

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Tuesday, 27 January 2026

Time: 14:00

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

Contact: Natalie Roger, Committee Officer
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Dear Member

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

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

The business is shown on the attached agenda.

Yours faithfully

BETH CULSHAW

Chief Officer
Health and Social Care Partnership Board

Distribution:-

Voting Members

Michelle Wailes (Chair)
Fiona Hennebry
Michelle McGinty (Vice Chair)
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: 20 January 2026

Audio Streaming

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WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

AGENDA

TUESDAY, 27 JANUARY 2026

STANDING ITEMS

1 STATEMENT BY CHAIR – AUDIO STREAMING

2 APOLOGIES

3 DECLARATIONS OF INTEREST

Members are invited to declare if they have an interest in any of the items of business on this agenda and the reasons for such declarations.

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 25 November 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	WINTER PLAN 2025/26	15 - 17
	Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing further assurance to the Board in relation to the Winter Plan 2025/26.	
<u>PERFORMANCE AND QUALITY</u>		
8	STRATEGIC PLAN UPDATE	19 - 24
	Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, updating the Board on work related to the review of the strategic plan and seek approval for the current plan to be extended by one financial year.	
9	2025/26 FINANCIAL PERFORMANCE PERIOD 8 REPORT	25 - 57
	Submit report by Julie Slavin, Chief Financial Officer, providing an update on the financial performance as at period 8 to 30 November 2025 and a projected outturn position to 31 March 2026.	
10	2026/27 ANNUAL BUDGET SETTING UPDATE (REVENUE ESTIMATES)	59 - 86
	Submit report by Julie Slavin, Chief Financial Officer, providing an update on the 2026/27 revenue estimates exercise, outlining the main cost pressures, funding assumptions and key financial risks. Options to close the projected funding gap will be presented on 24 March 2026.	
11	CHIEF SOCIAL WORK OFFICER ANNUAL REPORT	87 - 169
	Submit report by Lesley James, Head of Children's Health, Care and Criminal Justice, and Chief Social Work Officer, providing information on the statutory work undertaken on the Council's behalf, including a summary of governance arrangements, service delivery, resources and workforce.	
12/		

GOVERNANCE, COMPLIANCE AND REGULATIONS

12	STRATEGIC RISK REGISTER SIX MONTH REVIEW	171 - 184
	Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, presenting the Strategic Risk Register to the Board.	
13	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, 24 March 2026 at 2.00 p.m. as a Hybrid Meeting in the Civic Space, 16 Church Street, Dumbarton G82 1QL.	

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

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

At a Hybrid Meeting of the West Dunbartonshire Health and Social Care Partnership Board held in the Civic Space, 16 Church Street, Dumbarton on Tuesday, 25 November 2025 at 2.00 p.m.

Present: Michelle Wailes, Libby Cairns and Lesley McDonald, NHS Greater Glasgow and Clyde and 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; Saied Pourghazi, Clinical Director; Selina Ross, Chief Officer – West Dunbartonshire CVS; Barbara Barnes, Stakeholder Member; Val Tierney, Chief Nurse; Carolyn Ralston, Stakeholder Member; Andrew McCready, Staff Representative (NHS Greater Glasgow and Clyde); Kim McNab, Service Manager - Carers of West Dunbartonshire; and David Smith, Unpaid Carers Representative.

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; Karyn Wood, Head of Service – HR; and Carly Chisholm and Natalie Roger, Committee Officers.

Michelle Wailes in the Chair**DECLARATIONS OF INTEREST**

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

RECORDING OF VOTES

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health and Social Care Partnership Board held on 30 September 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.

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 advised she had attended a number of events within the local community, including a recent book launch in relation to the experiences of local carers and a production written and performed by Care Experienced Young People at the Denny Civic Theatre.

To mark the commencement of the sixteen days of activism against Gender Based Violence a flag had been flown outside the Church Street offices, it being noted that a separate briefing on this would be circulated to members. The Chief Officer highlighted the ongoing challenges from delayed discharges which continues to be an area of focus to improve patients journeys through care.

WEST DUNBARTONSHIRE HSCP WINTER PLAN 2025/26

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

Members debated our ability to redeploy within the system to address any forthcoming winter pressures. The ongoing challenge from quality of care and moratorium from one of our local care homes was noted, and officers were asked to be mindful of the risk this presented in effectively addressing any surge or change in demand.

After discussion and having heard the Head of Strategy and Transformation, the Chief Nurse, and the Head of Health and Community Care, in further explanation and in answer to Members' questions, the Board agreed to note the contents of the report.

INTEGRATED WORKFORCE PLAN

A report was submitted by Karyn Wood, Head of Human Resources, providing a draft one year holding Workforce Plan.

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

- (1) that the draft workforce plan be issued for consultation with key stakeholders; and
- (2) to note that the draft version of the Workforce Plan 2026-29 would be brought back to a future meeting of the Board for approval, prior to publication.

2025/26 FINANCIAL PERFORMANCE PERIOD 6 REPORT

A report was submitted 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.

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

- (1) to 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;
- (2) to note the reported revenue position for the period to 30 September 2025 was reporting an adverse (overspend) position of £1.284m (1.12%);
- (3) to note the projected outturn position of £2.559m overspend (1.18%) to 31 March 2026, including all planned transfers to/from earmarked reserves;
- (4) to note the update on the monitoring of savings agreed for 2025/26;
- (5) to note the current reserves balances and the impact the projected overspend had on unearmarked balances;
- (6) to note the update on the capital position; and
- (7) to note the 2026/27 budget estimates update, including projected gap.

ADJOURNMENT

Having heard Ms Wailes, Chair, the Board agreed to adjourn the meeting for a short time. The meeting reconvened at 3:45 p.m. with all those listed in the sederunt present.

PLANET YOUTH PREVENTION MODEL

A report was submitted 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.

After discussion and having heard the Head of Strategy and Transformation and the Head of Children's Health, Care and Criminal Justice, in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note the contents of the report;
- (2) to note the national Planet Youth Evaluation findings and companion document, Planet Youth – "Towards a Scottish Prevention Model"; and
- (3) to note that this work would be fully integrated with the Integrated Children's Services Plan and that subsequent reports would be governed by the West Dunbartonshire Community Planning Partnership.

ALCOHOL AND DRUG PARTNERSHIP UPDATE

A report was submitted 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, an overview of the (ADP) Annual Reporting Survey submitted in June 2024, and ADP waiting times and 2025/26 Financial Plan.

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

- (1) to note that West Dunbartonshire ADP had successfully implemented the MAT Standards;
- (2) to note the drug-related death and alcohol-specific death data;
- (3) to note that West Dunbartonshire Health and Social Care Partnership had met the required waiting times target in the most recently published data; and
- (4) to note the content of the updated ADP Financial Plan.

ADDICTION SERVICES TENDER AWARD

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

After discussion and having heard the Head of Strategy and Transformation and the Chief Officer, in further explanation and in answer to Members' questions, the Board agree to note the contents of the report.

SHORT BREAK STATEMENT

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

After discussion and having heard the Head of Strategy and Transformation in further explanation and in answer to a Member's question, the Board agreed to approve the Short Break Statement for publication.

DATE OF NEXT MEETING

Members noted that the next meeting of West Dunbartonshire Health and Social Care Partnership Board would be held on Tuesday, 27 January 2026 at 2.00 p.m. as a Hybrid Meeting in the Civic Space, 16 Church Street, Dumbarton G82 1QL.

VALEDICTORY MICHAEL McDougall – MANAGER OF LEGAL SERVICES

Michelle Wailes, Chair, informed the Board that this would be the last meeting of the Health and Social Care Partnership Board, that Michael McDougall, Manager of Legal Services, would attend as he would soon be leaving Council service to return to private practice. Ms Wailes thanked Mr McDougall for his support to the Board and wished him well in the future.

The meeting closed at 4:16 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	<p>Query regarding delegated services within the Integration Scheme document.</p> <p>The Chief Officer is to provide revised definitions of delegated services.</p>	Beth Culshaw	Information to be provided to Members as soon as possible	The work is ongoing to agree the revised definitions including the timeline to conclude the review of the Integration Scheme.	Open
FUTURE MEETING SCHEDULE	Informal meeting dates to be moved further away from Board Meetings.	Beth Culshaw	30 September 2025	Agree with Chair	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

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 May 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
GENDER BASED VIOLENCE	Briefing to be sent to Members.	Beth Culshaw	Sent out before end December 2025	Briefing note sent to Members from NR 9.12.25	Closed

NR updated 19 January 2026

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

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

27 January 2026

Subject: West Dunbartonshire HSCP Winter Plan 2025/26

1. Purpose

1.1 The purpose of this report is to provide further assurance to the HSCP Board in relation to the Winter Plan 2025/26.

2. Recommendations

2.1 It is recommended that the HSCP Board note the verbal update on the 2025/26 HSCP Winter Plan.

3. Background

3.1 On the 25 November 2025 the HSCP Board noted and commented on the West Dunbartonshire HSCP Winter Plan 2025/26.

3.2 The Chair requested that the Board receive a further report on the 27 January 2026 in respect of the Winter Plan in order that any emerging issues could be highlighted to Members, and so that Members could be advised of any learning.

4. Main Issues

4.1 To ensure that the Board is fully sighted and brought up to date on any emerging issues, officers will provide a short presentation on the day reflecting performance across a range of key measures. This will include absence, delayed discharges, care home activity and an update on the initiatives underway in relation to Transforming Together.

5. Options Appraisal

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

6. People Implications

6.1 The recommendation within this report does not present any people implications.

7. Financial and Procurement Implications

- 7.1** There are no financial or procurement implications arising from the recommendations in this report. The regular Financial Performance Update reports to the HSCP Board will highlight any financial variations against the budget related to winter pressures and the implementation of the winter plan.
- 7.2** The Chief Nurse and Chief Financial Officer continue to provide monthly performance updates to the health board. These updates will cover the progress made with the funding awarded for Transformation and Unscheduled Care Reform, as approved by the HSCP Board in August 2025.

8. Risk Analysis

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

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

- 10.1** There are no environmental impacts arising from the recommendation within this report.

11. Consultation

- 11.1** The Senior Management Team and the Monitoring Solicitor have been consulted on the creation of this report. The report is written in line with advice from the Monitoring Solicitor.

12. Strategic Assessment

- 12.1** Not applicable.

13. Directions

- 13.1** The recommendation within this report does not require the creation of a direction.

Margaret-Jane Cardno

Head of Strategy and Transformation

22 December 2025

Person to Contact: **Margaret-Jane Cardno**
Head of Strategy and Transformation
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Appendices: None
Background Papers: None

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

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

27 January 2026

Subject: West Dunbartonshire Integration Joint Board Strategic Plan Update

1 Purpose

- 1.1 The purpose of this report is to update the HSCP Board on work related to the review of the strategic plan and seek approval for the current plan to be extended by one financial year.

2 Recommendations

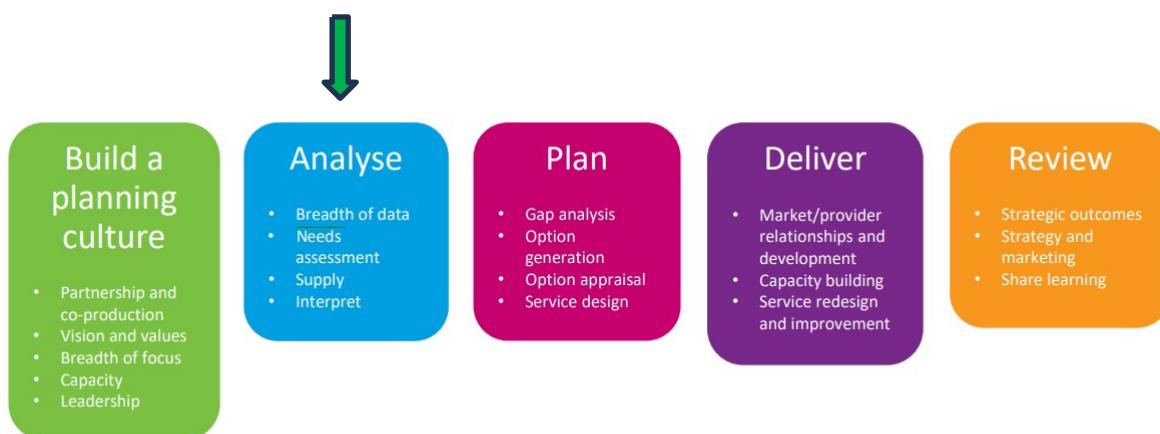
It is recommended that the HSCP Board:

- 2.1 Agree to extend the lifespan of the current strategic plan for one additional financial year;
- 2.2 Agree in the 2026/27 financial year there should be a focus on community conversations with the aim of co-producing a strategic plan for 2027/2032;
- 2.3 Agree to review the performance framework for 2026/27 as outlined in paragraph 4.13 of this report; and
- 2.4 Agree that there should be a focus on renewed one year delivery plan for 2026/27.

3 Background

- 3.1 On the 15 March 2023 the HSCP Board approved the West Dunbartonshire Strategic Plan 2023 – 2026 - Improving Lives Together.
- 3.2 The Public Bodies (Joint Working) (Scotland) Act 2014 establishes a framework for integrating health and social care services in Scotland, aiming to improve the quality and efficiency of care delivery.
- 3.3 Section 37 sub section (1) of The Act states that “An integration authority— (a) must before the expiry of the relevant period review the effectiveness of its strategic plan, (b) may from time to time carry out such a review.” Subsection (10) defines a “relevant period” as the period of three years beginning with the integration start day.

3.4 The process of such a review is to be such as the integration authority determines. West Dunbartonshire HSCP is committed to best practice and in line with [HIS Strategic Planning Good Practice Framework](#) has undertaken a strategic needs analysis. This assessment seeks to help the integration authority to understand what is driving, and will drive in the future, population behaviour and seeks to forecast demand based on current trends and known changes. The image below highlights the steps within the framework, and where the strategic needs analysis sits within the Analyse element.



3.5 On the 21 October 2025 the outcomes of the strategic needs analysis were considered by the West Dunbartonshire Strategic Planning Group.

3.6 They were subsequently considered by the HSCP Senior Management Team on Friday 7 November and the Carers Development Group on Monday 10 November 2025.

3.7 During the Strategic Planning Group, feedback was provided that South Lanarkshire HSCP had adopted a high-quality approach to the co-production of their strategic plan. As a result, a meeting with representatives from South Lanarkshire took place on Monday 3 November 2025.

3.8 The importance of community conversations and the focus on coproduction was also a feature of the discussions at the Carers Development Group.

3.9 South Lanarkshire undertook an extensive engagement process following the national Planning with People Guidance to ensure they reached a wide and varied audience. Their delivery plan included the following:

- A four month long online survey (1,484 Returns).
- Twenty-Seven Sessions Held Online Via Zoom or MS Teams.
- The Development of a Stakeholder Toolkit.
- Two Evening Online Sessions.
- Four Geographical Locality Sessions.

- Parent Portal Used to Share Information; and
- Attendance at Café Hubs Across Localities.

3.10 By extending the West Dunbartonshire plan for a further year, this would provide time to undertake a focused period of stakeholder engagement and consultation. As advised to the HSCP Board on the 27 May 2025, West Dunbartonshire HSCP do not currently have the capacity to undertake these levels of community participation. This is in the main due to the Community Engagement and Development Officers' extended leave from work. The HSCP have not had the resources to backfill this position however this suggested approach will be reviewed once the HSCP returns to normal staffing levels and this work could be delivered from June 2026 onwards.

3.11 In addition to the above, on 7 November 2025, the HSCP Senior Management Team (SMT) considered the strategic needs assessment and its impact not only on strategic planning but service planning going forward.

3.12 Considering the strategic needs analysis, alongside other key pieces of work, the Senior Management Team felt it would be prudent to extend the strategic plan for one year and focus on the development of service delivery plans, capturing the data from, amongst other sources, the recently published strategic needs assessment.

4 Main Issues

4.1 The main issues can be captured in three key elements: (1) the strategic plan itself; (2) the development of service delivery plans and (3) a review of the HSCP performance framework.

Strategic Plan

4.2 It is recommended that the strategic plan be extended by one financial year to allow the implementation of a series of community conversations. This will allow the HSCP Board to discharge its statutory duty to involve people and communities in the planning and development of care services, as per Scottish Government [Planning With People](#) guidance.

4.3 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to develop a strategic plan, also known as a strategic commissioning plan, for integrated functions and budgets under their control. The [Health and Social Care Integration: Strategic plans: statutory guidance](#) shows that Section 37 of The Act states that Integration authorities are required to review their strategic plan at least every three years and may carry out additional reviews from time to time. In carrying out a review of the strategic plan, integration authorities must consider:

- the national health and wellbeing outcomes.
- the integration delivery principles.
- the views of the Strategic Planning Group.

4.4 There should be a clear recording and measurement framework so that there is an ongoing process to assess whether aims are being achieved, this point will be further explored in paragraphs 4.11 – 4.13 of this report. Arrangements should also be put in place so that any information relating to risks or significant changes in trends that emerge from the ongoing Joint Strategic Needs Assessment (JSNA) process can be considered and responded to timeously by the integration authority, at any time during the strategic planning cycle.

4.5 The HSCP Board can be assured that the work undertaken to date is in line with their statutory duties and that by agreeing to a one-year extension to the strategic plan, their statutory duties continue to be met.

4.6 The Act is supported by further statutory guidance including [Guidance on the Principles for Planning and Delivering Integrated Health and Social Care](#). These principles describe how integrated care should be planned and delivered and reinforces the importance of service user involvement.

Service Delivery Plans

4.8 The current [West Dunbartonshire Health and Social Care Partnership Strategic Plan 2023–2026: Improving Lives Together](#) is supported by a corresponding delivery plan [West Dunbartonshire Health and Social Care Partnership Strategic Delivery Plan 2023–2026: Improving Lives Together](#).

4.9 Feedback from operational services suggest that the format of the three-year delivery plan has not been fully conducive to service planning needs, therefore individual service planning templates have been developed and will be completed by each service before the end of the 2025/26 financial year. Included within this template are:

- Key service delivery priorities for the year and how they align with the strategic plan.
- Change and transformation activity.
- Performance and outcome data
- Workforce and capacity information.
- Partnership and integration data.
- Finance and resources, including efficiency plans and savings targets.
- Risks and emerging issues.

4.10 These plans will be monitored by HSCP Board Audit and Performance Committee via the Senior Management Team.

Performance Framework

- 4.11 The Public Bodies (Joint Working) (Scotland) Act 2014 sets out nine National Health and Wellbeing Outcomes. These seek to measure the impact that integration is having on people's lives. These national outcomes are underpinned by 23 associated national indicators, although four indicators have not been finalised for reporting. These national indicators have been developed from national data sources to provide consistency in measurement. IJBs are also encouraged to devise their own performance indicators for their area.
- 4.12 In line with its statutory duties, the West Dunbartonshire HSCP Board produces an annual performance report which sets out publicly its performance against key performance indicators. The HSCP Board Audit and Performance Committee also receives quarterly performance reports, these are also monitored via the Senior Management Team.
- 4.13 It is recommended that the opportunity is taken for the performance framework be reviewed to ensure it continues to meet the needs of the HSCP Board and its Audit and Performance Committee. It is recommended that this work be undertaken via a joint planning session with the Senior Management Team and all members of the HSCP Board in the final quarter of 2025/26

5 Options Appraisal

- 5.1 The recommendations within this report do not require the completion of an options appraisal.

6 People Implications

- 6.1 There are no direct people implications arising from the recommendations within this report.

7 Financial and Procurement Implications

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

8 Risk Analysis

- 8.1 There are no risks, should the HSCP Board agree the recommendations within this report. The HSCP Board has met its statutory duties in respect of strategic planning.

9 Equalities Impact Assessment (EIA)

- 9.1 An equalities impact assessment is not required as the recommendations within this report do not impact on those with protected characteristics.

10 Environmental Sustainability

10.1 A Strategic Environmental Assessment (SEA) is not required for this report. 11

Consultation

11.1 The recommendations within this report were discussed with the Chair and Vice Chair of the Strategic Planning Group on the 27 November 2025. The HSCP Senior Management Team and the HSCP Board Monitoring Officer were consulted on the content of this report and their comments incorporated accordingly.

12 Strategic Assessment

12.1 The recommendations within this report deal directly with the Strategic Plan and its proposed extension for one further financial year.

13 Directions

13.1 The recommendations within this report do not require a direction to be issued.

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
Date: 8 December 2025

Person to Contact: Margaret-Jane Cardno
Head of Strategy and Transformation
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Appendices: None

Background Papers: None

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD**Report by Julie Slavin, Chief Financial Officer****27 January 2026****Subject: 2025/26 Financial Performance Period 8 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 8 to 30 November 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 November 2025 is reporting an adverse (overspend) position of £1.463m (1.02%);
- c) **Note** the projected outturn position of £2.190m overspend (1.01%) to 31 March 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) **Approve** the proposed and current actions which are being taken to progress financial recovery;
- g) **Note** the update on the capital position; and
- h) **Note** that the progress to date on the budget planning process for 2026/27 to 2028/29 is detailed in a separate report within the agenda for this HSCP Board meeting.

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 comprised 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 £216.815m 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 November is an overspend of £1.463m (1.02%) with an annual projected outturn position being a potential overspend of £2.190m (1.01%). 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	Year to Date	Year to Date	Forecast	Forecast	Reserves	Forecast	Forecast
		Budget	Actual	Variance	Spend	Variance	Adjustment	Variance	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Health Care	128,963	88,211	87,858	353	127,452	1,511	980	531	0.41%
Social Care	127,593	78,195	80,061	(1,866)	130,597	(3,004)	(209)	(2,795)	-2.19%
Expenditure	256,556	166,406	167,919	(1,513)	258,049	(1,493)	771	(2,264)	-0.88%
Health Care	(5,770)	(2,549)	(2,549)	-	(5,770)	-	-	-	0.00%
Social Care	(33,971)	(20,556)	(20,606)	50	(32,727)	(1,244)	(1,318)	74	-0.22%
Income	(39,741)	(23,105)	(23,155)	50	(38,497)	(1,244)	(1,318)	74	-0.19%
Health Care	123,193	85,662	85,309	353	121,682	1,511	980	531	0.43%
Social Care	93,622	57,639	59,455	(1,816)	97,870	(4,248)	(1,527)	(2,721)	-2.91%
Net Expenditure	216,815	143,301	144,764	(1,463)	219,552	(2,737)	(547)	(2,190)	-1.01%

Table 2 – Draft Financial Information as at 31 March 2026 by Head of Service

Summary Financial Information	Annual Budget	Year to Date	Year to Date	Year to Date	Forecast	Forecast	Reserves	Forecast	Forecast
		Budget	Actual	Variance	Spend	Variance	Adjustment	Variance	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Children's Health, Care & Justice	32,054	20,659	21,383	(724)	33,703	(1,649)	(559)	(1,090)	-3.40%
Health and Community Care	56,650	34,488	35,612	(1,124)	58,336	(1,686)	-	(1,686)	-2.98%
Mental Health, Learning Disability & Addictions	31,922	21,413	20,900	513	32,455	(533)	(1,309)	776	2.43%
Strategy & Transformation	2,060	1,324	1,215	109	1,905	155	(9)	164	7.96%
Family Health Services	35,107	26,540	26,540	-	35,107	-	-	-	0.00%
GP Prescribing	22,874	15,129	15,129	-	21,803	1,071	1,071	-	0.00%
Hosted Services	9,592	6,464	6,436	28	9,551	41	-	41	0.43%
Other	26,556	17,284	17,549	(265)	26,692	(136)	259	(395)	-1.49%
Net Expenditure	216,815	143,301	144,764	(1,463)	219,552	(2,737)	(547)	(2,190)	-1.01%

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	1,565	1,477	480	255
Total	5,484	1,565	3,184	480	255

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 third quarter approximately 87% 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 the projected application of £1.318m approved in March 2025 to underwrite the savings challenge. If realised, the projected overspend of £2.190m would significantly reduce the opening unearmarked reserves of £3.576m, limiting the HSCP Board's capacity to manage further in-year pressures. This is discussed in further detail under the Updates on Reserves and Recovery Plan sections below. It is anticipated that £2.110m of earmarked reserves will be drawn down for planned expenditure. The superannuation benefit earmarked reserve created in 2024/25 of £1.522m will be increased by the 2025/26 saving, estimated at £1.562m. Application of this reserve is currently factored into the 2026/27 budget estimates plan.

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 £2.190m is primarily driven by ongoing demand and cost pressures within Children & Families, Adults and Older Adult services.

4.7 The forecast outturn has reduced by £0.369m from the position reported to the November HSCP Board. The main reasons for the change are detailed below:

- Children's Residential Care and Community Services – reduction of £0.250m mainly due to reduction in number of young persons accommodated within external fostering placements and reduced staffing projections due to staff turnover and ongoing recruitment

challenges slightly offset by an increase in costs associated with external residential accommodation.

- Care at Home – reduction of £0.218m mainly due to actual and projected reduction in year use of agency.

Update on Pay Awards

4.8 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%.

4.9 As reported to the HSCP Board in November 2025, West Dunbartonshire Council revised its financial projections in anticipation of additional Scottish Government funding to meet the 1% pay shortfall for all local authority staff, estimated at £1.394 million. The HSCP's estimated share is £0.458m, against projected costs of £0.522m for the additional 1% pay award for HSCP local authority staff.

4.10 The Scottish Government published its 2026/27 local government budget on 13 January 2026, confirming the additional 2025/26 pay funding. West Dunbartonshire Council's allocation is slightly higher than expected at £1.427 million. On the same pro-rata basis, the HSCP's indicative share would increase to £0.469 million.

4.11 Decisions on passing through any extra funding have historically been political. No assumption of additional funding has been included in the 2025/26 position above; however, if the calculated share of £0.469m was passed on by the Council as an amendment to the 2025/26 requisition, the projected overspend would reduce from £2.190m to £1.721 million. This is factored into the recovery plan below.

Update on Prescribing 2025/26

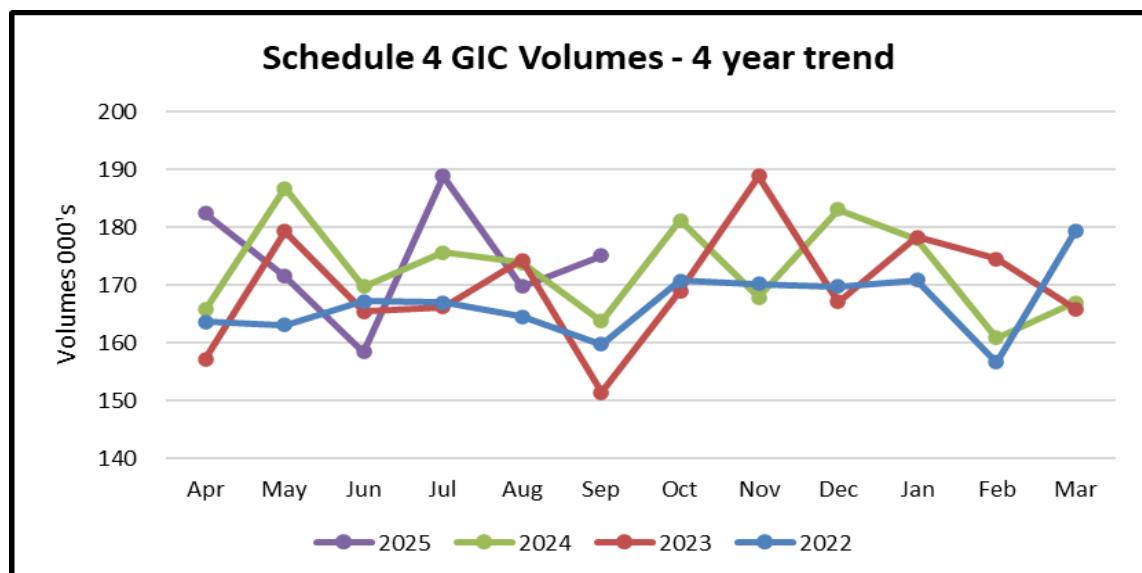
4.12 Prescribing expenditure continues to represent a significant and increasingly unpredictable component of healthcare budgets. Prescribing data is reported two months in arrears; at Period 8, actual spend for September is available, with the current forecast indicating an underspend of £1.071m. This reflects a further improvement of £0.697m from Period 6, primarily driven by reductions in the cost of Dapagliflozin and lower prescribing volumes. October's actual prescribing data, received in late December, confirms that cost and volume projections remain consistent with the £1.071m underspend forecast.

4.13 The 2025/26 budget incorporated £0.570m of new savings through Board-wide efficiency programmes and stretch targets, alongside a substantial cost pressure of circa 6%. To date, this cost pressure has not fully materialised, contributing to the current underspend position. While this is encouraging, prescribing remains one of the most significant financial risks within the health budget, given the volatility in both volume (see Graph 1) and cost (see Graph 2).

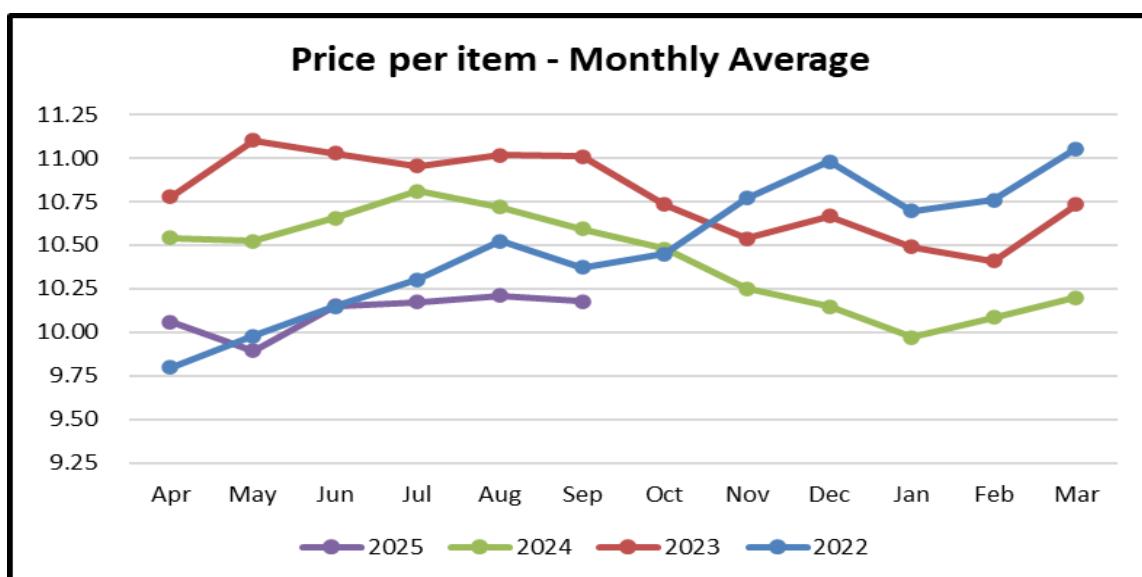
4.14 Across the six HSCPs, 16 Board-wide efficiency programmes with a combined value of £8.3m are being actively monitored. These initiatives include drug switches, polypharmacy reviews, de-prescribing of lidocaine plasters, dose optimisation, improved appliance-ordering processes, and formulary decisions supported through ScriptSwitch®.

4.15 Based on September actuals, strong progress is being made locally, particularly in implementing drug switches and completing polypharmacy reviews. While rising appliance costs are reducing some of the expected efficiencies, the overall position remains positive. The current projected underspend of £1.071m assumes delivery of 80% of the £0.570m savings target, with the remaining shortfall offset by favourable cost and volume trends.

Graphs 1 – Movements in Volumes – 4-Year Trend



Graphs 2 – Movements in Price per Item – 4-Year Trend



4.16 The prescribing budget for 2025/26, as agreed in the budget paper of 24 March 2025, was supported by a 3% Scottish Government uplift alongside a planned non-recurring draw of £1.272 million from earmarked reserves. Given the current projected underspend in prescribing, it is now expected that these reserves will not be required.

4.17 The opening earmarked prescribing reserve balance of £1.369 million increased by £0.374 million following the period 6 projection. As outlined in section 4.12, the position has since improved by a further £0.697 million. The overall HSCP projected overspend of £2.190 million, as detailed in Tables 1 and 2, assumes that the full forecast prescribing underspend totalling £2.440m is transferred to the prescribing reserve.

4.18 This strengthened reserve position provides the HSCP Board with several options. The balance could be used to support the 2026/27 financial position or to mitigate future cost pressures. The Board may also wish to consider applying part of the current underspend to reduce the projected in-year overspend of £2.190 million as part of a refreshed recovery plan (see Appendix 7). Alternatively, a proportion could be un-earmarked to bolster general reserves, which currently sit below the 2% Reserves Policy target.

Bad Debt Write-Off and Bad Debt Provision

4.19 As agreed by Council 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. There are no debt write off's detailed in this report.

