# Agenda

West Dunbartonshire
Health & Social Care Partnership

# West Dunbartonshire Health and Social Care Partnership Board

**Date:** Tuesday, 25 November 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
natalie.roger@west-dunbarton.gov.uk
committee.admin@west-dunbarton.gov.uk

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
Carolyn Ralston
Kim McNab
Saied Pourghazi
Selina Ross
Julie Slavin
David Smith
Val Tierney
Andrew McCready

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

Date of Issue: 18 November 2025

## Audio Streaming

Please note the sound from this meeting will be recorded for live and subsequent audio streaming. All of this meeting will be audio streamed and will be published on West Dunbartonshire Council's host's webcast/audio stream platform - https://portal.audiominutes.com/public_player/westdc

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

**AGENDA**

**TUESDAY, 25 NOVEMBER 2025**

**STANDING ITEMS**

**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** **7 - 11**

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board held on 30 September 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/**

## PLANNING AND DELIVERY

**7 WEST DUNBARTONSHIRE HSCP WINTER PLAN 2025/26** **15 - 69**

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, presenting information and assurance the HSCP Draft Winter Plan for 2025/26 and associated financial framework.

**8 INTEGRATED WORKFORCE PLAN** **71 - 166**

Submit report by Karyn Wood, Head of Human Resources, providing a draft one year holding Workforce Plan. The final Workforce Plan will be brought back to a future HSCP Board meeting for approval

## PERFORMANCE AND QUALITY

**9 2025/26 FINANCIAL PERFORMANCE PERIOD 6 REPORT** **167 - 199**

Submit report by Julie Slavin, Chief Financial Officer, providing an update on the financial performance as at period 6 to 30 September 2025 and a projected outturn position to 31 March 2026.

**10 PLANET YOUTH PREVENTION MODEL** **201 - 213**

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an overview of the pilot work to deliver the Planet Youth Scotland prevention model in West Dunbartonshire, led nationally by Winning Scotland.

**11 ALCOHOL AND DRUG PARTNERSHIP UPDATE** **215 - 252**

Submit report by Sylvia Chatfield, Head of Service, Mental Health, Learning Disabilities and Addiction Services, providing an update on the implementation of the Medication Assisted Treatment (MAT) Standards, provide an overview of the (ADP) Annual Reporting Survey submitted in June 2024, and ADP waiting times and 2025/26 Financial Plan.

**12/**

## GOVERNANCE, COMPLIANCE AND REGULATIONS

**12 ADDICTION SERVICES TENDER AWARD** **253 - 257**

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update following the award of the Addictions Services contract to 'We Are With You'.

**13 SHORT BREAK STATEMENT** **259 - 275**

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, seeking Board approval for the Short Break Statement.

**14 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, 27 January 2026 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.**

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# WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

At a Hybrid Meeting of the West Dunbartonshire Health and Social Care Partnership Board held in the Civic Space, 16 Church Street, Dumbarton on Tuesday, 30 September 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; Dr Saied Pourghazi, Clinical Director; Selina Ross, Chief Officer – West Dunbartonshire CVS; Barbara Barnes, Stakeholder Member; Val Tierney, Chief Nurse and – Clydebank; Carolyn Ralston, Stakeholder Member; Andrew McCready, Staff Representative (NHS Greater Glasgow and Clyde); Kim McNab, Service Manager - Carers of West Dunbartonshire, David Smith*, Unpaid Carers Representative.

*joined the meeting at 2.20 p.m.

**Also Attending:** Michael McDougall, Manager of Legal Services; Margaret-Jane Cardno, Head of Strategy and Transformation; Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction; Fiona Taylor, Head of Health and Community Care; Michelle McAloon, Head of Service - HR and Natalie Roger, Committee Officer.

**Apologies:** There were no apologies submitted.

**Michelle Wailes in the Chair**

## DECLARATIONS OF INTEREST

It was noted that there were no Declarations of Interest in any of the items of business on the Agenda however Councillors Martin Rooney and Fiona Hennebry made Transparency Statements noting a connection to matters discussed at Items 8 and 9 respectively, however, noting that having applied the objective test, they did 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 19 August 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 with the Board content to close off one of the actions.

## VERBAL UPDATE FROM CHIEF OFFICER

The Chief Officer provided a verbal update on the recent business of the Health and Social Care Partnership. The Chief Officer highlighted endemic challenges relating to delayed discharges, including care home quality and staffing challenges. The impact of the recent moratoriums and Large-Scale Investigation have compounded the challenge. The Chief Officer reported as of 30 September 2025 there were 46 acute delayed discharges. Clearly this was particularly concerning given the start of the winter period and the significant improvement that had been made in performance in the previous 12 months. The Chief Officer continued to describe the progress of developing savings proposals. She was pleased to report there have been improvements in staff absence, particularly within the NHS. Staff absence continues to be a key focus for improvement alongside the wellbeing of staff.

There were questions from Members which were answered by the Chief Officer, the Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer, and the Chief Nurse, the Head of Mental Health, Learning Disabilities and Addiction and the Head of Service - HR. It was agreed that a written update would be provided to Members by the Chief Officer with particular focus on the Residential Care Home situation by the end of October.

## ADULT CARER ASSESSMENT AND SUPPORT PLAN PROCESS AND THE SHORT BREAKS PROCESS REVIEW UPDATE

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation and Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction, updating the Board on the outcome of the Adult Carer Assessment and Support Plan (ACASP) process review, and the Short Breaks process review undertaken, and to present the redesigned Short Breaks process framework, which aims to address key challenges observed in previous process and improve service access, equity, and efficiency for unpaid carers across West Dunbartonshire.

After discussion and having heard the Head of Strategy and Transformation, the Head of Mental Health, Learning Disabilities and Addiction and the Service Manager - Carers of West Dunbartonshire in further explanation and in answer to Members' questions, the Board agreed:-

(1) to approve proposal two, namely, to allocate two nights for carers with a 'considerable' rating and three nights for those with a 'critical' rating on adult carer assessment and support plan sections. This would mean a maximum possible score of 21 nights for someone who is critical in every area of the Adult Carer Assessment and Support Plan;

(2) to endorse the implementation of the redesigned Short Breaks process; and

(3) to instruct Officers to provide a six-month update on the redesign impact.

## HOME CARE REVIEW UPDATE

A report was submitted by Fiona Taylor, Head of Health and Community Care, providing an update on the Care at Home service. This includes the progress and impact of the Redesign project, Care Inspectorate inspection in April 2025 and financial sustainability.

After discussion and having heard the Chief Officer and the Head of Community Health and Care in further explanation and in answer to Members' questions, the Board agreed to note the content of the report and to bring the report back in the first quarter of 2026 for a further update.

## WHAT WOULD IT TAKE: UPDATE

A report was submitted by Lesley James, Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer, providing an update on the implementation of the What Would It Take Strategy.

After discussion and having heard the Head of Children's Health Care and Criminal Justice and the Manager of Legal Services in further explanation and in answer to Members' questions, the Board agreed to note the content of this report.

## VARIATION IN ORDER OF BUSINESS

Having heard Michelle Wailes, Chair, the Board agreed to vary the order of business as hereinafter minuted.

## 2024/25 ANNUAL REPORT ON THE AUDIT AND PERFORMANCE COMMITTEE

A report was submitted by Julie Slavin, Chief Financial Officer, providing assurance that the annual review of the work of the Audit and Performance Committee

throughout 2024/25 demonstrated effectiveness and fulfilled its role and responsibilities in line with CIPFA good practice guidance.

Having heard the Chief Financial Officer in further explanation, The Board agreed:-

(1) to consider and accept the Audit and Performance Committee Chair's Annual Report on the effectiveness and work of the Committee for 2024/25; and

(2) to recognise that future improvements to the Audit and Performance Committee would be shaped to consolidate its support to the HSCP Board.

## AUDITED ANNUAL ACCOUNTS

A report was submitted by Julie Slavin, Chief Financial Officer, presenting for consideration and approval, audited Annual Accounts for the year ended 31 March 2025.

After discussion and having heard the Chief Financial Officer in further explanation and in answer to Members' questions, the Board considered the audited Annual Accounts for the period 1 April 2024 to 31 March 2025 and approved for final signature by the Chair, Chief Officer and Chief Financial Officer.

## 2025/26 FINANCIAL PERFORMANCE PERIOD 5 REPORT

A report was submitted by Julie Slavin, Chief Financial Officer, providing an update the financial performance as at period 5 to 31 August 2025 and a projected outturn position to 31 March 2026.

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

(1) to note the updated position in relation to budget movements on the 2025/26 allocation by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and approve the direction for 2025/26 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 August 2025 is reporting an adverse (overspend) position of £1.083m (1.24%);

(3) to note the projected outturn position of £2.599m overspend (1.20%) for 2025/26 including all planned transfers to/from earmarked reserves;

(4) to note 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 2025/26;

(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 the impact of several ongoing and potential pressures on the reported financial position for 2025/26, as well as on the previously identified budget gaps for 2026/27 and 2027/28.

## RECORDS MANAGEMENT FRAMEWORK

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update including details of the most recent Progress Update Review (PUR) undertaken and submitted to the Public Records (Scotland) Act Assessment Team.

After discussion and having heard the Head of Strategy and Transformation in further explanation the Board agreed to note the detail given about the Progress Update Review in relation to the Records Management Plan.

## DATE OF NEXT MEETING

Members noted that the next meeting of West Dunbartonshire Health and Social Care Partnership Board would be held on Tuesday, 25 November 2025 at 2.00 p.m. as a Hybrid Meeting in the Civic Space, 16 Church Street, Dumbarton G82 1QL.

The meeting closed at 4.18 p.m.

**WEST DUNBARTONSHIRE HSCP BOARD**
**ROLLING ACTION LIST**

| Agenda Item | Decision / Minuted Action | Responsible Officer | Timescale | Progress/ Update/ Outcome | Status |
|---|---|---|---|---|---|
| **REVIEW OF INTEGRATION SCHEME – August 2024** | Query regarding delegated services within the Integration Scheme document.<br><br>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. | **Open** |
| **FUTURE MEETING SCHEDULE** | Informal meeting dates to be moved further away from Board Meetings. | Margaret-Jane Cardno | 30 September 2025 | Communicated via MJC/NR | **Open** |
| **CHIEF OFFICER VERBAL UPDATE** | A written update to be provided to Members with particular focus on the Residential Care Home situation | Beth Culshaw | 31 October 2025 | | **Open** |

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|---|---|---|---|---|---|
| **SHORT BREAK PILOTS OUTCOMES** | 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 April 2026 | | **Open** |
| **HOME CARE REVIEW UPDATE** | Action for Head of Community Health and Care to bring report back in Q1 2026 for further update | Fiona Taylor | Update required Q1 2026 | | **Open** |

NR updated 1 October 2025

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

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

**25 November 2025**

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**Subject: West Dunbartonshire HSCP Winter Plan 2025/26**

## 1. Purpose

**1.1** The purpose of this report is to present for members' information and assurance the HSCP Draft Winter Plan for 2025/26 and associated financial framework.

## 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 30 October 2025 NHS Greater Glasgow and Clyde Board approved the Whole System Winter Plan for 2025/2026 and set out a timeline for proposed monitoring arrangements. The Whole System Winter Plan can be found at Appendix I of this report.

**3.2** The West Dunbartonshire HSCP has contributed to the development of the plan for NHS Greater Glasgow and Clyde, as have other HSCPs, and work is ongoing to implement the actions outlined in the plan.

**3.3** Unlike previous years, Scottish Government will not be issuing a Winter Assurance Checklist and instead are seeking confirmation that NHS Greater Glasgow and Clyde have an agreed winter plan in place reflecting an assessment of what is needed locally.

**3.4** It was anticipated that the Scottish Government would publish their National Planning Priorities and Principles for Surge and Winter Preparedness in Health and Social Care at the end of October. This will support a shift in focus from seasonal planning to year-round surge preparedness, recognising that system pressures arise throughout the year. At the time of writing this report this paper has not been published.

## 4. Main Issues

**4.1** The HSCP Winter Plan 2025/26 articulates winter contingency arrangements that ensure the continued safe delivery of local services to vulnerable service users and the maintenance of a safe environment for

staff. The Plan is informed by wider NHS and Council planning processes.

**4.2** The HSCP Winter Plan 2025/26 identifies and addresses local issues across primary care and community services for which the HSCP Board is responsible, while also supporting the ongoing whole system delivery of effective unscheduled care.

**4.3** The current financial position of the HSCP necessitates that, as far as possible, responses to any increase in demand related to surge planning are contained within existing financial resources. It should be noted, as has been highlighted regularly to the HSCP Board, that the HSCP operates all year round at an increased level of demand, therefore any additional surge pressure is significant for the Partnership.

**4.4** Action for winter 2025/26 largely falls into two categories; Business As Usual (core business) such as local service continuity and contingency planning (e.g. in the event of severe weather) and Additionality; West Dunbartonshire HSCPs contribution to whole system winter pressures (e.g. in relation to ensuring the continuation of efficient whole system flow between community and secondary care). The associated actions are outlined in the Winter Plan 2025/26 which can be found in Appendix II of this report.

**4.5** Shifting the balance of care from hospitals to community and social care settings has several whole system benefits, including increased acute capacity, supporting system resilience, strengthening partnerships, maintaining care quality and helping enable smooth escalation and recovery. To assure the HSCP Board the Chief Nurse has prepared an appendix to this report reviewing the status, opportunities, and challenges associated with transforming and rebalancing the provision of care in West Dunbartonshire. This can be found in Appendix III.

## 5. Options Appraisal

**5.1** The recommendation within this report does not require an options appraisal.

## 6. People Implications

**6.1** Recruitment, diminished staff resilience and increased absence are central pillars within the plan and are areas of risk during period of surge activity.

**6.2** Contingency plans include upscaling staff capacity, revising staff rotas and where necessary the management of annual leave.

**6.3** The HSCP recognises that supporting the health and wellbeing of our workforce is critically important at any time, not least of all during periods of surge activity. As such, there continues to be a focus on staff wellbeing, within the context of financial pressures, staff vacancies and increased

demand.

**6.4** The additional operational pressures the HSCP faces during periods of surge activity is acknowledged and a number of important wellbeing supports and interventions are available, for example the provision of mental health first aiders; one to ones and supervision where staff are encouraged to access support from their line manager, trade union representative or professional body; access to corporate and national wellbeing resources; access to occupational health services; access to appropriate PPE; and emphasising the importance of vaccination in protecting our staff, those we care for and the resilience of the HSCP over winter.

## 7. Financial and Procurement Implications

**7.1** There are no direct financial or procurement implications arising from the recommendation within this report. As outlined in paragraph 4.3 the current financial position of the HSCP necessitates that, in so far as possible, responses to any increase in demand related to surge planning are contained within existing financial resources.

**7.2** This generates an element of risk as the lack of financial resources will constrain the HSCPs ability to pay for overtime, recruit agency staff and purchase additional care home beds.

## 8. Risk Analysis

**8.1** The risk of increased demand during the winter period may result in the HSCPs performance, in certain areas (for example hospital discharge), being adversely affected. All efforts will need to be made to minimise the potential risks.

## 9. Equalities Impact Assessment (EIA)

**9.1** The recommendation within this report does not require the completion of an EIA.

## 10. Environmental Sustainability

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

## 11. Consultation

**11.1** The HSCP Senior Management Team, the HSCP Monitoring Solicitor and the Chief Finance Officer have been consulted in the compilation of this report and their comments were incorporated as required.

## 12. Strategic Assessment

**12.1** The Scottish Government's Urgent and Unscheduled Care Collaborative is a

key strategic driver and forms a significant part of the HSCP Boards Strategic Plan 2023 - 2026, Improving Lives Together. This ensures that the HSCP provides the right care in the right place at the right time for every person, developing new models of care and services to meet the needs of the population.

## 13. Directions

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

**Margaret-Jane Cardno**
Head of Strategy and Transformation
11 November 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


**Appendices:**
Appendix I: NHS Greater Glasgow and Clyde Whole System Winter Plan 2025/26
Appendix II: West Dunbartonshire HSCP Winter Plan 2025/26
Appendix III: Transformation and Shifting the Balance of Care

**DRAFT**
**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP)**
**WINTER PLAN 2025/2026**

## Executive Summary

### Introduction

This plan sets out the core and additional activity to be undertaken by the HSCP in preparation for Winter 2025/26. NHS Greater Glasgow and Clyde have an overarching Winter Plan for 2025/26, which includes all six HSCPs across the Greater Glasgow and Clyde area, this has been reflected in the local West Dunbartonshire HSCP Winter Plan. This plan supplements the Greater Glasgow and Clyde plan with specific, localised planning arrangements to ensure the partnership is prepared for winter pressures. Winter planning focuses on the period from December through to March with specific arrangements made around the festive public holidays.

In line with the HSCP Strategic Plan Improving Lives Together, this plan seeks to underpin the four strategic outcomes:

- **Caring Communities**

  Outcome: Enhanced satisfaction among people who use our services, an increase in perceived quality of care and equitable access to services ensured.

- **Safe And Thriving Communities**

  Outcome: People are able to look after and improve their own health and wellbeing, and live in good health for longer, while ensuring that our citizens are safe from harm.

- **Equal Communities**

  Outcome: A reduction in the impact of the wider determinants of health.

- **Healthy Communities**

  Outcomes: Improved health, an increase in independence and resilience, lower rates of hospital admissions, lower rates of re-admission and a reduction in reliance on health and social care services.

### Key Risks

The winter plan has been developed in the context of the following key risks:

| Risk | Impact Description |
|---|---|
| Recruitment | Inability to recruit or recruit in a timely manner will impact on the ability to deliver core services. |
| Reduced Resilience of Workforce | Due to the financial pressures within the HSCP the use of overtime and agency staff to fill vacant hours is greatly constrained. This may have an impact on core services, for example staff burnout and unwillingness to undertake additional hours. |
| Adverse Weather | Adverse weather events may disrupt the ability of staff to attend work or deliver services. |
| Staff Absence | The HSCP is experiencing high levels of staff absence. Should this continue or worsen over the winter period this may impact on the ability to deliver core services. |
| Ability Of Unpaid Carers To Continue In Their Caring Role | Since 2017 the percentage of carers within West Dunbartonshire who felt they were supported to continue in their caring role has been in steady decline.<br><br>Carers across West Dunbartonshire are struggling with poverty, anxiety, depression, physical health ailments, social isolation, and workplace difficulties.<br><br>This may lead to an increase in demand for formal care leading to an increase in pressure the HSCP need to step in to provide care that was previously managed by unpaid carers. |
| Financial Pressures | The HSCP is experiencing significant financial pressure. This will impact on the partnerships ability to pay for overtime, recruit agency staff and purchase additional care home beds. |

Risks will be monitored through the weekly Senior Management Team Core meeting with appropriate escalation into West Dunbartonshire Council and Greater Glasgow and Clyde Health Board as required.

**Summary of Actions**

Our preparations for winter are built around:

| | |
|---|---|
| Resilience | Ensure services are prepared for any emerging risks. |
| Capacity Building | Create capacity in the system from effective use of existing resources, including staffing (including the option to be more flexible in the deployment of resources). |

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|---|---|
| Whole System Flow | Prevent avoidable hospital admission, reduce length of stay, and avoid delays to discharge to support whole system flow. |
| Infection Control | Ensure services are delivered safely, with precautions taken and communications issued, to reduce the spread of winter pathogens. |
| Communication and Information | Ensure effective and informative communication is in place for the workforce, partners and service users/the public. Maximise the use of intelligence to assist us in addressing winter pressures. |
| Staff Support and Wellbeing | Support the mental health and wellbeing of our staff through practical support and resources, and by ensuing appropriate support is in place to underpin staff ability to deliver their core roles (eg use of digital solutions). |
| Unpaid Carers | Support unpaid carers with information, advice and practical support if necessary to support them to sustain their caring role. |
| Monitoring and Escalation | Ensure appropriate monitoring and escalation routes are in place and understood by all relevant stakeholders. |

| Resilience | Ensure services are prepared for any emerging risks |
|---|---|

| Grouping | Action | Timescale | Impact | Measure | Cost | Responsible Officer |
|---|---|---|---|---|---|---|
| Business as Usual | Review business continuity plans for all services | Nov 25 | Plans in place to manage continuity of service | Monitor number of completed BCPs. | N/A | All Heads of Service |
| Business as Usual | Liaise with GP practices to ensure resilience planning is in place | Nov 25 | Resilience measures in place for GPs | N/A | N/A | Clinical Directors |
| Business as Usual | Liaise with commissioned services to ensure resilience planning is in place | Nov 25 | Resilience measures in place for commissioned services | N/A | N/A | Contracts, Commissioning and Quality Assurance Manager |
| Business as Usual | Ensure all services have sufficient capacity in place over the festive period, with management cover arrangements in place | Nov 25 | Services have sufficient capacity over the festive period | Monitor use of agency/bank staff. | N/A | All Service Managers and Integrated Operations Managers |
| Business as Usual | Review and regularly update customer RAG ratings and the Critical Persons List across all relevant services | Nov 25 | Up to date service user RAG ratings in place | N/A | N/A | All Service Managers and Integrated Operations Managers |
| Business as Usual | Identify staff able to work across services and ensure appropriate training | Nov 25 | Service agility, supporting the HSCP to dynamically respond to workforce shortages | N/A | N/A | All Service Managers and Integrated Operations Managers |

| Capacity Building | Create capacity in the system from effective use of existing resources, including staffing (including the option to be more flexible in the deployment of resources) |
|---|---|

| Grouping | Action | Timescale | Impact | Measure | Cost | Responsible Officer |
|---|---|---|---|---|---|---|
| Business as usual | Ensure District Nursing and Care at Home service users have a RAG rating | Nov 25 | Fast identification of those with greatest need for effective use of resources | Care at Home RAG reported on weekly management reports. | NA | Head of Health and Community Care, |
| Business as usual | Business Continuity Plans include daily huddles with Head of Service / IOM's / Service managers to co-ordinate effective deployment of resources across Health and Community Care | Nov 25 | Fast identification of those with greatest need for effective use of resources based on knowledge and skills. | NA | NA | Service Managers and Integrated Operations Managers |

| Whole System Flow | Prevent avoidable hospital admission, reduce length of stay, and avoid delays to discharge to support whole system flow. |
|---|---|

| Grouping | Action | Timescale | Impact | Measure | Cost | Responsible Officer |
|---|---|---|---|---|---|---|
| Business as Usual | Continue and expand the embedding of Future Care Plans (FCP) within core services inclusive of | March 26 | Reduced unplanned admissions | Comparison of unplanned admissions Winter 24/25 and Winter 25/26. | NA | Head of Health and Community Care, Head of Mental health, Learning Disability, Addictions |

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|---|---|---|---|---|---|---|
| | external care home providers. | | | | | |
| Business as usual | Continue the Discharge to Assess model of care, | Ongoing | Reduced length of stay | Length of stay data | NA | Head of Health and Community Care, |
| Business as usual | Maximise activities undertaken by Focussed Intervention Team and Frailty Practitioner: early rehabilitation, prompt falls response, Home First Service. | Ongoing | Reduced avoidable hospital admissions | Comparison of unplanned admissions Winter 24/25 and Winter 25/26. | NA | Head of Health and Community Care, |

| **Infection Control** | **Ensure services are delivered safely, with precautions taken and communications issued, to reduce the spread of winter pathogens.** |
|---|---|

| **Grouping** | **Action** | **Timescale** | **Impact** | **Measure** | **Cost** | **Responsible Officer** |
|---|---|---|---|---|---|---|
| Business as Usual | Vaccination programme for staff and care home residents. All staff groups in scope for the winter programme have been encouraged to book vaccinations. The Adult Community Nursing Service ensured that all care home residents were vaccinated by end of September, | Sept 25 (Ongoing) | Increased update of seasonal vaccination | Vaccination Uptake Rates | £0 | Nurse Team Lead |

| | | | | | | |
|---|---|---|---|---|---|---|
| | meanwhile the District Nursing service is currently progressing the domiciliary vaccination programme. | | | | | |
| Business as Usual | Implement standard infection control measures to address the requirements of the most common infections, such as norovirus; Clostridium difficile; influenza; and MRSA | Ongoing | Reduced spread of infectious diseases | Infection Rates | £0 | Chief Nurse |
| Business as Usual | Implement contingency plans to minimise the impact of outbreaks of infection by complying with infection control audits and completing associated infection control action plans | Ongoing | Reduced spread of infectious diseases | Infection Rates | £0 | Chief Nurse |
| Business as Usual | Follow Public Health Scotland (PHS) guidance on any other winter pathogens or outbreaks when available | Ongoing | Reduced spread of infectious diseases | Infection Rates | £0 | Chief Nurse |

| Communication and Information | Ensure effective and informative communication is in place for the workforce, partners and service users/the public. Maximise the use of intelligence to assist us in addressing winter pressures. |
|---|---|

| Grouping | Action | Timescale | Impact | Measure | Cost | Responsible Officer |
|---|---|---|---|---|---|---|
| Business as Usual | Reinforce public messaging through all available West Dunbartonshire HSCP channels | Ongoing | Public Are Well Informed and Understand Messages | X (formerly Twitter) and Web Site Metrics | £0 | Head of Strategy and Transformation |
| Business as Usual | All staff communication mechanisms for the HSCP are in place. Process for any emergency/urgent communications in place and scheduled communications re public holiday closures in place. | Ongoing | Staff Are Well Informed and Understand Messages | | £0 | Head of Strategy and Transformation |

| Staff Support and Wellbeing | Support the mental health and wellbeing of our staff through practical support and resources, and by ensuing appropriate support is in place to underpin staff ability to deliver their core roles (eg use of digital solutions). |
|---|---|

| Grouping | Action | Timescale | Impact | Measure | Cost | Responsible Officer |
|---|---|---|---|---|---|---|
| Business as Usual | To ensure Flexible Working Policies are widely promoted and accessible across our workforce | Ongoing | Allows our workforce to undertake roles through challenging periods | Workforce flexibility across services to delivery operating model | N/A | Head of HR |

| | | | | | | |
|---|---|---|---|---|---|---|
| Business as Usual | Flu Vaccination Programme | September 2025 (ongoing) | Encouraging our workforce to have vaccinations. | Reduced absence level and positive update of vaccinations | N/A | All Service Managers |
| Business as Usual | Remote Working – Ensure that appropriate arrangements are in place for remote working | Ongoing | Maintain safe staffing in the event of adverse weather | Greater flexibility of access to networks and workplace locations | N/A | All Service Managers |
| Business as Usual | Ensure clear provision and routes of access for confidential support and access to counselling services, etc. | | | | N/A | All Service Managers |

| **Unpaid Carers** | **Support unpaid carers with information, advice and practical support if necessary to support them to sustain their caring role.** |
|---|---|

| **Grouping** | **Action** | **Timescale** | **Impact** | **Measure** | **Cost** | **Responsible Officer** |
|---|---|---|---|---|---|---|
| Business as Usual | Expedite the processing of Adult Carers Support Plans to ensure intervention is timely to sustain the role of the unpaid carer | Ongoing | Increase in the number of carers who feel supported to sustain their role | Quarterly report using ACSP Data Set | £0 | All Service Managers and Integrated Operations Managers |

| **Monitoring and Escalation** | **Ensure appropriate monitoring and escalation routes are in place and understood by all relevant stakeholders.** |
|---|---|

| Grouping | Action | Timescale | Impact | Measure | Cost | Responsible Officer |
|---|---|---|---|---|---|---|
| Additionality | Clarify and publicise for staff/managers agreed escalation routes through operational teams to Senior Management team. | Nov 25 | Clear Escalation Routes for Managers | Corporate Risk Register | £0 | All Heads of Service |

## Financial Impact

There is no additional funding available in the financial year 2025/26 to deliver additional activities as part of the winter planning process.

The Scottish Government have provided funding for Winter Preparedness since late November 2021, both on a recurring and non-recurring basis. For funding directed originally through local authorities, this has already been baselined into the HSCP budget (with no allowance for pay uplifts). The £2m received to increase capacity for Care at Home is fully utilised to support both care at home and the reablement services.

Although not directly related to winter planning, on the 19 August 2025 the Integration Joint Board approved funding for the creation of 7 intermediate care beds, 7 virtual intermediate care beds and the recruitment of one WTE qualified social worker, to address the enduring challenges with delayed discharge by increasing social work capacity within the team to accelerate assessment and throughput.

# Whole System Winter Plan 2025/26

## Building Whole System Preparedness for Winter

NHS Greater Glasgow and Clyde

Final Draft Version – 15/10/25
For Approval at NHSGGC Board – 30th October 2025



East Dunbartonshire Health & Social Care Partnership | East Renfrewshire Health and Social Care Partnership | Glasgow City HSCP | Inverclyde HSCP Health and Social Care Partnership | Renfrewshire Health & Social Care Partnership | West Dunbartonshire Health & Social Care Partnership

# Contents



| This plan has been considered at the following Committees, Meetings & Forums: | | |
|---|---|---|
| **Draft Version 0.1** | Directors Group | 22/09/25 |
| | Acute Strategic Management Group | 23/09/25 |
| **Draft Version 0.2** | Corporate Management Team | 06/10/25 |
| | Financial Planning and Performance Committee | 09/10/25 |
| | Area Clinical Forum | 09/10/25 |
| | Area Partnership Forum | 15/10/25 |
| **Final Draft** | Area Medical Committee | 24/10/25 |
| | NHSGGC Board | 30/10/25 |
| **Once Approved, this plan is for onward circulation to:** | | |
| **Final Approved** | East Dunbartonshire IJB | 13/11/25 |
| | Inverclyde IJB | 17/11/25 |
| | East Renfrewshire IJB | 19/11/25 |
| | West Dunbartonshire IB | 25/11/25 |
| | Glasgow City IJB | 26/11/25 |
| | Renfrewshire IJB | 28/11/25 |

# 01: Overview

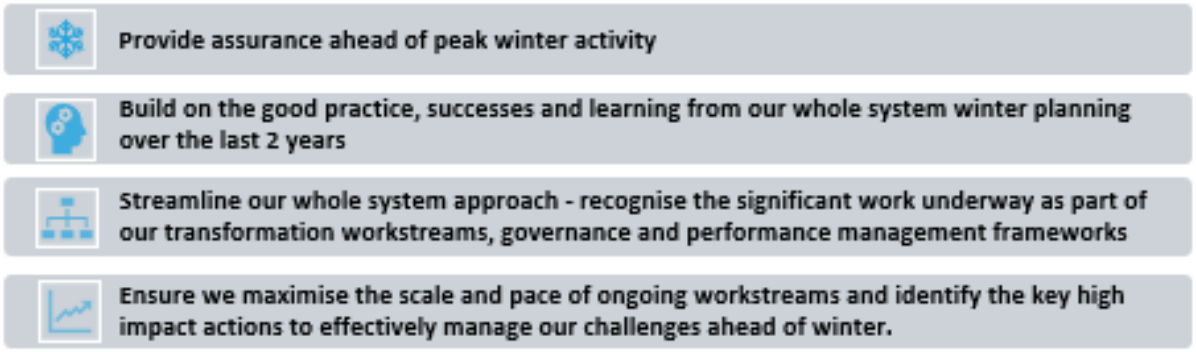
## 1.1 Introduction

Our Whole System Winter Plan focuses on building a resilient and responsive system which is prepared for the unique challenges posed by the winter months.

The plan is structured into ten key sections, covering critical aspects of winter preparedness, planning principles and priorities, current context, high-impact milestones being delivered through our Transforming Together programme, winter vaccination, staff wellbeing, targeted public and staff messaging, and our plans for monitoring alongside a new Whole System Escalation and Decompression framework.

By focusing on these areas, the plan aims to ensure that we can maintain high standards of care and effectively manage the increased demand during the winter period. Our 25/26 plan will be delivered within our current resources and additional Scottish Government investment received for our Urgent Care Operational Improvement Plan and Planned Care Programme.

Our Whole System Winter Plan will:



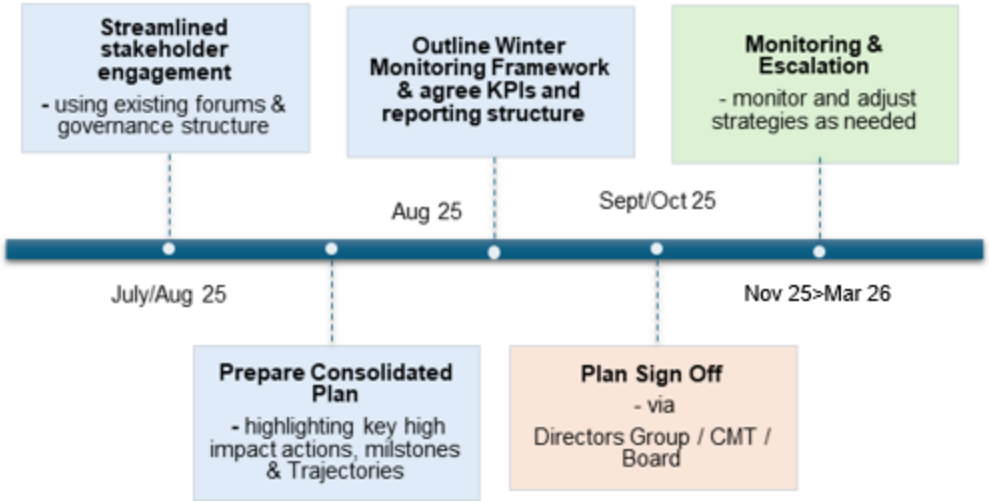

## 1.2 Key Components of our Plan

| A consolidated deliverable workplan: | Real-time action completion and impact monitoring & KPIs: | Targeted Communications Plan: |
|---|---|---|
| • Whole system<br>• Consistent with our:<br>  ○ Annual Delivery Plan<br>  ○ 3 year Urgent Care Transformation<br>  ○ Cancer and planned care plan for 25/26.<br>• Outputs and high impact actions identified through existing workstreams<br>• Highlighting key milestones | • Using existing performance monitoring frameworks<br>• Identifying KPIs (including LOS, occupancy, waiting times, 4 hour standard & staff KPIs)<br>• Progress against agreed trajectories and milestones<br>• Scorecard through Directors Group<br>• Monitoring to Board/CMT by exception | • Building on existing year-round Urgent Care public messaging, with a key focus on:<br>  ○ Alternatives to acute unscheduled care<br>  ○ Transforming Together – Interface – driving awareness of key pathways<br>  ○ Staff and Public Vaccination<br>  ○ Discharge Without Delay - Home For Lunch / POA<br>• Clearly outlining impacts from winter planning with staff across GGC |

# 02: Approach, Principles & Priorities

## 2.1 Planning Approach

A summary of the approach to developing our plan is set out below:




## 2.2 Principles

Our Plan will be built on the following key principles:

| | |
|---|---|
| **Aim** | Improve flow and patient access to urgent and planned care, reduce occupancy and provide care closer to home across the whole system through embedding the high impact actions ahead of winter. |
| **Alignment** | Ensure our Winter plan is aligned with each of the transformation programmes and workstreams - including Transforming Together, GGC Way Forward, Interface Division & Virtual Hospital, Urgent Care and Improving Flow Commission, Planned Care improvements & the wider Delivery Plan Actions. Our Plan has also been developed in line with our current financial plan. |
| **Whole System** | Ensuring a whole-system approach to address winter challenges, with seamless collaboration between health and social care services developed in partnership by our whole system leaders, Sector and HSCP teams. |
| **Escalation & Governance** | To deliver a proactive and integrated system wide response we will utilise established governance structures with agreed triggers for defined pressure points. |
| **Monitoring** | To ensure the plan delivers intended impact at pace we will use existing monitoring frameworks with a supporting Winter Scorecard to assess progress, performance and impact and triggers for escalation. |

## 2.3 Local Priorities

There are 7 key priorities for winter 2025/26:

**Whole System Escalation & Decompression Huddles via FNC+**

**Interface - Expand our Virtual Hospital bed capacity & FNC+ moves to 24/7**

**Protecting Planned Care and Cancer Services – to ensure we deliver our elective programme for our patients aligned to our ADP commitments**

**Implementing the Urgent Care and Improving Flow Commission High Impact actions**

**Implementing and maximising the winter Flu and Covid 19 booster programme**

**Workforce resilience & Staff Wellbeing- ensuring staff resilience and capacity during high-demand periods and staff health and wellbeing is embedded fully and championed at all levels across the respective organisations**

**Reducing bed days & reduce the need for surge capacity through reduction in overall length of stay and reducing patients in delay**

## 2.4 Scottish Government Health & Social Care Winter Preparedness

5

Scottish Government will be publishing their **National Planning Priorities and Principles for Surge and Winter Preparedness in Health and Social Care** at the end of October. This will support a shift in focus from seasonal planning to year-round surge preparedness, recognising that system pressures arise throughout the year.

This year, Scottish Government will not be issuing a Winter Assurance Checklist as in previous years and instead are seeking confirmation that we have an agreed winter plan in place reflecting our assessment of what is needed locally.

# 03: Winter 2025 Context

## 3.1 Winter 24/25 Activity & Current Baseline

The table below shows the activity and performance during September 24 to February 25 and the current baseline for August 2025

| | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Jul-25 | Aug-25 |
|---|---|---|---|---|---|---|---|---|
| IP Admissions Non-Elective (exc. Paediatrics, Oral Health) | 11,991 | 12,345 | 12,370 | 12,165 | 11,708 | 10,796 | 11,796 | 10,758 |
| ED Performance | 73.0% | 68% | 66.1% | 62.8% | 67.3% | 67.5% | 70.5% | 70.6% |
| ED Attendances | 35,602 | 35,316 | 34,630 | 34,854 | 32,478 | 30,920 | 34,695 | 36,457 |
| Average Occupancy (% DWD Wards) | 95.0% | 95.4% | 95.1% | 94.6% | 95.9% | 95.5% | 94.5% | 94.7% |
| # Pts > 12 hours | 442 | 1,137 | 878 | 1,239 | 1,616 | 970 | 607 | 956* |
| # Pts > 8 hours | 2,323 | 3,449 | 3,029 | 4,164 | 4,212 | 3,284 | 2,496 | 3,798* |
| Acute Delayed Discharge (All Reasons) | 298 | 300 | 311 | 273 | 334 | 331 | 312 | 347 |
| Length of Stay (Non-Elective) | 7.5 | 7.8 | 7.7 | 7.8 | 8.1 | 8.2 | 7.4 | 7.7 |

*Aggregated weekly data from Microstrategy

## 3.2 Cost of Living: Vulnerability & Whole System Pressures

Cost of living and poverty related pressures are having an increasing impact on the overall health and wellbeing of our population - impacting on people staying well, staying well at home and ability to effectively discharge. To mitigate the impact of pressures we will:

- Continue to provide non-clinical support - addressing physical health, social emotional and practical needs of patients
- Continue to Connect patients to a wide range of support social prescribing networks
- Where there are shortfalls in funding for social prescribing networks, we will explore a range of funding opportunities with our partners to help sustain the range of services required across GGC
- Connect people into longer term money advice services, advocate to avoid benefit sanctions, connect with community food initiatives and engage befriending support and other community services to meet patient needs post discharge
- Referral to benefit and debt management services will remain a priority action
- Maximise our connections with Community Warm Spaces to support the provision of health information and promote digital access for patients
- Work to support our staff facing money worries will continue to be a priority within our Staff Health Strategy
- Explore opportunities to develop new and innovative solutions to mitigate financial barriers impacting on patient attendance, alongside wider promotion of travel reimbursement

## 3.3 Infectious Diseases-summary of observations from prior seasons 2022/25

**Covid-19:**
- Peak wave mid-July 2024, ~400 in-patients
- No distinct wave observed in winter - from Sept 24 to Jan 25 (numbers declined very low from Feb to May 25)
- Two waves over winter 2023/24 peaking mid Nov ~250 in-patients, early Jan ~300 in-patients
- Peak January and March 2023, ~500 in-patients in each peak

**Influenza:**
- 2024/25 - high overall activity detected (comparable to 22/23), peaking in week 52
- In-patient numbers remained lower than in season 2022/23, peaking at ~230 in-patients (compared to peak of ~340 in-patients in week 1 of 2023)
- Main circulating strain was A(H1N1)pdm09, versus A(H3N2) in 2022/23
- Activity in 2023/24 was high, but lower than 2022/23 and similar to seasons 2017/18 and 2019/20
- Peak of 239 in-patients in 2023/24 in early January coincided with second COVID-19 peak (slowing down by Feb/Mar)
- Weekly number of new cases week 3 to week 10 during 2023/24, represented an increase compared corresponding weeks of previous six seasons (2017/18 to 2022/23)

**Other pathogens:**
- With >4,000 cases in 2024, Pertussis is now returning to longer term trend, with between 1 and 5 cases per month in the second half of 2025, representing the reduction in size of susceptible population, through natural infection and increased vaccination

## 3.4 Infectious Diseases – what may be similar - uncertainties 2025/26

**Covid-19 – timing and number of waves:**
- No specific seasonal pattern seems to have established yet however in the absence of any substantial wave since the summer of 2024, there is increasing likelihood of a Covid-19 wave (or waves) this autumn or winter, which may coincide with the festive period

**Influenza – timing of peak:**
- highly probable to coincide with festive period (end December/ early January), due to mixing patterns (potential to overlap with a COVID-19 peak – similar viral dynamics for transmission)
- Severity of influenza seasons and vaccine match difficult to predict
- Similar level of activity to last winter may occur
- It is still too early to assess vaccine effectiveness in Australia or other parts of Southern Hemisphere, but whole genome sequencing data available to date showed good match between circulating and vaccine strains

**Levels of other winter pathogens:**
- possibly still higher than pre-covid, uncertainty over remaining susceptibility, uncertainties on whether levels of population immunity have now ‘caught up’
- Some other pathogens (e.g. mumps) are currently still at very low levels and there is a potential for build-up of population susceptibility and future surge

**Unknown unknowns:**
- emerging/re-emerging infections may pose unexpected challenges – what may be the ‘new MPOX’ (horizon: avian flu)

## 3.5 Infectious Diseases – Vaccine Impact

It is difficult to estimate impact in advance - vaccine effectiveness needs to be assessed in each season and is dependent on match of vaccine strains with circulating strains, and protection to infection and severe presentation conveyed by vaccine

**Scale of Covid-19 vaccine impact based on previous seasons:**

- ~27,000 deaths directly averted in people >60 from Dec 2020 to Nov 2021 as a result of the vaccine
- Data for England from Dec 2020 to Sept 2021 there were 230,000 hospital admissions averted in people >45 due to vaccination
- Longer term data will be required to estimate the number of deaths or hospitalisations averted each season by vaccine
- Relative impact of vaccination in any given season may decrease over time as an increasing proportion of the population have prior immunity from natural exposure and or previous vaccine doses

**Scale of Influenza vaccine impact based on previous seasons (including those with a poor vaccine match):**

- At the Scotland level, seasonal influenza vaccination of those aged >65 on average prevented 732 (95% CI 66-1389) deaths from all causes, 248 (95% CI 10-486) cardiovascular-related deaths, 123 (95% CI 28-218) Chronic Obstructive Pulmonary Disease (COPD) related deaths and 425 (95% CI 258-592) COPD-related hospitalizations

# 04: Whole System Milestones and Impacts

## 4.1 Interface & Urgent Care Improvement Programmes

SG confirmed investment of £20.9m to support delivery of the NHS Renewal Urgent and Unscheduled Care and Improving Flow Commission, and a further £2.56m for Hospital @ Home. Our plan contains a number of high impact actions to improve flow and patient access to urgent care. The key elements of the plan will be delivered through NHS GGC, with some elements commissioned by GGC and provided by our six HSCPs via 4 broad themes:

- **Whole System Flow –** to improve outcomes as one system to ensure timely access, sustainable capacity, and coordinated care
- **FNC+ -** enhanced urgent care hub providing direct assessment and navigation to the most appropriate service at the right time including eTriage and RAaC development
- **Virtual Hospital** - development of 1000 virtual beds and remote monitoring by July 2026
- **GGC Way Forward -** whole system improvement programme based on the Health Improvement Scotland (HIS) recommendations and engagement with staff

As part of our Operational Improvement Plan and associated funding we have agreed with Scottish Government to move towards the following key Trajectories:

- **A&E 4 hour performance** - moving towards winter we will increase performance to 79% in December and then to 85% by March 2026
- **12/8 Hour delays & Delayed Discharges** – reducing over winter, most long waits should be eliminated by March 2026
- **Ambulance Turnaround** – we will work to continue to ensure we maintain the national target of less than 1 hour

## 4.2 Whole System Urgent Care Key Improvements

The diagram below highlights the key improvements in whole system urgent care through the 5 access points below:


**GP – Primary & Community Care**

- GP Calls to FNC+
- FNC+ Care Home Call before you convey (CBYC)
- Health & Social Care Hub additional support – Frequent attenders / admissions

**PRE HOSPITAL – SAS/NHS 24**

- FNC+ Clinical Pathways
- SAS CBYC via FNC+
- Scheduling to MIUs
- Optimise Integrated Community Falls Pathway

**FRONT DOOR – Early assessment & scheduling**

- GGC Way Forward Plan
- eTriage – Direct patients to improve access
- Frailty – Home First Response (EDs & Community)
- Rapid Assessment & Care Units
- Innovation in ED Assessments e.g. Fast Troponin Testing

**DISCHARGE – Diagnostics/ Final Monitoring**

- Escalation & Decompression Huddles
- 7-day AHP working
- Virtual Hospital:
  - Discharge to Scan/ diagnostic tests
  - Early discharge with Remote Monitoring
- Discharge without Delay
- Early & Standardised Social Care Assessment
- AWI discharge to home with additional support
- Additional Intermediate Care & Complex care Social care beds

**HOME – Chronic conditions**

- FNC+ Pathways and Virtual hospital with 1,000 beds :
  - Hospital at home further expansion
  - Virtual Hospital monitoring/ management
  - OPAT
- Health & Social Care Hub additional support – Frequent attenders / admissions

## 4.3 Milestones & Cumulative Acute Bed Days Saved

| Milestone category | Winter Preparedness Period | | Winter Plan Period |
|---|---|---|---|
| | October - 25 | November - 25 | December Onwards |
| Whole System Flow | • Extended Discharge Huddles with additional Social work support | • Criteria Led Discharge (CLD) rollout to 50% of all acute wards | • Full Roll out of Criteria Led Discharge across all acute hospital sites. |
| | • Launch 7-day Home First Response Service at QEUH | • Expansion to 7-day Home First Response Service at GRI | • Home First Response Services fully embedded and impacts realised. |
| | • Implement Integrated Discharge Team Test of Change at QEUH, RAH & GRI to support proactive dynamic discharge process. | | |
| | • Opening of additional intermediate care bed capacity across all HSCPs | | |
| | • Launch- Red Cross support to assist family/carers of patients experiencing discharge delays. | | • Red Cross service fully operational. |
| Interface FNC+ and Virtual Hospital | | • Launch SCDM for GP calls for acute medicine via FNC+ | • FNC+Expansion 24/7<br>• Full launch medical model – SCDM<br>• Expand GP referrals to surgical (subject to hot clinic access) |
| | • Pathway Launch - Mental Health – Clozapine pathway / Paediatric OPAT | • Pathway Launch- Cardiology Heart Failure / Discharge to Scan, Remote Diagnostics / Headache / Diabetic Foot | • OPAT Beds: expand by 22 to 117 beds<br>• H@H Beds: increase paediatric and older peoples service +9 additional beds total 41 beds (baseline 30)<br>• Pathway Launch-Paeds (Neonatal & Jaundice) |
| | 150 Remote Monitored beds - (from 100 beds Sept) | • 200 Remote Monitored beds | • 300 Remote Monitored beds |
| Front Door Redesign | | • Implementation of RAaC Model – October onwards - First phase RAaC pathways in-place | • Launch 2nd phase RAaC pathways |
| | | • Trauma Assessment Unit extended in Clyde | • E-Triage go live (subject to procurement) |
| Escalation | • Escalation and Decompression framework go-live | | |
| **Cumulative Impact Acute Beds saved per month (equivalent acute beds) This does not yet reflect the work being done by HSCPs on NRAC Bed Share** | | | |
| | **249** | **261** | **329 – Dec \| 358 - Jan 370 - Feb** |

## 4.4 Protecting our Planned & Cancer Care

SG confirmed investment of £38.5m to support delivery of our elective programme for our patients aligned to our ADP commitment:

- By March 2026 no one will wait longer than 12 months for new outpatient appointments, and 7,750 will wait no longer than 12 months for inpatient/day-case treatment
- 31-day standard: 95% of eligible patients should receive their first cancer treatment within 31 days of decision to treat to first cancer treatment
- 62-day standard: 95% of eligible patients should receive their first cancer treatment within 62 days from the date of referral for urgent suspicion of cancer

Our plan contains a number of high impact actions via the targeted investment with elective activity being increased over the winter months to maintain progress towards trajectories.

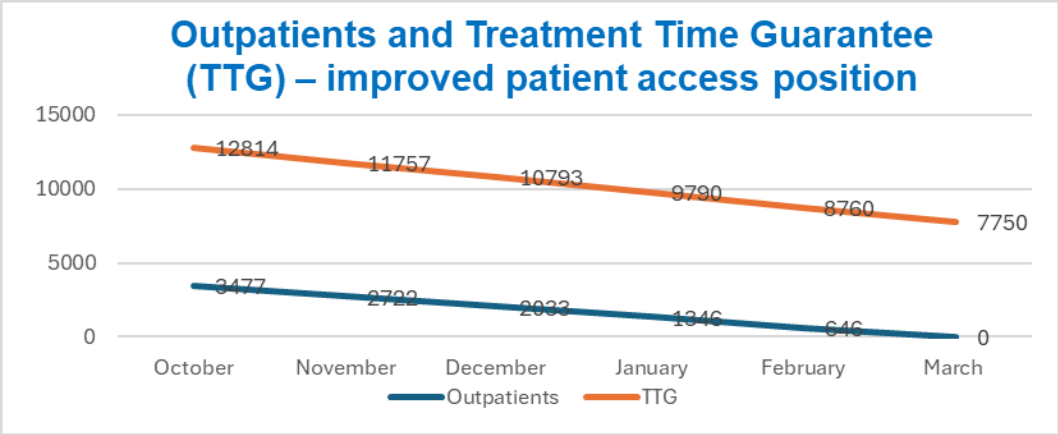
The following principles are key to protect the full elective programme to allow the system to maintain the pace over the winter period:

- Elective procedures cannot be cancelled over winter 2025/26 without impacting progress towards trajectories
- Focus on protecting beds in ACH's. GGH, IRH, INS and RHC and maintain some level of activity at QEUH, GRI and RAH
- Maintain access to beds in Gynaecology to protect elective activity
- Focus on protecting those specialities who face the largest elective challenge to meet the targets
- Insourcing lists to bring additionality in RHC, Orthopaedics and General Surgery IRH, Plastics, Gyn, Urology & General Surgery NVH, Orthopaedics GGH, Plastics, Urology and Gyn in North and INS Neurosurgery and Oral and Maxillofacial Surgery (OMFS)
- Weekly monitoring of impact of UC pressures – we are exploring the potential for the Escalation and Decompression arrangements to include planned care / elective priorities during Winter 25/26 to outline the priority areas and targets for the week ahead and escalate impact of any pauses. This is also to be included in the weekly scorecard to Directors Group

NHS Greater Glasgow and Clyde

## High Impact Actions

| | September | October | November | December Onwards |
|---|---|---|---|---|
| **Outpatients** | • Increase capacity across challenged specialities<br>• Build on service design to improve pathways<br>• Expand sector-based outpatient activity<br>• Embed alternative capacity targeting outpatient care for urgent and routine patients<br>• Expand cross sector smoothing to ensure longest waiting patients booked | | | |
| **Inpatients** | • Increase operative capacity for key specialities<br>• Increase elective orthopaedic activity<br>• Maximise use of ambulatory and inpatient capacity | | | |
| | | | • Protect beds in ACH's. GGH, IRH, INS and RHC and maintain some level of activity at QEUH, GRI and RAH<br>• Maintain access to beds in Gyn to protect elective activity | |
| **Insourcing** | | • 35 additional lists Mon to Fri<br>• 5 additional lists at weekends | | |
| **Outsourcing** | • Diagnostic Independent sector outsourcing | | | |



## 4.5 'In Extremis' - Plan for Acute Surge Bed Capacity

We are in the process of delivering significant transformation to how we deliver urgent care - extending the hours and capabilities of our FNC+ and establishing over 300 virtual beds in our virtual hospital by December 2025.

We have established a new whole system escalation and decompression framework to manage demand, and in the event our system requires short term additional capacity, we stand ready to open-up additional acute bed capacity as follows:

- Three wards have been identified as available to provide 53 additional beds for the three month period from January 2026 to March 2026 – with the capability to flex this up to 68 if required.
- The nursing capacity required to provide surge provision if required are being recruited
- Permanent posts have been offered on the rationale that staff would be accommodated into vacancies, and covering sickness and maternity leave gaps, off set against a reduction in supplementary spend currently covering these gaps

| Area | Ward | Number of Beds |
|---|---|---|
| **Clyde** | IRH L South - Open 20x beds | **20** |
| **South** | Ward 2c - open 17 beds but can flex to 24 beds | **17** |
| **South** | Gartnavel Site - Ward 5C –Open 16 beds but can flex to 24 beds | **16** |
| | **Total Beds** | **53 (with capability to flex up to 68)** |

## 4.6 Primary Care Readiness and Capacity

Ensuring there is sufficient capacity and capability within the Primary Care system is critical to ensuring that patients can remain as close to home as possible throughout the winter period. Primary Care (General Practice, Dental Services, Community Pharmacy, Optometry) covers patients 24 hours a day, 7 days a week, through a combination of in hours and out of hours provision, including over Public Holidays.

**Key actions for winter preparedness and resilience for Primary Care include:**

**General Practice**

- General Practice Sustainability Framework will support General Practices to identify, manage, review Business Continuity Plans (BCPs) and escalate risks
- Increased public messaging on full system access for the Right Care, Right Place, Right Time including alternative to General Practice (e.g optometry, pharmacy etc) and the importance of winter vaccinations
- Contributing to whole system leadership for escalation through Board, sector and HSCP specific interface groups
- Primary Care Support, HSCPs and others will work with Local Medical Committee and others to prepare for GP Industrial Action should this be initiated by Scottish General Practitioners Committee
- Promote the use of the NHS24 online app to support self-management

**GP Out Of Hours Service**

- Undertake enhanced triage of 1 and 2 hour clinical priority calls from NHS 24 to seek to avoid unnecessary patient travel to Primary Care Emergency Centres.
- Publicise Professional 2 Professional (P2P) route for district nursing, midwifery and mental health, to ensure that these services can promptly access OOH GP as and when required.
- Roll-out enhanced P2P system for OOH Pharmacy service to enable Pharmacy to directly book patients for GP OOH service.
- Publicising and promoting ED redirection of clinically suitable patients from ED to GP OOH service.
- Enhanced monitoring of P2P and Redirection data to identify any themes in utilisation of these services and opportunity to increase.

**Pharmacy First**

- Maximising our prescribing capacity within community pharmacies
- Enhance the consistency of access to our community pharmacy provision

# 05: Whole System Escalation, Decompression & Winter Monitoring

## 5.1 Whole System Escalation & Decompression

A new Whole System Escalation and Decompression Group went live in October 2025 with membership across Acute, Interface & Primary Care. This group has been established to develop a coordinated approach to escalation and decompression across our wider system, including identifying the necessary components and data support.

Once a functional service is in place, this group will transition into an operational group.

| Escalation | Decompression |
|---|---|
| Creating a consistent approach across sites, utilising data to inform the whole system response to escalation | Decompression strategies to manage patient flow and reduce pressure on emergency departments |
| • Develop a Standard Operating Procedure and process/initiation protocol for escalation within the FNC+<br>• Explore tech development to support communication during crises (e.g., an app)<br>• Developing consistency in data points for ED escalation and RAG status, and creating a single point of truth for data and reporting<br>• Develop an Escalation Dashboard, focusing on meaningful thresholds for escalation and integrating tech solutions like TrakCare<br>• Developing predictive modelling against measures and metrics to support informed decision-making. (Exploring Cembooks)<br>• Outlining a governance structure to reflect HSCP and the whole system, ensuring alignment with operational, tactical, and strategic levels<br>• Boarders and Escalation policy will be reviewed with input from interface and acute with recognition that there will be considerable overlap between patients suitable to board and those suitable for virtual beds<br>• Discharge to diagnostics process will include escalation highlighting available short term capacity for sited under pressure<br>• HSCP escalation measures being developed and a focus on building integrated discharge processes that support 'pull' enabled virtual options | • Identifying the data and dashboards required to support FNC+, including operational, analytical, and submission data flows<br>• Developing the PDD data to ensure it supports escalation and patient timelines<br>• Exploring opportunities for virtual pathways to support decompression<br>• Developing OPEL action cards are designed to provide consistency in escalation processes across different sites. They support informed decision-making and collaboration by linking actions with owners, timelines, accountability, and impact. This approach helps build trust and visibility in actions across escalation, moving away from inconsistency and shifting the focus from ED targets to whole system patient flow |

## 5.2 Reporting - Dashboards/KPIs/Scorecard

- The matrix below sets out the current performance reporting
- From November to March each report will include a Winter specific update covering progress against the 7 key priorities, current performance, how the high impact actions are impacting KPIs and any specific winter plan highlights
- This is in addition to the local Acute, HSCP and Primary Care performance and governance arrangements

| Governance Group | November | December | January | February | March | Frequency | Format |
|---|---|---|---|---|---|---|---|
| **Directors Group** | ✅ | ✅ | ✅ | ✅ | ✅ | Weekly | Scorecard & Whole System Flow Dashboard |
| **Corporate Management Team (CMT)** | – | ✅ | ✅ | ✅ | ✅ | Monthly | Performance Report |
| **Financial Planning & Performance Committee (FP&P)** | – | ✅ | – | ✅ | – | Bi-Monthly | Performance Report |
| **NHSGGC Board** | – | ✅ | – | ✅ | – | Bi-Monthly | Performance Report |

**Current KPI's covered**

- UC - 4 Hour compliance, Attendances, Breaches & 12 Hour Waits
- Occupancy for Tier 2 and Tier 3 - Beds Closed/Available/Not Occupied/Occupied/Occupancy %
- Delays
- Planned Care - Activity, progress towards OP & TTG trajectories,
- Cancer – 62 day compliance

# 06: Staff Resilience & Wellbeing

## 6.1 Key Priorities

We will prioritise the resilience and wellbeing of our staff, ensuring they remain supported and capable of delivering high-quality care. Our key priorities for winter include:

- **Protecting staff learning, development and wellbeing time**
- **Promoting messages of looking after own health and wellbeing**
- **Maintaining staff wellbeing and minimising absence where possible**
- **Maximising staff availability**
- **Use Time to Talk across the whole system**

## 6.2 Staff Support & Wellbeing

There are a range of resources provided to support staff wellbeing which can be found at the following link: Link to Staff Support And Wellbeing Resources

## 6.3 Staff Resilience

Our winter plan considers the impact of winter pressures across all job families in all sectors, directorates and partnership. The following areas are a key area of focus for 2025/26.

### Staff Bank

- The Staff Bank continues to deliver a high volume of shifts daily. The bank remains open for the recruitment of registered workers and can recruit additional HCSW as required
- The bank continues to focus on engagement, with newsletters and surveys, outbound calls to promote shifts to staff and to capture commitment to work in advance
- Administrative staff continue to be available from the bank, with expansion to provide Estates & Facilities workers, and Allied Health Professionals all underway
- The West of Scotland continues to recruit doctors and to work closely with our neutral vendor agency supplier to ensure supplementary medical resources are available

### Nursing Recruitment

- Registered nurses are in a strong position at 95% of establishment, moving closer to 100% as we welcome over 500 newly qualified nurses and midwifes ahead of winter
- HCSW established at 92% allowing for the flexible deployment of supplementary resources from the bank
- Routine recruitment continues for all nursing and midwifery roles, with strong applicant numbers being received for all advertised roles

We will ensure our staff remain supported and our services continue to operate smoothly as we address the challenges posed by sickness absence and adverse weather conditions.

## Sickness Absence and Staff Availability

- Sickness absence remains a key challenge to staff availability which peaks during the winter period
- Sickness absence from November 2024-March 2025 averaged 7.7% with 24.3% total absence (improved from 25.6%)
- Sickness peaks during December and January (at 8.2% & 8.3%) compared to 7% outwith the winter period
- HR continues to provide support through enhance monitoring and reporting, with all Directorates having an agreed action plan and improvement. Additionally, a Board wide action plan had been developed, focused on enhancing wellbeing, improving attendance management, fostering a supporting working environment, promoting work life balance, strengthening employee engagement and facilitating knowledge sharing

## Adverse Weather

Following Storm Éowyn in January 2025 and the red warning representing a likely danger to life and severe disruption. Led by Civil Contingencies we undertook a lessons learnt exercise with feedback from across NHSGGC, including with staff side.

**Key lessons learnt focussed on:**

- The need to consider the declaration of a critical incident during any future red warning, or other event with likely risk to life and severe disruption for staff and patients
- The need to facilitate early and coordinated planning and communication of service changes, including through potential pre-agreed regional or national approach to standing down non-essential services during a red alert
- Extending planning to amber periods, when high winds could still have had an impact
- Ensuring Staff side input into the coordination group

Guidance and FAQ's have been developed to better support staff and managers when adverse weather occurs.

# 07: Winter Vaccination Programme

## 7.1 Overview

The NHSGGC Winter vaccination programme will be delivered between September 2025 and March 2026 in line with guidance delivered from Scottish Government and the Joint Committee on Vaccination and Immunisation (JCVI).

| 8th September | 22nd September | 30th September | 7th December | End January | End March |
|---|---|---|---|---|---|
| Commence flu vaccination for Pregnant Women and childhood flu vaccination | Commence Adult Vaccination Programme begins<br>Launch of Staff Flu Week | Commence vaccination programme for Care homes, housebound, prisons and those invited into community clinics | All those eligible will have been offered an appointment | Covid vaccine will continue to be offered until the end of January | Flu vaccine will continue to be offered until the end of January |

## 7.2 Key Highlights

The key highlights of our vaccination programme are set out below:

**Over 450,000 people eligible for vaccination in NHSGGC**

**Network of 21 community vaccination centres and a targeted staff vaccination programme**

**Community pharmacies will offer drop ins for flu vaccine from the start to the end of the programme**

**School age children will be offered the flu vaccine at school and younger children at children's community clinics**

**Peer support workers will target communities where vaccine uptake is low & develop strategies to overcome barriers**

**Maternity services will offer pregnant women flu vaccination**

**Scottish Ambulance Service Mobile Unit deployed in areas identified as benefiting from a more local response**

## 7.3 Targeting Flu for Frontline and Health & Social Care Staff

Work began in early 2025 to look at increasing attendance for flu for Frontline and All Health & Social Care Workers. We have utilised Public Health Scotland's Health and Social Care Worker Report as well as local lessons learnt from the 2024 campaign to formulate the staff vaccination strategy for the 2025 programme.

