.

Follow up sessions were held in January 2025 to present the findings of the introduction sessions and investigate how these opinions aligned with the service brief. Staff and SUs were again invited via an invitation letter. Both sessions were held in a face-to-face setting, with the staff session being hosted in Levensgrove Park Office and the SUs session being hosted in the West Dunbartonshire Council Offices on Church Street.

Fifteen members of staff participated in the Levensgrove Park Office session and 17 people who identified as Service Users, Family or Carers took part in the Council Office session. Both group sets were again presented with a slide pack which included feedback from the December sessions and provided follow up questions on findings.

To accommodate any literacy issues scribes were provided for both sessions. Scribes were instructed to record statements verbatim and not summarise. Facilitators offered extra support during the Concord session to anyone who needed extra information about the topic and explanation of words or phrases. Easy Read copies of the focus group questions were also provided to the Concord/Council Office participants and were available on the tables upon arrival.

Saving proposals were taken to the HSCP Board in March 2025 with recommendations to close the service and support the redeployment of staff and SUs to other suitable services. The HSCP Board requested more engagement work be undertaken to ensure the SU group fully understand the outcomes presented to the board and how to best support their transition.

## **2025**

### **Day Services Review – January and February 2025**

Using the context of the current financial climate which is forecasting a £7 million deficit in the HSCP budget, the Health and Community Care Team requested support in conducting a review of the Day Services, specifically that of Queens Quay and Crosslet House. The goal was to examine, wherever possible, how the service could be modernised under the financial pressures experienced by the department.

As outcomes could include a service restructure, the work aligned with Planning with People Guidance (page 11, sec 3.1) and suggested in-person engagement sessions to be held at the earliest opportunity. The impacted groups of people who would be affected by any changes to service were identified to include staff, service users, families of cared for people, and any relevant support person who works with cared for people (i.e. Buddy, Personal Assistant, etc.). Professional and public sessions were decided to be most appropriate for engagement to allow for a bipartisan space to share opinions of the service without fear of offending.

Two introduction sessions were agreed to be held in January 2025 with invitations being sent to both staff and Service Users (SU) and their families/carers. Both sessions were held in a face-to-face capacity given the nature of the service and structured to investigate the benefits of the service and, if possible, identify improvements be made to its delivery.

Overall, 13 staff members and 20 SUs were involved in the introductory sessions held over 4 days. Both group sets were presented with a slide pack with background context of the service and the financial climate experienced by the HSCP. Next steps for reviewing the service were outlined for the consideration of the participants. Given the size of the focus group, participants chose to remain as one large group to answer pre-set open-ended questions that examined where, if any, improvements could be made within the service.

Follow up sessions were held in February 2025 to present the findings of the introduction sessions and investigate how these opinions resonated with

participants. Staff and SUs were again invited via an invitation letter and again were held in face-to-face settings at Queens Quay and Cross Let House respectively.

Overall, five staff members and five SUs took part in the follow up sessions. Both group sets were again presented with a slide pack which included feedback found in January and provided follow up questions on the findings.

To accommodate any literacy issues both for staff and SUs facilitators and scribes were provided for both sessions. Easy Read copies of the focus group questions were also provided to the SU group and were available as handouts to take away once the session was completed. Discussion points were recorded verbatim and collated into a master spreadsheet for the use of the Health and Community team in creating follow up content. Any personal information captured was redacted according to General Data Protection Regulations (2018) Act and a singular copy was held under a secure, password protected computer filing system.

### **Ongoing Work Into 2025/26**

Care Opinion Platform Launch  
Short Breaks Pilot Review

### **Partners Events**

Alliance Conference – 1 May 2025  
Child Poverty Event – 8 May 2025  
Carers of West Dunbartonshire – Rise Launch – 11 June 2025  
West Dunbartonshire Suicide Prevention Event – 3 October 2025





## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD

**Report by Sylvia Chatfield, Head of Mental Health, Addictions and  
Learning Disabilities**

**27 May 2025**

### **Subject: Update Report on the Proposed Closure of Work Connect**

#### **1. Purpose**

- 1.1 To present to the HSCP Board feedback from the engagement and consultation event held with service users from Work Connect on 22 April 2025, as part of the engagement for the proposed closure of Work Connect

#### **2. Recommendations**

**It is recommended that the members of the West Dunbartonshire Health and Social Care Partnership Board:**

- 2.1 Note the additional consultation with service users;
- 2.2 Agree the closure of Work Connect

#### **3. Background**

- 3.1 Following the approval of a review of Learning Disability services in June 2024, and subsequent meetings with Work Connect, as part of this review, it became clear that further specific engagement and consultation with staff and service users in relation to the remit and outcomes of this service was required to identify potential efficiencies. Following this Mental Health, Learning Disability and Addictions services recommended to the HSCP Board that Work Connect be closed.
- 3.2 The HSCP Board considered this matter at its Board meeting of 24 March 2025. Having carefully considered the report, the HSCP Board did not make a decision and, instead, asked that the service engage further with service users and carers around their understanding of the impact of any closure on them before a final decision is made. This information was to be placed before the Board for a final decision.
- 3.3 A further consultation and engagement event was organised for Tuesday afternoon 22 April 2025 to be held in the Civic Space at Council Offices, 16 Church Street, Dumbarton. In addition to the invitation letter, easy read versions of all the information were provided including information about advocacy services. For those not able to attend the event there was

opportunity given to provide feedback in writing or to arrange to speak with the learning disability specialist speech and language therapist, who is very experienced in different communication styles, in advance of the event, if needed. The learning disability specialist speech and language therapist also attended the session on 22 April 2025 to offer reassurance, support and additional assistance to anyone requiring that on the day.

#### **4. Main Issues**

##### **Further consultation on the proposed closure**

- 4.1 Over forty service users attended the event as well as some family members and guardians making a total of forty-eight. There was a level of anger and upset in the room from the outset with expressed resistance to change and the proposed service closure.
- 4.2 A range of organisations offering similar services within West Dunbartonshire were invited to attend the event to provide more information about what they do and the opportunities potentially available to those that may be impacted if Work Connect is approved for closure. There were presentations from West Dunbartonshire Community and Volunteering Services (CVS), Scottish Action for Mental Health (SAMH) and The Lennox Partnership. The Improving Lives Hub was also invited, however, was unable to attend on the day. They had run a large community based information event the previous week (16 April 2025), which had a wealth of information about a wide range of services. The event was widely publicised and very well attended.
- 4.3 The first speaker from CVS explained that they can help people to access volunteering roles and that a 45-minute interactive volunteering session is available for anyone who is interested. It was asked if anyone is trained to support people with autism and the presenter replied that people are supported at their own speed and there is knowledge at CVS to guide and support people with autism or those who identify as neuro-diverse.
- 4.4 The second speaker from SAMH primarily spoke about their Step Up service and their Individual Placement and Support service (IPS). Step Up is an employability service that helps an individual learn new skills, builds confidence and supports wellbeing while working towards work, education, training or volunteering. IPS is a supported employment service for those with severe and enduring mental health problems and it works closely with the community mental health teams.
- 4.5 The third presenters from The Lennox Partnership outlined the services they provide and explained they support adults into employment while recognising the barriers people face including health and disabilities. They offer a Family Support Initiative for parents/carers with a child under 16 and this helps with life skills, childcare, travel, employability skills, confidence/self-esteem and reducing isolation. They also have a Community Justice Programme and a Youth Support service for those aged 16-24 that supports those who are not in education or unemployed into positive destinations. They highlighted that,

although their office is based in Clydebank, staff can travel to support people within their local area. One attendee asked why they were not offered these other services years ago.

- 4.6 There was considerable interest from some attendees and family members about the information provided by speakers and all the speakers stayed for the duration of the event and some individuals spoke to them in more depth, at the tea break, or after the event had finished, about opportunities they were interested to know more about.
- 4.7 There were many comments from service users about their connection with Work Connect such as “what will happen with people? It’s taking away friendship and the opportunity to socialise” and “I bonded strongly with 4 others”. “We are happy with Work Connect so why would we go somewhere else?” Several asked why change it if it works? “This is our safe place” and “to go somewhere else will be very hard.” Some people are frightened about Work Connect closing, because it has been a social hub for them. “Work Connect is about more than just employability. Some of us who were referred to Work Connect are unable to work.” “Work Connect literally works with me at my pace. I receive ongoing support, which currently involves regular meetings giving me the ability to talk about how things are going without the pressure of a time limited service. I feel safe, listened to, supported and not like I’m moving from place to place....” “Work Connect has been functioning well for years, why close it now?”
- 4.8 Others feel that Work Connect provides stability with their mental health; “I wouldn’t be here today if it wasn’t for Work Connect.” “Are the other services trained to deal with mental health?” “Currently I’m one step away from inpatient mental health ward.” “I was suicidal before Work Connect, really benefitted from building up slowly.” “Without input from my support worker I would be totally isolated.” This person goes on to say they were “fortunate to be allocated an individual support worker who has motivated” them “to maintain engagement and interest in things.” “My support worker encourages me to gradually consider engaging in situations which I find anxiety provoking and deeply stressful. I really appreciate that I am not put under pressure to do things.” “It provides a safe place to build that confidence.” “How many people will go into crisis following the closure?” There appears to be a misconception that there is a very long waiting for mental health services and service users were reminded of the mental health Crisis Team service within WDHSCP.

## **5. Funding**

- 5.1 The issue of funding and budgets was a recurring theme – “it just seems like robbing Peter to pay Paul”. There were specific questions raised about the funding of services and “why focus on employability?” “As Work Connect does more than employability in wider wellbeing support, is it not better value for money?” “Does Work Connect not bring money in to the Council?” Speakers from WDHSCP explained that the overall cost of Work Connect for the coming financial year is £456,000 and that the other similar services offer ‘best value’

in terms of the cost of their services and the outcomes achieved. Specific figures in relation to costs of other services can be provided, if required.