Update on Reserves

4.20 The 2025/26 budget paper included a recommendation in relation to the use of earmarked reserves totalling £3.049m (including prescribing as detailed above) to balance the budget which, when taken together with the audited 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	Usage of Reserves		Increase relating to superann pressure in 2026/27	Forecast Balance as at 31 March 2026
		applied to Balance the 2025/26 Budget	Drawdown to fund spend in 2025/26		
Unearmarked	3,576	-	(2,190)		1,386
Earmarked	14,830	(1,318)	(792)	1,563	14,283
Total	18,406	(1,318)	(2,982)	1,563	15,669

4.21 The audited 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.

Recovery Plan

4.22 Integration Authorities are required to set a balanced budget by 31 March each year for the forthcoming financial year. Through a series of members' sessions and budget-setting reports presented in January and March 2025, the HSCP Board approved a range of savings options and management actions to address the estimated 2025/26 budget gap of £9.570 million.

4.23 The approved measures included the further application of non-recurring reserves, removal of projected additional demographic pressures, consideration of the potential impact of increased employer national insurance contributions on externally commissioned services, higher turnover targets, and progression of a series of service reviews. Regular financial performance reporting at budget holder, head of service, senior management team, and Board level has monitored the delivery of these actions, highlighting both progress and areas where implementation has been more challenging.

4.24 The financial challenges faced by West Dunbartonshire HSCP Board are similar to those experienced by the majority of IJBs across Scotland. Years of financial settlements failing to keep pace with inflationary and demographic pressures, combined with shortfalls in new policy funding and reliance on non-recurring savings programmes and reserves, were starkly highlighted in Audit Scotland [report](#): “*Integration Joint Board’s: Finance and Performance 2024*”.

4.25 As noted above, while the projected overspend has reduced by £0.369m from the position reported in November, at Period 8 an overspend of £2.190m (1.01%) is still forecast. This improvement reflects recovery actions focused on vacancy management, tighter controls on agency and overtime approvals, and robust management of new care packages.

4.26 In line with the requirements of the Integration Scheme, a recovery plan must be developed and implemented to address any projected overspend. The actions within the plan should aim to restore financial balance. If, despite all reasonable measures, an overspend is still anticipated, the HSCP should apply available reserves before seeking any additional contributions from funding partners.

4.27 Previous reports to the HSCP Board have outlined the high-level recovery actions, and their impact has been reflected in the projected outturn. As we enter the final quarter of the financial year and refine the combined impact of unfunded pressures and increasing demand within the 2026/27 estimates, it has become clear that both the projected prescribing underspend and the available un-earmarked reserves must be incorporated into the recovery plan.

Recovery actions totalling £2.190m are set out in Appendix 7 and include the assumption that additional funding for the Social Care pay award will be passed on by the Council.

4.28 In considering the recovery plan, the HSCP Board may wish to adjust the contribution of individual actions to achieve overall financial balance. However, as the final projection will continue to be refined throughout the remainder of the financial year, the current plan can be approved in principle, with any required revisions brought forward as part of the year-end process when the 2025/26 outturn is finalised.

Budget Process for 2026/27 to 2028/29

4.29 Significant work has been undertaken to date regarding the draft budget position for 2026/27 and future years and an update is provided in a separate report within this HSCP meeting agenda.

Housing Aids and Adaptations

4.30 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 £93.622m from the council.

4.31 This budget is managed by the Council's Housing and Employability Services on behalf of the HSCP Board.

4.32 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 £000	Year to Date Budget £000	Year to Date Actual £000	Year to Date Variance £000	Forecast Spend £000	Forecast Variance £000
Aids & Adaptations	80	36	36	0	80	0
Total	80	36	36	0	80	0

2025/26 Capital Expenditure

4.33 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

4.34 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 and this was included in the Council capital budgetary report to December Council.

4.35 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 principal financial risks within the 2025/26 projected outturn relate to increasing demand for key social care services, higher-cost complex care packages and ongoing volatility in prescribing expenditure. These pressures are expected to continue into 2026/27 and will require mitigation through a combination of additional funding (refer to section 8.3 below), savings proposals and management actions. Such actions may have implications for service access, including the potential use of managed waiting lists, further review of eligibility criteria and the maximisation of turnover savings.

8.2 Inflation is currently at 3.2% against a 2% target. Interest rates were reduced by 0.25% to 3.75% at the Monetary Policy Committee's December meeting, with the next review scheduled for 5 February 2026. The impact of current inflation on future rate decisions and public sector funding remains uncertain.

8.3 Changes to the Social Care distribution methodology could represent a risk to financial sustainability. The impact and any mitigation is unknown currently, although early review of the 2026/27 local authority settlement appears favourable for indicators used to distribute funding across older people services.

8.4 The depletion of both earmarked and unearmarked reserves to maintain current levels of service activity and cover both demographic pressures and unfunded pay award costs for Local Authority staff.

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: 16 January 2026

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 – Recovery Plan
Appendix 8 – Directions

Background Papers: 2025/26 Annual Budget Setting Report – 24 March HSCP Board

2025/26 Financial Performance Period 3 Report – 19 August 2025 HSCP Board

2025/26 Financial Performance Period 5 Report – 30 September 2025 HSCP Board

2025/26 Financial Performance Period 6 Report – 25 November 2025 HSCP Board

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2025/26 Period 8 covering 1 April 2025 to 30 November 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
Transfer of partial year SLW Funding to WDC for Blue Triangle contract		(10)	(10)
Other		(3)	(3)
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
Call before you convey funding for Care Homes	37		37
Lead Nurse funding	64		64
Msk Access Ortho	36		36
Community Food Funding	12		12
Revised Budget 2025/26	124,465	95,399	219,864
Drawdown from Reserves	(1,272)	(1,777)	(3,049)
Budget Funded from Partner Organisations	123,193	93,622	216,815

West Dunbartonshire Health & Social Care Partnership
Monitoring of Efficiencies and Management Adjustments 2025/26

Head of Service	Partner	Efficiency Detail	Comment	Saving at 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	112
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	48
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 unachieved due to an increase in the number of clients and packages for housing support and residential care, however 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	175
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	26
		Total Health Care Social Care		2,612	735
				0	0
				2,612	735

APPENDIX 3

West Dunbartonshire Health & Social Care Partnership
Financial Year 2025/26 Period 8 covering 1 April 2025 to 30 November 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	38,733	24,471	24,888	(417)	39,360	(627)	0	(627)	-1.62%	⬇️
Care at Home	14,364	8,064	8,558	(494)	15,106	(742)	0	(742)	-5.17%	⬇️
Physical Disability	2,799	1,648	1,859	(211)	3,116	(317)	0	(317)	-11.33%	⬇️
Childrens Residential Care and Community Services	31,926	20,673	21,490	(817)	33,712	(1,786)	(559)	(1,227)	-3.84%	⬇️
Strategy, Planning and Health Improvement	2,060	1,323	1,215	108	1,905	155	(9)	164	7.96%	⬆️
Mental Health Services - Adult and Elderly, Community and Inpatients	12,792	8,816	8,670	146	13,581	(789)	(1,014)	225	1.76%	⬆️
Addictions	4,010	2,956	2,957	(1)	4,131	(121)	(121)	0	0.00%	➡️
Learning Disabilities - Residential and Community Services	15,119	9,640	9,271	369	14,741	378	(174)	552	3.65%	⬆️
Family Health Services (FHS)	35,107	26,540	26,540	0	35,107	0	0	0	0.00%	➡️
GP Prescribing	22,874	15,129	15,129	0	21,803	1,071	1,071	0	0.00%	➡️
Hosted Services	9,592	6,464	6,436	28	9,551	41	0	41	0.43%	⬆️
Criminal Justice (Including Transitions)	130	(14)	(108)	94	(9)	139	0	139	106.92%	⬆️
Resource Transfer	18,082	12,436	12,436	0	18,082	0	0	0	0.00%	➡️
Contingency	1,853	0	0	0	290	1,563	1,563	0	0.00%	➡️
HSCP Corporate and Other Services	7,374	5,155	5,423	(268)	9,076	(1,702)	(1,304)	(398)	-5.40%	⬇️
Net Expenditure	216,815	143,301	144,764	(1,463)	219,552	(2,737)	(547)	(2,190)	-1.01%	⬇️

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	96,436	60,950	60,682	268	95,523	913	515	398	0.41%	⬆️
Property	1,243	699	723	(24)	1,278	(35)	0	(35)	-2.82%	➡️
Transport and Plant	1,384	722	674	48	1,311	73	0	73	5.27%	➡️
Supplies, Services and Admin	6,300	2,423	2,355	68	5,770	530	428	102	1.62%	⬆️
Payments to Other Bodies	89,122	57,090	59,169	(2,079)	93,482	(4,360)	(1,243)	(3,117)	-3.50%	⬇️
Family Health Services	36,783	27,599	27,599	0	36,784	(1)	0	(1)	0.00%	➡️
GP Prescribing	22,875	15,129	15,129	0	21,804	1,071	1,071	0	0.00%	⬆️
Other	2,412	1,795	1,588	207	2,096	316	0	316	13.10%	➡️
Gross Expenditure	256,555	166,407	167,919	(1,512)	258,048	(1,493)	771	(2,264)	-0.88%	⬆️
Income	(39,740)	(23,106)	(23,155)	49	(38,496)	(1,244)	(1,318)	74	-0.19%	⬇️
Net Expenditure	216,815	143,301	144,764	(1,463)	219,552	(2,737)	(547)	(2,190)	-1.01%	⬇️

APPENDIX 4

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2025/26 Period 8 covering 1 April 2025 to 30 November 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	840	571	504	67	638	202	100	102	12.14%	▲
Childrens Services - Community	4,309	3,016	3,012	4	4,343	(34)	(40)	6	0.14%	▲
Adult Community Services	12,193	8,106	8,022	84	12,067	126	0	126	1.03%	▲
Community Learning Disabilities	887	671	647	24	953	(66)	(102)	36	4.06%	▲
Addictions	3,183	2,067	2,067	0	2,772	411	411	0	0.00%	►
Mental Health - Adult Community	5,278	4,184	3,830	354	4,747	531	0	531	10.06%	▲
Mental Health - Elderly Inpatients	4,160	2,624	2,832	(208)	4,872	(712)	(400)	(312)	-7.50%	▼
Family Health Services (FHS)	35,107	26,540	26,540	0	35,107	0	0	0	0.00%	►
GP Prescribing	22,874	15,129	15,129	0	21,803	1,071	1,071	0	0.00%	►
Other Services	6,688	3,854	3,854	0	6,747	(59)	(60)	1	0.01%	▲
Resource Transfer	18,082	12,436	12,436	0	18,082	0	0	0	0.00%	►
Hosted Services	9,592	6,464	6,436	28	9,551	41	0	41	0.43%	▲
Net Expenditure	123,193	85,662	85,309	353	121,682	1,511	980	531	0.43%	▲

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	753	711	42	1,267	(47)	(109)	62	5.08%	▲
Residential Accommodation for Young People	3,119	1,870	1,757	113	2,950	169	0	169	5.42%	▲
Children's Community Placements	8,160	5,364	5,525	(161)	8,400	(240)	0	(240)	-2.94%	▼
Children's Residential Schools	5,659	3,462	4,693	(1,231)	7,506	(1,847)	0	(1,847)	-32.64%	▼
Children's Supported Accommodation	846	782	564	218	520	326	0	326	38.53%	▲
Childcare Operations	6,168	3,994	3,897	97	6,289	(121)	(265)	144	2.33%	▲
Other Services - Young People	3,663	2,185	2,043	142	3,704	(41)	(254)	213	5.81%	▲
Residential Accommodation for Older People	7,601	4,377	4,451	(74)	7,713	(112)	0	(112)	-1.47%	▼
External Residential Accommodation for Elderly	11,128	7,347	7,422	(75)	11,239	(111)	0	(111)	-1.00%	▼
Sheltered Housing	1,648	1,299	1,249	50	1,573	75	0	75	4.55%	▲
Older People Non Residential Care	2,445	1,386	1,788	(402)	3,049	(604)	0	(604)	-24.70%	▼
Community Alarms	93	(286)	(241)	(45)	161	(68)	0	(68)	-73.12%	▼
Community Health Operations	3,566	2,239	2,197	42	3,503	63	0	63	1.77%	▲
Residential - Learning Disability	12,312	7,841	7,670	171	12,128	184	(72)	256	2.08%	▲
Physical Disability	2,449	1,410	1,622	(212)	2,766	(317)	0	(317)	-12.94%	▼
Day Centres - Learning Disability	1,920	1,128	955	173	1,660	260	0	260	13.54%	▲
Justice	130	(14)	(108)	94	(9)	139	0	139	106.92%	▲
Mental Health	3,355	2,009	2,009	0	3,964	(609)	(614)	5	0.15%	▲
Care at Home	14,364	8,064	8,558	(494)	15,106	(742)	0	(742)	-5.17%	▼
Addictions Services	827	889	890	(1)	1,359	(532)	(532)	0	0.00%	►
Equipu	350	238	238	0	350	0	0	0	0.00%	►
Frailty	58	3	1	2	54	4	0	4	6.90%	▲
Carers	1,304	960	962	(2)	1,374	(70)	(67)	(3)	-0.23%	▼
Contingency	1,853	0	0	0	290	1,563	1,563	0	0.00%	►
HSCP - Corporate	(616)	339	602	(263)	954	(1,570)	(1,177)	(393)	63.80%	▼
Net Expenditure	93,622	57,639	59,455	(1,816)	97,870	(4,248)	(1,527)	(2,721)	-2.91%	▼

West Dunbartonshire Health & Social Care Partnership
Financial Year 2025/26 Period 8 covering 1 April 2025 to 30 November 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	840	738	102	12%	↑
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	12,193	12,067	126	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
 Financial Year 2025/26 Period 8 covering 1 April 2025 to 30 November 2025
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Mental Health - Adult Community Service Description	5,278	4,747	531	10%	↑
Main Issues / Reason for Variance	This care group provides mental health services for adults 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 Service Description	4,160	4,472	(312)	-7%	↓
Main Issues / Reason for Variance	This care group provides mental health services for the elderly 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
 Financial Year 2025/26 Period 8 covering 1 April 2025 to 30 November 2025
 Analysis for Variances Over £0.050m

Appendix 5

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	1,158	62	5%	↑
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	2,950	169	5%	↑
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
 Financial Year 2025/26 Period 8 covering 1 April 2025 to 30 November 2025
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Children's Community Placements Service Description	8,160	8,400	(240)	-3%	↓
Main Issues / Reason for Variance	<p>This service covers fostering, adoption and kinship placements</p> <p>While the forecast adverse variance is mainly due to an increase to kinship care, in house fostering numbers and external fostering client activity compared to budget, there has been a reduction in the number of young persons accommodated within external fostering placements since the November Board report with an overall improvement of £0.290m. This improvement is due to the ongoing positive impact of the "What Would It Take" strategy resulting in a reduction of five young persons accommodated within external fostering placements with two returning home, two moving to in house children home and one moving to residential school.</p>				
Mitigating Action	<p>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.</p>				
Anticipated Outcome	<p>While an overspend is reported at this time ongoing work undertaken within the "What Would It Take" strategy has resulted in a significant reduction in the forecast overspend from the previously reported position.</p>				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2025/26 Period 8 covering 1 April 2025 to 30 November 2025
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Children's Residential Schools Service Description	5,659	7,506	(1,847)	-33%	↓
Main Issues / Reason for Variance	This service area provides residential education for children As previously reported the financial pressure within children's residential schools are complex and multifaceted as the service responds to the needs of the young persons and ensures they are supported appropriately with the main areas of pressure being an increase in the number of young persons being supported within children with disabilities and the number of young persons accommodated within external accommodation on a care only basis. The adverse variance has increased by £0.153m since the November Board report due to a further two placements.				
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 due to complexity of client needs along with a recognition of unfunded demographic pressures.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2025/26 Period 8 covering 1 April 2025 to 30 November 2025
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Children's Supported Accommodation	846	520	326	39%	↑
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	6,024	144	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
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 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Other Services - Young People Service Description	3,663	3,450	213	6%	↑
Main Issues / Reason for Variance	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Mitigating Action	The forecast favourable variance is mainly due to an underspend in staffing due to delay in recruitment of support worker posts.				
Anticipated Outcome	None required at this time				
Residential Accommodation for Older People Service Description	7,601	7,713	(112)	-1%	↓
Main Issues / Reason for Variance	WDC owned residential accommodation for older people As previously reported the variance will be subject to change as the year progresses with the main reason for the adverse variance being due to an increase in employee costs as a result of the need to backfill overtime and agency costs arising from staff sickness. There is a risk that the overspend could increase as the full effect of the winter flu season reveals itself.				
Mitigating Action	Staffing levels and medical costs will require to be monitored				
Anticipated Outcome	An overspend is reported at this time				

West Dunbartonshire Health & Social Care Partnership
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 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
External Residential Accommodation for Elderly Service Description	11,128	11,239	(111)	-1%	↓
Main Issues / Reason for Variance	External residential and nursing beds for over 65s While the adverse variance has reduced from period 6 due to a reduction in resident placements in excess of those budgeted due to deaths and discharges there is a risk that the projected overspend will increase again unless an escalation process and introduction of a waiting list is implemented for new placements.				
Mitigating Action Anticipated Outcome	Officers undertake daily monitoring of admissions to care homes. An overspend is reported at this time.				
Sheltered Housing Service Description	1,648	1,573	75	5%	↑
Main Issues / Reason for Variance	Warden Service for Housing run sheltered housing service 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 Anticipated Outcome	None required at this time An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2025/26 Period 8 covering 1 April 2025 to 30 November 2025
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Older People Non Residential Care Service Description	2,445	3,049	(604)	-25%	↓
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 eligibility criteria and achievement of outcomes.				
Anticipated Outcome	An overspend is forecast at this time.				
Community Alarms Service Description	93	161	(68)	-73%	↓
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
Financial Year 2025/26 Period 8 covering 1 April 2025 to 30 November 2025
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis								
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status				
Community Health Operations	3,566	3,504	63	2%	↑				
Service Description		This service includes the cost of social workers and occupational therapists for adult services							
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to staff vacancies								
Mitigating Action	None required at this time								
Anticipated Outcome	An underspend is reported at this time.								
Residential - Learning Disability	12,312	12,056	256	2%	↑				
Service Description	This service provides residential care for persons with learning disabilities								
Main Issues / Reason for Variance	The current projection includes the partial achievement of the saving associated with the closure of Work Connect . While 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.								

West Dunbartonshire Health & Social Care Partnership
Financial Year 2025/26 Period 8 covering 1 April 2025 to 30 November 2025
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Physical Disability Service Description	2,449	2,766	(317)	-13%	⬇️
Main Issues / Reason for Variance	This service provides physical disability services 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 Anticipated Outcome	Review of care packages and streamlining of payment arrangements are required. An overspend is reported at this time.				
Day Centres - Learning Disability Service Description	1,920	1,660	260	14%	⬆️
Main Issues / Reason for Variance	This service provides day services for learning disability clients The forecast favourable variance is mainly due to a number of vacant posts pending the ongoing Learning Disability redesign.				
Mitigating Action Anticipated Outcome	None required at this time An underspend is reported at this time.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2025/26 Period 8 covering 1 April 2025 to 30 November 2025
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Justice Services Service Description	130	(9)	139	107%	↑
Main Issues / Reason for Variance	This service provides support and rehabilitation for offenders 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.				
Care at Home Service Description	14,364	15,106	(742)	-5%	↓
Main Issues / Reason for Variance	This service provides care at home which includes personal care The forecast adverse variance is mainly due to increased staffing costs (£0.774m). 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 following the deep dive into high agency and overtime usage 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.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2025/26 Period 8 covering 1 April 2025 to 30 November 2025
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
HSCP - Corporate Service Description	(616)	(223)	(393)	64%	↓
Main Issues / Reason for Variance	This budget contains Corporate spend and budgeted reserve drawdown 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 Anticipated Outcome	The admin review will require to accelerate in pace to achieve required savings. An overspend is reported at this time.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2025/26 Period 8 covering 1 April 2025 to 30 November 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
Unearmarked Reserves			
Unearmarked Reserves	3,576	(2,190)	1,386
Total Unearmarked Reserves	3,576	(2,190)	1,386
Earmarked Reserves			
Scottish Govt. Policy Initiatives	3,038	(891)	2,147
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	(77)	409
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	(363)	2,363
Service Reviews and Redesign	1,474	(195)	1,279
Justice Services	231	(111)	120
Unscheduled Care Services	397	0	397
Public Protection Officers	244	0	244
Digital Transformation	173	(57)	116
Training and Development	207	0	207

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			
DWP Conditions Management	42	(20)	22
Physio Waiting Times Initiative	103	0	103
Retinal Screening Waiting List Grading Initiative	35	0	35
Prescribing Reserve	1,369	1,071	2,440
Planning and Health Improvement	238	0	238
West Dunbartonshire Mental Health Services Transitional Fund	1,803	(819)	984
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			
Complex Care Packages/Supporting delay discharges	1,323	(798)	525
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	(547)	14,283
Total Reserves	18,406	(2,737)	15,669

West Dunbartonshire Health & Social Care Partnership
Financial Year 2025/26 Period 8 covering 1 April 2025 to 30 November 2025
Recovery Plan

Ref	Service Area	Recovery Action Proposal	Estimated Benefit £000	Responsible Officer(s)	Further Explanation of Rationale of Proposal
1	All	Pay award funding for 2025/26 passed on from West Dunbartonshire Council	469	Julie Slavin	While decisions on passing through any extra funding have historically been political, with confirmation for 2024/25 delayed until March 2025, advice from the Council s95 officer is to assume that extra 2025/26 funding will be passed on.
2	Care at Home	Further reduction in use of agency staff	103	Fiona Taylor	Average weekly hours of agency staff within care at home has reduced since the start of the financial year and if this pattern continues there is the potential for a reduction in the cost of agency staff.
3	All	Social Care reviews	72	All Operational Heads of Service	Impact of ongoing reviews of care placements across all service areas
4	Prescribing	Realisation of price and volume reductions	697	Fiona Taylor	The opening earmarked prescribing reserve balance is £1.369m. This reserve has been increased by £0.374m, reflecting the period 6 underspend. Actual spend for September indicates a forecast underspend of £1.071m which is a further improvement of £0.697m primarily driven by reductions in the cost of Dapagliflozin and lower prescribing volumes. The increase in the underspend could be deployed to support the 2026/27 position or to mitigate future budget pressures. The HSCP Board may wish to consider applying an element of the increased underspend to reduce the projected in-year overspend of £2.190m or alternatively, consider un-earmarking a portion of this balance to replenish unearmarked reserves, which are currently below the 2% Reserves Policy target.
5	Health Care	Additional staff turnover	150	All Operational Heads of Service	Early work on month 9 figures indicate additional turnover savings generated as a result of recruitment challenges.
6	Health Care	Increase in SLA Income	90	All Operational Heads of Service	Health recovery actions include additional income above current year estimates after refreshing rolling three year averages for SLA's.
7	All	Application of general reserves	609	Julie Slavin	The application of £0.609m unearmarked reserves would result in a balance at March 2026 of £2.967m. This balance would equate to 1.30% reserve balance which falls short of the 2% target and would require to be replenished. A full review of reserves will be carried out as part of the 2025/26 annual accounts closure.
		Total	2,190		

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 27 January 2026

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	HSCPB000089JS27012026
2	Date direction issued by Integration Joint Board	27 January 2026
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)	HSCPB000088JS25112025
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 £93.622m in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £123.193m 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 £263.163m. Allocated as follows: West Dunbartonshire Council - £93.622m NHS Greater Glasgow and Clyde - £123.193m 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
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 - 24 March 2026

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD**Report by Julie Slavin, Chief Financial Officer****27 January 2026****Subject: 2026/27 Annual Budget Setting Update (Revenue Estimates)****1. Purpose**

1.1 To provide the Health and Social Care Partnership Board with an update on the 2026/27 revenue estimates exercise, outlining the main cost pressures, funding assumptions and key financial risks. Options to close the projected funding gap will be presented on 24 March 2026.

2. Recommendations

2.1 The HSCP Board is recommended to:

- a) **Note** the progress on the 2026/27 budget setting process, planning assumptions, updated gap analysis, and the expected timeline in relation to our partner bodies budget offers;
- b) **Note** the analysis of the reserves position and the projected balances as at 31 March 2026; and
- c) **Note** that options to close the gap will be presented to the Board on the 24 March 2026.

3. Background

3.1 This report builds on the budget gap analysis presented to the HSCP Board in November and provides updated indicative revenue budgets for 2026/27 to 2028/29.

3.2 The revenue budget estimates have been prepared to reflect the impact of known and anticipated inflationary pressures, current demographic demand for HSCP services, and any agreed changes to service delivery models. They also incorporate the financial benefits of previously approved savings where implementation spans more than one financial year. Conversely, non-recurring savings and short-term management actions, including application of reserves applied in prior years have been added back (where appropriate) as cost pressures for 2026/27.

3.3 All previously approved savings that were not fully delivered on a recurring basis in 2025/26 must now be achieved by services in 2026/27, in addition to any new savings options that may be approved in March. In recent years, the use of reserves has been a key factor in closing remaining budget gaps that savings alone could not address. However, this approach, combined with overspends driven by demand growth and inflation outstripping funding, has significantly reduced the HSCP's available reserves.

3.4 It is therefore essential that the un-earmarked reserve is rebuilt to provide the HSCP Board with adequate protection against unforeseen cost pressures that fall outwith service budgets. This will require identifying additional savings options beyond those already needed to address the projected budget gap for 2026/27. As part of the 2025/26 annual accounts process, all earmarked reserves will be reviewed, and recommendations presented to the Board.

3.5 As at November, the indicative 2026/27 funding gap of £12.805m, before applying superannuation earmarked reserves and excluding any provision to rebuild unearmarked reserves, is summarised in Table 1 below. After the planned allocation of the superannuation reserve the gap reduces to £9.721 million.

Table 1: Composition of projected budget gaps as at November 2025

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			
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. Main Issues

2026/27 Budget Setting

4.1 Work continues to refine the 2026/27 budget projections, reflecting strategic priorities, recurring pressures, planned transitions in individual care packages, and ongoing demographic and inflationary impacts. Further analysis is under way to assess whether, given current turnover trends and challenges in filling vacancies, the estimated pay inflation requirement can be reduced.

4.2 The key assumptions and cost pressures outlined in the November 2025 update have been revisited, reducing the projected budget gap from £9.721m to £8.448m, as shown in Table 2. This reflects a combination of revised assumptions and the recognition of funding highlighted within the settlement letters referenced below.

4.3 A separate financial performance update on today's agenda sets out the anticipated additional Scottish Government funding for local government staff in relation to the 2025/26 pay deal. Council will determine on 4 March whether a proportionate share will be passed to HSCP delegated services. As this funding has now been confirmed within the Scottish Government's 2026/27 settlement, the revised budget gap in Table 2 assumes that an appropriate allocation is received.

Table 2: Movement in Budget Pressures

Movement in Budget Gap	2026/27		
	Health £000	Social £000	Total £000
Budget Gap reported to November HSCP Board	1,195	11,610	12,805
Application of Superannuation Reserve		(3,084)	(3,084)
Revised Budget Gap reported to November HSCP Board	1,195	8,526	9,721
Movements to January 2026			
Includeum - potential burden re Bairns Hoose	160	160	
Funding - Bairns Hoose		(160)	(160)
Increase to Scottish Living Wage (from 4.35% to 5.87%)		565	565
Reduction in Prescribing Pressure	(1,040)		(1,040)
Reduced Working Week Pay Pressure	732		
Assumed funding for Reduced Working Week		(732)	
Increase in external care home income		(255)	(255)
Learning Disability CCLS for new 2025/26 packages		910	910
Mental Health CCLS for new 2025/26 packages		156	156
Reduction in External Fostering to reflect reduction in numbers		(195)	(195)
Transitions client moving from Children Services to Learning Disabilities		(205)	(205)
LA Pay - 2025/26		(469)	(469)
LA Pay - 2026/27		(235)	(235)
Increase in SLW Funding		(705)	(705)
Pay pressure re 2025/26 non recurring saving option	83		83
Employers NI and Pay Shortfall	150		150
Other		(34)	(34)
Revised Budget Gap	387	8,059	8,448

Health Care

- a) The previously reported budget gap has reduced from £1.195m to £0.387m, primarily due to a £1.040m reduction in prescribing pressures, partially offset by a £0.238m increase in pay costs. The rise in pay pressures reflects a shortfall within NHSGGC's 2025/26 funding allocation for employer national insurance increases and agreed pay uplifts, as highlighted in earlier reports. While current underspends and recruitment challenges have mitigated this pressure in 2025/26, this position is not sustainable on a recurring basis.

Social Care

- b) The budget gap has reduced from £8.526m to £8.059m. While this is an improvement of £0.467m in the previously reported position, cost pressures have increased overall by £1.101m offset by assumed additional income of £1.568m.
- c) A higher than anticipated Scottish Living Wage rate uplift from £12.60 to £13.45 has been included at a cost of £0.565m. Initial assumptions were based on a £0.50 increase to £13.10 per hour for both adult and children commissioned services.
- d) The updated position also reflects a pro-rata share of Scottish Living Wage funding for 2025/26 and 2026/27 included within the Scottish Government's 2026/27 settlement. Despite this additional funding, a shortfall of £0.364m remains between the costs of applying the required uplifts to externally commissioned providers and the anticipated Scottish Government income, with the residual gap primarily impacting Children's Services.
- e) Overall, an increase in adult care packages of £1.066m for Learning Disability and Mental Health service users have been included partially offset by a £0.205m reduction in young people transitioning to adult services.
- f) In addition to the funding for 2025/26 local government pay pressures referenced in section 4.3, the Scottish Government settlement also provides a contribution towards the additional cost pressures in 2026/27. The funding assumptions in Table 2 therefore include a proportionate HSCP share of £0.469m and £0.235m respectively. These allocations remain subject to Council approval as part of its budget-setting process on 4 March 2026.

Scottish Government Budget and Budget Bill

4.4 The Scottish Government wrote to local authorities and health boards announcing their 2026/27 financial settlements on 13 January 2026. Following publication of the settlements, the budget bill is subject to a compressed parliamentary scrutiny, with the final approval vote (Stage 3) scheduled for 25 February 2026. The key 2026-27 budget timeline and stages are detailed below:

- Budget Publication/Statement: 13 January 2026.

- Introduction of the Budget Bill: 15 January 2026.
- Stage 1 Debate (General Principles): Scheduled for 12 February 2026.
- Stage 2 (Committee Stage): Scheduled for 17 February 2026.
- Stage 3 (Final Vote): Scheduled for 25 February 2026.

4.5 Both letters acknowledge that pay pressures exceed the assumptions set out in the Multi-Year Public Sector Pay Policy of 4 December 2024, which allowed for a 9% pay envelope across 2025/26 to 2027/28. For Health Boards this is confirmed as full funding, whereas for Local Authorities there is reference to a “meaningful contribution”. The budget estimates reflect the current accepted pay deals which are a 3.75% uplift for health staff and a 3.5% uplift for local government staff.

Local Government Finance Settlement and Integration Authorities

4.6 The key messages from the budget announcement, outlined in a letter from the Cabinet Secretary for Finance and Local Government dated 13 January 2026, are summarised below. The full letter is provided at Appendix 1.

- a) The Budget for 2026-27 remains anchored in the four central priorities which guide this Government's agenda: eradicating child poverty, growing the economy, tackling the climate emergency, and improving public services that are centred on the needs of the person, not the needs of the system.
- b) The total funding which the Scottish Government will make available to Local Government in 2026/27 through the Settlement will be over £15.7bn, a £650 million uplift since the last Budget publication and includes:
 - i. an additional £253 million of General Revenue Grant to provide a meaningful contribution to the second year of the local government pay deals and to support other local priorities, including Adult Social Care;
 - ii. baselines £79.7 million and £30 million that was previously provided in-year from non-recurring sources to support the pay deals;
 - iii. an additional £160 million and £22 million (£11 million for both education and social care) to fund the Real Living Wage uplift for commissioned services across adult social care and early learning and childcare respectively; and
 - iv. £7 million to support an inflationary uplift in free personal nursing care.

4.7 Although the Minister acknowledges the significant pressures in social care, including sustainability risks in adult services, unlike in previous years, no direction has been imposed on Local Authorities on funding to Integration Authorities:

“I have sought to balance the desire to ringfence additional funding towards social care with the Verity House Agreement commitment to maximise fully flexible funding.”

However the Minister reiterates the government’s commitment to partnership working and is confident that Local Government will go beyond the settlement commitments to its funding to Integration Authorities:

“I do, however, recognise the importance of sustainable adult social care services and as I set out in my statement, the government is committed to working together with local authorities on the delivery and improvement of social care.... Following our engagement work over the autumn, I am confident that Local Government will pass more in total to IJBs than is provided as an in-year transfer by Scottish Government. However, I do acknowledge that partnership working will be even more critical this year to ensure that the technical changes applied to the Adult Social Care GAEs are appropriately reflected locally.”

4.8 Table 2 above assumes that the HSCP Board will receive its full share of the £160m and £11m to fund the real living wage for commissioned services across adult social care and childcare respectively. While the funding announced is welcome, it does not cover the projected costs for commissioned services in 2026/27 (see section 4.3 (d) above).