**Key target areas:**

- **On site flu vaccination** utilisation the SAS provided mobile bus
- **Peer vaccination** including Peer Immunisation champions to support promotion
- **Vaccination Champions** to help coordinate acute site drop-ins and
- **Public Health Vaccination teams** offering drop-in clinics at acute sites
- **Acute Ward roaming teams** during Staff flu week, 22nd Sept-28th Sep
- **Increased communications and IT banners** to promote vaccine effectiveness and clinic/drop in locations


Link to NHSGGC - Winter Vaccination Programme 2025/26


## 7.4 Vaccines

For winter 2025 Covid-19 Programme NHSGGC will be offering the following COVID-19 Vaccines:

| | |
|---|---|
| **Pfizer-BioNTech mRNA (Comirnaty)** | All individuals aged 18 years and over, young people aged 12 to 17 years, children aged 5 to 11 years and children aged 6 months to 4 years |
| **Respiratory syncytial virus (RSV) vaccination** | Patients who have turned 75 years old between 1 August 2025 and 31 July 2026, will be offered the RSV vaccine in September 2025.<br>Those who chose not to be vaccinated in 2024 but are still aged between 76 and 79 can still engage with the programme. |

## 7.5 Key Target Cohorts

### Adult Flu Programme

- Those living in long-stay residential care homes or other long-stay care facilities
- All those aged 65 and over
- All those aged 18 to under 65 years in defined risk groups including:
- Those experiencing homelessness
- Those experiencing substance misuse
- Asylum seekers living in Home Office hotel or B&B accommodation
- All prisoners within the Scottish prison estate
- Pregnant women
- Frontline health and social care workers
- Non-frontline NHS workers
- Poultry workers & bird keepers
- Unpaid carers and young carers
- Household contacts of those with immunosuppression
- Those in clinical at-risk groups set out in Green Book Chapter 19

### Childhood Flu Programme

- 6m -2 years at risk
- 2-5 years pre school
- Primary schools
- Secondary schools
- Children who are home schooled as well as SEN schools

### Covid Programme

- Residents in care homes for older adults
- All those aged 75 and over
- All those aged 6 months to 64 years in a clinical at-risk group
- Frontline Health, Social Care staff, those working in care homes
- Those aged 65 to 74 and not in clinical risk group will not be offered Covid vaccination during this campaign in line with JCVI advice.

# 08: Public & Staff Messaging

## 8.1 Overview

Communication and public messaging is central to our 2025/26 winter plan.

**Public Messaging –** key to our winter planning is how we communicate with the public. In line with national SG campaigns, we will continue to run local messaging to support national campaigns. We are running a number of focus groups with our public stakeholders to ensure our messages have the desired impact, and that we use the right language and tone in our external communications.

**Our ABC campaign** for urgent care will direct the public to consider alternatives including self-care and community services ahead of calling 111 for advice. We will deliver a number of discrete targeted ABC public campaigns into winter, targeting different groups including students and men as well as working with key local influencer groups to help inform the public on how to appropriately use services

**Promotion of our FNC+** alongside promotion of alternatives to urgent care will ramp up in autumn and throughout winter. We will also deliver strong public messaging around the importance of the vaccination programme for both Flu and the COVID vaccination booster as well as providing support around the value of missed appointments to the NHS

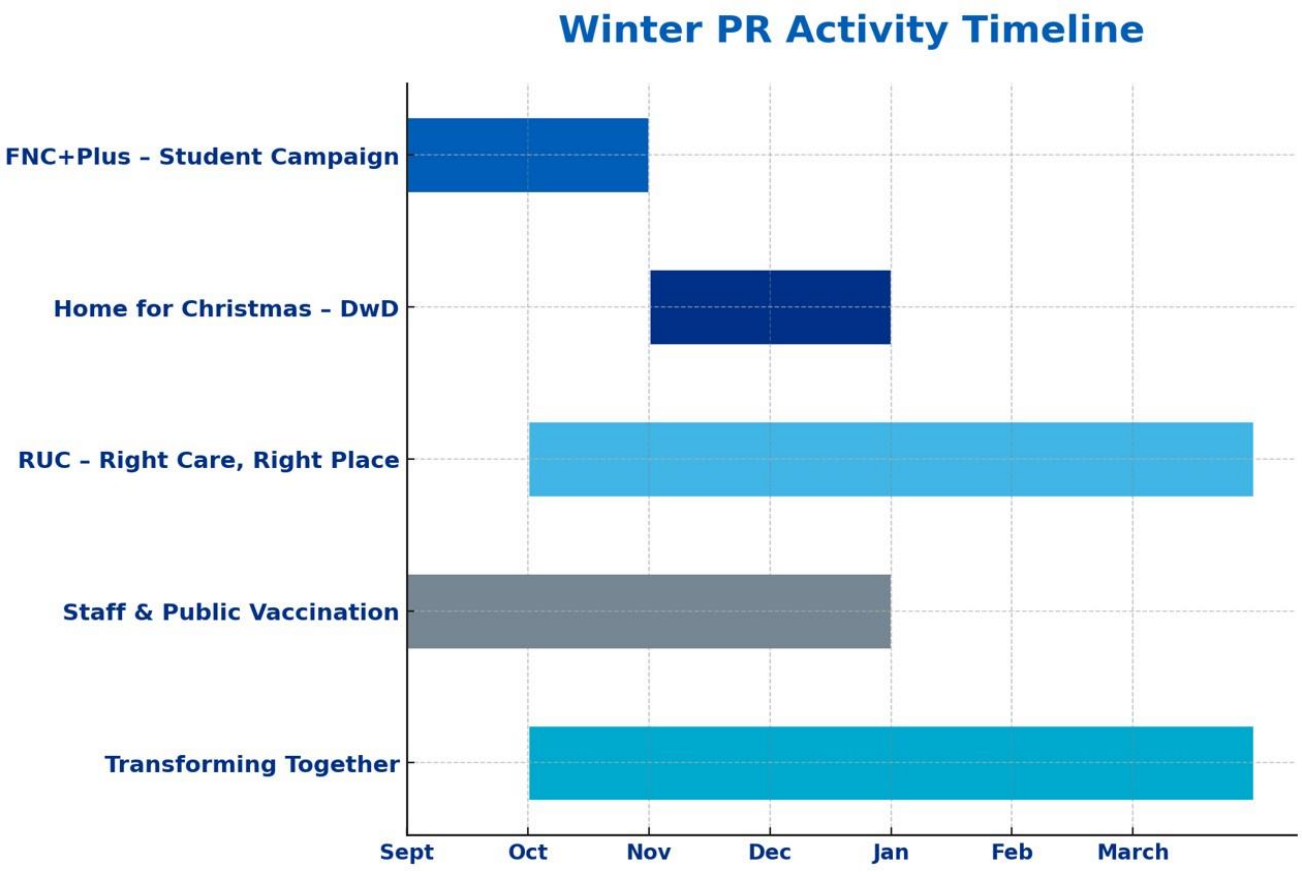
**Governance and Command Structure –** we will report on activity and effectively adapt messaging based on developing service needs and ensure our messages are responsive. The Communications and Public Engagement Directorate is also embedded across services and can ensure integrated communications planning and delivery through services impacted by winter. Additionally, we are working closely with Planning to ensure that we make clear to staff the expected impact of the whole-system actions taking place are having on reducing pressures across the system, and that we're able to evidence those throughout winter.

**Key target areas:**

- **Evidence based** key messaging, shaped by public engagement
- **Targeted Winter and Urgent Care** campaign in line with national SG campaigns
- Support for the **winter public and staff vaccination** campaign
- Focussed staff messaging to support delivery of **our alternative and virtual pathways**, and to support **Right Care Right Place** messaging
- Supplemented with advertising spend to maximise key message penetration where possible
- **Impact measurement and feedback** to staff to demonstrate whole-system changes


## 8.2 Timeline

Our timetable for our winter campaign is detailed below:



# 09: Risk Themes, Challenges & Mitigations

| Risk & Challenges | Impact Description | Mitigation |
|---|---|---|
| **Impact of the ongoing Cost-of-Living Crisis: Population vulnerability and whole system pressures** | This crisis will continue to be felt most acutely by those who are vulnerable, have health issues or are struggling economically. The risks to the service are many – increase in admissions beyond usual winter prevalence, increase in DNAs due to lack of funds to travel to appointments, delayed discharges due to disconnected home heating or energy or the cost of running medical equipment at home. There are also risks to staffing, prohibitive costs of travel to work, lack of nutritious food, and stress and anxiety about money worries may impact on attendance and performance. It is recognised that sustained cost of living and poverty related pressures are having an increasing impact on the overall health and wellbeing of our population. Specifically, this can impact on people staying well and at home as well as ability for an effective discharge to take place. | We will strengthen support for vulnerable patients and staff through targeted cost-of-living interventions, support for staff wellbeing and implementation of our transformation programme for urgent and planned care.<br>All NHSGGC HSCP's/Councils have programmes offering support to the most vulnerable in the community and to combat the crisis, where required and appropriate these will be signposted. |
| **Surge in COVID and Non COVID related demand – Influenza & other winter pathogens 'catching up'** | Resurgence of COVID, Influenza, other chronic respiratory or winter pathogens, and seasonal related conditions stretch existing capacity.<br>Delays in treatment for routine conditions results in increasing acuity requirements. Urgent and Emergency care services across primary and secondary care continue to manage high numbers of activity and the consequences of delayed treatment. | We will implement our targeted vaccination campaign to reduce the risk of severe disease, protect vulnerable groups and ease pressure on urgent care.<br>Processes for managing outbreaks in wards are well rehearsed and these will be implemented if required to contain impact. |
| **Availability & Resourcing of workforce** | Impact of potential higher sickness absence, current vacancies or potential industrial action on the ability of services to maintain and flex our resources | We will focus on ensuring our staff and teams remain resilient and supported through our staff wellbeing programme. |
| **Further increased demand for Urgent Care impacts our ability to deliver our planned care programme** | Significant urgent care pressures create the need to reduce the volume of planned care activity, impacting patient access leading to longer patient waiting times. | We are implementing our transformation programme for urgent and planned care to improve flow, provide care close to home and improve patient access to urgent care.<br>We have prioritised the protecting of our Planned Care and Cancer Services to ensure we deliver our elective programme for our patients.<br>Our new Whole System Escalation and Decompression framework will manage demand and support patient flow. |
| **Whole Systems Flow and Resilience** | Risk that length of stay increases, and discharge performance is challenged due to whole systems patient flow not being optimal | |
| **Other 'emerging' potential risks** | There are a number of emerging risks in relation to the ability to respond of timeously to referrals for assessment for Care home placements, Care at Home packages and Social Work support. | |

# 10: Summary

Our Whole System Winter Preparedness Plan for 2025/26 is designed to ensure resilience ahead of and during the winter period  focussed on the 7 key priorities:

- Whole System Escalation Huddles via FNC+
- Interface - Expand our Virtual Hospital bed capacity & FNC+ moves to 24/7
- Protecting Planned Care and Cancer Services – to ensure we deliver our elective programme for our patients aligned to our ADP commitments
- Implementing the Urgent Care and Improving Flow Commission High Impact actions
- Implementing and maximising the winter Flu and Covid 19 booster programme
- Workforce resilience & Staff Wellbeing- ensuring staff resilience and capacity during high-demand periods and staff health and wellbeing is embedded fully and championed at all levels across the respective organisations
- Reducing bed days & reduce the need for surge capacity through reduction in overall length of stay and reducing patients in delay

This is underpinned through our significant vaccination programme, targeted staff and patient messaging campaigns, and prioritising the resilience and wellbeing of our staff, ensuring they remain supported and capable of delivering high-quality care.

Utilising the new whole system framework for escalation and decompression will be key to managing demand and supporting patient flow, and the use of existing frameworks for monitoring performance will be essential to address emerging challenges as we progress through the winter months.

The whole system collaborative approach and the progression or our innovative transformation programme at pace will play a crucial role in preparing and supporting the system to cope with the increased demand over the winter period.

# 11: Glossary

| | |
|---|---|
| ABC | Ask yourself, be aware, call 111 |
| ACH's | Ambulatory Care Hospital |
| ADP | Annual Delivery Plan |
| A&E | Accident and Emergency |
| AHP | Allied Health Professional |
| APF | Area Partnership Forum |
| AWI | Adults with Incapacity |
| B&B | Bed and Breakfast |
| BCP | Business Continuity Plan |
| CBYC | Call Before You Convey |
| CLD | Criteria Led Discharge |
| CMT | Corporate Management Team |
| COPD | Chronic Obstructive Pulmonary Disease |
| DNA | Did Not Attend |
| DWD | Discharge without Delay |
| ED | Emergency Department |
| FNC+ | Flow Navigation Centre Plus |
| FP&P | Finance, Planning and Performance |
| GGC | Greater Glasgow and Clyde |
| GGH | Gartnavel General Hospital |
| GP | General Practice |
| GPOOH | General Practice Out of Hours |
| GPs | General Practitioners |
| GRI | Glasgow Royal Infirmary |
| HCSW | Health Care Support Worker |
| H@H | Hospital at Home |

| | |
|---|---|
| HIS | Healthcare Improvement Scotland |
| HSCP | Health and Social Care Partnership |
| HR | Human Resources |
| IJB | Integrated Joint Board |
| INS | Institute of Neurological Sciences |
| IP | Inpatient |
| IRH | Inverclyde Royal Hospital |
| JCVI | Joint Committee on Vaccination and Immunisation |
| KPIs | Key Performance Indicators |
| LOS | Length of Stay |
| MIU | Minor Injury Units |
| MPOX | Monkey Pox |
| NHS | National Health Service |
| NHSGGC | National Health Service Greater Glasgow & Clyde |
| NRAC | National Resource Allocation Formula |
| NVH | New Victoria Hospital |
| OMFS | Oral and Maxillofacial Surgery |
| OOH | Out of Hours |
| OP | Outpatient |
| OPAT | Outpatient Parenteral Antimicrobial Therapy |
| OPEL | Operational Pressures Escalation Levels |
| PDD | Planned Date of Discharge |
| POA | Power of Attorney |
| PR | Public Relations |
| P2P | Professional to Professional |
| QEUH | Queen Elizabeth University Hospital |
| RAaC | Rapid Assessment and Care |

| | |
|---|---|
| RAG | Red Amber Green |
| RAH | Royal Alexandra Hospital |
| RHC | Royal Hospital for Children |
| RSV | Respiratory Syncytial Virus |
| SAS | Scottish Ambulance Service |
| SCDM | Senior Clinical Decision Maker |
| SEN | Special Education Needs |
| SG | Scottish Government |
| TTG | Treatment Time Guarantee |
| UC | Urgent Care |

**WEST DUNBARTONSHIRE**
**HEALTH AND SOCIAL CARE PARTNERSHIP BOARD**
**Report by: Val Tierney Chief Nurse**
**Date of Meeting: 25TH November 2025**

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**Subject: Transformation and Shifting the Balance of Care**

## 1. Purpose

1.1 This report updates on the implementation of West Dunbartonshire HSCP's Reform and Unscheduled Care proposal, submitted to the Board on 19 August 2025 for investment approval.

1.2 This report outlines West Dunbartonshire HSCP's activities and progress in assisting residents of West Dunbartonshire to live more independently and maintain health within their community by promoting early intervention, moving health and social care services closer to home, reducing hospital admissions and unscheduled care, and minimising delayed discharges.

## 2. Recommendations

2.1 Review the status, opportunities, and challenges associated with transforming and rebalancing the provision of care in West Dunbartonshire.

2.2 Six-monthly updates will be provided to west Dunbartonshire Health and Social Care Partnership board on progress toward transformation objectives and performance metrics.

## 3. Background

Transforming Health and Care - Shifting the Balance of Care

3.1 The local strategic needs assessment (2025) reveals that

- West Dunbartonshire HSCP currently has the highest % of people aged 16 to 64 who are economically inactive due to long-term sickness as a percentage of those economically inactive for any reason.
- The percentage of people with long-term health conditions is increasing.
- While the overall population is declining the area is experiencing a shift towards and older age profile with a growing percentage of residents in the 65+ and 85+ age groups. This is consistent with national trends but is particularly pronounced locally and is driving the increase in demand for health and social care.

3.2 Demographic, economic, and social factors mean that traditional models of health and care need to change requiring whole system integration and transformation of health and social care

3.3 A rights-based approach to delivering health and social care is incorporated at both national and local levels through strategic and operational approaches to designing and providing health and care services.

3.4 Shifting the balance of care involves transferring care from hospitals to community and home settings, prioritising individual needs, independence, prevention, and early intervention. The principles of Shifting the balance of Care and Transformation Planning include:

- Improve Population Health: Working with people to improve health, prevent ill health and work proactively to meet their needs to support pro-active prevention.
- Prevention and Early Intervention: Emphasising pro-active approaches that tackle health issues before they escalate, including health promotion, screening, and support for self-management.
- Improve Access: Deliver and sustain changes required to reduce immediate pressures across the system and improve access to health treatment and care.
- Person-Centred Care: Ensuring care is tailored to the individual's needs, preferences, and circumstances, empowering people to have more control over their health and wellbeing.
- Integration of Services: Bringing together health and social care services to provide seamless, coordinated support, particularly for people with complex needs and long-term conditions.
- Localisation: Delivering care as close to home as possible, using local resources and assets, and supporting community resilience.
- Harness Digital Innovation: Implement digital and technological innovation to support prevention and improved access to and delivery of care.
- Sustainability: Making better use of resources by avoiding unnecessary hospital stays, reducing duplication, and shifting investment into primary and community services.

3.4 Complementary to transformation and shifting the balance of care is the commitment to help people live well by promoting the availability of self-directed support options which give individuals more control over planning and receiving their social care.

**4. Main Issues**

Transforming Together

4.1 NHS Greater Glasgow and Clyde (NHS GGC) Listening, Learning and Transforming Together Plan presents a three-year vision aiming to reshape care delivery, ease system pressures, and improve patient outcomes across Greater Glasgow and Clyde. The plan outlines key actions to enhance community health and care support, improve patient flow and access to urgent care, and strengthen the hospital discharge process.

4.2 Unnecessary hospital admission and delayed hospital discharge for older people can affect their physical and cognitive health, increasing the risk of infections, falls, and reduced mobility or independence. These situations may also lead to distress for patients and their families. Therefore, efforts are being made to minimise unnecessary admissions and support timely discharge from hospital.

4.3 It is recognised that many patients, especially older adults remain in hospitals longer than necessary due to health and care system inefficiencies. The value of patients' time is increasingly recognised and those in their last 1000 days often cannot afford delays. By using locally developed resources and focusing on this period, NHSGGC aims to spotlight wasted time, drive improvements, and share successful strategies.

HSCP Priorities and Developments

4.4 West Dunbartonshire HSCP requires to contribute to the plan by expanding and aligning community-based care to better serve the ageing population, more effectively support those with chronic disease, while supporting the sustainability of health and social care services. Priorities include early intervention with actions also aimed at preventing admissions, home-first approach, and prompt hospital discharge, ensuring timely discharges. Key priorities are summarised in Table 1

Table 1: Transformation of Care - Key Priorities West Dunbartonshire HSCP

| | Development | Description | Benefit |
|---|---|---|---|
| 1. | Service Redesign to Facilitate Enhanced Multidisciplinary and Integrated Collaboration<br><br>Service redesign within the HSCP aims to enhance core services, reduce admissions, speed up acute care discharges, and promote sustainability. Progress is reported separately to the IJB. | HSCP activity brings together healthcare and social care professionals —including nurses, allied health professionals, social workers, mental health practitioners, pharmacists, frailty practitioners, GPs, and home care services—to coordinate personalised care, reduce duplication, and ensure smooth transitions between services. | Improved access to care<br><br>Delivery of seamless Integrated Care<br><br>Improved Service User Experience and Outcomes |
| 2. | Home First Response (HFR)<br><br>Develop Community Pathways of Care to Support Admission Avoidance | Increase referrals to WDHSCP from HFR Hubs<br><br>Collaboration between acute hospital sites and HSCP Frailty Practitioner (1.0 wte).<br><br>Efforts remain focused on preventing admissions by | Increased ability to provide assessment, care, rehabilitation, and support for individuals at home.<br><br>Prevent unnecessary conveyancing to hospital. |

| | Development | Description | Benefit |
|---|---|---|---|
| | | supporting at-risk individuals with falls prevention, polypharmacy management, and future care planning.<br><br>Pathways with the Scottish Ambulance Service for falls and frailty where conveyance is not required | |
| 3. | Discharge Without Delay<br><br>Creation of Integrated Discharge Teams VOL and RAH commencing end October 2025<br><br>. | Embedding Planned Date of Discharge (PDD) and Discharge to Assess Strengthening proactive discharge planning and enabling assessment in community settings.<br><br>Evaluating Adults with Incapacity Procedures: Enhancing operational processes to minimise delays and optimise outcomes.<br><br>Examining delays associated with care homes by reviewing commissioning, capacity, and pathways to facilitate timely transitions and align with broader changes in the balance of care. | PDD is agreed at ward level. Establishing Integrated Discharge teams<br>should allow the HSCP to influence these dates to ensure they are realistic and reduce those becoming delayed in discharge<br><br>Reduction in delayed discharges, ensuring people leave hospital as soon as they are medically ready<br><br>PDD is agreed at ward level. Establishing Integrated Discharge teams<br>should allow the HSCP to influence these dates to ensure they are realistic and reduce those becoming delayed in discharge. |
| 4. | Intermediate Care (Rehabilitation and Discharge to Assess)<br>n = 7 care home beds and 7 domiciliary beds.<br><br>(Care Home IC Beds commenced October 2025)<br>Posts advertised using approved funding– Social Work, Occupational Therapist, Physiotherapist, | Short-term health and social care delivered within care home / home setting This is provided following an episode of acute care, for of between 4-6 weeks which supports ongoing assessment and rehabilitation out-with the acute setting and aims to<br>• help people to be as independent as possible after a stay in hospital | Supports individuals to regain optimal levels of function or independence needed to return home, or to allow ongoing assessment out with the acute setting. |

| | Development | Description | Benefit |
|---|---|---|---|
| | Rehabilitation Support Worker. | • prevent people from having to move into a care home until they really need to | |
| 5. | Re-ablement and Rehabilitation | Short- and longer-term interventions that help individuals regain skills and confidence after illness or hospitalisation, | Support individuals to maximise their function and quality of life and live as independently as possible. |
| 5. | Future Care Planning (FCP)<br><br>Increase the range of practitioners across the HSCP who contribute to completion FCP. | Supports people with long-term conditions to plan their care in advance, ensuring that their wishes are understood and respected and that crises can often be avoided.<br>All appropriate HSCP practitioners contribute to FCP<br>FCP commences at an earlier stage in service users care experience | Prevents unnecessary hospital visits and admissions, and for palliative and end of life care, supports individuals' wishes for their preferred place of death. |
| 6. | Care Homes Collaborative Care Home Support Team | Care Home Falls Pathway<br>Optimise use of Call Before You Convey by all care homes to anticipate potential deterioration in residents including before weekends with a virtual triage check model for all Care Homes, enhancing clinical decision making support and training for staff, and additional input from HSCP nursing AHPs related to function, falls, mobility, postural support, mental health and specialist equipment considerations. | Right Care, Right Time, Right Place.<br>Reduction in Unnecessary Conveyancing from Care Homes to Hospital |
| 7. | The new NHSGGC Interface Division | Tasked with developing and implementing new services such as the Virtual Hospital and Flow Navigation Centre Plus (FNC+Plus). | Strengthen integration between primary and secondary care and put patients firmly at the centre of everything we do Enhanced coordination of care across the whole system. |

| | Development | Description | Benefit |
|---|---|---|---|
| | Flow Navigation Centre Plus Care model (FNC+)<br><br>Tele Health and Digital Solutions | Development of end-to-end pathways with new enhanced NHS GGC Flow Navigation and Interface Directorate.<br><br>Includes introduction of remote consultations, digital monitoring, and assistive technologies | People enabled to manage their health at home and access specialist support without travelling to hospital, reducing pressure on secondary care. |
| 8. | Virtual hospital beds / Hospital at Home | Delivery of care for people within their own homes or care home, providing hospital-level interventions without the need for admission, | Reduction in the need for hospital admissions, facilitating earlier discharge. |

Measuring Impact and Improving Outcomes

4.5 Shifting care balance and using relevant indicators allows for effective evaluation of integrated services in reducing hospital demand and delivering appropriate care. Key measures include:

I. Reduced hospital admissions: fewer unscheduled hospital admissions, enabling people to live more independently at home.
II. Reduction in delayed discharge ensuring people leave hospital as soon as they are medically ready.
III. Reduced length of stay: shorter episodes of care in acute setting with earlier discharge into community for ongoing care and support, enabling people to come home soon.
IV. Improved patient outcomes and satisfaction: people value receiving care in familiar settings and having greater involvement in decisions about their health.

- *Emergency Department Attendance*

4.6 West Dunbartonshire has higher than average attendance levels at Emergency Departments. A significant proportion of those who attended are subsequently discharged without admission, suggesting that a significant number could have had their needs met in the community or via self-care (Figure 1 & 2).

Figure 1

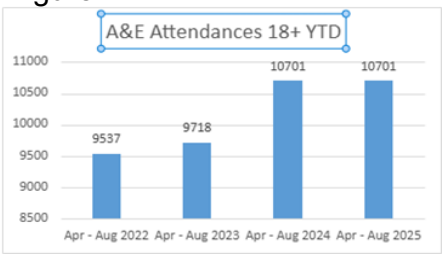



Figure 2

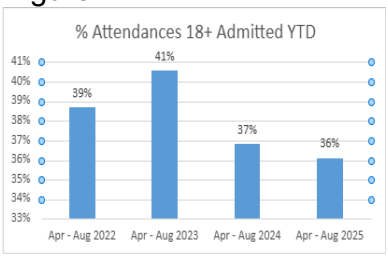


Table 2 shows a slight reduction in attendance and admissions from year-to-date comparison data 2024 and 2025.

Table 2 Emergency Department Attendance and Admission Comparison

| Measure | Actual year to Date 2024/25 | Target (year to Date 2025/26 | YTD Variance |
|---|---|---|---|
| Emergency Department Attendance 18+ | 33 680 | 33 067 | -3.3% |
| Emergency Admissions (18+) | 13 900 | 13 871 | -0.2% |

- *Unscheduled Care*

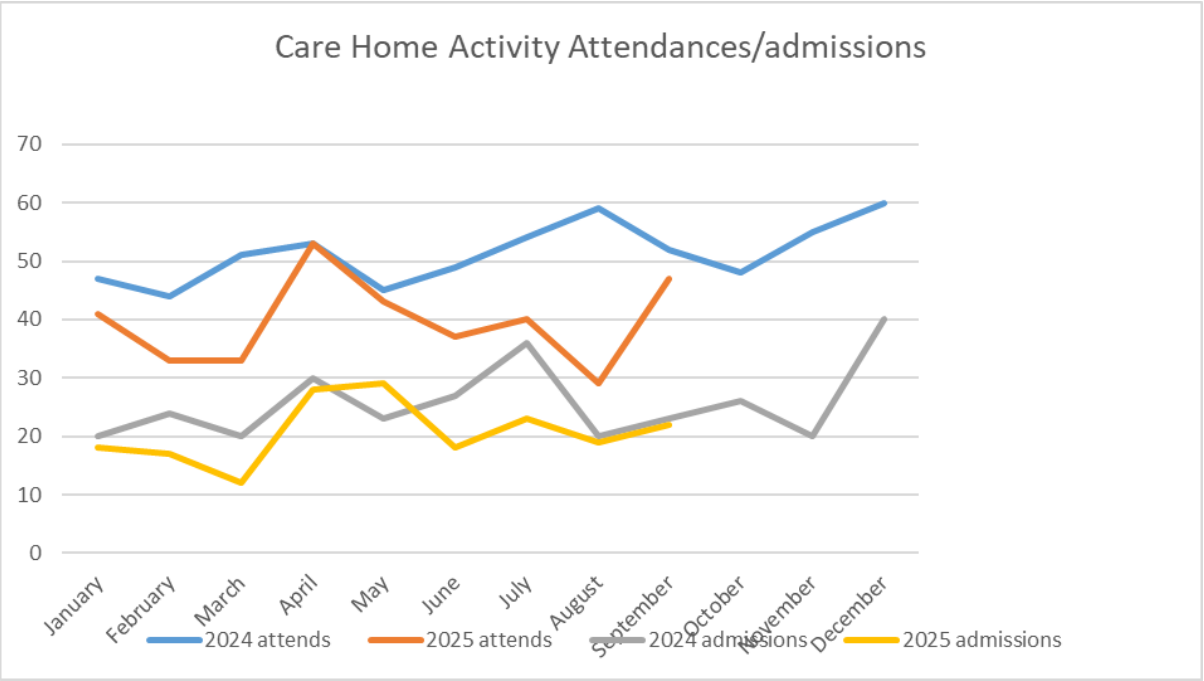
4.7 West Dunbartonshire makes up 7.5% of the NHSGGC population but accounts for 9% of hospital attendees and 8.9% of admissions. This reflects the complex needs, and significant burden of disease linked to socioeconomic factors in the community. Unscheduled care data reveal ongoing challenges in managing complex cases, particularly when patients are subject to Adults with Incapacity Legislation. Where appropriate and in line with legislation there has been encouragement for service users and families to use interim placement in line with Scottish Government expectations. While 'Choices Meetings' have been introduced for those delayed in hospital awaiting long term care preferences, acceptance of a move to interim care placement remains at the choice of the individual and their family and cannot be mandated by the HSCP.

Table 3 West Dunbartonshire Unscheduled Care Performance Data

| | |
|---|---|
| Unscheduled bed days (18+) | Variance August 2024 - August 2025 - +66.3% |

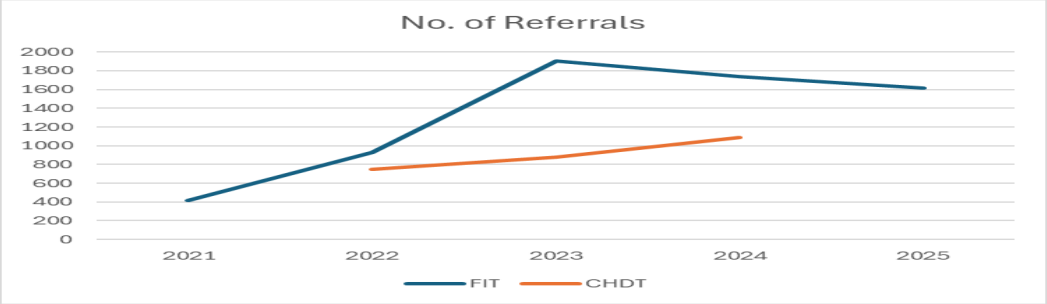
4.8 The HSCP introduced Call Before You Convey and virtual ward rounds in local Care Homes, leading to fewer hospital transfers from care homes in 2025. Figure 3 shows a small increase in post-transfer admissions, indicating more appropriate conveyancing and an increase in those residents receiving the right care at the right time in the right place.

Figure 3: Comparison of Care Home Attendance and Admissions 2024 -2025




4.9 The Community Hospital Discharge Team helps people transition back into the community from hospital while the Focused Intervention Team supports people to remain at home and prevents unnecessary hospital admission. Figure 4 shows an increase in referrals to the HSCP Community Hospital Discharge and Focussed Intervention Teams, reflecting higher demand for community services.

Figure 4: Increase in Referrals Received by HSCP Community Teams




4.10 Table 5 Focussed Intervention Team Activity 2025

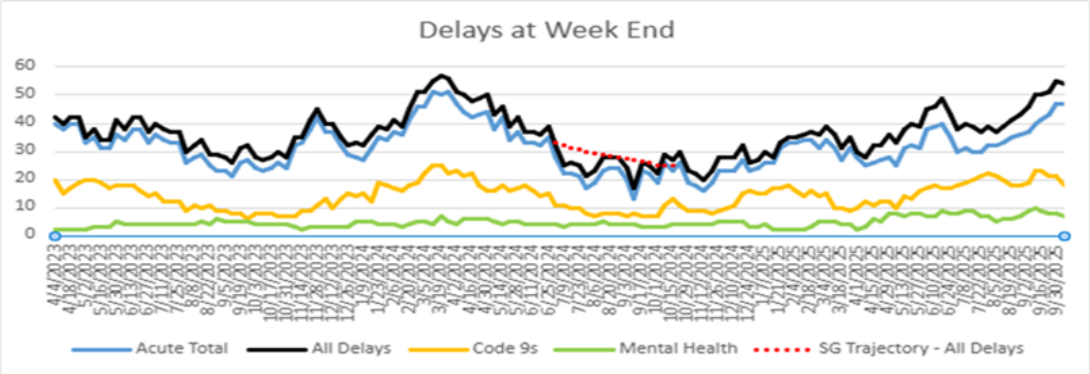
| FIT Referral Statistics | | | | | | |
|---|---|---|---|---|---|---|
| 2025 | Rapid Response | COPD | CHLN | Direct Patient Visits | Indirect Contacts | Total Referrals |
| Jan | 90 | 15 | 62 | 460 | 338 | 167 |
| Feb | 101 | 22 | 61 | 539 | 384 | 184 |
| Mar | 98 | 26 | 42 | 447 | 306 | 166 |
| April | 118 | 46 | 68 | 634 | 384 | 232 |
| May | 79 | 21 | 57 | 466 | 354 | 157 |
| June | 88 | 34 | 56 | 520 | 466 | 178 |
| July | 121 | 19 | 76 | 617 | 452 | 216 |
| Aug | 97 | 24 | 63 | 486 | 382 | 184 |
| Sep | 70 | 29 | 34 | 373 | 285 | 133 |
| Oct | 0 | 0 | 0 | 0 | 0 | 0 |
| Nov | 0 | 0 | 0 | 0 | 0 | 0 |
| Dec | 0 | 0 | 0 | 0 | 0 | 0 |
| | 862 | 236 | 519 | 4542 | 3351 | 1617 |

Providing rapid responses and in-home care helps prevent hospital admission. The roles of the Care Home Liaison Nurse and Chronic Obstructive Pulmonary Disease Nurse are essential in ensuring patients receive appropriate care at the right time and place.

- *Delayed Discharge*

4.11 The HSCP's delayed discharge performance improved in 2024, though results continue to fluctuate (Figure 5). The activity described in Table 1 highlights renewed efforts to sustain a reduction in delayed discharges and ensure people leave hospital as soon as they are medically ready.

Figure 5: Delayed Discharges April 2023 – September 2025




Future Care Planning

4.12 Future care planning involves discussing and recording an individual's health and care preferences with loved ones and healthcare providers, so these wishes are respected if the person cannot decide for themselves. This voluntary process benefits people of all ages, especially those with long-term or complex needs. We aim to increase completion of future care plans by supporting practitioner learning and development.

Table 6: Future care Plans Completed

| | Oct 24 | Nov 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 | Apr 25 | May 25 | Jun 25 | Jul 25 | Aug 25 | Sep 25 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total | 39 | 56 | 18 | 58 | 74 | 55 | 49 | 71 | 51 | 34 | 50 | 29 | 584 |
| AHP | | | | | 2 | | | | | | | | |
| Medical & Dental | 1 | | 1 | | 1 | 1 | 1 | 1 | 1 | 1 | | 1 | 9 |
| Medical Support | | | | | 1 | | | | | | | | 1 |
| Nursing /Midwifery | 38 | 26 | 17 | 58 | 70 | 54 | 48 | 70 | 50 | 33 | 50 | 28 | 542 |
| Other Therapist | | 1 | | | | | | | | | | | 1 |
| Social Care Manager | | 29 | | | | | | | | | | | 29 |

All Care Home residents in West Dunbartonshire who wished to complete a FCP have one established. Efforts are ongoing to improve accessibility for all members of the multi-disciplinary team.

Frailty Scoring

4.13 Frailty is a syndrome characterised by a decline in physical and cognitive reserves that leads to increased vulnerability. It is more common in older adults. Those living with frailty are at increased risk of adverse outcomes such as falls and hospital admission and the need for long term care. Early identification and targeted support can help people living with frailty to stay well and live independently for as long as possible. The Rockwood Frailty Scale is a Clinical Frailty Score (CFS) used to assess frailty in older adults based on health, function, and cognition, ranging from very fit (level 1) to terminally ill (level 9). However, frailty is not an inevitable consequence of ageing. Developing widespread use of frailty scoring will aid proactive, personalised care to improve outcomes and quality of life. Using frailty tools in future care planning aims to shift from reactive to proactive personalised care for older adults.

Service User Satisfaction and Outcomes

4.14 Care Opinion, introduced in West Dunbartonshire HSCP September 2025, is an independent platform enabling service users and their families to provide feedback about health and social care experiences. It encourages public dialogue between users and providers to improve services. Users can highlight positives or suggest improvements, and the HSCP publicly responds to feedback.

**4**.15 Service areas also undertake a range of measures to secure targeted feedback e.g. District Nurse Palliative Care Survey. The documentation and attainment of preferred place of death for individuals receiving end-of-life care from the District Nursing service reflect consistent achievement of outcomes within this area.

4.16 We continue to develop our systems and information about the outcomes for service users via scheduled care plan reviews.

4.17 The HSCP continue to monitor uptake and promote the range of SDS options to ensure care provided is person centred, and individuals have options and more control over planning and receiving their social care.

## 5. Options Appraisal

5.1 The proposed improvement activity is assessed as being consistent with the evidence regarding the likelihood of achieving optimal impact**.**

## 6. People Implications

6.1 Planned recruitment utilising transforming together funding 2025, will increase team capacity without significantly changing existing members' roles and responsibilities.

6.2 Workforce pressures remain, with recruitment and retention challenges. Future investment in adult nursing and AHP community roles will be critical to delivering integrated care and shifting the balance of care.

## 7. Financial and Procurement Implications

7.1 Shifting resources to community and preventative services has the potential to deliver better outcomes at lower overall cost. However, transitioning investment from acute to community services is complex.

7.2 Challenges with sustained investment remain. The reform funding awarded for 2025 will only continue if the HSCP demonstrates the required improvements and impact. If these are not shown, funding may be withdrawn meaning posts advertised as substantive may present future financial risks to the HSCP.

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## 8. Risk Analysis

8.1 Changing expectations and shifting public and professional attitudes from hospital-based to community care takes time and sustained communication.

8.2 Transformation and shifting the balance of care is complex. Pressures across the whole system make it challenging to progress change while continuing to deliver core services under high levels of demand.

8.2 Reducing delayed discharge depends on sufficient high-quality care home beds and home care services. Recent pressures in local care homes and Care at Home services has potential to impede progress. The gap between capacity and demand requires close monitoring.

8.3 Filling new positions is necessary to address workforce needs within the organisation. Issues such as elevated sickness rates can affect cover arrangements and increase operational risks.

8.4 Delays in moving to permanent care home and at-home care options may cause patients in intermediate care beds to stay longer, reducing this service's effectiveness and availability.

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

9.1 Existing EQIAs will be updated in line with the business-as-usual review processes to reflect the increased investment and any opportunity to maximise impact.

**10. Environmental Sustainability**

10.1 No Impact

**11. Consultation**

11.1 Consultation has taken place with the HSCP Unscheduled Care Group membership and Local Care Home Providers.

**12. Strategic Assessment**

12.1 This development aligns with NHSGGC Transformation Agenda and the ambitions of the HSCP Strategic Plan.

**13. Directions**

13.1 No Directions

Name Val Tierney

Designation
Chief Nurse

Date 15.10.2025.

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

Appendices: N/A

Background Papers: N/A

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

**Report by Karyn Wood, Head of Human Resources**

**25 November 2025**

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**Subject: Integrated Workforce Plan**

## 1. Purpose

**1.1** To provide the Health and Social Care Partnership (HSCP) Board with a draft one year Workforce Plan. The final Workforce Plan will be brought back to a future HSCP Board meeting for approval.

## 2. Recommendations

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

**2.1.1** Comment on and agree the draft workforce plan can be issued for consultation with key stakeholders; and

**2.1.2** Note that following consultation the final version of the Workforce Plan will be brought back to a future meeting for approval prior to publication.

## 3. Background

**3.1** In line with section 10.2 of the Integration Scheme*[1] West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board (the Parties), through the Chief Officer, will develop a joint Workforce Development and Support Plan and Organisational Development strategy in relation to staff delivering integrated services (except for NHS acute hospitals services), taking account of existing workforce development policies and procedures of both Parties, and rationalising these in partnership with other integration authorities within the same the Health Board area.

**3.2** This was further reinforced following publication of the National Workforce Strategy in March 2022 whereby, NHS Boards and Integration Authorities are required to submit Three Year Workforce Plans. The Plans are required to provide workforce planning information aligning local activity with the Strategy. Using the “5 Pillars” identified in the Strategy (Plan, Attract, Train, Employ, Nurture) they should clearly outline actions to address these objectives at a local level.

**3.3** Effective planning of staffing and resources is critical to maintaining service delivery. The Scottish Government recognises the workload pressures facing

[1] http://www.wdhscp.org.uk/media/1215/wdhscp-integration-scheme-may-2015.pdf

NHS Boards and HSCPs, therefore the one year approach will support agility and flexibility without placing an unnecessary burden during this time of significant change and reform.

**3.4** This plan provides an overview of the predicted workforce planning challenges during the period to March 2026 and a description of the activity being undertaken to mitigate the challenges.

## 4. Main Issues

**4.1** The HSCP Board has a statutory duty to provide a workforce plan. In a Director's Letter dated 17 December 2024 (DL-2024-33), the Scottish Government requested Partnerships and Health Boards to produce a 1-year workforce plan for the period 2025–26. This represents a shift from the previous 3-year planning cycle and reflects both the current workload pressures and the challenges of forecasting workforce needs in a rapidly changing environment.

**4.2** This 1-year plan serves as an interim measure and is designed to align with the development of the HSCP Board next strategic plan for 2026–2029. The intention is to return to a longer-term planning horizon from 2026 onwards, ensuring continuity and strategic alignment across service delivery and workforce priorities.

**4.3** Workforce planning activity is embedded within routine business continuity processes across all levels of the HSCP. The plan primarily addresses workforce requirements for West Dunbartonshire Council and NHS Greater Glasgow & Clyde, while also considering the contribution and needs of the Third and Independent Sector workforce.

**4.4** The Health and Care (Staffing) (Scotland) Act 2019, which came into force in April 2024, places a statutory duty on NHS Boards and care service providers to ensure appropriate staffing arrangements are in place to support safe, high-quality care. This includes having workforce plans that reflect current and projected service demands and align with strategic planning cycles.

**4.5** Organisations are required to report annually to Scottish Ministers on how they are meeting the Act's requirements, including providing assurance to Healthcare Improvement Scotland. Locally, NHS Greater Glasgow and Clyde has recognised that failure to have a workforce plan in place would constitute non-compliance with the legislation.

**4.6** The 2025–2026 Workforce Plan is therefore being treated as a holding plan, with a three-year plan to follow.

**4.7** Staff are expected to understand the principles of the Act, escalate concerns about staffing and engage in open discussions about staffing decisions. A national Knowledge and Skills Framework and supporting resources are available via Turas Learn to aid implementation.

**4.8** Alongside statutory and strategic obligations, the HSCP Board faces significant financial challenges in delivering effective workforce planning. Like all public bodies, Integration Authorities operate within a constrained fiscal environment where pay inflation continues to outpace funding settlements. This requires the implementation of efficiency measures and savings programmes to maintain financial sustainability. The HSCP Board has a statutory duty to set a balanced budget, which has been achieved through agreed savings and service redesign, impacting both our internal workforce and commissioned services. These financial pressures are expected to persist in the medium term, meaning service demand must be managed within the limits of affordability and long-term sustainability.

**4.9** A further key operational challenge is the phased implementation of the Scottish Government policy on the Reduced Working Week for Health Board employees, which will reduce whole-time equivalent staffing capacity and introduce additional cost pressures. All Health Boards are currently awaiting confirmation of the level of financial support from the Scottish Government to offset these impacts. The current working assumption is all additional costs will be funded.

**4.10** These financial implications are being actively assessed and will be reviewed through established governance processes ensuring they are incorporated into both workforce and financial planning.

## 5. Options Appraisal

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

## 6. People Implications

**6.1** The HSCP is committed to effective, integrated workforce planning across both health and social care services. We are committed to working in partnership with our Trades Union colleagues.

**6.2** There are implications across all staff groups with regard to ensuring all staff are appropriately trained, involved and engaged, creating an appropriately skilled and flexible workforce able to respond to the evolving needs of our citizens.

## 7. Financial and Procurement Implications

**7.1** There are ongoing financial pressures associated with workforce planning, particularly in the context of one year funding allocations that do not keep pace with both inflationary and demographic demands. This creates a challenging environment for all services as our workforce strive to maintain service delivery while redesigning services and identifying recurring efficiencies. The Workforce Plan has been developed with these constraints in

mind, recognising the need to balance service demand with affordability and sustainability.

**7.2** A stated in section 4.9 above a key consideration in this planning cycle is the phased implementation of the Reduced Working Week, with the first 30-minute reduction having taken effect on 1 April 2024 and the next 1-hour reduction scheduled for implementation on 1 April 2026.

**7.3** All Agenda for Change staff will reduce their contracted hours by one hour per week, resulting in a reduction in whole-time equivalent (WTE) staffing capacity. The organisation is currently awaiting confirmation from the Scottish Government regarding what financial support will be available to offset the impact of this change. While the current working assumption is the policy will be fully funded, early estimates of anticipated replacement costs across the Health Board and six HSCPs exceeds the Scottish Government's own funding estimates. Currently services are actively assessing service-level implications and considering other models to implement the –hour reduction. These will be reviewed through the Reduced Working Week governance process and incorporated into future workforce and financial planning.

## 8. Risk Analysis

**8.1** At present, there are no significant external risks impacting the development of this one-year Workforce Plan. Unlike previous planning cycles, COVID-19 is no longer a primary driver of workforce uncertainty. However, the implementation of the final stage of the Reduced Working Week from April 2026 introduces a degree of operational risk, particularly in relation to service continuity and staffing capacity. While financial support from the Scottish Government is anticipated, confirmation is still pending, and any delay or shortfall in funding may affect the ability to fully mitigate the impact of reduced contracted hours. These risks will continue to be monitored through the Reduced Working Week governance process and reflected in future iterations of the Workforce Plan.

## 9. Equalities Impact Assessment (EIA)

**9.1** An Equalities Impact Assessment will be carried out in due course

## 10. Environmental Sustainability

**10.1** N/A

## 11. Consultation

**11.1** The HSCP Senior Management team; Healthcare Staffing & Workforce Planning Oversight Group which includes West Dunbartonshire Council, NHS GGC Health Board and Trades Union representatives have been consulted in the preparation of this plan

## 12. Strategic Assessment

**12.1** This one-year Workforce Plan has been developed as a holding plan to ensure compliance with the Health and Care (Staffing) (Scotland) Act 2019, which requires workforce plans to be in place. It is intentionally time-limited to allow future workforce planning to align with the HSCP's strategic planning cycle. The plan continues to link to the HSCP's key strategic priorities and will be interwoven with the development of the next HSCP Strategic Plan, ensuring a coherent and forward-looking approach to workforce development.

## 13. Directions

**13.1** N/A

Karyn Wood
Head of HR

25 November 2025

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**Person to Contact**
Karyn Wood
Head of HR
West Dunbartonshire HSCP
**Email**: Karyn.Wood@nhs.scot

**Phone**: TBC

**Appendices:**

Appendix 1: Draft Integrated Workforce Plan
Appendix 2: Scottish Government - National Health and Workforce Strategy: Workforce Planning
Appendix 3: Integration Scheme between West Dunbartonshire Council and Greater Glasgow Health Board

**Background Papers:**

West Dunbartonshire HSCP Integration Scheme
DL-2024-33

West Dunbartonshire
Health & Social Care Partnership
*Improving Lives with the People of West Dunbartonshire*

# West Dunbartonshire
# Health and Social Care Partnership

# Workforce Plan 2025/26


# Contents


# 1. Background and Development of the Workforce Plan

## 1.1 Introduction

West Dunbartonshire Health and Social Care Partnership Board was established on 1st July 2015 as the Integration Authority for West Dunbartonshire. It is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (which are described in full within its approved Integration Scheme).

The Council and the Health Board discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as West Dunbartonshire Health & Social Care Partnership.

The Health and Social Care Partnership Board is responsible for allocating the integrated revenue budget for health and social care in accordance with the policy priorities set out in the Strategic Plan.

The Partnership Board includes representatives from the Third Sector, staff representatives and others representing the interests of patients, service users and carers. This ensures that the Partnership Board is fully engaging with strategic partners in the preparation, publication and review of each Strategic Plan.

The Health and Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health and Social Care Partnership. It is responsible for planning and overseeing the delivery of the full range of community health and social care services. Within West Dunbartonshire this is undertaken in a meaningful co-productive way with all partners.
With a continued emphasis on joining up services and focusing on anticipatory and preventative care, our approach to integration aims to improve care and support for people who use services, their carers and their families.

The Health and Social Care Partnership has delegated responsibility to deliver services for:

- Adults and Older People's services across all disciplines within integrated community teams
- Children and Young People's Services across all disciplines and in partnership with Education Services
- Community Justice Social Work Services
- Community Mental Health, Learning Disability and Addictions services across disciplines with integrated community teams and with inpatient services

Within West Dunbartonshire HSCP our vision is "**Improving lives with the people of West Dunbartonshire**". Our vision and our desire is to ensure that our citizens have access to the right care, at the right time and in the right place. It involves a range of activities, centred on a continuous cycle of "analyse, plan, do and review" and is iterative and dynamic to support collaborative system change across health and social care and all partners working in our communities.


We aim to deliver our Strategic Outcomes through our commitment to:

- Children and young people reflected in Getting It Right for Every Child.
- Continual transformation in the delivery of services for adults and older people as reflected within our approach to integrated care.
- The safety and protection of the most vulnerable people within our care and within our wider communities.
- Support people to exercise choice and control in the achievement of their personal outcomes.
- Manage resources effectively, making best use of our integrated capacity

In order to support the delivery of the HSCP vision of “Improving Lives with the People of West Dunbartonshire” the ambition of the Integrated Workforce Plan is to ensure we have the right people, with the right skills, in the right roles, at the right time at the right cost.

This document serves as a one-year holding Workforce Plan for 2025, providing continuity and strategic direction as West Dunbartonshire HSCP’s Workforce Plan transitions to a refreshed planning cycle. A comprehensive three-year Integrated Workforce Plan will be developed for the period 2026 to 2029, aligning with the next Strategic Plan and reflecting evolving priorities and workforce needs across health and social care services.

## 1.2 Strategic Context

West Dunbartonshire Health and Social Care Partnership (HSCP) continues to deliver services guided by the Strategic Plan 2023–2026: Improving Lives Together. This plan sets out a refreshed vision and strategic framework, with a strong emphasis on collaboration, prevention, and equity.

The HSCP’s Strategic Outcomes are:

- Caring Communities – where people feel supported and connected.
- Safe and Thriving Communities – where individuals and families are protected and empowered.
- Equal Communities – where fairness and inclusion are embedded in service delivery.
- Healthy Communities – where wellbeing is promoted across all life stages.

To achieve these outcomes the HSCP has identified the following Strategic Priorities:

- Provide better support to unpaid carers.
- Undertake whole-pathway reviews to ensure coordinated and equitable access to services.
- Empower communities to participate in planning and leading services locally.
- Support staff in self-evaluation and continuous improvement.
- Shift the balance of care by strengthening prevention and community-based support.
- Promote reablement to support recovery, independence, and timely discharge from hospital.
- Expand technology-enabled care to empower individuals in managing their health.
- Protect vulnerable adults and children and reduce exposure to harm.
- Increase access to specialist housing options for children and adults.

- Improve justice outcomes and reduce offending behaviour.
- Reduce gender-based violence and support those affected.
- Reduce suicides and drug-related deaths.
- Address the wider determinants of health.
- Integrate equality and human rights into service design and delivery.

West Dunbartonshire comprises two localities: Alexandria/Dumbarton and Clydebank. The HSCP hosts the Musculoskeletal (MSK) Physiotherapy Service and the Diabetic Retinal Screening Service on behalf of NHS Greater Glasgow and Clyde. These services continue to focus on delivering high-quality outcomes while meeting national waiting time targets.

The HSCP also leads the West Dunbartonshire Alcohol and Drugs Partnership, supporting local efforts to reduce harm and improve recovery outcomes.

As one of six HSCPs within the NHS Greater Glasgow and Clyde area, West Dunbartonshire HSCP maintains established clinical care pathways with acute services at Queen Elizabeth University Hospital and Royal Alexandra Hospital and utilises Vale of Leven Hospital for outpatient, inpatient, day case and mental health services.

The Partnership employs 2,207 staff across its care groups, delivering integrated health and social care services to the local population.

| OUR STRATEGIC OUTCOMES | | | |
|---|---|---|---|
| Caring communities | Safe and thriving communities | Equal communities | Healthy communities |
| **OUR STRATEGIC PRIORITIES** | | | |
| Provide better support to unpaid carers.<br>Undertake whole-pathway reviews, ensuring coordination and equity of access to services.<br>Empower our communities to be involved in planning and leading services locally.<br>Ensure that staff are fully supported to carry out self-evaluation and improvement activities, to develop our continuous learning culture.<br>Shift the balance of care for children and adults by strengthening prevention and our community-based support options, keeping individuals in their community where possible. | Work with people to safely maintain their independence at home and in their local community, building on their strengths and supporting their unmet needs.<br>Focus on reablement to promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; maximise independent living; and reduce or eliminate the need for ongoing care packages.<br>Make the best use of technology-enabled care to transform the way people engage with and control their own health care, empowering them to manage it in a way that is right for them.<br>Work with partners and citizens to protect vulnerable adults and children and reduce exposure to harm.<br>Work with partners to expand the choice of specialist and particular housing options for children and adults.<br>Ensure that those involved in Justice Services are supported to reduce offending behaviour and improve justice outcomes across all court order types. | Work with partners and communities to drive down the prevalence of gender-based violence and provide those affected with the support they need.<br>Work with partners and communities to reduce the number of suicides and drug-related deaths.<br>Work to reduce, prevent or undo the impact of the wider determinants of health.<br>Integrate approaches from an equality and human rights perspective, with a focus on equal and equitable access to services.<br>Ensure that children and young people who require permanent care outwith their family home have appropriate and timely care options that meet their needs.<br>Put the voice of patients and other people who use our services at the centre of upholding their rights and informing our services.<br>Underpin our services with a self-directed pertnership approach.<br>Improve the mental health and wellbeing of children and adults. | Address the preventable risk factors for poor physical and mental health, including obesity, smoking and the use of alcohol and drugs.<br>Working with partners, enhance opportunities and support measures to tackle barriers to active travel and promote the more effective use of green space.<br>Recognise the impact of adverse childhood experiences and seek to reduce the incidence and impacts of all types of childhood adversity and trauma.<br>Adopt a community-based preventative approach to reduce admission to hospital.<br>Enhance opportunities and support measures to develop a public health approach to justice to improve justice outcomes. |

## 1.3 Development of Plan

The HSCP has a statutory duty to provide a workforce plan. In a Director's Letter dated 17 December 2024, the Scottish Government requested Partnerships and Health Boards to produce a 1-year workforce plan for the period 2025–26. This represents a shift from the previous 3-year planning cycle and reflects both the current workload pressures and the challenges of forecasting workforce needs in a rapidly changing environment.

This 1-year plan serves as an interim measure and is designed to align with the development of the HSCP's strategic plan for 2026–2029. The intention is to return to a longer-term planning

horizon from 2026 onwards, ensuring continuity and strategic alignment across service delivery and workforce priorities.

Workforce planning activity is embedded within routine business continuity processes across all levels of the HSCP. The plan primarily addresses workforce requirements for West Dunbartonshire Council and NHS Greater Glasgow & Clyde, while also considering the contribution and needs of the Third and Independent Sector workforce.

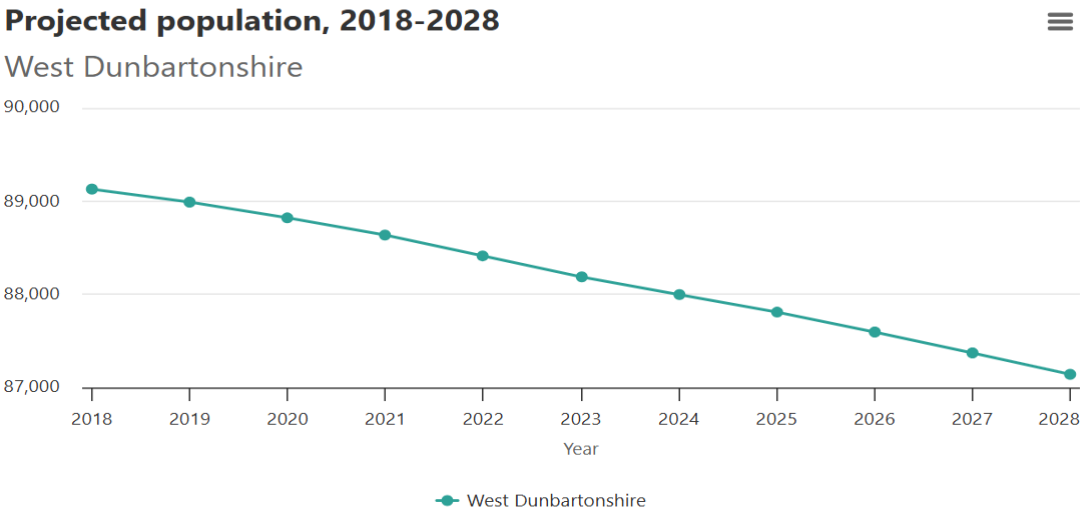
## 2. West Dunbartonshire Demographics

### 2.1 Population Overview

West Dunbartonshire remains one of Scotland's smaller local authorities, accounting for approximately 1.6% of the national population. As of 30 June 2023, the population was estimated at 88,750, representing a 0.5% increase from 2022 (88,270). This compares to a 0.8% increase in Scotland's overall population during the same period.

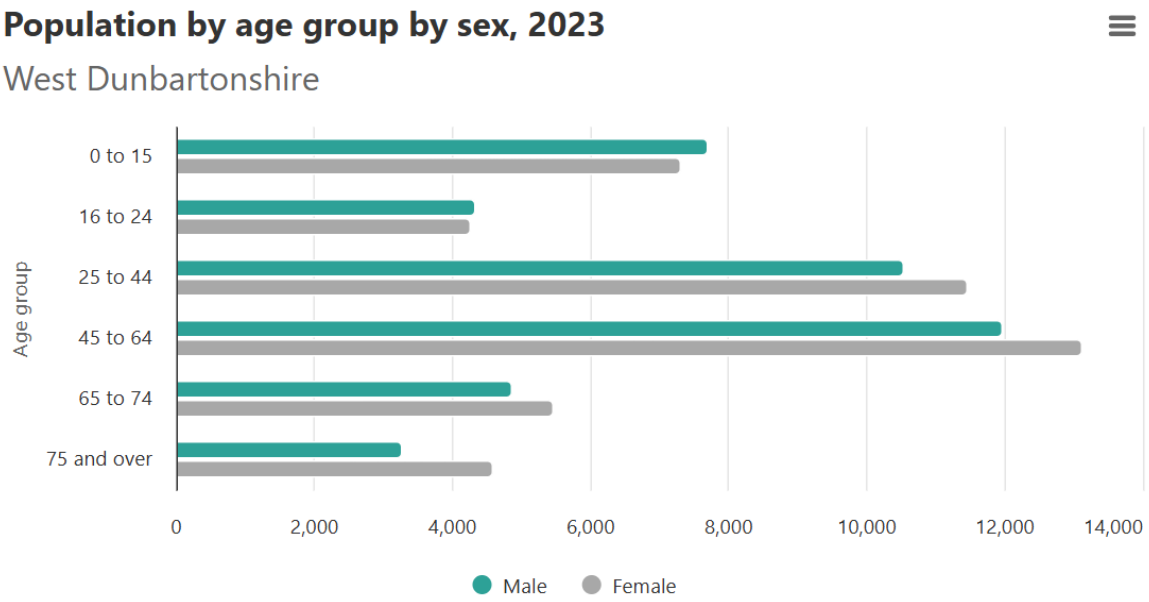
Despite this recent uptick, the longer-term trend shows a 4.9% population decline between 2001 and 2023 - making it the second lowest percentage change among Scotland's 32 council areas. Population projections indicate a further decline of 2.2% by 2028, primarily due to natural change (more deaths than births), although net migration is expected to contribute a modest increase of 0.7%.

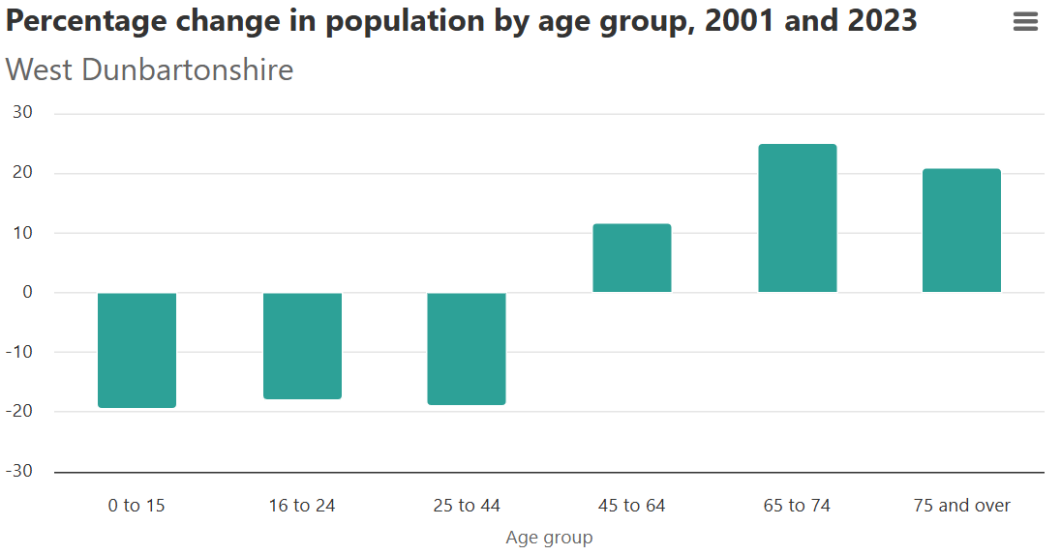

Source: West Dunbartonshire - National Records of Scotland (NRS)




Gender and Age Profile

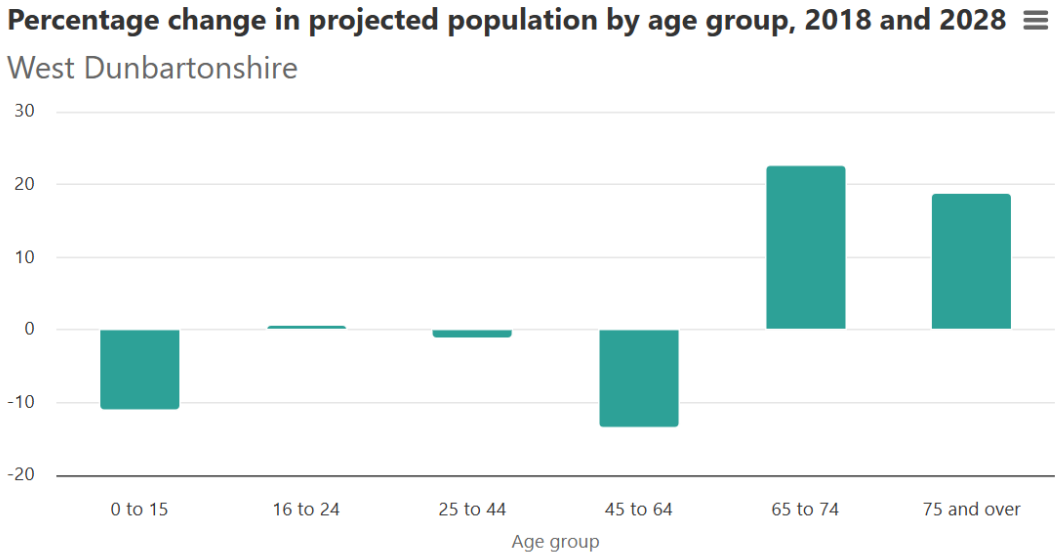
In 2023 females made up 52.0% of the population, compared to 48.0% males, consistent with national trends. The 45 - 64 age group remains the largest with 25,066 people, while the 75+ age group is the smallest at 7,857. Between 2001 and 2023 the 0–15 age group saw the largest percentage decrease (–19.4%), while the 65–74 age group saw the largest increase (+25.0%).






West Dunbartonshire continues to experience an ageing population, which has significant implications for health and social care service demand. The gender split becomes more pronounced with age, particularly from the 25 - 44 age group onwards.