- 5.2 There was a perception that Work Connect is being targeted for savings again given that Pavilion Café was closed in the previous financial year and why was this? “The Pavilion Café was working well, but was closed.” “What was the income from Pavilion Café?” It was explained that Pavilion Café was losing £90,000 per year. It was also noted that WDHSCP was not best placed to be running a café, given its health and social care remit.
- 5.3 There was also concern raised about access to The Maple Garden which is a specialist play facility for children and adults with their families/carers. At present this is overseen by staff at Work Connect Monday to Friday. It was explained that the part time facilities assistant, currently responsible for assisting with Maple Garden, is part funded by other services (such as children and families) to be able to open Maple Garden for pre-booked sessions at the weekend. Service users were reassured that Greenspace is responsible for Levensgrove and The Maple Garden would be included in any future planning if Work Connect closes. Discussions have begun to ensure that the Maple Garden remains accessible.

## **6. Summary**

- 6.1 The purpose of the session was to consult with service users and carers around their understanding of the impact of any closure on them before a final decision is made. Work Connect was established as a supported employability service and over time it appears to have reduced its focus on this core remit and has offered more generalised mental health, wellbeing and income maximisation support, which can be provided by other services within West Dunbartonshire.
- 6.2 While there is an understanding of the impact of any closure there remains considerable resistance from some about being willing to engage with other best value services offering the same, or similar, employability pipeline options. Given the type of support currently being provided by Work Connect this is perhaps understandable as the modern environment is a safe space within which people socialise and work at their own pace. This has resulted in a high degree of emotional attachment for some and a fear of change. If closure is approved by West Dunbartonshire Health and Social Care Partnership (WDHSCP) staff will continue to work with service users and their carers to ensure that those that continue to meet WDHSCP Accessing Adult Social Care Eligibility Criteria are reviewed and alternative supports offered.
- 6.3 Work Connect is valued by those who access its service, however, it is not delivering what was originally intended and it is enabling individuals to stay within the service for far too long without clear outcomes. While it is recognised that the impact will be perceived as extremely difficult for some it is felt this is because of the perceived loss of the friendships made, the relationship with staff and the social space created within Levensgrove rather than the supported employability opportunities it offers. The Board can be

reassured that because of the current duplication of services offered within a mental health context or an employability setting there are alternative outcome focused pathways for those requiring ongoing support.

- 6.4 This additional service user consultation allowed officers to gather new and valuable material however it has not changed the recommendation.

## **7. Options Appraisal**

- 7.1 Feedback collated from engagement sessions did not identify other options for this service, however comments were given around a lack of information about what was going on in the community and where people could get this information.

## **8. People Implications**

- 8.1 The closure of Work Connect will have direct and indirect implications for the workforce. This will be managed in line with all relevant Council HR policies and procedures and trade union colleagues, HR, staff teams and individuals will be consulted as appropriate.
- 8.2 There are currently 12 staff members (10.61 FTE) on the HR establishment of Work Connect. A number of vacancies exist within Learning Disability registered services and it is hoped that anyone potentially displaced will have the opportunity to find a suitable alternative post through the SWITCH process. Should this not be the case the anticipated cost of VR/VER, as a one off expense, is estimated to be in the region of £125K which could be funded from the earmarked reserve to support the delivery of savings.

## **9. Financial and Procurement Implications**

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

## **10. Risk Analysis**

- 10.1 There is an element of risk associated with this report; the closure of a service brings with it reputational risk. Service users and their families may find any changes, as a result of this closure, upsetting and unsettling which may in turn increase the level of complaints received. Mitigation is in place for service users as other employability services exist within West Dunbartonshire as outlined above as well as social support organisations such as Neighbourhood Networks and the Improving Lives Hub.
- 10.2 There is a risk to service users should the HSCP Board chose not to close this service. Although the service in its current form is clearly valued from a social perspective, the service in its current form is not addressing the assessed needs of service users. The delivery of more appropriate alternative services promotes positive outcomes for service users and makes sure their assessed needs are being effectively met.

## **11. Equalities Impact Assessment (EIA)**

- 11.1 The EIA shows that in the main the impact of closure of Work Connect would have a neutral impact on specific equality groups in relation to this policy. It was assessed that there would be a positive impact on health due to more regular reviews and optimising care plans. However a negative impact was identified in social and economic impact where service users may have a client charge implemented where this was not in place previously. This will be mitigated by a financial assessments which will ensure that their income is maximised.
- 11.2 The 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.
- 11.3 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.
- 11.4 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.

## **12. Environmental Sustainability**

- 12.1 The recommendations within this report do not require the completion of a

Strategic Environmental Assessment (SEA).

### **13. Consultation**

- 13.1 There has been substantial communication and engagement within the Work Connect staff team over the past year in relation to various proposed changes to service delivery. Since the start of this financial year (2024/25) ten sessions have been held with staff and/or trade unions. More recently, both staff and service user engagement events have been held. A whole staff engagement took place on 11<sup>th</sup> December 2024 and a service user session was held on 12<sup>th</sup> December 2024. Follow up sessions were on 13<sup>th</sup> and 16<sup>th</sup> January 2025. These sessions have been hosted by the Head of Service with support from HSCP's community and engagement resource.
- 13.2 The Senior Management Team and legal officers have all been involved in consultation.

### **14. Strategic Assessment**

- 14.1 On 15 March 2023 the HSCP Board approved its Strategic Plan 2023 -2026 "Improving Lives Together". The Plan outlines sustained challenge and change within health and social care; these changes bring with them a host of governance implications: cultural, operational, structural, ethical and clinical.
- 14.2 Improving Lives Together seeks to shift the balance of care for adults by strengthening prevention and community-based support options, keeping individuals in their community where possible. This is aligned to 'Just Enough' support and empowering staff to empower the citizens of West Dunbartonshire to be more independent and to have greater choice and control. Services have developed hugely since Work Connect was first established and there are now very effective alternative options, which can support those individuals who still meet the eligibility criteria should the closure of Work Connect be approved.

### **15. Directions**

- 15.1 The recommendations within the report require a direction to be issued to the Chief Executives of both NHS GG&C and West Dunbartonshire Council. This can be found in appendix I of the report.

Name Sylvia Chatfield

Designation Head of Mental Health, Addictions and Learning Disabilities

Date 29 April 2025

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Person to Contact Lesley Kinloch

[Lesley.Kinloch@nhs.scot](mailto:Lesley.Kinloch@nhs.scot)

Appendices:      Appendix I Directions  
                         Appendix II EIA

Background Papers      Learning Disability Review Phase 1 Report



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

**From:** Chief Officer, HSCP  
**To:** Chief Executive(s) WDC and NHSGGC  
**CC:** HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair  
**Subject:** Direction(s) Update Report on the Proposed Closure of Work Connect - 27 May 2025  
**Attachment:** A Comprehensive Review of Learning Disability Services

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP B000078SC27052025
2	Date direction issued by Integration Joint Board	27 May 2025
3	Report Author	Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions
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	Learning Disability Review Phase 1 (Closure of Work Connect Employability Service)
7	Full text and detail of direction	Agree the recommendation to close Work Connect.
8	Specification of those impacted by the change	Service users, carers, staff and local community providers
9	Budget allocated by Integration Joint Board to carry out direction	NIL
10	Desired outcomes detail of what the direction is intended to achieve	Service redesign and transformation – build on the work already underway to redesign community support and ensure alignment of provision within the Employability Pipeline, across all care groups, in partnership with third sector and local providers.
11	Strategic Milestones	Savings option identified through ongoing review of Learning Disability Services and implementation of outcomes
12	Overall Delivery timescales	3 months from approval

13	Performance monitoring arrangements	The closure will be monitored by the Senior Management Team and reported to HSCP Board.
14	Date direction will be reviewed	3 months from approval

## Equality Impact Assessment record layout for information

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

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

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
<b>Policy Title:</b>	Learning Disability Review (Phase 1) LD01a

<b>The aim, objective, purpose and intended outcome of policy</b>
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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 10.8 FTE staff which provides support to 49 service users who meet critical and substantial eligibility criteria, and 59 service users who do not meet this 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 substantial budget (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.

<b>Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy</b>
--

There has been engagement with staff and service users/carers.
--

Ongoing engagement with HSCP staff and TU reps
--

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

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

<b>Who will be/has been involved in the consultation process?</b>
<p>1. Joint staff forum and individual Unions in relation to consultation</p> <p>2. IJB and West Dunbartonshire Council</p> <p>3. HSCP Staff engagement</p> <p>4. Service user and carer engagement and consultation.</p>

Staff sessions held on 11<sup>th</sup> December 2024 and 13<sup>th</sup> January 2025 and service user sessions held on 12<sup>th</sup> December 2024 and 16<sup>th</sup> January 2025. Detailed anonymised feedback collated by HSCP community engagement officer.