4.9 Finance teams within both the HSCP and the Council are currently analysing the technical changes to the Adult Social Care GAE allocations set out in [Local government finance circular 1/2026: settlement for 2026 to 2027](#). Initial review indicates that West Dunbartonshire Council has received increased GAE allocations across several adult social care indicators, particularly those relating to residential and home-based services for older people. While this represents a favourable position, and the Council has previously used GAE indicators to inform its contribution to the HSCP, the full impact of the overall settlement must be assessed and reported to Council on 4 March before a final contribution can be set.

4.10 As set out in both the Council’s and the HSCP Board’s Medium Term Financial Outlooks, the working assumption is a flat-cash settlement, supplemented only by a proportionate share of funding for specific policy commitments such as the Real Living Wage. This approach requires the HSCP Board to identify and approve efficiencies and savings to fund the 2026/27 pay award, wider inflationary uplifts, including the National Care Home Contract and the continuation of current 2025/26 demand pressures into 2026/27, alongside meeting demographic pressures highlighted in the Strategic Plan and Strategic Needs Analysis.

4.11 As detailed in section 4.6 (b) (i), Local Government has been provided with an additional £253m to support local priorities including pay and adult social care. For West Dunbartonshire Council, a high-level population share of approximately 1.8%, (based on Finance Circular 1/2026) could equate to

£4.6m. However, this is a highly simplistic calculation that does not account for the complexity of the overall settlement or account for potential changes to individual service allocations.

4.12 In response to the Scottish Government's Budget Bill, COSLA issued its [Budget Reality 2026-27](#) analysis, challenging the adequacy of the additional funding proposed. COSLA calculates that the actual uncommitted cash increase amounts to £234.9m, which falls significantly short of the level required to meet known revenue pressures for 2026/27, including a 3.5% pay uplift, inflationary costs and rising demand. The analysis reiterates that local government requires a minimum funding allocation of £16bn, including an additional £750m to address social care pressures.

4.13 The Chief Officer and Chief Financial Officer continue to engage with senior Council officers to urge reconsideration of the current "flat-cash" assumption. However, the 2026/27 funding contribution for HSCP delegated social care services remains a political decision for the Council and will be determined as part of its budget-setting process on 4 March 2026.

Justice Social Work (JSW) Services

4.14 The 2026/27 budget allocation for Justice Social Work Services has not yet been confirmed. The core Justice Social Work budget (Section 27 funding) has received no inflationary uplift since 2021/22. As a result, the HSCP has had to absorb pay inflation pressures of approximately £0.358m between 2021/22 and 2025/26, relying largely on non-recurring turnover savings and the application of reserves to maintain core staffing levels.

4.15 The finance circular (1/2026) confirms the core section 27 grant remains unchanged for Scotland as a whole; however, indications are that the West Dunbartonshire Council allocation has reduced from £1.830m to £1.757 million. It had been anticipated that the core grant would reduce and a pressure of £0.069m is included within the estimated budget gap.

Health Board Financial Settlement and Integration Authorities

4.16 The key messages from the budget announcement contained within a letter from the Director of Health and Social Care Finance dated 13 January 2026 are detailed below with the letter appended to this report as Appendix 2.

- NHS Boards will receive a 2% uplift on baseline funding in 2026-27. This will provide funding towards the costs of the 2026-27 pay deals and provides a 2% uplift for non-pay costs to support inflationary pressures. Additional funding will be provided to meet the costs of the 2026-27 pay deals where uplifts exceed 3% in line with public sector pay policy, and full funding has been included for the agreed Agenda for Change pay settlement.
- The Health and Social Care Portfolio will transfer additional funding of £167 million to Local Government to support social care and integration for

2026-27, this includes funding towards the uplift for pay for adult social care workers to the Real Living Wage of £13.45 per hour (£160 million) and inflationary uplift on Free Personal Nursing Care rates (£7 million).

- c) There is also additional investment to support improvements to wider terms and conditions for Adult Social Care workers and support for advocacy within social care, as well as investment to support a digital telecare pilot as part of commitment to remove non-residential charges. Further information around these will be provided in due course.
- d) The funding allocated to Integration Authorities (IAs) should be **additional and not substitutional** to 2025-26 budgets for services which are delegated. Therefore, Local Authority social care budgets for allocation to IAs must be at least £167 million greater than 2025-26 recurring budgets.
- e) While funding for reform and improvement measures will be routed through NHS Boards, elements will support activity in the community and delivered via IAs. Part of this package will be used to directly support our shared ambition to alleviate pressure across the health and social care system.

4.17 It is anticipated that NHSGGC Health Board will make an indicative offer to the HSCP Board in March which will reflect a 2% uplift on recurring budgets.

4.18 Cost and volume increases within GP Prescribing continue to represent the most significant financial risk to the health budget allocation. The 2025/26 prescribing estimate, agreed as part of the budget paper on 24 March 2025, was supported through a combination of the 3% uplift, a £0.570m efficiency target, and a non-recurring application of earmarked reserves totalling £1.272m.

4.19 For 2026/27, initial planning assumed a 6% increase in prescribing costs to reflect anticipated cost and volume growth, on the basis that the approved 2025/26 budget would be sufficient to meet recurring expenditure. However, as highlighted throughout the routine financial performance reports, actual prescribing trends have been markedly more favourable than expected. Current forecasts indicate an anticipated underspend of £1.071m against the 2025/26 recurring budget, demonstrating the volatility and unpredictability inherent in prescribing expenditure.

4.20 The prescribing forecast for 2026/27 has therefore been recalibrated using actual data to October 2025 and projected trends for the following 12 months. This has resulted in an updated financial pressure of £0.339m, which at present can be contained within the 2% health uplift. To support financial sustainability over the medium term, prescribing efficiency measures delivered in 2024/25 and 2025/26 will continue into 2026/27, with further detail on the associated savings requirement to be provided in the March budget report.

2026/27 Integrated Budget Approach

4.21 The indicative draft budget gaps presented in Table 2 incorporate previously approved savings options and management adjustments that are currently assessed as being at risk of non-delivery in 2025/26 and have therefore been carried forward into 2026/27, totalling £0.758m. These savings are detailed within the Period 8 Financial Performance Update report.

4.22 The senior management team has been developing management adjustments and savings options since August 2025. Full details, along with any remaining budget gap and proposals to address the 2026/27 shortfall, will be presented to the HSCP Board on 24 March. These proposals are expected to align with the following themes.

- a) Review of Social Care Charges – Income generated from charging forms part of the delegated net budget to the HSCP Board, while the legal authority to levy and set charges remains with the Council. The charging policy is reviewed annually to reflect Council decisions on inflationary uplifts. A significant review was undertaken in 2025 in light of the Scottish Government's stated intention to abolish non-residential charges; however, no implementation timescales have been confirmed, and charging continues to represent an important source of funding for social care services. Current non-residential charges do not recover full service costs, and options to increase a number of fixed charges are under consideration. A report will be submitted to Council on 4 March for determination.
- b) Review Of Turnover – Recruitment and retention of health and social care staff continue to present a national challenge. Over the last few years additional non-recurring turnover targets have been applied to those services where the recurring turnover target has been exceeded. In addition, pay uplifts have eroded historic turnover targets which range between 1% and 4.5% for front line and support staff respectively. For illustrative purposes an additional 1% turnover target for both health and social care would be approximately £0.385m and £0.540m respectively.
- c) Potential Review Of Eligibility Criteria - To deliver services within the resources available, and in the context of ongoing unfunded demographic demand, it may be necessary to review eligibility criteria. Robust and consistently applied criteria are essential to ensure that those with the greatest need receive appropriate support and that the HSCP continues to demonstrate Best Value. Several HSCPs have already adopted similar approaches. The current draft budget includes a high-level assessment of demographic growth of £1.752m, and the Board may wish to consider removing this element, as was done in 2025/26, to help reduce the overall gap. Any review of eligibility criteria, alongside the removal of demographic growth funding, may also result in the introduction of managed waiting lists.

- d) Maximising Digital Solutions – Expanding the use of technology to streamline and standardise routine tasks and processes, improving efficiency and enhancing both staff and service-user experience. Increased use of digital supports can also promote independence, improve access to services, and modernise care pathways. This reflects a consistent approach being adopted across HSCPs.
- e) Service Redesign – This is a key element of the medium-term financial outlook in delivering services fit for purpose in partnership with the third sector and local providers.
 - i. Children and Families – The “What Would It Take” five-year plan, is progressing and the next tranche of approved savings are incorporated into 2026/27 draft estimates.
 - ii. Care at Home – By 1 April 2026, all in-house staff are expected to be aligned to the agreed work patterns, and recruitment of support staff in line with the approved plan should enable more efficient and predictable scheduling. This is anticipated to enhance continuity of care, improve service-user experience, and support greater independence through more reliable service delivery. As the new staffing model embeds, the current overspend is expected to reduce, and any funding no longer required may be released as a management adjustment to help reduce the budget gap.
 - iii. Learning Disabilities – In August 2025, the HSCP Board approved phase two of the Learning Disability Services Review, marking the transition from planning to implementation. This included agreeing the consolidation of day service provision through the merger of Dumbarton Centre and Community Connections, alongside the planned withdrawal of HSCP provided bus transport. These changes form part of a wider redesign aimed at modernising service delivery, supporting more flexible, community-based models of care and ensuring sustainability within available resources. However the service manager will progress the notes of interest received by the two remaining bus escorts. The associated full-year savings of any severance or early retiral costs will be detailed in the March budget report.
- f) Management Structure - Whilst not financially driven a full review of structures is in progress to ensure management capacity reflects professional and operational needs.
- g) Review of Reserves – Reserves have been used in recent years to close budget gaps on a non-recurring basis; however, the audited 2024/25 balance of £3.6m remains below the £4.6m target, reinforcing the need to rebuild unearmarked reserves. The budget gap presented in Table 2 does not include this shortfall, which is estimated at £3.2m based on the Period 8 position. Continued reliance on reserves is no longer sustainable, with limited capacity available for 2026/27 and future years. The latest

Financial Performance Update Report provides a comprehensive update on forecast movements in both unearmarked and earmarked reserves to 31 March 2026, as set out in Table 3 below.

Table 3: Anticipated Reserves Position as at 31 March 2026

Analysis of Reserves	Opening Balance as at 1 April 2025	Usage of Reserves		Drawdown to fund spend in 2025/26 £000	Increase relating to superann pressure in 2026/27 £000	Forecast Balance as at 31 March 2026 £000
		applied to Balance the 2025/26 Budget £000	£000			
Unearmarked	3,576	-		(2,190)		1,386
Earmarked	14,830	(1,318)		(792)	1,563	14,283
Total	18,406	(1,318)		(2,982)	1,563	15,669

Closing the Budget Gap

4.23 Partner contributions will be confirmed in advance of the HSCP Board meeting on 24 March, at which the 2026/27 revenue budget will be set. The level of these contributions will directly influence the proposals brought forward for members' consideration and approval.

4.24 The proposals presented in March will align with the themes outlined in Section 4.22 “2026/27 Integrated Budget Approach”, drawing on measures used in previous years, largely non-recurring, to close reported gaps. These proposals will form a critical component of the Board’s ability to agree a sustainable budget for the upcoming year.

4.25 No formal approval of potential options is sought prior to confirmation of partner contributions. However, with the exception of potential additional funding from West Dunbartonshire Council linked to GAE technical changes for adult social care, any options ultimately approved will require to be of significant value. For illustration, potential actions highlighted in Sections 4.22 (b) and (c), including revisions to recurring turnover targets and removal of demographic growth assumptions, could reduce the current gap from £8.448m to £5.771m, based on the latest financial analysis. The Board is asked to consider the scale of the remaining shortfall and the necessity of approving material savings measures at its March meeting to ensure financial balance.

Future Years Budget Gap Position

4.26 In addition to the 2026/27 position, Table 4 sets out the indicative budget gaps for 2027/28 and 2028/29, illustrating the scale of the financial challenge facing the HSCP Board given the wider funding constraints on our partner bodies.

Table 4: Budget Gap Analysis 2026/27 to 2028/29

WD HSCP - Composition of Budget Gaps	2026/27	2027/28	2028/29
	Draft Budget £000	Draft Budget £000	Draft Budget £000
Recurring Budgets (excluding Set Aside)	212,324	230,900	240,201
Net Expenditure Pressures as at January 2026			
Pay Pressures			
2025/26 Pay Uplift - based on agreed uplifts	614	0	0
Employers NI Shortfall	100	0	0
2026/27 Pay Uplift - based on agreed uplifts	3,372	0	0
2027/28 and 2028/29 Pay Uplift - core assumptions	0	3,033	3,100
Reduced Working Week	732	0	0
Movement in Local Authority Eer's Superannuation	3,213	(159)	0
Non Pay Budget and Inflationary Pressures			
Other Inflationary Uplifts	509	420	458
Cost of Current Level of Service Adjustments	3,218	0	0
New Burdens / New Policy Initiatives / Budget Removal	502	(8)	(7)
National Budget Pressures			
Scottish Living Wage	3,469	3,248	3,480
Demographic Pressures	1,822	1,970	1,941
Continuation of Previously Approved Savings			
	(1,119)	(800)	(832)
Other Budget Pressures			
Adjustment to previously approved savings and efficiency options	1,803	198	0
Prescribing	339	1,400	1,484
2026/27 Estimated Budget	230,899	240,201	249,825
Rollover Funding	(212,324)	(219,367)	(224,601)
Assumed Uplift	(1,672)	(1,726)	(1,784)
Additional Health Pay Funding	(671)	(403)	(415)
Reduced Working Week	(732)	0	0
LA Pay - 2025/26 and 2026/27 (over PSPP)	(703)	0	0
Scottish Government Policy Funding	(3,265)	(3,105)	(3,105)
2026/27 Assumed Funding from Partners	(219,367)	(224,601)	(229,905)
Estimated Funding Gap	11,532	15,600	19,919
WD HSCP - Closing the Budget Gaps			
Total HSCP £000			
Application of Superannuation Reserve	3,084	0	0
Total Measures Summarised Above	3,084	0	0
Revised Budget Gap	8,448	15,600	19,919

5. Options Appraisal

5.1 None required for this report.

6. People Implications

6.1 Refer to section 4.22 (e) (iii). The proposed options agreed by the HSCP Board in August 2025 will have direct implications for the workforce. Progression of the redesign will be managed in line with West Dunbartonshire Council's organisational change policy.

6.2 Where savings options agreed by the HSCP Board in March affect staffing levels, any reductions will, where possible, be achieved through vacancy management or redeployment, in line with Council and Health Board Organisational Change Policies.

7. Financial and Procurement Implications

7.1 Other than the financial position noted above, there are no other financial implications known at this time. The regular financial performance reports to the HSCP Board will update on any material changes to current costs and projections.

8. Risk Analysis

8.1 The main financial risks to the 2025/26 projected outturn position relate to anticipated increases in demand for some key services, in particular children's community placements, care at home and residential/nursing placements.

8.2 Changes to the Social Care distribution methodology could represent a risk to financial sustainability. The impact and any mitigation is unknown currently, although early review of the 2026/27 local authority settlement appears favourable for indicators used to distribute funding across older people services.

8.3 The depletion of both earmarked and unearmarked reserves to maintain current levels of service activity and cover both demographic pressures and unfunded pay award costs for Local Authority staff.

8.4 In relation to budget setting, a number of risks exist for both the current year and future years, including:

Demand, service sustainability and operational pressures

- Continued volatility in demand across a range of community services, alongside increasing complexity of need.
- Ongoing challenges in staff recruitment and retention across several service areas.
- The expectation that performance standards, such as delayed discharge and waiting-time targets, will continue to be maintained or improved despite significant resource constraints.

Financial sustainability, reserves, and partner-funding risks

- The need to ensure a prudent reserves strategy that supports long-term financial sustainability.
- Potential removal of demographic growth funding despite rising need, cost-of-living impacts and poverty levels within West Dunbartonshire.
- Ongoing financial and governance implications arising from the Care Reform (Scotland) Bill.
- The requirement to deliver Scottish Government policy commitments where funding is not always fully provided or inflation-proofed.

Commissioned services and market stability

- The financial fragility of commissioned care providers, with rising employer National Insurance contributions compounding longstanding sustainability concerns and increasing the risk of provider failure and service handbacks.

Integration, governance and cross-system arrangements

- The ongoing review of Integration Schemes and related implications for the management and financial risk-sharing of Hosted Services.

Prescribing and clinical cost pressures

- Significant cost pressures within prescribing, including rising costs of widely used medicines and potential growth in demand for newer treatments such as GLP-2 and SGLT-2 therapies, alongside the risk of not achieving planned efficiencies.

9. Equalities Impact Assessment (EIA)

9.1 None required for this report. EQIAs will be undertaken where required, and accompany the detailed savings options presented to the HSCP Board in March.

10. Environmental Sustainability

10.1 None required for this report.

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 None required for this report.

Julie Slavin – Chief Financial Officer

Date: 19 January 2026

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Appendices: Appendix 1 – Local Government Settlement 2026/27 letter from the Cabinet Secretary for Finance and Local Government

Appendix 2 – Scottish Budget Settlement 2026/27 letter from the Director for Health and Social Care Finance

Background Papers: 2025/26 Financial Performance Update Report – November 2025 HSCP Board

Localities Affected: All

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13 January 2026

LOCAL GOVERNMENT SETTLEMENT 2026-27

Earlier today I formally set out the Scottish Government's proposed Budget for 2026-27 to the Scottish Parliament. Next year's budget is accompanied by the results of the Scottish Spending Review, providing a forward planning horizon of three years for resource and four for capital.

Focusing on four priorities set out in the Programme for Government, the Budget invests in the wellbeing of our society and seeks to ease the pressure on families and family budgets by continuing and expanding the best cost-of-living support package available anywhere in the UK.

At the very heart of that is a commitment to more effective and more efficient policy delivery. It will mean a smaller, more modern public sector, with smarter use of technology, including digital delivery, making it easier for citizens to access the services they need.

Our ambition is clear – a Scotland where public services work seamlessly for people, modern in their design and delivery, accessible where and when they are needed, flexible in how they respond, and consistently focused on the best outcome. In short,



public services that are centred on the needs of the person, not the needs of the system.

Local Government are central to that ambition. As I outlined to COSLA political group leaders last week, in some areas my statement set out a direction of travel and funding allocation on key themes – such as child poverty - and Local Government will remain key partners in how those propositions are further developed and ultimately delivered, alongside our valued third sector and communities themselves. Examples include our proposals around expanding Breakfast Club provision; enhancing wrap-around childcare; and sporting opportunities for young people, capitalising on Scotland's summer of sport.

Over recent months, the First Minister and I, as well as my officials, have engaged extensively with Local Government and I am proud that we were able to work with you to agree and put into practice the first Fiscal Framework between Scottish Government and Local Government.

The Budget today reflects the evidence gathered throughout that engagement and, further to my budget statement, here are the details of the Local Government Finance Settlement for 2026-27.

The Budget delivers record funding of almost £15.7 billion through the Local Government Settlement. That represents a £650 million uplift since the last Budget publication. As you are aware, additional funding was made available to support the costs of the UK Government's changes to employer National Insurance Contributions through the budget process last year and I have baselined this funding as part of that figure.

Even adjusting for the eNICs funding, the Local Government Settlement overall has increased by £506.9 million – a 3.3% cash increase or a 1.0% increase in real terms. The revenue settlement budget to budget increases by £746 million, including the eNICs funding. Whilst the capital settlement falls by £95.7 million, this is wholly explained by the expiration of time-limited funding and agreed profiling of flood prevention funding to better align with councils' spending requirements.

The settlement includes:

- an additional £253 million of General Revenue Grant to provide a meaningful contribution to the second year of the local government pay deals and to support other local priorities, including Adult Social Care;
- baselines £79.7 million and £30 million that was previously provided in-year from non-recurring sources to support the pay deals;
- allocates a further £17 million to reflect the legacy costs of the first year of the SNCT pay deal;
- baselines a further £773.8 million of funding previously provided as in-year transfers, taking the total funding baselined since the Verity House Agreement was signed to almost £2.3 billion;
- an additional £160 million and £22 million to fund the Real Living Wage uplift for commissioned services across adult social care and early learning and childcare respectively;
- £7 million to support an inflationary uplift in free personal nursing care;
- £0.7 million increase to the School Clothing Grant;
- £3 million to support expansion of Free School Meals;
- enhanced revenue and capital support for inter-island connectivity;
- extended support for the Climate Emergency with a further £20 million of one-off capital funding; and
- Local Authorities will retain all the funding paid to local authorities by PackUK under the Extended Producer Responsibility scheme with no adjustment to the Settlement.

The Settlement also provides councils with full discretion over decisions on council tax, with no freeze and no cap. The Scottish Budget prioritises cost of living measures and, with over a quarter of a billion of additional General Revenue Grant in the Settlement, it should also enable councils to protect family budgets by minimising any proposed increases in council tax.

Having listened carefully to the arguments set out in ‘Strong Councils, Strong Communities’, I have sought to balance the desire to ringfence additional funding towards social care with the Verity House Agreement commitment to maximise fully

flexible funding. In conclusion, I have allocated as much as possible of the additional revenue funding as General Revenue Grant for Councils to allocate as they see fit.

I do, however, recognise the importance of sustainable adult social care services and as I set out in my statement, the government is committed to working together with local authorities on the delivery and improvement of social care. The Cabinet Secretary for Health and Social Care will be engaging with local government and health and social care partners over the coming weeks on proposals to strengthen our response to complex care and delayed discharge. While there is not a specific allocation within the settlement for this work at this time, we want to develop proposals together to deliver new approaches which could improve our collective endeavour to support people with complex needs who require specialist support and services. If proposals can be collectively developed at pace, I will consider with the Cabinet Secretary for Health and Social Care how these may be supported.

In providing £160 million for the Real Living Wage in Adult Social Care and £22 million for children services, I am acknowledging that employers, including Local Authorities where appropriate, are subject to statutory duties to meet increases in the National Living Wage. I have therefore fully funded the difference between the National Living Wage and the Real Living Wage in those services in recognition of our shared commitment to paying valued care workers at least the Real Living Wage.

Following our engagement work over the autumn, I am confident that Local Government will pass more in total to IJBs than is provided as an in-year transfer by Scottish Government. However, I do acknowledge that partnership working will be even more critical this year to ensure that the technical changes applied to the Adult Social Care GAEs are appropriately reflected locally. Recognising the impact of this exceptional change in distribution and to balance the needs of councils who stand to receive more funding through this change with those seeking to ensure sustainable delivery locally, I have taken the decision to increase the funding floor in 2026-27 to 0.5% below the average change. This is up from the current level of 0.75%.

In addition to the Real Living Wage funding, the budget honours the historic commitments to support local government pay deals. However, in light of the

decision by the Cabinet Secretary for Education & Skills, Jenny Gilruth MSP, to extend the Scottish Attainment Challenge Programme, including Pupil Equity Funding, at current levels into 2026-27, I would offer assurance in line with the original agreement that the £30 million previously re-deployed to support the 2023-24 pay deal will now be refunded in full following the revised timeline for expiration of the scheme, rather than in 2026-27 as originally envisaged. Similarly, the £79 million of capital funding for flood prevention has been reprofiled in full over the course of the Spending Review to align more accurately with the evidence on spending requirements provided through the Joint Scottish Government and COSLA Flood Risk Management Funding working group rather than in a single year.

Having fulfilled our commitments on local government pay deals, the Budget I have set out today is designed to build on the increase in teacher numbers and the improved pupil teacher ratio in 2025, which were the result of most councils making positive choices to invest the additional funding I announced in last year's budget. This uplifted the ring-fenced funding for teacher numbers and provided our councils with extra funding specifically to support additional support needs. I am pleased to maintain that investment this year, allowing councils to maintain and build on those additional teachers in 2026/2027.

The Education and Skills Portfolio budget also includes an additional £1m to support pilot approaches to implement a reduction in class contact time, as a catalyst for deeper professional engagement, improved workload, and better outcomes for every learner. It is the intention of this government that this will lead to wider agreement, including on the use of the 90 minutes, through the SNCT.

The Fiscal Framework between Scottish Government and Local Government agreed in the autumn, is not only the first such arrangement since devolution but it is unique across the UK.

As previously communicated to Directors of Finance, it remains our aspiration to issue council by council allocations today (13 January 2026). My officials have provided officers with a full reconciliation of the funding announcements set out in

the Budget today and briefing sessions are planned for Chief Executives and Directors of Finance over the course of tomorrow.

The £281.4 million of new General Revenue Grant in the settlement compares favourably with the £307 million of resources consequentials accruing from the UK Budget in November and is materially more than the £5.7 million of consequentials accruing from increased expenditure on Local Government in England. Successive budgets since the Verity House Agreement was signed have baselined almost £2.3 billion into the core local government budget. We have delivered powers for a Visitor Levy, made council tax more progressive (focusing to date on second and empty homes), and have now funded for the preliminary work necessary to progress two new high value council tax bands from 01 April 2028 in order to increase local revenues. As the design and legislation for those new bands progresses, this government will continue to work in partnership with COSLA and local authorities on the detail, including design considerations which may arise from the results of the live consultation on council tax reform.

The Spending Review sets out multi-year planning assumptions for local authorities with provisional resource allocations up to 2028-29 and provisional capital allocations available to 2029-30. I fully anticipate that trajectory will change going forward as was the case with the 2022 Spending Review – the original 2026-27 core revenue allocation of £10,716 million is now £13,917 million – and further discussion with local government in future years will inform that.

Alongside the Scottish Budget, I have also published a number of other supporting documents including Portfolio Efficiency and Reform Plans and an integrated pay and workforce policy statement. Whilst these documents have been developed and published by Scottish Government, it is clear that the policy intent set out in each will only be achievable for the public sector as a whole if local government and the Scottish Government work in partnership with one another. I would therefore intend to prioritise these matters through my engagement, and to support the prioritisation of discussion of these matters through engagement with all relevant Cabinet Secretaries and Ministers.

The Budget invests in the wellbeing of our society and following significant joint investment in the engagement process throughout the financial year, the Local Government Settlement now delivers a strong outcome for Councils. I hope this is recognised locally and I look forward to further engagement with COSLA for the remainder of this Parliamentary session.

Yours sincerely,



SHONA ROBISON



E: Fiona.Bennett@gov.scot

Chief Executives, NHS Scotland

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

Issued via email

13 January 2026

Dear Chief Executives

Scottish Government Budget 2026-27

Following the announcement of the draft Scottish Government Budget for 2026-27 by the Cabinet Secretary for Finance and Local Government in Parliament today, I am writing to provide details of the indicative funding settlement for NHS Boards. A breakdown of the total is provided in **Annex A** to this letter.

The budget aligns to and supports our improvement and reform priorities across the Operational Improvement Plan, Service Renewal Framework and Population Health Framework. We must continue to work as a whole system and across boundaries to improve outcomes and deliver the best possible care within our available resources.

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

Budget Uplift

NHS Boards will receive a 2% uplift on baseline funding in 2026-27. This will provide funding towards the costs of the 2026-27 pay deals and provides a 2% uplift for non-pay costs to support inflationary pressures. Additional funding will be provided to meet the costs of the 2026-27 pay deals where uplifts exceed 3% in line with public sector pay policy, and full funding has been included for the agreed Agenda for Change pay settlement. Pay funding should cover all staff including those delegated to Integration Authorities (IAs). Funding of £32.8 million ensures no Board is further than 0.6% from NRAC parity in 2026-27.

A further £150 million of recurring funding has been included to support territorial boards' continued implementation of the reforms committed to as part of the 2023-24 Agenda for Change (AfC) pay deal, including the additional one hour reduction from 1 April 2026. Together with the £150 million recurring funding issued in 2024-25, this increases total available recurring funding to £300 million for territorial boards. This funding covers all staff under AfC terms and conditions, including those staff working in functions delegated to IAs. For territorial boards this will be allocated on an NRAC basis and work will continue with national boards to understand the impact of the AfC reforms as in previous years. This level of funding should be assumed to continue in future years and will remain under review.

2026-27 Financial Support and Approach to Brokerage

Continuing from 2025-26, brokerage will not be available to support overspends, and NHS Boards must work towards a break-even position which remains the statutory responsibility of the Accountable Officer. Historic brokerage remains repayable and has not been written off.

Non-recurring sustainability funding of £150 million will be provided to territorial boards on an NRAC basis. This funding must be used in full to reduce pressures and the reported deficit. NHS Boards at stage two and above on

the NHS Scotland Support and Intervention Framework for finance will receive additional support in 2026-27 to improve financial sustainability, including non-recurring deficit support funding as notified in early September 2025. Further assumptions on longer term sustainability funding and deficit support funding will be shared in due course.

Discussion will be held with each Board to review their three-year financial plans and what support is required to improve their financial position. Overspends in excess of available funding will be reflected in annual accounts.

Three-year Financial Planning

A commission was issued on 12 December 2025 for three-year financial plans, and this budget announcement should be factored into those plans. To account for the later 2026-27 Scottish Budget date, an abridged plan is required on 2 February 2026 before final plans are submitted on 16 March 2026.

Planning assumptions have already been shared with Directors of Finance, including the continued requirement to achieve 3% recurring savings against baseline budgets. NHS Boards should ensure they undertake appropriate impact assessments prior to implementing financial savings.

In line with the sub-national planning guidance outlined in DL(2025)25, it is important for financial plans to align with sub-national structures. Further information is set out below.

Financial Savings

The 15 Box Grid (the Grid) sets out areas of focus for NHS Boards to support delivery of 3% recurring savings and improve the financial sustainability of NHS Scotland. It collates various national programmes of work, and has been effective through sharing best practice and benchmarking across the finance community and beyond.

The Grid will be refreshed for 2026-27 with a renewed focus on tangible actions that underpin reform priorities set out in the Operational Improvement Plan, Service Renewal Framework and the Population Health Framework. Opportunities for efficiency improvements in relation to shifting the balance of care, value based health and care, and prevention will feature in 2026-27.

The 15 Box Grid is effective due to continued collaboration across NHS Scotland, which is increasingly important as we implement sub-national structures. The Finance Delivery Unit will continue to support NHS Boards to implement savings and deliver the 3% recurring savings target.

Sub-National Planning

DL(2025)25 and the Ministerial Direction issued on 13 November 2025 outlined key requirements for NHS Scotland to improve outcomes and financial sustainability through two sub-national structures.

East and West structures are responsible for designing their approach to delivering the requirements of the DL, including improving financial sustainability. Local NHS Board financial plans should be developed in tandem with sub-national work, particularly around delivering Part 2 objectives as set out within the Ministerial Direction. Each structure has discretion to include relevant information regarding the financial challenges arising from these plans and potential efficiencies that can be delivered over the course of the three year period. Accountable Officers for individual NHS Boards remain responsible and accountable for their financial position throughout sub-national planning. All Boards will be continually assessed against the NHS Scotland Support & Intervention Framework.

Sub-national plans addressing the Part 2 objectives, as set out in the Co-operation and Planning Directions 2025, are to be submitted to the NHS Scotland Chief Operating Officer by 31 March 2026. These plans should be consistent with individual NHS Board financial plans submitted on 16 March 2026.

The Scottish Government will continue to work with Boards and sub-national structures during the course of 2026-27 to understand progress with sub-national planning and its financial implications and efficiencies. This will extend to all objectives as set out in the DL.

Operational Improvement Plan

The Scottish Government's Operational Improvement Plan (OIP) set out a focused programme of work to improve waiting times performance across the system in 2025-26. This focussed on reducing unscheduled care pressures, improving flow through hospitals, and tackling long waits in planned care.

In 2026-27, the OIP will continue as a core framework for delivery, with renewed focus on reforming the services to work towards prevention and delivering improved access to treatment through digital innovation. Non-recurring funding of £100 million will be provided for the OIP in 2026-27, and further information on this will be provided in due course. This replaces the value in 2025-26 rather than being additional.

Policy Funding

In addition to the baseline uplift, funding aligned to policy commitments will be allocated to Boards in 2026-27. Scottish Government remain committed to continuing to rationalise the in-year allocation process by reducing the number of in-year allocations and issuing as early as possible within the financial year.

Health and Social Care Integration

The Health and Social Care Portfolio will transfer additional funding of £167 million to Local Government to support social care and integration for 2026-27, this includes funding towards the uplift for pay for adult social care workers to the Real Living Wage of £13.45 per hour (£160 million) and inflationary uplift on Free Personal Nursing Care rates (£7 million).

There is also additional investment to support improvements to wider terms and conditions for Adult Social Care workers and support for advocacy within social care, as well as investment to support a digital telecare pilot as part of commitment to remove non-residential charges. Further information around these will be provided in due course.

The funding allocated to IAs should be additional and not substitutional to 2025-26 budgets for services which are delegated. Therefore, Local Authority social care budgets for allocation to IAs must be at least £167 million greater than 2025-26 recurring budgets.

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

Capital

The Budget will provide capital investment for the Portfolio's priority projects of the University Hospital Monklands, Princess Alexandra Eye Pavilion, the Belford Hospital, the Barra and Vatersay Community Campus, as well as contractual commitments relating to our construction programme. Out with these priorities, the capital programme will continue under the Whole System Infrastructure Planning (WSIP) process as outlined per [DL \(2025\) 15](#) with all Boards required to submit strategic assessments in 2026-27, although any decision on which priority projects can be supported within the Portfolio's capital funding envelope will not take place before 31 March 2027.