The average age of the population of West Dunbartonshire is projected to increase as the baby boomer generation ages and more people are anticipated to live longer.




Birth and Death Rates

Like many council areas across Scotland West Dunbartonshire has experienced a continued decline in birth rates. In 2023 the area ranked 20th out of 32 Scottish local authorities for standardised birth rate. This reflects a broader national trend, with 24 councils reporting a decrease in births. Nationally, Scotland registered 45,935 live births in 2023 - a 2% drop from the previous year - marking the lowest annual total since civil registration began in 1855. The total fertility rate across Scotland fell to 1.30, significantly below the replacement level of 2.1. These figures suggest that West Dunbartonshire is part of a wider demographic shift towards lower birth rates and smaller family sizes.

In contrast, the number of deaths in Scotland rose slightly in 2023, with 63,445 deaths recorded - an increase of 1% from 2022. This resulted in a natural population change of –17,510, meaning there were significantly more deaths than births. Scotland has not seen more births than deaths since 2014. The age-standardised mortality rate was 1,166 per 100,000 people, with males experiencing a higher rate (1,344) than females (1,019). These mortality trends, combined with declining birth rates, contribute to the overall population decline projected for West Dunbartonshire, which is expected to fall by 2.2% between 2018 and 2028. Although net migration is forecast to provide a modest increase of 0.7%, it is not sufficient to offset the impact of natural change.

Source: https://www.nrscotland.gov.uk/files//statistics/council-area-data-sheets/west-dunbartonshire-council-profile.html

Life Expectancy and Healthy Life Expectancy

Overall life expectancy in West Dunbartonshire continues to be lower than the Scottish average. According to the latest figures for 2021–2023, female life expectancy at birth in West Dunbartonshire was 79.2 years, while male life expectancy was 74.3 years. This places the area among the lower-ranking council areas in Scotland for life expectancy, although male life expectancy has shown a slightly faster rate of improvement in recent years.

In terms of Healthy Life Expectancy (HLE) - which estimates the number of years people live in good health - West Dunbartonshire also falls below the national average. For the same period, female HLE was 60.0 years and male HLE was 59.6 years. These figures reflect a continuing decline in healthy life expectancy across Scotland since 2014–2016, and highlight the persistent health inequalities between council areas.

## 2.2 Key Local Trends and Implications

The impact of this data, which was previously featured in the 2022 Strategic Needs Assessment, continues to shape how West Dunbartonshire HSCP and its Strategic Planning Partners consider the delivery of services. The latest demographic trends confirm a sustained decline in the local population, driven by lower birth rates and higher mortality, with natural change (more deaths than births) remaining a key factor. This demographic shift is intrinsically linked to reduced national and local funding allocations, which are often population-based. At the same time, the ageing population in West Dunbartonshire is growing, with increasing demand for health and social care services as usage rises with age. These combined pressures - fewer resources and greater service demand - are expected to place significant strain on the system, requiring innovative workforce planning and service redesign to maintain quality and accessibility.

## 3. Stakeholder Engagement

A West Dunbartonshire HSCP Workforce Planning Group existed with broad representation from internal services and external partners, including the Third and Independent sectors. Membership includes nominated staff-side representatives, West Dunbartonshire CVS, Finance colleagues, Strategy and Transformation colleagues and representatives from across service areas.

In response to the introduction of the Health and Care (Staffing) (Scotland) Act, the remit of the group was expanded and it now operates as the Healthcare Staffing and Workforce Planning Oversight Group. This change reflects the need to support both statutory staffing duties and strategic workforce planning across the HSCP.


Understandably, the group's recent focus has been on implementing the Health and Care Staffing Act, including assurance reporting, escalation protocols and the development of standard operating procedures. However, workforce planning has remained a core component of the group's agenda with regular updates provided throughout.

As the HSCP moves into a new phase of workforce activity, the group's focus is now shifting back towards broader workforce planning priorities. This includes modelling future workforce needs, supporting service redesign and aligning workforce development with the Strategic Plan 2023–2026.

To support the development of this one-year holding Workforce Plan, the data collection template previously used by services was revised to focus specifically on short-term workforce drivers. This streamlined approach ensured that the most immediate pressures and priorities were captured, allowing the HSCP to respond effectively to current service needs while laying the groundwork for the more comprehensive three-year plan to follow in 2026.

### 3.1 Inclusion of the Third Sector and Voluntary Sector

The HSCP recognises the significant contribution of the third sector and voluntary organisations in delivering integrated health and social care across our communities. These organisations play a vital role in providing preventative, community-based and person-centred services that complement statutory provision and support our strategic outcomes.

The Partnership Board and Workforce Planning Group include representatives from the third sector, including West Dunbartonshire Community & Volunteering Services (CVS), ensuring that their perspectives inform strategic decision-making and service development. While direct engagement with some partners is ongoing, the HSCP remains committed to strengthening collaboration and developing shared workforce priorities with the third sector, particularly as we move towards the next three-year planning cycle.

In line with national guidance, including the Health and Care (Staffing) (Scotland) Act 2019, the HSCP will continue to work in partnership with third sector organisations to ensure that suitably qualified and competent individuals are available to deliver safe, high-quality care. The third sector's involvement in service redesign, transformation and community empowerment is recognised as integral to achieving our vision of "Improving Lives with the People of West Dunbartonshire".

## 4. West Dunbartonshire HSCP Workforce Profile

A clear understanding of workforce demographics is essential for effective planning and service delivery across West Dunbartonshire HSCP. This section provides a detailed overview of the current workforce profile, including age, gender and turnover rates, drawing on data as at 31st March 2025 for both NHS and West Dunbartonshire Council staff. By analysing these trends the HSCP can identify areas of risk - such as an ageing workforce, gender imbalances and turnover patterns - and proactively address succession planning, recruitment and retention challenges. This demographic insight also supports the development of targeted workforce strategies to ensure the

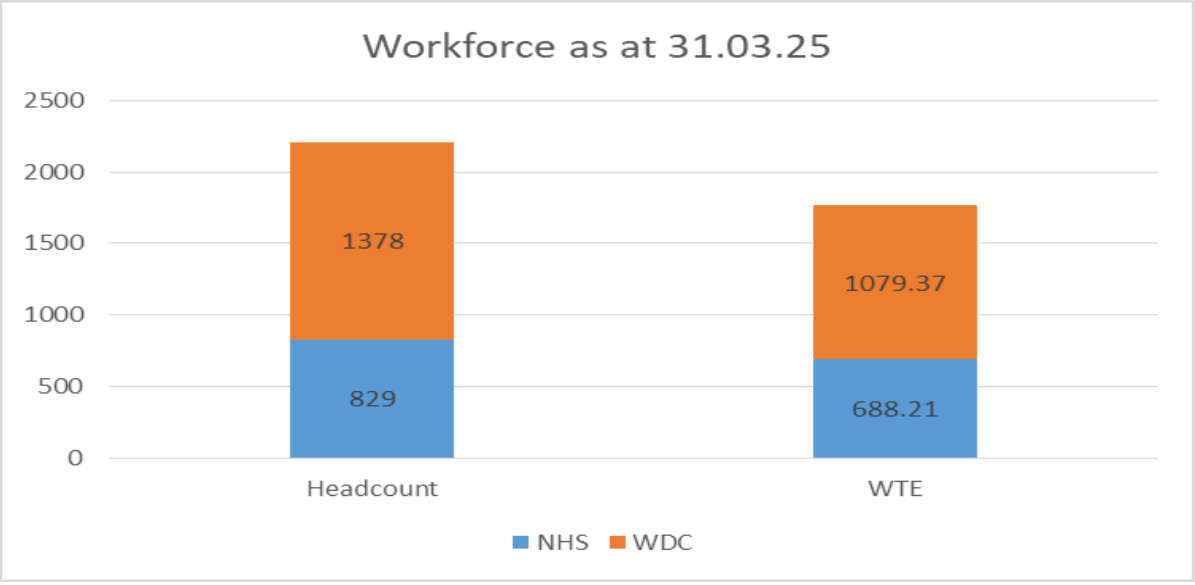
right skills and capacity are in place to meet the needs of our communities, both now and in the future. As this is a one-year holding plan, the analysis focuses on immediate workforce characteristics and short-term risks providing a foundation for more comprehensive planning in the next cycle.

## 4.1 Workforce Split

The workforce of West Dunbartonshire HSCP is made up of staff employed by both NHS Greater Glasgow and Clyde and West Dunbartonshire Council, reflecting the integrated nature of health and social care delivery in the area. As of 31 March 2025, the total workforce stood at 2,207 staff with 829 employed by the NHS and 1,378 by West Dunbartonshire Council.

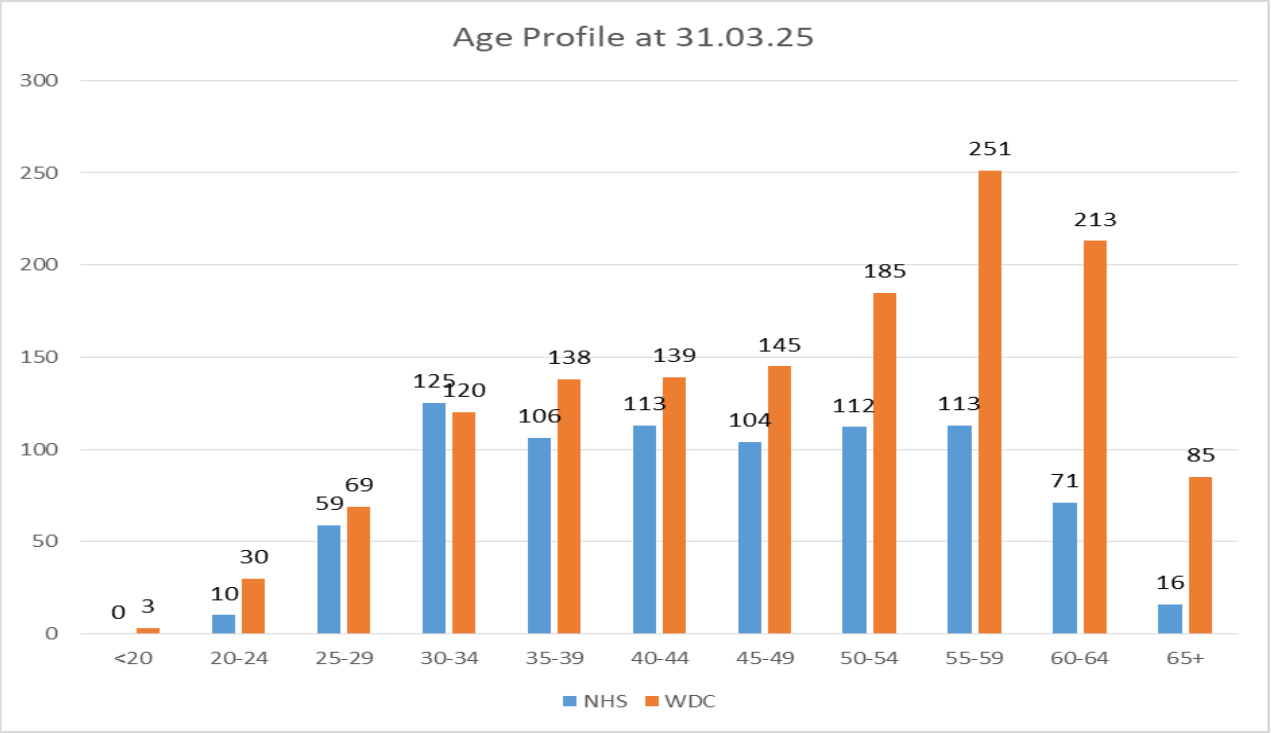
This split highlights the significant contribution of both employing organisations to the delivery of services across the HSCP. The Council workforce is larger, accounting for approximately 62% of the total, while NHS staff make up the remaining 38%. This distribution is consistent with the range of services delegated to the HSCP which include both health and social care functions.

The integrated workforce model enables the HSCP to draw on a broad mix of skills, experience and professional backgrounds, supporting multidisciplinary working and more coordinated care for the people of West Dunbartonshire. Maintaining a balanced and collaborative workforce across both employers is essential for sustaining high-quality service delivery and responding flexibly to changing needs.




## 4.2 Workforce Age Profile and Retirement Risk

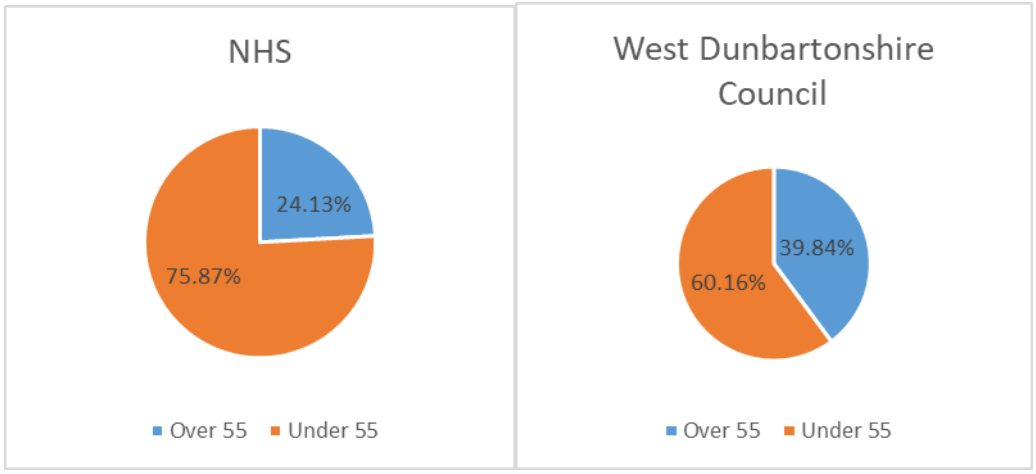
The age profile for staff in West Dunbartonshire HSCP indicates that the majority (59%) of our workforce is over the age of 45. Whilst this does not present an immediate risk, we do need to be mindful of the importance of succession planning and the implications of an ageing workforce in coming years.




| Age Band | NHS | West Dunbartonshire Council | Total |
|---|---|---|---|
| **<20** | 0 | 3 | 3 |
| **20-24** | 10 | 30 | 40 |
| **25-29** | 59 | 69 | 128 |
| **30-34** | 125 | 120 | 245 |
| **35-39** | 106 | 138 | 244 |
| **40-44** | 113 | 139 | 252 |
| **45-49** | 104 | 145 | 249 |
| **50-54** | 112 | 185 | 297 |
| **55-59** | 113 | 251 | 364 |
| **60-64** | 71 | 213 | 284 |
| **65+** | 16 | 85 | 101 |
| **TOTAL** | **829** | **1,378** | **2,207** |

Analysis of the current workforce age profile highlights a significant proportion of staff approaching retirement age. As of March 2025, more than a third (33.9%) of the workforce are aged 55 years and over. This presents a notable risk for the organisation, as a sizeable proportion of experienced staff may retire within the next 5 to 10 years. The risk is particularly pronounced among West Dunbartonshire Council staff, where 39.8% are aged 55 or over, compared to 24.1% of the NHS HSCP workforce. Both figures represent slight increases from the previous workforce plan.

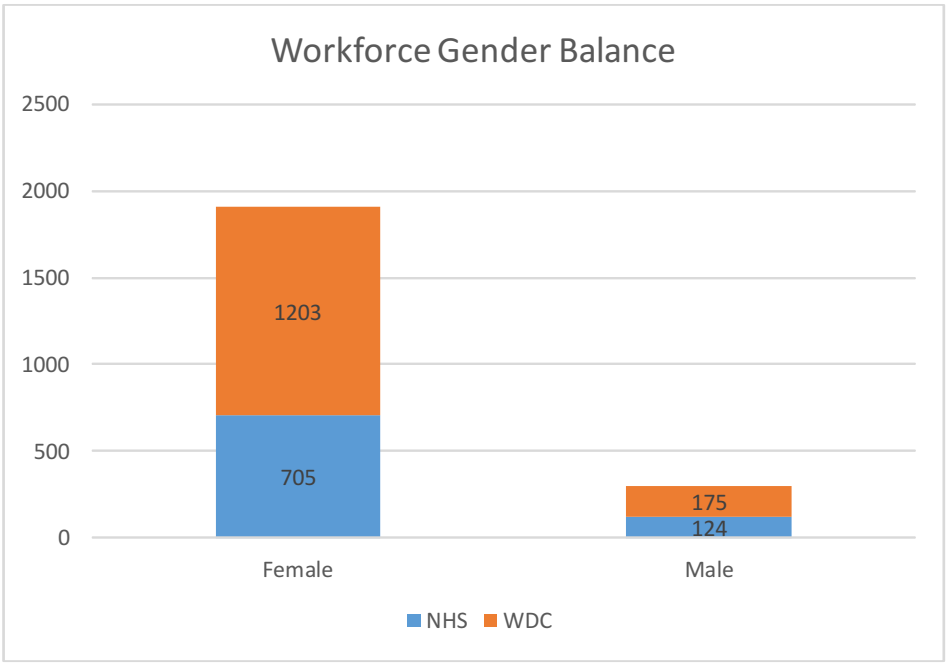
The pie charts below show the split of the workforce of those over 55 and those under 55 years.




This demographic trend underscores the importance of robust succession planning and proactive workforce development. Without targeted action, the potential loss of skills, knowledge, and leadership could impact service delivery and organisational resilience. The HSCP will continue to monitor retirement risk closely and develop strategies to support knowledge transfer, leadership development, and the recruitment of new talent to ensure continuity of high-quality care.

### 4.3 Gender Profile

As can be seen below the gender balance within West Dunbartonshire HSCP is predominantly female and whilst this is not untypical within the caring sector, we do need to consider how we encourage greater inclusion within the professions that we employ.




### 4.4 Staff Turnover and Reasons for Leaving

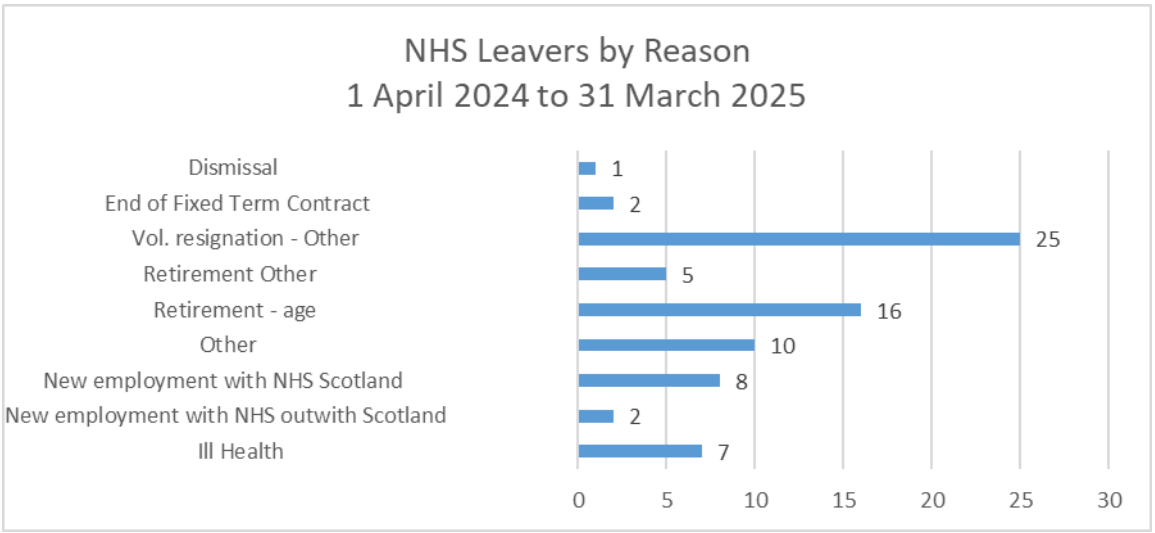
The turnover rate for West Dunbartonshire Council staff within the HSCP is 12.7%, which is a decrease from the rate of 15.2% per annum as reported in the last plan. This is higher than the West Dunbartonshire Council rate, which is currently 11.4% per annum. For NHS staff within the HSCP, the turnover rate is 8.5% compared to the Greater Glasgow and Clyde wide figure of 7.7%.

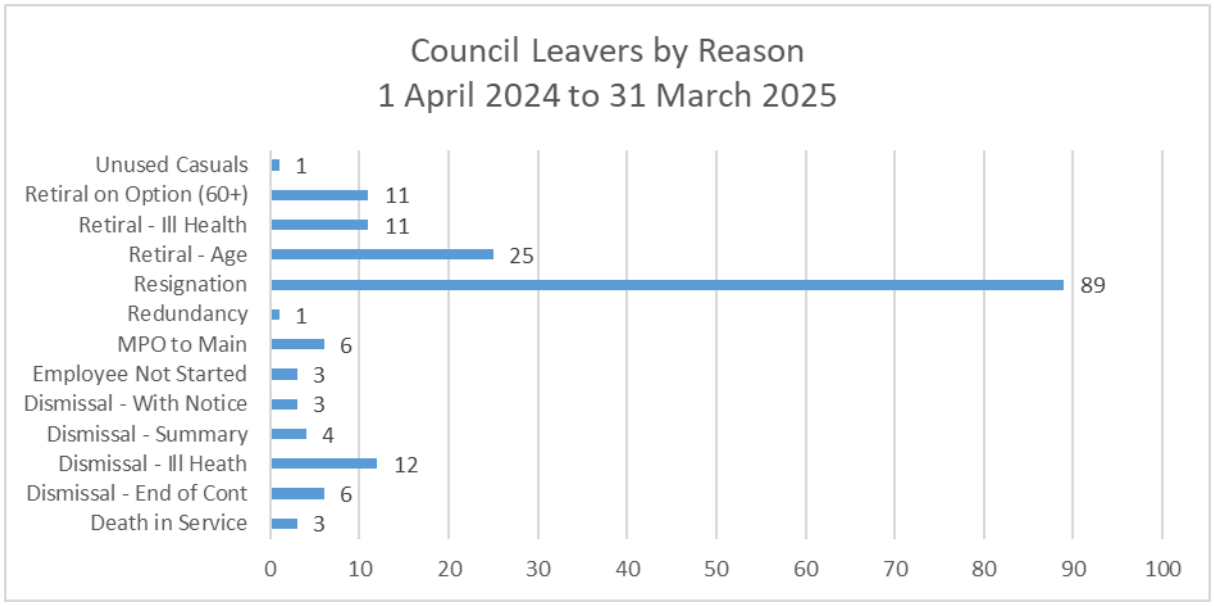
The bar graphs below detail the reasons for leaving for both NHS and West Dunbartonshire Council employees within the HSCP for the period 1 April 2024 to 31 March 2025:

Analysis of the reasons for leaving during the period 1 April 2024 to 31 March 2025 reveals several key trends. The most common reasons for staff departures include resignation, retirement (both age-related and efficiency-related) and ill health retirement. Other factors such as redundancy, end of contract and dismissal account for a smaller proportion of leavers. Notably, resignations continue to be the leading reason for leaving, reflecting both voluntary career moves and personal circumstances. Retirement remains a significant factor, particularly given the ageing profile of the workforce and is expected to increase in the coming years.

A smaller number of staff left due to redundancy or the end of fixed-term contracts, while dismissals (for reasons such as ill health or summary dismissal) were relatively rare. There were also a handful of cases of death in service, which, while infrequent, highlight the importance of ongoing support for staff wellbeing.

Understanding these patterns is crucial for workforce planning, as it enables the HSCP to target interventions aimed at improving retention, supporting staff through transitions and addressing any underlying issues that may contribute to turnover. Regular analysis of exit interview data and feedback from departing staff will further inform future strategies to maintain a stable and engaged workforce.






## 4.5 Sickness Absence and Wellbeing

West Dunbartonshire HSCP Workforce Profile (2024–2025)
Sickness absence and employee wellbeing remain central to the overall workforce profile for West Dunbartonshire HSCP, reflecting both NHS and Council staff experiences during the reporting period (1 April 2024 to 31 March 2025).

NHS Absence Overview
During 2024–2025, the average total sickness absence rate for NHS staff within West Dunbartonshire HSCP was approximately 7.3% (WTE), with short-term absence accounting for around 2.7% and long-term absence for 4.6% of contracted time. This represents a stable trend compared to the previous year, with monthly fluctuations but no significant overall increase.

Absence Reasons: The most common causes of sickness absence among NHS staff were psychological conditions (including stress), musculoskeletal issues, and minor illnesses. Psychological absence remained a significant factor, consistent with national trends.

Long-term vs Short-term: Long-term absence continued to make up the majority of sickness absence, though there was a slight reduction in the proportion of long-term cases compared to the previous year.

Service Variation: Absence rates varied across services, with some areas - such as Health & Community Care and Mental Health - experiencing higher rates than others. This aligns with the Council's observation of inconsistencies and higher absence within Community Health and Care.

Council Absence Overview
Council-wide, sickness absence increased by 1,341.13 FTE days compared to the previous year. While this rise is concerning, it marks the first increase since 2021/22, against a backdrop of rising sickness absence nationally.

Top Absence Reasons: The top three reasons for absence remained unchanged, though their ranking shifted. Minor illness was the leading cause, followed by personal stress and acute medical conditions.

Long-term Absence: The proportion of long-term absence decreased to approximately 66% (down 14% from 2023/24), partly due to an increased number of dismissals for capability where employees could not sustain attendance despite support.

Work-related Stress: Notably, work-related stress absence increased by 34% compared to 2022/23, highlighting the ongoing impact of workplace pressures and the importance of robust support mechanisms.

Action Planning: The People and Change Team has been tasked with providing a detailed action plan for managing absence within Community Health and Care, given the higher and inconsistent figures in this area.

Wellbeing Initiatives and Next Steps
Both NHS and Council data underscore the importance of ongoing wellbeing initiatives, targeted support for staff experiencing stress and proactive management of long-term absence. The HSCP will continue to monitor trends, support managers in addressing absence and implement action plans - particularly in areas with higher rates or inconsistencies.

## 5. Financial Context

### 5.1 Background

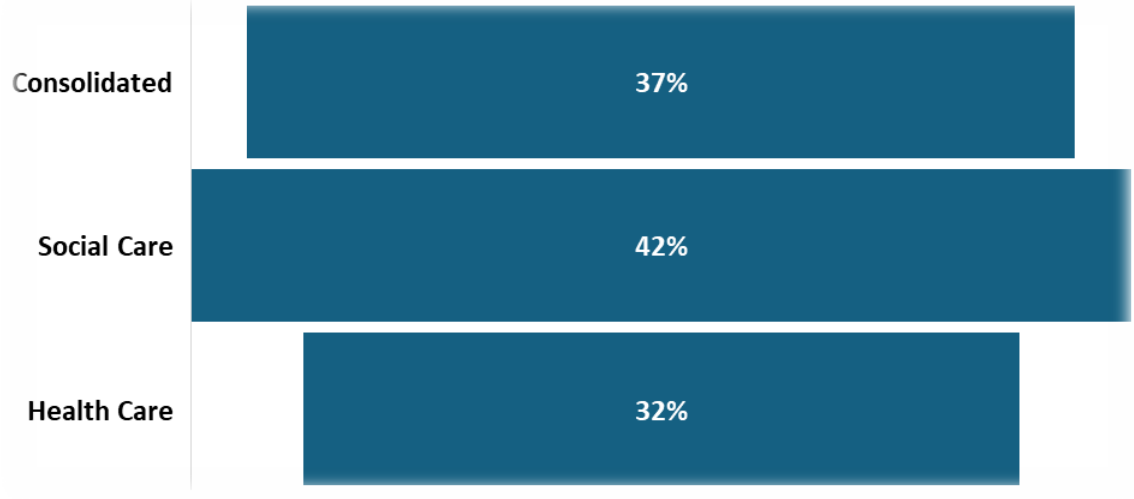
The West Dunbartonshire Health and Social Care Partnership Board is required to operate within the resources it has available to it and on a financially sustainable basis. The HSCP Board approved a balanced budget for financial year 2025/26 on 24 March 2025.

The 2024/25 to 2027/28 Medium-Term Financial Outlook was approved by the Integration Joint Board on 19 November 2024 and brings together into one document all the known factors affecting the financial sustainability of the partnership over the medium term. The outlook provides detail on the level of resources required by the partnership to operate its services over the next three financial years, given the demand pressures and funding constraints that we are likely to experience.

It is a key paper within the suite of financial governance documents, highlighting through sensitivity budget gap analysis the risk that, if not properly managed, financial instability could have on the delivery of the HSCP's strategic plan and therefore the workforce required to deliver on the strategic outcomes and priorities.

The continuing tightening of financial settlements to both of our funding partners, on whom we rely for funding of health and social care services, will be a significant challenge over the period of this plan. This is particularly relevant given the proportion of overall expenditure we invest in staffing which ranges from 32% to 42% as highlighted in the graph below.

**Employee Costs as a percentage of the Gross Budget**


It is crucial therefore that the 2025 to 2028 Workforce Plan aligns with our Medium-Term Financial Outlook and financial planning assumptions which reflect issues of affordability in achieving or sustaining the required future workforce.

The Medium-Term Financial Outlook also considers the volatility, risk and range of forecast pressures that have the potential to create financial instability, and impact both directly and indirectly on the workforce, or vice versa as highlighted in the table below, with further detail provided in section 5.2.

**Financial Pressures Impacting both Directly and Indirectly on our Workforce**

## Financial Pressures

| Directly Impact on our Workforce | Indirectly Impact on our Workforce |
|---|---|
| • Public Sector Pay Policy and wider staffing inflationary pressures<br>• Increased employers' national insurance contributions<br>• Health and Care (Staffing) (Scotland Act) 2019<br>• Recruitment and retention issues arising from:<br>  • *The continuing impact on staff recruitment as a consequence of the United Kingdom leaving the EU*<br>  • *Fewer applicants for roles at all grades and a shortage of skilled staff for key posts as all HSCP's seek to recruit from a limited pool of staff resulting in a potential inability to fulfil national priorities*<br>  • *Varying rates of pay and conditions not only between HSCPs across NHSGGC but also within West Dunbartonshire HSCP funding partners in relation to integrated posts*<br>  • *Temporary funding requiring less attractive fixed term posts*<br>• Higher levels of staff absence and the legacy impact of the Covid-19 pandemic on health and wellbeing | • Flat cash/ringfenced funding directions to Health Board and Council<br>• The impact of single year budgeting on the HSCP's ability to plan for the medium term<br>• An uncertain financial outlook and a mid-range financial gap of up to £35m between 2024/25 and 2027/28, requiring additional savings.<br>• Demographic pressures and demand changes reshaping services<br>• Progress on service redesign programmes<br>• Prescribing pressures<br>• National/local opportunities and challenges:<br>  • *National Care Service*<br>  • *Scottish Living Wage*<br>  • *Increased employers' national insurance contributions*<br>  • *Increasing support to unpaid carers and sums paid for free personal care.* |

Where appropriate, and relevant, our Workforce Plan will seek to address these although we recognise that many challenges are long-standing and will not be fully addressed in the lifetime of this Plan.

### 5.2 Risk Analysis

While numerous financial pressures are highlighted in the table above, some further detail on those that directly and indirectly affect our workforce is provided below.

**Public Sector Pay Policy and Wider Staff Inflationary Pressures**
The Scottish Government published a Multi-Year Public Sector Pay Policy on 4 December 2024, setting out a framework for 2025/26 to 2027/28 with a 9% pay envelope compared to forecast inflation of under 7% across the three-year period. Initially, the HSCP Board budget for 2025/26 assumed a 3% uplift for health and social care staff, at an estimated cost of approximately £3.4m.

However, subsequent pay agreements have significantly altered this position:

- **NHS Agenda for Change Staff**
  In May 2025, health unions agreed a two-year deal (2025–2027) including an inflation protection clause:
  • 4.25% from 1 April 2025
  • 3.75% from 1 April 2026
  • Guaranteed to be at least 1% above CPI inflation each year
  This equates to an 8.16% cumulative increase.
- **Local Government (SJC Workforce)**
  In June 2025, COSLA offered an enhanced two-year deal:

- 4% from 1 April 2025
- 3.5% from 1 April 2026
- Accepted by unions in July 2025, totalling a 7.64% cumulative increase.

These agreements effectively override the assumptions within the Scottish Government's Medium-Term Financial Strategy (MTFS) published on 30 September 2025, which referenced the NHS deal but not the SJC offer (as it was unaccepted at that time). The MTFS commits to multi-year funding settlements, with a Scottish Spending Review due alongside the Budget in January 2026 to support medium-term planning.

**Increased Employers National Insurance Contributions**
As part of the UK Budget announced on 30 October 2024, the Chancellor announced an increase to Employers National Insurance Contributions effective from 1 April 2025. The rate that employers pay in contributions will rise from 13.8% to 15% on a worker's earnings above £175 from April. The threshold at which employers start paying the tax on each employee's salary will be reduced from £9,100 per year to £5,000. For 2025/26 it is estimated that this will cost £2.2m for directly employed staff.

At this time, the position advised by COSLA and the UK Government is that the increase in public sector employers' national insurance will be funded through Barnett consequentials, however, there is a risk that that any Barnett consequential-based funding may not provide sufficient funding to cover the full cost of this change in Scotland, given the proportionally larger public sector in Scotland.

**Health and Care (Staffing) (Scotland) Act 2019**
The Health and Care (Staffing) (Scotland) Act 2019 provides a statutory basis for the provision of appropriate staffing in health and care services, enabling safe and high-quality care and improved outcomes for service users. It builds on existing policies and procedures within both health and care services and effective implementation aims to embed a culture of openness and transparency, ensuring staff are informed about decisions relating to staffing and are able to raise concerns.

**Recruitment and Retention Issues**
Ongoing recruitment and retention issues can arise for a number of reasons, as highlighted in Table x, however, regardless of the reason, they have a number of consequences for our workforce, with both financial and non-financial implications:

- Feelings of low morale and "burnout" as the current pool of available staff try to keep services going.
- Increased levels of absence due to "burnout".
- Resentment among colleagues both within West Dunbartonshire HSCP and the wider collective HSCPs in Scotland due to differing pay and conditions.
- Increased cost of overtime, often at enhanced rates.
- Increasing use of agency cover which is not only expensive but can lead to a lack of continuity of care.

**Indirect Financial Pressures**
Indirect financial pressures, which may initially seem to be outside the scope for discussion within a workforce plan, are however relevant as they impact on either:

- Total financial resources available to fund all services provided by the HSCP
- Efficient use of the overall financial resources available


The Strategic Needs Assessment for Adults and Older People carried out in June 2022 shows a sobering picture of the health of this population cohort within West Dunbartonshire Council which results in both demographic and prescribing pressures. These pressures, along with flat cash/ring-fenced funding directions to the Health Board and Council, and the impact of single year budgeting on the HSCP's ability to plan for the medium term, require the HSCP to look at new ways of delivering services.

West Dunbartonshire HSCP remains committed to making the best use of our resources to deliver best value in improving outcomes for people. We will always seek to invest in those functions and services which can demonstrate a positive impact on people's health and wellbeing, and which are aligned with the aims, commitments and priorities of the West Dunbartonshire Health and Social Care Partnership Strategic Plan 2023–2026: Improving Lives Together. There will be times, however, when disinvestment options will be considered, particularly when the impact, alignment or value for money delivered by a service is not as strong as it could be.

Our investment/disinvestment decisions will always be rooted in the sustainability of our local market and the delivery of our Strategic Plan. We hope that any changes can be as a result of planned service reviews or known commissioning cycles, but we accept that there will be times when circumstances arise that present us with an opportunity to reconsider the allocation of resources.

## 6. Short Term Workforce Drivers

### 6.1 Health Care Staffing (Scotland) Act

The Health and Care Staffing (Scotland) Act 2019 came into effect in April 2024. The aims of the Act are to enable safe and high-quality care and improved outcomes for people experiencing healthcare or care services through the provision of appropriate staffing. This requires the right people, in the right place, with the right skills, at the right time.
Organisations providing health and care services must ensure appropriate staffing and staff training are in place. There are obligations on anyone who provides a care service to ensure that at all times suitably qualified and competent individuals are working in the care service in such numbers that are appropriate for:

- the health, wellbeing and safety of service users
- the provision of safe and high-quality care
- in so far as it affects either of those matters, the wellbeing of staff

The Act has further highlighted the need to have appropriate levels of staff in post and mechanisms in place to escalate concerns to allow mitigations to be put in place.

### 6.2 Service Redesign

The HSCP is undertaking three major service reviews, which, while they are at varying stages of completion, they will all undoubtedly influence the future structure of our workforce. The three reviews are the Care at Home Redesign, 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 the Review of Learning Disability Services.

Care at Home Redesign


The Care at Home Service is progressing through the final phase of its redesign, with full implementation of the standardised roster scheduled for March 2026. This review has been a significant undertaking aimed at modernising service delivery, improving flexibility, and ensuring sustainable staffing models.

Current activity is focused on supporting staff through the transition to new rosters, addressing appeals and resolving challenges around evening and weekend coverage. While the majority of the workforce is expected to move to the new arrangements, approximately 30% have indicated difficulties in adapting, which remains a key risk area.

The review has also highlighted the need for ongoing engagement with staff, investment in wellbeing, and succession planning to secure future resilience. Lessons learned from this process will inform future workforce strategies and contribute to the HSCP's broader objectives for integrated care and improved outcomes.

Next Steps and Priorities
The immediate priority is to monitor compliance and progress towards full implementation of the standardised roster by March 2026. This will involve regular tracking of workforce alignment and identifying any emerging gaps in coverage.

Supporting staff through the transition remains critical. Targeted engagement and practical solutions will be provided for those struggling with the new arrangements, particularly around evening and weekend working, to minimise disruption and maintain service continuity.
Evaluating the impact of the redesign is another key step. This will include assessing its effect on service delivery, absence levels, and workforce satisfaction, ensuring that the changes deliver the intended benefits and inform future improvements.

Embedding succession planning and training initiatives will be essential to strengthen resilience and address demographic challenges within the workforce. This includes expanding SVQ opportunities and developing internal talent pipelines.

Finally, workforce risks will be reviewed regularly to ensure mitigation plans remain aligned with service needs and strategic objectives. This proactive approach will help maintain stability and support the long-term sustainability of the service.

Children's Health and Care Services Strategy
Approved at the 28 March 2024 HSCP Board, the Children's Health and Care Services Strategy, "Improving Lives with Children and Young People in West Dunbartonshire, What Would It Take? 2024 - 2029" will be delivered by key projects with related key performance measures and milestones. The Strategy presents the roadmap to deliver sustainable services, aligned to the Promise and Shifts the Balance of Care. This will ensure children and young people, where possible, can remain supported at home with the necessary scaffolding of support, with family or in a community setting.

The West Dunbartonshire Integrated Children's Services Strategic Needs Assessment 2018 provides statistics on children's health, social circumstances, family health and environment, and provides useful data and allows services to target resources and improvement projects on those areas which require focus.

West Dunbartonshire is experiencing a continued decrease in population, however, there is a continued high rate of child poverty. Improving Lives with Children and Young People in West Dunbartonshire, What Would It Take? 2024 – 2029 supports the delivery of wider Integrated


Children's Services Planning with (Getting It Right for Every Child (GIRFEC) early help and support approaches as core to supporting children at earliest stages.

The strategy provides a number of thematic areas within each individual Children and Families service, namely:

- Family Support Services
- Foster Carer Recruitment
- Supported Accommodation Options for Care Leavers
- Commissioning Services for Children and Families
- Permanence and Care Excellence (PACE)
- Best Practice in Child Protection and Safeguarding.

These thematic areas will be underpinned by projects within the overall programme, the success of which will be dependent on the participation and collaboration of the stakeholders involved. This includes employees who deliver and facilitate the service and people who use the service; their input will be critical to the success of the redesign.

Review of Learning Disability Services

Following the HSCP Board's approval of the Review of Learning Disability Services in June 2024, significant progress has been made over the past year. The Learning Disability Review Steering Group (LDRSG) was established and has overseen extensive engagement and consultation with stakeholders, including staff, service users, carers, and commissioned providers. This collaborative approach has ensured that the review is aligned with both national and local policy, and that services are robust, resilient, and focused on achieving positive outcomes for those with critical and substantial needs.

Key developments include a comprehensive review of individual service packages to ensure alignment with eligibility criteria and maximise independence. The Community Learning Disability Team (CLDT) has faced ongoing recruitment challenges, particularly within the health team, but continues to deliver statutory duties and support carers. Improvements have been made in transitions from children's to adult services, with new procedures developed in line with national principles.

Registered and non-registered services have also been reviewed. The Housing Support Service (HSS) is being modernised, with upgrades and potential changes to service locations to better meet current needs. Staff have completed training on the Health and Care (Staffing) (Scotland) Act 2019, and the service was commended by the Care Inspectorate for its approach to safer staffing.

Community-based supports, including Community Connections and the Dumbarton Centre, are being considered for merger to create a more flexible and sustainable outreach model. The Respite/Short Break Service continues to promote a range of options for carers, with future changes likely to align with national policy on replacement care. The removal of the LD Service Manager for Development and Involvement post and the potential closure of Work Connect are being progressed as part of required savings.

Throughout the review, there has been a strong emphasis on partnership, co-production, and ongoing engagement to ensure services remain sustainable and focused on those with the greatest need. While financial pressures remain a concern, the review aims to modernise LD services, reduce duplication, and ensure equitable, person-centred support for the future.


## 6.3 Agenda for Change Non-Pay Pay Deal

One of the most significant workforce challenges facing West Dunbartonshire HSCP in 2025 is the implementation of the non-pay elements of the 2023 Agenda for Change (AfC) agreement. Central to this is the phased reduction in the standard working week for NHS Scotland staff.

As part of the 2023/24 pay settlement, the Scottish Government committed to reducing the full-time working week for AfC staff from 37.5 hours to 36 hours. The first phase - a 30-minute reduction - was implemented on 1st April 2024. The second phase, reducing the working week to 36 hours in full, is scheduled for 1st April 2026.

### 6.3.1 Reduced Working Week

This change is not merely symbolic. It represents a substantial reduction in available workforce hours across services. For example, internal modelling from West Dunbartonshire HSCP indicates that:

- **Treatment Room Services** could lose up to 258 appointments per week due to reduced nursing hours and vacancies.
- **District Nursing Teams** will lose 2.1 WTE per week, impacting their ability to respond to urgent care needs and take on additional workstreams.
- **Advanced Nurse Practitioners (ANPs)** will see a reduction of 9 hours per week, equating to 27 fewer appointments, which will likely be redirected to already stretched GP practices.
- **Diabetes Services** anticipate losing half a day of clinic time weekly, increasing patient waiting times.

The impact is compounded by existing vacancies and budget constraints, which will limit the ability to recruit additional staff to offset the lost hours should funding be approved by the Scottish Government. Services such as CTAC and FIT are already experiencing strain, with reductions in Band 3 HCSW hours translating to hundreds of lost appointments weekly.

While the policy aims to improve work-life balance and staff retention, it presents immediate operational challenges. These include:

- Increased waiting times for patients.
- Reduced appointment availability.
- Pressure on GP practices and acute services to absorb redirected workload.
- Delays in vaccine programmes and assessments.

Boards are required to submit final implementation plans by October 2025, and West Dunbartonshire HSCP must ensure that its approach is both compliant and responsive to local service needs.

### 6.3.2 Band 5 Nursing Review

This initiative aims to ensure that the responsibilities, clinical skills, and scope of practice expected of Band 5 nurses are accurately reflected in their job banding and remuneration.

The review is being governed nationally by the Scottish Terms and Conditions Committee (STAC), which has developed a standardised process and digital portal for submissions. Each NHS Board, including NHS Greater Glasgow and Clyde (NHSGGC), is responsible for managing the review

locally. NHSGGC has established an Implementation Group co-chaired by Steven Munce and Susan Walker, tasked with overseeing the review process.

Workforce Challenges
The review presents several operational and strategic challenges for West Dunbartonshire HSCP:

Service Disruption: Nurse managers must allocate time to support staff through the application process, which may divert attention from clinical duties. This could temporarily affect service delivery, particularly in high-demand areas.

Expectation Management: The review may lead to rebanding and pay increases for some nurses, but not all. Managing expectations and ensuring transparency will be critical to maintaining morale and trust.

Workforce Planning Implications: Any rebanding outcomes will affect workforce structures, budgets, and future recruitment strategies. The HSCP will need to monitor the impact closely and adjust its workforce modelling accordingly.

Several batches of evaluation outcomes have already been processed, with affected nurses receiving notification letters and matched job reports. Where rebanding has occurred, payroll adjustments are being made automatically.

#### 6.3.3 Protected Learning Time

A structured approach to PLT is being introduced to guarantee consistent access to professional development. NHS Greater Glasgow and Clyde has established implementation groups aligned with national workstreams, including the development of core training modules, system modifications, and success metrics

## 7. Challenges

### 7.1 Recruitment Challenges

West Dunbartonshire HSCP is facing the same challenges as other HSCPs, and the wider Health and Care sector, in relation to hard to fill roles. Work in the care sector is no longer an attractive option for jobseekers. This can be partly attributed to what happened during the pandemic and partly due to market rates of pay. In a lot of cases individuals can earn comparable if not more lucrative salaries in other roles (e.g. supermarkets) with a lot less responsibility. Neighbouring Local Authorities are competing from the same pool of job seekers with different rates of pay across Local Authorities sometimes being the deciding factor.

Work is ongoing within West Dunbartonshire HSCP to ensure that not only do we offer an attractive employment proposition but that we also have opportunities available to develop staff to ensure they remain with us.

An example of this is in our social work teams where we employ social work assistants who we may then support to qualify as social workers.

This includes help with the cost of the course, time off to undertake placements and a willingness to offer placements to other individuals on the course. This will backfill our staff who are out on placement and may attract those individuals to come and work with West Dunbartonshire HSCP.

Social Work and Social Care
Employee resource levels and recruitment pressures in social work and social care are sector-wide challenges. The HSCP is working to address this issue and to manage any impact on operational performance and employee morale.

Social care services in particular currently operate in a highly competitive market and, in line with the national actions to address this skills shortage, we will continue to review and adapt the local approach to recruitment and retention to ensure the HSCP has a capable workforce who are highly valued for the services they deliver.

Psychiatry
There is a long-standing need to increase higher training places for psychiatrists in general and critically for older adult psychiatry. The HSCP continues to find it difficult to recruit to Consultant Psychiatrist posts, impacting general psychiatry and neurodevelopmental disorders (ASD and ADHD) waiting lists.

Future Nursing Pipeline Challenges
The HSCP shares concerns around the future nursing pipeline. The current number of nurse training placements is not sufficient to meet future demand.

RWW impact

Given the extent of the gaps in the current training pipelines it is imperative that alternative routes into registered training are pursued with considerable urgency to help bolster training numbers.

Children and Families Social Work, Residential and Placement Services Unit
It is challenging to recruit to Residential Care Officer posts in residential houses for young people. This is a national issue that has persisted for several years but locally too more recently. Whilst possible to recruit applicants the suitability of candidates in terms of qualifications and experience is a barrier to recruitment. The service has reviewed essential criteria, undertaken benchmarking exercise to understand, offered exit interviews to understand any local issues, and offered enhanced training opportunities for career progression within the houses.

Justice Social Workers

Justice Social Worker posts face recruitment challenges locally and nationally. This is an operational risk to all of the Community Justice Social Work services with the role being generic across the following teams:

- Court Based Social Work
- Community Sentencing
- Assessment and Early Intervention
- Youth Justice
- Justice Throughcare
- Drug Treatment and Testing Orders

The service uses generic job descriptions and staff are moved to cover between areas if necessary, depending on resource. The service currently has an ongoing training programme to develop the skills of newer staff to the role of Justice Social Work.

Exit interviews are offered to understand any local issues, as are enhanced training opportunities and hybrid working to encourage interest.

### 7.2 Location and Travel

West Dunbartonshire benefits from a scenic location on the banks of Loch Lomond, with Dumbarton just 20 to 30 minutes by train from Glasgow. Despite this proximity, there is a common perception that the area is more remote than it truly is, which can sometimes limit the available talent pool.

Historically, access to Dumbarton has been constrained by the presence of only one main road, which can become congested or blocked, discouraging some potential applicants. However, a second road is currently under construction, aimed at alleviating pressure and improving overall connectivity to the area.

While the location offers a high quality of life and beautiful surroundings, attracting staff away from Glasgow - where there are typically more opportunities - remains a challenge. Local feedback suggests that transport links within West Dunbartonshire can be inconsistent, and this has impacted service delivery in some areas. For example, people in more deprived communities are less likely to travel for services, which has been evident in efforts such as vaccination programmes.

### 7.3 Financial pressures

The priority is to deliver services within budget whilst trying to navigate a complex landscape of increasing demand for high-cost services. Teams are being asked to identify ways in which costs can be reduced. There is good evidence to suggest that early and preventative support can reduce the need for high-end services; it can also reduce the length of time services are needed. Our aim is to continue to expand on early prevention and develop a workforce for this purpose. There has been an increased focus on reviewing services to ensure that only those services which are considered critical within our eligibility criteria are provided. This has a direct impact on the workforce morale.

## 8. Plan - Services

### 8.1 Health and Community Care

#### 8.1.1 Care Homes and Day Services

Care Homes

The care homes service comprises two homes, both of which achieved high grades in their most recent Care Inspectorate inspections, with wellbeing scoring particularly well. Crosslet House has a dedicated Wellbeing Unit within its grounds to support staff, reflecting a strong commitment to employee health and morale.


Staffing remains a significant challenge, particularly in recruiting Care Assistants. This issue is compounded by the Council's lack of a sponsor licence, which prevents the employment of workers from outside the UK. These restrictions place additional pressure on maintaining service quality and meeting increasing care demands.

Workforce demands are evolving. Crosslet House is participating in the National Infection Prevention and Control (IPC) pilot**,** which involves working through a standards checklist and reviewing existing policies to ensure alignment with national requirements. Both homes have also achieved the Food for Life Served Here Bronze Award**,** led by Soil Association Scotland. This award recognises their commitment to serving fresh, sustainable and ethically sourced meals, with at least 75% of dishes prepared from unprocessed ingredients. Menus now include seasonal Scottish produce and higher welfare meat, supporting local suppliers and promoting healthy eating. This achievement positions the homes as leaders in sustainable catering within Scotland's care sector. [soilassociation.org]

Rising levels of acuity mean residents are funded for longer periods, and there is a notable increase in residents with dementia. This trend necessitates ongoing investment in training to ensure staff are equipped to manage complex care needs effectively.

Succession planning is another priority. While the age profile of the management team does not present an immediate risk, it is a concern for the medium term. Exploring SVQ funding and other development opportunities will be essential to build a pipeline of skilled leaders and maintain service resilience.

Risks and Mitigation Strategies
Recruitment restrictions and the inability to employ overseas workers present a significant risk to maintaining adequate staffing levels, particularly for Care Assistants. This could impact service delivery and staff wellbeing if not addressed. Mitigation strategies include strengthening local recruitment campaigns, exploring partnerships with training providers to "grow our own" workforce and prioritising retention through wellbeing initiatives such as the dedicated Wellbeing Unit at Crosslet House. Succession planning and investment in SVQ funding will help reduce future leadership gaps, while ongoing dementia training will ensure staff can meet the increasing complexity of care needs.

Day Services
Day Services are currently experiencing significant workforce challenges, primarily due to high levels of staff absence. This is impacting safe staffing levels and has led to a reduction in capacity for assessments, resulting in growing waiting lists for new service users. Maintaining safe staffing remains a critical priority.

On a positive note, the service is undergoing a redesign, which presents an opportunity to modernise how care is delivered. A new manager has been appointed to lead this transformation, working closely with senior colleagues to review service delivery and implement improvements. Recruitment for additional roles, including Day Care Officers and Assistants, is planned as part of this redesign, although there have been previous difficulties in recruiting to management-level posts due to qualification requirements.

The profile of service users is changing, with higher levels of acuity and an increasing number of individuals living with dementia. This means that many service users require more intensive support, often involving more than one staff member during their time in the day centre. These changes place additional demands on the workforce and highlight the need for ongoing training to ensure staff can meet complex care needs.

Succession planning remains a priority, with a focus on supporting staff through SVQ qualifications to build a pipeline of skilled workers and future leaders. This will help maintain service resilience and address potential gaps in management roles over the medium term.

Risks and Mitigation Strategies
The most pressing risk is the impact of high absence levels on safe staffing and service capacity, which could lead to longer waiting times and reduced access for service users. Mitigation strategies include proactive recruitment as part of the redesign, investment in staff wellbeing to reduce absence, and targeted training to equip staff for the increasing complexity of care. Succession planning through SVQ funding will help secure future leadership capacity, while modernisation efforts aim to create a more sustainable and efficient service model.

### 8.1.2 Care at Home and Reablement

The Care at Home and Reablement Service is a large, predominantly female workforce, with a significant proportion aged over 45. The age profile shows that over 57% of staff are aged 50 or above, which presents long-term succession planning challenges and contributes to higher levels of absence. Flexi-retirement requests are common, reflecting the older demographic and adding complexity to workforce planning.

The service is in the final phase of a major redesign, with full implementation of the standardised rosters planned by March 2026. While this modernisation aims to improve efficiency and service delivery, around 30% of staff have expressed challenges in moving to the new roster, particularly regarding evening and weekend working. This poses a significant risk to maintaining planned hours of care and ensuring adequate coverage across all shifts.

Recruitment is not currently a major issue, as posts are being held until the redesign is complete. However, there has been at least one instance where a strong candidate for an in-house trainer role could not be appointed due to the Council's lack of a sponsorship licence. This highlights a wider risk across services and may strengthen the case for securing a licence to enable recruitment of skilled candidates from outside the UK.

The workforce is predominantly local, and the relatively low healthy life expectancy in West Dunbartonshire may contribute to absence levels. These factors, combined with ongoing scrutiny from the Care Inspectorate, place additional pressure on managers and the service as a whole. Despite these challenges, the redesign offers an opportunity to create a more sustainable and flexible model of care.

Risks and Mitigation Strategies
Key risks include high absence levels, resistance to new rosters, and the ageing workforce, all of which impact service capacity and safe staffing. Mitigation strategies include proactive engagement with staff to support the transition to new rosters, investment in wellbeing initiatives to reduce absence, and succession planning through SVQ funding and internal development. Addressing the sponsorship licence issue could improve recruitment flexibility for specialist roles. Continued monitoring of absence trends and workforce demographics will be essential to inform future planning.

### 8.1.3 District Nursing

Currently, the services are managing to meet demand but there is a clear expectation that this will become more challenging over the next 12 to 24 months. The increasing complexity of care,

particularly for patients with life-limiting illnesses, is driving up demand. Legislative requirements mean that safer staffing levels must be maintained across all services, with specific tools in place to determine the appropriate numbers. However, ongoing reforms and service developments are expected to further increase the need for staff and there is a significant risk that the current workforce will not be sufficient in the near future.

A major concern is the age profile of the workforce, with around 30% expected to retire within the next five to fifteen years. Recruitment is already challenging, especially for certain roles such as Band 6 staff (who often move on to Band 7 positions), Occupational Therapists and Physiotherapists. Some posts are particularly hard to fill due to their specialist nature or location and there are worries about whether enough new staff are coming through from colleges and universities. Retention is also an issue and the reliance on fixed-term rather than permanent contracts is making it harder to maintain a stable workforce.
Service-specific challenges are also concerning. For example, District Nursing requires ongoing monitoring and is likely to need increased staffing in the near future. Phlebotomy services are experiencing high demand, with a growing need for administrative support, especially as services like OPAT expand. The Primary Care Improvement Plan (PCIP) relies on maintaining current staffing levels to deliver care as set out in the Memorandum of Understanding, but recruitment shortfalls mean that sometimes demand cannot be met. In the Diabetes Service, while current staffing is adequate, waiting times have increased due to new treatments, and recruitment remains difficult due to the specialist skills required.
There is an emphasis on the importance of supporting the workforce through role diversification, service changes and the use of technology to improve performance. There is a need for strong leadership and adequate resources to implement new initiatives and support the future vision for services. Overall, while the current workforce is coping, there are significant risks ahead due to retirements, recruitment and retention challenges, and increasing service demands. Proactive planning and innovative approaches will be essential to sustain and develop services in the short term.

### 8.1.4 Pharmacy

The pharmacy service is currently facing several workforce challenges that require careful planning and targeted action. In the short term, sustaining services and addressing backlogs is a key priority. Previous recruitment efforts have been hampered by the geographical location and the HSCP's focus on Primary Care Improvement Plan (PCIP) activities, which limits opportunities for staff development in more advanced roles. This has resulted in ongoing capacity pressures and a need to streamline processes with stakeholders to maximise the capacity of the existing workforce.

Morale within the team has been affected by long-term sickness absence, which is partly attributed to continual pressure from colleagues due to work overcapacity. Retaining the current workforce is therefore a priority, with a particular focus on wellbeing and managing workload. The workforce gap is evident, as the team is currently down by approximately 1.6 whole-time equivalent (WTE) staff compared to the previous year. Replacing these positions would be a priority if funding becomes available. However, recruiting internally would create gaps at lower levels, necessitating training for newly qualified staff. Fortunately, the team has experience in providing such training, although the requirement is variable.

Succession planning is becoming increasingly important, as 57% of the pharmacy senior management team (SMT) is over the age of 55, though it is unlikely that any will retire within the next 12 months. The service is also investing in 'grow your own' strategies, with around 19% of the

team currently in training posts. However, there is concern about the lack of funding to retain these colleagues once they qualify. Additionally, the team has a high percentage of women of childbearing age, which suggests a likely increase in maternity leave over the next one to five years.

No new initiatives are currently planned due to recruitment restrictions, and the workforce implications of these drivers are significant. The service must prioritise succession planning and explore alternative routes to fill posts, while continuing to support staff wellbeing and development within the constraints of current resources.

### 8.1.5 Adult Services

Adult Services face ongoing workforce challenges, particularly in recruiting physiotherapists and occupational therapists (OTs). While recruitment for OTs has recently improved, with one successful appointment, physiotherapy posts remain difficult to fill. Recruitment for social workers is currently more positive, but continued monitoring is required to maintain stability across the integrated adult services workforce.

A structural review is underway to ensure resources are allocated effectively and waiting times are minimised. This review is critical given the increasing demand for hospital discharge support and the need to prevent unnecessary admissions. The service plays a key role in reducing delayed discharges and minimising bed days lost, which requires a flexible and responsive workforce model. These pressures may necessitate further investment to strengthen capacity.

The introduction of a reduced working week will have implications for the health professional workforce, requiring adjustments to scheduling and resource planning. Additionally, the team includes the hospital discharge function, which links closely with the broader Transforming Together agenda. Recent funding for integrated care beds has supported the development of a small workforce to enhance discharge pathways, contributing to national priorities for integrated care.

Speech and Language Therapy (SLT)
The SLT team is a very small, standalone service comprising only 2.8 WTE (1.8 WTE qualified staff and 1 WTE assistant). This team covers both acute and community services in West Dunbartonshire, creating a significant challenge in terms of capacity and resilience. There is no cover for absence, which places the service at high risk and is recorded on the risk register. A wider review of SLT provision is underway across NHS Greater Glasgow and Clyde, but in the meantime, the lack of flexibility and absence cover remains a critical vulnerability.

Risks and Mitigation Strategies
Key risks include ongoing recruitment challenges for specialist roles, the impact of structural changes, and increased demand for hospital discharge and admission prevention. The SLT team's size and lack of contingency for absence represent a major risk to service continuity. Mitigation strategies include targeted recruitment campaigns for physiotherapy and OT posts, continued engagement with professional networks, and leveraging new funding streams to build capacity. For SLT, collaboration with the GG&C-wide review and exploring shared resource models may help reduce risk. The structural review will help optimise resource allocation, while collaboration with the Transforming Together programme will support service redesign and sustainability.

Opportunities for Service Development
The Transforming Together agenda and recent investment in integrated care beds present significant opportunities to modernise Adult Services. These initiatives enable the service to

strengthen hospital discharge pathways, reduce delayed discharges, and improve outcomes for service users. By aligning workforce planning with these strategic priorities, Adult Services can create a more integrated, efficient, and sustainable model of care that meets future demand.

## 8.2 Mental Health, Learning Disabilities and Addictions

### 8.2.1 Learning Disabilities

In the short term, the Community Learning Disability Team is facing significant pressures due to increasing caseloads and rising complexity among service users. There are currently around 350 care packages for people with learning disabilities, all of which should be reviewed annually. However, the team is unable to meet this demand because of insufficient staffing levels. The caseload continues to grow, particularly as the population ages and as more complex transition cases arise.

The social work team is currently operating below its full establishment with two vacancies that have been difficult to fill. Even if these vacancies were filled, the team would still struggle to manage all demands beyond statutory duties. Recruitment and retention remain challenging, with staff sometimes leaving for higher pay in other Health and Social Care Partnerships. There are also ongoing concerns about staff wellbeing, as the pressure of workload continues to mount.

Some progress has been made by developing alternative routes to qualification, with three staff from other areas of learning disability services now working towards their social work qualification. However, the team continues to experience challenges in managing the workload, particularly in relation to the annual review of care packages and the increasing complexity of transition cases.

National policy drivers, such as the Coming Home Implementation Report and the management of the Dynamic Support Register (DSR), have also increased the workload for both the Nurse Team Leader and the wider team. The reduction in inpatient beds means that more complex service users must be supported in the community, which places additional pressure on finding suitable placements and increases the workload for staff. The management of the DSR, in particular, requires regular planning meetings and coordination with Public Health Scotland, adding to the demands on the team.

Transitions are a particular area of concern, with increasing numbers of complex cases and no dedicated transitions team to manage them effectively. This makes it difficult to ensure timely and effective support for individuals moving between services. The plan suggests that resource from Children and Families services could be redirected to support this work, with management through Adult services to improve outcomes.

Overall, the short-term drivers for the Learning Disability service are characterised by increasing demand, rising complexity, persistent recruitment and retention challenges, and the need to respond to national policy requirements. Addressing these issues will require ongoing attention to workforce planning, investment in staff development, and consideration of how resources are distributed across the service.


### 8.2.2 LD Registered Services

The LD Registered Services are currently focused on sustaining service delivery and addressing any backlogs, while responding to increasing demand and complexity in service user needs. Staffing levels are expected to decrease slightly due to career progression, and maintaining capacity will depend on successful backfilling of these posts. The service faces ongoing challenges in recruitment and retention, particularly for specialist roles, and is exploring flexible contracts and alternative pathways to address these gaps. Mandatory and induction training remain priorities, with annual rotations and online learning supporting staff development. Following approval of the service review recommendations by the Integration Joint Board, the service is now moving into the implementation phase with a continued emphasis on modernising provision, ensuring sustainability and prioritising support for those with the most complex needs.

### 8.2.3 Mental Health

Recruitment to lower grade posts (Band 5 and under) remains a significant challenge for Mental Health Services in West Dunbartonshire, particularly outside the Clydebank area. While recruitment to Band 6 and above is somewhat easier in Clydebank, Dumbarton and Helensburgh continue to face difficulties across all positions. The volume of work coming through mental health services is vast, and this coincides with ongoing recruitment and retention challenges, as well as high levels of staff sickness. These pressures are placing considerable strain on the existing workforce, with delays in recruitment further exacerbating staff sickness and increasing the burden on those remaining. The planned reduction in inpatient beds and reinvestment in community services, as outlined in the Mental Health Strategy, is a positive step, but there are concerns about the ability to attract candidates to these community roles. Efforts to modernise Community Mental Health Teams (CMHTs) aim to reduce stress and demand on staff, making these positions more appealing to potential employees. However, the current staffing profile does not meet service demand, and further reductions in beds are likely to increase pressure on community teams, which are already stretched.