A further consultation discussion took place with service users on 22<sup>nd</sup> April 2025

**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
<b>Age</b>	<p>Older people with learning disabilities have specific needs that require tailored support. For example:</p> <p>Health Needs: Older individuals with learning disabilities are more likely to develop serious health problems, including dementia, cardiovascular diseases, and sensory impairments. Regular health assessments and early diagnosis are crucial to manage these conditions effectively.</p> <p>Social Care: As they age, people with learning</p>	<p><a href="#">Insights into learning disabilities and complex needs: statistics for Scotland - 18 March 2025 - Insights into learning disabilities and complex needs: statistics for Scotland - Publications - Public Health Scotland</a></p> <p>The Dynamic Support Register (DSR) was launched in May 2023, as one of the key recommendations from the Coming Home Implementation report. The register is applicable for adults (aged 18 plus) with learning disabilities and complex care needs whose support is funded by a Scottish Local Authority or Health Board.</p> <p>On the 26 December 2024, the data shows West Dunbartonshire to be the 6th highest local authority in Scotland in respect of the rate of people in urgent categories on DSR in Scotland, by Health and Social Care Partnership per 10,000 population as of 26 December 2024. This is</p>	<p>Neutral</p> <p>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.</p> <p>An embedded schedule of review will enhance the HSCPs ability to tailor services to specifically meet the needs of service users.</p> <p>The application of the eligibility criteria may result in fewer service users requiring the use of formal learning disability services, however the outcomes for these service users will be met in a different, but more appropriate, way.</p>

	<p>disabilities may need more support with daily activities and personal care. This includes assistance with mobility, hygiene, and nutrition.</p> <p>Mental Health: Mental health issues such as depression and anxiety can be more prevalent among older people with learning disabilities. Access to mental health services and support is essential.</p> <p>Housing and Environment: Safe and accessible housing is important. Adaptations may be needed to ensure their living environment is suitable for their physical and cognitive needs.</p> <p>Social Inclusion: Maintaining social connections and participating in community activities can help prevent isolation and improve overall wellbeing.</p>	<p>second highest in relation to our comparator authorities and higher than the Scottish average.</p> <p>At a national level 63% of those on the DSR are male, 37% female.</p>	<p>Service users of all ages may find such changes to be unsettling and this may cause anxiety for some. However, this negative impact is mitigated against by an assurance that the needs of the service user will continue to be met.</p> <p>The consistent application of the charging policy may result in some service users being charged for services, where in the past these have been provided free at the point of delivery. The economic impact of this is mitigated against by a financial assessment.</p>
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	End-of-Life Care: Planning for end-of-life care is important to ensure that their needs and preferences are respected and met.		
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	Needs	Evidence	Impact
<b>Disability</b>	<p>Regular reviews of care needs for individuals with learning disabilities and mental health problems are crucial for several reasons:</p> <p>Changing Health Needs: As people age, their health needs can change significantly. Regular reviews help ensure that any new health issues are identified and managed promptly.</p> <p>Personalised Support: Regular assessments allow for the adjustment of care plans to better meet the individual's evolving needs and preferences. This ensures that the support provided is always relevant and effective.</p> <p>Improved Quality of Life: By regularly</p>	<p>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.</p> <p>The autism and learning/intellectual disability transformation plan 'Towards Transformation' sets out to ensure that progress is made in transforming Scotland for autistic people and people with learning/intellectual disabilities. This followed the conclusion of the Keys of Life strategy in 2021. <u>learning/intellectual disability and autism: towards transformation plan</u></p> <p>The Mental Health Strategy is the Scottish Government's approach to mental health from 2017 to 2027 – a 10 year vision.</p>	<p>Neutral</p> <p>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.</p> <p>An embedded schedule of review will enhance the HSCPs ability to tailor services to specifically meet the needs of service users.</p> <p>The application of the eligibility criteria may result in fewer service users requiring the use of formal learning disability services, however the outcomes for these service users will be met in a different, but more appropriate, way.</p> <p>All service users may find such changes to be unsettling and this may cause anxiety for some. However, this negative impact is mitigated against by an assurance that the needs of the service user will continue to be met.</p>

	<p>reviewing care needs, carers and healthcare providers can make necessary changes to improve the individual's quality of life. This includes addressing any physical, mental, or social needs that may arise.</p> <p>Preventing Crises: Regular reviews can help prevent crises by identifying potential issues before they become serious. This proactive approach can reduce the need for emergency interventions and hospitalisations.</p> <p>Compliance with Best Practices: Regular reviews ensure that care practices are up-to-date with the latest guidelines and best practices, providing the highest standard of care.</p>		<p>The consistent application of the charging policy may result in some service users being charged for services, where in the past these have been provided free at the point of delivery. The economic impact of this is mitigated against by a financial assessment.</p>
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	<p>Empowerment and Inclusion: Regular reviews involve the individual in their care planning, promoting their autonomy and ensuring their voice is heard in decisions affecting their lives.</p> <p>These reviews are essential for maintaining the health, wellbeing, and dignity of individuals with learning disabilities.</p> <p>As a result of this work service users and their carers may be concerned that they will not be able to access services which they previously attended.</p>		
	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
<b>Gender Reassign</b>	Inclusive and Accessible Information: Providing information about gender identity and transition in a way that	<p>Whilst in the Scottish Surveys Core Questions (2021) around 95% of the Scottish population self-identified as straight, 3% identified as lesbian, gay, bisexual or other.</p> <p>It is recognised that health inequalities are compounded by differing experiences based on a person's identity</p>	<p>Neutral</p> <p>It is challenging to assess the direct impact on this group as the local data is limited.</p>

	<p>is accessible and understandable for people with learning disabilities is important. This can include using simple language, visual aids, and support from trusted individuals.</p> <p>Supportive Environment: Creating a supportive environment where transgender individuals with learning disabilities feel safe and respected is important. This includes training staff and caregivers to use correct pronouns and names, and to be sensitive to their needs.</p> <p>Mental Health Support: Transgender individuals with learning disabilities may face additional mental health challenges due to societal stigma and discrimination.</p>	<p>including those characteristics protected under the Equality Act. This includes those who identify as lesbian, gay, bisexual, those who are transgender and those who have a non-binary gender identity (LGBT+).</p> <p>There is evidence to show that at a national level transgender individuals with learning disabilities often report negative experiences in health and social care settings. This includes being misgendered, facing discrimination, and encountering services that are not prepared to meet their needs.</p> <p>There is a need for more tailored support services that understand the intersection of gender identity and learning disabilities. This includes providing accessible information, peer support, and training for staff.</p> <p>Transgender individuals with learning disabilities are more likely to experience mental health issues, including anxiety and depression, due to societal stigma and lack of appropriate support.</p> <p>Difficulty in communicating their needs and experiences can be a significant barrier for transgender individuals with learning disabilities.</p> <p>Efforts have been made nationally to create resources that are accessible and inclusive for transgender individuals with learning disabilities. For example, easy-read guides and booklets have been developed to help them understand their gender identity and navigate the health and social care system.</p>	<p>An embedded schedule of review will enhance the HSCPs ability to tailor services to specifically meet the needs of service users.</p> <p>The application of the eligibility criteria may result in fewer service users requiring the use of formal learning disability services, however the outcomes for these service users will be met in a different, but more appropriate, way.</p> <p>Service users of all genders may find such changes to be unsettling and this may cause anxiety for some. However, this negative impact is mitigated against by an assurance that the needs of the service user will continue to be met.</p> <p>The consistent application of the charging policy may result in some service users being charged for services, where in the past these have been provided free at the point of delivery. The economic impact of this is mitigated against by a financial assessment.</p> <p>At a personal level, the needs identified within this EIA would be identified and met as part of the</p>
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	<p>Providing mental health support that is affirming and understanding of their experiences is important.</p> <p>Tailored Health and Social Care: Access to gender-affirming care that is tailored to the needs of individuals with learning disabilities is important. This includes ensuring they understand their options and can make informed decisions about their care.</p>	<p><a href="https://ldcop.org.uk/wp-content/uploads/2024/12/Research-Presentation-Trans-ID-A-CoP-4-12-24.pdf">https://ldcop.org.uk/wp-content/uploads/2024/12/Research-Presentation-Trans-ID-A-CoP-4-12-24.pdf</a></p> <p><a href="#">Talking transgender identity   RCN Magazines   Royal College of Nursing</a></p> <p><a href="#">GP survey reveals health and healthcare inequalities of trans and non-binary adults   University of Cambridge</a></p> <p>Local data in relation to the number of service users who are transgender is limited.</p>	<p>My Life Assessment process and addressed in that way.</p>
<b>Marriage &amp; Civil Partnership</b>	N/a	<p>The Scottish Census of March 2022 shows that 39.6% of people aged 16 and over in the West Dunbartonshire local authority area have never married and never registered in a civil partnership.</p>	N/a
<b>Pregnancy &amp; Maternity</b>	<p>Pregnant women with learning disabilities have specific requirements to ensure they receive appropriate care and support.</p>	<p>Between 40% and 60% of parents with learning disabilities have their children removed as a result of being assessed as not meeting a satisfactory standard of parenting. Therefore, ensuring that parents with learning disabilities have access to supported parenting services based on the principles of supported parenting was a key</p>	<p>Neutral</p> <p>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</p>

	<p>Accessible Information: Providing information about pregnancy, childbirth, and parenting in accessible formats is crucial. This can include easy-read materials, visual aids, and support from trusted individuals to help them understand their options and make informed decisions.</p> <p>Early and Continuous Support: Early contact with maternity services allows for a multidisciplinary assessment to identify additional support needs. Continuous support throughout pregnancy and after birth is essential to address any challenges that may arise.</p> <p>Tailored Health and Social Care: The service should offer tailored care plans that</p>	<p>recommendation in the Scottish Government's learning disability strategy The keys to life (2013).</p> <p>Additionally the strategy stated that the SCLD (2015) Scottish Good Practice Guidelines for Supporting Parents with Learning Disabilities should be followed by professionals working in this area to ensure positive outcomes for families. These recommendations should be understood in the context of the Children and Young Person's (Scotland) Act 2014 Section 12, which places a duty on local authorities to secure services for children at risk of becoming looked after.</p> <p><a href="#">Parenting-key-findings.pdf</a></p>	<p>should consider the review as a means by which to prevent crisis or to respond and adapt to the supported person's life.</p> <p>An embedded schedule of review will enhance the HSCPs ability to tailor services to specifically meet the needs of service users.</p> <p>The application of the eligibility criteria may result in fewer service users requiring the use of formal learning disability services, however the outcomes for these service users will be met in a different, but more appropriate, way.</p> <p>At a personal level, the needs identified within this EIA would be identified and met as part of the My Life Assessment process and addressed in that way. Any financial impact would be managed via a financial assessment.</p>
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	<p>consider the unique needs of pregnant women with learning disabilities. This includes regular check-ups, prenatal care, and mental health support.</p> <p>Involving Family and Support Networks: Involving family members and support networks can provide additional emotional and practical support. This helps create a supportive environment for the pregnant woman.</p> <p>Staff Training: The service must ensure that staff are trained to understand and meet the needs of women with learning disabilities. This includes being aware of communication barriers.</p>		
<b>Race</b>	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>