Approved projects from the Business Continuity Plans (BCP) will continue to be supported alongside funding made available for BCP Equipment and Sustainability programmes. NHS Boards' formula capital will remain in line with 2025-26 levels.

Alongside capital spending plans, as set out in [DL \(2025\) 15](#) and aligned to the Service Renewal Framework, a revenue funded primary and community care infrastructure investment programme is being developed. Work is underway to explore use of modern Public Private Partnership structures to support delivery and it is our expectation that, through a Mutual Investment Model, a significant programme of community health and wellbeing centres can be delivered over the coming decade, with initial construction anticipated from 2029-30 following establishment of the revenue funding model.

Considering suitability for revenue funding, along with community need, demand pressures and estate issues, twelve areas ([Annex B](#)) have been identified for pilot and first phase projects and meetings will be arranged with those local Health Boards to discuss this further. Following successful completion of the initial phase, it is intended that there will be further tranches, including smaller projects that are not suitable candidates for revenue funding, subject to funding availability and aligned to the overarching WSIP work.

Summary

It remains our collective duty and responsibility to ensure the funding allocated is used effectively to deliver the best possible care for the population of Scotland. This requires us to work collectively across organisations, using the new sub-national planning arrangements to make the best possible use of our resources.

I am grateful for your support to date and your continued engagement moving into the next financial year.

Yours sincerely,

A handwritten signature in black ink, appearing to read "fiona bennett".

Fiona Bennett

Interim Chief Finance Officer Health and Social Care

Annex A – Board Funding Uplifts

	2025-26 Allocation (£m)	Recurring Allocations* (£m)	Updated Allocation (£m)	Uplift** (£m)	Transfer to NHS Delivery*** (£m)	2026-27 Total Allocation (£m)	NRAC Funding (£m)	Distance from NRAC Parity (%)
Ayrshire and Arran	1,006.6	45.5	1,052.1	42.7	N/A	1,094.8	0.0	-0.3%
Borders	303.7	16.2	319.9	13.0	N/A	332.9	0.0	-0.4%
Dumfries and Galloway	425.4	19.4	444.8	18.0	N/A	462.8	0.2	-0.6%
Fife	937.9	40.8	978.8	54.1	N/A	1,032.8	13.7	-0.6%
Forth Valley	751.7	34.9	786.6	32.1	N/A	818.7	0.0	-0.5%
Grampian	1,346.8	61.8	1,408.7	68.8	N/A	1,477.5	11.4	-0.6%
Greater Glasgow and Clyde	3,123.5	141.1	3,264.5	100.2	N/A	3,364.7	0.0	1.4%
Highland	940.2	40.3	980.5	39.6	N/A	1,020.0	0.0	-0.6%
Lanarkshire	1,713.0	72.9	1,785.9	72.9	N/A	1,858.8	0.0	-0.4%
Lothian	2,113.0	96.6	2,209.5	91.0	N/A	2,300.5	1.7	-0.6%
Orkney	74.9	5.0	79.8	5.1	N/A	84.9	1.9	-0.6%
Shetland	74.8	4.8	79.6	7.0	N/A	86.6	3.8	-0.6%
Tayside	1,094.3	48.4	1,142.7	45.9	N/A	1,188.5	0.0	0.1%
Western Isles	106.8	6.1	112.9	4.3	N/A	117.2	0.0	6.2%
Territorials Total	14,012.6	633.6	14,646.2	594.5	N/A	15,240.7	32.8	
<hr/>								
National Waiting Times Centre	98.0	9.8	107.8	3.1	N/A	110.9		
Scottish Ambulance Service	437.2	18.7	455.9	15.7	N/A	471.5		
The State Hospital	49.0	1.6	50.6	1.7	N/A	52.4		
NHS 24	118.3	5.6	124.0	4.3	N/A	128.3		
NHS Education for Scotland	648.9	135.1	784.0	24.8	(808.7)	0.0		
NHS National Services Scotland	428.5	25.3	453.8	12.6	(466.4)	0.0		
Healthcare Improvement Scotland	37.6	3.3	40.9	1.4	N/A	42.3		
Public Health Scotland	67.8	8.7	76.5	2.5	N/A	78.9		
NHS Delivery	0.0	0.0	0.0	0.0	1,275.1	1,275.1		
Nationals Total	1,885.3	208.1	2,093.4	66.1	0.0	2,159.5		
Total NHS Boards	15,897.9	841.7	16,739.6	660.6	0.0	17,400.2		

* Includes recurring allocations from 24-25

** Includes NRAC parity adjustments.

*** NHS Delivery to be formed via merger of NES & NSS.

Annex B – Revenue funded primary and community care infrastructure investment programme

The three pilot projects, selected for their health, population demographic and estate needs, will be in the following areas:

1. Port Glasgow
2. East Calder and East Livingston
3. Cowdenbeath and Lochgelly

Other projects identified for the first tranche of this primary and community care investment programme include:

- West Edinburgh
- Edinburgh City
- Cumbernauld area of Lanarkshire
- Hamilton area of Lanarkshire
- South Glasgow, Langside
- East Dunbartonshire
- West area of Ayr
- Inverness and Nairn
- Dunfermline and Kincardine (including intervening areas)

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

Report by Lesley James, Chief Social Work Officer

27 January 2026

Subject: Chief Social Work Officer Annual Report

1. Purpose

- 1.1** The purpose of this report is to provide the HSCP Integrated Joint Board (IJB) with the Chief Social Work Officer (CSWO) Annual Report for 2024-2025(Appendix 1) which provides information on the statutory work undertaken on the Council's behalf, including a summary of governance arrangements, service delivery, resources and workforce.
- 1.2** On the 17th December 2025 at a meeting of Full Council the content of the Chief Social Work Officer Annual Report 2024-25 was approved as was its submission to the Office of the Chief Social Work Advisor to the Scottish Government.

2. Recommendations

- 2.1** The IJB are asked to note the contents of the report.

3. Background

- 3.1** The requirement for each Council to have a Chief Social Work Officer was initially set out in section 3 of the Social Work (Scotland) Act 1968 and is also contained within section 45 of the Local Government etc. (Scotland) Act 1994.
- 3.2** The role of the CSWO is to provide professional guidance, leadership and accountability for the delivery of social work and social care services – both of those provided directly by the local authority social work and care services delegated to the HSCP and also those commissioned or purchased from other providers.
- 3.3** The CSWO Annual Report has been prepared in line with National Guidance: 'The Role of the Chief Social Work Officer' (Scottish Government: 2016). This report also fulfils the statutory requirement for each CSWO to produce an annual report on the activities and performance of social work services within the local area.
- 3.4** Following approval, the annual report will be provided to the Chief Social Work Advisor to the Scottish Government and will be posted on the Council and HSCP websites.

4. Main Issues

- 4.1** Each CSWO produces an annual report based on an agreed template by the Office of the Chief Social Work Adviser. This ensures local reporting arrangements continue whilst having due regard to current pressures being experienced across the sector. The Office of the Chief Social Work Advisor will use completed reports to prepare a national overview later in the year.
- 4.2** The report, makes significant reference to the work of teams across Children & Families, Adults, Older People and Justice Services. The report gives both performance information and highlights the extensive and varied contribution that social work makes to the lives of our citizens within West Dunbartonshire and the role that social work has to play in the protection of the public.
- 4.3** Oversight arrangements, public protection activity and performance information is detailed as well as external scrutiny of those regulated services delivering statutory functions during 2024-25
- 4.5** The report highlights the continued challenges in recruitment and retention both locally and reflected in the national context of shortages of social workers and vacancies which have been evident for some time. Workforce planning is crucial in supporting the development of local strategies in recruitment and retention of social work staff and the priority that this requires.
- 4.6** Social workers through their relationship with children and adults, enable them to consider and identify what is causing risk and potential harm in their lives and perhaps harm to others, and working with them put in place agreed plans to empower individuals to make necessary changes to ensure the safety of themselves or others.
- 4.7** Social work, ensures those who do not have capacity or care for themselves are represented and whose rights and liberties are safeguarded, ensure the voice of children and adults is routinely considered when services are delivered. Social workers play a key role in delivering public protection functions, to ensure safety to the wider public from risk of harm of offending behaviour.
- 4.8** We need to clear however that where possible, social work services are delivered on a voluntary basis and where this is not possible, take the necessary steps to ensure individuals are safeguarded and protected acting within the necessary legal framework set out to safeguard and protect children and adults from harm.

4.9 Key challenges as well as continued improvements are highlighted throughout this report some examples include;

- The business case for care first which present challenges both to the variable social work data and quality assurance of performance as well as supporting efficient case recording and access to records.
- The significant programme developments in the mandatory year for Newly Qualified Social Workers (NQSW).
- The shifting balance of skill set in relation to recruitment challenges and the importance of supporting wellbeing of our experienced staff ensuring effective opportunities for learning and career progression are available.
- Strengthening of social work governance and oversight.
- Strengthening and reporting of oversight and learning from Child and Adult Protection Committees to Public protection Chief Officers Group.
- Strengthened approach to Statutory reviews in adult Service.
- Lauch of Access Help and Support Team, part of Best Practice in Child Protection and Safeguarding within the What Would It Take 5-year strategy.
- Growing demand in Community based Justice services, and challenges relating to service performance and budgetary challenges aligned to national funding and pay award challenges.

5. People Implications

5.1 The CSWO Annual Report highlights both ongoing challenges and developments in workforce planning and recognises the activity taking place to support staff wellbeing and ensure successful recruitment and retention.

5.2 The impact of both absence and vacancies is significant and continues to be an area where we need to consider service impact and ensure local solution to workforce challenges are maximised in the management of effective service delivery.

6. Financial and Procurement Implications

6.1 There are no financial or procurement implications arising from the CSWO annual report, however the report highlights the financial challenges to delivery sustainable social work and care services delegated to the HSCP by the council and collective solution in relation to budget prioritisation are required

7. Risk Analysis

7.1 Provision of statutory social work services requires appropriately qualified and skilled staff; analysis of activity and future demand is intended to inform future service planning to continue to meet statutory duties. HSCP strategic Risk registers reflect protection functions and impact of vacancies and current gap in some aspects of learning and development for staff. This will contiue to be reviewed on a six-monthly basis.

8. Equalities Impact Assessment (EIA)

8.1 There is no requirement for an equalities impact assessment, and this report does not recommend a change to existing policy, function or strategy.

9. Environmental Sustainability

9.1 There are no implications for environmental sustainability.

10. Consultation

10.1 Contributions to the CSWO Annual Report has been informed by managers and staff delivering the statutory functions contained within this report.

11. Strategic Assessment

11.1 Analysis of activity, resources and performance within the CSWO Annual Report provides some assurance that the planning and delivery of social work services in West Dunbartonshire continue to reflect statutory requirements.

11.2 The report also demonstrates how services support the Council's strategic priorities and the HSCP Strategic Plan, working with local residents and communities to improve lives.

Lesley James Head of Children's Health, Care and Justice Chief Social Work Officer

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Appendices: Chief Social Work Officer Annual Report 2024-25

Background Papers: None

Wards Affected: All



West Dunbartonshire

Chief Social Work Officer Annual Report

1 April 2024 – 31 March 2025

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1. Introduction

- 1.1 It gives me great pleasure to present this annual report 2024/2025 as Chief Social Work Officer for West Dunbartonshire. The report presents an overview of social work and social care services within West Dunbartonshire and the statutory social work functions delivered during this period. The report aims to capture good practice, challenges and improvement activity that has taken place across the range of services delivering social work and social care services.
- 1.2 The commitment and enthusiasm of our social work professionals and social work and care workforce in providing services to many of our most vulnerable children, young people and adults in our communities is clear, at a time where budgetary pressures and national local and workforce challenges are at arguably an unprecedented point.
- 1.3 The workforce and resources section highlights those continued challenges and the impact both in terms of capacity within the social work and care workforce. We need to ensure that a strong 'social work voice' is heard with the rights of those we serve being at the forefront, and the impact of financial decision making and recruitment challenges with the needs and risks of service users visible and transparent.
- 1.4 In West Dunbartonshire our social work and care services are diverse, and this report does not attempt to cover every aspect. This report summarises practice activity, improvement and the work that is taken place to strengthen service user voices, and where appropriate service redesign. Services need to keep evolving and changing to best respond to the needs of our communities and we need to be outward facing in all that we do.
- 1.5 The nature of social work is often overlooked or misunderstood in the vital role that it plays in supporting children and adults to ensure their voice and rights are upheld and that individuals lived experience is truly understood and informs how services are delivered.
- 1.6 To make changes in their lives, people assess how to meet need, recognise and manage risk to themselves and others and do this in the context of balancing often competing rights and responsibilities. Through their relationships, social workers help people analyse where they are, work out where they want or need to be, and can be the catalyst for change.
- 1.7 In my report I have referred to social work and social care separately as they are two very different activities and often misunderstood. Care is the support and help you will receive to meet your care needs and 'social work is a practice-based discipline that profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.'
- 1.8 I would like to acknowledge and thank the many contributors to this report and also the workforce who continue to strive to deliver relational and person centred services which enable children and adults to remain at home supported by family where possible and where this is not possible ensure their rights and care are delivered in a way that is respectful and focused in a way which best supports their needs.
- 1.9 Put simply due to their commitment, adults and children at times of crisis, failing health, family breakdown, or where there is a risk of harm, are on a daily basis enabling and supporting people to live safely with care dignity and respect.



A handwritten signature in black ink on a light blue background. The signature reads "Lesley James".

Lesley James
Head of Children's Health, Care and Justice
Chief Social Work Officer
30 October 2025

2. Governance, Accountability and Statutory Functions

2.1 Role of the Chief Social Work Officer (CSWO)

2.1.1 There is a statutory requirement for all Local Authorities to appoint a professionally qualified Chief Social Work Officer (CSWO) who is registered with the Scottish Social Service Council (SSSC). This regulation is set out in Section 45 of the Local Government (Scotland) Act 1994. The overall role of the CSWO is focused on the provision of effective professional advice and guidance to Local Authorities, Integration Joint Boards, Elected Members and Officers in the provision of Social Work Services whether directly provided or commissioned.

2.1.2 The CSWO has responsibility for overall performance improvement and the identification and management of corporate risk in so far as these relate to Social Work services. The CSWO provides professional governance, leadership and accountability for the delivery of Social Work and Social Care services whether directly provided or delivered by the private or voluntary sector on behalf of the Local Authority.

2.1.3 The role assists the Council and the Integration Joint Board to understand the responsibilities and the complexities involved in the delivery of Social Work services. The CSWO is required to ensure that all social services workers meet the requirements of the SSSC Codes of Practice.

2.1.4 The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of Social Work and Social Care services, not only those provided directly by the HSCP but also those commissioned or purchased from the voluntary and private sector. Social Work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value.

2.1.5 West Dunbartonshire Council has resolved that the Chief Social Work Officer role is held by the Head of Children's Health, Care and Justice reporting to both the Chief Officer of the HSCP and the Chief Executive.

2.1.6 The role of the CSWO assists the local authority and the IJB and its partners in understanding the complexities and cross-cutting nature of social work service delivery. Including issues such as corporate parenting, child protection, adult protection and the management of high-risk offenders, but also the key role social work plays in contributing to the achievement of a wide range of national and local outcomes.

2.1.7 In West Dunbartonshire, NHS Greater Glasgow and Clyde and West Dunbartonshire Council have gone beyond the statutory minimum requirements when determining which functions to delegate to the Integration Joint Board. As such Children's Services Social Work and Adult Services Social Work including Criminal Justice are all part of the West Dunbartonshire Health and Social Care Partnership and are overseen by the Integration Joint Board who must ensure that delegated functions are carried out effectively.

2.1.8 The CSWO plays a fundamental role in the context of Health and Social Care Integration, and as required, is a non-voting member of the Integration Joint Board. The professional leadership provided by the CSWO in these integrated arrangements is central to the effectiveness of improving the quality of Social Work Services and Social care within West Dunbartonshire underpinned by person centre approach has to care and support that improves the outcomes for people in our communities.

2.1.9 The CSWO has a defined leadership role in professional standards of practice being adhered to Aligned to Clinical and Care Governance systems which support the work of the Integration Joint Board, the development of a Social Work and Care Governance group was

implemented in 2023 Chaired by the CSWO. This has continued to develop its framework for assurance an oversight of key social work and Care services with strengthened reporting over the past year. In the reporting year further developments have taken place to align the governance to a social work assurance framework with a strengthened focus on statutory social work functions.

- 2.1.10 The integration of health and social care highlights the complexity of social work governance arrangements, but regardless of integration, West Dunbartonshire Council retain statutory responsibilities in relation to social work services. Elected members have important leadership and scrutiny roles and this annual report seeks to support Elected Members to discharge these functions. It is essential that Elected Members assure themselves that service quality is maintained and that risks are managed effectively.
- 2.1.11 The CSWO in West Dunbartonshire plays no role in budget setting for social work services and this is variable across the country. This does present challenges in relation to budget settlement and allocation of resource aligned to these priority protection and care functions for some of West Dunbartonshire most vulnerable children and adults.

2.2 Public Protection

- 2.2.1 Within West Dunbartonshire the term public protection is used to encompass the many different strategic approaches and responses to keeping children and adults safe in our communities, this includes Child Protection, Adult Support and Protection, Multi-Agency Public Protection Arrangements (MAPPA), Alcohol and Drug Partnership, Violence Against Women and Girls and Suicide Prevention.
- 2.2.2 The West Dunbartonshire Public Protection Chief Officers Group (PPCOG) has been established to reduce the harm to children and adults at risk. Effective public protection requires agencies to work together at both a strategic and operational level. Through the PPCOG actions have been taken to better align governance structures and system oversight as well as the collective approaches to risk management and assurance, this focus has been strengthened however, work is ongoing to fully embed a culture of quality assurance and risk management, risk registers have been developed for all 6 areas of Public Protection and aligned to a lead officer or Co-ordinator for the partnership groups delivering on these objectives.
- 2.2.3 Each reporting partnership has developed risk registers which report to PPCOG by exception where risks are considered high or above. The absence of learning and development resource within West Dunbartonshire supporting the multi-agency work of committees has been a key identified risk over the reporting period.
- 2.2.4 West Dunbartonshire continues to engage a single Independent Chair for its Adult and Child Protection Committees who reports to PPCOG. There are now 7 sub-committee reporting across both Committees including Communication and Engagement, Learning Reviews, Interagency Referral Discussion (IRD) Learning and Development, Policy and Practice, Quality Assurance and Data, Vulnerable Pregnancies (CPC) only.
- 2.2.5 As part of the continued promotion of a culture that supports learning, the PPCOG has engaged an independent lead to conduct learning reviews. These learning reviews present an opportunity for in-depth analysis and critical reflection with staff to reflect on practice and to embed learning in practice in the past year there have been two learning reviews concluded in adult services and one within children's services. These reviews and the associated improvement plans have been reported to PPCOG to ensure required oversight of the work of committees.
- 2.2.6 West Dunbartonshire is part of North Strathclyde Multi Agency Public Protection Arrangements (MAPPA), along with five other local authority areas, supported by a

dedicated MAPPA co-ordinator who provides professional advice and guidance. The MAPPA Unit team also support responsible authorities to fulfil their statutory duties around information sharing and joint working to assess and manage the risk of individuals managed within MAPPA. The Chief Social Work Officer continues to attend the North Strategic Oversight Group and the Justice Service Manager is a member of the Management Oversight Group, where both groups include responsible authorities (Local Authorities, Police Scotland, Scottish Prison Service and Health).

- 2.2.7 The Violence Against Women and Girl (VAWG) Partnership was reinstated in West Dunbartonshire in 2023 with the appointment of a VAWG co-ordinator. Over the reporting period the VAWG partnership developed a local strategy to strengthen the strategic approach to addressing domestic violence in West Dunbartonshire. The prevalence of domestic Violence continues to be an extremely high and as a serious and significant impact on children, non-abusing partners and parents and justice activity and it remains a key priority in locally reducing domestic violence prevalence.
- 2.2.8 Suicide prevention Partnership has been established during the reporting period and associated suicide prevention strategy. The reporting and oversight is now aligned to PPCOG.

2.3 Quality Assurance

- 2.3.1 It is important that a culture of continuous improvement is embedded across all aspects of social work. This is an area this has required significant development in West Dunbartonshire both to ensure capacity and develop a culture of learning and improvement.
- 2.3.2 Some Progress has been made in the year to 31 March 2025 in relation to the monitoring of service quality and performance across services. However there continues to be significant gaps in service information which impacts on management and senior management oversight of effective delivery.
- 2.3.3 Quality assurance and learning activity also includes learning from case, or Learning Reviews undertaken in collaboration with our partners. In 2024 West Dunbartonshire Adult Protection Committee commissioned and concluded one themed learning review with a further learning review commissioned. One Learning Review was also jointly commissioned by West Dunbartonshire and Dundee City Council Child Protection Committee.
- 2.3.4 Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured and that staff are supported in continuously improving the quality and safety of care. This ensures that good performance is highlighted, and poor performance is identified and addressed.
The aim in monitoring clinical and care quality aligned to the principles of good governance, is to engage and involve people in ensuring clinical and care quality is associated with public transparency, meaningful accountability requirements and robust organisational arrangements for governance. A sub- group of Clinical Care Governance was developed in 2023 and further strengthened regarding the reporting and scrutiny of Social Work Governance and chaired by the CSWO.
The group reports through the structure of clinical care governance and is underpinned by a developing framework of governance standards for social work and care.
- 2.3.5 Social Care and Social Work subgroup led by CSWO has been established and in scope are all commissioned services providing social care and support, complaints, notifiable incidents, regulated inspection and improvement plans, service data trends with specific focus on the statutory social work data and evaluation which is developing to ensure managers and leaders are enabled by the reporting of relevant data to understand data

aligned to performance and to ensure routine self-evaluation around service quality including recording supervision and lived experience is central to service practice.

2.3.6 West Dunbartonshire HSCP have implemented a Programme Management Office (PMO) approach to bring structure and governance to change projects across the partnership. The PMO Board meets monthly to review updates from individual projects and provide guidance and direction where required. Delivery of improvement projects and change is supported by Service Improvement leads who support services to support improvement and change within a structured way with necessary oversight.

2.4 **Governance**

2.4.1 West Dunbartonshire Health and Social Care Partnership Clinical and Care Governance Group plays an important part in the arrangements for scrutiny of care quality, within the services which the Health and Social Care Partnership provides, and those that it commissions.

2.4.2 Scrutiny and assurance have been strengthened with the wider inclusion of social work and social care services within Clinical and Care Governance arrangements and a social work subgroup developed and Terms of Reference updated to include oversight of social work and social care quality has been enhanced and fully incorporated into clinical and care governance activity. Social Care and Social Work subgroup led by CSWO has been established and in scope are all commissioned services providing social care and support, complaints, notifiable incidents, regulated inspection and improvement plans, service data trends with specific focus on the statutory social work data and evaluation which is developing to ensure managers and leaders are equipped to understand service data to ensure targeted and focused improvement.

2.5 **Management and Performance Information**

2.5.1 Development of management and performance information for statutory social work and social care services has been a key priority over the reporting period. A range of information reports to meet reporting requirements has progressed, with several automated reports introduced that are distributed to teams and services on a regular basis. This type of automated manual effort required to run reports and ensures, however the care first system is outdated and the information generated is sourced from several 'forms' and fields which are not integrated or joined up and at times meaning multi inputting and reports being produced with different data sets.

2.5.2 The business case for a system which is fundamentally 25 years old with the current operating model 15 years old has been developed. It is proposed this is included in the Local authorities Capital Plan to better support service oversight, ensuring accuracy of reporting, and reduce the ongoing manual effort required in collating information.

2.5.3 A range of reports from care first are generated for services to ensure management and performance oversight. Much of the development and focus over the reporting period has been to refine the reporting, ensure 'Raw Data is presented in a team specific and accessible format for managers and that fields are consistently maintained and resources to ensure accuracy of the data that is reported. Development in data sets has included Interagency Referral Data (IRD) data, brother's and sister's residence aligned to care profile.

2.6 **Risk Oversight**

2.6.1 The implementation of the HSCP Risk Management Policy inclusive of all delegated social work services, is maturing and strategically has gone some way to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key

strategic decisions. This means that the Integration Joint Board can take an effective approach to managing risk in a way that both address significant challenges and enables positive outcomes. It should be noted there is no reporting of risk or performance of delegated social work service out with the IJB.

- 2.6.2 Policy and supporting strategy provide the framework for the implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting. The Integration Joint Board receives a report on strategic risks and key operational risks on a six-monthly basis.
- 2.6.3 This governance structure provides the necessary assurance that the Health and Social Care Partnership has put in place the structures, behaviours and processes necessary for setting risk appetite, for delegating the identification of both significant events and trends, for assessment and mitigation of risk, and for putting in place effective controls and assurances which are properly owned and actioned.
- 2.6.4 Prior to this the Strategic Risk Register is reviewed by the Health and Social Care Partnership Senior Management team. This includes a review of operational risks which may impact across multiple service areas or, because of interdependencies, require more strategic leadership. The Senior Management Team can propose risks of this nature for escalation to 'strategic risk' status for the Integration Joint Board.
- 2.6.5 Public Protection Chief Officer Group (PPCOG) meet quarterly, and one part of this process is to review the key risks which the Chief Officers group should be aware of, need to take action on and/or provide strategic direction on next steps.
- 2.6.6 PPCOG previously approved a risk management process the objective being to ensure all stakeholders understood how the risk register for PPCOG was collated and updated setting the context for risk management within the PPCOG. This has been further developed to ensure now each thematic area of public protection has a dynamic risk register which is reported from the strategic groups.
- 2.6.7 Strengthening of PPCOG's oversight of Learning Reviews has taken place and input from both Lead officers for committees is in place and updates on Learning review progress has been developed and quarterly updates of progress are provided. It should be noted there has been challenges in recruitment of Adult Protection Lead officer during the reporting period with unsuccessful attempts at recruitment impacting on the progress of Adult Protection Committee business including self- evaluation and support to learning and development.

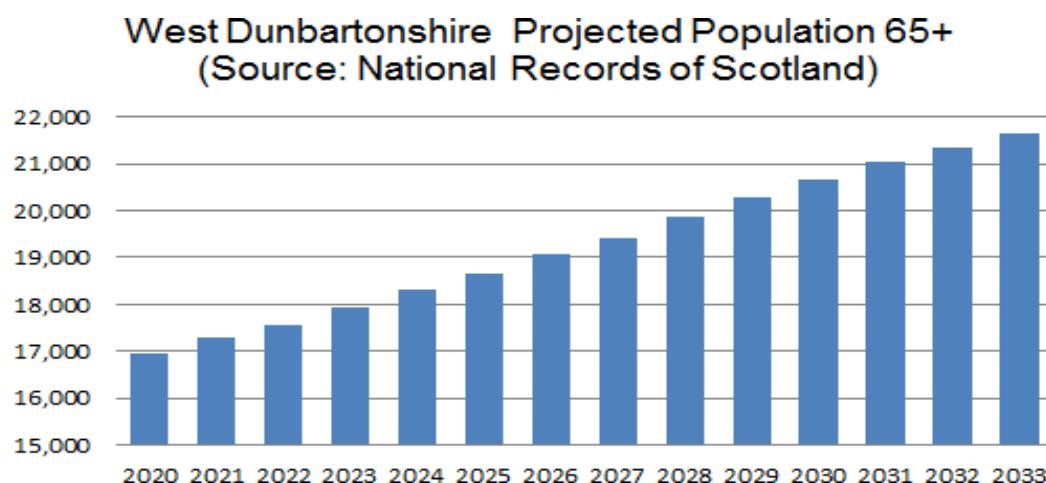
2.7 Population Profile

- 2.7.1 West Dunbartonshire has an estimated population of 89,120 people according to National Records of Scotland's latest mid-year population estimates 2024. This is a slight increase of 370 (0.4%) on the 2023 estimates.
The population of West Dunbartonshire accounts for 1.6% of the total population of Scotland.

2.7.2 The number of births in West Dunbartonshire in 2024 was 800 which was 2.2% higher than in 2023. Births in Scotland saw a decrease of 0.4% across the same time period. In West Dunbartonshire, 16.7% of the population are aged 0-15, slightly higher than Scotland (16.2%) and 9.7% of the population are aged 16-24, which is smaller than Scotland (10.7%). Those aged 25-44 account for 25.1% while those in the 45-64 age band represent 27.7% with a population of 24,683.

2.7.3 People aged 65 and over make up 20.5% of West Dunbartonshire's population, which is similar to the Scottish population (20.3%). Currently West Dunbartonshire ranks the third most deprived area in Scotland (equal with North Ayrshire) with 40% of data zones being among the 20% most deprived areas of Scotland. Only Inverclyde (45%) and Glasgow City (44%) have higher deprivation (Scottish Government, 2021).

Table 1 Population Projection



2.8 Specific Challenges for Our Communities 2024/25

2.8.1 Life expectancy is lower than the Scottish average with those living in the most deprived communities spending, on average 24 years fewer in good health than those living in the least deprived areas. With those in the most deprived areas also dying younger, they spend more than one third of their lives in poor health.

2.8.2 West Dunbartonshire has continued high rate of child poverty across the whole area (26%) with 22.6% of children living in low income families and there is a high eligibility for and uptake of free school meals (27.4% for primary 4-7 pupils) although the registration rate for secondary school pupils is on a downward trend. Almost half of the primary schools in West Dunbartonshire have rates of over 30% of pupils in Primary 4-7 registered for free school meals.

2.8.3 The total number of households in West Dunbartonshire is projected to decline between 2023 and 2043, with 42% of those named as responsible for the accommodation being over the age of 60. By 2028 it is projected that 1 in 2.4 households will have a single adult with the number of single adult dwellings increasing since 2012 to an average of 41.1%. Since 2016 45.4% of children are living in homes that failed the Scottish Housing Quality Standard (SHQS).

2.8.4 West Dunbartonshire has a rate of 23.7 per 1,000 school pupils assessed and/or declared as having a disability compared to the Scottish rate of 24.3 per 1,000 pupils; 26% of residents report having a lifelong time limiting condition (Scotland is 24%). Women are more likely to be disabled than men, with disabled women at greater risk of violence and abuse compared with both non-disabled people and disabled men; 458 Individuals with a learning disability are known to West Dunbartonshire HSCP learning disability services, learning disability rates are above the Scottish average and these individuals have some of the poorest health outcomes of any group in Scotland.

2.8.5 Domestic Abuse rates in West Dunbartonshire are the second highest in Scotland, at 168 incidents per 10,000 population reported to Police Scotland. Children are adversely affected by domestic abuse with the average number of people involved per incident remaining at four (victim, perpetrator and two children). This is the main reason of concern for children identified at case conferences for the child protection register and reason for referral to Scottish Children's Reporter Administration (SCRA).

2.8.6 The rate of drug related hospital stays in 11–25-year-olds has been consistently higher than the Scottish average since 2014/15.

2.8.7 The health and wellbeing of our youngest babies and children is also a concern within West Dunbartonshire. Over 20% of all local referrals being made to SCRA are for children under the age of 4 and almost 41% are for children aged 7 and under. West Dunbartonshire has the 2nd highest percentage of children with at least one developmental concern being identified at the 27–30 month health visitor assessment. In addition, 13% of the children accessing funded early learning and childcare have social, emotional and behavioural difficulty compared to the Scottish average of 5%.

2.8.8 While West Dunbartonshire's population saw a slight increase in 2024, the overall trend is a declining population with the proportion of older people within the authority steadily increasing. From 2022 based population estimates it is predicted that the 65 and over population will increase by 24.9% by 2037 and the over 75 population will increase by 40%. People are living longer with more complex health needs and therefore may require more input from health and social care services.

2.8.9 Continuing high numbers of West Dunbartonshire residents having their hospital discharge delayed.

2.8.10 Emergency admissions and Accident and Emergency attendances continuing to rise towards pre-pandemic levels. A&E attendances were 3% higher than in 2023/24 and we had the 11th highest rate of emergency hospital admissions and 4th highest rate of emergency bed usage in Scotland.