The service currently employs 169.8 whole-time equivalent staff (192 individuals) across NHS and West Dunbartonshire Council, with 95 staff under the age of 50, 87 aged 50 and over, and 20 staff aged 55 and above who may retire within the next five to ten years. Staff turnover in the past year included 21 leavers and 19 new recruits, with a positive outcome achieved through the recruitment of newly registered nurses straight from university into hard-to-fill areas. There has been a shift in experience requirements, with newly qualified nurses now working autonomously in the community, and some Band 6 nurses having less than a year of post-registration experience. The loss of staff goodwill and flexibility has impacted retention, and high sickness absence rates—currently at 11.5%—are primarily due to anxiety, stress, depression, and other psychiatric illnesses. The pay structure, particularly the removal of unsociable hours pay, has made community roles less attractive, and backfilling promoted staff is unlikely unless inexperienced staff are accepted.

Immediate actions should focus on innovative recruitment approaches, such as partnering with local colleges and high schools to promote nursing careers and guarantee work placements for students. Attending high school information evenings and engaging with young people in the community can help make mental health careers more attractive. A review of Band 5 nursing roles may have significant payroll implications if all Band 5 staff are upgraded to Band 6. Overall, resources must be prioritised for patients at highest risk, as the current service delivery model is unsustainable in the present climate.


### 8.2.4 Addictions

The Addictions Service reports significant challenges in sustaining service delivery due to ongoing workforce pressures, particularly in administrative and nursing roles. There is an increasing need for administrative support and the failure to backfill vacant posts is creating risks not only to service delivery but also to the organisation's reputation. Continued funding is essential to maintain the foundation of the service, as current pressures are having a detrimental impact on staff wellbeing. The service is currently awaiting the outcome of an administrative review, which may influence future workforce planning and structure.

A key strategic driver has been the administration of injectable opioid substitution treatment, which has been absorbed by the current nursing workforce. Over half of the current prescribing caseload is for Buvidal, and this demand has placed additional strain on both nursing and administrative teams. Current administrative staffing levels are insufficient to meet demand, with vacancies remaining unfilled and an increasing reliance on a small pool of existing staff. This lack of resilience makes it difficult to maintain contingency during periods of sickness absence and limits the capacity to support frontline teams.

Workforce demographics present further challenges with two Team Lead posts and one Senior Addiction Worker post expected to reach retirement age within the next twelve months. Recruitment to administrative posts remains difficult, with vacancies taking considerable time to fill due to lengthy recruitment processes and the need for senior management approval. Training new recruits is also time-consuming and the use of bank staff is not a viable option due to budget constraints and a lack of trained personnel. Persistent shortages continue to pose risks to service delivery, staff wellbeing and organisational reputation. The service requires a core number of administrative staff to provide resilience against absences but maintaining this level is becoming increasingly difficult due to budget cuts and savings requirements.

There are also challenges in recruiting to nurse posts, mainly due to capacity issues across the Health Board, with vacant posts outweighing the number of new qualifiers from nursing courses. Alternative routes, such as rolling out certain treatment options in Primary Care, are being considered to help address these gaps. Staff retention is a further challenge, particularly in administrative roles, where previous difficulties in recruiting have been linked to a lack of recognition of pay grade and insufficient incentives for promotion, given the level of responsibility required. The inability to create posts at a lower grade, due to governance requirements, further complicates recruitment efforts.

To support the workforce, it is suggested that introducing administrative apprenticeships could be beneficial, bringing additional resource and resilience to the organisation. Empowering staff by encouraging their input into service developments and pathways is also highlighted as important, though this can be challenging when resources are stretched. Overall, the Addictions Service workforce plan underscores the urgent need for sustained investment, innovative recruitment and retention strategies and ongoing support for staff to ensure the continued delivery of safe and effective services

## 8.3 Children's Health Care and Justice

### 8.3.1 Children's Services

Children's Services are reporting the ongoing challenge of balancing workforce supply and demand in a context shaped by demographic trends, service developments, and national policy

requirements. A significant concern is the age profile of the Health Visiting (HV) team, with approximately 59% of the workforce either at retirement age or within maternity leave parameters. This creates a pressing need for sustained succession planning and a reliable pipeline of student Health Visitors to ensure service continuity. Recruitment and training for HV and School Nurse (SN) posts remain difficult due to a national shortage of suitably trained staff, the lengthy training period required for the Specialist Community Public Health Nurse (SCPHN) role and the geographic location of the HSCP which can make attracting candidates more challenging.

Planned service developments for 2025/26 are being shaped by current demographic and service delivery data. These include a renewed focus on speech, language and communication (SLC), enhanced parenting support, initiatives to improve dental health for children under five, addressing developmental delays and a greater emphasis on neurodiversity. Consideration is also being given to the range of support staff available to deliver these planned interventions with families. However, maintaining a steady flow of postgraduate students into the workforce remains a challenge and there is a recognised risk to safer staffing levels if this pipeline is not sustained. It is suggested that recruiting at least one whole-time equivalent (wte) student Health Visitor in 2026 would help counterbalance potential retirements, though this will require careful budget planning. The School Nursing service is also under pressure, with potential for service expansion but a current staff profile that is unlikely to meet growing demand. This could result in longer waiting times and the challenge will be to implement new service specifications with existing resources. Breastfeeding initiation rates are noted as the lowest in Scotland and evidence suggests that a dedicated resource can reduce attrition rates. Staff are skilled in delivering infant feeding advice and support, but ideally, a dedicated team would be reinstated if budgets allowed.

Another key issue is the impact of the reduced working week. There is evidence that staff are working beyond their contracted hours to maintain safe care delivery and a further reduction in working hours planned for April 2026 could equate to a loss of 1.5 wte Health Visitor staff. This may make it difficult to fully deliver the Universal Health Visiting Pathway (UHVP), potentially leading to increased toil time and stress within the workforce. To mitigate this, working hours will be closely monitored, supervision sessions will address workload concerns and performance will be audited to ensure care standards remain high.

Workforce planning tools, such as the CSM tool, have supported decision-making. In 2024, analysis indicated that maintaining current staffing levels would allow for safe and effective service delivery, except in school nursing, where an increase of 4.0 wte staff was recommended to deliver new enhanced pathways. The 2025 analysis is ongoing but is expected to yield similar findings. Supporting the workforce will require investment in third sector support services, maintaining the student pipeline and ongoing discussions about how to implement new service specifications for school nursing within existing resources.

### 8.3.2 Children and Families

Workforce information for Children & Families services is currently being reviewed and will be included in the next update of this plan. This section will provide an overview of current workforce capacity, key challenges, and priorities for 2025/26, including recruitment and retention, succession planning, and the impact of ongoing service developments. In the interim, the service continues to focus on delivering high-quality support to children, young people, and families, aligned with national policy and local strategic objectives.


### 8.3.3 Justice

Justice Services have highlighted the increasing pressures facing the service, particularly in relation to workforce capacity and skills mix. Additional capacity is required, specifically in the form of two qualified social work (QSW) staff, to support the growing demand on the service. This demand is being driven in part by national strategies aimed at reducing the prison population, which are having a direct impact on the volume and complexity of cases managed by the justice team.

A key concern identified is the limited skills mix within the current workforce, which is affecting the quality and breadth of service provision. While the age profile of the workforce does not present an immediate risk, the lack of diversity in skills is seen as a significant challenge, particularly as national drivers continue to increase demands on the justice service. The projected gap between service demand and workforce capacity is expected to widen if these issues are not addressed.

Recruitment and retention remain ongoing challenges for the justice service. A significant amount of training is required to equip staff with the necessary skills for their roles and this can be a barrier to both attracting and retaining qualified personnel. The difficulty in recruiting staff with the right skills, combined with the need for substantial training, poses a risk to the service's ability to meet projected workforce requirements and deliver high-quality support to service users.

In terms of supporting the workforce role diversification, service change and the use of technology or IT solutions could help improve performance and resilience within the team. However, the main priorities remain increasing the number of qualified staff and addressing the skills mix to ensure the justice service can respond effectively to current and future demands.

## 8.4 MSK Physiotherapy

The MSK Physiotherapy team has developed its own dedicated workforce plan. This tailored plan provides a detailed overview of workforce priorities, challenges and actions specific to the MSK Physiotherapy service.

The MSK Physiotherapy service hosted by West Dunbartonshire HSCP for NHS Greater Glasgow & Clyde faces significant workforce challenges as it approaches 2025–2026. Recruitment and retention remain persistent issues, with ongoing vacancies due to a shortage of applicants and difficulties backfilling posts affected by maternity leave, long-term sickness and natural attrition. The service is further impacted by experienced staff moving into advanced practice roles in primary care and A&E, which, while beneficial for the wider system, depletes the core MSK workforce. Despite an increase in university places for physiotherapy, the number of graduates remains insufficient to meet demand and the service is rarely fully staffed, operating on average with a 10% vacancy rate.

Financial constraints are a major concern for 2025–2026, with the service required to propose annual savings of 10%, potentially resulting in the loss of 15–16 WTE staff each year. This is particularly challenging as the majority of the MSK budget is allocated to staffing, leaving little flexibility. The service must continually review its skill mix and adapt to ensure clinical governance and safe staffing, especially as the Health and Care (Staffing) (Scotland) Act 2019 is now in force, requiring robust workforce planning and reporting.

Demand for MSK services continues to rise, with referral rates in 2022/23 exceeding pre-pandemic levels and ongoing challenges in meeting the Scottish Government's target of 90% of patients being seen within four weeks. While urgent referrals are prioritised and consistently seen within target times, routine waiting times remain above the desired threshold, though recent priority

projects have reduced maximum waits from 24 to 12 weeks. Recruitment at Band 6 level remains particularly difficult, largely due to staff movement into advanced practice posts and there is a recognised need for robust succession planning as a significant proportion of staff approach retirement age.

To address these challenges, the service is implementing a range of short-term measures for 2025–2026. These include standardising recruitment processes, expanding outreach to universities across the UK and Ireland and developing staff development and training packages to support retention. Digital transformation is also a priority, with the rollout of electronic patient records, remote consultations and automated patient communications to improve efficiency and patient experience. The service is committed to supporting staff wellbeing through established wellbeing groups, clinical supervision, mentoring and flexible working arrangements, recognising the importance of a supported and resilient workforce in delivering high-quality care.

In summary, the MSK Physiotherapy service's workforce plan for 2025–2026 is focused on sustaining core staffing levels, adapting to financial and operational pressures and embracing digital and service innovations. The plan emphasises recruitment, retention and skill mix as top priorities, underpinned by a commitment to staff wellbeing and patient-centred care. Ongoing engagement with staff and stakeholders, alongside continuous monitoring of workforce data, will be essential to navigate the challenges and opportunities in the year ahead.

### 8.5 Diabetic Retinal Screening

The Diabetic Retinal Screening (DES) service is experiencing significant workforce pressures driven by a growing patient cohort, static staffing levels, and increasing clinical complexity. The service currently screens approximately 85,000 patients across 25 sites, including hospitals, GP practices, community clinics, prisons, and care facilities. Each year, the service sees a 4%+ increase in new patients - equating to around 400-500 additional patients per month - which places further strain on capacity.

Despite this rising demand, the DES service has not received additional funding or staffing for over 17 years, with only pay uplifts reflecting any change. As a result, there are persistent backlogs for both photography screening and slit lamp examinations. For example, patients due for annual (12-month) rescreening are now waiting up to 17 months, and the longest wait for grading results is 33 days, well above the national target of 20 days. The service is currently not meeting key performance indicators (KPIs) for both screening output and result delivery.

The ageing and increasingly frail diabetic population is also impacting the mode of screening, with more patients requiring slit lamp examinations due to cataracts and other age-related conditions that make standard photography more difficult. This has increased the demand for specialist staff and equipment. Staff are currently working extra hours to address backlogs, but this is not sustainable in the long term.

Recruitment to slit lamp and photography roles has previously attracted good numbers of applicants, and the service has promoted and trained internally where possible. However, further internal promotion is now limited without additional staff, and there are currently three staff members likely to retire in the next 5–15 years, which will exacerbate workforce pressures.

The introduction of new national screening software (planned for October), ongoing equipment replacement, and new clinical interventions (such as Hybrid Closed Loop systems and treatments like Mounjaro) are also increasing the demand for screening and adding to the complexity of service delivery.

To address these challenges, the service requires additional staff—specifically, one slit lamp operator and one photography screener. This would enable the service to promote and train existing staff into more advanced roles, address current and projected backlogs, and provide greater flexibility to meet future demand. Without this investment, the DES service will continue to struggle to meet national targets and provide timely, high-quality care for the growing diabetic population.

### 8.6 Strategic Office Support Services

West Dunbartonshire Health and Social Care Partnership (HSCP) delivers a range of strategic and enabling services that are essential to the effective operation and transformation of integrated health and social care. These services work collaboratively to support governance, innovation and service delivery across the Partnership.

Finance

The Finance team provides robust financial governance, strategic business planning, and high-quality management information to all HSCP services. This includes detailed financial analysis, budget monitoring and advisory support to the HSCP Board, enabling informed decision-making and resource allocation.

Human Resources

The HR function delivers responsive, expert advice and support on a wide range of workforce matters. This includes strategic workforce planning, employee relations, organisational development and compliance with national policy frameworks. The team works closely with Senior Managers to address complex workforce challenges and drive improvement in staff experience and wellbeing.

Business Support (including Administrative and Secretarial Services)

The Business Support team provides vital administrative infrastructure across the HSCP. This includes secretarial support, data management, scheduling and coordination of operational processes. Their contribution ensures that frontline services are well-supported and that governance, reporting and communication functions operate efficiently.

Strategy and Transformation

In the short term, the Strategy and Transformation team plays a pivotal role in enabling system-wide reform across health and social care. The team drives progress in strategic alignment with national priorities, innovation, digital enablement, service redesign, and commissioning through the strategic commissioning plan. It also manages key portfolios including unpaid care, trauma-informed practice, and health improvement.

Workforce planning for this team must reflect the specialist skills required and the cross-cutting nature of their work. Key areas of expertise include health improvement, data protection, digital transformation, and strategic policy. Recruitment for niche roles can be challenging, and the team is exploring “Earn While You Learn” pathways and academic partnerships to build talent pipelines. Hybrid roles and career pathways from operational to strategic functions are also being considered.

The team is well positioned to leverage technology to improve workforce performance, including workforce analytics, automation, and digital literacy initiatives. It also models best practice in flexible working, psychological safety, and continuous professional development.


However, the lean structure of the team creates vulnerability to disruption from absences, with several single points of failure and key posts held vacant due to savings targets. This underscores the need to integrate workforce planning with broader service and financial strategies to ensure resilience and sustainability.
Effective workforce planning for Strategy and Transformation must go beyond filling vacancies—it should build capacity for change, align with national strategies, and support staff to embrace innovation. This will empower the team to lead the organisation into a future of integrated, data-driven, and person-centred care.

Health Improvement Team

In 2025/26, sustaining a core health improvement team of at least 8 WTE is essential to respond to the ongoing and variable demands placed on the service, particularly given uncertainties around local, regional and national funding allocations. The team must continue to contribute to NHSGGC core public health functions, including strategic influencing to address inequalities, supporting community-led health and wellbeing, strategic planning and data and intelligence. Staff are required to remain responsive and adaptable to meet diverse public health needs, with the complexity of programmes sometimes necessitating a lead-in period for changing portfolios. Recent recruitment has mainly provided internal promotional opportunities, with limited experienced external applicants and some posts targeted at specific topic areas. There is limited uptake of the voluntary professional practitioner registration scheme and a need for more senior-specific leadership and development opportunities within health improvement. The team faces increasing complexity in addressing entrenched health inequalities in West Dunbartonshire, alongside a declining, ageing and increasingly diverse population. National policy developments, such as the forthcoming 10-year population health framework, are expected to renew the focus on early intervention, prevention and partnership action to improve healthy life expectancy and reduce inequalities. Workforce supply challenges include a proportion of staff over the age of 55 and reliance on fixed-term posts, with limited opportunities to maximise local fit through national and regional support programmes. Recruitment remains challenging, with limited external applications and a need to strengthen leadership development and succession planning within the team.

## 9. Plan – Professions

### 9.1 Nursing and Midwifery

In the short term, Nursing and Midwifery services are facing a complex set of workforce drivers shaped by national policy, demographic change, and evolving service needs. The team is central to enabling system-wide reform with responsibilities spanning school nursing, district nursing, clinical nurse specialists, care home liaison, advanced nursing practice and health visiting. Despite recent investments, such as the addition of four whole-time equivalent school nurses, workforce capacity remains insufficient to fully implement the ambitions set out in national policy, including the Transforming Nursing Roles agenda and the Health and Care Staffing Act. The school nursing service, for example, is challenged by the need for a robust pipeline of newly qualified staff, as the specialist qualification requires a year of master's-level study and practice placement and there are few qualified candidates not already in employment. Sickness absence and maternity leave further threaten workforce availability.

District Nursing is similarly affected by demographic trends, with an ageing population and increasing complexity of patient needs driving up demand. The majority of patients are over 65, and the area's lower healthy life expectancy, linked to socio-economic deprivation, adds to the challenge. The service is currently maintaining its supply of Specialist Practitioner Qualified (SPQ)

nurses, but ongoing reviews and the need for additional skill mix, such as more Band 5 staff nurses, are highlighted. The transformation agenda, including the creation of virtual beds and the use of technology for remote monitoring, is expected to further increase workforce requirements.

Clinical Nurse Specialists, particularly in diabetes, are seeing rising demand as the population diagnosed with diabetes increases. Care Home Liaison nurses are also adapting to new frameworks aimed at maximising the health and wellbeing of care home residents. Advanced Nurse Practitioners (ANPs) are in high demand, with a need to expand their roles beyond GP practices and into integrated teams, but recruitment is challenging and relies heavily on “grow your own” strategies.

Health Visiting faces its own pressures, with the need to maintain a sufficient pipeline of trainees to meet turnover. While the workforce demographic is now more balanced, reducing the risk from retirements, there is an increased risk from maternity leave, which is difficult to cover. The complexity of pre-school children’s needs is rising, even as the population declines, due to factors such as poverty, domestic abuse, and developmental delay.

Across all areas, the implementation of the Health and Care Staffing Act is a major driver, requiring statutory compliance with staffing levels and embedding a culture of openness and transparency. The Act, alongside the Transforming Nursing Roles agenda, is pushing for role diversification, service redesign, and the adoption of technology to improve care delivery and workforce efficiency. However, public funding constraints and recruitment challenges make this a difficult environment for change.

To support the workforce, the plan calls for a multifaceted approach: expanding roles and skill mix, investing in leadership and professional development, leveraging technology, and fostering a supportive culture. Flexible deployment, continuous training, and wellbeing initiatives are seen as essential to maintaining morale and resilience. The overarching aim is to ensure the right person is in the right place at the right time, supporting the transformation agenda and delivering high-quality, person-centred care in West Dunbartonshire.

### 9.2 Medical and Dental

The medical workforce within West Dunbartonshire HSCP is relatively small, with medical staff primarily based in mental health wards and consultant roles supporting teams such as Community Mental Health Teams, Learning Disabilities and Addictions. Recruitment and retention of medical staff, particularly Consultant Psychiatrists, remains a significant challenge. There is a long-standing need to increase higher training places for psychiatrists, especially in older adult psychiatry, and the HSCP continues to experience difficulties in filling these posts. This impacts service capacity. The medical workforce is essential to the delivery of specialist care, and ongoing efforts are focused on addressing recruitment gaps and ensuring sustainable service provision.

### 9.3 Allied Health Professionals

Allied Health Professionals (AHPs), including physiotherapists, occupational therapists and speech and language therapists, play a vital role across West Dunbartonshire HSCP in supporting service users of all ages and needs. These teams are central to promoting independence, rehabilitation and improved quality of life for individuals with complex physical, cognitive and social challenges. AHPs work collaboratively within multidisciplinary teams to deliver person-centred care, facilitate hospital discharge and support community-based interventions. Recruitment and retention of


AHPs remains a priority, with particular challenges in attracting physiotherapists to local posts. Ongoing efforts are focused on maintaining skill mix, enhancing access to professional development, and exploring innovative approaches to workforce supply. The evolving needs of the population continue to drive demand for AHP services and highlight the importance of flexible, responsive workforce planning.

### 9.4 Social Work

Social workers are a critical part of the workforce across West Dunbartonshire HSCP, supporting older adults, children and families, fostering, adoption, permanence, learning disabilities, mental health and addictions service users. Recruitment remains a persistent challenge, particularly within the Children & Families team, despite West Dunbartonshire being one of the highest paying local authorities in the area. To maintain service delivery and meet demand, agency staff are regularly utilised. The ongoing difficulty in recruiting qualified social workers impacts capacity and places additional pressure on existing staff, especially as case complexity continues to rise.
To address these challenges, the HSCP has successfully introduced “Grow your own” programmes, supporting staff to achieve their social work qualification. Employees have entered formal academic study to obtain a social work degree, with plans to widen access to this career pathway in partnership with the Open University. The HSCP also provides robust support for newly qualified social workers (NQSWs) through a structured Supported Year, offering protected learning time, mentoring, and peer support forums.

Workforce planning remains focused on attracting and retaining talent, supporting staff wellbeing and ensuring the sustainability of social work services across all teams. Ongoing efforts include succession planning, expanding opportunities for professional development, and maintaining a balanced, collaborative workforce to meet the evolving needs of the community.

**NQSW Supported Year: Building Foundations for Professional Growth**
The NQSW Supported Year has become a cornerstone of our commitment to nurturing newly qualified social workers as they transition into professional practice. Over the past year, West Dunbartonshire HSCP has embedded a robust and responsive framework that supports NQSWs through structured learning, peer engagement, and reflective practice.
In September 2025, a total of 20 NQSWs were being supported through the programme.

Programme Structure and Offerings
The Supported Year is aligned with the Scottish Social Services Council (SSSC) requirements and includes a blend of mandatory and optional activities designed to build confidence, competence, and professional identity. Key components include:

- **Individual Development Planning**: Supervisors support NQSWs in creating and reviewing Individual Learning Plans (IDLs), with supervision every four weeks.
- **Protected Learning Time:** Half a day per week during core hours for study, reflection, and development activities.
- **Protected Caseloads:** Designed to match the NQSW’s growing confidence and competence.
- **Induction and Information Events**: Tailored sessions such as the half-day Information Event held in June 2025 provide targeted support for those new to the organisation, ensuring a smooth onboarding experience.
- **Peer Support Forums**: Held every 6–8 weeks at Church Street, Dumbarton, these informal gatherings offer NQSWs and students a space to connect, share experiences, and learn about different roles across the organisation.


- **Core and Mandatory Learning Activities**: These are integrated into the Supported Year and linked to evidence-gathering requirements.
- **Dedicated Intranet Resources**: The NQSW Toolkit and Social Work Practice and Resources pages provide accessible guidance, links to SSSC materials, and practical tools to support learning and development.
- **SSSC Webinars and Forums**: NQSWs and their supervisors are encouraged to participate in quarterly national forums hosted by SSSC, which offer opportunities to share practice, challenges, and successes.
- **Job Shadowing:** Shadowing is recognised as a mandatory component of the Supported Year and is key to broadening professional experience. A minimum of six weeks shadowing across Children & Families, Justice Services, and Adult Services is offered.
- **Mentors:** NQSWs are matched with a mentor who may be an experienced social worker or a Social Worker who has recently completed their SSSC Supported Year.

Achievements and Impact

- **Collaborative Development**: The programme has evolved through active collaboration with colleagues across Justice, Adult Services, and Children and Families. Feedback from NQSWs has informed improvements to induction processes and learning pathways.
- **Manager Engagement**: Regular catch-ups with NQSW line managers and steering group meetings have ensured that the programme remains responsive to frontline needs and strategic priorities.
- **Skills Passport**: This initiative has been reviewed and updated to better support NQSWs in evidencing their development and accessing relevant training.

Looking Ahead

As we approach the second year of implementation, West Dunbartonshire HSCP remains committed to refining and strengthening the NQSW Supported Year. Plans include expanding peer-led learning opportunities, enhancing digital resources, and deepening collaboration across the sector.

## 10. Train – Supporting Employees to Learn, Lead and Feel Valued

We are committed to building a confident, capable, and compassionate workforce that is equipped to meet the evolving needs of our communities within West Dunbartonshire. Our approach to training and development is grounded in equity, accessibility, and continuous improvement, ensuring that all staff have the opportunity to grow and thrive in their roles.

### 10.1 Developing our Workforce

Early career development is supported by a structured induction programme and ongoing development through West Dunbartonshire Council's "Be the Best" conversations and NHSGGC's annual Personal Development Planning & Review. An integrated induction to further support managers is currently being designed.

We offer a blended learning model that includes e-learning, in-person workshops, and external qualifications. Staff are encouraged to use platforms such as TURAS, LearnPro and iLearn to access learning at their own pace.

Structured development pathways are provided for clinical and non-clinical roles, including access to coaching, mentoring, and shadowing opportunities, e.g., SSSC Newly Qualified Social Worker

(NQSW) Supported Year; Health & Social Care vocational qualifications, and the NHSGGC Staff Bursary Scheme for CPD and Higher Education.

Tailored Team Development sessions are offered to enhance working relationships and improve team performance, particularly during times of change.

To further strengthen our workforce pipeline and support succession planning, West Dunbartonshire HSCP will actively explore and expand the use of employment programmes such as modern apprenticeships, graduate apprenticeships and other early career pathways.

The HSCP will work in partnership with Employability teams across both West Dunbartonshire Council and NHS Greater Glasgow and Clyde, as well as local education providers, Skills Development Scotland and other internal stakeholders, to identify suitable roles, promote opportunities and establish robust support for apprentices throughout their employment journey. Planning and engagement for NHS modern apprenticeships will commence in January 2026 for an August 2026 start, ensuring we maximise available opportunities and meet critical workforce needs.

This approach will help attract new talent, develop essential skills, and create accessible entry routes into health and social care professions, supporting both immediate and long-term workforce sustainability.

### 10.2 Leadership and Career Progression

Strong leadership at all levels is essential to delivering high-quality care and fostering a positive workplace culture.

From aspiring leaders to senior managers, a suite of programmes is offered to staff, including Introduction to Management, Leadership Essentials, and Leading for the Future, and the new Senior Adaptive Leadership Academy programme.

We are developing clearer progression routes, particularly for roles where advancement has historically been limited, ensuring that all staff can see a future within the organisation.

### 10.3 Succession Planning

To ensure service continuity and resilience, we are embedding a proactive approach to succession planning.
We are mapping business-critical and hard-to-fill roles across the organisation and identifying potential successors. Staff with potential are supported through targeted development plans, secondments, and stretch assignments.

Line managers are expected to engage in succession planning as part of their workforce responsibilities, using tools such as the West Dunbartonshire Council Workforce Planning Toolkit and the NHS GGC Personal Development Planning (PDP) and Knowledge & Skills (KSF) frameworks.

### 10.4 Employee Engagement

We are committed to fostering a culture where staff feel valued, heard, and empowered to shape their working environment. Our primary tool for measuring and improving engagement is the iMatter Staff Experience Survey, which is used across NHS Scotland and Health & Social Care Partnerships. iMatter is a Continuous Improvement Tool which enables individuals, teams, and

directorates to reflect on their experience at work and collaboratively develop action plans for improvement. It is designed to support open dialogue and shared ownership of change

Within West Dunbartonshire HSCP, iMatter scores have remained stable, with both the Employee Engagement scores and the Overall Staff Experience scores staying the same for 2024 and 2025. Participation rates increased slightly from 54% in 2024 to 55% in 2025.

Teams are encouraged to review their reports, celebrate successes, and identify areas for improvement. Although Action Planning rates within the timescale decreased from 64% in 2024 to 62% in 2025, there is still strong engagement in this area with action plans continuing to be uploaded post-deadline.

Feedback from iMatter informs a West Dunbartonshire HSCP-wide Action Plan with key themes around communication, engagement, recognition, and visible leadership.

Further engagement is encouraged through HSCP-wide surveys promoted in the quarterly HR/OD publication, “The Pulse”, and initiatives such as “What Matters to You?”.

### 10.5 Employee Recognition

Recognising and celebrating the contributions of our staff is central to building a positive and inclusive workplace culture. We believe that appreciation should be visible, meaningful, and accessible to all.

The annual West Dunbartonshire HSCP Staff Awards celebrate excellence across categories such as Team of the Year, Employee of the Year, Leader of the Year, Innovation of the Year, and Volunteer of the Year. Importantly, leadership is recognised at all levels—not just amongst formal managers.

Through an inclusive nomination process, staff are invited to nominate colleagues, with clear criteria and timelines. The process is designed to be transparent and inclusive, encouraging participation from all areas of the organisation.

The Award Ceremony is promoted through internal communications and social media. Photos and summaries of winners are shared on the HSCP intranet to ensure visibility and inspire others.

### 10.6 Workplace Culture

We believe that organisational culture is not just about policies and procedures—it’s about how people feel at work, how they treat each other, and how they experience belonging, fairness, and support. Culture is “the way we do things around here” and is shaped by everyday interactions, leadership behaviours, and team dynamics.

Kindness is a core value that underpins our approach to leadership, teamwork, and service delivery. NHS initiatives such as Civility Saves Lives have helped shift the narrative from addressing poor behaviours to actively promoting positive ones, and staff across the HSCP have the opportunity to become “Civility Champions”.

In addition, West Dunbartonshire Council’s “ACHIEVE” Framework outlines the behaviours expected of all employees who are demonstrating these values: **A**mbition, **C**ollaboration, **H**onesty, **I**nnovation, **E**thical, **V**aluing, **E**mpowering.

Staff are encouraged to participate in “Recognition Days” including World Kindness Day and to promote activities via Social Media. An additional Staff Award category has also been introduced with criteria related to acts of kindness and compassion.

We are committed to supporting the physical, emotional, and mental wellbeing of our workforce through the promotion of NHSGGC Active Staff Programmes; Peer Support; Wellbeing Champions, and events offered during National Wellbeing Week.

Our goal is to create environments where staff feel safe, valued, and able to flourish, and we endeavour to integrate wellbeing into team planning and leadership development.

### 10.7 Digital Enablement and Workforce Development

The West Dunbartonshire HSCP Digital Strategy 2024–2027 sets out a clear vision for harnessing digital innovation to empower both our workforce and the communities we serve. The strategy recognises that digital transformation is not just about technology, but about enabling positive change for employees, service users and stakeholders. For our workforce, this means investing in digital skills, supporting staff to confidently use new tools and systems, and embedding digital ways of working into everyday practice. By prioritising digital inclusion, continuous learning and collaboration, we are equipping our people to deliver high-quality, person-centred care in a rapidly evolving environment. This approach ensures that all staff feel valued, supported and ready to embrace the opportunities that digital transformation brings, in line with our commitment to a culture of kindness, civility and ongoing professional development.

You can find the full strategy here: Digital Strategy

## 11. Nurture – A Thriving Workforce

At West Dunbartonshire HSCP, we are committed to nurturing a workforce where every individual feels valued, supported and able to thrive. Our approach to staff wellbeing is holistic and proactive, recognising that true wellbeing encompasses physical, mental and emotional health, as well as a sense of belonging, purpose and achievement at work.

We foster a culture of kindness, civility, and respect, with leaders at all levels expected to model these values and champion a positive workplace environment. Staff engagement is central to our approach: we regularly seek feedback through tools such as the iMatter Staff Experience Survey and use this insight to shape our wellbeing priorities and drive continuous improvement. We are also committed to advancing equality, diversity and inclusion, ensuring that everyone - regardless of background or role - can contribute fully and feel a sense of belonging.

Wellbeing is not just a set of initiatives, but is woven into our everyday practice, leadership development and team planning. We recognise the importance of digital tools and flexible working arrangements in supporting work–life balance and enabling staff to access support and development opportunities in ways that suit their needs. Our digital strategy underpins this commitment, helping us to create a modern, inclusive and supportive working environment.

By nurturing our workforce in this way, we aim to ensure that West Dunbartonshire HSCP remains a great place to work - where people feel safe, engaged, and empowered to do their best for our communities.


## 12. Conclusion and Risk Analysis

As we move forward, effective workforce planning and development is required in the context of an organisation with new models of care being developed and evolving. We need a flexible workforce model that takes account of the potential of another period of lockdown, the shape and timing of which is unpredictable.

Existing services will change or may be delivered in a different way, and some new services may be introduced. This will undoubtedly have implications for staff, however, this will be done in partnership with our Trade Union colleagues and in accordance with staff governance standards and existing organisational change policies.

Recruitment and retention of staff will be an ongoing challenge as there will be an increased demand for staff across all health boards and HSCPs as we continue to address backlogs and develop new ways of working. We will continue to work with our recruitment colleagues in both NHS Greater Glasgow and Clyde and West Dunbartonshire Council to ensure vacancies are processed as quickly as possible and to discuss recruitment campaigns and the potential for more innovative ways to promote West Dunbartonshire HSCP as an employer of choice.


**Appendix 1**

**Action Plan 2025-26**

| Primary Pillar | Action | Lead | Description | Target Date |
|---|---|---|---|---|
| Plan | Develop a three-year integrated workforce plan for 2026–2029 | Workforce Planning Group / HR | Build on the 2025/26 holding plan to create a comprehensive, long-term workforce strategy aligned with the next Strategic Plan | March 2026 |
| Plan | Map business-critical and hard-to-fill roles | Service Managers / HR | Identify key roles at risk due to retirement or turnover and develop succession plans | Ongoing |
| Plan | Monitor workforce demographics and retirement risk | HR / Workforce Planning Group | Regularly review age profile, turnover and absence data to inform proactive planning | Quarterly |
| Attract | Strengthen local recruitment campaigns | HR / Service Managers | Promote West Dunbartonshire HSCP as an employer of choice, targeting hard-to-fill roles and underrepresented groups | Ongoing |
| Attract | Explore sponsorship licence for overseas recruitment | Senior Leadership Team / HR (Council) | Assess feasibility and benefits of securing a sponsor licence to widen candidate pool | December 2025 |
| Attract | Expand “Grow Your Own” and apprenticeship pathways | HR / Employability Teams | Explore opportunities for internal progression, paid work placements, entry-level recruitment through apprenticeships and supported study | August 2026 (for NHS Modern Apprenticeships) |
| Train | Enhance induction and | HR / Learning & | Ensure all staff complete required training, including Health and Care (Staffing) (Scotland) Act | Ongoing |


| | | | | |
|---|---|---|---|---|
| | mandatory training programmes | Development | 2019 modules | |
| Train | Support SVQ and professional qualification uptake | Service Managers | Enable staff to access SVQ and other qualifications to support career progression and succession planning | Ongoing |
| Train | Implement protected learning time for professional development | Service Leads | Ensure staff have regular, structured time for CPD and skills development | June 2026 |
| Employ | Implement standardised roster in Care at Home | Service Manager, Care at Home | Complete transition to new roster model to improve flexibility and sustainability | June 2026 |
| Employ | Review and modernise service structures (e.g., Learning Disability, Day Services) | Service Managers / Transformation Team | Implement approved service review recommendations to align workforce with current and future needs | June 2026 (or as per review timelines) |
| Employ | Maintain safe staffing levels in line with Health and Care Staffing Act | All Service Managers | Use workforce tools and escalation protocols to ensure compliance and address gaps | Ongoing |
| Nurture | Invest in staff wellbeing and engagement initiatives | HR / OD / Service Managers | Continue wellbeing programmes, iMatter surveys, and recognition schemes to support morale and retention | Ongoing |
| Nurture | Embed succession planning and leadership development | HR / Service Managers | Identify and develop future leaders through targeted programmes and mentoring | Ongoing |
| Nurture | Foster a culture of kindness, civility and inclusion | All Leaders | Promote positive workplace behaviours and support diversity and inclusion initiatives | Ongoing |

The Scottish Government
Health Workforce Directorate

Scottish Government
Riaghaltas na h-Alba
gov.scot

Dear Colleagues,

**NATIONAL HEALTH AND SOCIAL CARE WORKFORCE STRATEGY: WORKFORCE PLANNING**

1. This Director's Letter supersedes DL 2022 (09) "Three Year Workforce Plans" and provides updated guidance to NHS Boards and Health and Social Care Partnerships (HSCPs) on completion of their Workforce Plans. Previously, Scottish Government had asked for submissions of Three Year Workforce Plans, setting out key information to be included and analysis to be undertaken.

2. Scottish Government recognises the workload pressures facing NHS Boards and HSCPs as well as the difficulty in planning for the workforce in the current environment. As a result, Scottish Government has decided to take the following approach to ensure agility and flexibility without unnecessary burden being placed on NHS Boards and HSCPs during this time of significant change as we move forward jointly with reform.

3. It remains the advice from Scottish Government that NHS Boards & HSCPs continue to plan for their workforces using a methodology, timeframe and structure that best meets their organisational needs.

4. We are therefore asking NHS Boards and HSCPs to complete the template attached at Annex A and return it to Scottish Government (WFPPMO@gov.scot) by 17 March 2025.

**Responsibilities**

5. NHS Boards (under the 1978 NHS Act) are required to undertake workforce planning to ensure a full range of services are provided, including working with independent contractors in primary care.

**DL (2024)33**

17 December 2024

**Addressees**

For action
**NHS Board Chief Executives, Integration Joint Board Chief Officers and Local Authority Chief Executives.**

For information
NHS Board Directors of HR,
National Workforce Planning & Guidance Group,
NHS Regional Workforce Planning Leads,
NHS and Local Authority Workforce Planners.

**Enquiries to:**
WFPPMO@gov.scot
Scottish Government
Health Directorates
Health Workforce

6. Further duties for NHS Boards in relation to strengthened workforce planning for safe staffing are contained within the Health and Care Staffing (Scotland) Act 2019.

7. Despite not being direct employers, health and social care functions are delegated to Integration Authorities from Local Authorities and Health Boards. HSCPs operationally manage configured services to deliver the majority of these functions (with the exception of the set aside budget for unscheduled care that is operationally managed by NHS Boards). In addition, HSCPs commission external providers of health and social care. It is requested that HSCPs work collaboratively with Local Authorities and NHS Boards to gather the workforce information required to address what is being asked in the attached template.

**National Workforce Strategy**

8. The National Workforce Strategy for Health and Social Care in Scotland published in March 2022 outlined our shared vision for the workforce: 'a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do'.

9. The Strategy sets out "Five Pillars of the workforce journey":

   - **Plan** – supporting evidence-based workforce planning;
   - **Attract** – using domestic and ethical international recruitment to attract the best staff into health and care employment in Scotland;
   - **Train** – supporting staff through education and training to equip them with the skills required to deliver the best quality of care;
   - **Employ** – making health and social care organisations "employers of choice" by ensuring staff are, and feel, valued and rewarded;
   - **Nurture** – creating a workforce and leadership culture focusing on the health and wellbeing of all staff.

10. Scottish Government remain committed to delivering the National Workforce Strategy and achieving its overall vision. We continue to move through the Recovery phase, having experienced growth, into our Transformation phase.

11. It is advised that NHS Boards and HSCPs continue to align their workforce planning activity with the Strategy and specifically look at how they will meet immediate and long term challenges through reform and transformation of services. This includes aligning the information provided through the template with the Strategy.

## Alignment with Service and Financial Planning

12. As previously advised in other guidance, a key aim of the national approach to workforce planning is to ensure a robust and aligned approach across workforce, operational service and financial planning. This interim process will allow us time to consider how best to do that. In addition, the new timescales detailed below will bring these reporting processes closer to alignment. In the first instance, NHS Board Delivery Planning Guidance issued to NHS Boards on 4 December 2024 includes a requirement for NHS Boards to comment on workforce concerns brought about through their workforce planning process where local mitigation is not available.

## Scope of Workforce Planning Template

13. The key elements of this guidance relate to all NHS Boards and HSCPs. We recognise however the distinct contribution made by National Boards, who will wish to engage with their respective Sponsor Teams in advance of submitting their templates. All NHS Boards and HSCPs are expected to discuss the content of their template returns with relevant parties.

## The Reporting Template

14. The reporting template attached at Annex A asks NHS Boards and HSCPs to draw out key information in a concise manner for rapid review by the Scottish Government providing a precis of overarching workforce planning activity and key messages. There is no expectation from the Scottish Government that NHS Boards and HSCPs should publish these templates on their websites alongside their full Workforce Plans. Scottish Government will use the content of these templates to further build on knowledge and evidence from other sources including but not limited to the Delivery Plans.

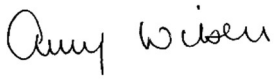
## Timescales

15. The timelines for submission of the template by NHS Boards and HSCPs are as follows:

- **By 17 March 2025** Templates submitted to Health Workforce Planning and Strategy Unit WFPPMO@gov.scot
- **April 2025** Review of submitted templates and follow-up discussions with NHS Boards & HSCPs where necessary

**Review of Workforce Planning Guidance**

16. Scottish Ministers strongly support the role of clear and consistent guidance in supporting employers to improve and integrate workforce planning so it fully informs and addresses national as well as local responses to demand. This guidance will be reviewed over the next year to ensure that we meet our aims of aligning planning processes and any reform agenda.



**AMY WILSON**
**Interim Director for Health Workforce**

**ANNEX A**

*In answering the questions below, respondents should set out as far as possible how they plan to achieve what is being asked, when they plan to achieve it and what are the expected results of the action(s) taken.*

1. **What would you like to feedback to the Scottish Government with regards to the workforce you plan for?**

This could be sharing best practice or areas of concern that you have.

2. **Hard to fill posts**

Please use the table below to outline posts that have been, or continue to be, difficult to permanently recruit to. Please also provide detail on what action you have taken to attract staff to this post. The roles detailed should be as specific as possible, breaking it down by sub-job family where appropriate.

| Hard to fill role | Is the difficulty in filling this location specific? (i.e. is it specific to the local area your plan covers or difficult because it is located in a rural setting?) | How long has this issue persisted? | How many roles within this job family are affected (WTE)? | What service is at risk as a result of this (if applicable)? | What have you done and what are you doing to address this issue? |
|---|---|---|---|---|---|
| | | | | | |

3. **Please outline how you are managing vacancies and your plans on how to fill them?**

In the context of reducing supplementary staffing spend, for example high-cost agency usage, please advise how you plan to reduce the number of vacancies you have and ensure that you maintain adequate staffing levels to meet service demand?

4. **Please provide detail on the sickness absence rate of the workforce.**

What is the sickness absence rate of the workforce you plan for currently? Are you taking any steps to reduce this or are you taking steps to sustain this rate? Please detail how you are doing this. Are there any specific areas of concern for you with regard to sickness absence? This could be a reason or a service at risk as a result of absence.

In addition, what are the main reasons for long-term sickness absence in the workforce you plan for and is this driven by a particular job family?

Finally, please provide detail on how you support staff wellbeing as a preventative measure to sickness absence.

5. **What are you doing in terms of role diversification and role reform to meet supply challenges?**

Given the challenges facing the workforce with regard to hard to fill roles (this may be in terms of labour/skills gap or skills shortage), it may not be possible to recruit for every role and therefore the gap might need to be filled by another means. Are there any local initiatives you are taking with regard to role diversification to address gaps or shortages? In addition, could you provide feedback on any national initiatives of role diversification where this is applicable?

This might include development and implementation of Earn While You Learn programmes to develop skills within the existing workforce.

6. **How are you using technology/IT to improve performance?**

How are you using technology to improve performance within the services that you plan for? What examples of innovation are you exploring for implementation to help reduce pressures on workforce and improve outcomes?

7. **What is being done to retain current workforce and attract staff into the workforce you plan for?**

This could be, but is not limited to, opportunities for career progression, training, or support offered to staff.

Please advise of any local initiatives you are taking to attract staff such as working with partners to establish supply routes.

In addition, please give analysis of turnover in your services, with a turnover rate and the actions you are taking to understand the reasons that staff are leaving the workforce as well as the reasons for leaving where available.

8. **Are there any location specific challenges that are affecting the sustainability of the workforce you plan for?**

This could be, but is not limited to, challenges due to the unique nature of your population demographic, infrastructure issues, transport issues etc. Could you also detail any issues here that may be specific to your local area? For example, perhaps there is a specialist service offered in your area that is challenging to deliver or sustain?

In addition, and where applicable, please advise of actions you are taking to attract, recruit and retain staff in your rural and island areas. This could be, but is not limited to, role diversification, reform, bespoke contracts, pastoral care, training and career progression opportunities, wellbeing initiatives etc.

9. **Are there any areas where you feel Scottish Government could provide support or do more of?**

Appreciating that we are working under tight fiscal constraints, are there any areas where you feel that the Scottish Government could provide more support?

# INTEGRATION SCHEME

# (BODY CORPORATE)

# BETWEEN

# WEST DUNBARTONSHIRE COUNCIL

# AND

# GREATER GLASGOW HEALTH BOARD

This integration scheme is to be used in conjunction with the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.

These regulations can be found at www.legislation.gov.uk

## 1. Introduction

1.1 This integration scheme describes how the *Public Bodies (Joint Working) (Scotland) Act 2014* is to be implemented for West Dunbartonshire.

1.2 In October 2010, West Dunbartonshire Council and NHS Greater Glasgow & Clyde Health Board (legally known as the Greater Glasgow Health Board) established West Dunbartonshire Community Health & Care Partnership as a joint vehicle for the management and delivery of community health and social care services, under the local auspices of a combined Community Health & Care Partnership Committee whose composition reflects a partnership approach between the Council and the Health Board; and the leadership of a single Director and Senior Management Team. These integrated arrangements have been inclusive of all adult, children and criminal justice services; and their effectiveness positively recognised by the Care Inspectorate and Audit Scotland.

1.3 In December 2013, the Council and the Health Board formally agreed to transition their Community Health and Care Partnership to a Shadow Health and Social Care Partnership; and for its Community Health & Care Partnership Committee to assume the role of Shadow Integration Joint Board; and the Partnership Director to assume the role of Interim Chief Officer from 1st April 2014, in preparation for the full enactment of the Public Bodies (Joint Working) (Scotland) Act 2014 in April 2015. This decision has enabled both the Council and the Health Board to jointly develop, constructively consult with stakeholders and then agree the arrangements for joint working as required by the Act, building on the effective integrated arrangements that have already been successfully developed locally; and reflecting on the considerable learning and insights that accrued in doing so.

1.4 This integration scheme details the 'body corporate' arrangement by which the Health Board and the Council have agreed to formally delegate health and social care services for adults and children to a third body, which is described in the Act as an Integration Joint Board. The Integration Joint Board for West Dunbartonshire shall be referred to as the *West Dunbartonshire Health & Social Care Partnership Board*.

1.5 The West Dunbartonshire Health & Social Care Partnership Board's:

- Mission is to improve the health and wellbeing of West Dunbartonshire residents.
- Purpose is to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.
- Core values are protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion.

1.6 The Health & Social Care Partnership Board will set out within its Strategic Plans how it will use its allocated resources to deliver the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely that:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

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

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

- Health and social care services contribute to reducing health inequalities.

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

- People using health and social care services are safe from harm.

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

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

1.7 The Council and Health Board have agreed that children and families health and social care services and criminal justice social work services will be included within the functions and services to be delegated to the Health & Social Care Partnership Board. Consequently the specific National Outcomes for Children and Criminal Justice will also be addressed within its Strategic Plans, i.e.:

- Our children have the best start in life and are ready to succeed.

- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.

- We have improved the life chances for children, young people and families at risk.

- Community safety and public protection.

- The reduction of re-offending.

- Social inclusion to support desistance from offending.

1.8 West Dunbartonshire Health & Social Care Partnership Board will be responsible for the strategic planning of the integrated services as set out in Annexes 1 and 2 of this Scheme. The Council and the Health Board will discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as *West Dunbartonshire Health & Social Care Partnership*.

1.9 The Act requires that the Health Board and Council submit this integration scheme for approval by Scottish Ministers. Once this scheme is approved, the West Dunbartonshire Health & Social Care Partnership Board will be established by Order of the Scottish Ministers as an entity which has distinct legal personality.

2. **The Parties**

**WEST DUNBARTONSHIRE COUNCIL**, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Garshake Road, Dumbarton, G823PU ("the Council");

and

**GREATER GLASGOW HEALTH BOARD**, established under section 2(1) of the National Health Service (Scotland) Act 1978 and having its principal offices at J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH ("the Health Board") (together referred to as "the Parties").

3. **Definitions and Interpretation**

3.1 "The Act" means the Public Bodies (Joint Working) (Scotland) Act 2014.

3.2 "The Chief Officer" means the Chief Officer of the Integration Joint Board for West Dunbartonshire.

3.3 "The Chief Financial Officer" means the Chief Financial Officer of the Integration Joint Board for West Dunbartonshire.

3.4 "The Council" means West Dunbartonshire Council.

3.5 "The Health Board" means Greater Glasgow Health Board.

3.6 "Hosted Services" means those services of the Parties which, subject to consideration by the Integration Joint Boards through the strategic planning process, the Parties agree will be managed and delivered on a pan Greater Glasgow and Clyde basis by a single Integration Joint Board. Annex 3 specifies the proposed hosting service arrangements for the first year of operation.

3.7 "The Integration Joint Board" means the Integration Joint Board for West Dunbartonshire to be established by Order under section 9 of the Act.

3.8 "The Integration Scheme Regulations" means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.

3.9 "Integration Joint Board Order" means the Public Bodies (Joint Working) (Scotland) Order 2014.

3.10 "Outcomes" means the Health and Wellbeing Outcomes prescribed in Regulations under section 5(1) of the Act and the National Outcomes for Children and Criminal Justice.

3.11 "The Health & Social Care Partnership" means the Parties' joint service delivery vehicle for functions and services which have been delegated to the Integration Joint Board (except those related to NHS acute hospital services) and through which the Parties will work together in accordance with the Scheme and the Strategic Plan to achieve the Outcomes.

3.12 "Scheme" means this Integration Scheme.

3.13 "Strategic Plan" means the strategic plan for the integrated services specified within this Scheme as prescribed under section 29 of the Act.

## 4. Integration Model

4.1 In accordance with section 2(3) of the Act, the Parties have agreed that the integration model set out in sections 1(4)(a) of the Act will be put in place for the Integration Joint Board, namely the delegation of functions by the Parties to a *body corporate* that is to be established by Order under section 9 of the Act.

4.2 This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.

## 5. Local Governance Arrangements

5.1 The Parties understand that the Integration Joint Board has the formal status for strategic planning for West Dunbartonshire within both the Council and the Health Board. The Integration Joint Board and the Parties will have to communicate with each other and interact in order to contribute to the overall delivery of the Outcomes for West Dunbartonshire.

5.2 The Parties understand that the Integration Joint Board has a legal personality distinct from the Council and Health Board; and the consequent autonomy to manage itself. There is no role for either Party to independently sanction or veto decisions of the Integration Joint Board.

5.3 In exercising its functions, the Integration Joint Board must take into account the Parties' requirement to meet their respective statutory obligations. Apart from those functions delegated by virtue of this Scheme, the Parties retain their distinct statutory responsibilities; and therefore also retain their formal decision-making roles for those functions not delegated.

5.4 The remit and constitution of the Integration Joint Board is established through the legislation, with the Parties having agreed that:

5.4.1 The Council will formally identify three representatives to be voting members on the Integration Joint Board, to serve for a period of three years. The Council retains the discretion to replace its nominated members on the Integration Joint Board.

5.4.2 The Health Board will formally identify three representatives to be voting members on the Integration Joint Board, to serve for a period of three years. The Health Board retains the discretion to replace its nominated members on the Integration Joint Board.

5.4.3 The term of office of the chair and vice chair will be three years. As required by the Integration Joint Board Order, the parties will alternate nominating the chair and vice-chair.

5.4.4 The first chair of the Integration Joint Board will be nominated by the Council; and the first vice-chair will be nominated by the Health Board.

5.4.5 The Parties acknowledge that the Integration Joint Board will include additional non voting members as specified by the Integration Joint Board Order, the individuals to be formally determined by the Integration Joint Board's voting members.

5.4.6 The Integration Joint Board will make, and may subsequently amend, standing orders for the regulation of its procedure and business.

## 6. Delegation of Functions

6.1 The functions that are to be delegated by Health Board to the Integration Joint Board are set out in Part 1 of Annex 1, and only to the extent that they relate to the services described in Part 2 of Annex 1.

6.2 The functions that are to be delegated by West Dunbartonshire Council to the Integration Joint Board are set out Part 1 of Annex 2, and only to the extent that they relate to the services described in Part 2 of Annex 2.

6.3 The Parties will recommend to the Greater Glasgow and Clyde Integration Joint Boards that each of the Hosted Services listed in Annex 3 be managed and delivered on a pan Greater Glasgow and Clyde basis through a designated Lead Health & Social Care Partnership during the first year of their operation and subject to review for subsequent years.

## 7. Local Operational Delivery Arrangements

7.1 The Parties understand that the Integration Joint Board will be responsible for the strategic planning of its integrated services as set out in Annexes 1 and 2 of this Scheme.

7.2 The Parties agree that the Strategic Plan will provide direction for the Integration Joint Board's performance framework, identifying local priorities and associated local outcomes and taking into account national guidance on the core indicators for integration.

7.3 The Integration Joint Board is responsible for the arrangements for stakeholder engagement in the production of the Strategic Plan and the development of locality arrangements to support the development of the Strategic Plan. The consultation process for the Strategic Plan will include other Integration Authorities likely to be affected by the Strategic Plan, and the Parties as consultees. Through this process the Integration Joint Board will assure itself that the Strategic Plan does not have a negative impact on the plans of the other Integration Authorities within the Health Board area.

7.4 The Parties will provide any necessary activity and financial data for services, facilities or resources that relate to the planned use of services provided by other Health Boards or within other local authority areas by people who live within West Dunbartonshire; and commit to an in-year review during the first year between the Parties and the Integration Joint Board to ensure that the necessary support and information are being provided.

7.5 Arrangements for NHS acute hospitals and Health Board Acute Division services most commonly associated with the emergency care pathway will require joint planning with the other Integration Authorities within the Health Board area; and with the Health Board which retains operational responsibility for the delivery of these services.

7.6 The Health Board and the Council agree that where they intend to change service provision of non-integrated functions that may have an impact on the Strategic Plan, they will advise the Integration Joint Board.

7.7 The Parties understand that the Integration Joint Board will be responsible for assuring itself that systems, procedures and resources are in place to monitor, manage and deliver the functions and services delegated to it. This assurance will be based on regular performance reporting, including the annual performance report; and through the strategic planning process.

7.8 In accordance with Section 26 of the Act, the Integration Joint Board will direct the Council and the Health Board to carry out each function delegated to the Integration Joint Board. Payment will be made by the Integration Joint Board to the Parties to enable the delivery of these functions in accordance with the Strategic Plan.

7.9 The Integration Joint Board is responsible for the operational oversight of the Health & Social Care Partnership, which is the joint delivery vehicle for those integrated services delegated to the Integration Joint Board (except for NHS acute hospital services); and through the Chief Officer who will be responsible for the operational management of said Health & Social Care Partnership. These arrangements for integrated service delivery will be conducted within an operational service delivery framework established by the Health Board and Council for their respective functions, ensuring both parties can continue to discharge their governance responsibilities.

7.10 The Parties agree that the management of NHS acute hospital services will be retained within the Health Board. The Parties agree that the Health Board Chief Executive will ensure provision of updates on a regular basis to the Chief Officer and the Integration Joint Board on the operational delivery of NHS acute hospital services delegated to the Integration Joint Board.

7.11 The Parties are committed to supporting the Integration Joint Board, providing the professional, technical or administrative support required for the development of the Strategic Plan, and the oversight and delivery of the integration functions (including information, financial and public health support and analysis). The support arrangements and resources put in place for the predecessor community health and care partnership will be used as a model for the future strategic support; and will be regularly reviewed by the Health Board, the Council and the Integration Joint Board.

7.12 The Parties will identify a core set of indicators that relate to integrated services from publicly accountable and national indicators and targets by 31st March 2016. The Parties will share all performance information, targets and indicators with the Integration Joint Board; provide information on the data gathering and reporting requirements for performance targets and improvement measures; and clarify where the responsibility for each measure lies, whether in full or in part. Where there is an ongoing requirement in respect of organisational accountability for a performance target for the Health Board or Council this will be taken into account by the Integration Joint Board when preparing the Strategic Plan. The performance targets and improvement measures will be linked to the national and local Outcomes to assess the timeframe and the scope of change. Improvement measures will be a combination of existing and new measures that will allow assessment at local level. The core set of indicators will be reviewed regularly to ensure the improvement measures contained continue to be relevant and reflective of the national and local Outcomes to which they are aligned. The Parties will also prepare a list of any targets, measures and arrangements which relate to functions of the Parties, which are not delegated to the Integration Joint Board, but which are affected by the performance and funding of integration functions and which are to be taken account of by the Integration Joint Board when preparing the Strategic Plan. This work will be completed by 31st March 2016, and thereafter subject to on-going review.

## 8. Clinical and Care Governance

8.1 The Parties understand that clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured, supporting staff in continuously improving the quality and safety of care and ensuring that wherever possible poor performance is identified and addressed. Effective clinical and care governance arrangements need to be in place to support the delivery of safe, effective and person-centred health and social care services within integrated services.

Clinical and care governance for integrated health and social care services requires co-ordination across a range of services, (including procured services) so as to place people and communities at the centre of all activity relating to the governance of clinical and care services.

8.2 The Parties are committed to actively promoting an organisational culture that supports human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and development; and is transparent and open to innovation, continuous learning and improvement. The Parties will put in place structures and processes to support clinical and care governance for integrated services that can provide assurance to the Integration Joint Board.

8.3 The quality of integrated service delivery will be measured through performance targets, improvement measures and reporting arrangements designed to address organisational and individual care risks, promote continuous improvement and ensure that all professional and clinical standards, legislation and guidance are met. Performance monitoring arrangements will be included in procurement from the Third and Independent Sectors.

8.4 The Parties understand that the Act does not change the current or future regulatory framework within which health and social care professionals practice or the established professional accountabilities that are currently in place within the NHS and local government; and that all health and social care professionals remain accountable for their individual clinical and care decisions.

8.5 The Parties will nominate relevant professional leads for consideration and appointment by the Integration Joint Board in compliance with the regulations, as advisors to the Integration Joint Board, the Chief Officer and local strategic planning and locality planning arrangements. The Chief Officer and the Integration Joint Board will also be supported by the equalities and public protection capabilities of both Parties.

8.6 The Chief Social Work Officer reports to the Council on the delivery of safe, effective and innovative social work services and the promotion of values and standards of practice. The Council confirms that its Chief Social Work Officer will provide appropriate professional advice to the Chief Officer and the Integration Joint Board in relation to statutory social work duties and make certain decisions in terms of the Social Work (Scotland) Act 1968. The Chief Social Work Officer will provide an annual report on care governance to the Integration Joint Board, including responding to scrutiny and improvement reports by external bodies such as the Care Inspectorate. In their operational management role the Chief Officer will work with and be supported by the Chief Social Work Officer with respect to quality of integrated services within the Partnership in order to then provide assurance to the Integration Joint Board.

8.7 The Health Board Chief Executive, as the accountable officer, is responsible for clinical governance, quality, patient safety and engagement, supported by the Health Board's professional advisers. The Health Board's Medical Director is responsible for the systems which support the delivery of clinical governance and medicines governance, including Health Board-wide medicines governance framework; infection control; the patient safety programme; and the Clinical Governance Forum. The Clinical Governance Forum is responsible for demonstrating compliance with statutory requirements in relation to clinical governance; authorising an accurate and honest annual clinical governance statement; and responding to scrutiny and improvement reports by external bodies such as Healthcare Improvement Scotland. Professional leads nominated by the Health Board will relate to and be supported by the Health Board's Medical Director and Director of Nursing through formal

network arrangements and the Area Clinical Forum. In their operational management role the Chief Officer will work with and be supported by these professional leads with respect to quality of integrated services within the Partnership in order to then provide assurance to the Integration Joint Board.

8.8 The Chief Officer has delegated responsibilities, through the Parties' Chief Executives, for the professional standards of staff working in integrated services. The Chief Officer, relevant lead health professionals and the Council Chief Social Work Officer will work together to ensure appropriate professional standards and leadership. The Parties will ensure that staff working in integrated services have the appropriate skills and knowledge to provide the appropriate standard of care. Partnership managers will manage teams of Health Board employed staff, Council employed staff or a combination of both; and will promote best practice, cohesive working and provide guidance and development to their team. This will include effective staff supervision and implementation of staff support policies. Where groups of staff require professional leadership, this will be provided by the relevant Health Board professional lead or the Council's Chief Social Work Officer as appropriate.

8.9 The Chief Officer will ensure that clear strategic objectives for clinical and care governance are agreed, delivered and reported through an annual clinical and care governance action plan. This will include actions to: ensure the quality of service delivery (including that delivered through services procured from the third and independent sector); address organisational and individual care risks; promote continuous improvement; and ensure that all professional and clinical standards, legislation and guidance are met.

8.10 The Parties will establish a local Clinical and Care Governance Group for integrated services within the Partnership. This, when not chaired by the Chief Officer, will report to the Chief Officer; and through the Chief Officer to the Integration Joint Board. Its membership will include the Partnership's Senior Management Team; Clinical Director; Lead Nurse; Allied Health Professions Lead; and Council's Chief Social Work Officer. Through its representative membership, the Clinical and Care Governance Group will interface with the Health Board Clinical Governance Forum; Health Board professional committees; the Area Clinical Forum; Managed Care Networks; and local Multi-Agency Public Protection Arrangement, Adult Support & Protection and Child Protection Committees as appropriate.

8.11 The Integration Joint Board may seek advice on clinical and care governance directly from the Clinical and Care Governance Group and also the Health Board Clinical Governance Forum; Health Board professional committees; Area Clinical Forum; Managed Care Networks; and local Multi-Agency Public Protection Arrangement, Adult Support & Protection and Child Protection. In addition, the Integration Joint Board may directly take into consideration the professional views of the lead health professionals and the Council's Chief Social Work Officer.

8.12 The Clinical and Care Governance Group will provide advice to strategic planning and locality planning groups within the area of the Integration Joint Board. Strategic planning and locality planning groups may seek advice on clinical and care governance directly from the Clinical and Care Governance Group; and may directly take into consideration the professional views of the lead health professionals and the Council's Chief Social Work Officer.

8.13 Details of the primary support structure for clinical and care governance relating to the Integration Joint Board and the Parties are set out in Annex 4.

8.14 Further assurance will be provide through:

- The responsibility of the Chief Social Work Officer to report directly to the Council.

- The responsibility of the health professional leads to relate to the Medical Director and Director of Nursing, who in return report to the Health Board on professional matters.
- The Health Board Clinical Governance Forum which will also provide professional guidance as required.

8.15 The Chief Officer will take into consideration any decisions of the Council or Health Board which arise from 8.14 above.

8.16 The Health Board's Medical Director, Director of Nursing, Clinical Governance Forum and the Council's Chief Social Worker may raise issues directly with the Integration Joint Board in writing; and the Integration Joint Board will respond in writing to any issues so raised.

8.17 The Parties agree that they will work together and with the Integration Joint Board to deliver an organisation in which those individual staff delivering care will:

- Practice in accordance with their professional standards, codes of conduct and organisational values.
- Be responsible for upholding professional and ethical standards in their practice and for continuous development and learning that should be applied to the benefit of the public.
- Ensure the best possible care and treatment experience for service users and families.
- Provide accurate information on quality of care and highlight areas of concern and risk as required.
- Work in partnership with management, service users and carers and other key stakeholders in the designing, monitoring and improvement of the quality of care and services.
- Speak up when they see practice that endangers the safety of patients or service users in line with local policies for public interest disclosure and regulatory requirements.
- Engage with colleagues, patients, service users, communities and partners to ensure that local needs and expectations for safe and high quality health and care services, improved wellbeing and wider outcomes are being met.

## 9. Chief Officer

9.1 The Chief Officer will be accountable directly to the Integration Joint Board for the preparation, implementation and reporting on the Strategic Plan.