	<p>Cultural Sensitivity: Learning disability services should be culturally sensitive and respectful of the individual's cultural practices and beliefs. This includes understanding dietary restrictions, religious practices, and cultural norms.</p> <p>Language Support: Providing information and services in the individual's preferred language is crucial. This helps ensure they can fully understand and access the support available to them.</p> <p>Access to Health and Social Care: People from ethnic minorities with learning disabilities often face barriers to accessing care. Ensuring equitable access to services and making reasonable adjustments to meet</p>	<p>The Scottish Census of March 2022 shows that 89.4% of people in the West Dunbartonshire local authority area are White Scottish, with 4.4% other White British.</p> <p>Individuals from ethnic minority backgrounds living in West Dunbartonshire are more likely to live in poverty compared to the general population. This is consistent with broader trends across Scotland.</p>	<p>Neutral</p> <p>An embedded schedule of review will enhance the HSCPs ability to tailor services to specifically meet the needs of service users.</p> <p>The application of the eligibility criteria may result in fewer service users requiring the use of formal learning disability services, however the outcomes for these service users will be met in a different, but more appropriate, way.</p> <p>Service users of all ethnic backgrounds may find such changes to be unsettling and this may cause anxiety for some. However, this negative impact is mitigated against by an assurance that the needs of the service user will continue to be met.</p> <p>The consistent application of the charging policy may result in some service users being charged for services, where in the past these have been provided free at the point of delivery.</p> <p>At a personal level, the needs identified within this EIA would be identified and met as part of the</p>
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	<p>their needs is essential.</p> <p>Mental Health Support: The mental health of individuals from ethnic minorities with learning disabilities can be impacted by the additional stress of facing cultural barriers and discrimination.</p>		<p>My Life Assessment process and addressed in that way. Any financial impact would be managed via a financial assessment.</p>
<p><b>Religion &amp; Belief</b></p>	<p>Cultural and Religious Sensitivity: Services should be sensitive to the religious practices and beliefs of individuals. This includes accommodating dietary restrictions, prayer times, and observance of religious holidays.</p> <p>Language Support: Providing information and services in the individual's preferred language is crucial. This helps ensure they can fully understand and access the</p>	<p>The Scottish Census of March 2022 shows that 41.9% of people in the West Dunbartonshire local authority area have no religion; 19.5% are Church of Scotland; 28.2% are Roman Catholic and 2.7% are other Christian.</p>	<p>Neutral</p> <p>An embedded schedule of review will enhance the HSCPs ability to tailor services to specifically meet the needs of service users.</p> <p>The application of the eligibility criteria may result in fewer service users requiring the use of formal learning disability services, however the outcomes for these service users will be met in a different, but more appropriate, way.</p> <p>Service users of all religions may find such changes to be unsettling and this may cause anxiety for some. However, this negative impact is mitigated against by an</p>

	<p>support available to them.</p> <p>Access to Health and Social Care: People from minority religious backgrounds with learning difficulties often face barriers to accessing healthcare. Ensuring equitable access to healthcare services and making reasonable adjustments to meet their needs is important.</p> <p>Community Support: Building strong community networks and support groups that understand and respect religious practices can help individuals feel more supported and less isolated.</p> <p>Mental Health Support: The mental health of individuals from minority religious backgrounds with learning difficulties can</p>		<p>assurance that the needs of the service user will continue to be met.</p> <p>The consistent application of the charging policy may result in some service users being charged for services, where in the past these have been provided free at the point of delivery.</p> <p>At a personal level, the needs identified within this EIA would be identified and met as part of the My Life Assessment process and addressed in that way. Any financial impact would be managed via a financial assessment.</p>
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	be impacted by the additional stress of balancing religious obligations with their needs. Providing culturally competent mental health support is important.		
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	Needs	Evidence	Impact
<b>Sex</b>	<p>Men and women with learning disabilities can have different needs due to various factors, including biological, social, and psychological differences, for example:</p> <p>Health Needs: Women with learning disabilities may face unique health challenges, such as higher rates of mental health issues and specific reproductive health needs. Men, on the other hand, may have different health</p>	<p><a href="#">Insights into learning disabilities and complex needs: statistics for Scotland - 18 March 2025 - Insights into learning disabilities and complex needs: statistics for Scotland - Publications - Public Health Scotland</a></p> <p>The Dynamic Support Register (DSR) was launched in May 2023, as one of the key recommendations from the Coming Home Implementation report. The register is applicable for adults (aged 18 plus) with learning disabilities and complex care needs whose support is funded by a Scottish Local Authority or Health Board.</p> <p>On the 26 December 2024, the data shows West Dunbartonshire to be the 6th highest local authority in Scotland in respect of the rate of people in urgent categories on DSR in Scotland, by Health and Social Care Partnership per 10,000 population as of 26 December 2024. This is second highest in relation to our comparator authorities and higher than the Scottish average.</p>	<p>Neutral</p> <p>An embedded schedule of review will enhance the HSCPs ability to tailor services to specifically meet the needs of service users regardless of their gender.</p> <p>The application of the eligibility criteria may result in fewer service users requiring the use of formal learning disability services, however the outcomes for these service users will be met in a different, but more appropriate, way.</p> <p>Service users of both sexes may find such changes to be unsettling and this may cause anxiety for</p>

	<p>concerns, such as higher rates of certain behavioural issues.</p> <p><b>Social Expectations:</b> Social expectations and gender roles can impact the experiences of men and women with learning disabilities differently. For example, women may face additional barriers related to gender-based discrimination and violence.</p> <p><b>Access to Services:</b> Both men and women with learning disabilities may face barriers to accessing services, but these barriers can differ based on gender. Women may need more support related to reproductive health and protection from gender-based violence, while men may require support for behavioural and social challenges.</p> <p><b>Mental Health:</b> Women with learning disabilities</p>	<p>At a national level 63% of those on the DSR are male, 37% female.</p>	<p>some. However, this negative impact is mitigated against by an assurance that the needs of the service user will continue to be met.</p> <p>The consistent application of the charging policy may result in some service users being charged for services, where in the past these have been provided free at the point of delivery.</p> <p>At a personal level, the needs identified within this EIA would be identified and met as part of the My Life Assessment process and addressed in that way. Any financial impact would be managed via a financial assessment.</p>
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	<p>are more likely to experience mental health issues such as anxiety and depression, often exacerbated by social isolation and discrimination. Men may also experience mental health challenges, but these can manifest differently, such as through behavioural issues.</p> <p>Support Networks: The type and extent of support networks can vary between men and women. Women may benefit from support groups that address both their disability and gender-specific issues, while men may need support that focuses on social skills and behavioural management.</p>		
<b>Sexual Orientation</b>	LGBTQ+ individuals with learning disabilities have specific needs that can differ from those of	Whilst in the Scottish Surveys Core Questions (2021), around 95% of the Scottish population self-identified as straight, 3% identified as lesbian, gay, bisexual or other.	<p>Neutral</p> <p>An embedded schedule of review will enhance the HSCPs ability to tailor services to specifically meet</p>

	<p>other individuals, for example:</p> <p>Inclusive and Accessible Information: Providing information about gender identity, sexual orientation, and related topics in accessible formats is important. This can include easy-read materials, visual aids, and support from trusted individuals to help them understand their options and make informed decisions.</p> <p>Supportive Environment: Creating a supportive environment where LGBTQ+ individuals with learning disabilities feel safe and respected is essential. This includes training staff and care providers to use correct pronouns and names, and to be sensitive to their needs.</p> <p>Mental Health Support: LGBTQ+ individuals with learning disabilities may face additional</p>	<p>There is limited evidence-based research around LGBTQ+ identities and learning disabilities, but research conducted by University of Bristol, evidences that LGB people with learning disabilities often face specific issues and barriers to support and inclusion.</p> <p><a href="#">RP062 Secret loves complete text 4print.pdf</a></p> <p>It is recognised that health inequalities are compounded by differing experiences based on a person's identity including those characteristics protected under the Equality Act. This includes those who identify as lesbian, gay, bisexual, those who are transgender and those who have a non-binary gender identity (LGBT+).</p> <p>The following studies and initiatives underscore the need for tailored approaches to meet the unique needs of LGBTQ+ individuals in disability services.</p> <p><a href="#">LGBT+ health inequalities persist in Scotland, report shows   The BMJ</a></p> <p><a href="#">Health and Social Care How the National Care Service can best meet the needs of LGBTI+ people - Health and Social Care</a></p> <p>Individuals who are both LGBTQ+ and have learning disabilities face significant challenges that can increase their likelihood of living in poverty. People with learning disabilities often struggle financially due to inadequate disability benefits and limited access to support services.</p> <p>Additionally, LGBTQ+ individuals may experience discrimination and social exclusion, which can further exacerbate their economic difficulties.</p>	<p>the needs of service users regardless of their gender.</p> <p>The application of the eligibility criteria may result in fewer service users requiring the use of formal learning disability services, however the outcomes for these service users will be met in a different, but more appropriate, way.</p> <p>Service users regardless of their sexual orientation may find such changes to be unsettling and this may cause anxiety for some. However, this negative impact is mitigated against by an assurance that the needs of the service user will continue to be met.</p> <p>The consistent application of the charging policy may result in some service users being charged for services, where in the past these have been provided free at the point of delivery.</p> <p>At a personal level, the needs identified within this EIA would be identified and met as part of the My Life Assessment process and addressed in that way. Any financial impact would be</p>
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	<p>mental health challenges due to societal stigma and discrimination.</p> <p>Tailored Health and Social Care: Access to healthcare that is inclusive and tailored to the needs of LGBTQ+ individuals with learning disabilities is crucial. This includes ensuring they understand their options and can make informed decisions about their care.</p>	<p>Combining these factors, those who are both LGBTQ+ and have learning disabilities are likely to be more vulnerable to poverty compared to the general population.</p> <p><a href="#">Learning Disabilities and Financial Security   FAI</a></p>	<p>managed via a financial assessment.</p>
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	Needs	Evidence	Impact
Human Rights (ECHR statutory)		<p>The right to health is a fundamental human right recognised in various international and national frameworks. It encompasses the right to the highest attainable standard of physical and mental health.</p> <p>The Scottish Government has adopted a human rights-based approach to the delivery of health and social care services.</p>	Neutral