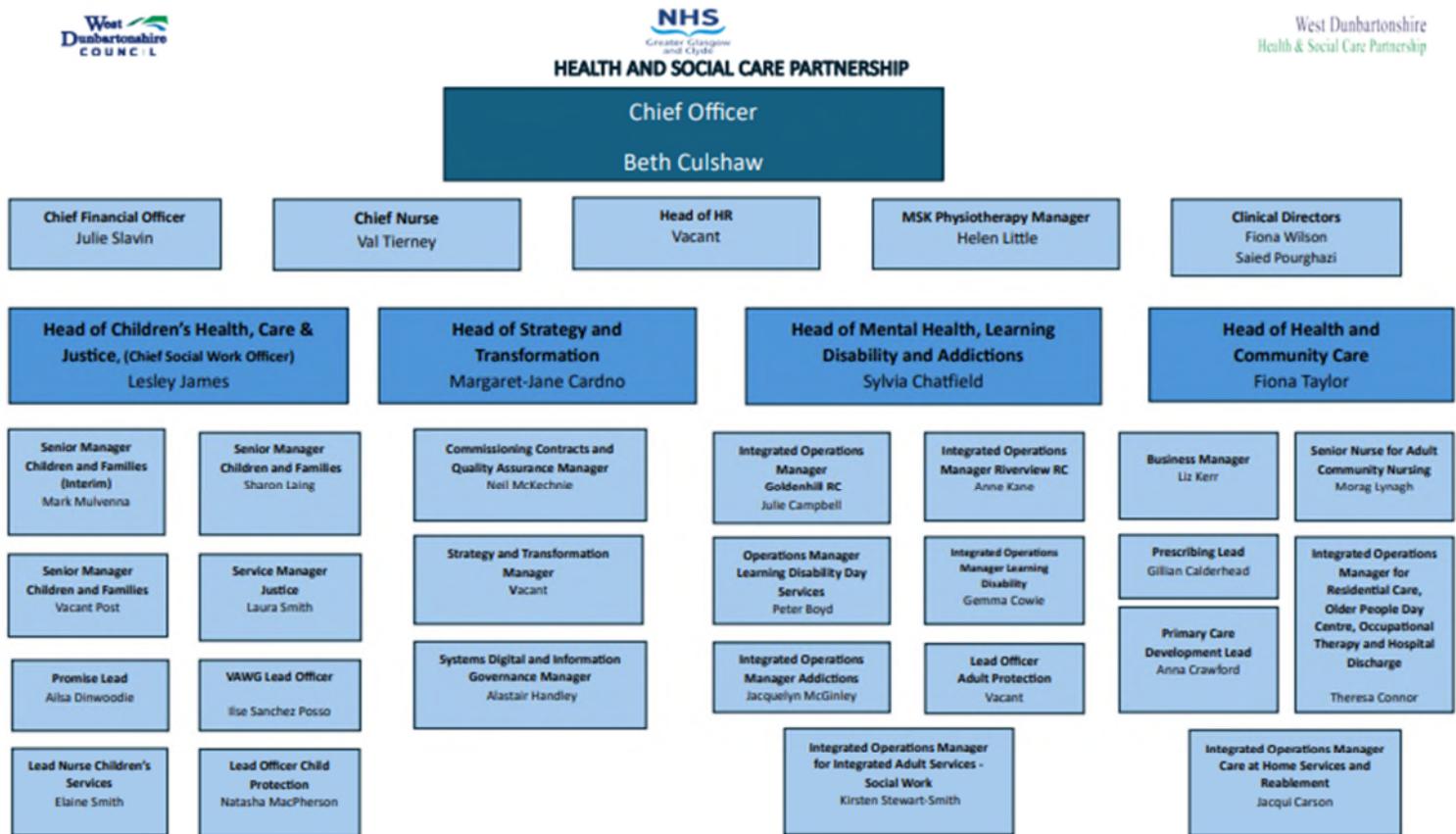
2.8.11 Recruitment and retention across almost all frontline services and the impact that this has had on waiting times and service delivery is significant with children service most impacted on recruitment of social work staff.

2.8.12 In service which have an annual funding mode, services are increasingly restricted in the ability to plan and sustain services and recruit staff on a permanent basis, due to continued financial challenges and uncertainty of the financial context, including the allocation of pay awards where this is determined by local authority as the parent body. The impact can be felt in social work and care service including services commissioned from the Third Sector.

2.8.13 High numbers of domestic abuse offending within West Dunbartonshire. Increasing number of referrals from the Crown Office and Prosecution Service.

2.8.14 While seeing some improvement in the percentage of children reaching their developmental milestones at 27-30 months of age from 72.3% in 2022/23, when we were ranked worst in Scotland, to 79.3% in 2023/24, we still have the 4th worst level of children with no developmental concerns at their 27-30 months review.

2.9 Social Work Service Structure Delegated to HSCP



3. Service Quality and Performance

3.1 A single delivery plan sits under the strategic plan with priorities for implementation and improvement activity aligned to the strategic priorities.

3.2 Key Achievements 2024/25

3.2.1 During 2024/25 social work services as part of the wider HSCP against key strategic priorities, made significant progress against the key priorities outlined in our Strategic Plan 2023/2026 Improving Lives Together: caring communities, safe and thriving communities, equal communities and healthy communities.

3.2.2 Caring Communities

Establishment of a new Permanence Team within services for looked after children.	83.6% of looked after children with no more than one placement in the last year.	Development of a Trauma-Informed and Responsive Strategy 2025-28.	5th highest proportion of adults with intensive needs being supported at home in Scotland.
Queens Quay and Crosslet House first care homes in Scotland to receive Food for Life Bronze award for catering from the Soil Association Scotland for serving fresh, quality and sustainable food.		1,145 people receiving homecare each week with 99.9% receiving personal care and almost 47% receiving 20 or more visits. 6th highest proportion of people aged 65 and over receiving personal care at home in Scotland.	
New Support in the Right Direction advice and guidance project launched to support carers navigate Self-directed Support and access short break funding.		Addictions Services assessed as 'Green - Implemented' for 9 of the 10 Medication Assisted Treatment Standards and 'Blue - Sustained Implementation' for the remaining standard: reduction of harm.	
91 people per week receiving a reablement service to support them to relearn their skills for daily activities.			Launch of a digital Anti-Stigma campaign to tackle stigma, language and dispel myths surrounding suicide.

3.2.3 Safe and Thriving Communities

Development of a Violence Against Women and Girls Strategy 2025-2028.	9th lowest rate in Scotland for readmission within 28 days of a hospital discharge.	4th lowest weekly cost in Scotland for looked after children being looked after in the community.
Development and launch of new Access Help and Support Team within Children's Services.	1,894 people supported by the Community Alarm/Telecare service.	'Breathing Space' bench, funded by the HSCP, installed at Bowling train station as part of our Suicide Prevention Action Plan.
Delayed discharge bed days moved from 'Moderate Reductions Required' to 'Remain Low' by the Scottish Government and delayed discharge bed days for complex cases 25% below local target.		Learning Disability Housing Support Service staff trained on the requirements of the newly enacted Health and Care (Staffing) (Scotland) Act 2019.

3.2.4 Equal Communities

90.5% of looked after children looked after in the community.

89% of 16 and 17 year olds in employment, education or training at the point of leaving care.

Partnership working with Working 4 U to promote awareness and applications for Attendance Allowance among Community Alarm users.

8% increase in the number of people aged 65 and over consenting to a referral to Working 4 U for benefits maximisation as part of their assessment/review.

3.2.5 Healthy Communities

201 people with a learning disability invited for a Health Check..

301 people attending Healthy Hearing sessions across both localities.

1,157 people supported with their medication by the Homecare Pharmacy Team.

Over 100 people attended Voices of the Promise Family Fun Day held in West Dunbartonshire for Families Hubs.

297 people reached and engaged with Community Food Framework Fund initiatives and activities.

Childhood immunisation levels exceeding both Greater Glasgow and Clyde and Scotland levels for all 6 immunisations offered at 5 years of age.

3.3 Children Young People and Their Families

3.3.1 Request for Assistance -Access Help and Support Team

The access Help and support Team had a soft launch in March 2025 and implementation date of 1st April 2025. The implementation of the team has been developed to ensure a single point of contact for families and partners agencies. Children and Families Access Help and Support Team, with clear guidance, thresholds and boundaries supporting notifications of concern and requests for assistance, initial assessment of vulnerable pregnancies and initial child protection activity.

- 3.3.2 The service launched on the 1st April 2025 with an established set up Key performance indicators (KPI's) to ensure that demand for children's service is understood and reportable now with timescales for initial assessment and response being available.
- 3.3.3 The redesign has been informed by feedback and engagement with service users, practitioners delivering current response to child concerns and managers operating within the system. Appreciative Inquiry sessions have taken place to engage staff in the redesign process and a survey to staff with a final three options concluded on the name of the team.
- 3.3.4 Our Promise Lead engaged with families and young people to ensure the use of plain English and a clear shared understanding of a front door to children's service was understood and made sense to those accessing social work services.
- 3.3.5 The team has a defined number of key staff, including a dedicated management structure and admin support. Early help and whole family support will be key pillars of the approach alongside good practice in child protection work including further development of the Scottish Child Interviewing Model and the embedding of Special Needs in Pregnancy (SNIPs) within a model of initial child protection assessment.

3.3.6 The revision of local processes with a view to better alignment with both the national Child Protection Guidance and Whole Family Support systems locally, ensuring women are provided with the right support at the right time. The current guidance is being updated and finalised to develop a children's service system response with health and police colleagues being key to the practice.

3.4 The Promise and Strengthening The Voice of Children and Young People

3.4.1 It should be noted that there is an increase in the numbers of children being looked after in the community as a percentage of all looked after Children aligned to the ambitions of our What Would It Take? strategy. It should be noted that there was some omissions form the collated of data in relation to inclusion of Unaccompanied Asylum seeking young people who should have been included in the data prior to 2022 where a significant increase is noted.

3.4.2 Table 1 shows the increase of looked after children and young people in West Dunbartonshire over a five year period.

Table 1 Data profile of Looked After Children as of 31st July 2025

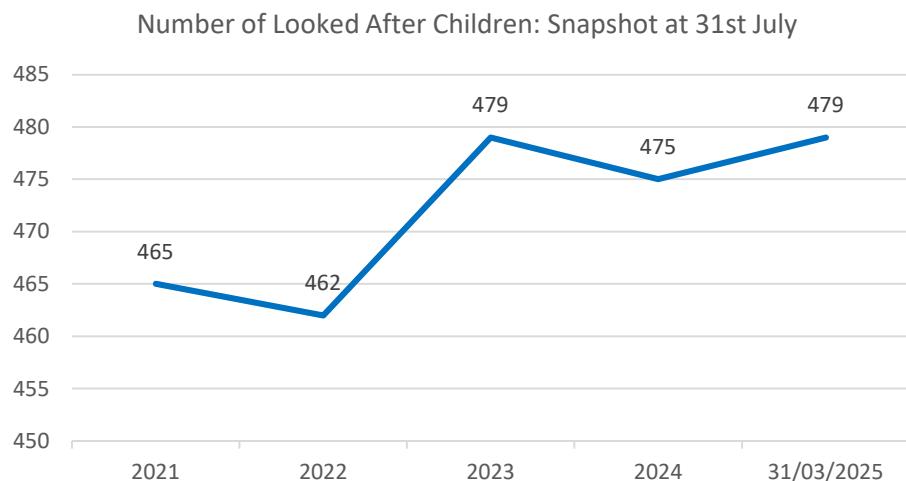


Table 2 Demonstrates the shift in balance of care with more children living in community settings.

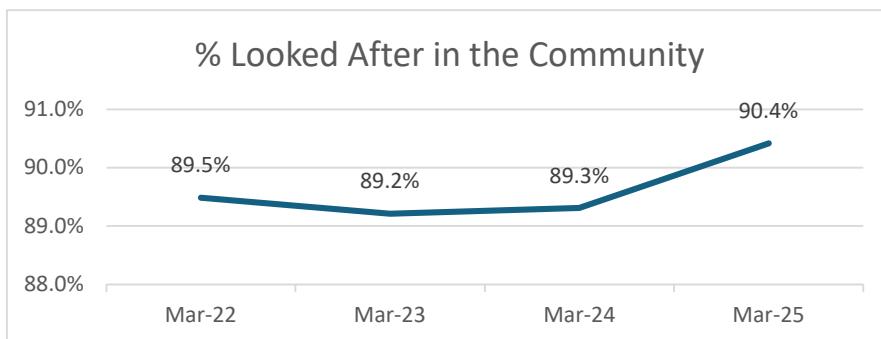
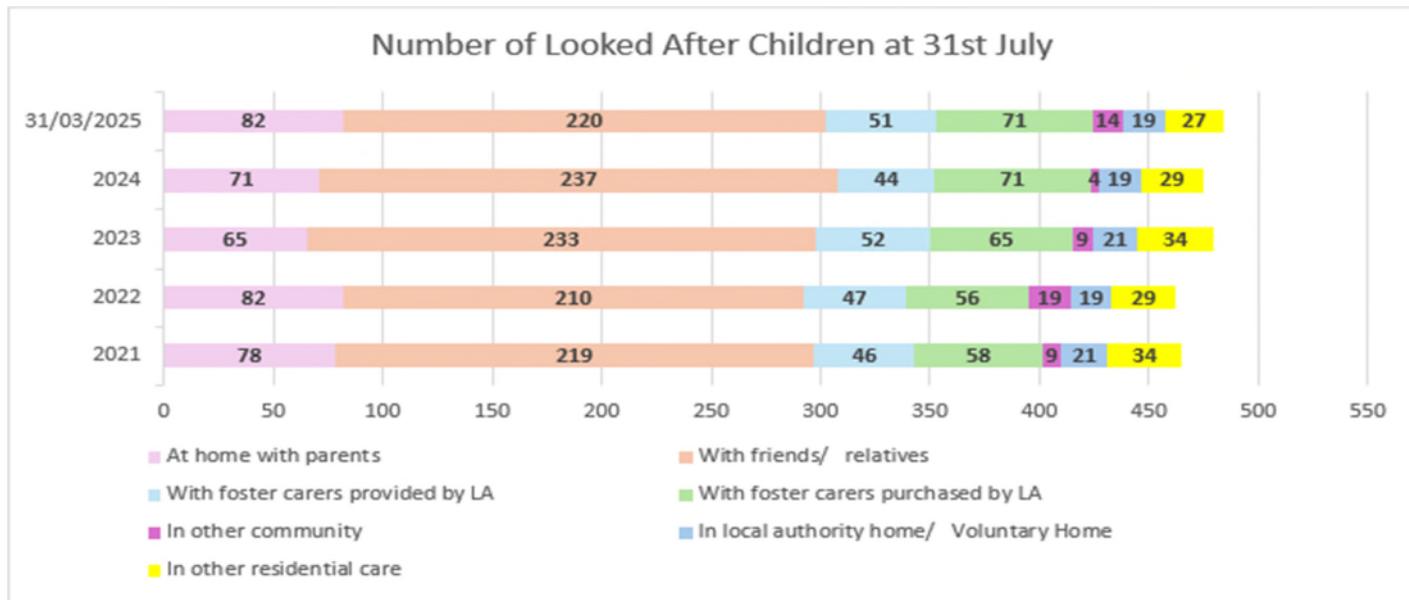


Table 3 Data profile of Looked After Children as of 31st July 2025



3.4.3 The Promise Progress Framework was launched in December 2024, and is a national tool developed by The Promise Scotland, the Scottish Government and COSLA to track and understand Scotland's progress around keeping the Promise. The framework brings together nearly 50 streams of existing national data, with 10 vision statements, linked to outcomes and indicators which will show measurable changes over time. We are working to incorporate the Promise Progress Framework in our Nurtured DIG planning and reporting structures. You can find out more about the Promise Progress Framework here [The Promise Progress Framework : Plan 24-30](#)

3.4.4 Nationally, the number of children who are looked after has been reducing since 2020 and is the lowest this has been since 2005/06. In West Dunbartonshire our number of looked after children has been increasing. This is a key driver to the What Would it Take? 5 Year Re-design of Children and Families Services, which aims to safely shift the balance of care, so we are able to support many more children and young people to remain at home with their families, or where this is not possible to live within local family-based care.

3.4.5 One of the key outcomes the Promise is working towards is around the rate of children entering care decreasing. For those that do need to enter care, a higher proportion are able to stay living at home with parents, or in a family setting.

3.4.6 We are seeing our number of children looked after relatively stable over the past 3 years and mirroring the Scottish average figures with an increase in children living in community settings.

3.4.7 In order to keep The Promise and shift the balance of care, we need to consider what would it take? To keep children safely looked after at home with birth families, and develop the resources required to meet the needs of the families we serve.

3.4.8 Significant development work has taken place within children and families services aligned to wider Children Services Planning to develop a 5-year strategy underpinned by a 5-year medium term financial plan Improving the Lives of with Children and young People in West Dunbartonshire, What Would It Take? 2024 – 2029. This strategy known locally as What Would it Take? Asks the question of practitioner and leaders at all levels to truly understand what supports families with a principle that families are the promote creative innovative

practice in partnership with children and young people with families being the experts in understand the challenges they face. The Strategy is underpinned by investment in services to reverse the need for care and enable children and young people to remain in their communities with family or kin focus on and building strengths with families to keep children and young people safe and supported.

3.4.9 The strategy presents the road map to delivering sustainable services within Children and Families. The ambition is to shift the Balance of Care ensuring children and young people have the support, where possible, remain at home with family or in a community setting.

3.4.10 This strategic approach to engage both our workforce and children and families is supported by the development of a 'Plan on a Page' is a tool to ensure the messaging and approach of the ambitions of the strategy and understood and embedded in service provision. Consultation and feedback with families and our work force, supported by our Promise Lead has strengthened our approach to ensuring the importance of language and communication is understood and embedded. The strategy was approved by the IJB in 2024.

3.4.11 The What Would It Take? Strategy delivers the following project aims:

- Safely shift the 'balance of care,' reducing the number of children looked after away from home.
- Enable investment in family support services within our communities to help strengthen our approach to keeping children safe without the need for care.
- The strategy implements the principles of The Promise in practice through six workstreams.

3.4.12 The 6 workstreams aligned to service improvement are;

- **Best Practice in Child Protection and Safeguarding**- Assessment and Planning, Implementation of Access Help and Support Team, Implementation of Signs of Safety Accredited model, Updated Secure Procedures and resource screening.
- **Supported Accommodation for Care Leavers**- developing of accommodation options for care leavers with housing colleagues, commissioning of supported accommodation, and development of support workers within a revised Leaving Care Service.
- **Foster Care Recruitment** - recruitment videos, carers testimonials and local campaigning, streamlining access and enquiry pathways to fostering to WDC and development of Foster Care liaison Role to recruit and support local carers.
- **Permanence and Care Excellence** - improving timescales and permanence planning for children, working in partnership with the Centre for Excellence for Looked After Children in Scotland (CELCIS) with the development of a permanence team with the fostering and adoption service, and independent reviewing officers to ensure child centred and independent scrutiny.
- **Commissioning Children's Services** - development of local commissioning frameworks for fostering and residential care to enable WDC negotiations of pricing and terms and conditions. Strengthened contract monitoring with this being built into key roles within the service.
- **Family Support Services**- redesign of family support within Children and Families Services informed by voices of children and families to ensure that services are strength based on what families tells us they need to help prevent children entering or remaining out with their care where possible.

What would it Take? 2024 - 2029

Improving Lives with Children and Families in West Dunbartonshire

Working together to find and build on the strengths of children young people, families and communities.

West Dunbartonshire
Health & Social Care Partnership



Our Priorities

- Outstanding services for children
- The best start in Life
- Family First
- Using data, consultation and evaluation to improve services
- Develop a self-directed model of support to families with children
- Early preventative help, locally delivered
- Working together
- Positive outcomes and support moving to adult hood
- Minimise a child's exposure to adversity
- Children's rights are upheld and respected

Our Vision

We will reduce the numbers of children and young people living outwith their local community to deliver sustainable services and better outcomes for children, young people and their families

- Family
- Voice
- Care
- People
- Scaffolding

Our Projects

- Permanence and Care Excellence
- Family Support Services
- Child Protection and safeguarding

Improve the timescales for planning for children and to reduce the uncertainty for children and young people who require permanent care out with their birth family.

We will provide family support services to ensure families get the right help at the right time, for as long as it is needed.

We will make sure there is best practice in child protection and risk management arrangements.

Commissioning Services

We will review all of our commissioned and contracted services to ensure the best outcomes and best value is delivered.

Foster Carer Recruitment and Kinship Care Support

Recruit local foster carers over the next 5 years and increase kinship care opportunities.

Supported Accommodation

Continue our commitment to providing options for those moving on from care.

3.4.13 In addition to improving outcomes, the strategy is creating budgetary efficiencies with reduction in out with authority care provision and with the development of our own local frameworks for commissioning of fostering and Residential Care. The aim is to ensure that with efficiencies comes the ability to recycle the budgetary efficiency to ensure children and young people have the appropriate support and scaffolding to safely be supported in the community where possible.

3.4.14 A plan on page has been developed and is used to inform and assist communication with the workforce, our elected members and practitioners so at a glance the ethos and approach is understood and visible.

3.5 Scottish Child Interview Model (SCIM) aligned to Bairnshoose

3.5.1 2024/25 the second implementation year of using the Scottish Child Interview Model for joint investigative interviews (JII) and became operational in November 2023. This has been a year of learning, and we have met routinely with the National JII Team, Police Scotland. Interviewer and briefing manager capacity has meant that we have not been able to offer the Scottish Model of interview to all children.

3.5.2 Between May 24 and April 24, 142 children were jointly interviewed. There has been a commitment by both West Dunbartonshire HSCP and Police Scotland to increase the number of trained interviewers and briefing manager. There is good evidence that the efficacy of the model is being upheld, and de-briefing and evaluation of interviews are used to reflect and develop practice.

3.5.3 Discussion with Argyll and Bute Council have taken place regarding development of a Bairnshoose with shared usage based on a hub and spoke model and making efficient use of national awards for Barinshoose funding to have a shared access options to a Helensburgh Bairnshoose base in which to support SCIM interviews for children and young people.

3.5.4 Continued efforts are taking place about identifying a Bairnshoose sight in West Dunbartonshire's Bairnshoose' spoke 'would ideally be located within Clydebank to ensure

easy reach access at both end of the authority for children and young people and their families. In the reporting period to date this is not yet been identified.

3.6 Permanence Team

3.6.1 The development and implementation of a permanence team to progress all children's plan was implemented in early 2024. Due to a number of children whose permanence plans were not being able to be prioritised due to continued vacancies within locality teams and a back log following pandemic period.

3.6.2 Four Social Worker posts were configured using existing resource in locality teams to provide a dedicated team of qualified staff in this area of work. A clear pathway has been developed within the service for children and young people for whom it has been decided will require to be cared for permanently away from home to Permanence Team. This dedicated resource means that children and young people's plans will be progressed timeously affording them the care, predictability and security required for them to grow and develop. The initial focus for this team of staff has been to prioritise the progression of plans for children and young people where drift has existed for some time as well as those children and young people who have more recently seen their plans progress to the need for permanence planning with early indicators showing this to be successful.

3.6.3 Permanence and Care Excellence (PACE)

The introduction of a Permanence Team, which was established in early 2024 so as to prioritise the progression of permanence plans for children and young people requiring to be permanently cared for away from home, has seen improvements being made in the provision of both stable and predictable families for children and young people within which they can grow and develop.

Since the introduction of the Permanence Team in 2024, the following has been achieved or is in progress in terms of securing legal permanence for children and young people

3.6.4 Permanence Orders

Permanence Orders Granted	7
Permanence Orders being progressed through Court	6
Permanence Order Applications being prepared for lodging at Court	7

3.6.5 Adoption Orders

Adoption Orders Granted	1
Adoption Orders being progressed through Court	2
Adoption Order Applications being prepared for lodging at Court	5

3.6.6 Pathways for children and young people have been established in relation to this service with Permanence Tracking Meetings scheduled to take place every 8 weeks with Senior Manager, Team Leaders and Senior Social Workers to ensure oversight and to support progression,

where required, of children's plans. Ongoing work in this area is being undertaken to embed the principles of Permanence and Care Excellence (PACE) approach and reduce the drift and delay experienced by children and young people within their Permanence Plans.

3.7 Recruitment of Foster Carers

3.7.1 There is clearly a national shortage of foster care to support children living within local communities with family based care. This significant issue is impacting the recruitment and retention of foster carers both across Scotland, and in West Dunbartonshire. Our local foster carer population is aging, and a number of foster carers are projected to retire in coming years. Having a robust group of foster carers in West Dunbartonshire allows children and young people to be placed closer to home, therefore more likely to remain connected to supports like schools. In addition to this it is also more financially viable than increased reliance on external foster care providers.

3.7.2 At present we have 72 children placed within external foster families with around 50 children with internal foster families with no additional capacity. Efforts are ongoing to increase the number of carers recruited by West Dunbartonshire through various approaches, some of which have involved collaboration and consultation with existing Foster Carers in order to promote this role within the local authority. Unfortunately, this has not proven to date to have had a significant impact on the number of carers being recruited with the competition from Independent Fostering Agencies proving a significant challenge. This area will however continue to be reviewed with the proposed introduction of a dedicated role within the service to be both responsive to initial enquiries as well as support prospective Foster Carers through the recruitment process and thereafter with their development. This is expected to be recruited to later in 2025.

3.8 Advocacy

3.8.1 Independent Advocacy is key to making sure children Voice is heard and central to young people's views being shared and heard within care planning and decision making. Locally we have seen the continued development of independent advocacy provided by Who Cares Scotland? and Partners in Advocacy for our care experienced children and young people. At the end of 2024 we doubled our Advocacy provision with Who Cares? Scotland to reflect the increasing uptake of this service and to support the right to Advocacy for children and young people. The role of the Independent Reviewing Co-ordinators (IRC) within the formal review process for children and young people has proven to be significant in both ensuring consideration is actively given to Advocacy support being provided as well as referrals to relevant services being made.

3.8.2 Over 2024/2025, Who Cares? Scotland reported receiving 59 referrals over the period, the majority of which were received from Social Workers, with these leading to 47 young people receiving advocacy support from the service.

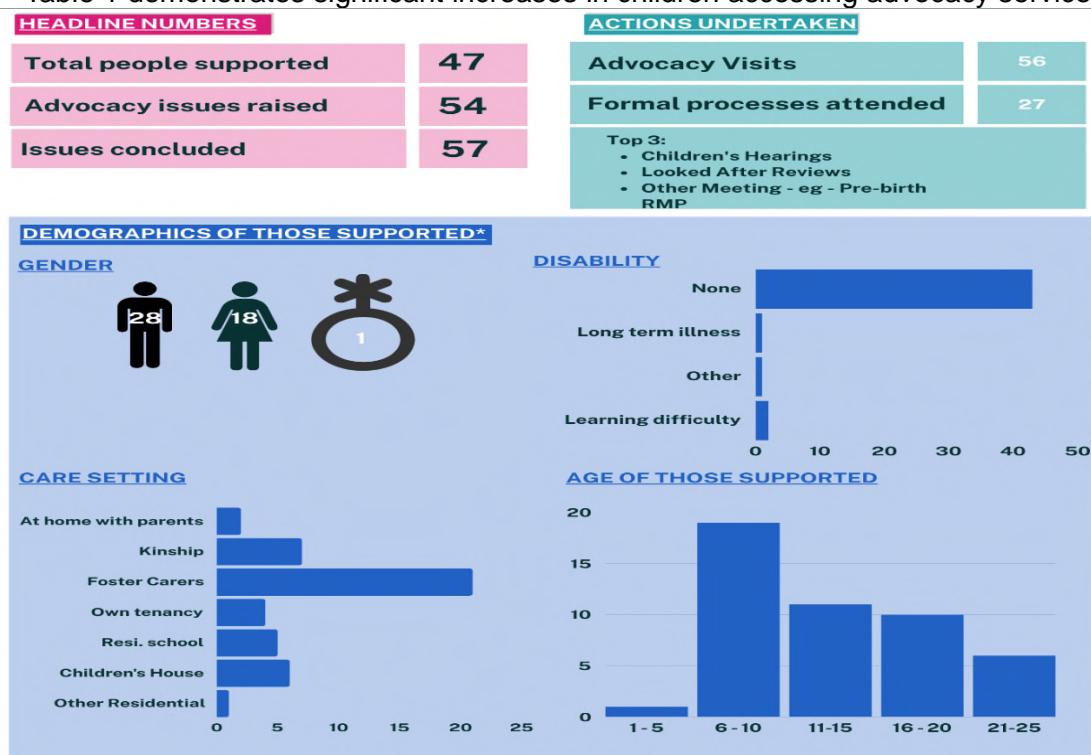
3.8.3 There was a 70% increase in referrals to advocacy provided by Who Cares Scotland between January – March 2024 and April – September 2024, and a 122% increase in Advocacy tasks undertaken during this period. Over this period there have been discussions with Who Cares? Scotland about increasing our Advocacy provision with them to reflect the need for this service, and support this right for children and young people. It is hoped that our increased Advocacy provision will be this increase in advocacy uptake, considering the introduction of our Independent Reviewing Co-Ordinators, who now consider advocacy at every review meeting, and make referrals on to Who Cares? Scotland themselves when appropriate.

3.8.4 The service was successful in obtaining Promise Partnership funding in October 2023 to deliver a service which focuses on Participation and Data Insights.

3.8.5 The service is keen to ensure we maximise participation and undertake this in a meaningful and engaging way to children and young people. We also require to better understand how our data can help us inform and develop services aligned to our local need. We have commissioned this service to Action for Children and the Children and Young People's Centre for Justice (CYCJ) and this project began in July 2024.

3.8.6 This service will support the to understand and implement different ways to measure progress, keeping children and young people at the centre, supporting effective ways to tell these stories and ensure they are linked to clear, tangible actions. The outcome that this service is seeking to achieve, is around a fuller, more nuanced and accurate story being understood by HSCP staff at all levels about our infant, children, young people's and families' needs and experiences. We want our data to go beyond standard reporting measures, and to provide a deep dive into our families' experiences, cutting across different multi-agency services and supporting the identification of solutions.

Table 1 demonstrates significant increases in children accessing advocacy services.



3.9 Child My Assessment My Plan- Assessment and Planning

3.9.1 West Dunbartonshire has reviewed and redesigned how we undertake and record assessments. By naming them My Assessment. My Plan we are ensuring that the focus keeps the child at the centre. A guide had been created and an i- learn module to aid improved quality of assessment and planning for children and young people. An initial audit and evaluation confirmed that this change in tool had led to more child centred assessments that contained greater analysis.

3.9.2 The implementation of the assessment tool has been subject to gathering of quantitative data and audit activity. Which will inform improvements in quality and learning needs for staff to ensure practice standards within assessment and planning are met. In 2024 the commissioning process was started in order to introduce a Signs of Safety Approach in West Dunbartonshire a strength-based model and planning to work with families where children voices are central, strengths are identified and recognised, and risks are managed and informed by chronologies. The implementation is planned in 2025.

3.10 Strengthening Quality Assurance and the Voice of Children and Young People

3.10.1 Recruitment took place in early 2023 of four Independent Reviewing Coordinators to undertake reviews of plans for all looked after and accommodated children. These posts will ensure that all children and young people who are looked after away from home, in formal placements or in kinship, will be regularly reviewed in line with regulatory frameworks and good practice guidance. In 2024 / 25 temporary funding remains in place in ensuring these vital posts are retained to ensure consistency and scrutiny over statutory reviews of children's care plans.

3.10.2 The quality assurance function is key to ensuring the 'birds eye view of practice' is fully understood and quarterly reports on a set of Key Performance Indicators for children and young people in kinship and other key settings is being developed and shared with the wider children's management team. This includes consideration of retention of sibling connections as part of new reportable data to Scottish Government as well as ensuring that children and young people's views are captured and are central to planning processes.

3.10.3 West Dunbartonshire has one of the highest percentages of our looked after children living in kinship care in Scotland. In 2024 50% of our looked after children were in kinship care, whilst the national average was 35%.

3.10.4 Child poverty is considered a contextual factor within the Promise, providing context to the improvement work. Addressing child poverty is a crucial aspect of family support, with it widely acknowledged that whilst child poverty levels remain so high it is increasingly difficult for the Promise to be kept. In 2023 West Dunbartonshire's child poverty levels were above both the Glasgow City Region (average) and the Scottish and UK averages.

Table 1 Children in low-income families: Local Area Statistics 2019- 2024 (%)

Area	% FYE 2019	% FYE 2020	% FYE 2021	% FYE 2022	% FYE 2023	% FYE 2024
East Dunbartonshire	8.6%	10.7%	8.6%	8.9%	9.2%	8.2%
East Renfrewshire	9.2%	10.9%	9.1%	9.0%	8.4%	8.0%
Glasgow City	26.8%	30.4%	26.8%	26.9%	28.9%	26.4%
Inverclyde	15.9%	18.3%	15.5%	16.8%	18.6%	16.5%
North Lanarkshire	19.9%	22.9%	20.1%	19.7%	20.6%	18.7%
South Lanarkshire	15.7%	18.1%	15.6%	15.5%	16.3%	14.4%
West Dunbartonshire	20.3%	23.4%	19.9%	19.8%	20.6%	18.2%
Scotland	16.8%	19.5%	16.8%	16.9%	17.8%	16.3%
United Kingdom	15.7%	16.0%	15.0%	14.8%	17.2%	18.7%

3.10.5 Funding that we receive in West Dunbartonshire related to the delivery of the Promise is Whole Family Wellbeing Funding, which every local authority receives, relative to their index of multiple deprivation. The Scottish Government committed to £500 million between 2022 and 2026 to support this transformational change.

3.10.6 The Health and Social Care Partnership applied to the Corra Foundation for Promise Partnership funding in 2023 and were successful in obtaining £160,000. This was to create an 18 month project around how we embed children, young people and families voices within planning and designing of services. An element of this project was also to look at the data that we gather, and making sure we are measuring what matters to

children and families, as well as using our data to drive improvements. This project will end in March 2026.