9.2 The Chief Officer's formal contract of employment will be with one of the Parties, and be then seconded to the Integration Joint Board by that Party. The Chief Officer will hold an honorary contract with the other Party. The Chief Officer will be jointly line managed by the Council's Chief Executive and the Health Board's Chief Executive. Where there is to be prolonged period where the Chief Officer is absent or otherwise unable to carry out their responsibilities, the Council's Chief Executive and Health Board's Chief Executive will jointly propose – at the request of the Integration Joint Board - an appropriate interim arrangement for approval by the Integration Joint Board's Chair and Vice-Chair.

9.3 The totality of the Chief Officer's objectives will be set annually and performance appraised by the Council's Chief Executive, the Health Board's Chief Executive in consultation with Integration Joint Board's Chair and Vice-Chair.

9.4 The Chief Officer's role is to provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the corporate management teams of the Parties. The Parties agree that Chief Officer will be responsible for the operational management of the integrated services within the Partnership, with the management of NHS acute hospital services retained within the Health Board. The Parties agree that the Health Board Chief Executive will ensure provision of updates on a regular basis to the Chief Officer and the Integration Joint Board on the operational delivery of NHS acute hospital services delegated to the Integration Joint Board.

9.5 The Chief Officer will routinely liaise with their counterparts of the other Integration Authorities within the Health Board area in accordance with sub-section 30(3) of the Act.

9.6 The Parties agree that the Council's Chief Social Work Officer and the Health Board's Medical Director, Director of Nursing, and professional leads will routinely liaise with the Chief Officer with respect to the arrangements and support for clinical and care governance.

## 10. Workforce

10.1 The Parties understand that staff governance is a system of corporate accountability for the fair and effective management of all staff, i.e. that staff should be:

- Well informed.
- Appropriately trained.
- Involved in decisions which affect them.
- Treated fairly and consistently.
- Provided with an improved and safe working environment.

10.2 The Parties, through the Chief Officer, will develop a joint Workforce Development and Support Plan and Organisational Development strategy in relation to staff delivering integrated services (except for NHS acute hospitals services), taking account of existing workforce development policies and procedures of both Parties, and rationalising these in partnership with other integration authorities within the same the Health Board area. These will be prepared within the first year of operation of the Integration Joint Board and put in place by 31st March 2016. The Parties will include the Integration Joint Board in their review.

10.3 The Parties agree that the Chief Officer will convene a local joint Staff Partnership Forum, with formal linkages to their respective corporate trade union partnership forums. The Chief Officer will ensure that staff governance matters will be reported as appropriate and required to the Parties through their appropriate governance and management structures.

11. **Finance**

11.1 The Parties will provide the Integration Joint Board with assurance that its delegated resources are appropriately robust to allow it to carry out its delegated services and functions, both prior to the approval of its Strategic Plans and at the start of each financial year. Delegated baseline budgets for 2015/16 will be subject to due diligence and based on a review of recent past performance, existing and future financial forecasts for the Health Board and the Council for the functions which are to be delegated.

11.2 The Integration Joint Board will appoint a Chief Financial Officer, who will be the Accountable Officer for financial management and administration of the Integration Joint Board. The Chief Financial Officer will be line managed by the Chief Officer, and professionally supervised and formally supported by the Council's Section 95 Officer and the Health Board's Director of Finance.

11.3 The Parties confirm the following arrangements in relation to the determination of the amounts to be paid, or Set Aside, and their variation, to the Integration Joint Board by the Parties:

(a) Amounts to be paid by the Parties to the Integration Joint Board in respect of all of the functions delegated by them to the Integration Joint Board (other than those to which sub-paragraph [b] applies):

(i) Payment in the first year to the Integration Joint Board for delegated functions.

Delegated baseline budgets for 2015/16 will be subject to due diligence and comparison to actual expenditure in previous years together with any planned changes to ensure they are realistic, with an opportunity in the second year of operation to correct any base line errors.

(ii) Payment in subsequent years to the Integration Joint Board for delegated functions.

In subsequent years, the Chief Officer and the Chief Finance Officer should develop the funding requirements for the Integrated Budget based on the Strategic Plan and present it to the Parties for consideration as part of the annual budget setting process. The draft budget should be evidence based with full transparency on its assumptions. The following principles apply:

- Individual Party responsibility, including pay awards, contractual uplift, prescribing, resource transfer, and ring fenced funds.
- In the case of demographic shifts and volume each Party will have a shared responsibility for funding. In these circumstances an agreed percentage contribution, based on net budget of each Party, by individual client group excluding ring fenced funds (e.g. Family Health Services and General Medical Services) will apply.
- The prescribing budget will be delegated to the Integration Joint Board. It is proposed that prescribing will be managed by the Health Board across the area of the six Greater Glasgow and Clyde Integration Joint Boards, with an agreed Incentive Scheme which requires to be approved by all Parties across the six Integration Joint Boards.
- Efficiency targets will be set by each Party.

Following determination of the payment, the amounts to be made by each Party, the Integration Joint Board will refine the Strategic Plan to take account of the totality of resources available.

(b) Amounts to be made available by the Health Board to the Integration Joint Board in respect of NHS acute hospital services:

(i) Carried out in a hospital in the area of the Health Board or provided to the partnership population by another territorial NHS Health Board through cross boundary flow arrangements.

Set Aside baseline budgets for 2015/16 will be subject to due diligence and comparison to actual expenditure in previous years together with any planned changes to ensure they are realistic, with an opportunity in the second year of operation to correct any base line errors.

The initial Set Aside base budget for each Integration Joint Board will be based on their historic use of NHS acute hospital services. The actual unit cost which would apply as part of any change to activity or service redesign is dependent on the scale of change planned and requires agreement in advance by all Parties. Any redesign of service requires to be agreed across the six Integration Joint Boards and be reflected in the Strategic Plans.

In subsequent years, the Health Board, Chief Officer and the Chief Finance Officer should develop the funding requirements for the Set Aside budget based on the Strategic Plan and present it to the Parties for consideration as part of the annual budget setting process. The draft budget should be evidence based with full transparency on its assumptions. Any adjustment to the Set Aside budget requires to be agreed by all Parties with each Parties contribution being adjusted proportionate to the rolling three year usage by each Party.

(ii) Provided for the areas of two or more Councils.

Where the Integration Joint Board agrees that it will host services on behalf of other Integration Joint Boards the principles outlined in (a) above would apply.

11.4 The Chief Officer will deliver the Outcomes within the total delegated resources (paid and Set Aside) and where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the Integration Joint Board. If the recovery plan is not successful the Parties will consider making interim funds available based on the agreed percentage contribution for joint responsibilities, as outlined above, with repayment in future years on the basis of a revised recovery plan agreed by the Parties and Integration Joint Board. If the revised plan cannot be agreed by the Parties or is not approved by the Integration Joint Board, the dispute resolution mechanism in herein, will be followed.

11.5 Where an underspend in an element of the operational budget arises from specific management action, this will be retained by the Integration Joint Board to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan subject to the terms of the Integration Joint Board's Reserves Strategy. Any windfall underspend will be returned to Parties in the same proportion as individual Parties contribute to joint pressures.

11.6 In year variances in any agreed Lead Partnership hosted services follow the principles noted above. In the event of an overspend the Recovery Plan requires agreement of all Integration Joint Boards. Failure to reach agreement will require interim additional contributions in proportion to service usage pending final agreement of the Recovery Plan.

11.7 In year pressures in respect of Set Aside budgets will be managed in year by the Health Board, with any recurring over or underspend being considered as part of the annual budget setting process.

11.8 Either Party may increase their in year payment to the Integration Joint Board. Neither Party may reduce the payment in-year to the Integration Joint Board nor hosted services managed on a lead partnership basis to meet exceptional unplanned costs within the Parties without the express consent of the Integration Joint Board and the other Party and where relevant the other Greater Glasgow and Clyde Integration Joint Boards.

11.9 The Chief Finance Officer is responsible for ensuring that appropriate financial services are available to the Integration Joint Board and the Chief Officer.

11.10 Recording of all financial information in respect of the Integration Joint Board (e.g. expenses) will be processed via the Council ledger, with specific funding being allocated by the Integration Joint Board to the Council for this.

11.11 Initially, consolidation of information for the Integration Joint Board will take place outwith the core financial ledgers.

11.12 The Chief Officer and Chief Finance Officer of the Integration Joint Board will be responsible for the preparation of the annual accounts, financial statement prepared under section 39 of the Act, the financial elements of the Strategic Plan and such other reports that the Integration Joint Board might require. The year-end balances and in-year transactions between the Integration Joint Board and the Parties will be agreed in line with the Health Board accounts timetable. The Chief Finance Officer will provide reports to the Chief Officer on the financial resources used for operational delivery.

11.13 In advance of each financial year a timetable of reporting will be submitted to the Integration Joint Board for approval, with a minimum of four financial reports being submitted to the Integration Joint Board. This will include reporting in relation to activity for Set Aside budgets.

11.14 Monthly financial reports will be provided to the Chief Officer in respect of paid services. Quarterly information will be provided on activity associated with the Set Aside budgets.

11.15 Financial reports will include a subjective and objective analysis of budgets and actual / projected outturn. Detailed financial transactions will continue to be recorded in the financial ledgers of each Party.

11.16 The schedule of cash payments to be made in settlement of the payment due to the Integration Joint Board is as follows. The net difference between payments made to the Integration Joint Board and resources delegated by the Integration Joint Board, Resource Transfer and virement between Parties and Integration Joint Board will be transferred between agencies quarterly in arrears, with a final adjustment on closure of the Annual Accounts. The timetable will be prepared in advance of the start of the financial year.

11.17 In the event that the Integration Joint Board becomes formally established part-way through the 2015-16 financial year, the payment to the Integration Joint Board for delegated functions will be that portion of the budget covering the period from the establishment of the Integration Joint Board to 31st March 2016.

11.18 The Parties agree that Strategic Plans will take account of all resources available to the Partnership, including capital assets owned by the Health Board on behalf of Scottish Ministers, and the Council.

11.19 Capital and assets and the associated running costs will continue to sit with the Parties. The Parties agree that the Chief Officer and the Chief Financial Officer will be formally and appropriately engaged within Health Board and Council corporate processes regarding minor works and minor equipment, making the best use of existing resources and developing capital programmes.

11.20 The Parties agree that where the Integration Joint Board identifies the need for new capital investment within the Strategic Plan, a business case will be developed by the Chief Officer for both Parties to transparently consider through their corporate processes. The Parties agree that process by which a business case has been considered, the decision reached and the basis for that decision will be formally reported back to the Integration Joint Board.

## 12. Participation and Engagement

12.1 Given the predecessor community health and social care partnership that the Parties had established as a key element of and pro-active participant within local Community Planning Partnership arrangements, this Scheme has benefitted from a considerable amount of ongoing and positive engagement with a range of stakeholders over the period since the legislation was first announced; and benefited from the participation of local stakeholders who have experienced the realities of effective integration in practice.

12.2 Throughout the development of this Scheme, the Parties jointly consulted all of the stakeholder groups prescribed in Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014. The extensive consultation undertaken adopted a multi-modal approach, incorporating electronic material promoted and accessible via the Council and the Health Board intranet and internet websites; circulation of both paper and electronic copies of material to mailing lists; briefings to elected members; discussions at staff team meetings and with trade unions; participation at external forums (including Third and Independent sectors) and invited groups (including users and carers groups); and specially organised meetings. Engagement also consultation with the other Councils within the Greater Glasgow and Clyde Health Board area. Comments from across all these consultation processes was captured, collated and then considered within the final preparation of this Scheme. The response to the consultation from across stakeholder groups was substantively positive and encouraging.

12.3 The Parties jointly undertook an Equalities Impact Assessment as part of the process of finalising this Scheme: no negative impacts were identified, and positive opportunities were adopted.

12.4 The predecessor community health and care partnership arrangements previously established by the Parties for the delivery of health and social care services for adults and children across West Dunbartonshire included integrated participation and engagement arrangements that are supported by and contribute to local Community Planning Partnership arrangements; and routine collaboration with stakeholders as part of the local Community Planning Partnership to develop services that meet the needs of local people and support local Single Outcome Agreement priorities. The Parties are committed to continuing that constructive participation and engagement.

12.5 The Parties undertake to work together to support the Integration Joint Board in the production of its participation and engagement strategy. The Parties agree to provide communication and public engagement support to the Integration Joint Board to facilitate engagement with key stakeholders, including patients and service users, carers and Third Sector representatives and Councils within the Greater Glasgow and Clyde Health Board area.

12.6 The Parties will also provide support through existing corporate support arrangements and public consultation arrangements. The participation and engagement strategy will be produced by 31 March 2016. In the meantime, each of the Parties agrees to use its existing systems for participation and engagement, and to ensure that these accord at all times with the principles and practices endorsed by the Scottish Health Council and those set out in the National Standards for Community Engagement.

## 13. Information Sharing and Data Handling

13.1 The Council, the Health Board and the other local authorities within the Health Board area have established and work together through the Joint Information & Health Systems Group to develop, review and maintain an Information Sharing Protocol. The Protocol describes how the parties will exchange information with each other - particularly information relating to identifiable living people, known legally as "personal data". The purpose of the Protocol is to explain why the partner organisations want to exchange information with each other; and to put in place a framework which will allow this information to be exchanged in ways which respect the rights of the people the information is about, while recognising the circumstances in which staff must share personal data to protect others without the consent of the individual. The Protocol complies with the laws regulating this, most notably the Data Protection Act 1998. The Parties acknowledge that the Protocol has been reviewed and revised to take into consideration the terms of the Act.

13.2 Within a month of the first meeting of the Integration Joint Board, the Parties will request the Data Sharing Partnership extends an invitation to the Integration Joint Board to become a member and will invite the Integration Joint Board to be a party to the Protocol. Any reasonable amendments to the Protocol proposed by the Integration Joint Board will be considered through the Data Sharing Partnership.

13.3 The Parties shall work together to ensure that the Protocol is reviewed on a two yearly basis and that as part of this process the views of the Integration Joint Board will be canvassed and considered.

13.4 The Chief Officer will ensure appropriate arrangements are in place in respect of information governance and the requirements of the Information Commissioner's Office on behalf of and with the necessary technical and corporate support from both Parties. Staff within the Partnership will continue to be obliged to operate in accordance with the local Data Sharing Protocol and the data confidentiality policies of their employing organisations.

## 14 Complaints

14.1 With respect to the functions delegated to the Integration Joint Board, both of the Parties will retain separate complaints policies reflecting distinct statutory requirements: the Patient Rights (Scotland) Act 2011 making provisions for complaints about NHS services; and the Social Work (Scotland) Act 1968 making provisions for the complaints about social work services. The Parties will work together with the Chief Officer to ensure the arrangements for complaints are clear and integrated from the perspective of the service user. In the event that complaints are received by the Integration Joint Board or the Chief Officer, the Parties will work together to achieve where possible a joint response, identifying the lead party in the process and confirming this to the individual raising the complaint.

14.2 The Parties agree that as far as possible complaints will be dealt with by front line staff. Thereafter the existing complaints procedures of the Parties provide a formal process for resolving complaints. The final stage will be the consideration of complaints by the Scottish Public Sector Ombudsman. In relation to social work complaints these are, subject to review,

presently considered by a local Social Work Complaints Review Sub-Committee prior to the Ombudsman.

14.3 The means through which a complaints should formally be made regarding integrated services and the appropriate member of staff within the Health & Social Care Partnership to whom a complaint should be made will be detailed on the Parties' websites and made available in paper copies within premises.

14.4 The Parties agree that staff delivering integrated services will apply the relevant Party's complaints policy depending on the nature of the complaint made. Where a complaint made could be dealt with by both Parties' policies, the appropriate member of senior management team will determine whether both need to be applied separately or a single joint response is appropriate. Where a joint response to such a complaint is not possible or appropriate, the material issues should be separated and progressed through the respective Party's procedures.

14.5 Details of the complaints procedures will be provided on-line, in printed literature and on posters. Clear and agreed timescales for responding to complaints will be provided. If a service user is unable, or unwilling to make a complaint directly, complaints will be accepted from a representative who can be a friend, relative or an advocate. The person making a complaint will always be informed which Party's policies are being applied.

14.6 The Parties will ensure that complaints performance will be reported on in accordance with national and corporate reporting arrangements. The Parties will produce a joint report on a six monthly basis for consideration by the Integration Joint Board.

## 15. Claims Handling, Liability and Indemnity

15.1 The Parties understand that the Integration Joint Board, while having legal personality in its own right, has neither replaced nor assumed the rights or responsibilities of either the Health Board or the Council as the employers of the staff delivering integrated services; or for the operation of buildings or services under the operational remit of those staff.

15.2 The Parties will continue to indemnify, insure and accept responsibility for the staff that they each employ; their particular capital assets that integrated services are delivered from or with; and the respective services themselves that each Party has delegated to the Integration Joint Board.

15.3 Liabilities arising from decisions taken by the Integration Joint Board will be equally shared between the Parties.

## 16. Risk Management

16.1 The Parties along with the other local authorities in the Health Board area have developed a model risk management policy and strategy to support integrated service delivery (except for NHS acute hospital services). This will be available to the Integration Joint Board at its first meeting; and the Integration Joint Board will be consulted in any reviews of the Policy and Strategy.

16.2 The Chief Officer will be responsible for ensuring that suitable and effective arrangements are in place to manage the risks relating to the integrated services within the scope of the Integration Joint Board. The Parties will provide the Chief Officer and the Integration Joint Board with relevant specialist advice and support (including internal audit, clinical and non-clinical risk managers, and health and safety advisers).

16.3 The Chief Officer will work with the Parties to jointly prepare an annual strategic risk register that will identify, assess and prioritise risks related to the preparation and delivery of the Strategic Plan; and identify and describe processes for mitigating those risks. This process will also take due cognisance of the overall corporate risk registers of both Parties. The first strategic risk register will be prepared within the first year of operation of the Integration Joint Board.

16.4 Strategic risk registers will be presented to the Integration Joint Board for approval on an annual basis. The Parties agree that the Health Board's Director of Finance and the Council's Section 95 Officer will ensure that the Integration Joint Board is provided with the necessary technical and corporate support to develop, maintain and scrutinise strategic risk registers.

16.5 The Chief Officer is responsible for drawing to the attention of the Integration Joint Board and the Parties any substantive developments in-year that lead to a substantial change to the strategic risk register in-year. The Chief Officer will formally review the risk register on a six monthly basis.

16.6 The Chief Officer will ensure that the approved strategic risk register is provided to both of the Parties to enable them to take account of its content as part of their overall risk management arrangements. Both Parties agree to share their corporate risk registers with the Integration Joint Board on an annual basis.

## 17. Dispute Resolution Mechanism

17.1 The Parties aim to continue to adopt a collaborative approach to the integration of health and social care.

17.2 The Parties will use their best endeavours to quickly resolve any areas of disagreement. Where any disputes do arise that require escalation to the Chief Executives of the respective organisations, those officers will attempt to resolve matters in an amicable fashion and in the spirit of mutual cooperation.

17.3 In the unlikely event that the Parties do not reach agreement, then:

- The Chief Executives of the Health Board and the Council will meet to resolve the issue.
- If unresolved, the Health Board and the Council will each prepare a written note of their position on the issue and exchange it with the others.
- The Leader of the Council, Chair of the Health Board and the Chief Executives of the Health Board and the Council will then meet to resolve the issue.
- In the event that the issue remains unresolved, representatives of the Health Board and the Council will proceed to mediation with a view to resolving the issue. The process for appointing the mediator will be agreed between the Chair of the Health Board and Leader of the Council.

17.4 Where the issue remains unresolved after following the processes outlined in section 17.3 above, the Chief Executives of the Health Board and the Council will jointly and formally notify Scottish Ministers in writing of the issues and be bound by their determination.

**ANNEX 1**
**Part 1: Functions delegated by the Health Board to the Integration Joint Board**

| *Column A* | *Column B* |
|---|---|
| **The National Health Service (Scotland) Act 1978** | |
| All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978 | Except functions conferred by or by virtue of—<br>section 2(7) (Health Boards);<br>section 2CB (functions of Health Boards outside Scotland);<br>section 9 (local consultative committees);<br>section 17A (NHS contracts);<br>section 17C (personal medical or dental services);<br>section 17I (use of accommodation);<br>section 17J (Health Boards' power to enter into general medical services contracts);<br>section 28A (remuneration for Part II services);<br>section 48 (residential and practice accommodation);<br>section 55 (hospital accommodation on part payment);<br>section 57 (accommodation and services for private patients);<br>section 64 (permission for use of facilities in private practice);<br>section 75A (remission and repayment of charges and payment of travelling expenses);<br>section 75B (reimbursement of the cost of services provided in another EEA state);<br>section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);<br>section 79 (purchase of land and moveable property);<br>section 82 use and administration of certain endowments and other property held by Health Boards);<br>section 83 (power of Health Boards and local health councils to hold property on trust);<br>section 84A (power to raise money, etc., by appeals, collections etc.);<br>section 86 (accounts of Health Boards and the Agency);<br>section 88 (payment of allowances and remuneration to members of certain bodies<br>connected with the health services);<br>section 98 (charges in respect of non-residents); and<br>paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act |

| *Column A* | *Column B* |
|---|---|
| | (Health Boards);<br>and functions conferred by—<br>The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989<br>The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;<br>The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;<br>The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;<br>The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;<br>The National Health Service (Discipline Committees) (Scotland) Regulations 2006;<br>The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;<br>The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009;<br>The National Health Service (General Dental Services) (Scotland) Regulations 2010; and<br>The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011. |
| **Disabled Persons (Services, Consultation and Representation) Act 1986**<br>Section 7<br>(persons discharged from hospital) | |
| **Community Care and Health (Scotland) Act 2002**<br>All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002. | |
| **Mental Health (Care and Treatment) (Scotland) Act 2003**<br>All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003. | Except functions conferred by—<br>section 22 (approved medical practitioners);<br>section 34 (inquiries under section 33: cooperation)<br>section 38 (duties on hospital managers: examination, notification etc.);<br>section 46 (hospital managers' duties: notification);<br>section 124 (transfer to other hospital);<br>section 228 (request for assessment of needs: duty on |

| *Column A* | *Column B* |
|---|---|
| | local authorities and Health Boards);<br><br>section 230 (appointment of patient's responsible medical officer);<br><br>section 260 (provision of information to patient);<br><br>section 264 (detention in conditions of excessive security: state hospitals);<br><br>section 267 (orders under sections 264 to 266: recall);<br><br>section 281 (correspondence of certain persons detained in hospital);<br><br>and functions conferred by—<br><br>The Mental Health (Safety and Security) (Scotland) Regulations 2005;<br><br>The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;<br><br>The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and<br><br>The Mental Health (England and Wales Crossborder transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008. |
| **Education (Additional Support for Learning) (Scotland) Act 2004**<br>Section 23<br>(other agencies etc. to help in exercise of functions under this Act) | |
| **Public Services Reform (Scotland) Act 2010**<br>All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010 | Except functions conferred by—<br><br>section 31(public functions: duties to provide information on certain expenditure etc.); and<br><br>section 32 (public functions: duty to provide information on exercise of functions). |
| **Patient Rights (Scotland) Act 2011**<br>All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011 | Except functions conferred by The Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36. |

**Part 2: Services delegated by the Health Board to the Integration Joint Board**

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:
  - General medicine.
  - Geriatric medicine.
  - Rehabilitation medicine.
  - Respiratory medicine.
  - Psychiatry of learning disability.
- Palliative care services provided in a hospital.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Mental health services provided in a hospital, except secure forensic mental health services.
- Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
- Health Visiting services.
- School Nursing.
- Speech and Language Therapy.
- Specialist Health Improvement.
- Community Children's Services.
- Child and Adolescent Mental Health Services
- District Nursing services.
- The public dental service.
- Primary care services provided under a general medical services contract.
- General dental services.
- Ophthalmic services.
- Pharmaceutical services.
- Services providing primary medical services to patients during the out-of-hours period.
- Services provided outwith a hospital in relation to geriatric medicine.
- Palliative care services provided outwith a hospital.
- Community learning disability services.
- Rehabilitative Services provided in the community.
- Mental health services provided outwith a hospital.
- Continence services provided outwith a hospital.
- Kidney dialysis services provided outwith a hospital.
- Services provided by health professionals that aim to promote public health.

**Annex 2**
**Part 1: Functions delegated by the Local Authority to the Integration Joint Board**

Functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

| *Column A*<br>*Enactment conferring function* | *Column B*<br>*Limitation* |
|---|---|
| **Schedule 1 – Functions Which Must Be Delegated** | |
| **National Assistance Act 1948**<br>Section 48<br>(Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.) | |
| **The Disabled Persons (Employment) Act 1958**<br>Section 3<br>(Provision of sheltered employment by local authorities) | |
| **The Social Work (Scotland) Act 1968** | |
| Section 1<br>(Local authorities for the administration of the Act.) | So far as it is exercisable in relation to another integration function. |
| Section 4<br>(Provisions relating to performance of functions by local authorities.) | So far as it is exercisable in relation to another integration function. |
| Section 8<br>(Research.) | So far as it is exercisable in relation to another integration function. |
| Section 10<br>(Financial and other assistance to voluntary organisations etc. for social work.) | So far as it is exercisable in relation to another integration function. |
| Section 12<br>(General social welfare services of local authorities.) | Except in so far as it is exercisable in relation to the provision of housing support services. |
| Section 12A<br>(Duty of local authorities to assess needs.) | So far as it is exercisable in relation to another integration function. |
| Section 12AZA<br>(Assessments under section 12A - assistance) | So far as it is exercisable in relation to another integration function. |
| Section 12AA<br>(Assessment of ability to provide care.) | |
| Section 12AB<br>(Duty of local authority to provide information to carer.) | |
| Section 13<br>(Power of local authorities to assist persons in need in disposal of produce of their work.) | |
| Section 13ZA<br>(Provision of services to incapable adults.) | So far as it is exercisable in relation to another integration function. |

| *Column A*<br>*Enactment conferring function* | *Column B*<br>*Limitation* |
|---|---|
| Section 13A<br>(Residential accommodation with nursing.) | |
| Section 13B<br>(Provision of care or aftercare.) | |
| Section 14<br>(Home help and laundry facilities.) | |
| Section 28<br>(Burial or cremation of the dead.) | So far as it is exercisable in relation to persons cared for or assisted under another integration function. |
| Section 29<br>(Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.) | |
| Section 59<br>(Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.) | So far as it is exercisable in relation to another integration function. |
| **The Local Government and Planning (Scotland) Act 1982** | |
| Section 24(1)<br>(The provision of gardening assistance for the disabled and the elderly.) | |
| **Disabled Persons (Services, Consultation and Representation) Act 1986** | |
| Section 2<br>(Rights of authorised representatives of disabled persons.) | |
| Section 3<br>(Assessment by local authorities of needs of disabled persons.) | |
| Section 7<br>(Persons discharged from hospital.) | In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated. |
| Section 8<br>(Duty of local authority to take into account abilities of carer.) | In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions. |
| **The Adults with Incapacity (Scotland) Act 2000** | |
| Section 10<br>(Functions of local authorities.) | |
| Section 12<br>(Investigations.) | |
| Section 37<br>(Residents whose affairs may be managed.) | Only in relation to residents of establishments which are managed under integration functions. |

| *Column A*<br>*Enactment conferring function* | *Column B*<br>*Limitation* |
|---|---|
| Section 39<br>(Matters which may be managed.) | Only in relation to residents of establishments which are managed under integration functions. |
| Section 41<br>(Duties and functions of managers of authorised establishment.) | Only in relation to residents of establishments which are managed under integration functions |
| Section 42<br>(Authorisation of named manager to withdraw from resident's account.) | Only in relation to residents of establishments which are managed under integration functions |
| Section 43<br>(Statement of resident's affairs.) | Only in relation to residents of establishments which are managed under integration functions |
| Section 44<br>(Resident ceasing to be resident of authorised establishment.) | Only in relation to residents of establishments which are managed under integration functions |
| Section 45<br>(Appeal, revocation etc.) | Only in relation to residents of establishments which are managed under integration functions |
| **The Housing (Scotland) Act 2001** | |
| Section 92<br>(Assistance for housing purposes.) | Only in so far as it relates to an aid or adaptation. |
| **The Community Care and Health (Scotland) Act 2002** | |
| Section 4<br>(Accommodation more expensive than usually provided) | |
| Section 5<br>(Local authority arrangements for residential accommodation outwith Scotland.) | |
| Section 14<br>(Payments by local authorities towards expenditure by NHS bodies on prescribed functions.) | |
| **The Mental Health (Care and Treatment) (Scotland) Act 2003** | |
| Section 17<br>(Duties of Scottish Ministers, local authorities and others as respects Commission.) | |
| Section 25<br>(Care and support services etc.) | Except in so far as it is exercisable in relation to the provision of housing support services. |
| Section 26<br>(Services designed to promote well-being and social development.) | Except in so far as it is exercisable in relation to the provision of housing support services. |
| Section 27<br>(Assistance with travel.) | Except in so far as it is exercisable in relation to the provision of housing support services. |

| *Column A*<br>*Enactment conferring function* | *Column B*<br>*Limitation* |
|---|---|
| Section 33<br>(Duty to inquire.) | |
| Section 34<br>(Inquiries under section 33: Co-operation.) | |
| Section 228<br>(Request for assessment of needs: duty on local authorities and Health Boards.) | |
| Section 259<br>(Advocacy.) | |
| **The Housing (Scotland) Act 2006** | |
| Section 71(1)(b)<br>(Assistance for housing purposes.) | Only in so far as it relates to an aid or adaptation. |
| **The Adult Support and Protection (Scotland) Act 2007** | |
| Section 4<br>(Council's duty to make inquiries.) | |
| Section 5<br>(Co-operation.) | |
| Section 6<br>(Duty to consider importance of providing advocacy and other.) | |
| Section 11<br>(Assessment Orders.) | |
| Section 14<br>(Removal orders.) | |
| Section 18<br>(Protection of moved persons property.) | |
| Section 22<br>Right to apply for a banning order.) | |
| Section 40<br>(Urgent cases.) | |
| Section 42<br>(Adult Protection Committees.) | |
| Section 43<br>(Membership.) | |
| **Social Care (Self-directed Support) (Scotland) Act 2013** | |
| Section 3<br>(Support for adult carers.) | Only in relation to assessments carried out under integration functions. |
| Section 5<br>(Choice of options: adults.) | |
| Section 6<br>(Choice of options under section 5: assistances.) | |

| *Column A*<br>*Enactment conferring function* | *Column B*<br>*Limitation* |
|---|---|
| Section 7<br>(Choice of options: adult carers.) | |
| Section 9<br>(Provision of information about self-directed support.) | |
| Section 11<br>(Local authority functions.) | |
| Section 12<br>(Eligibility for direct payment: review.) | |
| Section 13<br>(Further choice of options on material change of circumstances.) | Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013. |
| Section 16<br>(Misuse of direct payment: recovery.) | |
| Section 19<br>(Promotion of options for self-directed support.) | |

**Schedule 2 – Additional Functions To Be Delegated On A Discretionary Basis**

**National Assistance Act 1948**

Section 45
(Recovery in cases of misrepresentation or non-disclosure)

**Matrimonial Proceedings (Children) Act 1958**

Section 11
(Reports as to arrangements for future care and upbringing of children)

**Social Work (Scotland) Act 1968**

Section 5
(Powers of Secretary of State).

Section 6B
(Local authority inquiries into matters affecting children)

Section 27
(supervision and care of persons put on probation or released from prison etc.)

Section 27 ZA
(advice, guidance and assistance to persons arrested or on whom sentence deferred)

Section 78A
(Recovery of contributions).

Section 80
(Enforcement of duty to make contributions.)

| *Column A*<br>*Enactment conferring function* | *Column B*<br>*Limitation* |
|---|---|
| Section 81<br>(Provisions as to decrees for aliment) | |
| Section 83<br>(Variation of trusts) | |
| Section 86<br>(Adjustments between authority providing accommodation etc., and authority of area of residence) | |
| **Children Act 1975** | |
| Section 34<br>(Access and maintenance) | |
| Section 39<br>(Reports by local authorities and probation officers.) | |
| Section 40<br>(Notice of application to be given to local authority) | |
| Section 50<br>(Payments towards maintenance of children) | |
| **Health and Social Services and Social Security Adjudications Act 1983** | |
| Section 21<br>(Recovery of sums due to local authority where persons in residential accommodation have disposed of assets) | |
| Section 22<br>(Arrears of contributions charged on interest in land in England and Wales) | |
| Section 23<br>(Arrears of contributions secured over interest in land in Scotland) | |
| **Foster Children (Scotland) Act 1984** | |
| Section 3<br>(Local authorities to ensure well being of and to visit foster children) | |
| Section 5<br>(Notification by persons maintaining or proposing to maintain foster children) | |
| Section 6<br>(Notification by persons ceasing to maintain foster children) | |
| Section 8<br>(Power to inspect premises) | |
| Section 9<br>(Power to impose requirements as to the keeping of | |

| *Column A*<br>*Enactment conferring function* | *Column B*<br>*Limitation* |
|---|---|
| foster children) | |
| Section 10<br>(Power to prohibit the keeping of foster children) | |
| **Children (Scotland) Act 1995**<br>Section 17<br>(Duty of local authority to child looked after by them) | |
| Sections 19<br>(Local authority plans for services for children) | |
| Section 20<br>(Publication of information about services for children) | |
| Section 21<br>(Co-operation between authorities) | |
| Section 22<br>(Promotion of welfare of children in need) | |
| Section 23<br>(Children affected by disability) | |
| Section 24<br>(Assessment of ability of carers to provide care for disabled children) | |
| Section 24A<br>(Duty of local authority to provide information to carer of disabled child) | |
| Section 25<br>(Provision of accommodation for children etc) | |
| Section 26<br>(Manner of provision of accommodation to children looked after by local authority) | |
| Section 27<br>(Day care for pre-school and other children) | |
| Section 29<br>(After-care) | |
| Section 30<br>(Financial assistance towards expenses of education or training) | |
| Section 31<br>(Review of case of child looked after by local authority) | |
| Section 32<br>(Removal of child from residential establishment) | |
| Section 36<br>(Welfare of certain children in hospitals and nursing | |

| *Column A*<br>*Enactment conferring function* | *Column B*<br>*Limitation* |
|---|---|
| homes etc) | |
| Section 38<br>(Short-term refuges for children at risk of harm) | |
| Section 76<br>(Exclusion orders) | |
| **Criminal Procedure (Scotland) Act 1995**<br>Section 51<br>(Remand and committal of children and young persons) | |
| Section 203<br>(Reports) | |
| Section 234B<br>(Drug treatment and testing order). | |
| Section 245A<br>(Restriction of liberty orders). | |
| **Adults with Incapacity (Scotland) Act 2000**<br>Section 40<br>(Supervisory bodies) | |
| **Community Care and Health (Scotland) Act 2002**<br>Section 6<br>(Deferred payment of accommodation costs) | |
| **Management of Offenders etc (Scotland) Act 2005**<br>Section 10<br>(Arrangements for assessing and managing risks posed by certain offenders) | |
| Section 11<br>(Review of arrangements) | |
| **Adoption and Children (Scotland ) Act 2007**<br>Section 1<br>(Duty of local authority to provide adoption service) | |
| Section 4<br>(Local authority plans) | |
| Section 5<br>(Guidance) | |
| Section 6<br>(Assistance in carrying out functions under sections 1 and 4) | |
| Section 9<br>(Assessment of needs for adoption support services) | |

| *Column A*<br>*Enactment conferring function* | *Column B*<br>*Limitation* |
|---|---|
| Section 10<br>(Provision of services) | |
| Section 11<br>(Urgent provision) | |
| Section 12<br>(Power to provide payment to person entitled to adoption support service) | |
| Section 19<br>(Notice under section 18: local authority's duties) | |
| Section 26<br>(Looked after children: adoption not proceeding) | |
| Section 45<br>(Adoption support plan) | |
| Section 47<br>(Family member's right to require review of plan) | |
| Section 48<br>(Other cases where authority under duty to review plan) | |
| Section 49<br>(Reassessment of needs for adoption support services) | |
| Section 51<br>(Guidance) | |
| Section 71<br>(Adoption allowances schemes) | |
| Section 80<br>(Permanence orders) | |
| Section 90<br>(Precedence of court orders and supervision requirements over order) | |
| Section 99<br>(Duty of local authority to apply for variation or revocation) | |
| Section 101<br>Local authority to give notice of certain matters) | |
| Section 105<br>Notification of proposed application for order) | |
| **Adult Support and Protection (Scotland) Act 2007** | |
| Section 7<br>(Visits) | |
| Section 8<br>(Interviews) | |

| *Column A*<br>*Enactment conferring function* | *Column B*<br>*Limitation* |
|---|---|
| Section 9<br>(Medical examinations) | |
| Section 10<br>(Examination of records etc) | |
| Section 16<br>(Right to move adult at risk) | |
| **Children's Hearings (Scotland) Act 2011**<br>Section 35<br>(Child assessment orders) | |
| Section 37<br>(Child protection orders) | |
| Section 42<br>(Parental responsibilities and rights directions) | |
| Section 44<br>(Obligations of local authority) | |
| Section 48<br>(Application for variation or termination) | |
| Section 49<br>(Notice of application for variation or termination) | |
| Section 60<br>(Local authority's duty to provide information to Principal Reporter) | |
| Section 131<br>(Duty of implementation authority to require review) | |
| Section 144<br>(Implementation of compulsory supervision order: general duties of implementation authority) | |
| Section 145<br>(Duty where order requires child to reside in certain place) | |
| Section 153<br>(Secure accommodation: regulations) | |
| Section 166<br>(Review of requirement imposed on local authority) | |
| Section 167<br>(Appeals to sheriff principal: section 166) | |
| Section 180<br>(Sharing of information: panel members) | |
| Section 183<br>(Mutual assistance) | |
| Section 184<br>*(Enforcement of obligations on health board under* | |

| *Column A*<br>*Enactment conferring function* | *Column B*<br>*Limitation* |
|---|---|
| *section 183*) | |
| **Social Care (Self- Directed Support)(Scotland) Act 2013**<br>Section 8<br>(Choice of options: children and family members)<br>Section 10<br>(Provision of information: children under 16) | |

**Part 2: Services delegated by the Council to the Integration Joint Board**

- Social work services for adults and older people.
- Services and support for adults with physical disabilities and learning disabilities.
- Mental health services.
- Drug and alcohol services.
- Adult protection and domestic abuse.
- Carers support services.
- Community care assessment teams.
- Support services.
- Care home services.
- Adult placement services.
- Health improvement services.
- The legislative minimum delegation of housing support, including aids and adaptations.
- Day services.
- Local area co-ordination.
- Self-Directed Support.
- Occupational therapy services.
- Re-ablement services, equipment and telecare.
- Respite provision for adults and young people.
- Social work services for children and young people:
    - Child Care Assessment and Care Management.
    - Looked After and Accommodated Children.
    - Child Protection.
    - Adoption and Fostering.
    - Child Care.
    - Special Needs/Additional Support.
    - Early intervention.
    - Throughcare Services.
- Social work criminal justice services, including Youth Justice Services.

**Annex 3: Hosted Service Arrangement**

The Parties will recommend to the Greater Glasgow and Clyde Integration Joint Boards that the Services listed in below are managed by one Integration Joint Board as Lead Partnership on behalf of the other Integration Joint Boards.

Where an Integration Joint Board is also the Lead Partnership in relation to a hosted service listed below, the Parties will recommend that:

a) It is responsible for the operational oversight of such service(s).

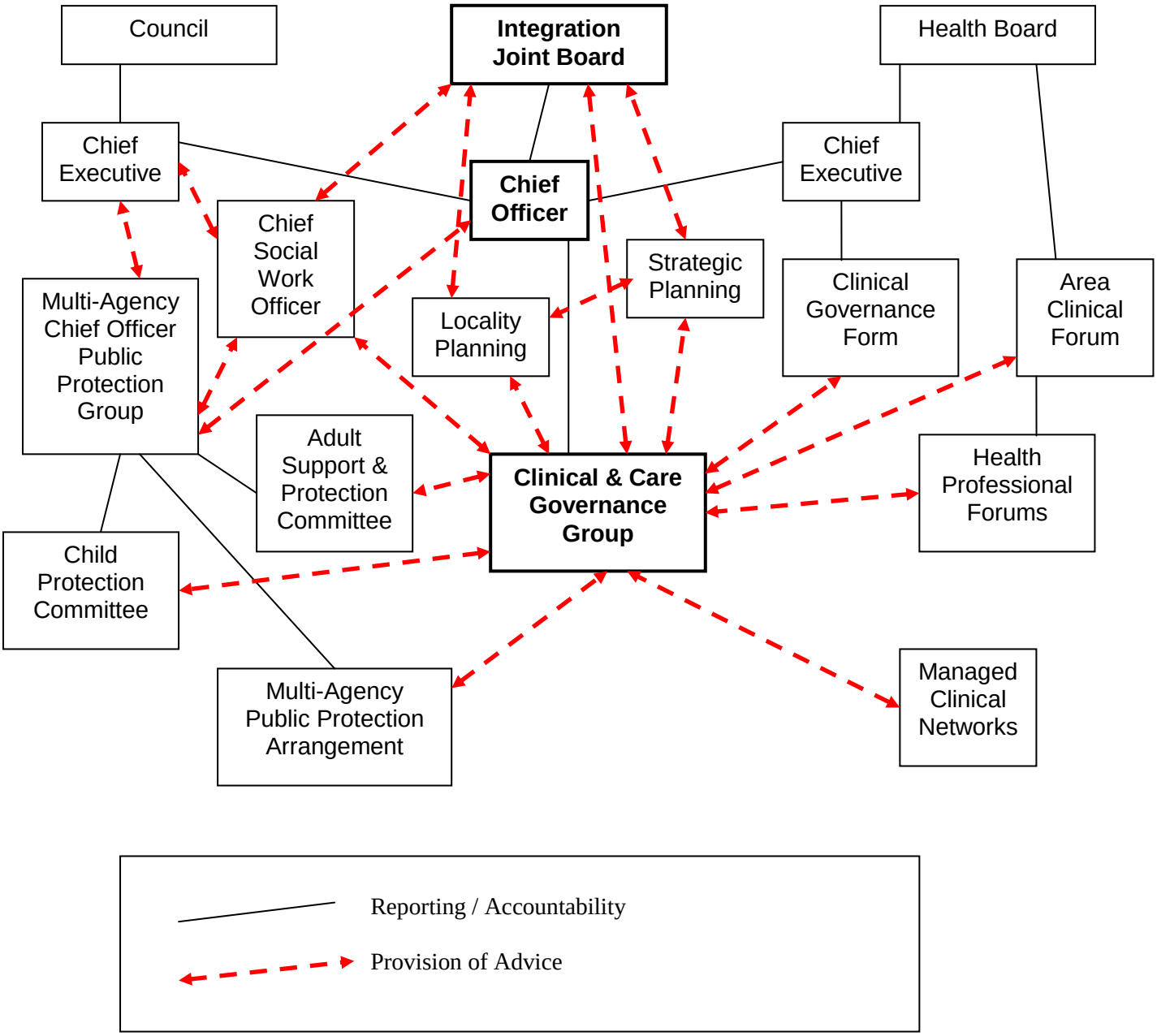
b) Through its Chief Officer will be responsible for the operational management on behalf of all the Integration Joint Boards.

c) Such Lead Partnership will be responsible for the strategic planning and operational budget of the hosted services.

| Service Area | Host Integration Joint Board |
|---|---|
| ▪ Continence services outwith hospital | Glasgow |
| ▪ Enhanced healthcare to Nursing Homes | Glasgow |
| ▪ Musculoskeletal Physiotherapy | West Dunbartonshire |
| ▪ Oral Health – public dental service and primary dental care contractual support | East Dunbartonshire |
| ▪ Podiatry services | Renfrewshire |
| ▪ Primary care contractual support (medical and optical) | Renfrewshire |
| ▪ Sexual Health Services (Sandyford) | Glasgow |
| ▪ Specialist drug and alcohol services and system-wide planning & co-ordination | Glasgow |
| ▪ Specialist learning disability services and learning disability system-wide planning & co-ordination | East Renfrewshire |
| ▪ Specialist mental health services and mental health system-wide planning & co-ordination | Glasgow |
| ▪ Custody and prison healthcare | Glasgow |

Out of hours services require to be delegated. Integrated Joint Boards will be asked to agree that the Renfrewshire Integration Joint Board will act as host for strategic planning of these services with delivery on behalf of all Integrated Joint Boards by the Acute Division of the Health Board.

**Annex 4: Clinical & Care Governance – Primary Supports and Relationships**



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

**Report by: Julie Slavin, Chief Financial Officer**

**25 November 2025**

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**Subject: 2025/26 Financial Performance Period 6 Report**

## 1. Purpose

**1.1** To provide the Health and Social Care Partnership (HSCP) Board with an update on the financial performance as at period 6 to 30 September 2025 and a projected outturn position to 31 March 2026.

## 2. Recommendations

**2.1** The HSCP Board is recommended to:

a) **Note** the updated position on 2025/26 budget allocations by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and **approve** the direction for 2025/26 back to our partners to deliver services to meet the HSCP Board's strategic priorities;
b) **Note** the reported revenue position for the period to 30 September 2025 is reporting an adverse (overspend) position of £1.284m (1.12%);
c) **Note** the projected outturn position of £2.559m overspend (1.18%) to 31 Marc 2026, including all planned transfers to/from earmarked reserves;
d) **Note** the update on the monitoring of savings agreed for 2025/26;
e) **Note** the current reserves balances and the impact the projected overspend has on unearmarked balances;
f) **Note** the update on the capital position; and
g) **Note** the 2026/27 budget estimates update including projected gap.

## 3. Background

**3.1** At its meeting on 24 March 2025, the HSCP Board approved the indicative 2025/26 revenue budget of £213.383m (excluding the £46.348m of Set Aside), subject to formal NHSGGC Board approval of the health allocation. This budget comprises partner contributions of £210.334m and £3.049m from reserves to close the projected gap for 2025/26.

**3.2** From March to date there have been several budget adjustments. A total net budget of £216.679m is now being monitored as detailed within Appendix 1.

## 4. Main Issues

### Summary Position

**4.1** The current year to date position as at 30 September is an overspend of £1.284m (1.12%) with an annual projected outturn position being a potential

overspend of £2.559m (1.18%). The consolidated summary position is presented in greater detail within Appendix 3, with the individual health care and social care partner summaries detailed in Appendix 4.

**4.2** The overall HSCP summary and the individual Head of Service positions are reported within Tables 1 and 2 below.

**Table 1 – Summary Draft Financial Information as at 31 March 2026**

| Summary Financial Information | Annual Budget | Year to Date Budget | Year to Date Actual | Year to Date Variance | Forecast Spend | Forecast Variance | Reserves Adjustment | Forecast Variance | Forecast Variance |
|---|---|---|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | |
| Health Care | 128,814 | 65,318 | 65,109 | 209 | 128,101 | 713 | 293 | 420 | 0.33% |
| Social Care | 128,030 | 57,170 | 58,635 | (1,465) | 130,922 | (2,892) | 30 | (2,922) | -2.28% |
| **Expenditure** | **256,844** | **122,488** | **123,744** | **(1,256)** | **259,023** | **(2,179)** | **323** | **(2,502)** | -0.97% |
| Health Care | (5,770) | (1,192) | (1,192) | - | (5,770) | - | - | - | 0.00% |
| Social Care | (34,395) | (6,365) | (6,337) | (28) | (32,999) | (1,396) | (1,339) | (57) | 0.17% |
| **Income** | **(40,165)** | **(7,557)** | **(7,529)** | **(28)** | **(38,769)** | **(1,396)** | **(1,339)** | **(57)** | 0.14% |
| Health Care | 123,044 | 64,126 | 63,917 | 209 | 122,331 | 713 | 293 | 420 | 0.34% |
| Social Care | 93,635 | 50,805 | 52,298 | (1,493) | 97,923 | (4,288) | (1,309) | (2,979) | -3.18% |
| **Net Expenditure** | **216,679** | **114,931** | **116,215** | **(1,284)** | **220,254** | **(3,575)** | **(1,016)** | **(2,559)** | **-1.18%** |

**Table 2 – Draft Financial Information as at 31 March 2026 by Head of Service**

| Summary Financial Information | Annual Budget | Year to Date Budget | Year to Date Actual | Year to Date Variance | Forecast Spend | Forecast Variance | Reserves Adjustment | Forecast Variance | Forecast Variance |
|---|---|---|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | |
| Children's Health, Care & Justice | 31,991 | 15,082 | 15,756 | (674) | 33,875 | (1,884) | (539) | (1,345) | -4.21% |
| Health and Community Care | 56,613 | 28,710 | 29,536 | (826) | 58,268 | (1,655) | - | (1,655) | -2.92% |
| Mental Health, Learning Disability & Addictions | 31,921 | 21,624 | 21,299 | 325 | 32,345 | (424) | (1,071) | 647 | 2.03% |
| Strategy & Transformation | 1,956 | 1,051 | 993 | 58 | 1,868 | 88 | (28) | 116 | 5.93% |
| Family Health Services | 35,107 | 19,614 | 19,614 | - | 35,107 | - | - | - | 0.00% |
| GP Prescribing | 22,874 | 10,979 | 10,979 | - | 22,500 | 374 | 374 | - | 0.00% |
| Hosted Services | 9,556 | 4,865 | 4,845 | 20 | 9,515 | 41 | - | 41 | 0.43% |
| Other | 26,661 | 13,006 | 13,193 | (187) | 26,776 | (115) | 248 | (363) | -1.36% |
| **Net Expenditure** | **216,679** | **114,931** | **116,215** | **(1,284)** | **220,254** | **(3,575)** | **(1,016)** | **(2,559)** | **-1.18%** |

**4.3** Members should note that the current projected outturn considers the progress on agreed savings programmes, totalling £5.484m. Further detail on progress of savings is detailed in Appendix 2 with a summary position shown in Table 3 below.

**Table 3 – Monitoring of Savings and Efficiencies**

| Efficiency Detail | Total Saving to be Monitored £000 | Saving achieved £000 | Saving on track to be achieved £000 | Saving at low/medium risk of not being achieved £000 | Saving at high risk of not being achieved £000 |
|---|---|---|---|---|---|
| Health Care | 1,707 | - | 1,707 | - | - |
| Social Care | 3,777 | 786 | 1,641 | 370 | 980 |
| **Total** | **5,484** | **786** | **3,348** | **370** | **980** |

**4.4** The progress of savings is tracked by the Senior Management Team, and a RAGB (Red, Amber, Green and Blue) status applied to inform further actions. In this second quarter approximately 75% of savings have been achieved or are on track to be achieved, with the remainder requiring further action, which could include application of reserves as appropriate.

**4.5** Appendix 6 outlines the anticipated reserves position, including £3.049m approved in March 2025 to underwrite the savings challenge. If realised the projected overspend of £2.559m would significantly reduce the opening unearmarked reserves of £3.576m, limiting the HSCP Board's capacity to manage further in-year pressures. It is anticipated that £2.579m of earmarked reserves will be drawn down for planned expenditure. The earmarked reserve created from the 2024/25 superannuation saving (£1.522m) will be increased by the 2025/26 saving, estimated at £1.562m. Given the pressure on unearmarked reserves, this in-year benefit may need to be re-categorised.

**4.6** Appendix 5 provides analysis of projected annual variances exceeding £0.050m, highlighting the financial pressures across HSCP delegated budgets. After accounting for anticipated movements, demand pressures, and planned recovery actions, the residual projected overspend of £2.559m is primarily driven by ongoing demand and cost pressures within Children & Families, Adults and Older Adult services.

**Update on Pay Awards**

**4.7** The 2025/26 budget included a 3% pay award assumption for local authority employed staff. As previously advised the pay award for Social Care staff and Chief Officers was agreed at 4%.

**4.8** Although formal confirmation is still awaited, the Council's Section 95 Officer advised at the October West Dunbartonshire Council meeting that the additional cost of the 2025/26 pay award for all Council services is expected to be fully funded by additional Scottish Government grant. This assumption has been reflected in the Council's budget monitoring with additional resources being provisionally allocated to cover the 1% pay award shortfall.

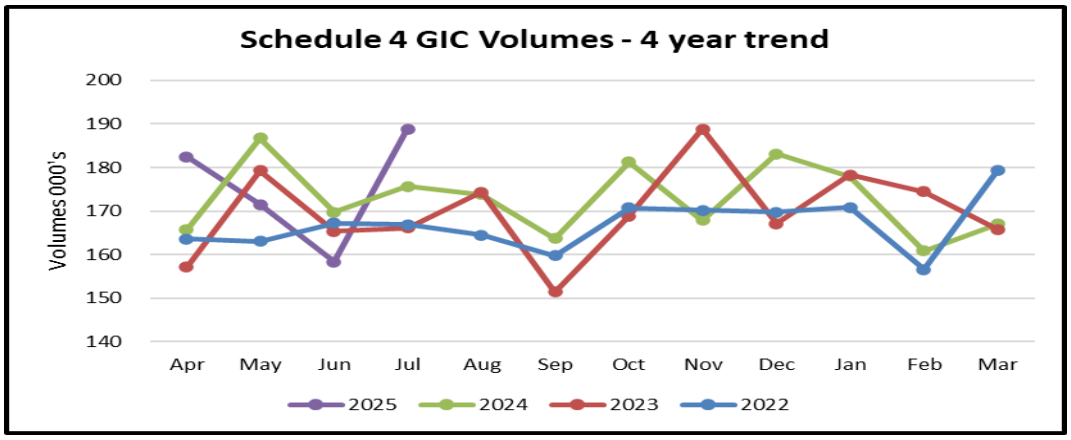
**4.9** The additional 1% pay award for HSCP local authority staff is estimated at £0.522m. Decisions on passing through any extra funding have historically been political, with confirmation for 2024/25 delayed until March 2025. No

assumption of additional funding has been included in the 2025/26 position; however, if full funding were passed on by the Council, the projected overspend would reduce from £2.559m to £2.037m.

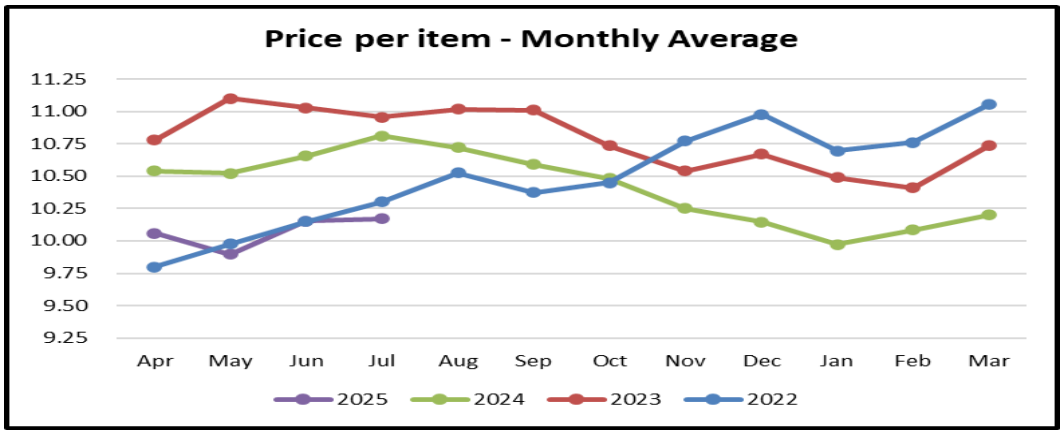
**Update on Prescribing 2025/26**

**4.10** Prescribing expenditure remains a major and increasingly unpredictable element of health care budgets and at this point in the financial year. The 2025/26 budget is net of £0.570m of new savings (progress on track), which include Board-wide efficiency programmes and stretch targets, however prescribing continues to pose one of the greatest financial risks within the health budget, driven by volatile movements in both volume (Graphs 1) and cost (Graphs 2).

**Graphs 1 – Movements in Volumes – 4-Year Trend**




**Graphs 2 – Movements in Price per Item – 4-Year Trend**




**4.11** Prescribing data is reported two months in arrears and at period 6 actual spend for July is available with the current forecast indicating an underspend of £0.374m. This is an increase of £0.076m from period 5 mainly due to price variations as while volumes have increased in July this was assumed within the period 5 projection.

**4.12** The March budget paper included a planned drawdown of £1.272m from earmarked prescribing and addictions reserves to partially offset prescribing pressures. Based on the period 6 projected underspend, it is proposed to transfer the one-off benefit to the earmarked prescribing reserve to enhance and provide some flexibility to absorb future cost or volume increases. This results in a revised prescribing reserve of £1.743m based on current projections.

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

**4.13** 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.

**4.14** There are no debt write off's detailed in this report.

**Update on Reserves**

**4.15** The 2025/26 budget paper included a recommendation in relation to the use of earmarked reserves totalling £3.049m to balance the budget which, when taken together with the unaudited reserve balance as at 31 March 2025 and anticipated in-year drawdown of earmarked reserves detailed in Appendix 6, results in forecast overall reserve balances as detailed in Table 4 below.

**Table 4 – Reserves Analysis**

| Analysis of Reserves | Opening Balance as at 1 April 2025 £000 | Usage of Reserves applied to Balance the 2025/26 Budget £000 | Drawndown to fund spend in 2025/26 £000 | Increase relating to superann pressure in 2026/27 £000 | Forecast Balance as at 31 March 2026 £000 |
|---|---|---|---|---|---|
| Unearmarked | 3,576 | - | (2,559) | | 1,017 |
| Earmarked | 14,830 | (1,883) | (696) | 1,563 | 13,814 |
| **Total** | **18,406** | **(1,883)** | **(3,255)** | **1,563** | **14,831** |

**4.16** The unaudited balance brought forward from 2024/25 of £3.576m (1.57%) falls short of the 2% target of net expenditure of £4.558m contained within the Reserves Policy. The Policy is clear that a sufficient level of un-earmarked reserves should be held to "cushion the impact of unexpected events or emergencies" in any given financial year.

**4.17** Given the reserves already committed to balancing the 2025/26 budget, planned in-year drawdowns, and those linked to wider NHSGGC programmes with uncertain timing, it is unlikely that a substantial level of earmarked reserves will be available to support recovery planning during 2025/26.

## Recovery Plan

**4.18** As reported above, while the projected overspend has reduced slightly from the previously reported position, at Period 6 it is projected to be £2.559m (1.18%) overspent. As required by the Integration Scheme, a recovery plan must be developed and implemented (with the agreement of partners) to mitigate any projected overspend.

**4.19** Recovery actions are focused on continued reviews of individual care packages across services and robust vacancy management by the Senior Management Team. While early financial benefits from these measures are positive, work will continue to address remaining pressures and minimise the impact on overall reserves.

## Estimate 2026/27 Update

## Scottish Government Overview

**4.20** The Scottish Government Medium Term Financial Strategy (MTFS) was published on 25 June 2025 alongside a new Fiscal Sustainability Delivery Plan (FSDP). The MTFS reflects the impact of the UK Spending Review announced on 11 June 2025 with the main points being:

- Growth in overall funding for the Scottish Government budget is set to increase by 0.8% per annum in real terms.
- Projected funding and spending are expected to grow from a balanced budget position in 2025/26 to a funding gap of £2.6bn in 2029/30.
- Health and Social care spend has grown faster than predicted at the last MTFS, 5.6% compared to 4%.

**4.21** The MTFS confirmed the challenging financial position faced by the Scottish Government and the FSDP set out the actions that will be taken to close the revenue gaps including:

- Reduction across the public sector workforce of 0.5% a year, saving £700m by 2029/30.
- Wider public sector efficiencies and reforms and revenue raising to save a further £1.5bn by 2029/30.
- Increased “public value”, expected to generate savings between £300m and £700m a year.

**4.22** The Scottish Government has a number of key health and social care priorities (cutting NHS waiting times, shifting care closer to home, prevention and early intervention, digital transformation, workforce and capacity, data driven care and social care reform) however the precise impact of the MTFS and the FSDP on Integration Authorities will not be known until the Scottish Government financial settlement is announced. Based on the national picture it is assumed that the financial challenges the HSCP Board has faced in recent years are likely to remain a prominent feature of budget setting over the medium term.

**4.23** The Scottish Spending Review is expected to be published alongside the 2026/27 Scottish Budget, setting out indicative resource plans to 2028/29 and capital plans to 2029/30. However, the timetable for the 2026/27 budget is compressed due to the late UK Autumn Statement and the forthcoming Scottish Parliament election, with key dates outlined below.

- UK Autumn Statement - 26 November 2025
- Scottish Budget Publication - 13 January 2026
- Budget Bill Scrutiny Period – January to March 2026
- Scottish Parliament Election - 7 May 2026

**4.24** The UK Autumn Statement is scheduled for 26 November 2025, around a month later than usual, which has delayed the Scottish Budget to 13 January 2026. Ahead of the UK announcement, COSLA has written to the Chancellor seeking additional funding to address the significant financial sustainability pressures facing Scottish local authorities and Integration Joint Boards. The letter is attached at Appendix 7.

**4.25** The shortened scrutiny period (January–March 2026) limits time for parliamentary debate and amendments, which may delay confirmation of funding allocations for local government and health boards. Finalising the 2026/27 settlement may also be complicated by changes to the Scottish Government local government grant funding calculations methodology.

**Social Care Distribution Methodology**

**4.26** Grant Aided Expenditure (GAE) is a needs-based methodology used by the Scottish Government to allocate revenue funding to local authorities. It reflects the estimated cost of delivering services to different population groups and distributes the available budget equitably across councils. Data sets and methodologies are periodically reviewed to ensure that they remain fit for purpose, reflect the most current and relevant data, and determine whether indicators of need require adjustment.

**4.27** The publication of data sets for population indicators following the 2022 census have identified that Social Care GAE lines require to be reviewed, however the individual financial impact on local authorities of any review is unclear at this time.

**4.28** COSLA Leaders, with input from Local Authority and IJB s95 officers are in dialogue with Scottish Government regarding the potential funding risk to some authorities if the calculation basis changes.

**Impact of National Timing on Budget Preparations**

**4.29** At the October Council meeting, the Council's Section 95 Officer highlighted that delays to the Scottish Budget create significant pressure on the finance team to assess the impact of the indicative settlement on both the Council's financial planning assumptions and its contribution to the HSCP Board. The

Council budget meeting is scheduled for 4 March 2026, leaving a short window before the HSCP Board meeting on 24 March 2026 to agree a balanced budget.

**4.30** While this timing cannot be fully mitigated, the HSCP Board should prepare for late budget confirmation and ensure all necessary options are considered to achieve a balanced position by 31 March 2026. The Chief Officer and Chief Financial Officer will work proactively with Council officers and Scottish Government officials to explore every available action and maintain financial sustainability.

## Budget Gap Analysis

**4.31** The finance team is working with budget holders and senior officers to review potential burdens affecting the 2026/27 budget gap. Table 5 outlines the estimated impact of factors such as social care pay uplifts and demographic pressures in children's and older people's services.

### Table 5 – Budget Gap Analysis

| WD HSCP - Composition of Budget Gaps | Health Care £000 | Social Care £000 | Total HSCP £000 |
|---|---|---|---|
| **Recurring Budgets (excluding Set Aside)** | **118,692** | **93,632** | **212,324** |
| | | | |
| **Net Expenditure Pressures as at September 2025** | | | |
| **Pay Pressures** | | | |
| 2025/26 Pay Uplift - based on agreed uplifts | | 565 | 565 |
| 2026/27 Pay Uplift - based on agreed uplifts | 1,437 | 1,941 | 3,378 |
| Increase in Local Authority Eer's Superannuation | | 3,258 | 3,258 |
| **Non Pay Budget and Inflationary Pressures** | | | |
| Other Inflationary Uplifts | 289 | 232 | 520 |
| Cost of Current Level of Service Adjustments | | 1,345 | 1,345 |
| New Burdens / New Policy Initiatives / Budget Removal | | 1,761 | 1,761 |
| **National Budget Pressures** | | | |
| Scottish Living Wage | | 2,904 | 2,904 |
| Demographic Pressures | | 1,752 | 1,752 |
| **Continuation of Previously Approved Savings** | | (1,119) | (1,119) |
| **Other Budget Pressures** | | | |
| Reversal of non recurring options | 432 | 1,371 | 1,803 |
| Prescribing | 1,379 | | 1,379 |
| **2026/27 Estimated Budget** | **122,230** | **107,642** | **229,872** |
| | | | |
| Rollover Funding | (118,692) | (93,632) | (212,324) |
| Assumed Uplift | (1,672) | | (1,672) |
| Additional Health Pay Funding | (671) | | (671) |
| Scottish Government Policy Funding | | (2,400) | (2,400) |
| **2026/27 Assumed Funding from Partners** | **(121,035)** | **(96,032)** | **(217,067)** |
| | | | |
| **Estimated Funding Gap** | **1,195** | **11,610** | **12,805** |

| WD HSCP - Closing the Budget Gaps | Health Care £000 | Social Care £000 | Total HSCP £000 |
|---|---|---|---|
| Application of Superannuation Reserve | | 3,084 | 3,084 |
| **Total Measures Summarised Above** | **0** | **3,084** | **3,084** |
| | | | |
| **Revised Budget Gap** | **1,195** | **8,526** | **9,721** |

**4.32** Table 5 shows the revised budget gap, reflecting that recovery actions have not fully reduced recurring expenditure, leaving financial pressures likely to carry forward into 2026/27.