<p><b>UNCRC</b> (note: currently non statutory)</p>		<p>Scotland's commitment to a human rights-based approach is reflected in its public health strategies and policies, which aim to secure the right to health for all.</p> <p>Access to learning disability services is considered a human right. This is supported by various international and national frameworks, including:</p> <p>International Treaties: The United Nations Convention on the Rights of Persons with Disabilities (CRPD) emphasizes the right of individuals with disabilities to access healthcare, education, and social services without discrimination.</p> <p>National Legislation: In the UK, the Human Rights Act 1998 and the Equality Act 2010 protect the rights of people with disabilities, ensuring they have equal access to services and are not discriminated against.</p> <p>Human Rights Principles: The principles of dignity, autonomy, and equality underpin the rights of people with learning disabilities. These principles ensure that individuals can exercise their freedom and access the same opportunities as everyone else.</p>	
<p><b>Health</b></p>		<p>Regular reviews for individuals with learning disabilities bring positive benefits and are essential for several reasons:</p> <p>Monitoring Health Changes: Conditions can evolve over time, and regular reviews help track these changes. This ensures timely adjustments to treatment plans and interventions.</p>	<p>Positive</p>



		<p>Optimising Care Plans: As individuals age, or experience changes in their health, their needs may also change. Working with service users regular reviews allow health and social care professionals to optimise care plans to better meet these evolving needs.</p> <p>Preventing Complications: Regular assessments can help identify potential complications early, allowing for prompt intervention to prevent worsening.</p> <p>Enhancing Quality of Life: By regularly reviewing and updating care plans, individuals can maintain a higher quality of life, ensuring their physical, emotional, and social needs are met.</p> <p>Access to New Treatments: Medical advancements occur frequently, and regular reviews ensure that individuals have access to the latest treatments and technologies that can improve their condition.</p>	
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	Needs	Evidence	Impact
<b>Social &amp; Economic Impact</b>	The consistent implementation of the charging policy may impact on service users	People with learning disabilities often struggle financially due to inadequate disability benefits and limited access to support services.	<p>Negative</p> <p>Service users may experience a negative economic impact as they</p>

	and carers who may be on low incomes.	<p>A recent report from the University of Strathclyde investigated the financial situations of working-age people with learning disabilities in Scotland.</p> <p>The research highlighted significant financial insecurity, with a large proportion of participants living below the Minimum Income Standard and experiencing material deprivation.</p> <p>Over half of participants were in relative poverty (below 60% of median income after housing costs) when additional cost benefits such as Personal Independence Payment (PIP) and Adult Disability Payment (ADP) were excluded from their incomes.</p> <p>The research showed that both the social security system and the social care system can be confusing and difficult to navigate for people with learning disabilities. There were challenges with benefit and care adequacy, and participants did not tend to access independent advocacy. The report also found a correlation between the adequacy of social care and financial security.</p> <p><a href="#">Learning Disabilities and Financial Security   FAI Final-report-designed.pdf</a></p>	may be charged for services which they have not paid for previously. This will be mitigated by the use of a financial assessment in order that the service users income can be maximised.
<b>Cross Cutting</b>	Neutral		Neutral

<b>Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this</b>
<p>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.</p> <p>There are service users who may not require ongoing support from the HSCP, who will be signposted to local community supports.</p>
<b>Will the impact of the policy be monitored and reported on an ongoing bases?</b>
<p>The progress and impact of this policy will be reported and monitored to the Senior Management Meeting and the HSCP Board on conclusion.</p>
<b>What is your recommendation for this policy?</b>
<p>It is recommended that this work is progressed and the Work Connect service is closed.</p>

<b>Please provide a meaningful summary of how you have reached the recommendation</b>
<p>This recommendations 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.</p> <p>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</p> <p>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.</p>



## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD

Report by Head of Mental Health, Learning Disability and Addictions

24<sup>th</sup> March 2025

**Subject: Learning Disability Review Phase 1**

### **1. Purpose**

- 1.1** This report provides an update to the Health and Social Care Partnership Board on the review of Work Connect, and to seek approval for closure of the service.

### **2. Recommendations**

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

- 2.1** Approve the closure of Work Connect
- 2.2** Note the alternative service provision options for service users impacted by this closure as outlined in paragraph 4 of this report; and
- 2.3** Note the staff and service user engagement as outlined in Appendix III of this report.

### **3. Background**

- 3.1** Following HSCP Board approval on 27<sup>th</sup> June 2024 the review of Learning Disability (LD) services is well underway. A full report of the progress will come to HSCP Board in August 2025. Work Connect's core remit is to provide employability support to a range of service users, such as those with a mental health diagnosis, an acquired brain injury or an addiction, the management and governance of Work Connect sits within Learning Disability services, as does the budget. Until now Work Connect has been part of the wider Learning Disability Review, however, it has become clear that there is a substantial duplication of service delivery across Work Connect and several other providers delivering similar services. As Work Connect is no longer focussed on its core remit and employability support can be accessed through a number of alternative routes it is recommended that Work Connect be closed by midpoint of financial year 2025/26.
- 3.2** Work Connect's remit is to provide employability services within the Employability Pipeline, which aims to help people, facing the greatest

barriers, to progress towards and to sustain work.

**3.3** The pipeline has five stages, as follows;

Stage		Service user status
1	Referral, Engagement and Assessment	Not job ready
2	Barrier Removal	Not job ready
3	Vocational activity	Job ready
4	Employer engagement and job matching	Job ready
5	In work support and aftercare	In work

**3.4** Service User reviews have shown that the majority of those attending Work Connect do not meet the HSCP Accessing Adult Social Care Eligibility Criteria, in that their needs are not critical or substantial. Over a fifth of service users (around 20) have already been reviewed and will move on from the service and signposted to other assets available to them in the wider community; this process is ongoing.

**3.5** Service users have also been in the service for a considerable length of time and use the support as more a social support than an employability service. This is contrary to the original ambitions of the Work Connect programme which was intended to create a system that was flexible, joined-up, and responsive to the needs of individuals, particularly those who face significant barriers to employment. This approach should have enabled service users to move through the pipeline, to access fair work opportunities and achieve their full potential, ultimately contributing to reducing poverty and promoting sustainable and inclusive economic growth.

**3.6** It is proposed that any requirement to provide employability support for critical and substantial service users will be managed by using alternative employability resources in the area, these alternatives are outlined in paragraph 4.2 – 4.4 of this report. A small number of service users assessed as eligible for a social care package will be funded by the relevant service social care budget through the Adult Allocation Resource Group (AARG) panel process.

## **4. Main Issues**

**4.1** It is perceived that Work Connect is the only service that covers all five areas of the Employability Pipeline yet the ongoing review of service users outcomes indicates that many service users are not actively moving along the pipeline and are being supporting indefinitely with a less formal type of meaningful activity unrelated to volunteering or supported employment. This meaningful activity support can be provided in other ways for those who

continue to meet the eligibility criteria as referral to local community groups or small packages of care to support individuals to maximize social engagement and structure.

- 4.2** Work Connect receives funding from No One Left Behind funding. This is a Scottish Government initiative aimed at transforming employment support to be more tailored and responsive to the needs of individuals, especially those facing significant barriers to employment, such as people with health conditions, disabilities, and other disadvantages. The programme is administered by Working4U. In this financial year Work Connect will receive £59,978 to provide a service to a minimum of 15 people. This covers a small proportion of Work Connect's current running costs and is in addition to the core budget.
- 4.3** The Scottish Association for Mental Health (SAMH) has been delivering its Individual Placement and Support (IPS) service in West Dunbartonshire since 2016. The service aims to support individuals with severe and enduring mental illnesses to gain employment that will benefit overall health and wellbeing outcomes. People who experience severe and enduring mental health problems have one of the lowest rates of employment in the UK. This is a full time service which works closely with the Community Mental Health Teams (CMHTs) and supports 20 individuals at any given time with some flexibility dependent on the unique needs of those accessing the service. The total contract spend is £70,672 per annum in addition to the Work Connect budget.
- 4.4** West Dunbartonshire Council on behalf of West Dunbartonshire Strategic Employability Group, has commissioned SAMH, through the Council's Employability Grant programme, administered by Working4U, to run a programme called Step Up. Step Up equips service users with the 'soft skills' and offers practical support, to ensure readiness to engage. It is a personal development programme that includes up to date techniques, activities and resources to build up life skills and enable behaviour change. The primary aim of the service is to progress service users who are currently not engaging, to access further provision on the Employability Pipeline with enhanced confidence and competence. Each service user benefits from 1:1 and optional group support. The Step Up service is intended to be as accessible as possible and self-referrals are accepted as well as referrals from a variety of sources, be it HSCP, Council or third sector teams.

## 5. Options Appraisal

- 5.1 The Learning Disability Review is ongoing, and feedback collated from engagement sessions did not identify other options for this service, however comments were given around a lack of information about what was going on in the community and where people could get this information. This will be considered within the ongoing review.

## 6. People Implications

- 6.1 The closure of Work Connect will have direct and indirect implications for the workforce. This will be managed in line with all relevant Council HR policies and procedures and trade union colleagues, HR, staff teams and individuals will be consulted as appropriate.
- 6.2 There are currently 13 staff members (11.61 FTE) on the HR establishment of Work Connect. A number of vacancies exist within LD registered services and it is hoped that anyone potentially displaced will have the opportunity to find a suitable alternative post through the SWITCH process. Should this not be the case the anticipated cost of VR/VER, as a one off expense, is estimated to be in the region of £125K which could be funded from the earmarked reserve to support the delivery of savings.
- 6.3 The overall 2024/25 budget for Work Connect is £456,445. Staff costs are £455,666, which is about 99% of overall operating cost.