- 3.10.7 The Lead Officer for the Promise was recruited in 2022, with funding initially for 1 year by Corra's Promise Partnership fund in 2022, with match funding from West Dunbartonshire for 1 further year. In 2024 this post was made permanent and comes from the HSCP budget.
- 3.10.8 Governance for The Promise is aligned to our Community Planning Partnership, with the Keeping the Promise Group sitting as a sub-group, reporting to the Nurture Delivery Implementation Group (DIG).

3.11 Family Support for Children and Young People and Families

- 3.11.1 The review our family support services within West Dunbarton began with a listening exercise, where we commissioned a third sector partners to hear directly from children and their families what we do well, what could be better and what is missing. We heard from parents of children with disabilities and complex support and health needs that we needed to offer support earlier to prevent crisis. This has therefore become a priority area for the allocating of budget for commissioning services in 25/26.
- 3.11.2 Using the Scottish Approach to Service Design our internal family support service review commenced. This was hampered by not having adequate system to collate data to assess current needs and demand. The staff team have been involved in understanding the service as is and what would make it better. This information along with that gathered from children and families will inform the next stages of the review and redesign
- 3.11.3 Education and Social Work Area Resource Group

The Area Resource Group (ARG) was created to oversees the allocation of resources, review assessment and aims to ensure that The Team Around the Child systematically consider "what would it take" to support a child and their family to remain safely together before a child is accommodated. If a child requires to live away from their family, then care and education requirements are both considered in ensuring the best possible outcome for the child. Early evaluation indicates that ARG has supported the development of alternative support plans that have allowed children to remain at home.

3.12 Unaccompanied Asylum Seeking Children (UASC)

3.12.1 Since 2018 a total of 41 children and young people have sought asylum.

Between 2018 and March 2025 a total of 51 children and young people have sought asylum. There have been an additional 2 social work assistant posts added to the Leaving Care/ Throughcare Service in order to ensure sustained support is delivered to unaccompanied young people.

Table 1

Unaccompanied Asylum Seeking Children

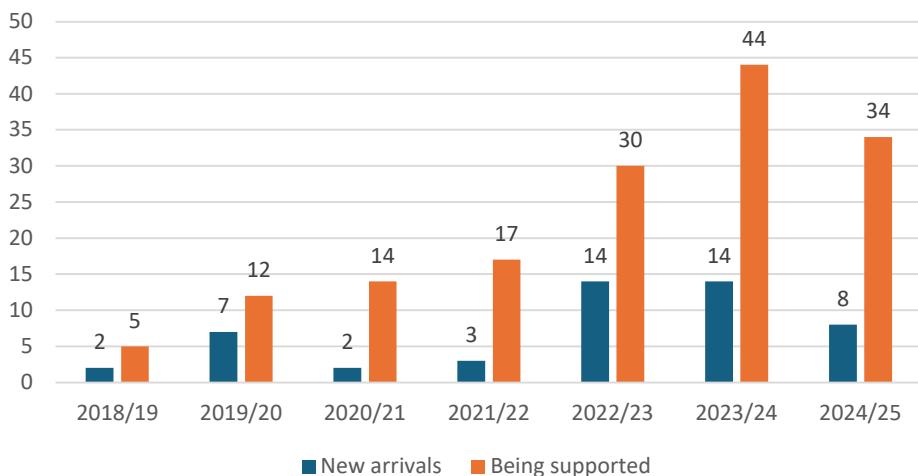
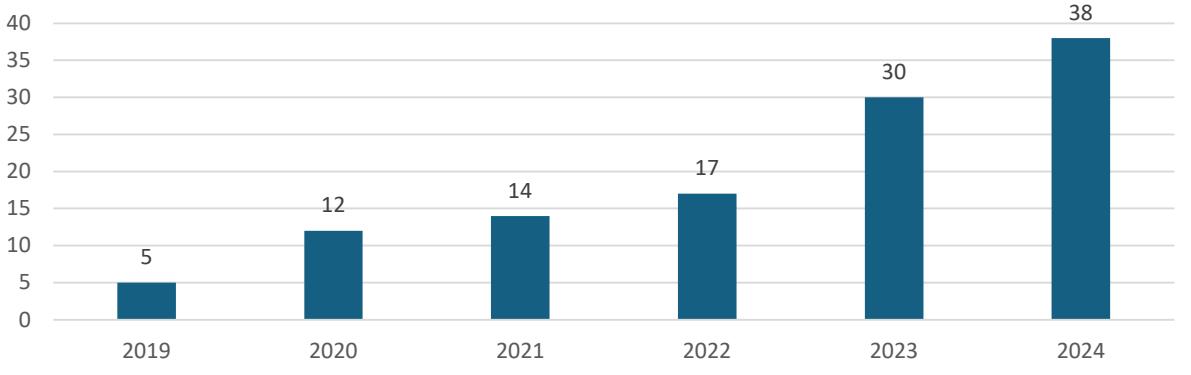


Table 2

No of Unaccompanied Asylum Seeking Children Being Supported



- These 38 UASC Young people are accommodated in a number of placement provisions, 2 young people have yet to have their placement identified and determined.
- 11 young people are being supported in with supported carers.
- 1 young person in foster care.
- young people in residential care.
- 12 young adults in tenancies with support (National Transfer Scheme).
- 6 young people living with friends or relatives.
- 1 young adult in their own tenancy.

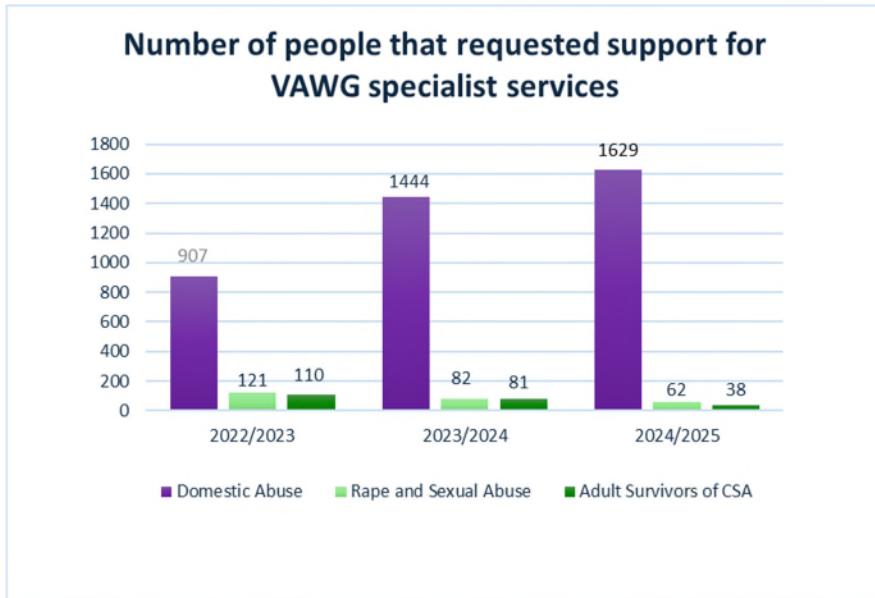
3.13 Self-Evaluation Activity

- 3.13.1 A of single agency audit activity combined with planned multi-agency self-evaluation aligned to Child Protection Committee has been progressed during 2024 and 2025.
- 3.13.2 A pre-birth audit to inform a refreshed Pre-birth Multi-agency guidance informed by GIRFEC principles has concluded and informing a test of change regarding Notifications of Concern and the multi-agency guidance for Unborn Babies is being taken forward. Proposed changes to variations to the pre -birth planning at earliest stages have had to be delayed due to need for consistency across the Greater Glasgow and Clyde Health board pre birth protocols and this is being worked through. The need for local variation and GGC wide adherence needs carefully planning and considerations.
- 3.13.3 Quality Assurance Framework has been agreed by both Child Protection Committee and Adult Protection Committee to support the delivery of self-evaluation activity on multi agency basis.

3.14 Public Protection and Social Work

- 3.14.1 Violence Against Women and Girls (VAWG) continues to be a prevalent issue in West Dunbartonshire. The last data available from Police Scotland situates West Dunbartonshire as the second Local Authority in Scotland with the most incidents of Domestic Abuse per 10,000 population (153). 45% of these incidents included the recording of a crime or offense, being this higher than the Scottish average which is 38%. Equally Safe, the National Strategy for the prevention and eradication of VAWG in Scotland consider local VAWG Partnership as the multiagency mechanisms to implement the Strategy at a local level.
- 3.14.2 West Dunbartonshire's Partnership was refreshed in 2023, it has a wider membership that comprises key partners from West Dunbartonshire Council and Health and Social Care Partnership, NHS Greater Glasgow and Clyde, Police Scotland, Scottish Fire and Rescue Service, and Specialist VAWG Third Sector Organisations. The Partnership is currently chaired by Police Scotland and is coordinated by the Violence Against Women Lead Officer. The Membership is reviewed periodically to ensure that the right partners are part of the group. During 24/25, the Partnership has focused on developing its Strategy and action plan for the next three years with the aim of meeting the Equally Safe Outcomes and Quality Standards.
- 3.14.3 The Strategy and Action Plan were approved at the end of the financial year 24/25 by the Public Protection Chief Officers Group, to which the Partnership reports periodically. The Strategy highlights the importance of having a collaborative multiagency approach, focusing on prevention and awareness raising work and engagement with people with lived experience and with the wider community. The action plan was developed in line with the areas for improvement considered in the Strategy, and in line with Equally Safe and its Quality Standards, as way to enable the appropriate measuring of the progress on meeting the outcomes. After drafting the Strategy, two sessions were held with women with lived experience of Domestic Abuse with the support of Dumbarton District Women's Aid, to ensure that the areas for development in the document were agreed as relevant by them. The feedback gathered also supported the development of the action plan. The VAWG Partnership collects data for the Improvement Service on the access to services from women and children accessing VAWG Specialist Services.

Table 1



3.14.4 We can observe an increase on the number of women and children accessing VAWG Specialist Services for Domestic Abuse, while the request for support on Rape and Sexual Abuse and for Adult Survivors of Childhood Sexual Abuse are slowly decreasing. The total number of Women and Children that accessed specialist support compared to the previous year has increased on 7.59% with a total of 1,729 women and children seeking Specialist VAWG Support during 24/25. Domestic Abuse is one of the main causes for women presenting as homeless and on average in 24/25, 47.8% of children in the Child Risk Register were registered under the Domestic Abuse heading in the Local Authority.

3.14.5 The multiagency work continues to thrive in the Partnership, and one example was the development of two prevention videos whose target audience are taxi and private hire drivers, with the aim of raising awareness of Domestic Abuse and Spiking and their signs, giving practical steps to follow in case they have concerns for a passenger. This initiative was developed after women with lived experience reached out to the L Division in Police Scotland in relation with a series of cases of VAWG that occurred a few years back in the local area, requesting the development of an initiative to support taxi and private hire drivers to understand the process to report their concerns and be active bystanders, understanding the special role they have in the communities they work in. Work is underway to launch the videos in 25/26.

3.14.6 Aligned with the focus on prevention and awareness raising, West Dunbartonshire joined between the 25th of November and the 10th of December in 2024 the “16 Days Against Gender-Based Violence” Campaign, an international campaign that calls for the eradication of VAWG around the world. The local theme for the campaign was “Imagine a West Dunbartonshire without VAWG” and called for action to achieve this vision. The Campaign had well attended opening and closing events, where 16 Days flag was raised at the Council Offices in Dumbarton and a public vigil in the memory of the victims and survivors of VAWG was held. The campaign also included awareness raising through social media, prevention sessions with young people, and a contest that invited young people to use their creative talents to illustrate their vision of a West Dunbartonshire free from VAWG. While the multiagency collaborative work is improving and strengthening, there are current challenges, particularly in relation to funding and resources.

3.14.7 The lack of sustainable funding for VAWG impacts the time and capacity that partners can dedicate to this area of work, as well as impacts the services received by women and children that are experiencing or have experienced any form of VAWG, as these are over stretched, trying to cope with the high demand for support. Because this is not a statutory area of Public Protection, there is an impact on the level of resourcing that is dedicated to preventing and eradicate VAWG. It is important to highlight, that as cross-cutting issue, adequate funding and resourcing for VAWG can have a positive and significant impact in all areas of Public Protection.

After a period without a Co-ordinator, our local Multi-Agency Risk Assessment Conference (MARAC) welcomed a new Co-ordinator in 2024.

3.14.8 Thanks to the multiagency collaborative efforts, the MARAC Chairs commitment to the process, MARAC meetings continued during the interim. However, the Co-ordinator's arrival has further enhanced the process, fostering best practices and driving ongoing improvement. For example, to ensure a consistent, safe and robust approach to address counter allegations throughout all stages of the MARAC process, a proof-of-concept pre-MARAC referral process was developed and introduced in March 2025. Increasing numbers of referrals with counter-allegations were challenging for the MARAC process and professionals, particularly if only identified at the MARAC meeting. If counter allegations are not identified and resolved, agencies may provide services to the perpetrator and inadvertently assist them to isolate and control the victim. Additionally, the process mitigates potential service generated risk. As a consequence, the victim may not be able to access the services and support they need to become safe, because they have been identified as a "perpetrator".

3.15 Child Protection & Social Work

As at 31st March 2025 there were 75 children on the Child Protection Register, a 29% increase on the 58 at March 2024. There were a total of 94 registrations and 77 de-registrations during 2024/25. Both numbers on the register and the number of new registrations in the year are higher than they have been since the last peak which was in July to September 2020, when the country was in the midst of the Covid pandemic lockdowns.

Table 1

Child Protection Registrations

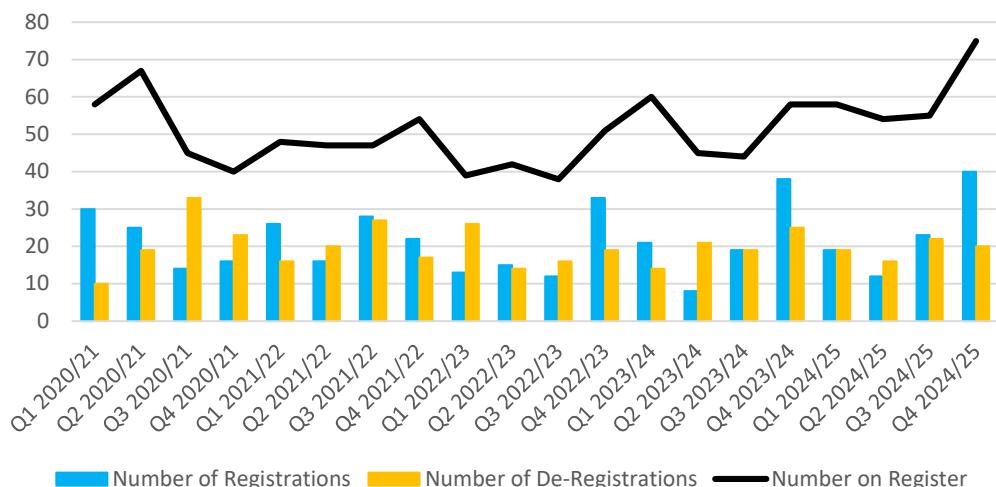
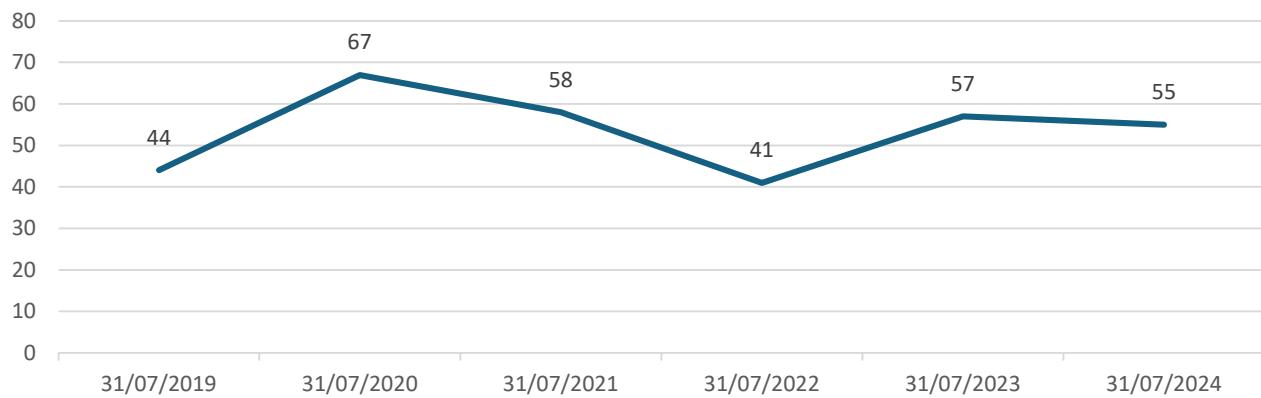


Table 2

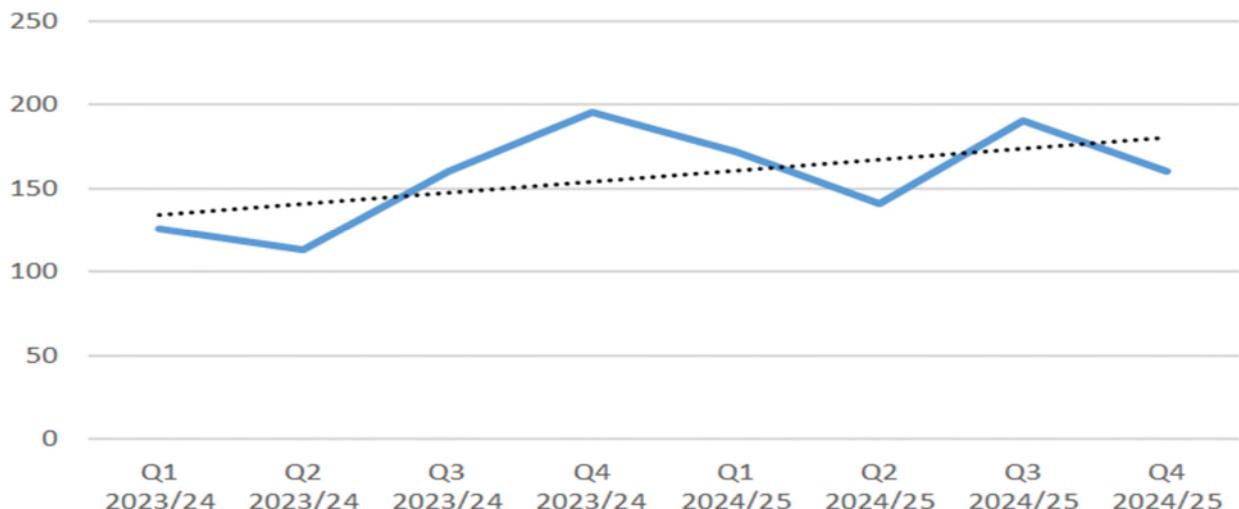
Number of Children on the Child Protection Register



3.15.1 Child Protection referrals show an increasing trend over the previous two years. There were 664 referrals in total in 2024/25, an 11.6% increase on the 595 referrals in 2023/24.

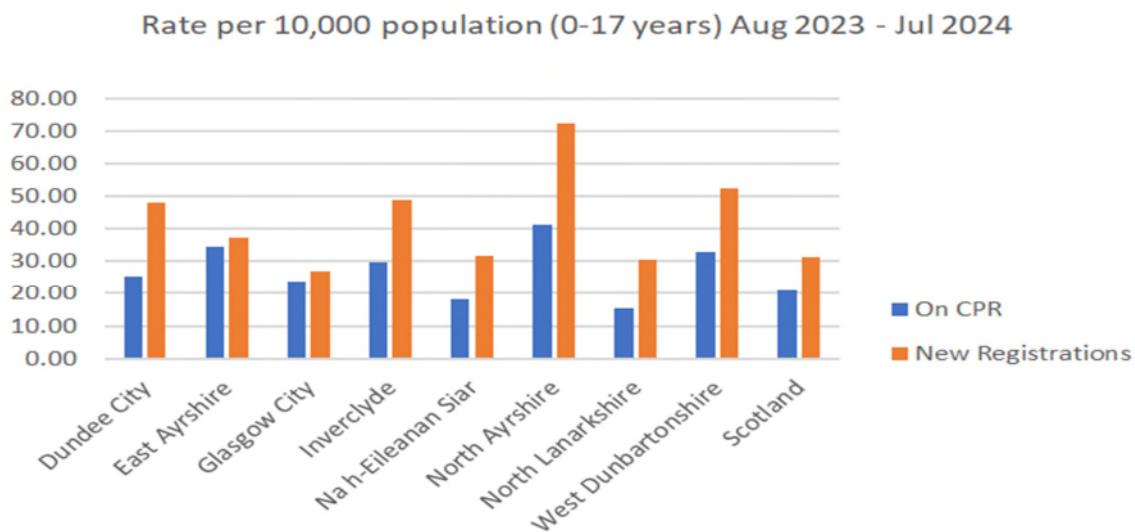
Table 3

Number of CP Referrals



3.15.2 When converted to a rate per 10,000 of the 0-17 years population within each authority, West Dunbartonshire had the 6th highest rate on the Child Protection Register at 31st July 2024 in Scotland; 3rd highest among our Local Government Benchmarking Framework (LGBF) family group. The rate per 10,000 of new registrations within the year, August 2023 to July 2024, was also the 3rd highest in Scotland and 2nd highest within our LGBF family group.

Table 4



3.15.3 There were 89 registrations and 91 de-registrations between 1 August 2023 and 31 July 2024.

3.16 West Dunbartonshire Child Protection Committee

3.16.1 The Protecting Children and Young People: Child Protection Committee and Chief Officer Responsibilities (2019) outlines the roles and responsibilities for the Child Protection Committee and the Chief Officers Group. Child Protection Committees (CPC) and partners are central to fostering an inter-agency approach and providing support for the development and delivery of processes, common standards, and continuous improvement.

3.16.2 CPCs are the key local bodies for developing, implementing, and improving child protection strategy across and between agencies, bodies, and the local community. A Child Protection Committee (CPC) is expected to perform a number of crucial functions in order to jointly identify and manage risk to children and young people, monitor and improve performance and promote the ethos that "***It's everyone's job to make sure I'm alright***". Child Protection Committees (CPCs) must ensure all these functions are carried out to a high standard and are aligned to the local Getting It Right for Every Child arrangement.

3.16.3 The functions of Child Protection Committees (CPCs) are grouped as follows:

- Continuous improvement,
- Public information, engagement, and participation,
- Strategic planning and connections,
- Annual reporting on the work of the CPC.

3.16.4 The vision, values and aims of West Dunbartonshire Child Protection Committee have been reviewed and agreed by all parties represented on the Committee, and the Public Protection Chief Officers Group in 2023/2024 and are as follows:

“Child Protection is Everyone's Responsibility”

We believe that:	We aim to:
<ul style="list-style-type: none"> The Child's right to protection from harm is our primary and overriding concern 	<ul style="list-style-type: none"> Improve the safety of children in West Dunbartonshire
<ul style="list-style-type: none"> Children and young people should get the help they need when they need it 	<ul style="list-style-type: none"> Provide an integrated approach to identifying, intervening and providing ongoing support to protect children and young people at risk of harm
<ul style="list-style-type: none"> Children and young people should be listened to and respected 	<ul style="list-style-type: none"> Ensure we have a competent and confident workforce
<ul style="list-style-type: none"> Information should be shared about children and young people where this is necessary to protect them 	<ul style="list-style-type: none"> Listen to the views of children and families at all times and involve them in the delivery of services
<ul style="list-style-type: none"> Children, young people and their families have a right to be kept informed of all processes involving them 	<ul style="list-style-type: none"> Support families and the community to safely care for children
<ul style="list-style-type: none"> Provide public information about child protection. Agencies individually and collectively should demonstrate leadership and accountability for their work and its effectiveness 	<ul style="list-style-type: none"> Support our children and young people to achieve their full potential
<ul style="list-style-type: none"> The promotion of cultural diversity and equality of opportunity in our communities is central to our work in improving the lives to children and young people 	<ul style="list-style-type: none"> Offer our children and young people a safe place to live, work and play

3.16.5 The membership of West Dunbartonshire Child Protection Committee (West Dunbartonshire CPC) is multi-agency and includes senior representatives of the Health and Social Care Partnership, West Dunbartonshire Council, Police Scotland, Scottish Fire and Rescue Services, Scottish Children's Reporter Administration, Greater Glasgow and Clyde Health Board, and other organisations who have a role to play in child protection. The role of the Committee is to provide individual and collective, collaborative leadership and direction for the delivery of Child Protection Services. As part of the Community Planning Partnership arrangements the Child Protection Committee reports to the Public Protection Chief Officer's Group and strong links exist between the Children's Planning Partnerships. Links with the Community Planning Partnership will be further reviewed and strengthened as part of our improvement plan.

3.16.6 West Dunbartonshire Child Protection Committee (West Dunbartonshire CPC) is responsible for the design, development, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in West Dunbartonshire. We are responsible for continuous improvement, strategic planning, public information and communication and involving children and young people and their families.

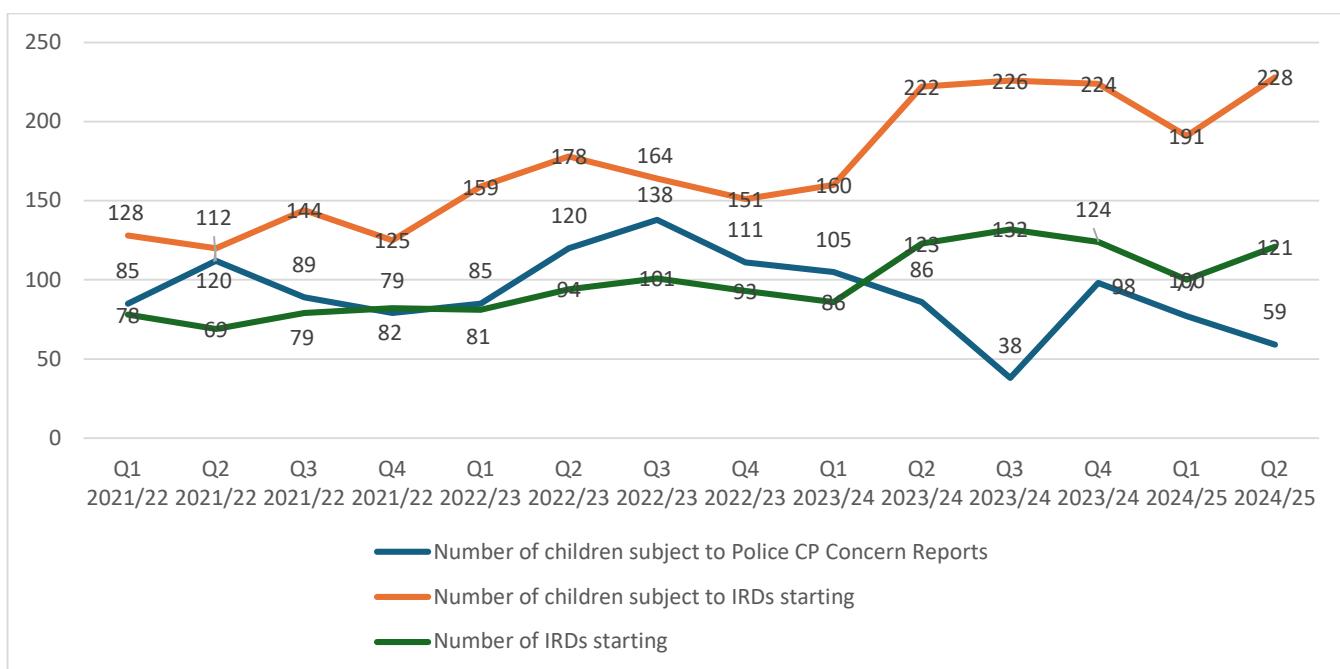
3.16.7 West Dunbartonshire CPC has a number of multi-agency sub- committees to support its work in key areas. The groups are:

- Learning and Development

- Communication and Engagement
- Policy, Practice and Improvement
- Quality Assurance, Self-Evaluation and Data
- Inter-Agency Referral Discussion
- Learning Reviews and LSI's
- Vulnerable Pregnancy

3.16.8 The sub-committees are chaired by members of West Dunbartonshire CPC and have representatives across the partners as members, assisting in the progression of each subgroups action plan. The sub-committees action plans are created from actions agreed for West Dunbartonshire Child Protection Committee (West Dunbartonshire CPC) improvement plan.

Table 1 Number of Police Scotland-recorded Child Protection Concern Reports and Inter-Agency Referral Discussions



3.16.9 Number of children subject to Police concern reports

- This peaked in Q3 (22/23) to 138, however has shown a downward trend since. This was at the lowest in Q3 (23/24) at 38. This then sharply increased to 98 in Q4 before showing a downward trend again.
- Social Work colleagues have stated this may be due to a high level of offences being carried out by a small group of young people where there are concerns, they are being criminally exploited.

3.16.10 Number of children subject to IRDs starting

- Between Q1 (23/24) and Q1 (24/25) the figures have shown a curve pattern, increasing then decreasing.
- Q2 (24/25) is where these figures peaked, at 228 children.
- **Number of IRDs starting**
- Between Q1 (23/24) and Q1 (24/25) the figures have shown a curve pattern, increasing then decreasing.
- Q3 (23/24) is where these figures peaked, at 132 IRDs.
-

- The low number of GP referrals was queried and it was highlighted all new GP referrals will be received via electronic pathway moving forward.

3.16.11 When exploring the source of child protection referral to Social Work Services, Police, Education and Health colleagues are consistently the Partners which make the most referrals. This is expected as core agencies. There remain no referrals from Fire and Rescue and Housing, with low anonymous referrals recorded. Plans are underway to ensure basic child protection awareness training is available to Partners, aiming to raise awareness of child protection to those who may not work directly with children and young people. This has been a gap particularly for our Housing colleagues in recent years, and both housing membership has now been strengthened on both protection committees and the implementation of an awareness raising iLearn module in identification and reporting of concerns.

Table 2 Number of Children subject to Initial and Pre-Birth Child Protection Planning Meetings (refer to CPCCs in table below)

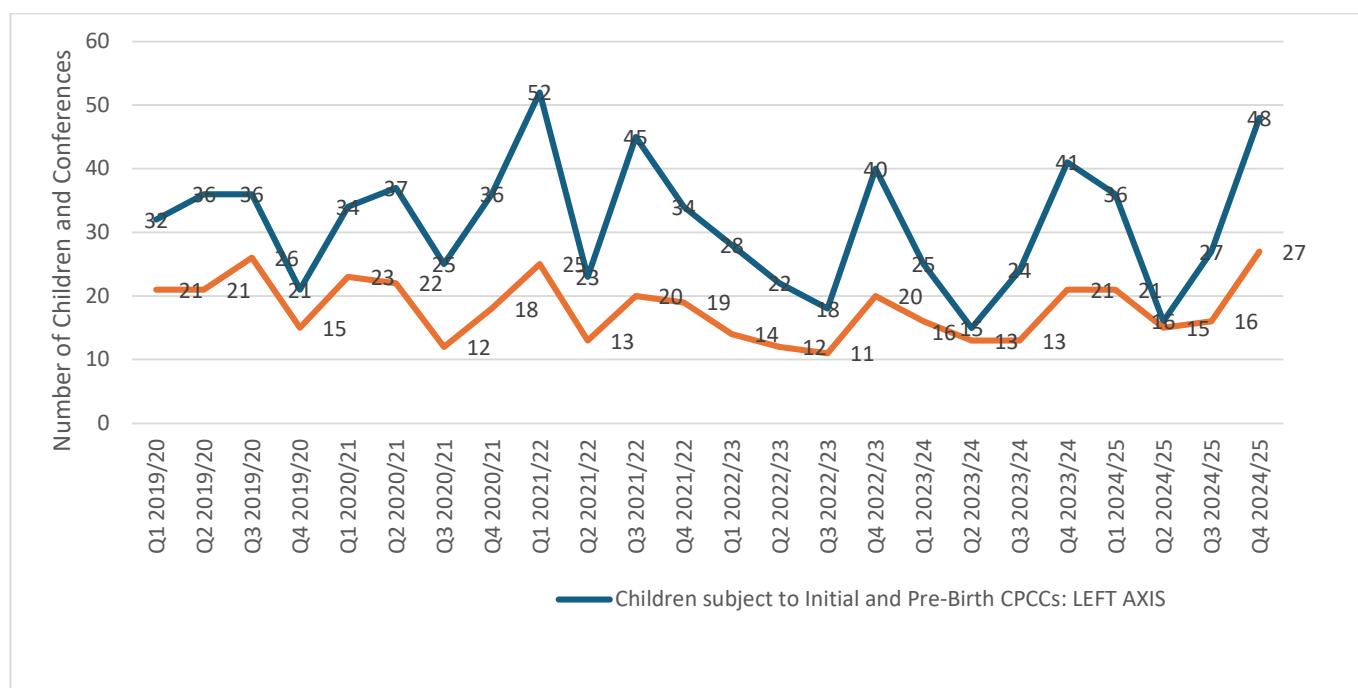
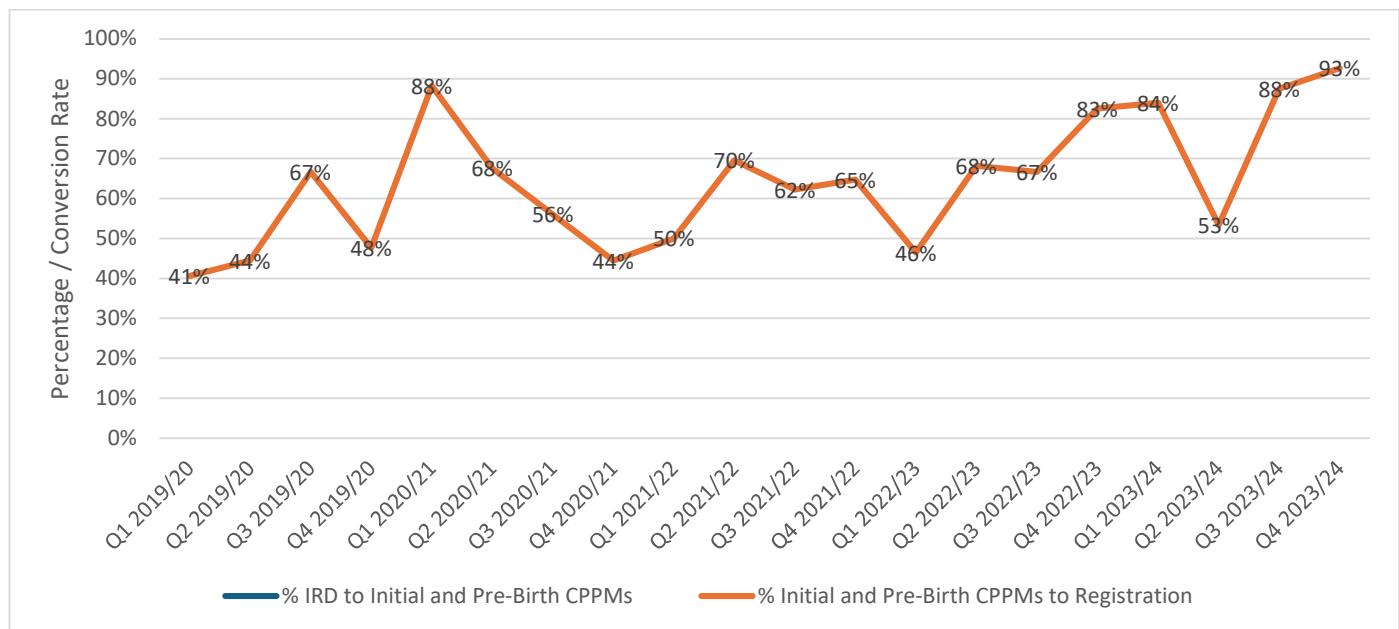


Table 3 Conversion Rate CPPMs to Registration



3.16.12 Percentage of initial and pre-birth child protection planning meeting to registration. The figures in Q3 (24/25) were at their 2nd highest at 92%.