**4.33** The 2026/27 budget gap is primarily driven by the assumption of flat-cash allocations for delegated social care services, except for specific Scottish Government policy funding. For delegated health services, a 2% uplift and full pay funding have been assumed. Under these assumptions, all inflationary and demographic pressures must be managed through savings programmes and other management actions.

## Housing Aids and Adaptations

**4.34** The Housing Aids and Adaptations 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 2025/26 budget allocation of £93.635m from the council.

**4.35** This budget is managed by the Council's Housing and Employability Services on behalf of the HSCP Board.

**4.36** The draft outturn position for the period to 31 March 2026 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 2026**

| Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council | Annual Budget | Year to Date Budget | Year to Date Actual | Year to Date Variance | Forecast Spend | Forecast Variance |
|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 |
| Aids & Adaptations | 80 | 36 | 36 | 0 | 80 | 0 |
| **Total** | **80** | **36** | **36** | **0** | **80** | **0** |

## 2025/26 Capital Expenditure

**4.37** Detailed capital updates to West Dunbartonshire Council are provided on an exception basis, however in relation to HSCP capital projects the following spend is anticipated in 2025/26:

- ICT Upgrades - £0.164m
- Aids and Adaptations - £0.935m
- Community Alarm Upgrade - £0.306m

**4.38** Following submission of a capital bid to the Council's Strategic Asset Management Group (SAMG) for 2025/26, the Council s95 officer agreed to increase the Aids and Adaptations capital budget from £0.765m to £0.935m restoring it to historic levels plus inflation.

**4.39** A capital bid has been submitted to increase the Aids and Adaptations budget from 2026/27, but no decision has been made yet and discussions with the Council's s95 officer are ongoing.

## 5. Options Appraisal

**5.1** None required for this report.

## 6. People Implications

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

## 7. Financial and Procurement Implications

**7.1** Other than the financial position noted above, there are no other financial implications known at this time.

## 8. Risk Analysis

**8.1** The main financial risks to the 2025/26 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.

**8.3** Inflation is currently at 3.8% against a 2% target. Interest rates were held to 4% at the Monetary Policy Committee's November meeting, with the next review scheduled for 18 December. The impact of current inflation on future rate decisions and public sector funding remains uncertain.

**8.4** Changes to the Social Care distribution methodology represent a risk to financial sustainability. The impact and any mitigation is unknown currently.

## 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 2026 (Appendix 1) will require the issuing of a direction, see Appendix 8.

**Name:** Julie Slavin
**Designation:** Chief Financial Officer
**Date:** 13 November 2025

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

Appendices:
Appendix 1 – Budget Reconciliation
Appendix 2 – Monitoring of Savings
Appendix 3 – Revenue Budgetary Control 2025/26 (Overall Summary)
Appendix 4 – Revenue Budgetary Control 2025/26 (Health Care and Social Care Summary)
Appendix 5 – Variance Analysis over £50k
Appendix 6 – Reserves
Appendix 7 – COSLA's letter to Chancellor of the Exchequer
Appendix 8 – Directions

Background Papers: 2025/26 Annual Budget Setting Report – 24 March HSCP Board

2025/26 Financial Performance Period 5 Report – 30 September 2025 HSCP Board

**West Dunbartonshire Health & Social Care Partnership**
**Financial Year 2025/26 Period 6 covering 1 April 2025 to 30 September 2025**

| 2025/26 Budget Reconciliation | Health Care £000 | Social Care £000 | Total £000 |
|---|---|---|---|
| **Budget Approved at Board Meeting on 24 March 2025** | **117,937** | **95,446** | **213,383** |
| Health Rollover Budget Adjustments | 2,011 | | 2,011 |
| **Budget Adjustments** | | | |
| Reduction in assumed funding for Childrens £12 per hour based on May 2025 letter | | (73) | (73) |
| Funding for increase in Scottish Recommended Allowance for kinship and foster carers | | 39 | 39 |
| Reduction in anticipated NI Funding | (227) | | (227) |
| Prescribing - CPS GS Contribution | (87) | | (87) |
| Apremilast Initial Allocation | 170 | | 170 |
| IT Project WDHSCP | (5) | | (5) |
| Primary Care Funding | 3,214 | | 3,214 |
| Anticipated Pay Award Funding (above 3% SG Baseline uplift) | 585 | | 585 |
| PDS Dementia Funding | 63 | | 63 |
| ADP Funding | 638 | | 638 |
| Tobacco Framework | 70 | | 70 |
| Pay Award Funding Shortfall | (36) | | (36) |
| Prescribing Tariff Mapping Reduction | (375) | | (375) |
| St Margarets Hospice Pay Parity Funding | 234 | | 234 |
| Vaccination Funding | 124 | | 124 |
| **Revised Budget 2025/26** | **124,316** | **95,412** | **219,728** |
| **Drawdown from Reserves** | **(1,272)** | **(1,777)** | **(3,049)** |
| **Budget Funded from Partner Organisations** | **123,044** | **93,635** | **216,679** |

**West Dunbartonshire Health & Social Care Partnership**
**Monitoring of Efficiencies and Management Adjustments 2025/26**

| Head of Service | Partner | Efficiency Detail | Comment | Saving Target | Saving at Risk |
|---|---|---|---|---|---|
| | | | | £000 | £000 |
| **Savings at high risk of not being achieved** | | | | | |
| Fiona Taylor | Social Care | Reduce Number of External Care Home Beds | At the time of writing the number of residents within nursing beds are higher than budgeted requiring close monitoring of current demand. | 451 | 325 |
| Lesley James | Social Care | What Would It Take 5 Year Plan | While there has been a reduction in the number of residential school placements which have contributed to the approved WWIT saving, the increase in demand for residential placements for children with a disability has negated this cost saving. Increased care complexity, and rate uplifts beyond available funding have exacerbated the position. Officers continue to progress targets within the 5-year plan. Economies of scale have been secured, and current cost increases are being managed as cost avoidance. Further opportunities to deliver sustainable savings are actively being explored. | 817 | 560 |
| All | Social Care | Further Management Actions to be underwritten by Unachieved Savings Reserve | Further management actions are likely to include additional turnover savings and limits on non discretionary spend. | 95 | 95 |
| **Savings at low/medium risk of not being achieved** | | | | | |
| Sylvia Chatfield | Social Care | Addictions Social Care Package Savings | The saving is partially unachieved due to a high cost package that is still in effect at the time of writing | 170 | 42 |
| Sylvia Chatfield | Social Care | Review of Mental Health Social Care Packages | The saving is partially unachieved due to an increase in the number of clients and packages for housing support and residential care. An adjustment has been made against the earmarked mental health transitional fund reserve to mitigate against this unachievement at this time but will be subject to change as the year progresses. | 175 | 19 |
| Margaret Jane Cardno | Social Care | Business Support and Adminstration Review | The admin review is ongoing and the partial achievement relates to staff savings within children and families. | 227 | 99 |
| Sylvia Chatfield | Social Care | Learning Disability Review Phase 1 - Closure of Work Connect | The saving is partially unachieved due to the timing of the closure of Work Connect and the delay to commence this option arising from resubmission to the HSCP Board in May 2025. However this unachievement can be covered by other underspends within the service. | 276 | 138 |
| Fiona Taylor | Social Care | Modernisation of Older People Day Care Services | The saving is partially unachieved due to use of agency and underrecovery of income | 401 | 72 |
| | | **Total**<br>**Health Care**<br>**Social Care** | | **2,612**<br>**0**<br>**2,612** | **1,349**<br>**0**<br>**1,349** |

**West Dunbartonshire Health & Social Care Partnership**
**Financial Year 2025/26 Period 6 covering 1 April 2025 to 30 September 2025**

| Consolidated Expenditure by Service Area | Annual Budget | Year to Date Budget | Year to Date Actual | Year to Date Variance | Forecast Spend | Forecast Variance | Reserves Adjustment | Forecast Variance | Variance % | RAG Status |
|---|---|---|---|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | | |
| Older People Residential, Health and Community Care | 38,697 | 19,136 | 19,392 | (256) | 39,208 | (511) | 0 | (511) | -1.32% | ↓ |
| Care at Home | 14,364 | 7,884 | 8,364 | (480) | 15,324 | (960) | 0 | (960) | -6.68% | ↓ |
| Physical Disability | 2,799 | 1,385 | 1,477 | (92) | 2,981 | (182) | 0 | (182) | -6.50% | ↓ |
| Childrens Residential Care and Community Services | 31,863 | 15,048 | 15,786 | (738) | 33,879 | (2,016) | (539) | (1,477) | -4.64% | ↓ |
| Strategy, Planning and Health Improvement | 1,956 | 1,051 | 993 | 58 | 1,868 | 88 | (28) | 116 | 5.93% | ↑ |
| Mental Health Services - Adult and Elderly, Community and Inpatients | 12,792 | 8,351 | 8,261 | 90 | 13,317 | (525) | (705) | 180 | 1.41% | ↑ |
| Addictions | 4,010 | 2,494 | 2,493 | 1 | 4,201 | (191) | (192) | 1 | 0.02% | ↑ |
| Learning Disabilities - Residential and Community Services | 15,119 | 10,779 | 10,544 | 235 | 14,824 | 295 | (174) | 469 | 3.10% | ↑ |
| Family Health Services (FHS) | 35,107 | 19,614 | 19,614 | 0 | 35,107 | 0 | 0 | 0 | 0.00% | → |
| GP Prescribing | 22,874 | 10,979 | 10,979 | 0 | 22,500 | 374 | 374 | 0 | 0.00% | → |
| Hosted Services | 9,556 | 4,865 | 4,845 | 20 | 9,515 | 41 | 0 | 41 | 0.43% | ↑ |
| Criminal Justice (Including Transitions) | 130 | 34 | (32) | 66 | (4) | 134 | 0 | 134 | 103.08% | ↑ |
| Resource Transfer | 18,082 | 9,126 | 9,126 | 0 | 18,082 | 0 | 0 | 0 | 0.00% | → |
| Contingency | 1,916 | 0 | 0 | 0 | 353 | 1,563 | 1,563 | 0 | 0.00% | → |
| HSCP Corporate and Other Services | 7,414 | 4,185 | 4,373 | (188) | 9,099 | (1,685) | (1,315) | (370) | -4.99% | ↓ |
| **Net Expenditure** | **216,679** | **114,931** | **116,215** | **(1,284)** | **220,254** | **(3,575)** | **(1,016)** | **(2,559)** | **-1.18%** | ↓ |

| Consolidated Expenditure by Subjective Analysis | Annual Budget | Year to Date Budget | Year to Date Actual | Year to Date Variance | Forecast Spend | Forecast Variance | Reserves Adjustment | Forecast Variance | Variance % | RAG Status |
|---|---|---|---|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | | |
| Employee | 95,876 | 45,432 | 45,412 | 20 | 95,313 | 563 | 514 | 49 | 0.05% | ↑ |
| Property | 1,189 | 432 | 489 | (57) | 1,304 | (115) | 0 | (115) | -9.67% | → |
| Transport and Plant | 1,384 | 614 | 555 | 59 | 1,265 | 119 | 0 | 119 | 8.60% | → |
| Supplies, Services and Admin | 6,899 | 1,770 | 1,689 | 81 | 6,281 | 618 | 455 | 163 | 2.36% | ↑ |
| Payments to Other Bodies | 89,425 | 41,562 | 43,020 | (1,458) | 93,360 | (3,935) | (1,020) | (2,915) | -3.26% | ↓ |
| Family Health Services | 36,869 | 20,403 | 20,403 | 0 | 36,869 | 0 | 0 | 0 | 0.00% | → |
| GP Prescribing | 22,875 | 10,979 | 10,979 | 0 | 22,501 | 374 | 374 | 0 | 0.00% | ↑ |
| Other | 2,326 | 1,297 | 1,198 | 99 | 2,129 | 197 | 0 | 197 | 8.47% | → |
| **Gross Expenditure** | **256,843** | **122,489** | **123,745** | **(1,256)** | **259,022** | **(2,179)** | **323** | **(2,502)** | **-0.97%** | ↑ |
| Income | (40,164) | (7,558) | (7,530) | (28) | (38,768) | (1,396) | (1,339) | (57) | 0.14% | ↓ |
| **Net Expenditure** | **216,679** | **114,931** | **116,215** | **(1,284)** | **220,254** | **(3,575)** | **(1,016)** | **(2,559)** | **-1.18%** | ↓ |

**West Dunbartonshire Health & Social Care Partnership**
**Financial Year 2025/26 Period 6 covering 1 April 2025 to 30 September 2025**

| Health Care Net Expenditure | Annual Budget | Year to Date Budget | Year to Date Actual | Year to Date Variance | Forecast Spend | Forecast Variance | Reserves Adjustment | Forecast Variance | Variance % | RAG Status |
|---|---|---|---|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | | |
| Planning & Health Improvements | 736 | 402 | 369 | 33 | 570 | 166 | 100 | 66 | 8.97% | ↑ |
| Childrens Services - Community | 4,309 | 2,254 | 2,251 | 3 | 4,342 | (33) | (40) | 7 | 0.16% | ↑ |
| Adult Community Services | 12,156 | 6,022 | 5,974 | 48 | 12,060 | 96 | 0 | 96 | 0.79% | ↑ |
| Community Learning Disabilities | 887 | 507 | 489 | 18 | 954 | (67) | (102) | 35 | 3.95% | ↑ |
| Addictions | 3,183 | 1,507 | 1,507 | 0 | 2,772 | 411 | 411 | 0 | 0.00% | → |
| Mental Health - Adult Community | 5,278 | 3,073 | 2,824 | 249 | 4,781 | 497 | 0 | 497 | 9.42% | ↑ |
| Mental Health - Elderly Inpatients | 4,160 | 2,743 | 2,902 | (159) | 4,878 | (718) | (400) | (318) | -7.64% | ↓ |
| Family Health Services (FHS) | 35,107 | 19,614 | 19,614 | 0 | 35,107 | 0 | 0 | 0 | 0.00% | → |
| GP Prescribing | 22,874 | 10,979 | 10,979 | 0 | 22,500 | 374 | 374 | 0 | 0.00% | → |
| Other Services | 6,716 | 3,034 | 3,037 | (3) | 6,770 | (54) | (50) | (4) | -0.06% | ↓ |
| Resource Transfer | 18,082 | 9,126 | 9,126 | 0 | 18,082 | 0 | 0 | 0 | 0.00% | → |
| Hosted Services | 9,556 | 4,865 | 4,845 | 20 | 9,515 | 41 | 0 | 41 | 0.43% | ↑ |
| **Net Expenditure** | **123,044** | **64,126** | **63,917** | **209** | **122,331** | **713** | **293** | **420** | **0.34%** | ↑ |

**West Dunbartonshire Health & Social Care Partnership** **Appendix 4**
**Financial Year 2025/26 Period 6 covering 1 April 2025 to 30 September 2025**

| Social Care Net Expenditure | Annual Budget | Year to Date Budget | Year to Date Actual | Year to Date Variance | Forecast Spend | Forecast Variance | Reserves Adjustment | Forecast Variance | Variance % | RAG Status |
|---|---|---|---|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | | |
| Strategy Planning and Health Improvement | 1,220 | 649 | 624 | 25 | 1,298 | (78) | (128) | 50 | 4.10% | ↑ |
| Residential Accommodation for Young People | 3,119 | 1,392 | 1,339 | 53 | 3,012 | 107 | 0 | 107 | 3.43% | ↑ |
| Children's Community Placements | 8,097 | 3,719 | 3,984 | (265) | 8,627 | (530) | 0 | (530) | -6.55% | ↓ |
| Children's Residential Schools | 5,659 | 2,523 | 3,371 | (848) | 7,353 | (1,694) | 0 | (1,694) | -29.93% | ↓ |
| Children's Supported Accommodation | 846 | 613 | 438 | 175 | 497 | 349 | 0 | 349 | 41.25% | ↑ |
| Childcare Operations | 6,168 | 2,921 | 2,856 | 65 | 6,303 | (135) | (265) | 130 | 2.11% | ↑ |
| Other Services - Young People | 3,663 | 1,626 | 1,549 | 77 | 3,745 | (82) | (234) | 152 | 4.15% | ↑ |
| Residential Accommodation for Older People | 7,601 | 2,828 | 2,865 | (37) | 7,677 | (76) | 0 | (76) | -1.00% | ↓ |
| External Residential Accommodation for Elderly | 11,128 | 6,913 | 7,076 | (163) | 11,453 | (325) | 0 | (325) | -2.92% | ↓ |
| Sheltered Housing | 1,648 | 967 | 879 | 88 | 1,473 | 175 | 0 | 175 | 10.62% | ↑ |
| Older People Non Residential Care | 2,445 | 1,116 | 1,288 | (172) | 2,789 | (344) | 0 | (344) | -14.07% | ↓ |
| Community Alarms | 93 | (382) | (355) | (27) | 148 | (55) | 0 | (55) | -59.14% | ↓ |
| Community Health Operations | 3,566 | 1,670 | 1,663 | 7 | 3,553 | 13 | 0 | 13 | 0.36% | ↑ |
| Residential - Learning Disability | 12,312 | 9,433 | 9,320 | 113 | 12,157 | 155 | (72) | 227 | 1.84% | ↑ |
| Physical Disability | 2,449 | 1,571 | 1,663 | (92) | 2,632 | (183) | 0 | (183) | -7.47% | ↓ |
| Day Centres - Learning Disabilty | 1,920 | 839 | 735 | 104 | 1,713 | 207 | 0 | 207 | 10.78% | ↑ |
| Justice | 130 | 34 | (32) | 66 | (4) | 134 | 0 | 134 | 103.08% | ↑ |
| Mental Health | 3,354 | 2,535 | 2,536 | (1) | 3,660 | (306) | (305) | (1) | -0.03% | ↓ |
| Care at Home | 14,364 | 7,884 | 8,364 | (480) | 15,324 | (960) | 0 | (960) | -6.68% | ↓ |
| Addictions Services | 827 | 987 | 986 | 1 | 1,430 | (603) | (603) | 0 | 0.00% | → |
| Equipu | 350 | (186) | (186) | 0 | 350 | 0 | 0 | 0 | 0.00% | → |
| Frailty | 58 | 2 | 0 | 2 | 54 | 4 | 0 | 4 | 6.90% | ↑ |
| Carers | 1,304 | 785 | 775 | 10 | 1,374 | (70) | (88) | 18 | 1.38% | ↑ |
| Contingency | 1,916 | 0 | 0 | 0 | 353 | 1,563 | 1,563 | 0 | 0.00% | → |
| HSCP - Corporate | (602) | 366 | 560 | (194) | 952 | (1,554) | (1,177) | (377) | 62.62% | ↓ |
| **Net Expenditure** | **93,635** | **50,805** | **52,298** | **(1,493)** | **97,923** | **(4,288)** | **(1,309)** | **(2,979)** | **-3.18%** | ↓ |

**West Dunbartonshire Health & Social Care Partnership**
**Financial Year 2025/26 Period 6 covering 1 April 2025 to 30 September 2025**
**Analysis for Variances Over £0.050m**

| Budget Details | Variance Analysis | | | | |
|---|---|---|---|---|---|
| | Annual Budget £000 | Forecast Spend £000 | Forecast Variance £000 | % Variance | RAG Status |
| **Health Care Variances** | | | | | |
| Planning & Health Improvements | 736 | 670 | 66 | 9% | ↑ |
| Service Description | This service covers planning and health improvement workstreams | | | | |
| Main Issues / Reason for Variance | The forecast favourable variance is mainly due to a number of vacancies across Planning, Health and Management | | | | |
| Mitigating Action | None required at this time | | | | |
| Anticipated Outcome | An underspend is reported at this time. | | | | |
| Adult Community Services | 12,156 | 12,060 | 96 | 1% | ↑ |
| Service Description | This service provides community services for adults | | | | |
| Main Issues / Reason for Variance | The forecast favourable variance is mainly due to staff turnover savings currently in excess of target. | | | | |
| Mitigating Action | None required at this time | | | | |
| Anticipated Outcome | An underspend is reported at this time. | | | | |

**West Dunbartonshire Health & Social Care Partnership** **Appendix 5**
**Financial Year 2025/26 Period 6 covering 1 April 2025 to 30 September 2025**
**Analysis for Variances Over £0.050m**

| Budget Details | Variance Analysis | | | | |
|---|---|---|---|---|---|
| | Annual Budget £000 | Forecast Spend £000 | Forecast Variance £000 | % Variance | RAG Status |
| Mental Health - Adult Community | 5,278 | 4,781 | 497 | 9% | ↑ |
| Service Description | This care group provides mental health services for adults | | | | |
| Main Issues / Reason for Variance | The forecast favourable variance is mainly due to high levels of staff turnover and unplanned recruitment delays contributing to forecast underspend which is currently offsetting overspends within Elderly Mental Health services. | | | | |
| Mitigating Action | None required at this time | | | | |
| Anticipated Outcome | An underspend is forecast at this time. | | | | |
| Mental Health - Elderly Inpatients | 4,160 | 4,478 | (318) | -8% | ↓ |
| Service Description | This care group provides mental health services for the elderly | | | | |
| Main Issues / Reason for Variance | The forecast adverse variance is mainly due to increased and extended contract cover for medical vacancies currently offset by forecast underspend in Adult Mental Health | | | | |
| Mitigating Action | Active recruitment for medical staff is underway. | | | | |
| Anticipated Outcome | An overspend is anticipated at this time | | | | |

**West Dunbartonshire Health & Social Care Partnership** **Appendix 5**
**Financial Year 2025/26 Period 6 covering 1 April 2025 to 30 September 2025**
**Analysis for Variances Over £0.050m**

| Budget Details | Variance Analysis | | | | |
|---|---|---|---|---|---|
| | Annual Budget £000 | Forecast Spend £000 | Forecast Variance £000 | % Variance | RAG Status |
| | | | | | |
| **Social Care Variances** | | | | | |
| | | | | | |
| Strategy Planning and Health Improvement | 1,220 | 1,170 | 50 | 4% | ↑ |
| Service Description | This service covers planning and health improvement workstreams | | | | |
| Main Issues / Reason for Variance | The forecast favourable variance is mainly due to vacant posts | | | | |
| Mitigating Action | None required at this time | | | | |
| Anticipated Outcome | An underspend is reported at this time | | | | |
| | | | | | |
| Residential Accommodation for Young People | 3,119 | 3,012 | 107 | 3% | ↑ |
| Service Description | This service provides residential care for young persons | | | | |
| Main Issues / Reason for Variance | The forecast favourable variance is mainly due to vacant posts | | | | |
| Mitigating Action | None required at this time | | | | |
| Anticipated Outcome | An underspend is reported at this time | | | | |

**West Dunbartonshire Health & Social Care Partnership** **Appendix 5**
**Financial Year 2025/26 Period 6 covering 1 April 2025 to 30 September 2025**
**Analysis for Variances Over £0.050m**

| Budget Details | Variance Analysis | | | | |
|---|---|---|---|---|---|
| | Annual Budget £000 | Forecast Spend £000 | Forecast Variance £000 | % Variance | RAG Status |
| Children's Community Placements | 8,097 | 8,627 | (530) | -7% | ↓ |
| Service Description | This service covers fostering, adoption and kinship placements | | | | |
| Main Issues / Reason for Variance | The forecast adverse variance is mainly due to an increase to kinship care numbers and in house fostering numbers (with 7 and 9 young persons placed over budgeted numbers) and an increase to external fostering client activity at £0.163m, £0.133m and £0.250m respectively slighly offset by a reduction in adoption allowances. While it is encouraging and in line with the WWIT aspirations that internal foster carer numbers are increasing we are not yet seeing a reduction in external foster care numbers coupled with higher than anticipated inflationary uplifts resulting in the unachievement of the £0.162m WWIT fostering savings. | | | | |
| Mitigating Action | The "What Would It Take" medium-term financial plan for Children & Families will continue to be progressed and refined to reflect change to demand and costs. | | | | |
| Anticipated Outcome | An 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** **Appendix 5**
**Financial Year 2025/26 Period 6 covering 1 April 2025 to 30 September 2025**
**Analysis for Variances Over £0.050m**

| Budget Details | Variance Analysis | | | | |
|---|---|---|---|---|---|
| | Annual Budget £000 | Forecast Spend £000 | Forecast Variance £000 | % Variance | RAG Status |
| Children's Residential Schools | 5,659 | 7,353 | (1,694) | -30% | ↓ |
| Service Description | This service area provides residential education for children | | | | |
| Main Issues / Reason for Variance | The financial pressure within children's residential schools is complex and multifaceted. The forecast adverse variance is mainly due to an increase in the number of young persons in children with disabilities, for both care and education and care only at a combined cost of at £0.763m. There has also been an increase in the number of young persons within residential schools and secure accommodation totalling £0.908m. An increase in the average negotiated Scotland Excel rates for some providers in excess of budgeted levels has also caused financial pressure. Included within the budget are WWIT savings of £0.207m for commissioning savings, which can be considered achieved due to pro active engagement with external providers regarding new placements resulting in projected cost avoidance of £0.221m. While the pro active engagement has generated positive results it is insufficient to mitigate the increased demand. | | | | |
| Mitigating Action | The "What Would It Take" medium-term financial plan for Children & Families will continue to be progressed and refined to reflect change to demand and costs. | | | | |
| Anticipated Outcome | An overspend is reported at this time unless further action is taken to address underlying causes and use of external providers along with a recognition of unfunded demographic pressures. | | | | |

**West Dunbartonshire Health & Social Care Partnership** **Appendix 5**
**Financial Year 2025/26 Period 6 covering 1 April 2025 to 30 September 2025**
**Analysis for Variances Over £0.050m**

| Budget Details | Variance Analysis | | | | |
|---|---|---|---|---|---|
| | Annual Budget £000 | Forecast Spend £000 | Forecast Variance £000 | % Variance | RAG Status |
| Children's Supported Accommodation | 846 | 497 | 349 | 41% | ↑ |
| Service Description | This service area provides the cost of supported accommodation for children and young people | | | | |
| Main Issues / Reason for Variance | The forecast favourable variance is mainly due to a reduction in the number of young people being supported partially offset by a reduction in asylum seeker income. | | | | |
| Mitigating Action | None required at this time | | | | |
| Anticipated Outcome | An underspend is reported at this time. | | | | |
| Childcare Operations | 6,168 | 6,038 | 130 | 2% | ↑ |
| Service Description | This service area is mainly comprised of staffing costs and includes the cost of social workers | | | | |
| Main Issues / Reason for Variance | The favourable variance is mainly due to vacant posts and a reduction in the use of sessional staff. | | | | |
| Mitigating Action | None required at this time | | | | |
| Anticipated Outcome | An underspend is reported at this time. | | | | |

**West Dunbartonshire Health & Social Care Partnership** **Appendix 5**
**Financial Year 2025/26 Period 6 covering 1 April 2025 to 30 September 2025**
**Analysis for Variances Over £0.050m**

| Budget Details | Variance Analysis | | | | |
|---|---|---|---|---|---|
| | Annual Budget £000 | Forecast Spend £000 | Forecast Variance £000 | % Variance | RAG Status |
| Other Services - Young People | 3,663 | 3,511 | 152 | 4% | ↑ |
| Service Description | This service area is mainly comprised of staffing costs and includes the cost of social workers | | | | |
| Main Issues / Reason for Variance | The forecast favourable variance is mainly due to an underspend in staffing due to delay in recruitment of support worker posts. | | | | |
| Mitigating Action | None required at this time | | | | |
| Anticipated Outcome | An underspend is reported at this time. | | | | |
| Residential Accommodation for Older People | 7,601 | 7,677 | (76) | -1% | ↓ |
| Service Description | WDC owned residential accommodation for older people | | | | |
| Main Issues / Reason for Variance | As previously reported the variance will be subject to change as the year progresses. Employee costs are overspent due to backfill overtime and agency costs while supplies and services are projected to be overspent primarily due to medical and repair costs. Both pressures are partially mitigated by income levels with the current full year projection based on annual invoices being raised for all current residents within Crosslet and Queens Quay Care Homes. Projected income has reduced since the period 5 reported position and was highlighted as a risk at that time due to the percentage of residents that required a full financial reassessment to confirm their personal contribution to the cost of care. | | | | |
| Mitigating Action | Staffing levels will require to be monitored | | | | |
| Anticipated Outcome | An overspend is reported at this time | | | | |

**West Dunbartonshire Health & Social Care Partnership** **Appendix 5**
**Financial Year 2025/26 Period 6 covering 1 April 2025 to 30 September 2025**
**Analysis for Variances Over £0.050m**

| Budget Details | Variance Analysis | | | | |
|---|---|---|---|---|---|
| | Annual Budget £000 | Forecast Spend £000 | Forecast Variance £000 | % Variance | RAG Status |
| External Residential Accommodation for Elderly | 11,128 | 11,453 | (325) | -3% | ↓ |
| Service Description | External residential and nursing beds for over 65s | | | | |
| Main Issues / Reason for Variance | The adverse variance is mainly due to approximately 22 placements in excess of those budgeted due to transfers and placements offsetting deaths and discharges, however while the number of residents is over budget there appears to be an increase in the number who have sources of income over and above state pension to contribute to the cost of their care. | | | | |
| Mitigating Action | Officers undertake daily monitoring of admissions to care homes. | | | | |
| Anticipated Outcome | An overspend is reported at this time. | | | | |
| Sheltered Housing | 1,648 | 1,473 | 175 | 11% | ↑ |
| Service Description | Warden Service for Housing run sheltered housing service | | | | |
| Main Issues / Reason for Variance | The forecast favourable variance is mainly due to staff turnover savings. While income is forecast to be on target at this time, work is ongoing to review the charging policy for sheltered warden activity. | | | | |
| Mitigating Action | None required at this time | | | | |
| Anticipated Outcome | An underspend is forecast at this time. | | | | |

**West Dunbartonshire Health & Social Care Partnership** **Appendix 5**
**Financial Year 2025/26 Period 6 covering 1 April 2025 to 30 September 2025**
**Analysis for Variances Over £0.050m**

| Budget Details | Variance Analysis | | | | |
|---|---|---|---|---|---|
| | Annual Budget £000 | Forecast Spend £000 | Forecast Variance £000 | % Variance | RAG Status |
| Older People Non Residential Care | 2,445 | 2,789 | (344) | -14% | ↓ |
| Service Description | Queens Quay, Crosslet House Daycare, Lunch clubs and daycare SDS/Direct payments. | | | | |
| Main Issues / Reason for Variance | The forecast adverse variance is mainly due to an overspend in the cost of non residential external care packages previously budgeted and charged to Care at Home. | | | | |
| Mitigating Action | Reviews of client packages externally commissioned are required in line with eligibilty criteria and achievement of outcomes. | | | | |
| Anticipated Outcome | An overspend is forecast at this time. | | | | |
| Community Alarms | 93 | 148 | (55) | -59% | ↓ |
| Service Description | Installation and response service for Community Alarms | | | | |
| Main Issues / Reason for Variance | The forecast adverse variance is mainly due to cover for maternity leave along with use of agency and sessional staff partially offset by projected over recovery of income | | | | |
| Mitigating Action | The service will need to closely monitor staffing to reduce agency and sessional spend. | | | | |
| Anticipated Outcome | An overspend is reported at this time. | | | | |

**West Dunbartonshire Health & Social Care Partnership** **Appendix 5**
**Financial Year 2025/26 Period 6 covering 1 April 2025 to 30 September 2025**
**Analysis for Variances Over £0.050m**

| Budget Details | Variance Analysis | | | | |
|---|---|---|---|---|---|
| | Annual Budget £000 | Forecast Spend £000 | Forecast Variance £000 | % Variance | RAG Status |
| Residential - Learning Disability | 12,312 | 12,085 | 227 | 2% | ↑ |
| Service Description | This service provides residential care for persons with learning disabilities | | | | |
| Main Issues / Reason for Variance | The current projections assumes that the saving associated with the closure of Work Connect will be realised from September onwards. While this will result in the saving being partially unachieved it is more than offset by a reduction in the number of service users, however delays in financial assessments being updated for changes to the charging policy has impacted on forecast income. | | | | |
| Mitigating Action | Timely financial assessments require to be completed. | | | | |
| Anticipated Outcome | An underspend is reported at this time. | | | | |
| Physical Disability | 2,449 | 2,632 | (183) | -7% | ↓ |
| Service Description | This service provides physical disability services | | | | |
| Main Issues / Reason for Variance | The forecast adverse variance is mainly due to a significant fee uplift for one provider and recalculation and revision of cost projections arising from complexity of payment arrangements. | | | | |
| Mitigating Action | Review of care packages and streamlining of payment arrangements are required. | | | | |
| Anticipated Outcome | An overspend is reported at this time. | | | | |

**West Dunbartonshire Health & Social Care Partnership** **Appendix 5**
**Financial Year 2025/26 Period 6 covering 1 April 2025 to 30 September 2025**
**Analysis for Variances Over £0.050m**

| Budget Details | Variance Analysis | | | | |
|---|---|---|---|---|---|
| | Annual Budget £000 | Forecast Spend £000 | Forecast Variance £000 | % Variance | RAG Status |
| Day Centres - Learning Disability | 1,920 | 1,713 | 207 | 11% | ↑ |
| Service Description | This service provides day services for learning disability clients | | | | |
| Main Issues / Reason for Variance | The forecast favourable variance is mainly due to a number of vacant posts pending the ongoing Learning Disability redesign. | | | | |
| Mitigating Action | None required at this time | | | | |
| Anticipated Outcome | An underspend is reported at this time. | | | | |
| Justice Services | 130 | (4) | 134 | 104% | ↑ |
| Service Description | This service provides support and rehabilitation for offenders | | | | |
| Main Issues / Reason for Variance | The favourable variance is mainly due to the anticipated costs for Sacro spend being less than budgeted. | | | | |
| Mitigating Action | None required at this time | | | | |
| Anticipated Outcome | An underspend is forecast at this time. | | | | |

**West Dunbartonshire Health & Social Care Partnership** **Appendix 5**
**Financial Year 2025/26 Period 6 covering 1 April 2025 to 30 September 2025**
**Analysis for Variances Over £0.050m**

| Budget Details | Variance Analysis | | | | |
|---|---|---|---|---|---|
| | Annual Budget £000 | Forecast Spend £000 | Forecast Variance £000 | % Variance | RAG Status |
| Care at Home | 14,364 | 15,324 | (960) | -7% | ↓ |
| Service Description | This service provides care at home which includes personal care | | | | |
| Main Issues / Reason for Variance | The forecast adverse variance is mainly due to increased staffing costs (£0.898m). While spend on overtime and agency staff continues to be an area of pressure there have been improvements since 2024/25 as staff within phase 2 moved to new work patterns at the end of March and internal processes continue to be reviewed with a deep dive into high agency and overtime usage now taken place in specific locations to determine reasons for use and provide recommendations for further improvement. | | | | |
| Mitigating Action | The service review will require to continue 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. | | | | |
| HSCP - Corporate | (602) | (225) | (377) | 63% | ↓ |
| 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 applied remaining within Corporate, however this is partially offset by admin and turnover savings being accounted for within services. | | | | |
| Mitigating Action | The admin review will require to accelerate in pace to achieve required savings. | | | | |
| Anticipated Outcome | An overspend is reported at this time. | | | | |

**Financial Year 2025/26 Period 6 covering 1 April 2025 to 30 September 2025**
**Analysis of Reserves 2025/26**

| Analysis of Reserves | Actual Opening Balance as at 1 April 2025 | Forecast Movement in Reserves | Forecast Closing Balance as at 31 March 2026 |
|---|---|---|---|
| | £000 | £000 | £000 |
| **Unearmarked Reserves** | | | |
| Unearmarked Reserves | 3,576 | (2,559) | 1,017 |
| **Total Unearmarked Reserves** | **3,576** | **(2,559)** | **1,017** |
| **Earmarked Reserves** | | | |
| **Scottish Govt. Policy Initiatives** | **3,038** | **(971)** | **2,067** |
| Carers Funding | 189 | (46) | 143 |
| Informed trauma | 130 | 0 | 130 |
| Additional Social worker capacity | 659 | 0 | 659 |
| 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) | 486 | (157) | 329 |
| Children's Mental Health and Wellbeing | 43 | 0 | 43 |
| TEC and Analogue to Digital Project | 30 | 0 | 30 |
| PEF Funding – Speech & Language Therapy Projects | 26 | 0 | 26 |
| Winter Planning Funding - Interim Care | 399 | (195) | 204 |
| Winter Planning Funding - Enhance Care at Home | 581 | (573) | 8 |
| | | | |
| **HSCP Initiatives** | **2,726** | **(395)** | **2,331** |
| Service Reviews and Redesign | 1,474 | (216) | 1,258 |
| Justice Services | 231 | (111) | 120 |
| Unscheduled Care Services | 397 | 0 | 397 |
| Public Protection Officers | 244 | 0 | 244 |
| Digital Transformation | 173 | (55) | 118 |
| Training and Development | 207 | (13) | 194 |

**Financial Year 2025/26 Period 6 covering 1 April 2025 to 30 September 2025** **Appendix 6**

**Analysis of Reserves 2025/26**

| Analysis of Reserves | Actual Opening Balance as at 1 April 2025 | Forecast Movement in Reserves | Forecast Closing Balance as at 31 March 2026 |
|---|---|---|---|
| | £000 | £000 | £000 |
| | | | |
| | | | |
| **Health Care** | **4,779** | **(226)** | **4,553** |
| DWP Conditions Management | 42 | (10) | 32 |
| Physio Waiting Times Initiative | 103 | 0 | 103 |
| Retinal Screening Waiting List Grading Initiative | 35 | 0 | 35 |
| Prescribing Reserve | 1,369 | 374 | 1,743 |
| Planning and Health Improvement | 238 | 0 | 238 |
| West Dunbartonshire Mental Health Services Transitional Fund | 1,803 | (510) | 1,293 |
| Enhanced Mental Health Outcome Framework | 82 | 0 | 82 |
| Property Strategy | 934 | (35) | 899 |
| IT Project Funding | 14 | (5) | 9 |
| Health Visiting | 160 | (40) | 120 |
| | | | |
| **Social Care** | **4,287** | **576** | **4,863** |
| Complex Care Packages/Supporting delay discharges | 1,323 | (778) | 545 |
| C&F 5 year MTFP "What Would it Take" | 1,442 | (209) | 1,233 |
| Local Authority Superannuation | 1,522 | 1,563 | 3,085 |
| | | | |
| **Total Earmarked Reserves** | **14,830** | **(1,016)** | **13,814** |
| | | | |
| **Total Reserves** | **18,406** | **(3,575)** | **14,831** |

**From COSLA President, Cllr Shona Morrison, Vice-President, Cllr Steven Heddle and Resources Spokesperson, Cllr Katie Hagmann**

**30 October 2025**

**Rt. Hon. Rachel Reeves**
**Chancellor of the Exchequer**
HM Treasury
1 Horse Guards Road
London
SW1A 2HQ

Via Email: public.enquiries@hmtreasury.gov.uk

Copied to: The Rt Hon Douglas Alexander MP, Secretary of State for Scotland
Shona Robison MSP, Cabinet Secretary for Finance and Local Government

Dear Chancellor,

We are writing to you on behalf of Scottish Local Government ahead of the UK Autumn Budget scheduled to take place on Wednesday 26 November.

Across the UK, Local Government is the most important lever in public service delivery for communities, and in Scotland it is no different. Our core services, such as education, social care and housing are at the centre of our ambition to shift the priority to preventative policy delivery. Our libraries, community centres and leisure facilities provide the bedrock of our thriving communities, and our Regional Growth Deals, economic regeneration and Place Based Improvement have all created growth, increased employment and made significant contributions to our Net Zero ambitions.

However, through the cumulation of year-on-year budget pressures, Scotland's local authorities are facing significant financial sustainability challenges moving into 2026/27. In May 2025, the Accounts Commission forecast a £647m revenue budget gap for 2025/26, £528m for 2026/27 and £496 for 2027/28. As a result, increasingly difficult decisions are being made by our Councils to meet their legal obligation to balance budgets.

Through the 2026/27 UK Budget this Autumn, we are requesting the UK Government to provide additional funding to the Scottish Government to facilitate a sufficient Local Government settlement which enables Councils to address these pressures and continue our vital services. Our two main areas of acute financial pressure are Social Care and Housing. Our Integration Joint Boards' have forecast a £497.5m gap in 2025/26, despite significant additional investment from our Councils. This gap is in addition to the Accounts Commission forecast above. As a result, more of our vulnerable people are being delayed in hospital, less are getting approved

for packages of care and a growing gap has emerged between public expectations, our policy ambitions and resource allocation.

In housing, thirteen of our Local Authorities have declared housing emergencies, 10,000 children currently reside in temporary accommodation, and Councils have had to spend £720m on hotels and B&Bs to meet the rising demand. Additional funding must be forthcoming to address these immediate issues that threaten our sustainability as a sector.
We also ask for the write-off of historic Housing Revenue Account debt. The total outstanding level of debt as at 31 March 2024 was £5.57bn, expected to increase to £6.2bn by March 2025. The cost of servicing debt in 2023/24 was £343m and continues to rise. It is estimated that write-off could release funds to develop up to around 3,670 new homes per year (based on current subsidy arrangements).

To contribute to the ambition of growing the economy across the UK, the Government must provide sustainable capital investment in housing and infrastructure to increase productivity and stimulate economic growth. To have the highest impact, funding should be focused on areas most in need.

It is imperative that we work together to provide additional investment at a local and national level. Our shared ambitions on achieving Net Zero, tackling poverty and delivering sustainable public services are dependent on Local Government delivery which must be driven by sustainable, multi-year funding certainty. Together, we can unlock the potential of sustained economic growth whilst addressing our fiscal challenges by prioritising prevention and empowering Local Government.

**Councillor Shona Morrison**
COSLA President

**Councillor Steven Heddle**
COSLA Vice-President

**Cllr Katie Hagmann**
COSLA Resources

**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 25 November 2025

**Attachment**: **2025/26 Financial Performance Report**

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

| DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD | | | |
|---|---|---|---|
| 1 | Reference number | HSCPB000088JS25112025 | |
| 2 | Date direction issued by Integration Joint Board | 25 November 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) | HSCPB000085JS30092025 | |
| 6 | Functions covered by direction | All delegated Health and Care Services as set-out within the Integration Scheme | |
| 7 | Full text and detail of direction | West Dunbartonshire Council is directed to spend the delegated net budget of £93.635m in line with the Strategic Plan and the budget outlined within this report.<br>NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £123.044m in line with the Strategic Plan and the budget outlined within this report | |
| 8 | Specification of those impacted by the change | 2025/26 Revenue Budget for the HSCP Board will deliver on the strategic outcomes for all delegated health and social care services and our citizens. | |
| 9 | Budget allocated by Integration Joint Board to carry out direction | The total 2025/26 budget aligned to the HSCP Board is £263.027m. Allocated as follows:<br>West Dunbartonshire Council - £93.635m<br>NHS Greater Glasgow and Clyde - £123.044m<br>Set Aside - £46.348m | |
| 10 | Desired outcomes detail of what the direction is intended to achieve | Delivery of Strategic Priorities | |
| 11 | Strategic Milestones | Maintaining financial balance in 2025/26 | 30 June 2026 |
| | | | |
| 12 | Overall Delivery timescales | 30 June 2026 | |
| 13 | Performance monitoring arrangements | Each meeting of the HSCP Board will consider a Financial Performance Update Report and (where appropriate) the position regarding Debt Write Off's. | |
| 14 | Date direction will be reviewed | The next scheduled HSCP Board - 27 January 2026 | |

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

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

**25 November 2025**

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**Subject: Planet Youth Prevention Model**

## 1 Purpose

1.1 To provide members of the West Dunbartonshire Health and Social Care Partnership (HSCP) Board with an overview of the pilot work to deliver the Planet Youth Scotland prevention model in West Dunbartonshire, led nationally by Winning Scotland.

## 2 Recommendations

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

2.1 Note the contents of this report;

2.2 Note the national Planet Youth Evaluation findings and companion document, Planet Youth – "Towards a Scottish Prevention Model"; and

2.3 Ask that this work be fully integrated with the Integrated Children's Services Plan and that subsequent reports be governed by the West Dunbartonshire Community Planning Partnership.

## 3 Background

3.1 Planet Youth was developed in response to the high rates of adolescent substance use in Iceland in the 1990s. The model consist of three core elements, a local evidence base obtained via a cross-sectional survey of secondary school pupils, a community-based approach in response to data, and maintaining dialogue across research, policy, and practice in substance use prevention.

3.2 Planet Youth is a proven international prevention model that shifts the focus from individual risk to community-wide change. Previously known as the Icelandic Prevention Model it has been successful in reducing substance use among adolescents in Iceland throughout the past twenty years and has since been adopted by 30 countries, including Ireland, Spain, Canada and Australia. West Dunbartonshire is one of six local authorities across Scotland participating within the Planet Youth in Scotland pilot between 2021 and 2025.

3.3 The key principles of Planet Youth are:

- Change the social environment, not just individual behaviour.
- Build protective factors across schools, families, peer groups, and leisure time.
- Engage young people directly, amplifying their voices and lived experience.
- Ground all actions in detailed, local, and regularly collected data.

3.4 The Planet Youth model focus on tackling root causes, building strong networks, and supporting young people to feel safe, connected and empowered. The model offers the opportunity to improve the long-term health and life outcomes for young people and goes far beyond simply reducing their substance use rates.

3.5 In May 2025 Planet Youth was the topic of an informal session with HSCP Board Members. The Members requested a formal report be taken to the Board at an appropriate time.

## 4 Main Issues

### Governance and Funding

4.1 Early implementation of the approach locally was governed by the Substance Use Prevention Implementation Group (SUPSIG) a subgroup of the West Dunbartonshire Alcohol and Drug Partnership (ADP). The SUPSIG identified an ongoing disconnect with key partnerships required to take the approach forward. In 2024, strategic leadership for the approach shifted to the Mental Health and Wellbeing sub-group of the Nurtured Development and Implementation Group. This decision was taken due to changes in key personnel and the themes identified from the data.

4.2 In 2023, £125k from the Scottish Government's Drug Death Taskforce Report enabled West Dunbartonshire HSCP to establish a two-year service agreement with a third-sector partner for community delivery (£200k), recruiting two staff in early 2024. The activity worker left after 12 months and recruitment to replace this post took place August 2025 with the replacement due to commence end of October 2025 for an 18 month contract.

4.3 In 2024, the Children and Young People Community Mental Health Supports and Services grant funded a transition programme for young people aged 8-12 years for 18 months, funded to March 2026. (£71K)

4.4 In 2025, Winning Scotland received a 12-month extension grant from Scottish Government Drug Death Task force. A share of £300K is available to the six pilot areas to support their local programmes up to March 2026. West Dunbartonshire HSCP secured £30K to continue to deliver a coordinated

action plan to strengthen prevention, build capacity, and engage the wider community.

**National Evaluation**

4.5 An external evaluation of the Planet Youth pilot phase Planet Youth Evaluation 2023-2025, was published October 2025, commissioned by Winning Scotland. To accompany the evaluation is a companion document Planet Youth – “Towards a Scottish Prevention Model”.

4.6 The companion document offers an optimistic, more current snapshot of Planet Youth in Scotland. Its content is based on the evaluation findings; it remains honest and acknowledges key barriers that need addressed but through a more readable and optimistic lens.

4.7 Some key learning points are:

- The importance of dedicated staff capacity and stable, long-term funding.
- The need for strong multi-agency collaboration and visible strategic leadership.
- The value of meaningful parenting and community involvement.
- The critical role of using data for planning and action and building a shared understanding of prevention is important.

4.8 National recommendations by Winning Scotland and proposed next steps include:

- Committing to a five-year development runway for a Scottish Prevention Model.
- Securing sustainable infrastructure for ongoing data collection and analysis.
- Embedding prevention principles in mainstream funding and planning.
- Establishing visible national leadership and a dedicated body to drive the prevention agenda.

**Local Model**

4.9 In 2021, a single school and year group completed the cross-sectional survey element of the model. Although the sample size was small, young people identified key themes and the school responded. Funding constraints limited the activity's scope.

4.10 In 2023, the survey sample increased to 919, S3 and S4 pupils across three out of five mainstream secondary schools, Kilpatrick School and Choices School. Data and key themes were shared with over 500 strategic partners (detailed Appendix 1). Emerging themes from the 2023 survey indicate young

people had concerns in relation to their mental health and wellbeing particularly in relation to suicide ideation and self-harm.

4.11 Other notable themes for the data include:

- 13% vape daily and mainly buy from local shops or given to by friends.
- Nearly one quarter have drank alcohol in last 30 days and of those 14% were drunk.
- Young people gain access to alcohol from family members or adults and then from friends.

4.12 To address the key themes identified within individual school reports, each school produced an individual action plan. All schools received a small funding allocation to implement their action plan from the Community Mental Health National Framework grant. Appendix 1 provides more detail.

4.13 To supplement each school action plan, each secondary school received input of the Daniel Spargo Mabbs drug prevention drama and educational workshop. This was funded by the West Dunbartonshire Alcohol and Drug Partnership.

4.14 In September 2025, a second survey was delivered across three mainstream secondary schools, Kilpatrick and Choices School. The participation rate surpassed the required threshold, with a rate of 81.4% achieved. Planet Youth Iceland recommends a minimum 80% participation rate for a valid sample. This is a 10% reduction on the 2023 participation rate.

4.15 The latest survey results are expected in early 2026 and will be invaluable in shaping not only individual school plans and community provision but fundamental to local strategic planning for integrated children's services.

**Community Interventions**

4.16 Y Sort It hosts a Planet Youth Manager and Activity worker funded through a 2-year service level agreement with West Dunbartonshire HSCP (paragraph 4.2). A summary of the community interventions delivered in response to the 2023 survey data is provided in Appendix 1.

**Future Delivery**

4.17 Early intervention is the ethos of the Planet Youth model. Transitions are important life stages for young people and their families as well as influential touch points to help pupils adapt to new environments, build resilience, and develop healthy peer and adult relationships. They can be key times to introduce and reiterate the benefits of protective factors to support future decision making.

4.18 This understanding has influenced more local work with young people at younger ages, with a focus at the transition stage to secondary school. In the

academic year 25/26, there will be an expansion of the primary school pupil workshops. These focus on supporting young people across the Planet Youth domains and encourage the development of protective factors to promote wellbeing and resilience.

4.19 Parental support is a key contributory factor to the success of the approach. Planning is underway locally as to how we can better inform parents at key life stages of their young person, of the risks and protective factors and the role they have to influence their young persons' wellbeing. The aim being to empower parents to reinforce protective factors and family-school connections.

4.20 A trial of two online workshops specifically designed for parents to support them in guiding their young people through adolescence will be delivered:

- Talk, Listen, Connect — This workshop emphasizes the importance of ongoing quality communication as young people transition into adulthood, offering practical strategies to strengthen parent-child relationships.

- The Teenage Brain — This session explores the developmental changes occurring in the adolescent brain and how these changes influence young people's thoughts, behaviours, and social interactions.

4.21 Awareness raising events and activities will take place throughout 2025/2026. The first event, planned for 19 November 2025 at Dumbarton Football Club, aims to align wider partners and stakeholders around the Planet Youth approach in West Dunbartonshire. Subsequent activities will help translate data for health planning, strengthen system understanding of prevention, build capacity, and engage the community.

4.22 Capacity building remains a key component of the model to support the development of a Planet Youth legacy locally. This will be a key element of activity delivered in the remainder of 2025/26.

## 5 Options Appraisal

5.1 No option appraisal is required for the recommendations made within this report.

## 6 People Implications

6.1 Although this report does not identify immediate implications, it highlights important considerations as the service level agreement nears its end in March 2026. The conclusion of the Planet Youth Manager post at that time will result in a reduction in operational capacity to support key stakeholders in utilising the latest data set and insights for effective service delivery. The

scoping of potential options for continued delivery beyond March 2026, is being considered.

6.2 Re-recruitment of the Outdoor Activity Leader position has taken place and this post will commence in October 2025 and will continue until March 2027.

## 7 Financial and Procurement Implications

7.1 The future position of Winning Scotland, national Lead for Planet Youth Scotland and the future funding of the model is currently unclear. Therefore, their ongoing role and involvement in delivering Planet Youth Scotland is also unclear after March 2026.

## 8 Risk Analysis

8.1 Future national funding for the continuation of Planet Youth Scotland is unclear and remains subject to the outcome of the Scottish Government annual budget process.

## 9 Equalities Impact Assessment (EIA)

9.1 An equality impact assessment is not required as the recommendations within this report do not have a differential impact on any of the protected characteristics.

## 10 Environmental Sustainability

10.1 A Strategic Environmental Assessment (SEA) is not required as the recommendations in this report do not impact environmental sustainability.

## 11 Consultation

11.1 Youth voice is a key component of the model with a cross-sectional survey delivered every two years. The results of which directly influence local planning and interventions for young people.

## 12 Strategic Assessment

12.1 This work is in line with the HSCP's Strategic Plan 2023- 2026 Improving Lives Together and contributes to all aspects of the local vision to create Caring, Safe and Thriving, Equal, and Healthy Communities.

## 13 Directions

13.1 The recommendations within this report do not require a direction to be issued.

**Margaret-Jane Cardno**
Head of Strategy and Transformation

23 October 2025

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**Person to Contact:** Margaret-Jane Cardno
Head of Strategy and Transformation
margaret-jane.cardno@west-dunbarton.gov.uk

**Appendices:** Appendix I: School and Community Response to 2023 survey

**Background Papers:** Pilot Evaluation | Planet Youth Scotland

**Appendix 1**

**Data dissemination to Partner Organisations and Stakeholders**

| | Name of Organisation /Meeting/Event |
|---|---|
| 1 | West Dunbartonshire Substance Use Prevention Strategy Implementation Group (SUPSIG) |
| 2 | West Dunbartonshire Alcohol and Drug Partnership |
| 3 | NHS GGandC Tobacco PIG |
| 4 | West Dunbartonshire Equalities Forum |
| 5 | West Dunbartonshire Health Improvement Team |
| 6 | West Dunbartonshire School Nursing |
| 7 | West Dunbartonshire for Families |
| 8 | YSort It Board Service Meetings |
| 9 | Whole Family Wellbeing Strategic Group |
| 10 | Vale of Leven Hospital - Pediatrics |
| 11 | West Dunbartonshire Children and Young People Community Mental Health Supports and Services |
| 12 | GP Locality Meeting |
| 13 | West Dunbartonshire Youth Alliance |
| 14 | Youth Work and Civic Engagement Event |
| 15 | Planet Youth Conference - Iceland: Growing Up in West Dunbartonshire |
| 16 | West Dunbartonshire HSCP Integrated Joint Board Meeting |
| 17 | West Dunbartonshire Secondary Head Teachers Meeting |
| 18 | West Dunbartonshire Tennant's and Residents Organisations (TRO) Meeting |
| 19 | West Dunbartonshire ASN Co-ordinators Meeting |

**School Interventions**

| School | Activity | Comments |
|---|---|---|
| Clydebank High School | Duke of Edinburgh Pathway | To support self-esteem, confidence, and overall wellbeing Clydebank High School have identified a targeted group of 8–10 S4 students considered vulnerable to risk factors within their communities and at risk of not achieving positive post-school destinations.<br><br>The school is preparing to introduce these students to a Duke of Edinburgh (DofE) Bronze Award pathway, with the programme culminating in May 2026 as they approach the end of their compulsory education. |
| | Equality, Diversity and Inclusion (EDI) Targeted Programme | Clydebank High School partnered with West Dunbartonshire Active Schools to develop an Equality, Diversity and Inclusion (EDI) programme aimed at increasing attendance and participation among S4 students. Targeting 15 S4 pupils, focusing on outdoor and extracurricular activities as a means of re-engagement, with strong interagency collaboration at its core. |

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| | | Key partners included: Lifecycle, a charity providing free mountain biking sessions; Snow Camp at Bearsden Ski Slopes; and Scottish Sports Futures, which introduces young people to sports coaching pathways. |
| | SAMH Mental Health – Staff Training and Peer Supporters | Training opportunities were provided for staff and students on: Mental Health First Aid courses and peer supporter training delivered by SAMH (Scottish Action for Mental Health).<br>The training aims to bridge the gap between students and staff by developing peer mentorship and clear pathways to signposted support. Training provided 6-8 student participants with a stronger understanding of mental health, promotes active listening skills, and outlines when and how to escalate concerns to a trusted adult. |
| Vale of Leven Academy | Magic Breakfast membership | Magic Breakfast is a UK-based charity committed to ending morning hunger for children and young people by providing access to nutritious breakfasts. Through continued membership with the organisation, VOLA ensures that all young people have a positive start to the day, supporting readiness to learn and helping to mitigate the impact of SIMD-related disadvantage. |
| | Staff and Student Training | Lived experience workshops with Graeme Armstrong (Anti Violence Campaigner) were delivered to educate both young people and staff on topics such as gang involvement, addiction, and overcoming adversity. These sessions aimed to inspire and raise awareness through real-life experiences.<br><br>In addition, Tree of Knowledge workshops were provided for staff, focusing on strategies to build resilience in young people and encourage overcoming adversity. |
| | Health and Wellbeing Resources | A student-led mental health campaign was launched. Students created and uploaded resources promoting positive wellbeing habits to VOLA's social media platforms. To enhance reach and engagement, branded merchandise featuring QR codes linking to these resources was also produced and distributed for all pupils. |
| | Tree of Knowledge Staff workshop Pupil workshop x2 | Staff workshop – Engage for Excellence; · Be aware of the range of factors that can impact people's levels of engagement and wellbeing · Understand that relationships really do matter · Understand and predict people's natural reaction to change · Be more aware of why people do what they<br><br>Pupil Workshop – Resilient Characters; provides pupils with an opportunity to tap into their own character and the characters of those around them to become the best versions of themselves. |
| | The Young Team Novel | English department wants to promote reading using a novel that will inspire and create an interest in reading. The Novel will be an option from next year for pupils to study. |
| Dumbarton Academy | Mental Health Day – June 2025 | A Mental Health Festival took place in June 2025 for pupils who completed the 2023/24 survey (now in S5/S6), with around 150 students participating. The event featured interactive workshops on mental health topics such as nutrition, resilience, exercise, social media pressures, and mindfulness. It strengthened partnerships with local organisations and provided valuable resources, learning opportunities, and a space to prioritise mental |

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| | | well-being. Students enjoyed the hands-on activities, which encouraged meaningful conversations throughout the day. |
| | Steering into Prevention | Working with the young survey participants benefited both their development as they prepare to leave school and the schools learning. Moving forward, the plan it to focus on supporting early secondary students and easing the transition from primary to secondary school for both pupils and their parents. |
| Kilpatrick School | Range of activities to support activity and wellbeing | Funding was utilised to support a wide range of developmental and wellbeing activities for young people. This included the Residential Experience at Bendrigg Trust, the **"**Wonderful Me" Journal, and a series of weekly sessions over several weeks: girls' football (8 weeks), yoga, Pilates**,** and relaxation (6 weeks), dance (6 weeks), and cooking (6 weeks). Pupils also took part in Get S.E.T self-esteem workshops and benefitted from the school's ASN Shinty Festival residential contribution. These opportunities provided young people with valuable experiences to build confidence, develop new skills, and enhance overall wellbeing. |
| Choices School | Range of activities to support activity and wellbeing | Funding has supported a variety of pupil experiences, including a three-day canoeing trip, zoo and wildlife park visits, discovery cruises on Loch Lomond, and annual membership to the Bird of Prey Centre. Vouchers were purchased to allow activities to be tailored to individual needs, ensuring all funds were used for pupil trips and experiences. These activities have had a positive impact on engagement and wellbeing, with benefits continuing into the spring term. |
| St Peter the Apostle High School | Health and Wellbeing Initiatives | Funding allowed the following: Scottish Outdoor Education Centre Dunoon - Residential trip for pupils building resilience, teamwork, trust and character; Promoting time management, breaking down key topics and independent study. Helping to deal with stress relating to exams. Achieve Subscription; Refurbishing of calm, safe and motivational learning spaces in ASN, Pupil Support, literacy and numeracy areas; Pupil learning and motivational resources for refurbished learning spaces. STEM; Additionality classrooms resources of 'phone hotels' in all classrooms to remove alleviate the impact of social media and continuous notifications on young people's mental health and wellbeing; Promoting health lifestyle through sport and music. |
| Our Lady and St Patrick's School | Enhancements to support delivery of Nurture School UK | Creating a nurturing environment required a safe, welcoming space with consistent, respectful relationships, high expectations balanced with support, and recognition that all behaviour is a form of communication. Funding was utilised to convert a school conference room into a multi-purpose space for support for learning, allowing young people to work in a quiet, supportive environment and maximise their potential.<br><br>Students who use the space have been involved in decision-making and speak positively about its impact, while staff now have an environment that fosters creativity and new approaches to teaching. Plans are underway to further expand the area, with the funding enabling these improvements to fully benefit young people and learners. |

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| Cross cutting | WDwellbeing.info Website Info Session | Sessions engaged S2–S4 pupils from VOLA and CHS in navigating and exploring the WDWellbeing.info website. Young people were guided through the site and invited to provide feedback on its accessibility, content, and design. The initiative promoted youth voice and empowerment by ensuring that pupil perspectives directly inform the ongoing development of local wellbeing resources. This programme will continue to be offered periodically, keeping young people at the heart of the services that support them. |

**Community Interventions (Planet Youth – Y Sort It)**

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| Parental engagement<br><br>Parent Council group in both Clydebank and Bonhill | The Parent Council Group seeks to strengthen partnerships between families, schools, and youth services. Meeting monthly, the group provides a space for parents and carers to connect, share experiences, and engage with local initiatives supporting young people. An online presence via a Facebook group further extends their reach, enabling more parents and carers to participate. |
| Parent Volunteers | Recruitment of parent volunteers is ongoing to deliver one-off skills workshops tailored to young people's feedback.<br>All parent volunteers are supported with access to relevant training opportunities, including:<br>• First Aid Training<br>• Cycle Leader Training<br>• Youth engagement and safeguarding awareness sessions |
| Inclusive family events | A series of facilitated, smaller-scale family events were designed to be more accessible and ASN-friendly, particularly for families with more complex needs who may find larger gatherings overwhelming. These events were directly shaped by feedback from families, who expressed a need for manageable and inclusive opportunities to participate. Examples include family bingo and quiz nights, forest walks, games nights, and cookery workshops, with an average attendance of around 50 young people and family members per event. |
| Partnership with West Dunbartonshire Family Wellbeing Hubs | Active collaboration with Family Wellbeing Hubs strengthens support for our families. Through this partnership, we work to connect families to a wide range of relevant support networks, ensuring they have access to resources that enhance family living and overall wellbeing.<br><br>Co-hosting events within the hubs, bringing together expertise and outreach to provide families with meaningful opportunities to engage, learn, and strengthen community connections. |
| Holiday Programme | Y sort it (YSI) provides a range school holiday programmes and special activities for families throughout the year. The Summer Programme 2025 offered a range of 136 different activities for young people based on feedback from young people via the Planet Youth survey results. (1, 211 young people participated in summer activities). |
| Study Visit to Iceland | Y Sort It supported a study visit to Iceland, enabling participation in the Planet Youth International Conference 2025.<br>7 young people had the opportunity to:<br>• Experience youth work practice in Reykjavik |

| | |
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| | • Engage with local Icelandic culture<br>• Represent their community on an international stage<br><br>All seven young people presented during the conference with their participation met with high praise and personal recognition from Jon Sigfússon, Chairman of Planet Youth. He commended their confidence and professionalism and extended a personal invitation for YSI to return in 2026. |
| Iceland trip Legacy Plan | Creation of a Youth Ambassadors Team which will include the study visit participants. Their role will be to a) role models for Planet Youth in WD b) Represent WD young people by becoming YSI Board Trustees and c) ensure the voices of young people are heard and included in the development of our services. |
| Adaptation of YSI Youth Services (using Planet Youth Model and Data) | Planet Youth data highlights that young people benefit from increased family time. In response, Y Sort It incorporated activities such as Carbeth Family Walks into holiday programmes, recognising that active family involvement is a key protective factor. Opportunities for families to connect have been prioritised, including seasonal discos, smaller family events suitable for ASN participants, and encouraging parent volunteers, with recent events attracting over 40 young people and families per session.<br><br>Mental health and wellbeing were also identified as key concerns, and this has been further embedded into youth group work. Smaller, targeted groups such as Comic Club, Wellbeing Saturdays, and Photography sessions have been introduced to build confidence, develop skills, and foster social connections. In addition, the youth work registration system now requires direct contact with families when onboarding a young person, reinforcing family engagement from the outset. Regular consultation and evaluation with young people ensure that programmes remain responsive, relevant, and adapted to their evolving needs. |
| | Several adjustments to the youth work programme have improved outcomes for young people and allowed for more targeted and engaging sessions. One significant adjustment involved reviewing the age brackets of our youth clubs. Previously, sessions for 8–11-year-olds were combined. By splitting these into 8–9 and 10–11-year-old sessions in Bonhill and Clydebank, and capping numbers at 30 young people per session has enabled more tailored activities for each age group.<br><br>The Friday Night Youth Cafés have not been altered, as they continue to be well attended. Across 2024–2025, over 3,700 young people attended our weekly youth clubs.<br><br>Youth clubs are held at bases in Clydebank and Bonhill, with outdoor activities incorporated wherever possible. Examples include exploring local areas, visiting Carbeth for outdoor food preparation, and bush skills sessions, giving young people a variety of physical and experiential learning opportunities. Our spaces for youth work are welcoming, safe, warm and designed by our young people and their feedback. |
| Outreach workers | Two Outreach (2x 9hrs) workers deliver a Youth Street work service two evenings per week (Thurs and Fri Evenings) within Faifley and the surrounding areas of Clydebank. Their aim is to engage young people who may not access other youth services and to provide them with support, information, and advice — particularly those at risk of harm or involvement in anti-social behaviour. |

| | |
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| | In partnership with Police Scotland and Community Safety help deliver targeted Anti-Social Behaviour Action Plans and school sessions tailored to those young people who are identified as currently or potentially at risk of harm, being involved in crime, anti-social behaviour or youth disorder in the community |
| HSCP Community food grant work | Funding supported healthy eating through the provision of community-based awareness-raising and skills development activities. The aim was to build individual and community capacity to improve diet, support a healthier lifestyle and reduce health inequalities. Funding supported the provision of healthy meals at all Y Sort It youth clubs and group sessions, benefiting 120–150 children and young people each week during term time. A Community Chef was employed to prepare nutritious meals and deliver food-based workshops such as baking, cooking from scratch, and one-pot recipes.<br><br>During the Summer Holiday Programme 2025, free snacks, hot and cold light meals, and bottled water were provided, benefiting over 1,200 young people and their families. Through ongoing youth work, families and young people were also supported to spend time together cooking and learning meal preparation skills.<br><br>The initiatives helped tackle child poverty and food insecurity by reducing household food and fuel costs and easing the cost of the school week for families. Importantly, meals were provided with dignity and without stigma, ensuring all young people could access healthy food in a supportive environment. |

**West Dunbartonshire Health and Social Care Partnership Board**

**Report by Sylvia Chatfield**
**Head of Service, Mental Health, Learning Disabilities and Addiction Services**

**25 November 2025**

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**Subject: Alcohol and Drug Partnership (ADP) update including, Medication Assisted Treatment Standards implementation, and Waiting Times and 2025/26 Financial Plan**

## 1. Purpose

**1.1** The aim of the report is to provide the Health and Social Care Partnership (HSCP) Board with an update on the implementation of the Medication Assisted Treatment (MAT) Standards, drug-related deaths and alcohol-specific deaths, and ADP waiting times and 2025/26 Financial Plan.