	Grade	No. of Employees	FTE	2024/25 £'000	2025/26 £'000	2026/27 £'000
Senior Employment Support Worker (2)						
Employment & Business Support Worker (1)	6	3	3.0	142	142	142
Employment Support Worker	5	6	5.8	236	236	236
Training and Events Coordinator	4	1	0.9	35	35	35
Facilities Assistant	3	1	0.6	18	18	18
Domestic Assistant	2	1	0.5	16	16	16
Transport Costs				2	2	2
Supplies and Services				2	2	2
Training				2	2	2
Apprenticeship Levy				2	2	2
<b>Total</b>		<b>12.0</b>	<b>10.9</b>	<b>456</b>	<b>456</b>	<b>456</b>



## **7. Financial and Procurement Implications**

### **7.1** The Learning Disability Review phases align with the key themes of the Medium Term Financial Plan, specifically:

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

## **8. Risk Analysis**

- 8.1** There is an element of risk associated with this report; the closure of a service brings with it reputational risk. Service users and their families may find any changes, as a result of this closure, upsetting and unsettling which may in turn increase the level of complaints received. Mitigation is in place for service users as other employability services exist within West Dunbartonshire as outlined above as well as social support organisations such as Neighbourhood Networks and the Improving Lives Hub.

## **9. Equalities Impact Assessment (EIA)**

- 9.1** A full EIA has been undertaken and can be found in Appendix II of this report.
- 9.2** The 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.
- 9.3** 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.

- 9.4** 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.

## **10. Environmental Sustainability**

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

## **11. Consultation**

- 11.1** There has been substantial communication and engagement within the Work Connect staff team over the past year in relation to various proposed changes to service delivery. Since the start of this financial year (2024/25) ten sessions have been held with staff and/or trade unions. More recently, both staff and service user engagement events have been held. A whole staff engagement took place on 11<sup>th</sup> December 2024 and a service user session was held on 12<sup>th</sup> December 2024. Follow up sessions were on 13<sup>th</sup> and 16<sup>th</sup> January 2025. These sessions have been hosted by the Head of Service with support from HSCP's community and engagement resource. Although not discussing the closure explicitly, staff and service users were asked a range of questions relating to how to modernise the service.

- 11.2** All feedback from the engagement sessions was anonymised. There is a recurring theme that while Work Connect is seen as a positive place it is not delivering what it was intended for. Clients do not move through the Employability Pipeline and come to Work Connect for the type of support that can be provided elsewhere. Clients become dependent on the service and are not empowered to be more self-reliant. Many clients have been with the service for a number of years and engage in meaningful activity, not volunteering or supported employment or employment. One participant said,

***"It becomes like a day service opportunity rather than an employability service."***

## **12. Strategic Assessment**

- 12.1** On 15<sup>th</sup> March 2023 the HSCP Board approved its Strategic Plan 2023 -2026 "Improving Lives Together". The Plan outlines sustained challenge and change within health and social care; these changes bring with them a host of governance implications: cultural,

operational, structural, ethical and clinical.

- 12.2** Improving Lives Together seeks to shift the balance of care for adults by strengthening prevention and community-based support options, keeping individuals in their community where possible. This is aligned to 'Just Enough' support and empowering staff to empower the citizens of West Dunbartonshire to be more independent and to have greater choice and control. Services have developed hugely since Work Connect was first established and there are now very effective alternative options, which can support those individuals who still meet the eligibility criteria should the closure of Work Connect be approved.

### **13. Directions**

- 13.1** The recommendations within the report require a direction to be issued to the Chief Executives of both NHS GG&C and West Dunbartonshire Council. This can be found in appendix I of the report.

<b>Name</b>	Sylvia Chatfield
<b>Designation</b>	Head of Mental Health, Learning Disability and Addictions
<b>Date</b>	24 <sup>th</sup> March 2025

**Person to Contact:** Lesley Kinloch, Service Manager LD  
[Lesley.kinloch@nhs.scot](mailto:Lesley.kinloch@nhs.scot)

#### **Appendices:**

Appendix I Directions  
Appendix II EIA  
Appendix III Staff and Service user engagement feedback



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

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

27 May 2025

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**Subject: Procurement of Commissioned Services**

### **1. Purpose**

- 1.1** This report seeks HSCP Board authorisation to initiate the procurement processes, which may be awarded to third party providers for the procurements set out in Appendix 1 and agree the recommendations set out in section 2 below.

### **2. Recommendations**

It is recommended that the HSCP Board:

- 2.1** Authorise the initiation of the procurement processes set out in Appendix 1. Noting that the HSCP Chief Officer has authority to award contracts, with a total value under the threshold of the Light Touch Regime (£552,950 ex VAT) provided budgetary provision exists with no further report to the HSCP Board being required (including any call-off from a framework).
- 2.2** Authorise the continuation of those social care placements currently procured through the National Care Home Contract and various Scotland Excel Framework call-offs, providing they remain within budget. In the eventuality that these placements (that aren't subject to an agreed amendment relating to their care and support following a social work review and/or re-assessment) are either forecasted to or exceed budget, a further report will be provided to the HSCP Board.
- 2.3** Grant delegated authority to the HSCP Chief Officer to approve the award of a contract relating to those procurements in Appendix 1, where the contract value is within budget and above the Light Touch Regime (including any framework call-off), subject to bringing a report to the HSCP Board for noting post award.
- 2.4** Note that in future a quarterly in arrears relating to emergency placements will be presented to the HSCP Board for noting. This is in line with the Chief Officers delegated authority to authorise placements when the need arises to protect vulnerable adults and children from immediate harm.

- 2.5** Note that the HSCP is working with the Council's Chief Officer for Regulatory and Regeneration regarding the impact of the changes to the Tendering Committee. The outcome of this work should be known by the end of May 2025. In the eventuality of any substantive change to process, delegated authority and/or should there be any changes to the recommendations made in this section, a report will be brought to the next HSCP Board outlining the changes and describing their impact.

### **3. Background**

- 3.1** The HSCP Board in delivering on the priorities of its Strategic Plan – Improving Lives Together 2023-26, commission services from both West Dunbartonshire Council (WDC), the HSCP is the local authority's service delivery partner for these services and Greater Glasgow and Clyde Health Board (NHSGGC). A significant proportion of these services are delivered by teams employed by the Council and the Health Board, however, predominantly within the delivery of Social Care Services, the Council are required to contract with external providers and Third Sector partners.
- 3.2** In financial year 2024-25, the gross spend on externally commissioned social care contracts for the HSCP is projected to be £61.5m or approx. 51% of total gross spend for social care services. It is anticipated that spend on contracts in financial year 2025-26 will be of a similar % level after accounting for savings and increases aligned to real living wage uplifts.
- 3.3** The HSCP, working with the Councils Corporate Procurement Unit have developed a plan to address this. The procurements set out in Appendix 1 require to be addressed to ensure compliance with procurement legislation, ensure best value is achieved and to remain compliant with the Councils Standing Orders and Financial Regulations.

### **4. Main Issues**

- 4.1** The Council, in their role as the contracting authority for the HSCP Board within its Financial Regulations sets out the procurement requirements when goods and services can only be provided by an external third party. Below is an extract from Section Q18 of the [Council Financial Regulations](#):

- 18.1 For all procurement of Social Care, Education and other Specific Services which fall under Schedule 3 (Social and Other Specific Services) of the Public Contracts (Scotland) 2015 Regulations, a direct award without competition may be made so long as all legislative requirements are met under clause 13 of the Procurement Reform (Scotland) Act 2014 (the "Light Touch

Regime”) and where appropriate Scottish government and COSLA guidance on the Procurement of Care and Support Services should be followed.

- 18.2 The appropriate Director of Chief Officer will have full authority to place contracts up to the value of the Light Touch Regime following consultation with the Procurement Manager, provided budgetary provision exists with no further report to Council or Committee being required.
- 18.3 Where either budgetary provision does not exist, or where that means the contract needs to be put in place before the authority is given by the Council, Committee or other relevant authority then, once the contract has been placed, a report will be sent to the next available Council or Committee notifying the award and explaining the reasons for the placement, subject always to the overriding duty to protect the Personal Data and privacy of the individual or individuals in receipt of services.

**4.2** Except for emergency placements, all procurements carried out in excess of £50,000 are subject to a Contract Strategy. These contract strategies will be developed by the Corporate Procurement Unit in close consultation with the HSCP. Contract Strategies shall include but are not limited to:

- Contract scope
- Service’s forward plans
- Market information
- Changing demands (referrals, demographics etc.)
- Procurement models and routes – including existing delivery mechanisms, roles and responsibilities, risks, issues and opportunities; and
- Contract management.

**4.3** For the HSCP, approximately 51% (£61.5m) of its available social care services budget resource is directed to payments to external and third sector providers. The procurement of these services should be secured under the Council Financial Regulations and Standing Orders part Q18 as described in section 4.1 above.

**4.1** The Contract Strategies for the procurements set out in Appendix 1 will be progressed with the exception of:

- Older people care home placements (£13.6m net of client contributions) covered by the National Care Home Contract;
- Adult disability residential and other placements placed under the Scotland Excel Framework (£34.9m);
- Residential and secure placements (£8.8m) for children and young people

placed under the Scotland Excel Framework;

- Fostering placements (£4.2m) for children and young people placed under the Scotland Excel Framework; and
- Recruitment agency placements made by the HSCP (dependent on turnover and sickness, circa £4.4m in 2024/25) into its internal services under the Scotland Excel Framework.

- 4.2** An emergency placement arises because someone is at risk of harm and therefore there is an urgent requirement to place the vulnerable child or adult, in these situations, there is no time to develop a Contract Strategy.
- 4.3** Emergency placements are not separately budgeted for, however, given the volatile nature of social care placements, especially around children's services; all efforts are made to contain any new commitments within the overall HSCP approved budget. Any variation on budget is reported regularly within the financial performance reports together with mitigating actions.
- 4.4** On conclusion of the procurements set out in Appendix 1, subject to the approval of the recommendations by the HSCP Board, the Chief Officer would have delegated authority to enter into such contracts.
- 4.5** In relation to the Frameworks noted in Appendix 1, an indicative spend is required to be calculated, this has been completed in consultation with colleagues in HSCP Finance and WDC's Corporate Procurement unit. Frameworks offer no mutuality of obligation and therefore make no commitment relating to spend, however, if the indicative spend levels are forecasted to be exceeded during the lifespan of the Framework a report would be required to be brought to the HSCP Board advising of the reason for the additional spend and any mitigating actions.
- 4.6** To place a package of care under a framework, a call off is required to be followed, it is anticipated that the majority of call-off's will fall under the Light Touch Regime and therefore be able to be directly awarded without the requirement to bring a further report to the HSCP Board, subject to such call off being within budget.
- 4.7** If a package exceeds the Light Touch Regime and remains within the budget (i.e. a very complex package of care), the guidance of the Corporate Procurement Unit will be followed in relation to the requirement of conducting a mini-competition with award being subject to the recommendations of this report.