Looking at the figures as a whole, they can be variable between quarters. It is recommended to the March 2025 CPC that should these figures change significantly again, a dip sample should take place to understand this. This recommendation was upheld therefore should be considered by the quality assurance and evaluation sub-committee if the figures change significant.

3.16.13 The absence of a Lead Officer for Child Protection throughout reporting period has impacted on some reporting for committee including the annual report for 24-25.

3.17 West Dunbartonshire Children Houses

- 3.17.1 Ensuring that the voices of the young people are heard remains central to our mission. We encourage their involvement in developing and reviewing their personal care plans, ensuring their preferences and goals are reflected. Additionally, we participate in 'The Promise' working group. We are excited to collaborate with new Promise Participation Workers, who will help further involve the young people in shaping their care.
- 3.17.2 All our Children's houses continue to support unaccompanied asylum-seeking young people collaborating with external agencies to ensure their safety and engagement with the wider Scottish community. Staff members also contribute to national work on unaccompanied asylum-seeking children age assessment. Each of our House over care to 6 children and young people.

3.17.3 Burnside

Burnside House's staff team continue to develop on their trauma informed approach with the majority of staff being trained in Dyadic Developmental Psychotherapy (DDP) and dates for new recruited staff identified, DDP allows staff to approach situations that arise in a manner that allows for the best resolution for the young people being able to explore their views and wellbeing using the PACE model which is Playfulness Acceptance Curiosity Empathy. This approach allows staff to encompass a trauma informed approach when engaging our young people who have experienced developmental trauma in their lives allowing us to best support and care for them through turbulent times building attachment and trust.

- 3.17.4 This reflected in the calming environment which supports and allows young people to thrive and engage into their respected educational placements and hobbies such as martial arts, gym and swimming on a weekly basis. Burnside staff have also supported young people on an emergency basis and provide effective care to allow the time for them to be placed and supported to the best possible placement to suit their individual needs

3.17.5 Craigellachie

Craigellachie children's house now offers 6 places to care for young people. This has been reduced over the last 2 years from 8 to 6 to ensure the quality of care and support can be effectively delivered.

- 3.17.6 We continue to embed our DDP and Trauma informed into our practice. We have accessed training to reinforce DDP with management, to support staff to be confident in PACE and ensure this is the model of practice within Craigellachie. The Scottish Attachment in Action project offered free training for a cohort of staff across the houses on Attachment, Racism and the Impact on Relationship

3.17.7 Blairvadach

Blairvadach Children's House remains committed to delivering exceptional care and support to the young people we serve. Throughout 2024, our efforts have focused on continuous improvement, guided by 'The Promise Scotland' recommendations. Blairvadach care and support was last evaluated by the Care Inspectorate in 2023 as delivering Excellent and sector leading support to children and young people.

3.17.8 Table 1 Care Inspectorate evaluations carried out in WDC Children's Services

Service Name	Inspection Date	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
West Dunbartonshire Fostering Service	20/06/24	4 Good	3 Adequate	4 Good	Not Assessed	4 Good
West Dunbartonshire Adoption Service	20/06/24	4 Good	3 Adequate	4 Good	Not Assessed	4 Good
West Dunbartonshire Continuing Care Service	20/06/24	4 Good	3 Adequate	4 Good	Not Assessed	4 Good
Craigellachie Childrens House	23/09/24	Not Assessed	Not Assessed	Not Assessed	Not Assessed	3 Adequate

3.18 Adult Services

3.18.1 Older peoples Residential Care Homes

In February 2025, caterers at Crosslet House and Queens Quay House earned the Food for Life Served Here Bronze Award—serving over 50,000 healthy, sustainable meals annually.

3.18.2 As part of the certification, West Dunbartonshire care home caterers ensure that a minimum of 75 percent of dishes are freshly prepared from unprocessed ingredients. Meals are also free from undesirable trans fats, sweeteners and additives, and use free range eggs, higher welfare meat, and ingredients from sustainable and ethical sources.

3.18.3 This marks a first for public sector food in Scotland, recognising their commitment to quality, local sourcing, and wellbeing.



3.18.4 Community Hospital Discharge Team

The Community Hospital Discharge Team (CHDT) comprises health and social care staff, with a focus on facilitating timely discharges from Acute sites, reducing the risk of people being delayed when they are medically fit for discharge.

3.18.5 The health team take referrals for people requiring further rehabilitation on discharge and liaise with Acute sites to promote the 'discharge to assess' ethos. This team holds no waiting list, it reacts to demand and flexes accordingly. The impact is a reduction in bed days for those medically fit for discharge but requiring ongoing Allied Healthcare Professional input.

Table 1 This table shows a 45% increase in referrals between 2022 and 2024.

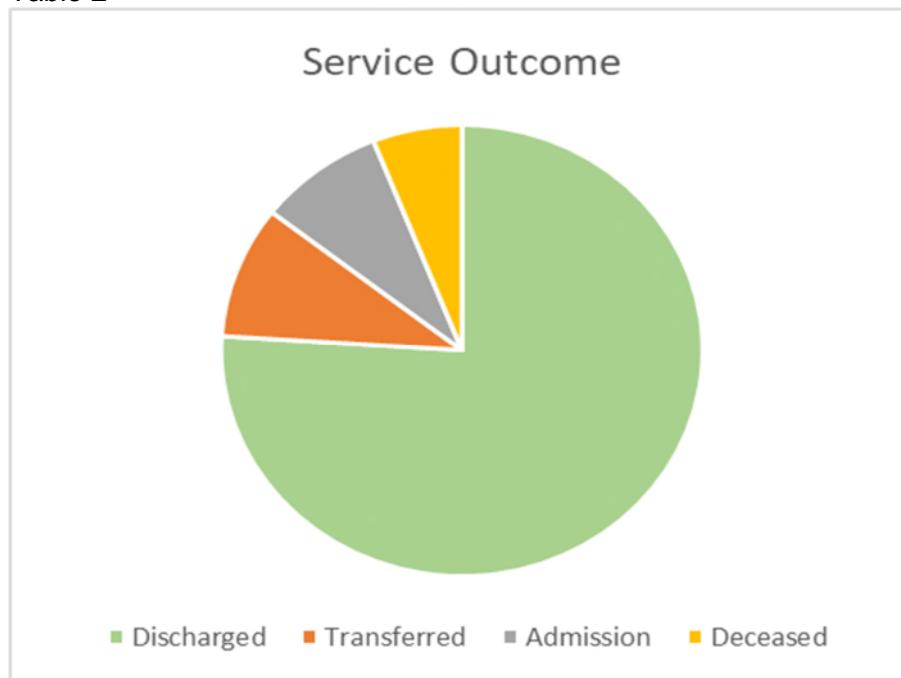
	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Totals
2022	68	62	52	62	58	28	95	63	54	72	74	57	745
2023	70	86	74	55	74	66	60	83	73	76	82	79	878
2024	92	89	76	102	100	110	99	96	94	102	109	114	1085

3.18.6 Service users remain on the caseload on average 25 days.

Of those referred:

- 76% were discharged
- 9.5% were readmitted to hospital
- 8.5% were transferred on for further rehabilitation within the Integrated Adult Services Team
- 6% died

Table 2



3.18.7 The Social Work team within the CHDT comprise of Seniors, Social Workers and Social Work Assistants. The team supports a timely return home for those referred for a social work assessment by hospitals to support a safe return home. Between April and November 2024, the HSCP experienced a sustained reduction in hospital "bed days lost." Following a series of quality improvement initiatives and a notable decrease in staff absence.

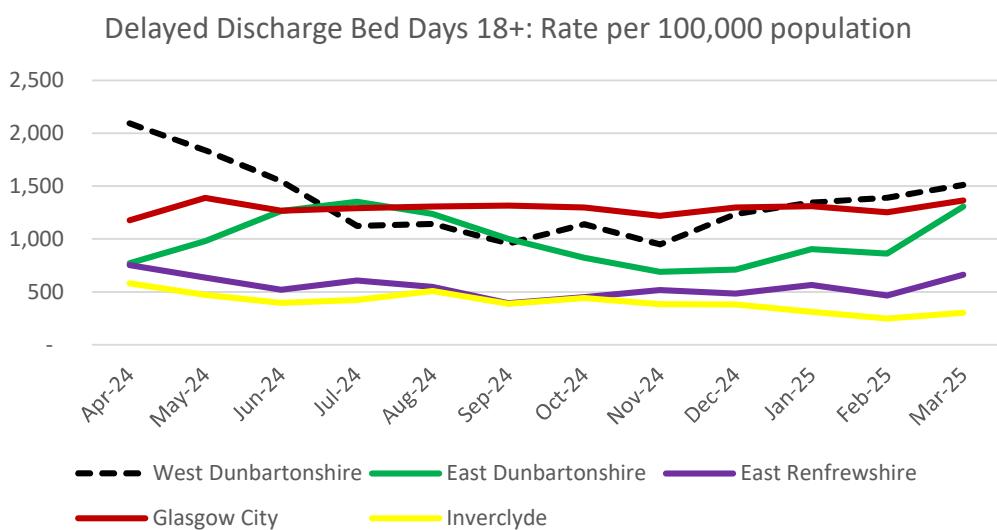
3.18.8 The sustainability of this downward trend will be influenced by both internal and external

factors. Internally, workforce stability, supported by consistent and effective leadership is instrumental in embedding and maintaining quality improvement practices. The high visibility nationally around delayed discharges places this workforce under a degree of scrutiny and with ambitious performance indicators, with resultant high turnover of those in leadership posts. With the continued local and national scrutiny in relation to supporting discharge from hospital social workers key role is to ensure peoples rights are upheld and that personal choice and planning needs to remain central to the social work intervention.

3.18.9 A number of adults have not experienced timeous return to the community as they are deemed to be adults without capacity. The HSCP Strategic Needs Analysis showed the prevalence of dementia in West Dunbartonshire is similar to the Scottish rate (7.79/1000 population v 7.25/1000 population) and a projected increase for individuals diagnosed with dementia (16.3% by 2031). Further improvement activity is planned to better understand capacity concerns in relation to people being able to return safely to the community.

3.18.10 Externally, the availability of suitable care home beds remains a significant challenge. Limitations in provision have been impacted with moratoriums required for those providers evaluated “weak” in relation to the care and support provided.

Table 3 West Dunbartonshire activity within Greater Glasgow & Clyde Health Board.



3.19 Telecare Award

3.19.1 West Dunbartonshire Health and Social Care Partnership has been awarded the Bronze Digital Telecare Implementation Award in recognition of the progress they have made on their analogue to digital telecare transition project. To achieve Bronze status, a Telecare Service Provider must have implemented a fully operational digital alarm receiving centre solution. This is the first major milestone in the transition to digital telecare and sets the foundations upon which the rest of the digital telecare transition will rest. Achieving this Award is a significant achievement and now that this digital alarm receiving solution is in place, West Dunbartonshire Health and Social Care Partnership can move towards the first phase of testing with alarms and peripheral and aim to achieve the next Implementation Award, Silver.



3.20 Power Of Attorney Test of Change

3.20.1 West Dunbartonshire HSCP have worked collaboratively with the West Dunbartonshire Citizen's Advice Bureau (CAB) to provide access to support people to develop and register a power of attorney for residents within West Dunbartonshire.

3.20.2 During 2024/25, 81 clients were referred to the CAB for support in developing and registering their POA, this resulted in 38 POA being completed / registered with the Office of Public Guardians. 3 people were given advice as POA registration was not appropriate, 6 of the clients were visited at home. 20 individuals did not engage further in the POA process, It should be noted that the office of public guardians have a delay in processing POAs.

3.20.3 Within the HSCP we have developed our referral pathway to from the Older People Mental Health Teams to CAB, ensuring that patients have access to POA as part of the 5 pillars of post diagnostic support for people with Dementia. Work continues in the HSCP to promote referrals within the limited resource available.

3.20.4 The impact of this test of change will require longitudinal analysis as the benefits will emerge as PoA's are invoked due to decline in capacity. Qualitative methodology is being developed to explore the impact at a personal level for both the people.

3.21 West Dunbartonshire's Care at Home Service

3.21.1 Following a Care Inspectorate Inspection in March 2024 the following grades were awarded:

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

3.21.2 Subsequent dialogue with the Inspectorate resulted in the offer to work with two Quality Advisors within the Inspectorate to work alongside a service led project team to identify and initiate quality improvement initiatives. Their remit was to help the service meet two key requirements:

- Requirement 1: Ensure care plans are person-centred, up-to-date, and reflective of individual needs and risks.
- Requirement 2: Ensure care plans are reviewed at least every six months, with service users and their representatives involved in the process.

3.21.3 Key Activities

The Advisors met with the project team and all organisers to understand challenges, strengths, and inform the improvement plan. The initial 90 day improvement cycle then focussed on process mapping sessions with Care at Home Organisers, with pain points and change potentials identified, resulting in a driver diagram to summarise output.

Over the course of the initiative, three 90-day improvement cycles were successfully completed. The collaboration between the service and the Quality Advisors was highly valued and consistently appreciated. Their engagement was recognised as a significant contributor to the process, with their involvement receiving strong positive evaluation.

3.21.4 Outputs

- An Improvement Plan was iteratively refined with input from the project team and Advisors, focusing on prioritising activity to meet the requirements.
- A range of Standard Operating Procedures (SOPs) were developed to guide the service and ensure standardised application of policy and procedure.
- Quality monitoring tools were developed to establish and monitor regular self-assessment cycles.
- Data and reporting systems were refined, with a weekly dashboard established to track progress.
- The Care at Home referral process was reviewed and recommendations implemented to ensure all referrals come with an initial assessment and a high-level Care and support plan, with training for staff to support this change.

In April 2025 a subsequent full Inspection was completed with the following grades awarded:

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	3 - Adequate
How good is our staff team?	2 - Weak
How well is our care and support planned?	3 - Adequate

3.21.5 The Care Inspectorate evaluation identified some improvement, however there is more to do in ensuring person centred planning and as minimum statutory reviews are further embedded within Care at Home and the wider service.

3.22 Care Home Assurance Team (CHAT) – Reviews 2024

3.22.1 The CHAT has progressed routine reviews over 2024, with additional action required for 8 residents admitted to Erskine Home under residential care, but identified as requiring review of their assessed level of care for nursing care. It was only identified around mid-year that this was an issue. Prior to this care home managers did not have the information around care levels charged and subsequently requested review of several residents. Going forward, Erskine managers will review residents and indicate on the shared provider reviews where they feel the level of care requires review by social work.

3.22.2 A further need for additional input was identified in relation to Hill View Care Home, following a complaints inspection leading to a regrading to 2 across all assessed areas and a subsequent moratorium being put in place. The team has prioritised Hill View reviews and carried out a task to gather outstanding provider reviews from the care home. The team is working on a back log of outstanding provider reviews, which are more than 6 months overdue and as a result taking the person out of the review rotation. At present 39 provider reviews are over 186 days late. These will be prioritised for a social work review according to time as team capacity allows and a focus for 2025.

3.22.3 Themes

Care homes in West Dunbartonshire present a vastly varied range of activity provision. A small number of homes are very strong in this area, with proactive and enthusiastic activity staff who are providing a very good service. Other homes have struggled to recruit and retain activity staff, this has had a significant impact on residents and families satisfaction with the placement.

3.22.4 West Dunbartonshire and Commissioned Care Home Review Activity

Quarter 1

Month	SW reviews	PPR reviews
January	12	23
February	17	31
March	14	37
Total	43	91

Quarter 2

Month	SW reviews	PPR reviews
April	17	34
May	19	25
June	10	15
Total	46	74

Quarter 3

Month	SW reviews	PPR reviews
July	9	21
August	12	21
September	9	18
Total	30	60

Quarter 4

Month	SW reviews	PPR reviews
October	18	38
November	21	45
December	7	23
Total	46	106

3.22.5 A total of 320 Care Home Review's have been carried out in 2024, this represents approximately 52% of all reviews. Chief Social Work Officer funding is currently being utilised to build capacity to ensure statutory reviews are in place for all adults in care homes and in the community who require a review.

3.23 Adult and older people Services and complex care planning Improvements:

3.23.1 There has been a recent Short Life Working Group (SLWG) to review the current Single Point of Access Duty System (Social Work). This is to improve practice and service delivery within this system focusing on risk, urgency and priority. This SOP is finalised and will be rolled out to the staffing team to start to use with a review in 6 months to measure success. Within this SPOA duty service we have seen vast improvement with the staff adopting a new approach to practice, tailoring this to individual need and not a one size fits all – we have reduced the wait times for an initial screening assessment from 8 weeks to 1.5 weeks. This means that we are available to those individuals who need assistance more quickly, whilst promoting independence and self-determination to the wider community of West Dunbartonshire.

3.23.2 There is movement within this service, and a welcomed approach to moving towards a separate duty service (front door service) to allow for better and more focused intervention, preventing back log and increased waiting lists and will allow the adult area teams to focus on care management and review of those individuals who require more intense service provision. This would hopefully reduce waiting times for individuals for assessment and assistance and allow the social work teams to focus on improved relationship-based practice.

3.23.3 The review and redesign of the My Life Assessment is underway with sprint groups set up to engage staff at all levels in this project. We aim to include community partners, and individuals within this project to obtain views, gather feedback and encourage input to ensure our assessment meets the standards expected within our statutory role, whilst being accessible to those being assessed. With this the aim is to promote good practice, good conversations and prevent drift in assessments, delays in implementing support and unmanageable levels of bureaucracy within the workforce.

There have been multi-agency meetings undertaken to discuss more complex cases to collectively agree input and outcomes which would manage the needs and risks to those individuals discussed. Currently there is a Raising Concerns Group for each end of the authority which brings together Health, DN's, Home Care and SW, and a Multi-Agency Forum which included external partners such as Police, and other HSCP services (Justice, Housing, MARAC). This provides opportunity for information to be shared and joint working or approaches to managing identified risks or concerns. This was highlighted within learning reviews as an improvement action, to address and prevent issues with communication and accountability across MDT services.

3.23.4 Challenges:

Like most authorities, we have faced challenges with staffing levels across adult services. This increased the pressure and demand on the staff who remain at work, and therefore the risk of burn out and likelihood of further sickness absence increases. Although we are currently experiencing difficulties with staffing due to sickness, there appears to be an appetite to working within West Dunbartonshire Adult Services, and from vacancies we appear to be getting a healthy number of applicants who are appointable.

3.23.5 Adult Support and Protection Services

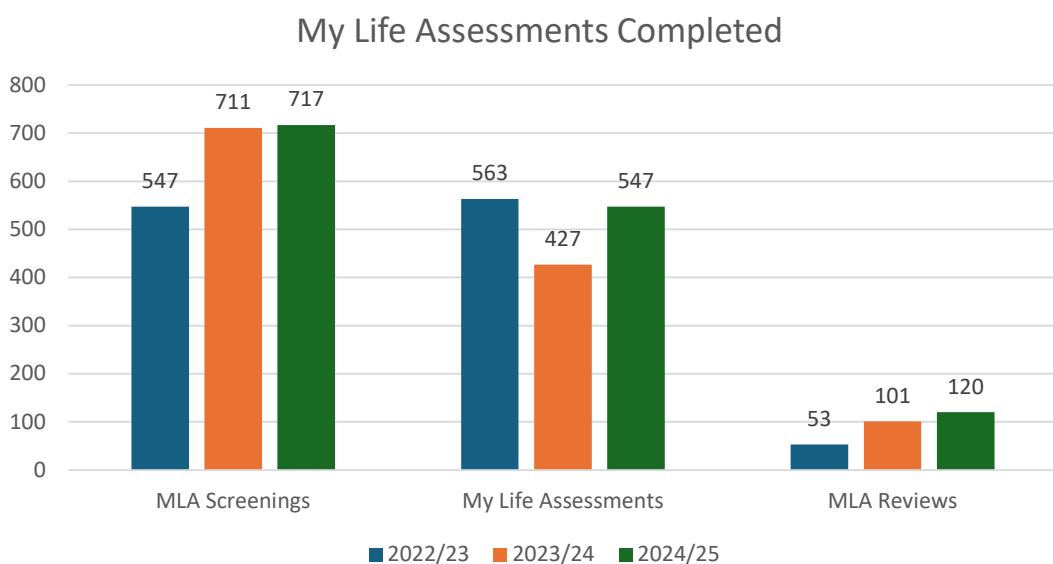
Staff are dedicated and committed to fulfilling their role on the ASP Duty Rota, there is good buy in from staff when the service is short of workers and take their responsibilities seriously. There is currently no dedicated Adult Support and Protection Team and is serviced by a range of social workers across Adult Services.

3.23.6 Recently the ASP Duty Standard Operating Procedures have been revised which will allow staff to understand their roles and responsibilities whilst working on the duty system and streamline service delivery in this area. This will promote and enhance good practice with clear guidance on the standards and expectations of all levels of staffing.

3.23.7 Challenges: In the absence of a lead officer and training and development team to support adult protection, there has been notable gaps in service delivery. Within this service we have struggled to meet the demand at times due to having low numbers of trained council officers. We have also faced challenges with managing the volume of inappropriate referrals from other departments and private or third sector organisations. This we believe is due to not having access to multi-disciplinary training or the capacity/ability for our trained staff to support other services with basic awareness training which we previously had access to. The Chief Social Work Officer has, following repeated attempts to recruit to newly developed learning and development posts been able to make the case of these to be recurrent and within the budgeted establishment.

3.24 My Life Assessment Evaluation

3.24.1 Table 1



3.24.2 The My Life Assessment (MLA) was launched in April 2022 across all adult teams in the HSCP following the feedback and subsequent improvement plan from the 2019 Care Inspectorate report (Thematic Review of Self-Directed Support in Scotland). The My Life

Assessment was developed as a person-centred assessment framework that focused on the assets of supported people and the positive outcomes they were looking to achieve.

3.24.3 In September 2023 an independent evaluation was commissioned to carry out a review of the MLA and My Life Assessment Screening (MLA-S) tools within adult care services over a 6-month period spanning 2023/2024. There were two main outcomes of this evaluation:

- How effectively the MLA and MLA-S process is being implemented as intended, including adhering to the retrospective guidance documents; and
- How effectively the MLA-S is meeting the outcome of “more people have needs identified for early help and community support more quickly and access accordingly (alongside or instead of a full MLA).

3.24.4 The evaluation involved:

- Practitioner surveys and focus groups with both frontline practitioners and senior social workers
- Redacted samples of 48 MLA and MLA-S documents across 4 adult teams
- Telephone interviews with service users and carers
- Comparison analysis against a sample of other local authority paperwork

3.24.5 The findings of the evaluation were published in Spring 2024 and highlighted that the implementation of the MLA and MLA-S was variable across teams despite extensive and detailed guidance available, this was not well known or well used by staff. Practitioners perceive the MLA and MLA-S is not supportive of being person centred, rights based, or outcomes focused on approach and this perception was reinforced by the case file review that highlighted a tendency towards deficit-based language use and approach with a tendency to focus on care at home services to meet outcomes and a lack of creativity with support planning. The MLA is viewed as repetitive and time consuming and staff are predominantly unhappy with the structure, length and format of the tool.

3.24.6 Service users and carers were unfamiliar with the screening or assessment process, and many felt their needs were unmet or were unclear regarding the outcomes they were working towards through current support. There was no evidence from the samples collected or service users contacted that early access to community supports was happening.

3.24.7 From the publication of the evaluation as SDS, the lead has been working on development of an improvement plan focusing on the 5 key recommendations:

- Review the process holistically
- Co-produce a new system with practitioners
- Refine the assessment and screening tool
- Consider training and induction more holistically
- Consider developing collegiate, practitioner led spaces

3.24.8 An improvement plan following the evaluation is being developed and progressed in 2024. Work has begun on points within the improvement plan including development of an SDS Champions network that will bring adult team staff together to help drive forward positive changes to practice across teams but also influence future changes to the MLA and process, ongoing roll out of Just Enough Support training for all frontline staff and partner organisation. During the reporting period there continues to be improvement activity in relation to My Life Assessment Framework led by the SDS Co-ordinator and supported by nominated practitioners and managers.

3.25 Just Enough Support

3.25.1 Just Enough Support (JES) is a person-centred approach to support planning that focusing on the assets and natural support a person has around them to ensure no one is over supported and they are maximising opportunities for independence. JES works on the belief that an outcome is something that isn't working for a person currently or an aspiration they wish to achieve.

3.25.2 IJES training was extended to Children and Families teams and health care professionals in the 2024/2025 year.

3.25.3 Within a 12-week period £216k was allocated to unpaid carers (from all teams across the HSCP), funds were equivalent to up to £4766 per application (equivalent to 6 weeks of traditional respite). Practitioners supporting carers to make applications ensured a care and support plan was in place for the person but also encouraged more creative support planning that would meet the outcomes important to the carer. Funds were requested for a wide variety of spends including garden renovations and equipment, short courses, gym memberships and holidays (that in some cases included the cared for person going on the break with the carer). The support planning involved in these applications showed excellent evidence of relationship-based practice between staff member and carer and outcomes heavily focused on supporting the carer to lead their own life alongside their caring role.

3.25.4 Evaluation of the pilot is due for completion in autumn 2024, initial learning for the SDS team was around out paperwork process and date recording for option 1 budgets which has been streamlined and our SOP updated to reflect a more responsive approach in getting funds to service users and carers promptly.

3.25.5 SDS will also be involved in the review of approach to carer budgets/respite due to begin October 2025.

3.26 Adult Support and Protection

3.26.1 In all aspects of the HSCP work we actively promote a culture of continuous learning. We ensure feedback from the people we work with informs our planning and development of staff and services. The extended use of data, service standards and the continued use of the quality assurance framework has supported the identification of what is working well and highlighted areas for improvement.

3.26.2 In the reporting period the Quality Assurance and Evaluation subgroup took forward work relating to multi-agency audit, quality assurance and evaluation. A multi-agency audit was completed in early 2024. Thirty case files were evaluated of referrals processed in the previous two years. The tool used was based on the criteria and standards used in the Care Inspectorate in the Multi-Agency Inspection.

3.26.3 The key areas for improvement included:

- Application of the three-point test.
- Protection plans require to be strengthened.
- Timescales for key processes requires to be monitored.

3.26.4 Chronologies are found in majority of cases but the quality of these require to be improved.

3.26.5 Engagement / inclusion of service users and their carers requires to be strengthened at all stages of Adult Support and Protection.

3.26.6 Good practice areas the audit identified were:

- Practice was rated as good or very good in 80% of cases at Duty to Inquire, 80% of cases at investigation and 79% at case conference.

3.26.7 The aim of this activity has been to produce an accurate picture of Adult Support and Protection work conducted within West Dunbartonshire and to clearly identify shared priorities for improvement work across the partnership. We plan to conduct regular audits in the coming year which will be smaller in numbers with the emphasis in capturing the views of service users.

3.26.8 The Adult Protection Committee understands the importance of its function in "improving the skills and knowledge of staff". The training programme has been impacted in the reporting period due to the absence of a Lead Officer. We are now relaunching an in-person training calendar consisting of training in relation to Multi- Agency Basic Awareness, Multi-Agency Detailed Awareness, Council Officer, Council Officer Refresher, Second Worker, Supportive Decision-Making, and Crossing the Acts training.

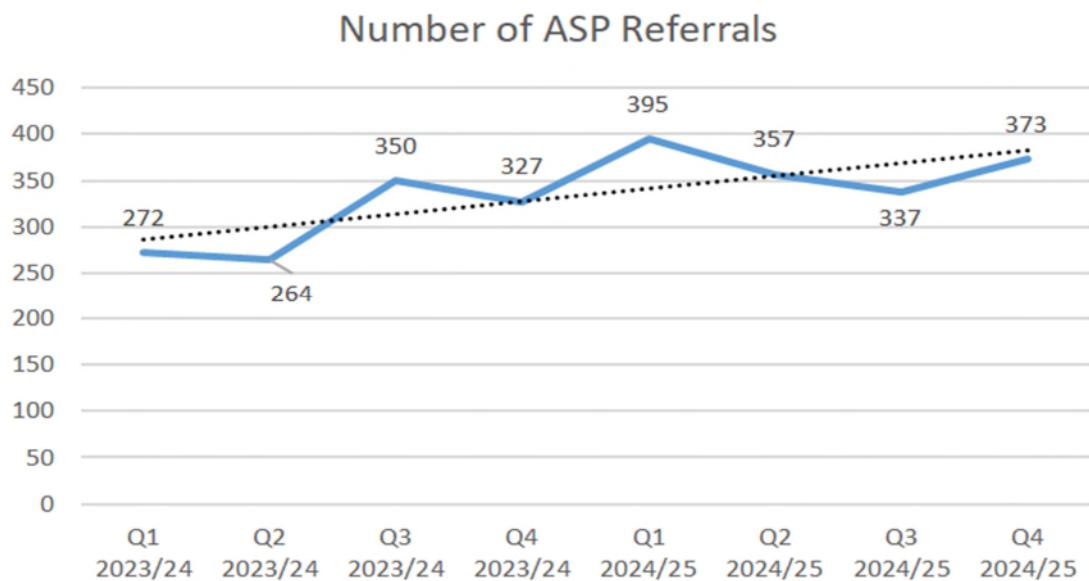
3.26.9 A quality assurance framework was agreed by adult protection committee, and the quality assurance and data sub- committee is using data to inform areas for further self-evaluation. Findings from completed Learning Reviews in 2023 are informing the Adult Support Improvement plan and areas for further improvement within Adult Services.

3.27 Overview of Adult Protection Activity 2024/25

3.27.1 The increase in Adult Protection conferences is broadly commensurate with increase in ASP referrals as detailed in table 1 and table 2 (below).

3.27.2 During 2024/25, there were 1,462 Adult Protection referrals received. These will sometimes be for the same individual and from multiple referral sources. As demonstrated in table 1 the number of referrals is increasing significantly and further work by the Adult Support and Protection Committee to understand the significant rise in demand is planned.