## 2. Recommendations

The HSCP board are asked to:

- **i.** Note that West Dunbartonshire ADP have successfully implemented the MAT Standards;
- **ii.** Note the drug-related death and alcohol-specific death data
- **iii.** Note that West Dunbartonshire Health and Social Care Partnership has met the required waiting times target in the most recently published data;
- **iv.** Note the content of the updated ADP Financial Plan.

## 3. Background

**3.1** West Dunbartonshire Alcohol and Drug Partnership (ADP) is a strategic, multi-agency group tasked by the Scottish Government to reduce harm caused by alcohol and drug use. The ADP is the framework where statutory and non-statutory service providers assess, plan and deliver services that are developed to prevent problem substance use and provide treatment services for people directly and indirectly affected by problematic substance use.

**3.2** <u>Medication Assisted Treatment (MAT) Standards</u>
The MAT standards define what is needed for the consistent delivery of safe and accessible drug treatment and support in Scotland. The standards apply to all services and organisations responsible for the delivery of care in a recovery orientated system. The purpose of the standards is to improve access and retention in MAT, enable people to make an informed choice about care, include family members or nominated person(s) wherever appropriate, and to strengthen accountability and leadership so that the necessary governance and resource is in place to implement them effectively.

**3.3** <u>Alcohol-Specific Death and Drug-Related Deaths</u>

The National Records of Scotland (NRS) published the "Drug related deaths in Scotland in 2024" report on Tuesday 2nd September 2025, which provides some of the details of those vulnerable individuals who sadly lost their lives to drug-related deaths (DRDs) registered in 2024. Similarly The National Records of Scotland (NRS) published data on Alcohol Specific Deaths in 2024 in September 2025. These data were presented in a statistical report which provides detailed information on the number of deaths that were registered in Scotland in 2024 which were classified as alcohol-specific.

**3.4** ADP Waiting Times

The Local Delivery Plan Standard (formerly HEAT target) is that people should wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery, with a target of 90%

**3.5** ADP Financial Plan

The ADP Financial Plan has been updated for financial year 2025/26 following confirmation of in-year Scottish Government funding allocations and takes into account the remaining balance of Earmarked ADP Reserves, ring-fenced for previously approved spending proposals aligned with Scottish Government National Mission and ADP priorities.

## 4. Main Issues

**4.1** Medicated Assisted Treatment (MAT) Standards

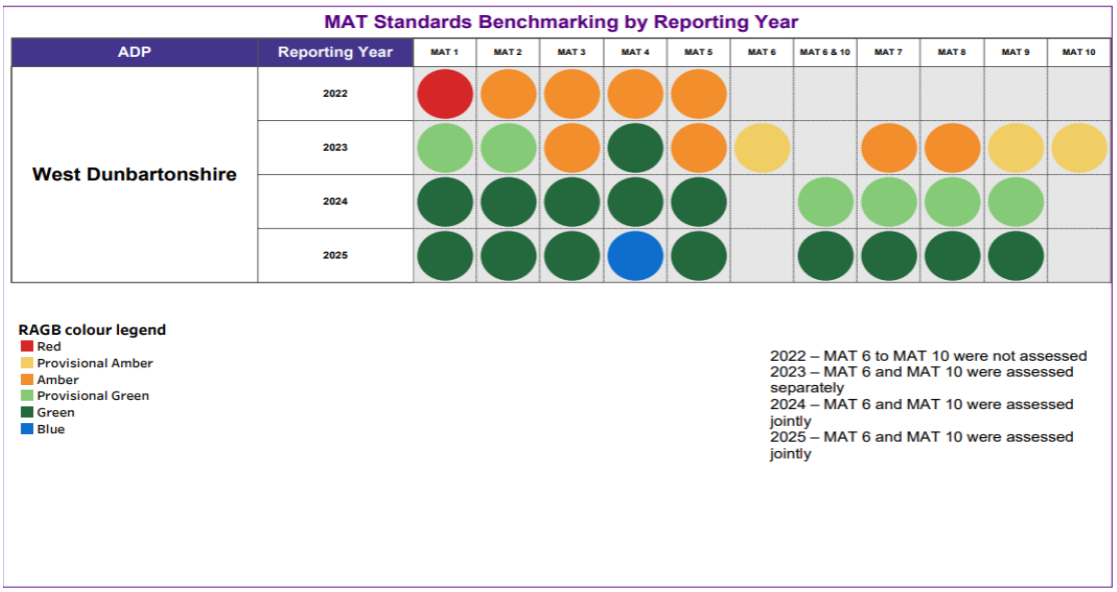
The 29 Alcohol and Drug Partnership (ADP) areas were assessed against the 10 MAT standards using three streams of evidence: process, numerical and experiential. This means that 290 individual assessments were carried out, 145 for MAT standards 1–5 and 145 for standard 6–10. The evidence required to demonstrate implementation of each MAT standard was based on the criteria and indicators in the MAT standards document.

**4.2** The evidence submitted for each standard was analysed and scored by MAT Implementation Support Team (MIST) on the extent to which it complied with the agreed criteria and thresholds for each evidence stream:

- Score 0 = no compliance demonstrated or no evidence.
- Score 1 = compliance demonstrated at some settings/services.
- Score 2 = compliance demonstrated at all settings/services.

**4.3** The scores for the evidence streams (three for MAT standards 1–5, two for 6–10) were combined and then all 29 ADPs were jointly reviewed and repeatedly cross checked by the MIST clinical and analytic leads to interpret the information and allocate the final evidence-based RAGB. West Dunbartonshire's score is noted below in figure 1. (See Appendix 1 for further analysis).

Figure 1 – MAT Standards Benchmarking Report for West Dunbartonshire ADP



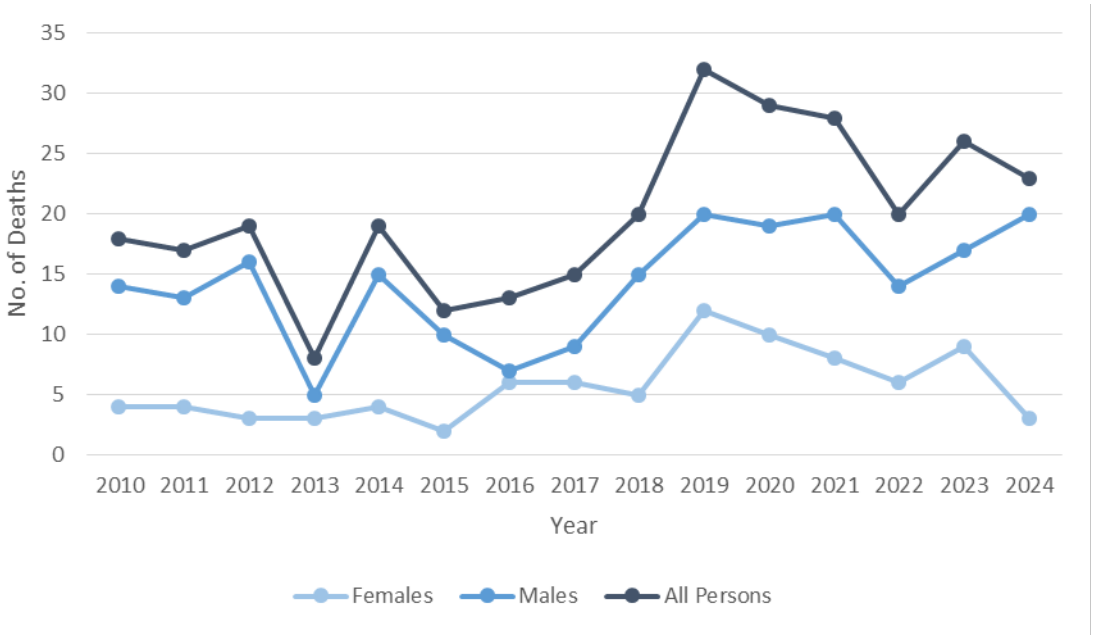

*MAT standards 6 and 10 are submitted at NHS Greater and Clyde and omitted from the table

*Blue - (sustained implementation) because this standard has been Green for the previous 2 consecutive years.

**4.4** Drug-Related Deaths 2024

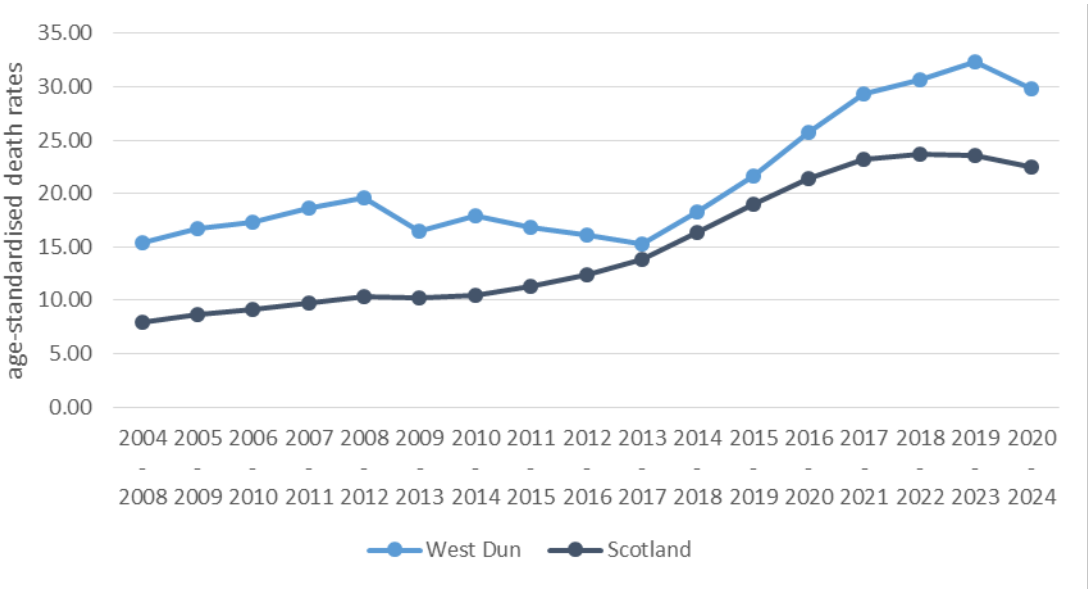
The number of drug-related deaths in West Dunbartonshire fell from 26 in 2023 to 23 in 2024. However, while female deaths decreased from 9 in 2023 to 3 in 2024, male deaths rose from 17 in 2023 to 20 in 2024, matching the highest number of male deaths recorded.

Figure 9 - Drug-Related Deaths in West Dunbartonshire, 2010 - 2024



**4.5** Figure 9 shows age-standardised mortality rates for the five-year periods 2000–2004 to 2020–2024. These rates adjust for population size and age structure, making comparisons over time, between areas, or across population sub-groups more reliable. For 2020–2024, the rate in West Dunbartonshire was 29.8 deaths per 100,000, compared with 22.5 deaths per 100,000 for Scotland as a whole.

Figure 10 - Drug related deaths by area - age-standardised death rates for 5-year periods, 2000-2004 to 2020-2024




**4.6** Table 1 shows West Dunbartonshire had an 11.5% decrease in drug related deaths between 2023 and 2024 compared to 15.8% decrease in NHSGGC and 13.2% decrease in Scotland.

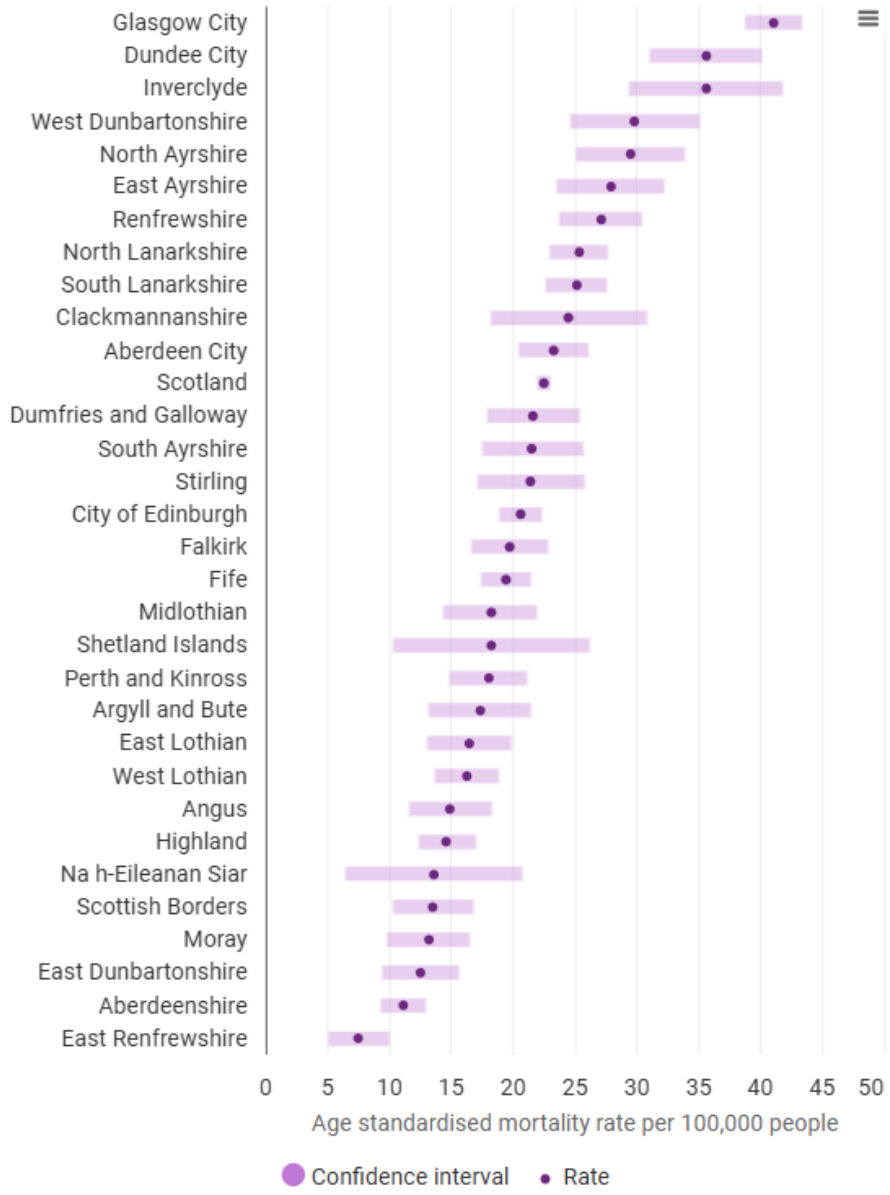
**Table 1** on year percentage change

| Area | 2023 | 2024 | %age change |
|---|---|---|---|
| WEST DUN | 26 | 23 | 11.5% dec |
| NHS GG&C | 355 | 299 | 15.8% dec |
| SCO | 1,172 | 1,017 | 13.2% dec |

**4.7** Figure 11 below shows of all the local authority areas, Glasgow City council area had the highest rate of drug misuse death with 41.1 deaths per 100,000 people for the period 2020-2024, after adjusting for age. The rate of drug misuse death was above the Scotland average in: Glasgow City, Dundee City, Inverclyde, West Dunbartonshire, North Ayrshire, East Ayrshire, and Renfrewshire.

Figure 11 - Drug deaths for selected council areas, age standardised mortality rate per 100,000

**Age standardised mortality rate of drug misuse deaths by council area, 2020-2024**[2, 3]



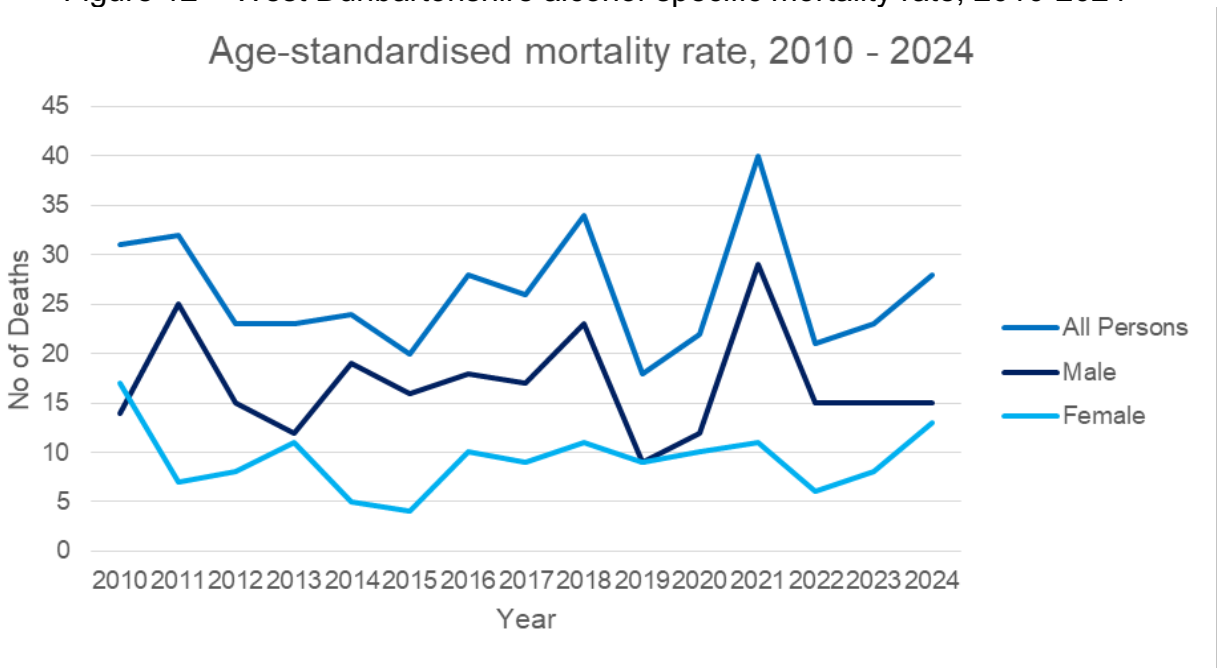

**4.8** More than one drug was implicated in 80% of all drug misuse deaths in 2024. The following substances were implicated drug-related deaths in 2024 (West Dunbartonshire):

- Opiates/opioids (such as heroin/morphine and methadone): 18 deaths (83% of the deaths), of these heroin was implicated in 9 deaths; Methadone 7 deaths
- Benzodiazepines (such as diazepam and bromazolam):9 deaths (39%)
- Gabapentin and/or pregabalin: 6 deaths (26%)
- Cocaine: 8 deaths (35%)
- Alcohol: 3 deaths (13%)

Alcohol-Specific Deaths 2024

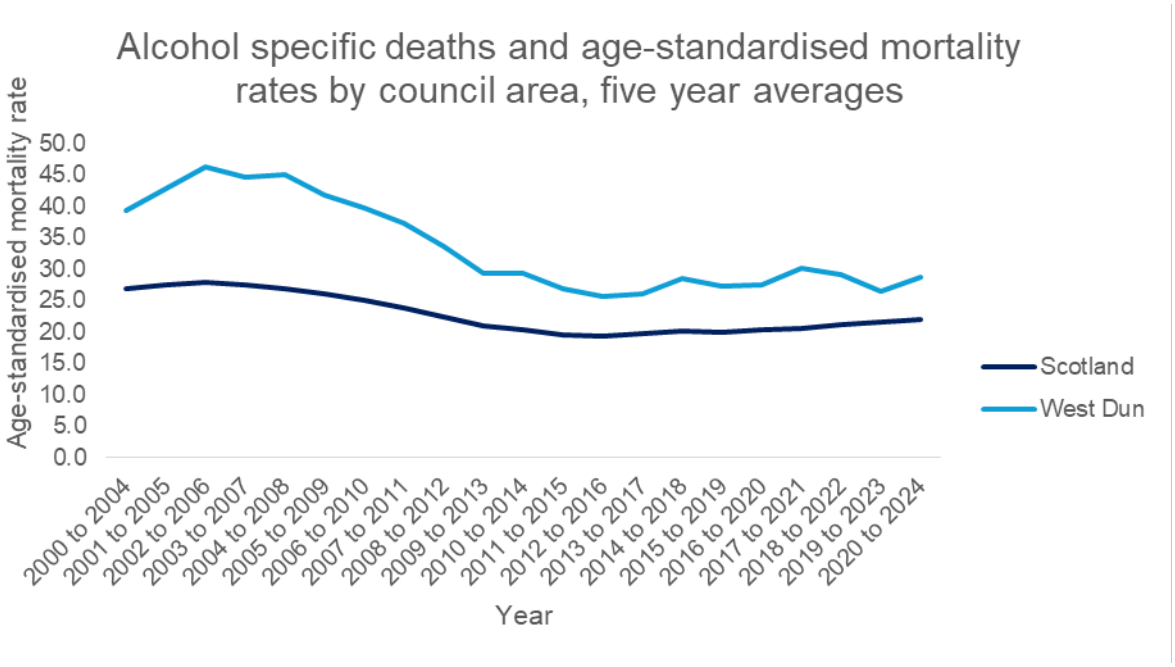
**4.9** Figure 12, shows there were 28 alcohol-specific deaths in 2024 in West Dunbartonshire, representing an increase of 21.7% (5 deaths) on 2023 (23 deaths).

Figure 12 – West Dunbartonshire alcohol-specific mortality rate, 2010-2024




**4.10** Figure 13, shows the moving average for West Dunbartonshire highlights long-term trends whilst smoothing out year on year fluctuations. There has been an overall downward trend in alcohol specific deaths in West Dunbartonshire, however this has been gradually increasing again in recent years.

Figure 13 – Age-standardised mortality rate West Dun and Scotland, five year averages




**4.11** Figure 14 below, shows that after adjusting for age, the rate of alcohol-specific deaths was higher than the Scottish average in Glasgow City, Inverclyde, North Lanarkshire, West Dunbartonshire and Dundee City over the period 2020-2024. There is a statistically significant difference between the rates for these areas and Scotland (the confidence intervals do not overlap).

Figure 14 - Age-standardised mortality rate of alcohol-specific deaths by council areas, 2020-2024 average

**Age-standardised mortality rate of alcohol-specific deaths by council areas, 2020-2024 average**


**4.12** <u>Official Waiting Times – Report published by Public Health Scotland 24th June 2025</u>
Table 2 below shows that in each of the four quarters of 2024/25, West Dunbartonshire has been over the 90% threshold (for waits 21 days and below), and the percentages have been consistently higher than both NHSGGC and Scotland as a whole.

Table 2 – Percentage of waits 21 days and below

| Area | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| West Dunbartonshire | 96.8 | 97.8 | 99.4 | 97.4 |
| NHSGGC | 93.5 | 94.9 | 95.0 | 90.5 |
| NHS Scotland | 93.1 | 93.6 | 95.1 | 92.9 |

**4.13** When comparing West Dunbartonshire ADP performance across NHSGGC, Table 3 below highlights that West Dunbartonshire had one of the highest percentages across the four quarters (2nd in Q2 and Q4, and 3rd in Q1 and Q3).

Table 3 - NHSGGC ADP Waiting Time Comparison

| Area | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| NHS Scotland | 93.1 | 93.6 | 95.1 | 92.9 |
| NHSGGC | 93.5 | 94.9 | 95.0 | 90.5 |
| East Dunbartonshire ADP | 98.8 | 96.3 | 98.8 | 94.9 |
| West Dunbartonshire ADP | 96.8 | 97.8 | 99.4 | 97.4 |
| City of Glasgow ADP | 91.9 | 93.8 | 93.2 | 87.9 |
| Inverclyde ADP | 99.1 | 97.5 | 100 | 100 |
| Renfrewshire ADP | 96.6 | 97.0 | 99.0 | 93.8 |
| East Renfrewshire ADP | 95.5 | 100 | 100 | 97.0 |

**4.14** Table 4 below shows the number of waits registered in West Dunbartonshire in each quarter ranged from 176 (in Q3) to a high of 216 (in Q1). On average across 2024/25 there were 191 waits per quarter compared to an average of 197 waits per quarter in 2023/24 (and an average of 225 waits per quarter in 2022/23) which indicates a downward trend.

**4.15** ADP Financial Plan 2025/26
Following receipt of Scottish Government 2025/26 ADP Funding letters in July and August 2025, (Appendix 3a & 3b), the WDADP Financial Plan, (Appendix 4), has been refreshed to include details of in-year funding allocations received, committed and planned expenditure forecasts and availability of Earmarked ADP Reserves balances.

**4.16** Whilst current commitments are fully funded by the confirmed 2025/26 Scottish Government allocations in conjunction with the phased drawdown of earmarked ADP Reserves, it should be noted that all future ADP commitments beyond 2026 carry an element of uncertainty and will require regular monitoring and review whilst we await further details of Scottish Government funding intentions beyond the current financial year which marks the end of the original National Mission period.

## 5. Options Appraisal

**5.1** Not applicable

## 6. People Implications

**6.1** The activities required to deliver the ADP's work programme will be implemented using existing staffing resources and structures.

## 7. Financial and Procurement Implications

**7.1** The ADP Financial Plan will require ongoing monitoring to ensure compliance with Scottish Government funding criteria and to ensure that all plans remain affordable within the overall funding envelope.

## 8. Risk Analysis

**8.1** This is the final year of the original National Mission launched by Scottish Government in 2021. Whilst Programme for Government funding and associated Agenda for Change uplift have been baselined and are now recurring, which has supported recruitment and retention of additional staff from previously approved ADP Financial Plan, the position on additional ADP funding streams including National Mission, MAT Standards, Residential Rehab and Whole Family Approach is unknown at this time and presents a risk beyond the current guarantee of funding to 2026 which will require to be managed by the HSCP with appropriate planning and monitoring strategies and in continued communications with Scottish Government.

**8.2** Regular financial performance reports to the HSCP board will report on the overall progress of budget performance.

## 9. Equalities Impact Assessment (EIA)

**9.1** There is no EIA required for this report.

## 10. Environmental Sustainability

**10.1** Not applicable

## 11. Consultation

**11.1** There is no consultation required for this report.

## 12. Strategic Assessment

**12.1** This work demonstrates the WDADP and WDHSCP contribution to primary prevention actions in the following national strategies:

- Scotland's Public Health Priorities: Priority 4 - A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
- Alcohol Framework 2018: Preventing Harm
- Rights, Respect and Recovery action plan 2019 to 2021 (version 2)
- National Drug Mission and Outcome Framework
- West Dunbartonshire HSCP Strategic Plan 2023-2026 Improving Lives Together: All 4 Strategic Priorities

**12.2** ADP Ministerial Priorities 2021/22
This work also contributes to the delivery of the following:

- A whole family approach/family inclusive practice on alcohol and drugs
- Education, prevention and early intervention on alcohol and drugs
- A reduction in the attractiveness, affordability and availability of alcohol

## 13. Directions

**13.1** Not required

**Name:** Sylvia Chatfield
**Designation:** Head of Mental Health, Learning Disabilities and Addiction Services
**Date:** 25.11.25

**Person to Contact:** Chris Kelly
Email chris.kelly@ggc.scot.nhs.uk

**Appendices:**
Appendix 1: MAT Standards Benchmarking
Appendix 2a: Scottish Government 2025/26 ADP Funding Allocation Letters, (9th July 2025)
Appendix 2b: Scottish Government 2025/26 ADP Funding Allocation Letters, (26th August 2025)
Appendix 3: WDADP Financial Plan 2025/26

MAT Standard 1 - 5 Benchmarking across ADPs

MAT standard 1: Same-day access

The intention of MAT standard 1 is to ensure that all people accessing services have the option to start MAT from the same day of presentation and that options should include psychosocial care as well as pharmacological care if appropriate.

Figure 2 - Number of days from date of engagement with service requested to date of first MAT assessment for 75 % of people by ADP area – Scotland, 2024/25

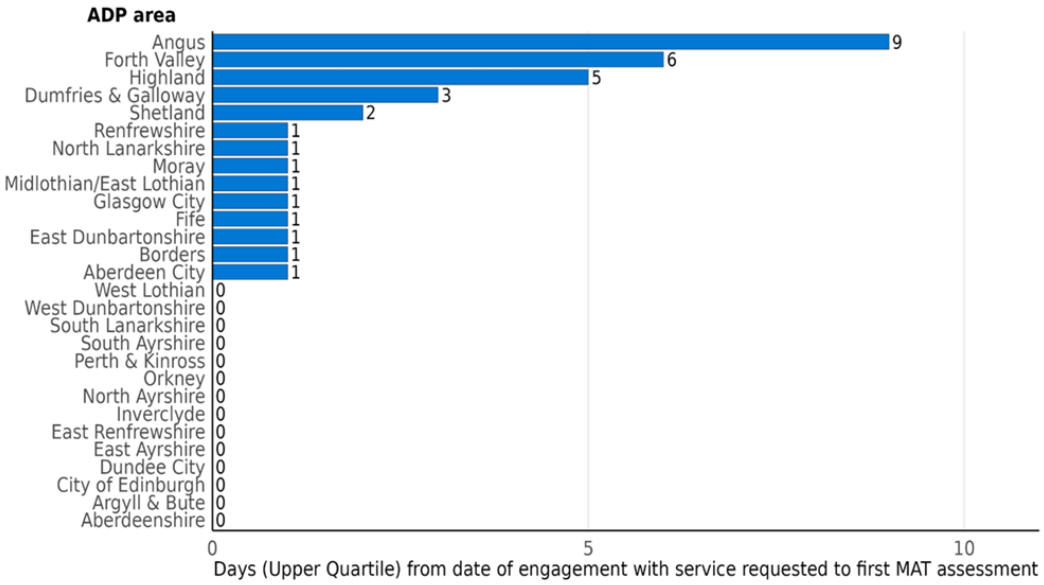



Figure 2 shows, in 12 ADP areas, 75% of cases received a first MAT assessment on the same day of engagement with the service requested, including West Dunbartonshire. For a further 12 ADP areas, indicates 75% of cases received a first MAT assessment within one day.

MAT standard 2: Choice

The intention of MAT standard 2 is to ensure that all people are supported to make an informed choice on what medication to use (if any) along with psychosocial interventions as part of MAT.

Figure 3 - Percentage of caseload prescribed OST by type and ADP area – Scotland 2024/25

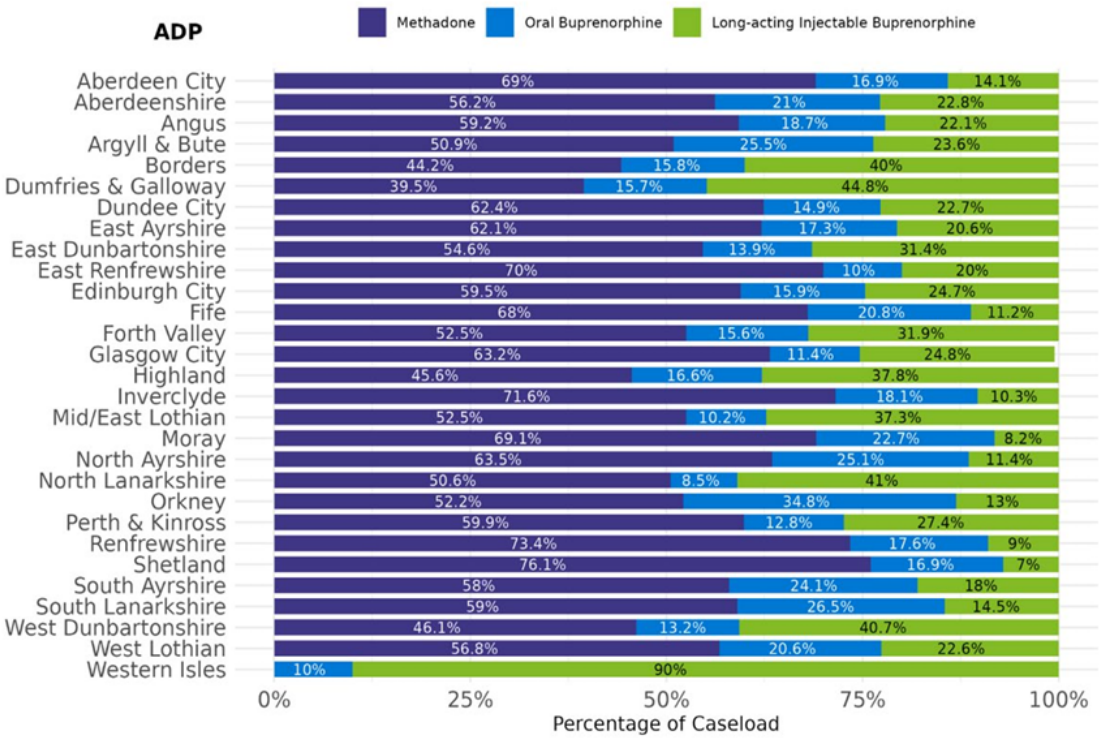



Figure 3 shows, ADP areas reported the breakdown of their caseload by medication type. Within West Dunbartonshire, the proportion of individuals prescribed long-acting injectable buprenorphine is 40.7%. This is an increase on last year's figure of 38.4%.

MAT standard 3: Assertive outreach and anticipatory care

This standard aims to ensure all people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

If a person is thought to be at high risk because of their drug use, then workers from substance use services will contact the person and offer support including MAT.

Figure 4 -

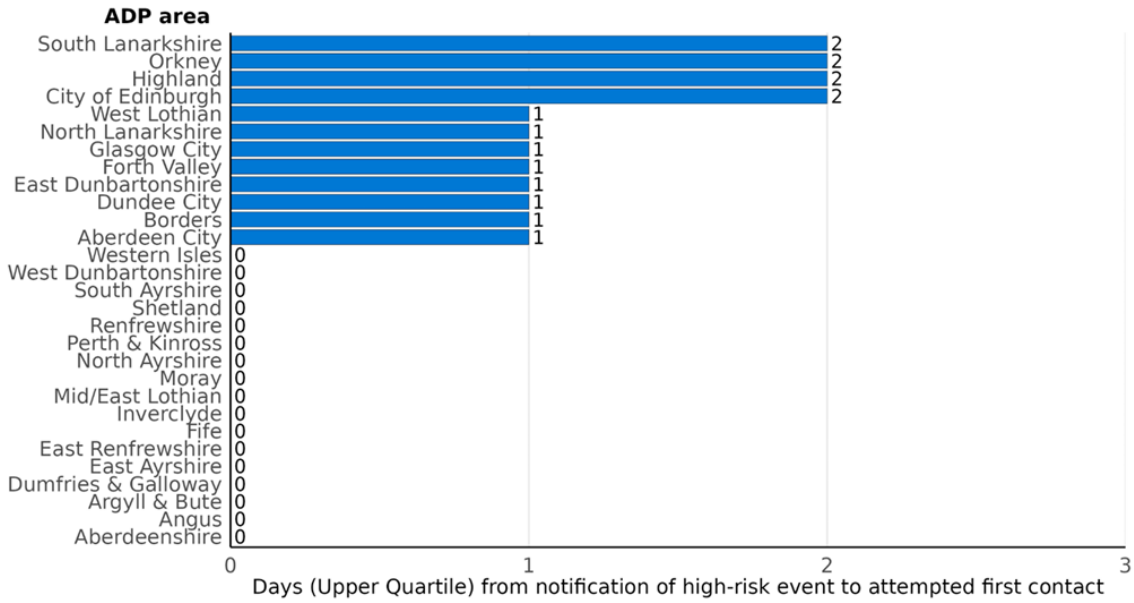



Figure 4 shows, the time taken between notification of a high-risk event sent and the first attempted contact varies from same day for 17 ADP areas, to 1 day for 8 ADPs, to 2 days for 4 ADP areas. Within West Dunbartonshire this was reduced from 1 day (2023/24) between notification and first contact attempt to same day.

MAT standard 4: Harm reduction

The purpose of MAT Standard 4 is to ensure that everyone who is likely to benefit is offered evidence-based harm reduction at the point of MAT delivery. This aims to reduce missed opportunities and tackle stigma. Harm reduction measures include diagnosis and referral for blood-borne viruses, provision of injecting equipment, overdose and naloxone training, wound care, and assessment of risks linked to injecting and poly-drug use.

Most areas (n = 23) reported no barriers to implementing MAT Standard 4 and were rated green. Two ADPs were rated provisional green, reflecting limited experiential capacity and its effect on overall scoring. A further four ADPs demonstrated sustained implementation and were rated blue (RAGB), including West Dunbartonshire.

MAT standard 5: Retention as long as needed

MAT standard 5 aims to ensure all people will receive support to remain in treatment for as long as requested. A key intention of this standard is to help reduce unplanned discharge because this can pose an increased risk of harm if people are not supported in the transition from care. Data on discharges are difficult to collect consistently and to analyse and interpret. But for the RAGB benchmarking the proportion of the caseload in treatment for six months is used as a proxy for effective support for retention in care. All ADP areas achieved the benchmark of 75% of people retained in care for six months.

Figure 5 - Percentage of caseload retained in treatment for six months or more by ADP area – Scotland 2024/25

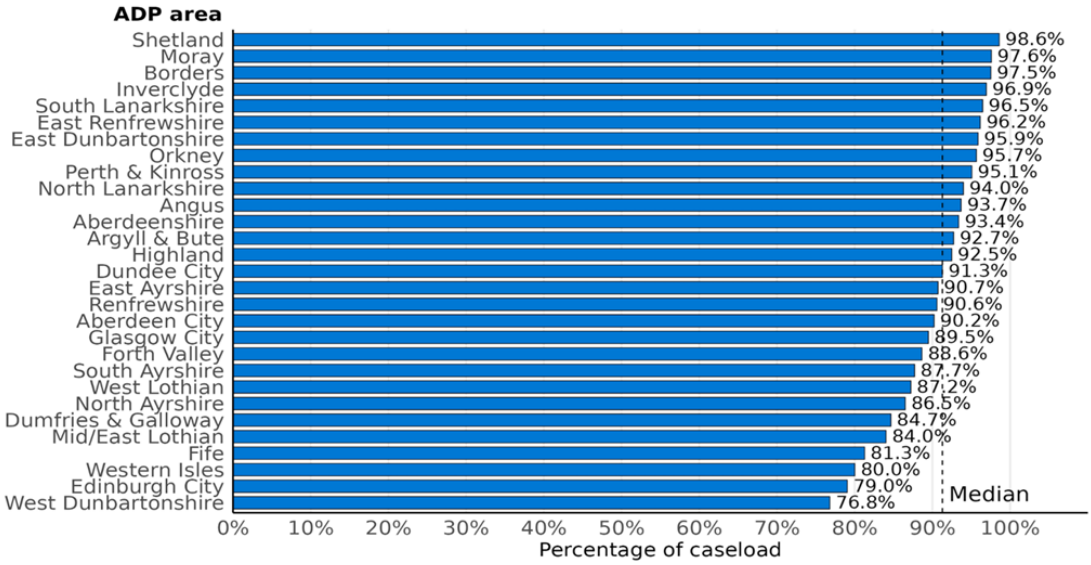



Figure 5 above shows all ADP areas had 75% or more of their current caseload retained in treatment for at least six months, including West Dunbartonshire at 76.8%. This is a decrease from the previous year (79.1%). However, this decrease is not due to individuals leaving the service prior to six months, it is due to a significant proportion of new service users starting MAT treatment and as such not in service long enough to make the 6 month target. Only 4 service users were discharged from a total of 349 individuals, all 4 of which had been in service longer than 6 months at point of discharge.

MAT standards 6 and 10: Psychological support and trauma informed care

MAT standard 6 aims to ensure that the system that provides MAT is psychologically informed, provides psychosocial interventions and supports individuals to grow social networks. MAT standard 10 aims to ensure all people receive trauma-informed care. MAT standards 6 and 10 were assessed separately in 2022/23 but assessed jointly in 2023/24 because there is a lot of overlap with process documentation and delivery. All but one ADP area were assessed as provisional green, including West Dunbartonshire (which formed part of the NHS Greater Glasgow and Clyde submission). This is because they were able to demonstrate a service delivery plan, training of staff and an experiential programme in place to enable feedback and participation.

Figure 6 - Percentage of staff who have completed appropriate tier 1 training (as defined in the local training and implementation plans) in the last two years by ADP area – Scotland 2024/25

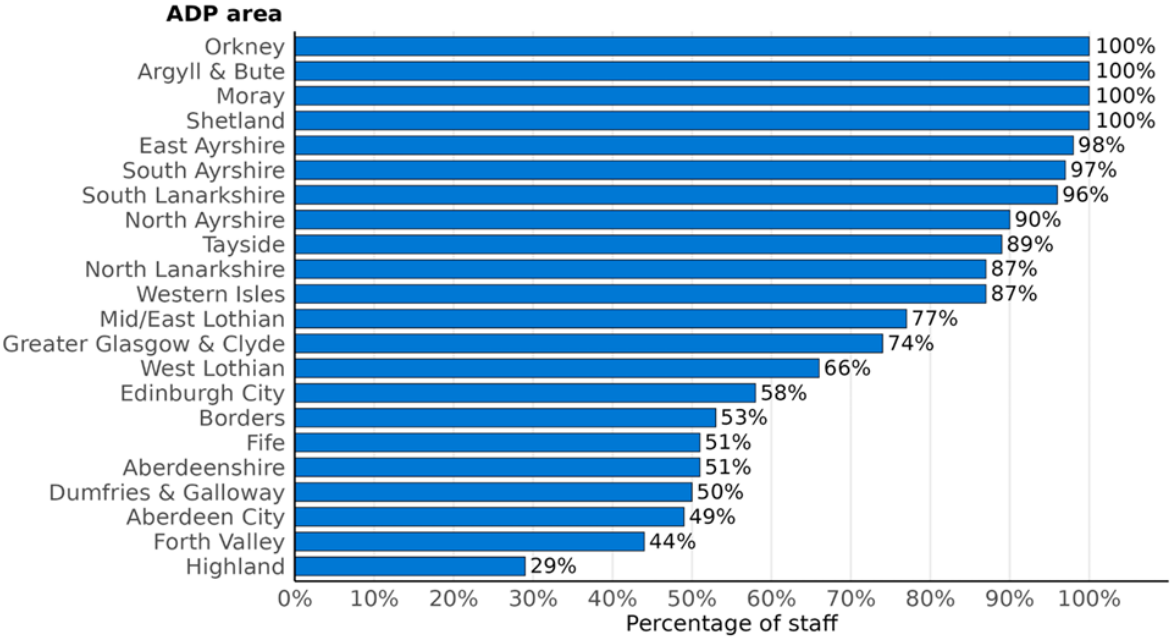



Figure 6 shows Percentage of staff who have completed appropriate Tier 1 training in the last 2 years as defined in local training and implementation

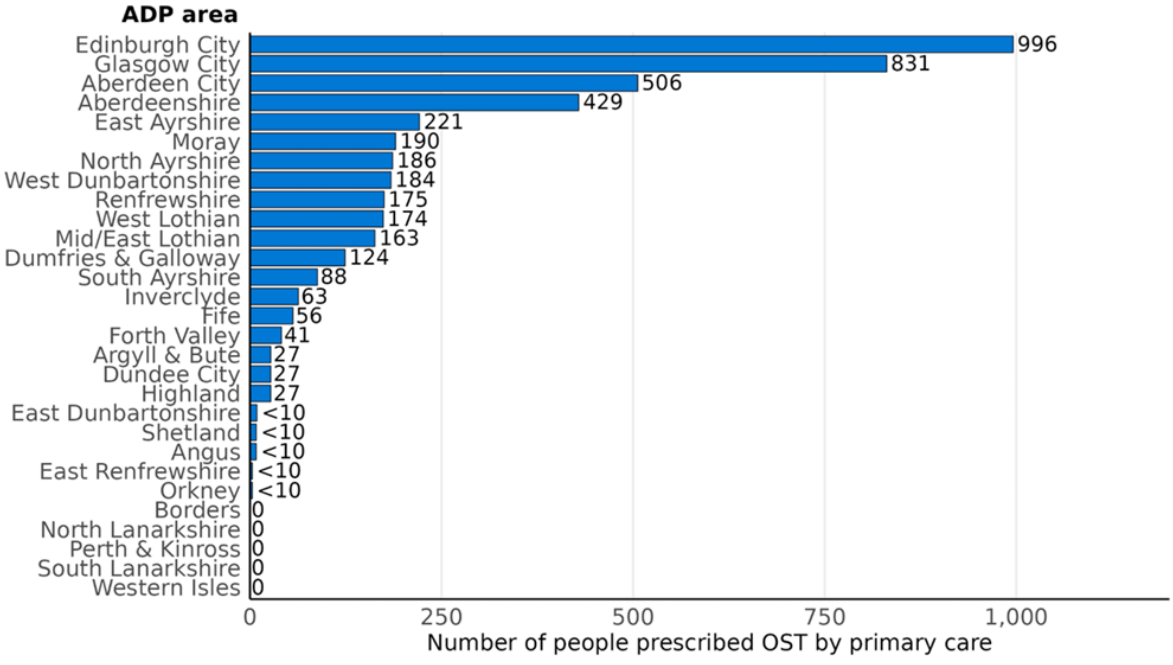
plans. Therefore, there is likely to be a variation in submitted data. 93% (27/29) ADP areas have achieved over 50% staff trained in tier 1 training over that period.

Please note data was submitted at health board level for Tayside (Angus, Dundee, Perth & Kinross) and Greater Glasgow and Clyde (Glasgow City, East Dunbartonshire, East Renfrewshire, Inverclyde, Renfrewshire, West Dunbartonshire).

MAT standard 7: Primary care

The aim of MAT standard 7 is to ensure that all people have the option of MAT shared with primary care and that this would help to ensure that they also receive care for general health issues. The process evidence submitted demonstrates that most ADP areas are exploring various models to implement MAT 7 and have agreed pathways and protocols.

Figure 7 - Number of people prescribed OST by primary care by ADP area – Scotland 2024/25



The reporting period for 2025 data covers any three consecutive months between November 2024 and March 2025. This shows that 4,539 people were prescribed OST through primary care, a reduction from 5,712 people reported in 2023/24. West Dunbartonshire had 184 people prescribed through primary care, this is a decrease from 214 in 2023/24.

MAT standard 8: Independent advocacy and social support

MAT standard 8 aims to ensure that all people have access to independent advocacy and support for housing, welfare and income needs. All 29 ADP areas were assessed as provisional green for this standard. This means that ADP areas have commissioned (or engage with) independent advocacy services and have advocacy training plans in place for staff. It is important to note that this standard, as some others, used data from a selected 3 month period and not a full year, due to systems not being consistently in place to log annual activity.

Figure 8 - The referral numbers from substance use services to independent advocacy services by ADP area – Scotland 2024/25

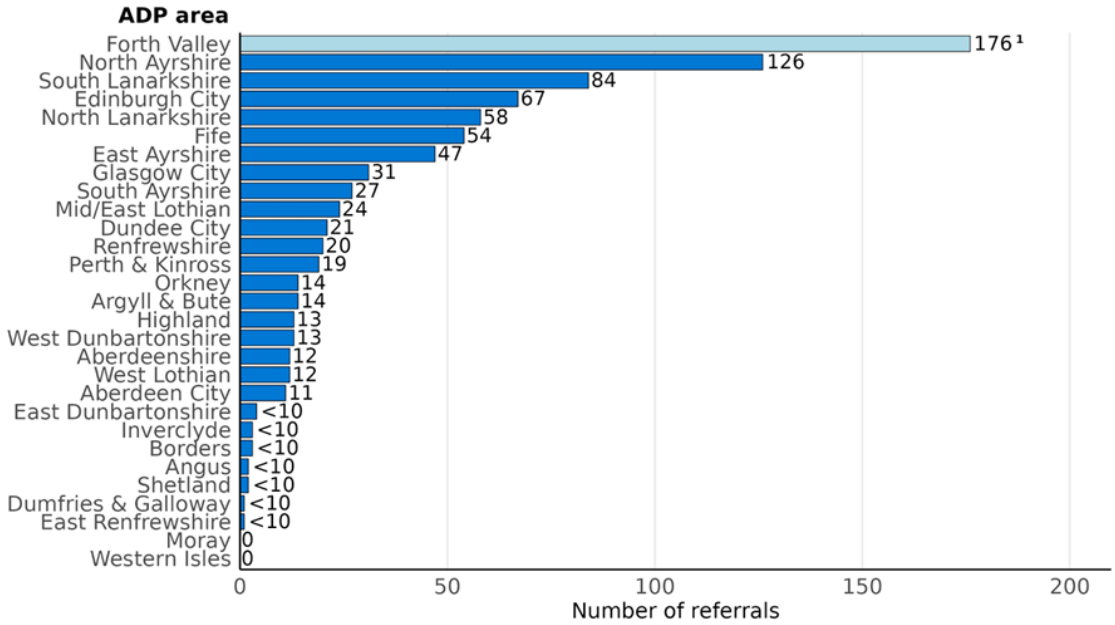


Figure 8 shows, for the selected 3 month periods, 835 people were referred from substance use services to advocacy for support. There were 13 individuals referred during this period within West Dunbartonshire, this is an increase from 7 the previous year.

MAT standard 9: Mental health

The intention of MAT standard 9 is to ensure that all people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery. This standard was assessed as provisional green in 25/29 ADP areas, including West Dunbartonshire, which documented procedures for joint working to care for people with co-occurring mental health and substance use issues.

Population Health Directorate
Drug Policy Division & Health Improvement Division
E: Drugsmissiondeliveryteam@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

ADP Chair
Integration Authority Chief Officer

Copies to:
NHS Board Chief Executive
Local Authority Chief Executive
NHS Director of Finance
Integration Authority Chief Finance Officer
ADP Co-ordinators

9 July 2025

Dear ADP Chair and Integration Authority Chief Officer,

**SUPPORTING THE DELIVERY OF ALCOHOL AND DRUG SERVICES: 2025-26 FUNDING ALLOCATION, PROGRAMME FOR GOVERNMENT FUNDING AND MINISTERIAL PRIORITIES**

1. We are writing to provide detail about the funding arrangements, Ministerial priorities and planning and reporting arrangements for Alcohol and Drug Partnership (ADP) work for 2025-26. These arrangements will support the delivery of services to reduce harms and deaths associated with alcohol and drugs.

2. The Scottish Government is committed to addressing the public health priorities of both alcohol and drug harms and the majority of funding outlined in this letter is for the delivery of both drug and alcohol services. We need to ensure the momentum and response to tackling the rise in drug deaths and harms is being replicated in our work to address alcohol specific deaths and harms.

**Funding Allocations**

3. The funding arrangements are summarised in the following table and explained in more detail below.

Table: ADP funding arrangements (local breakdowns can be found in appendices 2 and 3)

| **Funding stream** | **National 2025/26 budget** |
|---|---|
| NHS Board Baseline contribution* | £78,933,956 |
| **In year allocation - Specific Programme Funding** | |
| Additional National Mission uplift | £11,000,000 |
| MAT Standards | £10,313,775 |
| Residential Rehab | £5,000,000 |
| Whole family Approach framework | £3,500,000 |
| Lived and Living Experience | £500,000 |
| Stabilisation – Placements | £3,000,000 |
| Agenda for Change uplift** | £3,003,887 |
| **Sub Total** | **£36,317,662** |
| **Total** | **£115,251,617** |

* 2024-25 baselined figure plus PfG uplift and associated AfC element now baselined, and including 2025-26 3% baseline uplift.
**Legacy Agenda for Change uplift costs issued related to in-year programme funding.

4. Collectively this funding represents a national investment of £115.2 million for ADPs. This means that funding has increased from the 2024/25 level by over £2 million. As you will be aware, the Scottish Government's total funding to support ADP projects in 2025-26 is transferred via NHS Boards for onward delegation to IAs to be invested, in their entirety, through ADPs, and should not be subject to any wider savings targets. For 2025-26, baseline and Programme for Government funding has already been transferred. Full details of this breakdown by ADP and Health Board are available in the appendices (**appendix 2 and 3**).

5. To improve monitoring and evaluation, and increase transparency, we also expect ADPs to return a bi-annual financial report. These are due to be submitted on 31 October 2025 and 30 April 2026 and will contribute to the annual report.

**Note on In-Year Allocations Timing and Reserves**

6. The £17 million PfG uplift and associated Agenda for Change (AfC) element (£2m) has now transferred into Board baseline allocations.

7. We will issue the 2025-26 in-year allocations in two tranches based on an 80%/20% split. Tranche one has been issued with the June allocations. Please see **appendix 4** for tranche one allocations by Health Board and Integrated Authority (IA). Tranche two will be allocated around December 2025 and will reflect the forecast spend for the remainder of the year.

8. We previously highlighted the significant accumulation of reserves held by IAs on behalf of ADPs. In 2024-25, financial returns were commissioned to minimise reserve balances being carried forward to 2025-26. We intend to continue this process for financial year 2025-26 and monitor reserves on a bi-annual basis through financial returns. Tranche two allocations will therefore also take into account confirmed levels of reserves that are available to contribute towards the 2025-26 funding requirement, as well as any in-year slippage that may arise, in order to ensure we continue to allocate funding based on need and avoid a build up being carried forward into future

financial years. Reserves where there is a funding requirement for a non-recurring commitment may be excluded from this process by agreement.

9. SG are unable to roll forward any underspends from 2025-26 therefore the funding set out in the table above and associated appendices is the **maximum** allocated in-year and will be available in full where forecasts reasonably demonstrate that funding can be spent.

10. Any reserves held in 2025-26 as a result of underspend, that have not been flagged to the SG as legally committed, will need to be spent before new allocations are drawn down in 2025-26.

11. As per the process in 2024-25, as part of the financial returns we will capture and consider any specific requests demonstrating the requirement to carry reserves for non-recurring commitments into 2026-27.

NHS Board Baseline contribution

12. The Scottish Government's direct funding to support ADP projects in 2025-26 has been transferred to NHS Boards via their baseline allocations for onward delegation to IAs to be invested, in their entirety, according to local Alcohol and Drugs Partnership strategic planning and **should not** be subject to any wider savings targets. Where there is more than one IA within the Health Board area, the level of funding should be agreed jointly by the IAs within the Health Board area.

13. Since 2018-19 additional funding of £17 million per year has been delegated to IAs for onward use by ADPs as part of the Programme for Government to support improvement and innovation in the way alcohol and drug services are delivered as part of the Rights, Respect and Recovery strategy and the Alcohol Framework 2018: Preventing Harm. This funding has been allocated via NRAC, and the same amount is available for 2025-26. This funding and associated Agenda for Change (AfC) element (£2m) will henceforth be issued with Board baselines (as noted in paragraph 6 above).

14. This means we will increase the proportion of funding to be baselined in 2025-26 by 33% to a total of c.£78.9 million allowing greater security and flexibility to local areas. Going forward we will be exploring the potential of further baseline funding to ensure sustainability of the National Mission beyond 2026.

NHS Agenda for Change uplift (2025-26)

15. NHS Boards have provided estimates centrally to outline the funding needs to support 2025-26 pay awards, including the assessment of the impact on all in-year allocations. NHS Boards will receive funding confirmation shortly.

National Mission Uplift - £11 million

16. This funding has been allocated via NRAC, and the same amount is available for 2025-26 as in 2024-25. It is expected that this funding will be directed towards programmes of work which deliver the outcomes set out in the National Mission Outcomes Framework (**appendix 1**). This funding stream combines three funding streams which were separate in the first year of the national mission (2021-22) - the general uplift stream (£5m) and specific funding for near-fatal overdose pathways

(£3m) and outreach (£3m) - to provide more flexibility at the local level. It is expected that both outreach and near-fatal overdose remain priorities as core parts of the national mission and MAT standards delivery.

## 2025/26 in-year allocations - Specific programme funding

### Medication-Assisted Treatment Standards - £10.3 million

17. The MAT standards funding remains the same as 2024-25. Funding agreed with local services in each IA area for the implementation of the MAT Standards followed detailed, local discussion on additional resources required to implement the MAT standards by recruiting staff, service improvements and sustaining these through the national mission and beyond. Implementing, improving and sustaining the MAT Standards is a key priority for Ministers and delivery of these standards must also be key priority for Chief Officers and other leaders in IAs.

18. Allocation of funding has been based on priority needs – taking into account what each area has already got in place and what each area requires. This has meant that allocation decisions have not been based only on NRAC. Full details of the MAT funding allocation are detailed in **appendix 2**.

19. Public Health Scotland, through the MAT Implementation Support Team (MIST) will continue to help local areas monitor their progress in implementing the standards over the year and performance against standards will be captured in ADP annual reporting cycles and Scottish Government Implementation Plan Progress Reporting.

### Residential Rehabilitation - £5 million

20. Ministers have committed to increase the number of publicly funded placements by over 300% by 2026. Through collective efforts this target (at least 1,000 people per year are funded for their residential rehabilitation) has already been reached but ADPs should continue efforts to ensure that this is now sustained. This is the third year of this funding uplift to support residential recovery, and the services associated with preparation or aftercare. ADPs should note that rehabilitation-associated service placements in detox, crisis care and stabilisation are valid use of the funding here.

21. While monitoring data from 2024-25 indicates a substantial increase in the number of people accessing treatmet via public funding, more work needs to be done to deliver on this ambition.

22. We expect all ADPs to have an operational and published pathway in place and to continue to increase the number of people being referred to residential rehab in their areas.

23. Healthcare Improvement Scotland have established regional improvement hubs that will bring together groups of Alcohol and Drug Partnerships and other key parts of the local system to design and improve pathways into, through and from rehab. Much of this work is already underway however it is our expectation that ADPs will continue to engage with this work in a constructive manner.

24. Public Health Scotland will continue the regular monitoring of referrals and spend on residential rehab and ADPs are asked for their continued support of this data collection. Public Health Scotland are developing a comprehensive evaluation

framework to support the residential rehabilitation programme and further details of this work will be shared in due course.

25. Scotland Excel's National Commissioning Framework (NCF) for residential rehab placements went live on 1 April 2024, this work brings together two years of market analysis and stakeholder engagement to deliver on one of the recommendations made by the Residential Rehab Working Group. We expect that ADPs utilise this framework as a tool to make commissioning of RR placements (including those supported through the separate Additional Placements Fund) easier and more efficient.

Whole Family Approach/Family Inclusive Practice: £3.5 million

26. £3.5 million is committed to support the implementation of *'Drug and alcohol services – improving holistic family support: A framework for holistic whole family approaches and family inclusive practice*[1]*'* also known as the Whole Family Approach Framework. This was published in December 2021. Chapter 11 and sets our expectations for local areas to put in place accessible, consistent, sustained and inclusive support for families.

27. It is the expectation of Ministers that this £3.5 million investment is used to implement and strengthen holistic whole family approaches and family inclusive practice, in accordance with the Framework. Working collaboratively with local partners, and in particular Children's Service Planning Partnerships (CSPPs) is vital to improving family support. We encourage ADPs and CSPPs to view this investment, and the additional allocation to CSPPs through the Whole Family Wellbeing Fund, as part of a programme of investment in families. ADPs and CSPPs should plan accordingly and pool resources to achieve the maximum impact for families.