## **5. Options Appraisal**



**5.1** Not required for this report.

## **6. People Implications**

**6.1** There are no personnel issues associated with this report.

## **7. Financial and Procurement Implications**

**7.1** The budget descriptions and estimates for financial year 2025-26 (as detailed in Appendix 1) are subject to amendment in finalising budget adjustment approvals and the application of the Scottish Living Wage to both children's and adult services.

**7.2** HSCP Board members are informed through financial performance reports on material variations of spend against budget. While the budget setting exercise endeavours to build the budget based on actual care packages, with cognisance of inevitable variations and demographic pressures, the spend profile across individual care headings (detailed in Appendix 1) will be subject to change.

**7.3** The procurements set out in this report ensures compliance with procurement legislation and the Councils Financial Regulations and Standing Orders.

## **8. Risk Analysis**

**8.1** The Corporate Procurement Unit will check if any provider has known links to Serious and Organised Crime which have significant political and reputational ramifications with the HSCP and the Council.

## **9. Equalities Impact Assessment (EIA)**

**9.1** There are no Equalities Impact Assessments associated with this report. In relation to the procurements noted in Appendix 1, before the Contract Strategies are approved, the screening will be done to determine if the EIA must be completed.

## **10. Environmental Sustainability**

**10.1** Not required for this report.

## **11. Consultation**

**11.1** The Councils Corporate Procurement Unit and HSCP Finance have been consulted in relation to this report.

## **12. Strategic Assessment**

**12.1** The HSCP's Strategic Plan – Improving Lives Together for 2023-26 priorities are:

- Caring communities
- Safe and thriving communities
- Equal communities
- Healthy communities

**12.2** The procurements noted in Appendix 1 are aligned to these priority areas.

**12.3** Procurement compliance and sound financial practice are the foundations of good governance and support the HSCP's commitment to deliver best value.

### **13. Directions**

**13.1** Subject to the HSCP Board approving the recommendations noted in section 2. There will be the requirement for a direction to be issued to West Dunbartonshire Council recommending the conclusion of the procurements noted in Appendix 1 and to take such steps in order for the Council to issue the relevant contract award and contract documentation to those third parties award a contract or place on a framework.

**Name:** Margaret-Jane Cardno  
**Designation:** Head of Strategy and Transformation  
**Date:** 19 May 2025

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**Person to Contact:** Neil McKechnie  
 Contracts, Commissioning & Quality Assurance  
 Manager

**Appendices:** Appendix 1 – Procurements  
 Appendix 2 – Direction

**Background Papers:** West Dunbartonshire Council Financial Regulations and Standing Orders ([Council Financial Regulations](#))

## Appendix 1 – Procurements

## Block Contracts

No.	Procurement Name	Estimate 25-26 Spend	Contract Duration	Total Contract Value	Above Light Touch Regime Yes/No	Notes
		£	Years	£		
	<b>Learning Disability, Mental Health and Addictions</b>					
1	New Out Look on Addiction Services	£598,400.00	5	£2,992,000.00	Yes	Subject to 25-26 Adult Social Care Pay uplift (and subsequent years)
2	Addiction Support Services - Alcohol Prevention Interim	£138,000.00	0.5	£138,000.00	No	-
3	Addiction Support Services - Recovery Group Work Programmes (Substance Misuse) Interim	£145,000.00	0.5	£145,000.00	No	-
4	Baxter View - Complex Needs and Behaviours that Challenge Interim	£568,000.00	0.58	£568,000.00	No	-
5	Residential Respite Service for Adults (LD, Complex Needs, Behaviours that Challenge, PD and Sensory Impairment)	£660,000.00	1	£660,000.00	No	Subject to 25-26 Adult Social Care Pay uplift
6	Day Services for Adults with LD and Complex Needs	£254,000.00	1	£254,000.00	No	Subject to 25-26 Adult Social Care Pay uplift
7	Day Services for Adults under the age 65 with PD and/or ABI (	£227,051.00	1	£227,051.00	No	Subject to 25-26 Adult Social Care Pay uplift
	<b>Health and Community Care</b>					
8	Community Connections and Post Diagnostic Support for Dementia (Alzheimer Scotland)	£230,501.00	3	£691,503.00	Yes	Subject to 25-26 Adult Social Care Pay uplift (and subsequent years)
9	Residential Care for Older People (National Care Home Contract)	Finance To Add	N/A	Recurring	N/A	Subject to annual COSLA negotiation re Residential and Nursing Core Weekly Rate
	<b>Children's Health, Care and</b>					

	Criminal Justice					
10	Signs of Safety	£76,900.00	2		No	-
11	Edge of Care	£199,525.00	1		No	-
12	Children's Advocacy Services	£89,138.00	1		No	-
13	Children's Views					-

## Frameworks

No.	Procurement Name	Service Area	Estimate 25-26 Spend	Contract Duration	Total Contract Value	Above Light Touch Regime Yes/No	Notes
1	Scotland Excel Recruitment Agency Placements	All Health and Social Care Partnership service areas	Finance To Add	N/A		N/A	-
2	Scotland Excel Fostering Framework	Children's Health, Care and Criminal Justice	Finance To Add	N/A			-
3	Scotland Excel Children's Residential Framework	Children's Health, Care and Criminal Justice	Finance To Add	N/A			Subject to 25-26 Children's Social Care Pay uplift (and subsequent years)
4	Foundations for Change Framework (Housing Support/Supported Living/Community Support for Adults with LD, PD, Sensory Impairment, MH)	Learning Disability, Mental Health and Addictions	Finance To Add	7		No	Subject to 25-26 Adult Social Care Pay uplift (and subsequent years)
5	Supporting Community Independence Framework	Health and Community Care	Finance To Add	7		No	Subject to 25-26 Adult Social Care Pay uplift (and subsequent years)
6	Fostering and Continuing Care Framework (replacing Scotland Excel spend)	Children's Health, Care and Criminal Justice	Finance To Add	7		No	-
7	Children's Residential Framework (replacing Scotland Excel spend)	Children's Health, Care and Criminal Justice	Finance To Add	7		No	Subject to 25-26 Children's Social Care Pay uplift (and subsequent years)

## Appendix 2: 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 Officer, HSCP  
**To:** Chief Executive(s) WDC  
**CC:** HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair  
**Subject:** Direction(s) from HSCP Board (27<sup>th</sup> May 2025) FOR ACTION  
**Attachment:** HSCP Board Report - Procurement of Commissioned Services

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP B000076MJC27052025
2	Date direction issued by Integration Joint Board	27th May 2025
3	Report Author	Report Author: Margaret-Jane Cardno, Head of Strategy and Transformation <a href="mailto:Margaret-Jane.Cardno@west-dunbarton.gov.uk">Margaret-Jane.Cardno@west-dunbarton.gov.uk</a>  Person to Contact: Neil McKechnie – Contracts, Commissioning and quality Assurance Manager <a href="mailto:Neil.McKechnie@west-dunbarton.gov.uk">Neil.McKechnie@west-dunbarton.gov.uk</a>
4	Direction to:	West Dunbartonshire Council only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Procurement of the commissioned services detailed in Appendix 1, of the HSCP Board Report – Procurement of Commissioned Services.

7	Full text and detail of direction	<p>Authorise the initiation of the procurement processes set out in Appendix 1 of the HSCP Board Report – Procurement of Commissioned Services subject to West Dunbartonshire's (the Council) Financial Regulations and Standing Orders.</p> <p>Direct the Council to award contracts to providers subject to compliant procurement processes being adhered to, where the contract value equal to or less than the Light Touch Regime (£552,950 ex VAT) providing that the contract value is within budget.</p> <p>D Direct the Council to award contracts to providers subject to compliant procurement processes being adhered to, where the contract value is greater than the Light Touch Regime (£552,950 ex VAT) subject to a report being brought to the HSCP Board post award, providing that the contract value is within budget.</p> <p>Direct the Council to award contracts to providers subject to compliant procurement processes being adhered to, where the contract value exceeds the budgeted amount and a separate report has been submitted to the HSCP Board, upon which the HSCP Board has given its consent to the recommendations contained therein (regardless of contract value).</p>	
8	Specification of those impacted by the change	There shall be no impact upon the residents of West Dunbartonshire following this direction. This is a procedural change to ensure continued compliance with the Council's Financial Regulations and Standing Orders.	
9	Budget allocated by Integration Joint Board to carry out direction	Please see Appendix 1.	
10	Desired outcomes detail of what the direction is intended to achieve	<p>This direction is to ensure compliance with the Council's Financial Regulations and Standing Orders and to give assurances that Best Value is being achieved in relation to the procurement of commissioned services.</p> <p>This direction also allows the HSCP to operationalise its Strategic Plan 2023-26 Improving Lives Together.</p>	
11	Strategic Milestones	These will vary depending on the procurement route, for each service noted in Appendix 1.	