28. At a minimum, we expect ADPs to be able to demonstrate that they are working towards embedding holistic whole family approaches and:

- Undertake an audit of family provision, including the quantity, quality and reach, taking account of support delivered by paid workers, volunteers and peers, including mutual aid/fellowships.
- Utilise this funding to improve and expand the service provision for families in their area in partnership with relevant bodies.
- Can evidence that the expertise, views, and needs of families have been included in this work from the outset and that established meaningful feedback loops are in place to gather the views and experiences of families, and these are being used to improve serice provision.

[1] Supporting documents - Drug and alcohol services - improving holistic family support - gov.scot (www.gov.scot)

Lived and Living Experience Participation

29. £0.5 million is allocated to support ADPs to develop meaningful, accessible and inclusive ways for people to be involved in decision-making.

30. Ensuring the voices and the rights of people affected by substance use[2] are acted upon is a cross-cutting priority for the National Mission. It builds on the rights-based approach laid out in Rights, Respect, Recovery (2018) and is being driven forward at a national level through the National Collaborative.

31. Participation and empowerment are key principles of a human rights-based approach. Everybody has the right to participate in decisions affecting them and to influence outcomes. This is relevant to decisions about their care (or the care of somebody they support) as well as decisions about the design and delivery of services.

32. Engagement with ADPs so far has shown that flexibility is important. We recognise that ADPs are at different stages of developing their approach to involving people affected by substance use. Some examples of how this has been taken forward include: a panel or reference group made up of people affected by substance use (including lived, living and family experience); LLE representation within the ADP Board; funding and involving independent groups of people with lived and living experience; interviews as part of the MAT Standards experiential monitoring programme.

33. The Charter of Rights for people affected by substance use was published in December 2024, alongside a toolkit to support implementation of a human-rights based approach using the Charter of Rights. Emerging practice will be captured to share ideas and learning as a human rights-based approach is developed and delivered by duty bearers.

34. Progress will be monitored through the ADP Annual Survey Report. Questions ask what feedback mechanisms are in place and about opportunities for active participation as well as how feedback is used to influence decision-making.

Stabilisation fund

35. Ministers have ringfenced £3 million for the Stabilisation fund which was introduced in 2023-24. The Stabilisation funding is allocated to ADPs to develop or bolster existing arrangements for residential stabilisation and crisis care - to help deliver on the Taskforce recommendations made in *Changing Lives* that will help align crisis care, stabilisation, detox and rehabilitation.

**Context for Delivery**

**National Mission to Reduce Drug Related Deaths and Improve Lives**

36. This is the final year of the National Mission announced by the former First Minister in January 2021 and supported by an additional £50 million funding per year for the lifetime of the parliament.

[2] By 'people affected by substance use' we mean people who have experience of using drugs and/or alcohol either past/present as well as family members and loved ones.

37. The National Mission on drug deaths continues to be a priority for Scottish Ministers and is brought into sharper focus by the threats of a dynamic and increasingly harmful illicit drug supply. Local areas need to prepare for this threat and work with Public Health Scotland to ensure appropriate responses are in place.

38. The aim of the national mission is to reduce deaths and improve lives. To underpin this work, Scottish Government has developed an outcomes framework (**appendix 1**) which sets out the key outcomes required to achieve this aim.

**Alcohol service delivery**

39. The Baseline funding is expected to cover both alcohol and drugs. In its review of alcohol and drug services in 2024/25 Audit Scotland has recommended an increase in focus on alcohol services, while maintaining our focus on drugs services. Elements of the National Mission support alcohol service delivery alongside drugs, such as residential rehabilitation, the Charter of Rights, the Whole Family Approach, implementing Workforce strategies and making services more trauma informed. However, in 2025/26 ADPs are expected to maintain focus on actions to support people impacted by alcohol through continued regard to Rights, Respect and Recovery and the Alcohol Framework.

40. The National Mission outcomes framework incorporates and builds on the priorities set out in Rights, Respect and Recovery and the Alcohol Framework which are still relevant in particular for reducing alcohol harm. These priorities cover both alcohol and drugs, with the exception of priority 5, which applies to alcohol only:

1. A recovery orientated approach which reduces harms and prevents deaths
2. A whole family approach.
3. A public health approach to justice.
4. Prevention, education, and early intervention.
5. A reduction in the affordability, availability, and attractiveness of alcohol.

**The Drug and Alcohol Information System (DAISy)**

41. DAISy has been live in all NHS Board areas since 1 April 2021. The system was built and is maintained by Public Health Scotland and it primarily functions as a national database which gathers key demographic and outcome data on people who engage in alcohol/drug treatment services. This information contributes to strategic planning.

42. It is imperative and expected that local areas input data into DAISy as it is an invaluable source of data for monitoring and evaluating drug and alcohol services across Scotland, informing policy development and funding. The Scottish Government is working closely with Public Health Scotland and are considering the remedies and actions that will be taken to improve data compliance.

43. Much of our ability to understand the impact of funding and progress towards our objectives is reliant on having quality and complete data within DAISy. We expect that ADPs (and associated local commissioning bodies) work with service providers to ensure that input to DAISy is a condition of grant that is evaluated alongside delivery outcomes. Without robust data to inform our resource allocations, future funding decisions may not adequately reflect local needs, and it is therefore incumbent upon service providers to ensure they are accounting for their activity.

44. PHS have concluded their review of DAISy and are progressing implementation of improvements. They have undertaken work to engage with delivery partners on how the system may be improved in terms of the user experience, automation of data input, and system outputs. They have also worked closely with ADPs, services, and colleagues in the MAT Implementation Support Team (MIST), to incorporate aspects of MAT implementation reporting into the system, reducing duplication and the administrative data-entry burden. Local MAT evaluation and benchmarking will therefore become reliant on robust submission of data to the system.

**Drug and Alcohol Waiting Times**

45. The Local Delivery Plan (LDP) standard supports sustained performance in fast access to services and requires that 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.

46. Nobody will wait longer than 6 weeks to receive appropriate treatment. 100% compliance is expected from services delivering tier 3 and 4 drug and alcohol treatment in Scotland

47. Performance against the Standard will continue to be measured via the Drug and Alcohol Information System (DAISy). We will use this data to monitor areas who do not meet the target and consider necessary next steps to improve performance in each area and how we can support ADPs at a national level.

**Alcohol and Drugs Death Reviews**

48. ADPs are required to update and implement plans to carry out death reviews to help drive service improvements aimed at reducing deaths from alcohol and drugs. There are fewer alcohol death reviews carried out at present than drug death reviews. To help deliver on the Audit Scotland recommendation to increase focus on alcohol, ADPs are asked to enhance their alcohol death review process in 2025/26. ADPs should refer to the forthcoming guidance from Public Health Scotland 'Preventing substance related harms by case review, learning and action following a death' due for publication in Autumn 2025. and the Alcohol Deaths Review Guidance developed by Alcohol Focus Scotland: alcohol-deaths-reviews-practical-guidance-for-alcohol-and-drug-partnerships-and-public-health-teams.pdf

**Planning and Reporting Arrangements**

49. ADPs are our primary partner in the delivery of the National Mission and the Alcohol Framework and key to their success. Therefore, a clear commitment to monitoring and evaluation at the local level is vital.

50. We have stepped up our commitment to monitoring and evaluation to support the sharing of what works in different areas and with different communities. We commissioned Public Health Scotland to conduct an independent evaluation of the National Mission. ADPs have been engaged throughout this process (and directly through the ADP Coordinator Survey), and will continue to be essential in supporting the PHS evaluation and broader monitoring and research activity.

51. The annual progress report of the national mission will be published in Autumn 2025. This report will draw on data provided by ADPs and other sources and will set out

plans for evaluation going forward. It is therefore important that accurate data recording and reporting is prioritised by ADPs and the services they fund.

52. If you have any queries on the content of this letter, please contact: Drugsmissiondeliveryteam@gov.scot.

Yours sincerely

Laura Zeballos
Deputy Director, Drug Policy Division
Population Health Directorate

## Appendix 1: National Mission Outcomes framework

| Cross-Cutting Priorities | Reduce Deaths and Improve Lives | | | | | |
|---|---|---|---|---|---|---|
| Lived Experience at the Heart | **01** Fewer people develop problem drug use | **02** Risk is reduced for people who take harmful drugs | **03** People at most risk have access to treatment and recovery | **04** People receive high quality treatment and recovery services | **05** Quality of life is improved by addressing multiple disadvantage | **06** Children, families and communities affected by substance use are supported |
| Equalities and Human Rights | **a)** Young people receive evidence based, effective holistic interventions to prevent problem drug use | **a)** Overdoses are prevented from becoming fatal | **a)** People at high risk are proactively identified and offered support | **a)** People are supported to make informed decisions about treatment options | **a)** All needs are addressed through joined up, person centred services | **a)** Family members are empowered to support their loved one's recovery |
| Tackle Stigma | **b)** People have early access to support for emerging problem drug use | **b)** All people are offered evidence based harm reduction and advice | **b)** Effective pathways between justice and community services are established | **b)** Residential rehabilitation is available for all those who will benefit | **b)** Wider health and social care needs are addressed through informed, compassionate services | **b)** Family members are supported to achieve their own recovery |
| Surveillance and Data Informed | **c)** Supply of harmful drugs is reduced | | **c)** Effective Near-Fatal Overdose Pathways are established across Scotland | **c)** People are supported to remain in treatment for as long as requested | **c)** Advocacy is available to empower individuals | **c)** Communities are resilient and supportive |
| Resilient and Skilled Workforce | | | | **d)** People have the option to start medication- assisted treatment from the same day of presentation | | |
| Psychologically Informed | | | | **e)** People have access to high standard, evidence based, compassionate and quality assured treatment options | | |

## Appendix 2: In-Year Funding breakdown by ADP

| Funding stream | | MAT Standards | Stabilisation Fund | IA NRAC Share 25/26 | Additional National Mission uplift | Residential Rehab | Whole family Approach framework | Lived and Living Experience | "Other" Agenda for Change Uplift | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| Distribution Formula | | | Drug prevalence | | NRAC | NRAC | NRAC | NRAC | Per Health Board returns | |
| **NHS Board Name** | **National 2025/26 allocation** | **£10,313,775** | **£3,000,000** | | **£11,000,000** | **£5,000,000** | **£3,500,000** | **£500,000** | **£3,003,887** | **£36,317,662** |
| Ayrshire & Arran | East Ayrshire HSCP | £215,080 | £83,698 | 2.36% | £259,959 | £118,163 | £82,714 | £11,816 | £45,961 | **£817,391** |
| | North Ayrshire HSCP | £250,360 | £83,698 | 2.69% | £295,524 | £134,329 | £94,030 | £13,433 | £51,800 | **£923,174** |
| | South Ayrshire HSCP | £340,000 | £49,173 | 2.23% | £245,027 | £111,376 | £77,963 | £11,138 | £49,816 | **£884,493** |
| | NHS Ayrshire & Arran (programme management) | £67,000 | | | £0 | £0 | £0 | £0 | £3,980 | **£70,980** |
| Borders | Scottish Borders HSCP | £200,154 | £26,679 | 2.20% | £242,508 | £110,231 | £77,162 | £11,023 | £61,468 | **£729,225** |
| Dumfries & Galloway | Dumfries and Galloway HSCP | £269,206 | £57,542 | 2.96% | £325,297 | £147,862 | £103,504 | £14,786 | £85,454 | **£1,003,651** |
| Fife | Fife HSCP | £613,148 | £146,471 | 6.83% | £751,654 | £341,661 | £239,163 | £34,166 | £0 | **£2,126,263** |
| Forth Valley | Clackmannanshire and Stirling HSCP | £230,899 | £85,221 | 2.61% | £287,293 | £130,588 | £91,411 | £13,059 | £183,902 | **£1,022,373** |
| | Falkirk HSCP | £259,191 | £62,773 | 2.86% | £314,995 | £143,179 | £100,226 | £14,318 | £0 | **£894,682** |
| Grampian | Aberdeen City HSCP | £462,000 | £125,547 | 3.70% | £406,521 | £184,782 | £129,348 | £18,478 | £204,532 | **£1,531,208** |
| | Aberdeenshire HSCP | £436,600 | £62,773 | 4.34% | £477,894 | £217,225 | £152,057 | £21,722 | £220,710 | **£1,588,981** |
| | Moray HSCP | £154,319 | £14,124 | 1.67% | £183,900 | £83,591 | £58,514 | £8,359 | £87,793 | **£590,600** |
| Greater Glasgow & Clyde | East Dunbartonshire HSCP | £166,874 | £37,141 | 1.86% | £204,585 | £92,993 | £65,095 | £9,299 | £62,400 | **£638,387** |
| | East Renfrewshire HSCP | £172,622 | £41,850 | 1.59% | £174,827 | £79,467 | £55,627 | £7,947 | £30,074 | **£562,414** |
| | Glasgow City HSCP | £1,066,000 | £622,504 | 11.72% | £1,289,381 | £586,082 | £410,258 | £58,608 | £445,878 | **£4,478,711** |
| | Inverclyde HSCP | £212,767 | £78,467 | 1.62% | £178,519 | £81,145 | £56,801 | £8,114 | £89,820 | **£705,633** |
| | Renfrewshire HSCP | £305,726 | £141,240 | 3.45% | £379,562 | £172,528 | £120,770 | £17,253 | £103,834 | **£1,240,913** |
| | West Dunbartonshire HSCP | £158,000 | £57,542 | 1.79% | £196,900 | £89,500 | £62,650 | £8,950 | £64,493 | **£638,035** |
| | NHS Greater Glasgow & Clyde (programme management) | £132,000 | | | £0 | £0 | £0 | £0 | £0 | **£132,000** |
| Highland | Argyll and Bute HSCP | £171,171 | £29,294 | 1.91% | £209,561 | £95,255 | £66,679 | £9,526 | £0 | **£581,486** |
| | Highland HSCP | £422,129 | £73,236 | 4.77% | £524,747 | £238,521 | £166,965 | £23,852 | £0 | **£1,449,450** |
| Lanarkshire | North Lanarkshire HSCP | £570,866 | £188,320 | 6.40% | £703,687 | £319,858 | £223,900 | £31,986 | £0 | **£2,038,617** |
| | South Lanarkshire HSCP | £532,991 | £209,244 | 6.08% | £668,571 | £303,896 | £212,727 | £30,390 | £0 | **£1,957,819** |
| Lothian | East Lothian HSCP | £402,230 | £48,126 | 1.96% | £215,264 | £97,847 | £68,493 | £9,785 | £124,994 | **£966,739** |
| | Edinburgh HSCP | £753,003 | £313,867 | 8.26% | £908,791 | £413,087 | £289,161 | £41,309 | £413,741 | **£3,132,959** |
| | Midlothian HSCP | Included in East Lothian | £39,757 | 1.68% | £185,122 | £84,146 | £58,902 | £8,415 | £45,206 | **£421,548** |
| | West Lothian HSCP | £250,000 | £68,004 | 3.13% | £344,676 | £156,671 | £109,670 | £15,667 | £122,460 | **£1,067,148** |
| | NHS Lothian (Programme management) | £132,000 | | | £0 | £0 | £0 | £0 | £0 | **£132,000** |
| Orkney | Orkney Islands HSCP | £45,119 | £1,569 | 0.49% | £53,741 | £24,428 | £17,099 | £2,443 | £0 | **£144,399** |
| Shetland | Shetland Islands HSCP | £43,960 | £8,893 | 0.48% | £52,472 | £23,851 | £16,696 | £2,385 | £71,000 | **£219,257** |
| Tayside | Angus HSCP | £194,443 | £41,849 | 2.14% | £235,281 | £106,946 | £74,862 | £10,695 | £103,000 | **£767,076** |
| | Dundee City HSCP | £710,034 | £120,316 | 2.80% | £308,517 | £140,235 | £98,165 | £14,024 | £189,000 | **£1,580,291** |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Perth and Kinross HSCP | £247,718 | £78,467 | 2.76% | £303,997 | £138,180 | £96,726 | £13,818 | £127,000 | **£1,005,906** |
| | NHS Tayside (programme management) | £66,000 | | | £0 | £0 | £0 | £0 | £0 | **£66,000** |
| Western Isles | Western Isles HSCP | £60,165 | £2,615 | 0.65% | £71,227 | £32,376 | £22,663 | £3,238 | £15,570 | **£207,854** |

**Notes**

All funding is distributed by NRAC with the exception of MAT Standards (Adjusted NRAC), Stabilisation Fund (based on prevalence of problem drug use) and "Other" Agenda for Change Uplift (allocation based on Health Board returns).

MAT standards funding excludes £397k which is distributed direct to Health Boards for Board level project management in Ayrshire and Arran, Greater Glasgow and Clyde, Lothian and Tayside.

## Appendix 3: Total Funding breakdown by Health Board

| Funding stream | NHS Board Baseline Contribution | MAT Standards | Stabilisation Fund | NRAC Share 25/26 | Additional National Mission uplift | Residential Rehab | Whole family Approach framework | Lived and Living Experience | "Other" Agenda for Change uplift | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| **Distribution formula** | **Amount Baselined** | | **Drug Prevalence** | | **NRAC** | **NRAC** | **NRAC** | **NRAC** | **Per Health Board returns** | |
| **National 2025/26 allocation** | **£78,933,956** | **£10,313,775** | **£3,000,000** | | **£11,000,000** | **£5,000,000** | **£3,500,000** | **£500,000** | **£3,003,887** | **£115,251,617** |
| Ayrshire & Arran | £5,291,169 | £872,440 | £216,569 | 7.28% | £800,511 | £363,869 | £254,708 | £36,387 | £151,557 | **£7,987,209** |
| Borders | £1,609,476 | £200,154 | £26,679 | 2.20% | £242,508 | £110,231 | £77,162 | £11,023 | £61,468 | **£2,338,700** |
| Dumfries & Galloway | £2,240,338 | £269,206 | £57,542 | 2.96% | £325,297 | £147,862 | £103,504 | £14,786 | £85,454 | **£3,243,988** |
| Fife | £5,147,763 | £613,148 | £146,471 | 6.83% | £751,654 | £341,661 | £239,163 | £34,166 | £0 | **£7,274,025** |
| Forth Valley | £3,986,359 | £490,090 | £147,994 | 5.48% | £602,288 | £273,767 | £191,637 | £27,377 | £183,902 | **£5,903,413** |
| Grampian | £6,955,698 | £1,052,919 | £202,444 | 9.71% | £1,068,315 | £485,598 | £339,919 | £48,560 | £513,035 | **£10,666,488** |
| Greater Glasgow & Clyde | £20,283,474 | £2,213,989 | £978,744 | 22.03% | £2,423,775 | £1,101,716 | £771,201 | £110,172 | £796,500 | **£28,679,569** |
| Highland | £4,398,097 | £593,300 | £102,530 | 6.68% | £734,308 | £333,776 | £233,643 | £33,378 | £0 | **£6,429,032** |
| Lanarkshire | £8,250,572 | £1,103,857 | £397,564 | 12.48% | £1,372,258 | £623,753 | £436,627 | £62,375 | £0 | **£12,247,007** |
| Lothian | £12,743,011 | £1,537,233 | £469,754 | 15.04% | £1,653,853 | £751,751 | £526,226 | £75,175 | £706,401 | **£18,463,404** |
| Orkney | £569,043 | £45,119 | £1,569 | 0.49% | £53,741 | £24,428 | £17,099 | £2,443 | £0 | **£713,442** |
| Shetland | £605,025 | £43,960 | £8,893 | 0.48% | £52,472 | £23,851 | £16,696 | £2,385 | £71,000 | **£824,282** |
| Tayside | £6,150,171 | £1,218,195 | £240,632 | 7.71% | £847,795 | £385,361 | £269,753 | £38,536 | £419,000 | **£9,569,444** |
| Western Isles | £703,760 | £60,165 | £2,615 | 0.65% | £71,227 | £32,376 | £22,663 | £3,238 | £15,570 | **£911,613** |

**Notes**
All funding is distributed by NRAC with the exception of MAT Standards (Adjusted NRAC), Stabilisation Fund (based on prevalence of problem drug use) and "Other" Agenda for Change Uplift (allocation based on Health Board returns).
Baseline allocation includes 2023/24 recurring allocation for Programme for Government (£17 million),2024/25 PfG Agenda for Change uplift (£2 million) and 3% increase on 2024/25 baseline added to Boards' baseline budgets.

## Appendix 4: June 2025 Board Allocation by Integration Authority and Health Board

| Funding stream | | Total Funding Available | Tranche 1 Allocation | "Other" Agenda for Change Uplift | Health Board Total June 2025 Allocation |
|---|---|---|---|---|---|
| Distribution Formula | | | 80% of funding available | Per Health Board returns | |
| **NHS Board Name** | **National 2024/25 allocation** | **£33,313,775** | **£26,651,020** | **£3,003,887** | **£29,654,907** |
| Ayrshire & Arran | East Ayrshire HSCP | £771,430 | £617,144 | £45,961 | £2,187,142 |
| | North Ayrshire HSCP | £871,374 | £697,099 | £51,800 | |
| | South Ayrshire HSCP | £834,677 | £667,742 | £49,816 | |
| | NHS Ayrshire & Arran (programme management) | £67,000 | £53,600 | £3,980 | |
| Borders | Scottish Borders HSCP | £667,757 | £534,206 | £61,468 | £595,674 |
| Dumfries & Galloway | Dumfries and Galloway HSCP | £918,197 | £734,558 | £85,454 | £820,012 |
| Fife | Fife HSCP | £2,126,263 | £1,701,010 | £0 | £1,701,010 |
| Forth Valley | Clackmannanshire and Stirling HSCP | £838,471 | £670,777 | £183,902 | £1,570,424 |
| | Falkirk HSCP | £894,682 | £715,746 | £0 | |
| Grampian | Aberdeen City HSCP | £1,326,676 | £1,061,341 | £204,532 | £3,071,238 |
| | Aberdeenshire HSCP | £1,368,271 | £1,094,617 | £220,710 | |
| | Moray HSCP | £502,807 | £402,246 | £87,793 | |
| Greater Glasgow & Clyde | East Dunbartonshire HSCP | £575,987 | £460,790 | £62,400 | £6,876,175 |
| | East Renfrewshire HSCP | £532,340 | £425,872 | £30,074 | |
| | Glasgow City HSCP | £4,032,833 | £3,226,266 | £445,878 | |
| | Inverclyde HSCP | £615,813 | £492,650 | £89,820 | |
| | Renfrewshire HSCP | £1,137,079 | £909,663 | £103,834 | |
| | West Dunbartonshire HSCP | £573,542 | £458,834 | £64,493 | |
| | NHS Greater Glasgow & Clyde (programme management) | £132,000 | £105,600 | £0 | |
| Highland | Argyll and Bute HSCP | £581,486 | £465,189 | £0 | £1,624,749 |
| | Highland HSCP | £1,449,450 | £1,159,560 | £0 | |
| Lanarkshire | North Lanarkshire HSCP | £2,038,617 | £1,630,894 | £0 | £3,197,149 |
| | South Lanarkshire HSCP | £1,957,819 | £1,566,255 | £0 | |
| Lothian | East Lothian HSCP | £841,745 | £673,396 | £124,994 | £4,717,595 |
| | Edinburgh HSCP | £2,719,218 | £2,175,374 | £413,741 | |
| | Midlothian HSCP | £376,342 | £301,074 | £45,206 | |
| | West Lothian HSCP | £944,688 | £755,750 | £122,460 | |
| | NHS Lothian (Programme management) | £132,000 | £105,600 | £0 | |
| Orkney | Orkney Islands HSCP | £144,399 | £115,519 | £0 | £115,519 |
| Shetland | Shetland Islands HSCP | £148,257 | £118,606 | £71,000 | £189,606 |
| Tayside | Angus HSCP | £664,076 | £531,261 | £103,000 | £2,819,218 |
| | Dundee City HSCP | £1,391,291 | £1,113,033 | £189,000 | |
| | Perth and Kinross HSCP | £878,906 | £703,125 | £127,000 | |
| | NHS Tayside (programme management) | £66,000 | £52,800 | £0 | |
| Western Isles | Western Isles HSCP | £192,284 | £153,827 | £15,570 | £169,397 |

*Tranche 1 Allocation based on 80% of the available in year funding (£33.3m) plus Agenda for Change Uplift (£3m) which is being issued in full. (i.e. 80% x £33.3m).

**Population Health Directorate**
Drug Policy Division
E: Drugsmissiondeliveryteam@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

Integration Authority Chief Finance Officers

Copies to:
ADP Co-ordinators
ADP Chairs
Integration Authority Chief Officers
NHS Chief Finance Officers

26 August 2025

Dear Chief Finance Officers,

**SUPPORTING THE DELIVERY OF ALCOHOL AND DRUG SERVICES: 2025-26 FUNDING ALLOCATION, AND MINISTERIAL PRIORITIES – TRANCHE 2 ALLOCATION**

1. We are writing to follow up on our letter of 9 July 2025 and to provide an update on the second tranche of 2025/26 allocations for Alcohol and Drug Partnerships (ADPs) which has now been issued.

2. Following the request of the Chief Finance Officers, tranche 2 funding was brought forward to support financial planning activities in local areas.

**Available Resources**

3. As noted in the 9 July letter, the funding made available to ADPs in 2025/26 is £115.2 million, inclusive of £78.9 million baseline contribution, £3 million Agenda for Change uplift plus £33.3 million available for in year allocation from the drug and alcohol policy budget and National Mission budget.

4. We previously communicated that Integration Authorities would be expected to draw down existing reserve balances in the first instance before accessing new funding, to avoid a build up being carried forward into future financial years.

5. The initial tranche of in year allocations was issued in July 2025, totalling £29.6 million. This allocation was based on “Other” Agenda for Change uplift (£3m) plus 80% (£26.6 million) of the remaining £33.3 million available for in year allocation.

6. Programme for Government funding (£17m) and associated Agenda for Change (£2m) was allocated on a recurring basis and has now been baselined.

**Methodology for Tranche Two Allocation**

7. Second tranche allocations were subject to supporting data and evidence regarding additional ADP funding required in 2025/26. Following the request to expedite tranche 2 allocation we requested information confirming latest spend incurred, forecast spend and reserves balances, with returns due back by 1st August 2025. This informed tranche 2 allocations, and final allocations (contained in **Annex A**) have been tapered to match forecast spend, taking into account any in-year slippage that is expected to arise and carry forward reserve balances earmarked for future commitments.

8. IA areas that submitted a bi-annual financial return, indicating that a tranche 2 was required, should now be in receipt of one, however if you have any queries with your allocation do get in touch.

9. We communicated in the letter dated 9 July 2025 that SG are unable to roll forward any underspends from 2025/26 therefore the funding set out in the table and associated appendices in that letter is the **maximum** available to be allocated in-year and will be allocated in full where forecasts reasonably demonstrate that funding can be spent.

**Scope of ADP funding**

10. For 2025/26, ADP funding should continue to be used to deliver the priority services set out in the 9 July letter. The funding must be delegated in its entirety to IAs for the purposes set out in that letter. The National Mission uplift element is considered an earmarked recurring allocation which we will look to baseline in future years. The specific programme funding is currently considered non-recurring while we continue to review the next steps on each of these programmes.

11. I look forward to working with you as we continue to drive forward on delivering the outcomes set out in the National Mission Outcomes Framework, to reduce deaths and improve lives.

Yours sincerely

Richard Foggo
Director, Population Health Directorate

**Annex A: ADP Tranche 2 Allocation by Health Board and Integration Authority**

| NHS Board Name | Integrated Authority Name | ADP Tranche 1 Allocation (IA) | ADP Tranche 1 Allocation (Board) | ADP Tranche 2 Allocation (IA) | ADP Tranche 2 Allocation (Board) |
|---|---|---|---|---|---|
| **TOTAL** | | **£29,654,908** | **£29,654,908** | **£6,569,661** | **£6,569,661** |
| Ayrshire & Arran | East Ayrshire HSCP | £663,105 | **£2,187,142** | £154,286 | **£508,896** |
| | North Ayrshire HSCP | £748,899 | | £174,275 | |
| | South Ayrshire HSCP | £717,558 | | £166,935 | |
| | NHS Ayrshire & Arran (programme management) | £57,580 | | £13,400 | |
| Borders | Scottish Borders HSCP | £595,674 | **£595,674** | £133,551 | **£133,551** |
| Dumfries & Galloway | Dumfries and Galloway HSCP | £820,012 | **£820,012** | £183,639 | **£183,639** |
| Fife | Fife HSCP | £1,701,010 | **£1,701,010** | £425,252 | **£425,252** |
| Forth Valley | Clackmannanshire and Stirling HSCP | £854,679 | **£1,570,424** | £74,604 | **£253,540** |
| | Falkirk HSCP | £715,746 | | £178,936 | |
| Grampian | Aberdeen City HSCP | £1,265,873 | **£3,071,238** | £265,335 | **£639,550** |
| | Aberdeenshire HSCP | £1,315,327 | | £273,654 | |
| | Moray HSCP | £490,039 | | £100,561 | |
| Greater Glasgow & Clyde | East Dunbartonshire HSCP | £523,189 | **£6,876,175** | £115,198 | **£1,519,920** |
| | East Renfrewshire HSCP | £455,946 | | £106,468 | |
| | Glasgow City HSCP | £3,672,144 | | £806,567 | |
| | Inverclyde HSCP | £582,471 | | £123,163 | |
| | Renfrewshire HSCP | £1,013,497 | | £227,416 | |
| | West Dunbartonshire HSCP | £523,327 | | £114,708 | |
| | NHS Greater Glasgow & Clyde (programme management) | £105,600 | | £26,400 | |
| Highland | Argyll and Bute HSCP | £465,189 | **£1,624,749** | £116,297 | **£406,187** |
| | Highland HSCP | £1,159,560 | | £289,890 | |
| Lanarkshire | North Lanarkshire HSCP | £1,630,894 | **£3,197,149** | £407,723 | **£799,287** |
| | South Lanarkshire HSCP | £1,566,255 | | £391,564 | |
| Lothian | East Lothian HSCP | £798,390 | **£4,717,595** | £168,349 | **£1,002,797** |

| | | | | | |
|---|---|---|---|---|---|
| | Edinburgh HSCP | £2,589,115 | | £543,843 | |
| | Midlothian HSCP | £346,280 | | £75,268 | |
| | West Lothian HSCP | £878,210 | | £188,937 | |
| | NHS Lothian (Programme management) | £105,600 | | £26,400 | |
| Orkney | Orkney Islands HSCP | £115,519 | **£115,519** | £28,880 | **£28,880** |
| Shetland | Shetland Islands HSCP | £189,606 | **£189,606** | £29,651 | **£29,651** |
| Tayside | Angus HSCP | £634,261 | **£2,819,218** | £132,815 | **£600,054** |
| | Dundee City HSCP | £1,302,033 | | £278,258 | |
| | Perth and Kinross HSCP | £830,125 | | £175,781 | |
| | NHS Tayside (programme management) | £52,800 | | £13,200 | |
| Western Isles | Western Isles HSCP | £169,397 | **£169,397** | £38,457 | **£38,457** |

| Funding Stream | MAT | Stabilisation Fund | Additional National | Residential Rehab | Whole family Approach framework | Lived and Living Experience | "Other" Agenda for Change Uplift | Total |
|---|---|---|---|---|---|---|---|---|
| Distribution Formula | | Drug prevalence | NRAC | NRAC | NRAC | NRAC | Per Health | |
| **West Dunbartonshire HSCP 25/26 SG ADP Allocations** | **£158,000** | **£57,542** | **£196,900** | **£89,500** | **£62,650** | **£8,950** | **£64,493** | **£638,035** |
| | | | | | | | | |
| **Committed/Proposed Expenditure:** | | | | | | | | |
| ANP x 2 & 1.0wte CBT Therapist including AFC Uplift | 158,000 | | | | | | 64,493 | **222,493** |
| TPS Contract for Assertive Outreach & NFO | | | 233,600 | | | | | **233,600** |
| Advocacy funding top-up | | | 9,000 | | | | | **9,000** |
| Residential Rehab arrangements TBC | | | | 89,500 | | | | **89,500** |
| ADP Website | | | 16,590 | | | | | **16,590** |
| Recovery Community and Lived Experience expenditure consolidated | | | | | | 25,950 | | **25,950** |
| SFAD Routes Funding | | | | | 103,823 | | | **103,823** |
| Early Intervention and Prevention Youth Services | | | 200,000 | | | | | **200,000** |
| | | | | | | | | **0** |
| Stabilisation Fund (Previously Navigator & Arrest Referral Pilots). New commitment - Board Wide Prison Health Care Harm Reduction Service | | 10,480 | | | | | | **10,480** |
| Mobile Harm Reduction Bus Lease and staff costs | | | 51,464 | | | | | **51,464** |
| Data Analyst (12 month contract extension 50% funding of 1.0wte) | | | 28,100 | | | | | **28,100** |
| | | | | | | | | **0** |
| **Total Committed and Proposed Expenditure** | **158,000** | **10,480** | **538,754** | **89,500** | **103,823** | **25,950** | **64,493** | **991,000** |
| | | | | | | | | |
| **Excess/Shortfall** | **0** | **47,062** | **-341,854** | **0** | **-41,173** | **-17,000** | **0** | **-352,965** |
| | | | | | | | | |
| **Other Funding Sources:** | | | | | | | | |
| Core Recurring Recovery Group allocation (HSCP Social Care budget) | | | | | | 17,000 | | **17,000** |
| Corra Grant Funding (25/26 allocation claimed) | | | 97,000 | | | | | **97,000** |
| | | | | | | | | **0** |
| **Total Other Funding Available** | **0** | **0** | **97,000** | **0** | **0** | **17,000** | **0** | **114,000** |
| | | | | | | | | |
| **Revised Excess/Shortfall** | **0** | **47,062** | **-244,854** | **0** | **-41,173** | **0** | **0** | **-238,965** |
| | | | | | | | | |
| **Proposed Drawdown/Additions from ADP Earmarked Reserves** | **0** | **-47,062** | **244,854** | **0** | **41,173** | | **0** | **238,965** |
| | | | | | | | | |

| | |
|---|---|
| ADP Earmarked Reserves Opening Balance 2025/26 | £386,000 |
| **Total Earmarked Reserves** | **£386,000** |
| | |
| **Proposed in year Drawdowns:** | |
| ADP Earmarked Reserves Drawdown/Additions | -238,965 |
| **Total Proposed Reserves Drawdown** | **-238,965** |
| | |
| **Revised Earmarked Reserves Available:** | **£147,035** *Earmarked for future year commitments, including remainder of TPS contract term, (subject to confirmation of additional ADP SG funding beyond current financial year). |

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

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

**25 November 2025**

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**Subject: Addiction Services Tender Award**

## 1. Purpose

**1.1** The purpose of this report is to update the HSCP Board following the award of the Addictions Services contract to 'We Are With You'.

## 2. Recommendations

**2.1** The HSCP Board are asked to note the content of this report.

## 3. Background

**3.1** Proposals were accepted by West Dunbartonshire HSCP Board on 24 March 2025 (Supplementary Document Pack ADD02, Appendix 6 Page 302) to reduce the budgeted spend on commissioned Addiction Services by 20%, review current services (both statutory and Third Sector) and develop a sustainable model for future service delivery and tender the service. Full details can be found by clicking on the following link: Supplementary Agenda - HSCP Board - 24 March 2025

**3.2** Details of the current contractual position and new contract value were contained within Appendix 1 of the Procurement of Commissioned Services Report submitted to HSCP Board on 27 May 2025. The HSCP Board approved for the contract award to be delegated to the Chief Officer (section 2.3), with a report being brought back to HSCP Board for noting after award. Details of the paper can be found by clicking on the following link and scrolling to page 109: http://www.wdhscp.org.uk/about-us/health-and-social-partnership-board/health-and-social-care-partnership-board-meeting-papers/

**3.3** This procurement exercise has been conducted in accordance with the Council's Standing Orders and Financial Regulations and the Public Procurement Regulations for Services. A Contract Strategy document was also approved on 17 July 2025.

**3.4** The Corporate Procurement Unit (CPU) published a Prior Information Notice on the Public Contract Scotland portal in April 2025 inviting providers to a forum to discuss Addiction Services provided within the area. The event took place on 25 April 2025 with ten providers attending. A further forum took place on 6 May 2025 which was attended by eight providers.

**3.5** A contract notice was published on the Public Contracts Scotland advertising portal and the Find a Tender Service on 24 July 2025.

## 4. Main Issues

**4.1** Twelve potential bidders expressed an interest, with four bidders submitting a response by the deadline of 21 August 2025.

**4.2** The four tender submissions were evaluated by representatives from the Health and Social Care Partnership, Alcohol and Drug Partnership and Corporate Procurement Unit against pre-determined selection criteria forming part of the published tender documents which assessed competence, experience, and capacity. Four tender submissions passed the selection criteria.

**4.3** Four tender submissions were evaluated against a set of award criteria which was based on Price / Quality ratio of 5% / 95%. The full tender evaluation scores are noted below:

| **Bidder** | **Score** |
|---|---|
| We Are With You *(Preferred Bidder)* | 99.92% |
| Alternatives | 94.27% |
| Blue Triangle | 69.90% |
| Dumbarton Area Council on Alcohol | 44.6% |

**4.4** A Delegated Authority Contract Authorisation Report was signed on 5 September 2025 on behalf of the HSCP and West Dunbartonshire Council. Four tender submissions were evaluated against a set of award criteria which was based on Price / Quality ratio of 5% / 95%. The scores relating to the award criteria for each tender are noted below:

| | Weighting | We Are With You | Alternatives | Blue Triangle | DACA |
|---|---|---|---|---|---|
| **Quality (95%)** | | | | | |
| Methodology | **(28.5%)** | 28.5% | 28.5% | 14.25% | 14.25% |
| Implementation Plan | **(28.5)** | 28.5% | 28.5% | 28.5% | 14.25% |
| Quality Assurance | **(11.85%)** | 11.85% | 8.89% | 5.93% | 2.96% |
| Stakeholder Relationships | **(11.85%)** | 11.85% | 11.85% | 5.93% | 2.96% |
| Staff Learning and Development | **(5%)** | 5% | 5% | 5% | 2.5% |
| Staff Wellbeing | **(5%)** | 5% | 3.75% | 2.5% | 1.25% |
| Innovation and Technology | **(2.9%)** | 2.9% | 1.45% | 2.18% | 0.73% |
| Added Value | **(1.4%)** | 1.4% | 1.4% | 0.70% | 0.70% |
| **Quality Sub-Total %:** | **(95%)** | **95%** | **89.34%** | **64.98%** | **39.60%** |
| **Price (5%)** | | | | | |
| **Price Sub Total £** | - | £2,973,115 | £2,969,723 | £2,971,927 | £2,926,231 |
| **Price Sub Total %** | **(5%)** | 4.92% | 4.93% | 4.92% | 5% |
| **Total Score** | **(100%)** | **99.92%** | **94.27%** | **69.90%** | **44.60%** |

**4.5** In line with Regulation 86 of the Public Contracts (Scotland) Regulations 2015, a 10-day Standstill Period took place following the date bidders were made aware of their score and who the preferred bidder was. The Standstill Period ended on 18 September 2025.

**4.6** The contract was awarded to 'We Are With You' who has provided the most economically advantageous tender. The contract shall be for a period of five years with no option to extend and at a value of £2,973,115 inclusive of VAT.

**4.7** 'We Are With You' has committed to paying all staff as a minimum the real Living Wage (£12.60 per hour) and promotes Fair Working Practices across their organisation.

## 5 People Implications

**5.1** There are TUPE implications within this contract and relevant anonymised

information was provided within the tender documents to allow the inclusion of costs within the tenderer's bids.

**5.2** A transfer of service users will be required, which presents implications which will be proactively managed to ensure safe, effective person-centered continuity of care

## 6 Financial and Procurement Implications

**6.1** Financial costs in respect of this contract will be met by the approved Alcohol and Drug Partnership budget of West Dunbartonshire Health and Social Care Partnership.

**6.2** This procurement exercise was conducted in accordance with the agreed Contract Strategy produced by the Corporate Procurement Unit in close consultation with West Dunbartonshire Health and Social Care Partnership officers and the provisions of Contract Standing Orders, Financial Regulations and Public Procurement Regulations.

## 7 Risk Analysis

**7.1** Full due diligence was undertaken as part of the tender evaluation process which included a financial sustainability check.

**7.2** 'We Are With You' has no known links to Serious and Organised Crime which would have significant political and reputational ramifications for the Council.

## 8 Equalities Impact Assessment (EIA)

**8.1** An equalities screening was undertaken for this report to determine if there is an equalities impact. The results were there are no negative equalities impacts and there is a positive impact with Health.

## 9 Environmental Sustainability

**9.1** Not required for this report.

## 10 Consultation

**10.1** Consultation has taken place with West Dunbartonshire Health and Social Care Partnership, the Alcohol and Drug Partnership, West Dunbartonshire Procurement Services, Legal Services and the HSCP Chief Finance Officer.

## 11 Strategic Assessment

**11.1** The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2023 – 26 priorities are:

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

**11.2** The Provision of Addiction Services will contribute to the delivery of the West Dunbartonshire Health and Social Care Partnership strategic priorities as noted above.

## 13. Directions

**13.1** Not required for this report.

**Name:** Margaret-Jane Cardno
**Designation:** Head of Strategy and Transformation
**Date:** 5 November 2025

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**Person to Contact:** Neil McKechnie
Contracts, Commissioning & Quality Manager
West Dunbartonshire HSCP
Hartfield Clinic
Latta Street, Dumbarton, G82 2DS
Email: Neil.McKechnie@west-dunbarton.gov.uk

**Appendices:** None

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

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

**25 November 2025**

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**Subject: Short Break Statement**

## 1 Purpose

**1.1** The purpose of this report is to secure HSCP Board approval for the Short Break Statement.

## 2 Recommendations

**2.1** It is recommended that the HSCP Board approve the Short Break Statement (Appendix I) for publication.

## 3 Background

**3.1** On the 30 September 2025 the HSCP Board approved the Adult Carer Assessment and Support Plan (ACASP) Process and the Short Breaks Process Review.

**3.2** The Carers (Scotland) Act 2016 requires local authorities to publish a Short Break Services Statement. This legislation mandates that local authorities must prepare and publish a statement outlining the short break services available to carers and the people they care for.

## 4 Main Issues

**4.1** The Short Break Statement is designed to:

- Inform carers about the types of short breaks available;
- Explain how to access these services;
- Support carers' wellbeing by helping them take regular and meaningful breaks from their caring responsibilities;
- Promote choice and control, allowing carers to select the type of break that best suits their needs and circumstances.

**4.2** Shared Care Scotland, define a short break as: “Any form of service or assistance which enables carers to have sufficient and regular periods away from their caring routines or responsibilities.”

**4.3** These breaks can include time away with the person they care for; overnight care for the cared-for person away from home; or in-home support provided by a care provider.

**4.4** Short Breaks are extremely important and are essential, for amongst other reasons: maintaining the health and wellbeing of carers; sustaining caring relationships; preventing burnout and promoting resilience; and improving outcomes for both carers and those they care for.

## 5 Options Appraisal

**5.1** The recommendation within this report does not require an options appraisal.

## 6 People Implications

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

**6.2** The Short Break Services Statement positively impacts unpaid carers by improving awareness of available support, empowering them with choice and control over the type of breaks they can access, and promoting their mental and physical wellbeing. It helps carers sustain their caring roles by offering clear guidance on how to take meaningful time off, reducing stress and preventing burnout. Developed in partnership with carers, the statement ensures services are relevant, inclusive, and accessible, ultimately enhancing carers' quality of life and supporting more sustainable caring relationships.

## 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** The Carers (Scotland) Act 2016 requires each local authority to prepare, publish, and review a Short Break Statement. While the Act does not specify a fixed review interval, good practice is to review the statement regularly, often every 2–3 years, or sooner if significant feedback or changes in services occur.

**8.2** Although the local authority is meeting is statutory duties, in that a Short Break Statement has been published, this has not been reviewed since 2018.

**8.3** Should the HSCP not publish an updated Short Break Statement the risk is that unpaid carers are not provided with information, which is accurate, relevant, and reflective of carers' evolving needs empowering Carers to effectively sustain their caring relationships.

## 9 Equalities Impact Assessment (EIA)

**9.1** A full EIA was undertaken to support the Adult Carer Assessment and Support Plan (ACASP) Process and the Short Breaks Process Review agreed by the HSCP Board on the 30 September 2025. A link to these papers can be found the background papers section at the end of this report.

## 10 Environmental Sustainability

**10.1** A Strategic Environmental Assessment (SEA) is not required for this report.

## 11 Consultation

**11.1** The Senior Management Team, Chief Financial Officer, Monitoring Solicitor, and unpaid carers have been consulted in the preparation of this report.

## 12 Strategic Assessment

**12.1** The Short Break Statement is aligned to the strategic outcomes and priorities of the HSCP strategic plan, Improving Lives Together 2023-2026, including the strategic priority, "We will provide better support to unpaid carers", and the strategic priority, "we will undertake whole-pathway reviews, ensuring coordination and equity of access to services" within the 'Caring Communities' strategic priorities area.

## 13 Directions

**13.1** The recommendations within this report require a direction to be issued to the Chief Executive of West Dunbartonshire Council. This can be found in Appendix II of this report.

**Margaret-Jane Cardno**
Head of Strategy and Transformation
11 November 2025

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| | |
|---|---|
| **Person to Contact:** | Margaret-Jane Cardno<br>Head of Strategy and Transformation<br>margaret-jane.cardno@west-dunbarton.gov.uk |
| **Appendices:** | Appendix I: Short Break Statement<br>Appendix II: Direction (Ref HSCPB000087MJC25112025) |
| **Background Papers:** | Refer to Item (7) - Adult Carer Assessment and Support Plan (ACASP) Process & Short Break Process Review |

West Dunbartonshire
Health & Social Care Partnership

# Short Breaks Services Statement

Revised October 2025

# Table of Contents

# What carers should know about short breaks

West Dunbartonshire Health and Social Care Partnership wants every carer to feel supported, informed, and empowered. By "carer" we mean those who are looking after a relative or friend at home and are not paid for the support that they provide.
Here's what we want carers to know about short breaks:

❖ Short breaks are available to help carers take time away from their caring role.
❖ Breaks can be short or longer, depending on what works best for each individual carer.
❖ The break should suit the carer's needs and their circumstances.
❖ Short breaks can benefit both the carer and the person they care for by offering rest and a change of routine
❖ Carers will not be charged for taking a short break
❖ Support is available to help carer find the suitable break – they don't need to do it alone.

We support carers in exploring their options and ensuring that their caring responsibilities are balanced with the appropriate support they are entitled to.

# Why do we have a Short Breaks Statement?

**The law in Scotland is called the Carers (Scotland) Act 2016 and it states that every local authority must write and share a Short Breaks Services Statement (SBSS)**

**This statement helps carers and those that they are caring for understand:**
**✓ What short breaks are**
**✓ Who can get a short break**
**✓ What short break opportunities and services are available in West Dunbartonshire**
**✓ How to access short breaks**
**✓ Where to find further information, advice and guidance around short breaks**

**To ensure that a diverse range of perspectives and lived experiences are meaningfully represented, our SBSS was developed collaboratively by the West Dunbartonshire HSCP, Carers of West Dunbartonshire, and carers from across the local area.**

## WHAT DOES THE SHORT BREAKS STATEMENT DO?

**West Dunbartonshire HSCP is committed to ensuring carers feel supported, valued and informed. Through the Short Breaks Services Statement, we aim to empower carers to access the right support at the right time, enhancing wellbeing for both carers and those they care for. The SBSS provides carers with clear, accessible information to help them make informed choices and find the right break to suit their individual needs.**

*"It took me a while to realise how much I needed a break – I felt really guilty about about it. But it helps me cope with looking after mum". (a local carer)*

# What is a short break?

**Shared Care Scotland describes a short break as:** ***"Any form of service or assistance which enables carers to have sufficient and regular periods away from their caring routines or responsibilities. It is designed to support the caring relationship and promote the health and wellbeing of the carer, the supported person, and other family members that are affected by the caring situation"***

Short breaks were previously referred to as respite, but the term "short break" is now more widely used, as it better reflects the flexibility and personalised nature of this type of support.

Caring for a relative or friend can be demanding both physically and mentally. Getting a break is therefore a vital part of sustaining caring relationships and promoting wellbeing for both the carer and the person that they are looking after.

Breaks can vary in length—from a few hours during the day to overnight stays— and should be tailored to suit each carer's individual circumstances.

The aim of the break is to provide carers with meaningful time to rest, recharge, and/or pursue personal interests, while ensuring the person they care for continues to receive the support that they need. There are several ways that short breaks can be arranged, these include:

✓ The cared-for person may be looked after and supported away from home, including overnight stays to give the carer a break.

✓ A care provider may provide support within the home, allowing the carer to take time out – this is generally referred to as **replacement care.**

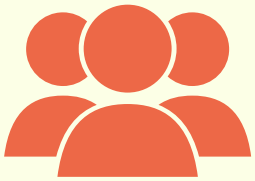
✓ Alternatively, the carer and the cared-for person may choose to go away together, enjoying a change of environment and shared experience.

# Every caring experience is unique

We understand that no two caring experiences are the same and that each carer's situation is shaped by their own circumstances, relationships, and the needs of the person they care for. We therefore recognise that carers can be impacted very differently.

- Some carers provide support for a short or limited period of time.
- Some care for many hours every week.
- Some are managing work alongside their caring responsibilities.
- Some care for more than one person.
- The carer may or may not live with the person they care for.

Most carers step into their caring role because they have an emotional connection and concern for someone close to them—typically this will be family member, friend, or neighbour. The kind of break they need will depend on their own life, responsibilities, and what matters most to them. Recognising this diversity is key to ensuring carers can access the right support, at the right time, in a way that works for them.

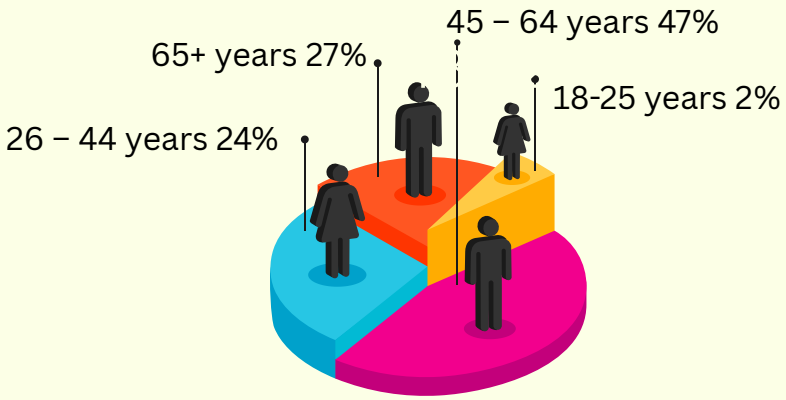


In 2024/25, Carers of West Dunbartonshire supported:

✓ 1513 female carers

✓ 646 male carers

✓ 3 transgender carers




Ethnicity

97% white

3% BME

65% of carers supported in 24/25 live with the person they are caring for

*Data provided by Carers of West Dunbartonshire*

# Who can get a short break?

**West Dunbartonshire HSCP uses eligibility criteria, a framework that was created by the National Carers Organisations. This helps us ensure that those who need it are getting access to the right type and level of support.**

We do this by preparing an Adult Carers Support Plan (ACASP) or Young Carers Statement (YCS), in West Dunbartonshire the first point of contact for an ACASP is **Carers of West Dunbartonshire** and **Y Sort It** for a YCS.

Developing the carer's support plan entails having a good conversation with the carer about what their caring role involves and how it is impacting various aspects of their life.

The assessment and support plan will help identify the carer's desired outcomes, including whether a short break would support them in achieving these goals. The level of support they will be able to access is based on their individual level of need.

This approach ensures that support is tailored and proportionate, helping carers access the right help at the right time. It also promotes fairness and transparency in decision-making, while recognising the unique circumstances of each caring relationship.

As part of the support planning process, we will consider:
1. The carer's current circumstances and the pressures of their caring role(s).
2. What are the outcomes that matter to the carer and how could these be realised.
3. Whether these outcomes could be met through existing resources and universal services.
4. If a Self-directed Support (SDS) budget may be required – there is more information about what SDS is on page 08.

More information can be found on the West Dunbartonshire HSCP website - www.wdhscp.org.uk

## THE RIGHT TO A BREAK

**In the summer of 2025, the Care Reform (Scotland) Act was passed. The Act demonstrates a meaningful step forward in ensuring that carers are afforded the opportunity to take necessary breaks from their caring responsibilities and in ensuring that they are supported to look after their own wellbeing.**

**We await the publication of statutory guidance and further detail regarding the funding arrangements for the newly established Right to a Break. However, West Dunbartonshire Health and Social Care Partnership remains firmly committed to working with its partners to ensure that carers are supported and that this right is implemented in a way that is meaningful, accessible, and responsive to carers' needs**

# Self-directed Support

Self-Directed Support (SDS) is a way of giving people more choice and control over the support they receive. It allows individuals—including unpaid carers—to decide how their support is provided and who delivers it.

## HOW SDS WORKS FOR CARERS

If you're an unpaid carer and have an Adult Carer Support Plan or Young Carer Statement, you may be eligible for a personal budget through SDS. This budget is provided by the HSCP and is based on the impact caring is having on you. It is measured against our eligibility criteria and is linked to the outcomes that are identified in the carer support plan.

## THERE ARE FOUR SDS OPTIONS:

1. Direct Payment – The individual receives a budget and is responsible for arranging their own support.
2. Individual Service Fund – The budget is managed by a provider or the HSCP but the individual can choose how it is used.
3. Local Authority Arranged Support –The council arranges services for the individual.
4. Mix of Options –A combination of the above.

## ARE CARERS CHARGED FOR SHORT BREAKS?

Carers are exempt from charges when short breaks are arranged specifically to give them a break from their caring role.

In some cases, where support is provided for both the carer and the person they care for (e.g. a joint break), charges may apply to the cared-for person.

These will be discussed and agreed in advance so there are no unexpected costs.

## WILL SDS AFFECT BENEFITS?

No, Self-Directed Support (SDS) is not a benefit and does not affect any benefits being claimed, including Carer Support Payment.

SDS funding is provided specifically to support carers with a short break, based on the impact caring is having on them. It is linked directly to the Adult Carer Support Plan and is used solely to help achieve the outcomes identified in the support plan.

More information on Self-directed support can be found at https://www.sdsscotland.org.uk/

# What could a Short Break look like?

## REPLACEMENT CARE

Replacement care means using a care provider to provide the care and support to the cared for person. Some carers choose to use replacement care to take time away from their caring role.

This type of support can be arranged in different ways, depending on individual needs e.g.
✓ A few hours of support per week delivered at home.
✓ A planned period of care within a residential setting for the cared- for person, allowing for longer breaks.

Replacement care can offer carers peace of mind, knowing that the person they care for is well supported in their absence. This type of break can be vital for rest, personal time, or simply a change of routine and can be vital in supporting carers maintain their own wellbeing while continuing their caring role.

## BREAKS AWAY

Carers can use their budget to arrange a short break, which may include taking the person they care for with them. Breaks can range from a day out to a longer stay away from home, sometimes with support from family or friends. Many carers find that stepping away from daily routines helps them recharge and continue in their caring role with renewed energy.

## SHORT COURSES

Investing in short courses can offer carers a regular break from their caring role while also boosting confidence, employability and contributing to life-long learning. Courses might focus on personal interests— cookery, or languages—or formal skills such as bookkeeping or IT.


## MEMBERSHIPS & TICKETS

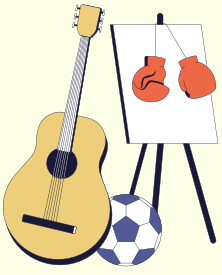
Carers can use their funding to access activities that offer regular short breaks from their caring role.

This might include:
✓ Gym memberships
✓ Season tickets for football
✓ Tickets for events or shows
✓ Memberships for golf or tennis clubs
✓ Cinema tickets or passes

These activities can provide valuable time for relaxation, enjoyment, and personal wellbeing

## HOBBIES & INTERESTS

Spending time on hobbies is a great way for carers to enjoy regular short breaks. Some choose to use their budget to buy materials or equipment for activities like knitting, sewing, gardening, cycling, or fishing. Hobbies can often be done at home and fit around caring responsibilities—and in some cases, they can be enjoyed with the person being cared for.



# How do I access a Short Break?

**Any carer has a legal right to assessment under the Carers (Scotland) Act 2016 and we would encourage every carer to have an Adult Carer Support Plan or a Young Carer Statement prepared, depending on their age.**

**This will help us understand how their caring role impacts their physical health, emotional wellbeing, finances, daily life balance, future plans, employment or education, and their living environment. For more information about support planning, contact:**

## If you are over 18

Carers of West Dunbartonshire
"the place for every carer to turn to"

Contact Us
T: 0141 941 1550
E: clydebankcc@carerswd.org
Address: 41 Kilbowie Road, Clydebank. G81 1BL
Web: https://carerswd.org/about-us/

Carers of West Dunbartonshire is the key carers support service for adult carers within West Dunbartonshire. As the "front door" to carer support, they offer a range of services including:

➢ Information, advice and guidance about being a carer
➢ Support with Adult Carer Assessment and Support Plans
➢ Breaks from caring
➢ Social opportunities and peer support

## If you are under 18

Y Sort It
#CONNECT #SUPPORT #INSPIRE

Contact Us
T: 0141 941 3308
E: info@ysortit.com
Address: 5 West Thomson Street, Clydebank, G81 3EA
Web: https://ysortit.com/

Y Sort It is a youth-led organisation based in Clydebank, West Dunbartonshire. It was established in response to local research highlighting the need for youth-focused services and has grown into a vibrant hub supporting young people aged 8 to18.
What Y Sort It Offers:

- Young Carers Support Service for carers aged 8–18
- Mentoring for care-experienced young people
- Youth Clubs & Drop-ins across West Dunbartonshire
- Outdoor Activities at their Carbeth hut, the Gillie Dhu

# What types of Short Breaks are available?

Not all carers will be eligible for, or may wish to receive, a short break funded by the local authority. For some, it may be more appropriate for their break to be accessed through alternative means—such as third sector provision like Carers of West Dunbartonshire, YSortit, or community-based initiatives that better align with their personal circumstances and preferences.

**TIME FOR ME** – provides small, personalised grants to eligible carers to support them to have a break. The grant can be used to help fund a short break away from the stresses of everyday life, either with or without the person that they are caring for. If a getaway break is not possible or doesn't appeal to carers – it does not mean they cannot apply. They can still apply for something that allows them to have a break at home. Some examples of awarded grants include spa days, devices, hobby craft materials, walking gear. The project is funded by the Scottish Government's Short Breaks Fund and is delivered locally by Carers of West Dunbartonshire.

**RESPITALITY**- Respitality is an initiative which offers unpaid carers in Scotland a much needed break through meaningful connections with local hospitality, tourism and leisure businesses who are willing to donate a break free of charge. Respitality is a Scottish Government supported project delivered locally by Carers of West Dunbartonshire and coordinated nationally by Shared Care Scotland.

**BOX OFFICE** – Box Office project offers carers monthly social outings to the cinema, theatre and museums. The project is funded by National Lottery Community Fund and is delivered locally by Carers of West Dunbartonshire. It is one of many social opportunities that Carers of West Dunbartonshire offer to carers.

**CARERS LEISURE PASSES -** Provides free access to sport and leisure facilities in all West Dunbartonshire Leisure Trust venues. Use of the pass gives carers access to swimming, gym and a variety of fitness classes. This project is currently funded by Community Health and Wellbeing Funding, and is run in partnership with West Dunbartonshire Leisure Trust and can be accessed via Carers of West Dunbartonshire.

**ANNUAL CARERS BREAKS -** Each year Carers of West Dunbartonshire arranges a two night break for up to 15 carers. This is an opportunity for carers to enjoy some time away from their caring responsibilities in the company of other carers. Examples of previous breaks include Beamish Heritage Museum in Durham and a spa break at Crieff Hydro.

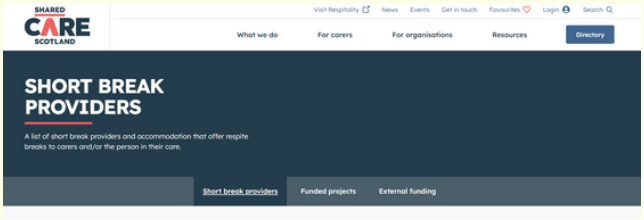
**OTHER SOCIAL OPPORTUNITIES -** These include a range of groups, for example the Book Group, the Gardening Group, the Craft Group and the Men's Group. These social opportunities give carers a much needed break and an opportunity to get peer support from fellow carers. More information about these groups can be found at www.carerswd.org or by contacting Carers of West Dunbartonshire on 0141 941 1550.

# Useful Contacts


**ALISS (A Local Information System for Scotland)**
**www.aliss.org**
ALISS provides access to a wide range of local services, support networks, and resources, including health and wellbeing initiatives, community activities, and carer support, tailored to your area.

**Shared Care Scotland**
**www.sharedcarescotland.org.uk**
Shared Care Scotland is a national charity based in Scotland that works to improve the quality, choice, and availability of short breaks for unpaid carers and the people they support.

The Shared Care Scotland website hosts an **online directory** of short break providers and accommodation that offer respite breaks to carers and/or the person in their care.




**Respitality**
**www.sharedcarescotland.org.uk**
Respitality connects carer organisations with businesses in the hospitality, tourism and leisure arena to provide vital breaks from the routine for unpaid carers, of all ages, in Scotland when they need it most.

**West Dunbartonshire Health & Social Care Partnership**
**www.wdhscp.org.uk**
West Dunbartonshire HSCP is committed to improving the health and wellbeing of residents. The website listed above provides a comprehensive directory of contact details for all HSCP departments, making it easier to access the support and services.

**Appendix D**: 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 West Dunbartonshire Council
**CC**: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
**Subject**: Direction from HSCP Board 25 November 2025 FOR ACTION
**Attachment**: *attach relevant HSCP Board report*

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 | HSCPB000087MJC25112025 |
| 2 | Date direction issued by Integration Joint Board | 25 November 2025 |
| 3 | Report Author | Margaret-Jane Cardno<br>Head of Strategy and Transformation<br>Margaret-jane.cardno@west-dunbarton.gov.uk |
| 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 | Carer Support Services |
| 7 | Full text and detail of direction | Publish the agreed Short Break Statement |
| 8 | Specification of those impacted by the change | There are no direct people implications for the local authority arising from this direction.<br><br>The Short Break Services Statement positively impacts unpaid carers by improving awareness of available support, empowering them with choice and control over the type of breaks they can access, and promoting their mental and physical wellbeing. It |

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| | | helps carers sustain their caring roles by offering clear guidance on how to take meaningful time off, reducing stress and preventing burnout. Developed in partnership with carers, the statement ensures services are relevant, inclusive, and accessible, ultimately enhancing carers' quality of life and supporting more sustainable caring relationships. | |
| 9 | Budget allocated by Integration Joint Board to carry out direction | There are no direct financial implications arising from this direction. | |
| 10 | Desired outcomes detail of what the direction is intended to achieve | The Short Break Statement is aligned to the strategic outcomes and priorities of the HSCP strategic plan, Improving Lives Together 2023-2026, including the strategic priority, "We will provide better support to unpaid carers", and the strategic priority, "we will undertake whole-pathway reviews, ensuring coordination and equity of access to services" within the 'Caring Communities' strategic priorities area.<br><br>National Health and Wellbeing Outcomes:<br><br>o One: People are able to look after and improve their own health and wellbeing and live in good health for longer.<br>o Four: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.<br>o Six: People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing.<br>o Nine: Resources are used effectively and efficiently in the provision of health and social care services. | |
| 11 | Strategic Milestones | *1 December 2025* | *Publish Statement* |
| | | *1 December 2027* | *Review Statement (unless there is a major policy/ legislative change)* |
| 12 | Overall Delivery timescales | Publish 1 December 2025 | |
| 13 | Performance monitoring arrangements | The statement itself does not require to be monitored, only reviewed as described above. | |
| 14 | Date direction will be reviewed | 1 December 2026 | |