12	Overall Delivery timescales	All activities to be completed by 31 <sup>st</sup> March 2026.	
13	Performance monitoring arrangements	The Contracts, Commissioning and Quality Assurance Manager submits a quarterly Regulated Services Report to the Audit and Performance Committee.	
14	Date direction will be reviewed	31st March 2026	





**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP****Meeting:** Joint Staff Forum**Date:** 6<sup>th</sup> February 2025 at 11.30 / 12 noon**Venue:** Room 2, Clydebank Health Centre**Present:** Beth Culshaw (Chair) Diana McCrone; Gillian Gall; Julie Slavin; Michelle McAloon; Margaret Jane Cardno; Val Tierney; Callum Croall; Leanne Galasso; Helen Little; Sylvia Chatfield; Moira Wilson; Fiona Taylor; Gillian Bannatyne; Val Tierney; Joyce Habo (Minutes)**Apologies:** Lesley James; Paul Carey; Connor Farmer; Ricky Sherriff-Short  
Ann Cameron Burns; David Smith; Davy Scott; Andrew McCready;

Item	Description	Action
1.	<b>Welcome, Introduction, Apologies</b>	Chair
2.	<b>Standing Agenda Items</b>	
3.	<b>Savings Options and Proposals</b>	Chair

Beth advised the council set its budget for the upcoming year, which includes funding allocations to the Health and Social Care Partnership, This funding covers a proportion of pay, National Insurance contributions, and a small proportion of the uplift to council. There was also a letter from the health board confirming funding and the latest position for West Dunbartonshire.

Partnerships across the country are facing significant challenges, including financial gaps and increased demand for services. At a recent meeting with the Cabinet Secretary and Chief Officers a financial gap of £562m was highlighted. Beth also noted although pay is funded this year, it hasn't previously been which has led to a cumulative gap of £6m. Contract costs are increasing and the rise in NI contributions for external commission services remains an issue.

Beth advised Managers will also be sharing today's information with their teams today and Julie will be sharing a presentation. In terms of timing, the budget is set for 24<sup>th</sup> March and HSCP approach will be shared at the IJB following significant discussions at SMT.

**Presentation****Slide 1** The consolidated budget gap and related updates.

The budget is constantly being refined as new information becomes available, with a recurring healthcare budget of £113 million. The healthcare budget faces a range of pressures, which were presented to the board in January 2025. A 3% uplift is assumed for the next year to factor in pay increases. All partnerships are overspending on prescribing due to increased costs and based on current demand another 10% has been factored in for next year. The NHS budget gap for health services is currently £3.3 million, but this could change.

The social care budget is £90.8 million before the pay award decision which was made last night, the budget for 2024/25 pay award has been agreed, and an adjustment will be made. The funding pressures are split between staffing and external service with a 3% uplift for pay and additional pressure from National Insurance uplift thresholds changing too.

Current in-year pressures are built into the budget, with daily changes in care packages and care at home services. The budget is essentially a standstill budget, reflecting the costs for the next year. The overall budget is £99 million, with funding from the council, who will cover 50% of NI costs, but not 60% as previously thought. This means there is a £5.4 million gap in the social care budget.

The funding for the uplift to children's social care services living wage has not yet been distributed, but an amount of £227,000 is expected. The estimated cost of employer National Insurance (NI) changes for commissioned services is not included in the current gap due to ongoing national debate. It is unclear if the Scottish Government will ask providers to cover these costs. Other partnerships are taking a similar approach in handling these changes.

## **Slide 2**

LD and MH services have been making savings via ongoing reviews of care packages and the savings achieved this year are expected to help manage the budget next year.

There has been a significant overspend in care at home services, this overspend was not accounted for in the budget, and there is no additional funding allocated for care at home, except for pay increases and the pressure from overspending will need to be managed within the existing budget. The increase in the living wage from £12 to £12.60 per hour is partially funded, with £1.2 million received instead of the required £2.2 million, this shortfall adds to the financial pressure.

The National Care Home Contract has not been fully covered either. This contract provides stability and transparency for care home services, but current financial pressures and funding shortfalls are challenging its sustainability.

Managing these pressures will require careful budget planning and possibly seeking additional funding sources or making further savings in other areas.

### **How Are We Closing The Gap**

Margaret Jane – Admin Review - A workforce project team was established and staff are engaged with the workforce tool. There are potential savings of £277,000 equating to a headcount reduction of 8 full-time equivalents (FTEs). This is to be confirmed based on confidence in removing existing vacancies through vacancy management. All admin staff will be impacted by the review, but the aim is to remove posts without causing significant impact on the workforce. Teams will need to work differently, but the changes are expected to be positive.

Commissioning Services: Significant savings can be achieved by applying changes to external bodies in a managed way.

Training Budget: 0.3% saving has been identified, which is 10% of the training budget.

As Lesley is not in attendance, Beth provided an update: - the Child Care review will be presented at IJB in March and will cover how funding for children at age 18 is managed, with an estimated cost of £30k and no impact on staff. The review of the Children and Families structure will continue until implemented, considering the vacancy factor. The kinship care budget will see an inflationary uplift, releasing money to help close the budget gap.

Sylvia - LD Paper – the review is ongoing and engagement with staff and service users as part of the budget savings. Work Connect – there is a proposal to close Work Connect due to duplication with other employability services. The service is currently more of a day service for visiting friends rather than being used for its intended purpose. Potential part closure of a housing support service which is one of three, this one has 2 service users who do not require the current level of support they receive, the plan is to shift the cottage to another provider and free up support levels.

Respite and Carers Budget: - total budget reviewed and working on allocation of respite to ensure equity and transparency, carers will know how much they are getting and the £250k coming from that will assist with the budget gap.

Review of Adult Services Packages: - this is ongoing with a focus on identifying savings options and in collaboration with COPT and ACT teams who are working together to drive forward reviews. No-one will be put at risk and all packages will be fully assessed and reviewed to ensure that outcomes are met and also ensure that high levels of support do not discourage service users from maximising their independence.

Fiona - External Care Home Beds: reduction of 10 external care home beds with no staffing implications.

Review of Older People Engagement: all options are within one paper to ensure all are reviewed. There is ongoing review which involves staff and service users to ensure their needs and preferences are considered. Capping capacity across both sites would be

**Option 1** to manage capacity.

**Option 2** - consolidation of Day Services at Crosslet Care Home which has some benefits.

**Option 3** reduction of Day Services.

Beth confirmed that **Option 1** is the preference at this stage, options 2 and 3 are not preferable.

Fiona – integrated adult reduction involves a management adjustment and has been vacant, a test of change is being reviewed to deliver services differently.

Margaret Jane – strategy & Planning - two staff members have been seconded and their posts were not backfilled, this will be considered as a management adjustment, as well as a 0.8 post being left unfilled, no one is being displaced as a result of this change.

Val – One full time health visitor position and some Band 3 posts are being converted to 1 Band 4 post. The change in skill mix will meet the needs of the service and the adjustment is supported via a common staffing framework with no risk to the service.

Helen – MSK, there is turnover target built in with 4% turnover and £100k in reserves. An additional £240k turnover is achievable via DRS. The plan also includes a 'retire and return' manager strategy.

### **Additionally**

- Prescribing £800k – there are some reserves but work is underway to address this
- Not uplifting Suppliers
- Social Care budget gap analysis, Julie confirmed funding is still to be confirmed by ScotGov, but there is a gap of ¾ m which doesn't include NI for commissioned services which is a risk

Julie advised the real gap is £2.2m for social care, applying £3.7m of superannuation savings and are using this unfunded gap of £6m. The Health Gap is similar at £3.3m, this should change at the Board, and we are not looking to use an element of our spending reserves.

Beth confirmed the team have reduced the gap as far as they can, and despite savings we need to control the budget and spend throughout the year. NI for commissioned services is a significant cost.

Potential to: - reduce contracts; apply vacancy factors; potentially create vacancy lists; reduce some provision or only provide packages for critical cases.

### **Questions**

Gillian B - very informative presentation and is aware of how difficult the position is, however, from a TU perspective reducing the existing workforce if vacancies are not filled would not be supported. Noted the proposed reduction in headcount is not as devastating as expected. For children and families, queried the phased delivery in staffing and whether this impacted on social work staff. Beth advised the new structure has not been shared widely and will take 1 year to implement therefore there is time for review. They will not recruit from the outset, but noted we are still recruiting SW posts across health and social care. Some suggested posts were considered but our Chief Nurse and Chief SW Officer did not support this.

Gillian B appreciated how difficult it is to recruit SW's, but noted ScotGov need to ensure that courses continue and acknowledged how difficult it is to recruit to these posts due to costs being significant. Beth advised we recently recruited 6 new SW's, SW students are also in placements, SW assistants have received professional training and the vacancy factor is always about vacant posts.

Gillian B queried the discussion between Unison regarding the LD review asking if this is the same team from café connect. Sylvia advised yes it was but this is due to a reduction of workload and engagement has taken place with staff and service users re employability services noting that some of these services have never been reviewed and morphed into what was wanted but not what was needed or were paying for. Current vacancies or Switch will be an option for staff.

SC

**Action: Sylvia to share a copy of the consultation pack.**

Beth advised a full review will be launched and a paper will go to August IJB which will inform where we are going.

Callum noted this is difficult for staff going through a review due to the additional work required, he is concerned that Work Connect staff may feel they have been hit again which is worrying. Sylvia advised the engagement sessions were important to hear what was being said, however Callum noted that David Smith also raised issues re Work Connect and he will seek feedback on this. Beth is aware that this will be difficult for staff.

Diana queried the Integrated Adult Team, ACT Allied health care. Fiona advised there is 1 vacancy which has been there for some time. The IOM is comfortable that this post can be released, alongside reduction in care packages. Sylvia also noted they are continuously reviewing care packages and have a review team of 3 SW's and a SW assistant to complete these.

Diana queried the vacancy management process in health and how this will be delayed, particularly admin posts who seem to be held twice, Beth clarified at the vacancy panel each Monday we review budget spend, ensure savings are achieved and priorities and monitor the finance around this. Diana also queried the 2 secondments referred to and surely those staff are entitled to return to their substantive posts. Margaret Jane confirmed this is a turnover saving.

Beth noted this is the first meeting where this information is being shared and heads of service will be sharing this information with staff today. There are planned sessions with board members 07/03. Our paper will be published and the budget will be set – a significant amount of work has been completed and fortunately no posts will be effected due to vacancies, switch and redeployment.

Beth advised that any further questions should be forwarded to Gillian Gall in the first instance and these will be coordinated.

## **7. Date of Next Meeting**