Table 1



3.27.3 The increase in Adult Protection conferences is broadly commensurate with increase in ASP referrals

Table 2

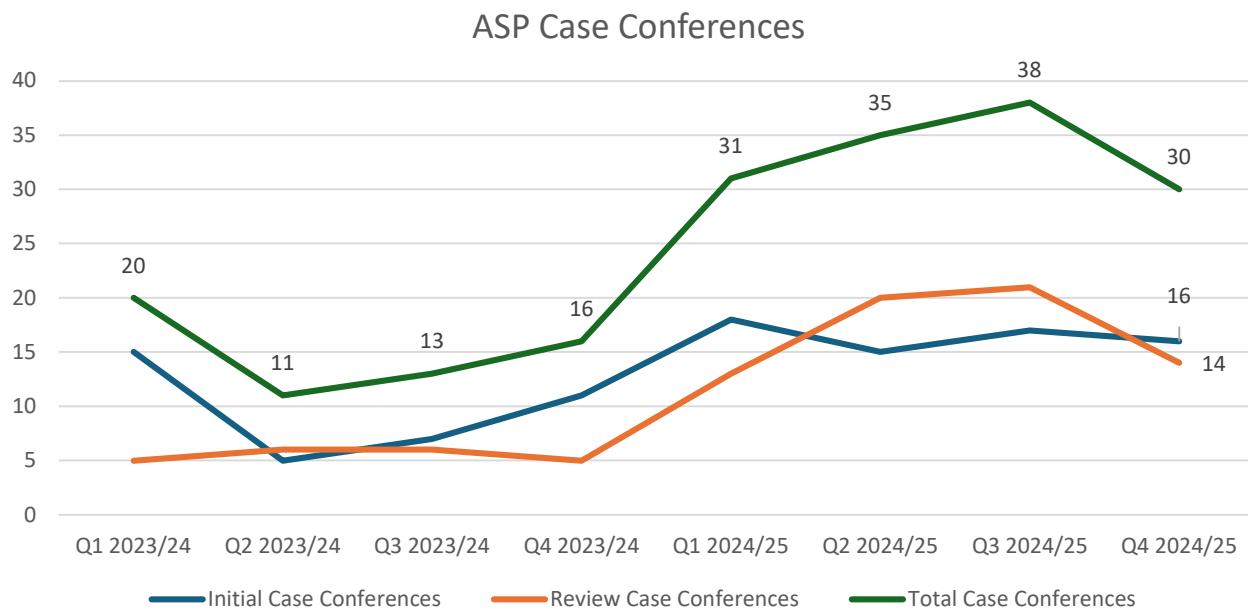
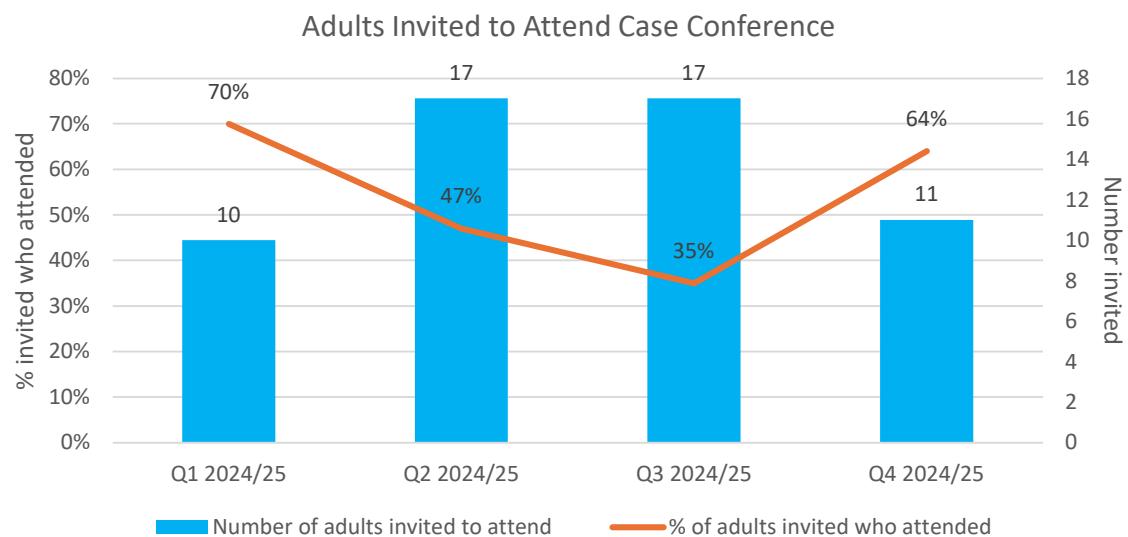
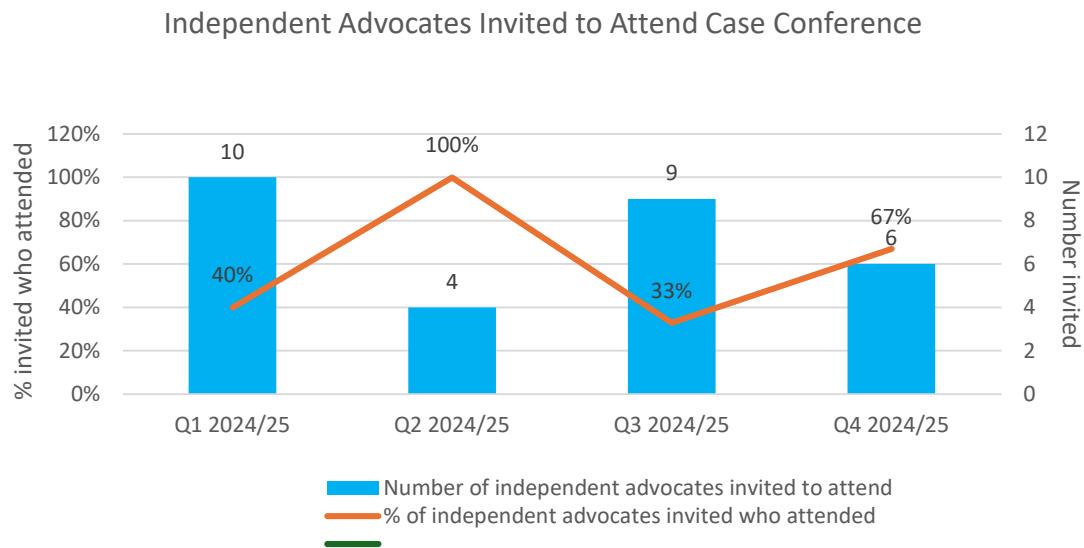


Table 3



3.27.4 This is a new indicator from April 2024 and relates to the adults who are being discussed at the case conference. The attendance of independent advocates is also now being measured. With the continual improvement focus on ensuring adults voice and views are both represented and considered within the adult support and protection process. This data is now being captured and reported on.

Table 4



3.27.5 This is a new indicator from April 2024 and relates to the adults who are being discussed at the case conference. The attendance of independent advocates is also now being measured.

Table 5

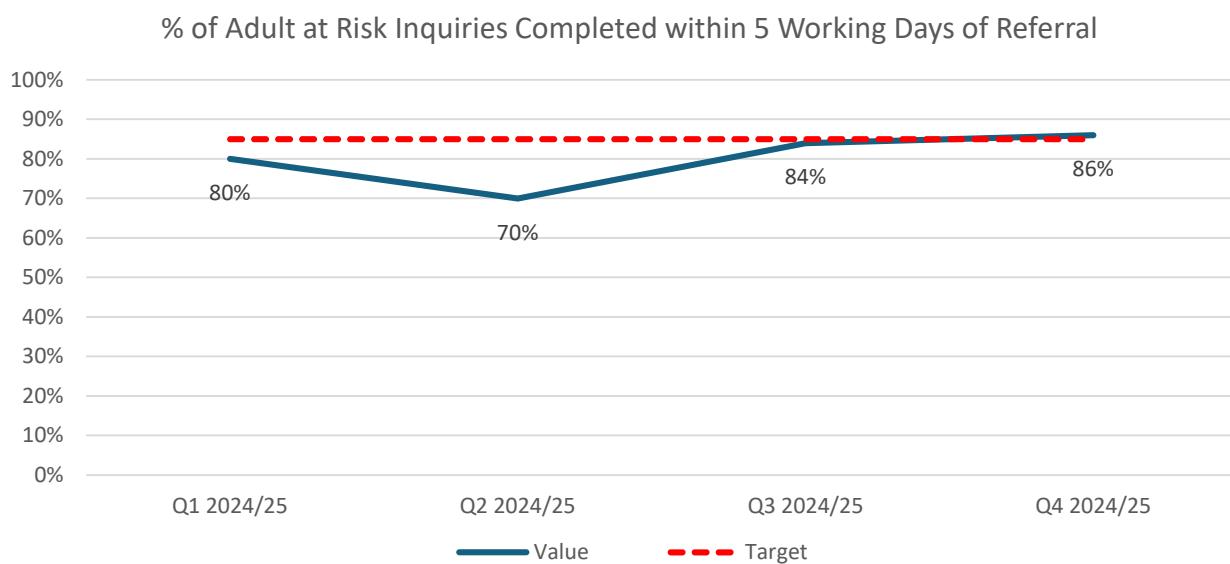
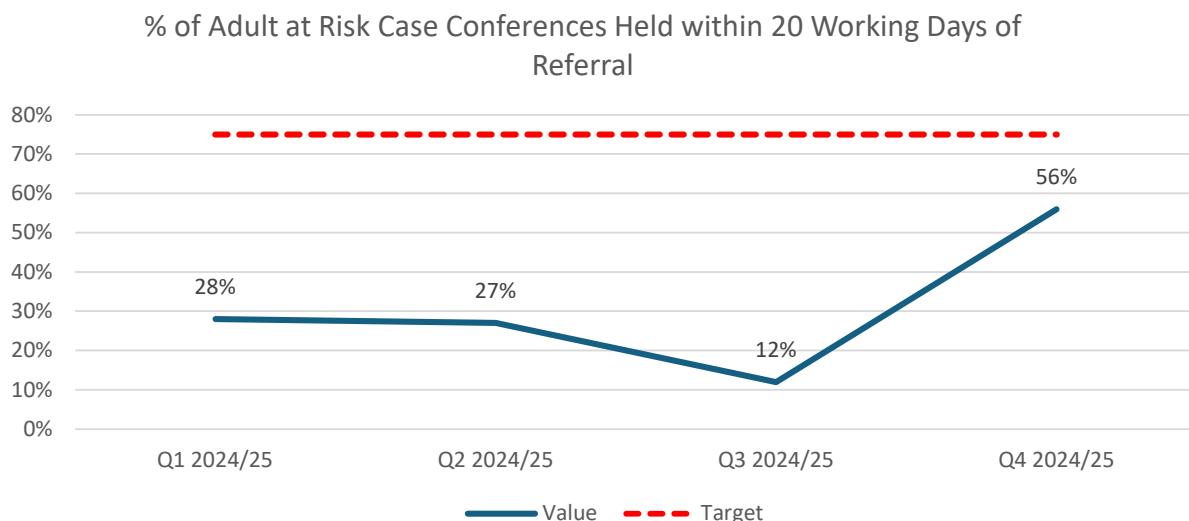


Table 6



3.27.6 Table 6 above identifies the percentage of case conferences held within 20 days, this is an area for identified improvement.

3.25.8 During the reporting period the Adult Protection Commissioned on Learning Reviews. 4 learning reviews have been undertaken on the last 3 years have been conducted. The Committee has promoted a culture of learning and in response to these Learning Review and is in the process of developing a revised Improvement Plan. Significant work has since progressed on the recommendations which will form the basis for the work of the APC moving forward.

3.27.7 We recognise that staff engagement and input into the learning form reviews is crucial and an action plan following independent reviews concluded in 2024 is now in place with input from staff and operations managers to support practice improvement.

3.28 Mental Health Officer Service (MHO)

3.28.1 Over the last year, the MHO service has maintained the positive progress previously made in relation to the completion rates for statutory reports, gathering and managing the data necessary to inform procedures and processes, developing and facilitating information sessions for colleagues, and building the MHO workforce capacity by supporting two trainee MHOs currently completing the course.

3.28.2 Staffing/workforce

There is currently one part-time vacancy within the MHO Service. This has been advertised but had no applicants. This reflects the situation nationally, as there are challenges with recruiting MHOs across the country. Given these challenges, the focus of the MHO service over the next few years will be on training more MHOs from within the existing WDC social work workforce, something which will be especially important as two very experienced full-time MHOs are due to retire within the next two years. There are currently 2 trainee MHOs being supported by the team. They are due to qualify in the summer of 2026 and recruitment for the 2026/27 MHO course will start at the end of the year.

3.28.3 SCRs/Mental Health Act

WD MHO Service had made significant improvements in the completion rate for SCRs in 2023/24 with the rate of missing reports being the lowest in the CCG board area last year (27% compared with 52% nationally). This improvement has been due to a revision of the processes around SCR completion and the gathering of regular CareFirst data to measure performance on an ongoing basis. Local data indicates that the completion rates for 2024/25 will be similar, with an increase in the number of full reports being completed rather than the just the SCR1 form.

3.28.4 Training and development

In addition to the AWI Procedures information session, the MHO Service has also developed and facilitated sessions on the topic of “Capacity and Consent” which had a focused on the sharing of information with carers and the MWC’s Mrs F investigation. A session on the Supervision of Private Guardians was also held for social work staff and positive feedback was received for both. There is also a planned information session with Justice staff on mental health legislation, and the MHO SSW attended the Kilpatrick School transition event where she shared information on Guardianships with parents and carers of young people with additional support needs.

- 3.28.5 It has been identified that much of the MHO Service information (information leaflets, letter templates, etc) needs updating. The Trauma Informed Practice Lead attended a recent MHO team meeting and there are plans for her to carry out some training with the team and support staff to redevelop the information that we give to users and carers to ensure that it is trauma-sensitive and user-friendly.
- 3.28.6 Along with other teams, the MHO Service has supported the local authority’s NQSWs by facilitating a number of shadowing and learning opportunities for them. The MHO SSW also took part in the NQSW Networking event where she was able to share information about the service and promote the MHO role. The MHO service will continue to support NQSW in their supported year as there have been benefits in the sharing of knowledge and skills (in both directions) and is important in terms of capturing the interest of the MHOs of the future.

3.29 Adults with Incapacity (AWI) / Guardianship

- 3.29.1 197 Guardianship Reviews were completed in 2024/25 and 166 were outstanding at March 2025. WDHSCP AWI Procedures have recently been revised and disseminated to staff. An AWI page has been set up on the staff intranet where a number of resources, including the procedures, SOPs, MWC Good Practice Guides and training materials, are located. The MHO Service has facilitated a number of briefing sessions on the procedures to increase staff awareness and confidence in using them.
- 3.29.2 The last CSWO report highlighted concerns that WDC was falling well short of practice requirements to supervise private Guardians in line with the prescribed timescales, resulting in a significant backlog of outstanding reviews. Initial improvements were made, and most private Guardianships were reviewed in 2024. Progress has slowed in 2025 however and of the 252 private Guardianships in place, 96 have overdue reviews. A change in process means that MHOs are now completing the initial 3-month supervision visit and these are happening routinely in every case where a private Guardianship is granted.
- 3.29.3 The recording of interventions undertaken by MHOs in West Dunbartonshire Council in previous years has been somewhat inconsistent and as such it has been difficult to accurately report upon the work being undertaken by the service, including being able to identify trends in relation to the use of legislation, the impact that staffing issues within the team have had on service output and the overall efficiency of the service and its ability to meet the needs of the client group with whom we work.

- 3.29.4 Standing operating procedures and workflows have been developed for several areas of MHO practice, including duty work and AWI practice and these are being reviewed on a regular basis to ensure that they are working. Work is also ongoing via team meetings, individual supervision sessions and targeted training to ensure consistency of recording within the team.
- 3.29.5 Development of monthly reports now being provided to the service regarding the use of the legislation, the data from which is then collated and reviewed to support performance improvement.

3.30 Community Learning Disability Services

- 3.30.1 Learning Disability services within West Dunbartonshire have been provided in the same way for many years against a backdrop of key economic, resource and policy changes, which have altered the landscape for individuals and communities. As such a comprehensive review of current provision was required to ascertain what the structure should be going forward.
- 3.30.2 Following the approval of a Review of Learning Disability services in June 2024 there has been substantial engagement and consultation with stakeholders in line with both national and local guidance and policy. This approach has fostered a participatory and collaborative environment to ensure that services are robust and resilient for the future while, at the same time, achieving the best possible outcomes for people with a learning disability. It has become clear there is a need to re-design to re-focus available resources to ensure that those service users with critical and substantial need are supported to achieve positive and meaningful outcomes.
- 3.30.3 A Learning Disability Review Steering Group (LDRSG) was established following IJB approval of the Review. It meets every 6-8 weeks. The Learning Disability Service within West Dunbartonshire Health and Social Care Partnership (WDHSCP) comprises a considerable integrated workforce of both NHS and Council staff incorporating statutory, registered and non-registered services.
- 3.30.4 The health team, within the statutory service, has been faced with some staffing challenges which has limited the team's ability to undertake preventative work. The social work team consistently carries a demanding caseload regarding volume, complexity and, in relation to adult support and protection, despite the fact it continues to not yet be fully staffed. Even with the ongoing recruitment challenges, a picture that is mirrored nationally, the team continues to remain committed in meeting the needs of service users, and its statutory duties, as well as providing input to carers' assessments and reviews of service users' needs. Recruitment is underway for a new permanent senior social worker to support the second senior social worker. One Newly Qualified Social Worker (NQSW) has successfully completed their CPL and received positive feedback regarding this. The team has also been successful in recruiting two new NQSWs. The CLDT continues to work hard with service users and carers to maximise people's independence and to ensure services are delivered equitably utilising WDHSCP's policy entitled Accessing Adult Social Care: Eligibility Criteria.
- 3.30.5 We have been working alongside colleagues in Children and Families services to improve our transitions to adult services by developing a Standard Operating Procedure that is aligned to The Seven Principles of Good Transitions, the European Convention of Human Rights (ECHR) and the United Nations Convention of Rights of the Child (UNCRC) and to supporting this with a WDHSCP Transitions To Adulthood for Young People paper, which outlines national policy and rationale and how this will apply within WDHSCP.
- 3.30.6 WDHSCP has been successful in embedding the Dynamic Support Register within the

integrated CLDT and continues to routinely report its data to Public Health Scotland (PHS).

3.31 Learning Disability registered and non-registered services

3.31.1 The registered Housing Support Service (HSS) provides supported living to people with a learning disability to live as independent a life as possible. It is a 24/7 registered service operating at the present time across three locations. There are 9 service users in receipt of this support provision. This service has been reviewed as part of the wider Review of LD services and it may be that one of the locations will be provisioned in a different way going forward, as the needs of the residents have changed from when the service was first established. There has also been considerable planning this year to upgrade and extend one of the locations to allow some service users living in accommodation that is no longer fit for purpose to move to a new home. We anticipate this move will be completed by the end of Summer 2025. There has also been training regarding the new Health and Care (Staffing) (Scotland) Act 2019.

3.31.2 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. For care settings, the Act places a duty on those who provide care services to ensure both appropriate staffing and appropriate training of staff. In preparation for the implementation of the act, Housing Support Services had discussions at team meetings to raise awareness and understanding of the duties around the new safer staffing legislation. Furthermore, all staff were supported to sign up to TURAS learning site and complete the required training (4 domains in level 1). Staff completed this between April & July 2024

3.31.3 Following this, a staffing protocol was developed for each service showing what staff were required/where they were required and the reasons why (for safer staffing). This equipped staff with better knowledge and understanding of the legislation and how it applies in a social care setting. This resulted in it being highlighted as an area of good practice by the Care Inspectorate during an unannounced inspection in December 2024. The inspection report commented positively on the evidence they found.
“We observed the staffing compliment was very good on both inspection days and people were coming and going out to activities as well as being supported with day to day living tasks. As a result, people were very excited and looking happy from their activities. We noted the staff rota demonstrated the reasons why extra staff had been called in or specific staff being used. “Almost all staff had completed training on the recent and new legislation, the Health and Care (Staffing) (Scotland) Act 2019 enacted on 1 April 2024. Staff spoke very confidently and competently about their knowledge of the Act and felt very happy with the current staffing arrangements.”

3.31.4 Community Connections provides support to 35 service users in the community to promote outcomes around healthy living, choice and control, independence and active citizenship. Dumbarton Centre offers both building based and community supports to service users. Service users accessing this require a higher level of support due to the complexities around diagnosis, e.g. Autistic Spectrum Disorder, restricted mobility, and compromised health conditions. There is one Registered Service Manager covering both service registrations. The Review has highlighted the need to modernise and merge the Dumbarton Centre and Community Connections allowing for a more flexible, agile outreach service to ensure sustainability of community placements for those on the Dynamic Support Register (DSR) and identified through the Community Living Change Fund (CLCF) criteria. A consistent, positive theme that has emerged from LDRSG, and from stakeholder engagement sessions, is that the LD workforce is already skilled and consistently undertakes specialist training to meet the needs of those with the most complex needs, including behaviours perceived as challenging. Ongoing development of this flexible, person-centred, asset based, approach is continuing.

3.31.5 West Dunbartonshire HSCP Respite/Short Break Service involves the co-ordination and booking of respite/short breaks for carers of adults with a learning disability to meet their assessed need and outcomes. In addition to traditional residential respite, the Respite/Short Break Service continues to promote and provide alternative resources to carers through self-directed support; direct payments, flexible respite or a combination of the three options. Future considerations include the increasing number of young people with complex needs and behaviours perceived as challenging that will require a different approach to support carers in their caring role, which is why carers are being encouraged to consider flexible short breaks, and a wider range of options, rather than only traditional respite.

3.31.6 Across the HSCP consultation and engagement has been undertaken by the strategy and transformation team in regard to this area and it is likely that respite/short breaks will be known as replacement care, in line with national policy, and there may be some changes to the way in which this is managed across the HSCP. This team has been managed by the LD Service Manager for Development and Involvement.

3.31.7 There remains a level of concern about the LD Review being undertaken given the current financial challenges within the public sector. Those undertaking the LD Review have consistently engaged and consulted to ensure the LD Review is a consultative and collaborative process intended to create services that are sustainable and fit for the future. There is acknowledgement that change is not always easy, however, recognition, also, that the LD service does need to modernise to ensure that those with the greatest complexity, and highest level of need, are the ones receiving support and that others are signposted appropriately to community based assets. LD services will continue to work with key partners, stakeholders and communities throughout the period of the Review and beyond. Partnership, collaboration and co-production remain pivotal to the success of this work.

3.32 **Alcohol and Drug Partnership (ADP)**

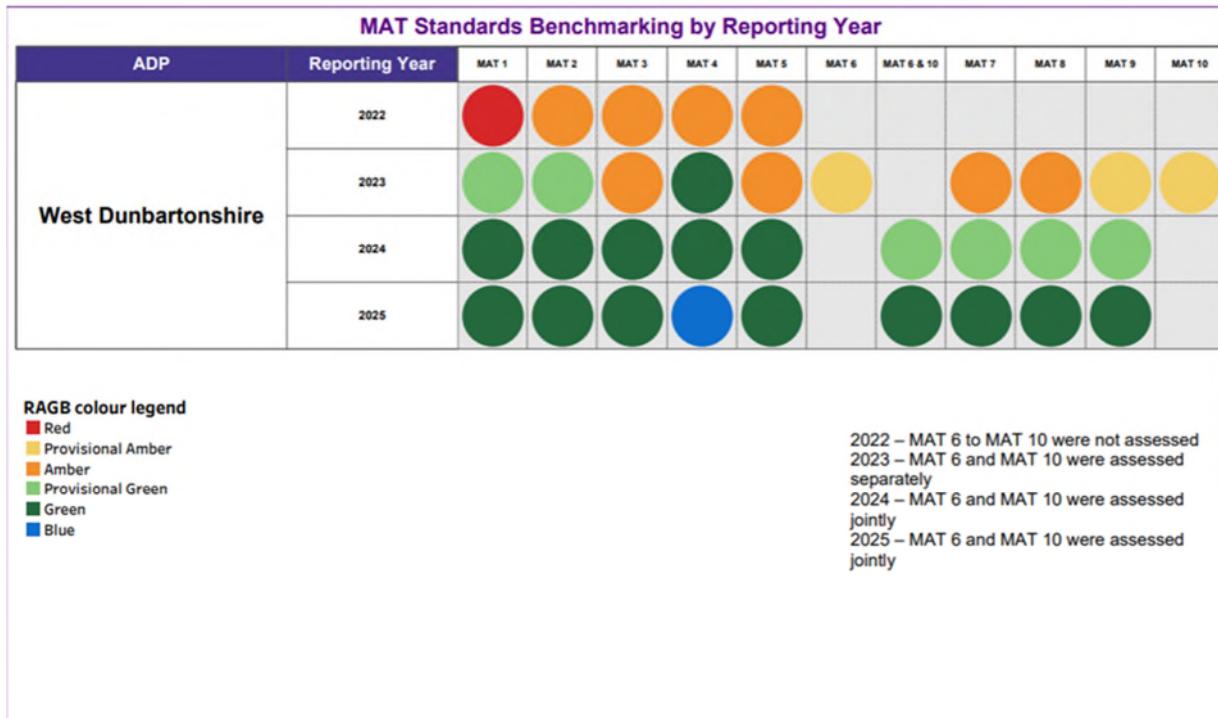
3.32.1 The Scottish Government requires all Alcohol and Drug Partnerships to develop a local alcohol and drugs strategy to align local and national priorities, planning and investment. The National Mission Plan 2022, which as of 2023 includes an alcohol focus, runs until 2026. The West Dunbartonshire ADP strategy refresh aims to deliver an ambitious programme of priorities that will improve the quality of life for people, families and communities in West Dunbartonshire. Governance and reporting has been strengthened with the Alcohol and Drugs Partnership now reporting to Public Protection Chief Officer Group (PPCOG)

3.32.2 The strategy outlines five strategic priorities:

- Substance Use Prevention
- Young People and Families
- Improve services to support those with co-existing mental health and substance use and/or multiple complex needs
- Tackling alcohol and drug related stigma
- Reducing the harm associated with alcohol and drug use

3.32.3 Medicated Assisted Treatment (MAT) Standards

In 2024/25, further progress was made with regards to the implementation of MAT Standards and West Dunbartonshire was assessed as Green for 9 of the 10 standards evaluated by the Scottish Government. The remaining standard, MAT 4, was assessed at the higher level of Blue, sustained implementation, because this standard has been Green for the previous two consecutive years. MAT 4 is Harm Reduction: All people are offered evidence-based harm reduction at the point of MAT delivery.



3.32.4 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. MAT 1–5 were confirmed as green, and 6–10 provisional green.

3.32.5 Drug and Alcohol Referral to Treatment Official Waiting Times – Report published by Public Health Scotland 27 June 2024. Table 1 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 NHS GGC and Scotland as a whole.

Table 1

Area	Q1	Q2	Q3	Q4
West Dunbartonshire	96.8%	97.8%	99.4%	97.4%
NHS GGC	93.5%	94.8%	95.0%	90.3%
NHS Scotland	93.0%	93.6%	95.1%	92.9%

3.32.6 External Scrutiny: Care Inspectorate Inspection West Dunbartonshire Adult Services

Service Name	Inspection Date	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
West Dunbartonshire Supported Housing Service	14/06/24	5 Very Good	4 Good	4 Good	Not Assessed	4 Good
West Dunbartonshire Home Care Service	08/04/24	2 Weak	2 Weak	2 Weak	Not Assessed	2 Weak
West Dunbartonshire Learning Disability Service	21/01/25	4 Good	4 Good	Not Assessed	Not Assessed	Not Assessed
West Dunbartonshire Learning Disability Service	12/12/24	3 Adequate	3 Adequate	5 Very Good	Not Assessed	5 Very Good
West Dunbartonshire Sheltered Housing	02/04/24	5 Very Good	5 Very Good	5 Very Good	Not Assessed	4 Good
Queens Quay Care Home	19/12/24	4 Good	Not Assessed	4 Good	Not Assessed	3 Adequate

3.33 Justice Social Work Services

3.33.1 West Dunbartonshire HSCP Justice Social Work Service provides a range of services, including the statutory Justice Social Work functions of delivering support and supervision to people who have come into conflict with the law and are involved in the court and/or prison system.

Performance information for all Justice Social Work Services is reported publicly by Community Justice Scotland and embargo restrictions prohibit publication of some of the 24/25 information before the report is laid before the Scottish Parliament. Available information on data for 2023/24 can be accessed here:

[Justice social work statistics - gov.scot](https://www.gov.scot/statistics/justice-social-work-statistics/)

3.33.2 The full information for 2024/25 is due to be published later in 2025.

In most cases prior to sentencing, the Courts will request a Justice Social Work Report to assess risk, identify interventions required and detail potential disposals. In 2023/24 there was an increase of 10% in the number of reports being requested.

The number of CPOs imposed per 10,000 population ranged from 16.1 to 65.4 in 2023-24. West Dunbartonshire is highest in Scotland with the imposition of orders being 65.4 while the national average is 39.1.

The total number of hours of unpaid work completed during 2023/24 was 43,990 for the benefit of local communities in West Dunbartonshire.

During 2023/24, 73% of all Community Payback Orders were completed successfully. The successful completion rate in West Dunbartonshire remains above the national average of 64%.

Table 1 Data Demonstrating Increased Demand

	2022/23	2023/24	2024/25	-/+
Justice Social Work Reports submitted to Court	599	660	651	1.3%
Community Payback Orders imposed	374	408	409	0.2%
Bail Supervision Orders imposed	15	25	21	16%
Structured Deferred Sentences imposed	13	29	52	56.7%
Diversion from Prosecution imposed	28	29	47	47.3%
Drug Treatment and testing Orders imposed	6	12	13	8%

3.33.3 Prison Throughcare

In June 2024, The Scottish Government responded to a rise in the prison population with a programme of Emergency Release (under section 11 of the Bail and Release from Custody (Scotland) Act 2023) to protect the rights and safety of people living and working in prison establishments. Within West Dunbartonshire, Justice social work worked alongside the Scottish Prison Service, homelessness services, health services and community partners to provide a coordinated approach to deliver this programme. Taking place over four tranches, this involved rigorous scrutiny of systems, records and risk assessments to ensure compliance with release eligibility and supporting access to housing, health and financial support and victim safety where it was required.

3.33.4 Bail Supervision

There continues to be a focus both locally and nationally on promoting the use of bail supervision and bail with electronic monitoring (EM Bail) to reduce the use of remand and address the increasing prison population. Within Dumbarton Sheriff Court the bail service now has a duty worker in attendance throughout the Custody Court hearings to support proceedings and to offer advice and guidance on cases where remand may be considered. Where feasible, assessment reports will be provided to ensure anyone at risk of custody is considered for a bail supervision order.

Relationships between Justice Social Work and the local Sheriff Court continue to be strong with good communication and regular meetings between personnel to identify and resolve issues.

3.33.5 Diversion from Prosecution

Diversion from prosecution remains a critical part of the justice system. There continues to be a significant upturn in the number of Diversion assessments requested during 2023/24 (11% increase on 2022/23) This reflects a continuing and significant increase in demand for this service.

West Dunbartonshire Community Justice Partnership are currently developing a partnership improvement plan for Diversion to ensure we can meet the increased demand and address presenting needs in more creative ways, in response to the Scottish Government's National Strategy for Community Justice (2022) and the focus on trauma informed services.

3.33.6 Caledonian System

WD HSCP has independently funded the Caledonian Programme due to the high prevalence rates of domestic abuse in the locality. Staff have now been trained on assessment, 1:1 sessions and group work sessions, with a rolling programme to continue the training of new staff within the service.

The Caledonian System men's programme has been receiving assessments/orders from the Courts since January 2024. Over the course of last year, we have undertaken 78 Caledonian assessments which have either been in conjunction with justice social work reports. These are significant and complex pieces of work in themselves requiring multiple interviews, complex assessment and liaison with a variety of agencies to collate the required data/intelligence. From these Caledonian assessments this has generated 41 community payback orders with a programme requirement to undertake the Caledonian programme.

3.33.7 The programme is running well in the locality and outcome improvement planning is supported by the Caledonian Steering Group. The remit of the group is to support embedding and shaping of 'The Caledonian System' across West Dunbartonshire. The group is responsible for directing enhanced and targeted activity and actions, which will ensure the fidelity of the system and associated men's programme.

Activity is underpinned by a trauma responsive, needs-led framework that will contribute to wider activity effecting desistance, diversion, and effectively reduces recidivism with respect to Domestic Abuse and Violence.

Operating within Justice Services and providing support to women and children as part of the Caledonian System, the WSSS adopts a whole-system approach, supporting survivors while also working alongside services addressing the behaviour of convicted domestic abuse offenders. The service pathway includes comprehensive risk assessment, safety planning, recovery support, and change-focused practice. This integrated model ensures women and children are safer and better supported across the system.

3.33.8 Women's Safety and Support Service

The Service focusses on protecting women and children at risk (survivors) due to experiencing domestic abuse and other forms of Gender based violence (GBV) ensuring they receive appropriate support. The service aims to reduce harm to vulnerable individuals through various person-centred interventions, collaborative operational initiatives and strategic frameworks including providing training opportunities for professionals. The approach emphasises the importance of a whole system methodology involving both survivors' and convicted perpetrators' safety, recovery, risk management and change practice. Working collaboratively with Justice Social Work Services also enables women in conflict with the law, who have experienced GBV to be offered an integrated response targeting the complex trauma experienced by this highly vulnerable group of women due to higher rates of repeat victimisation throughout their lifespan.

West Dunbartonshire has the second highest rate of recorded domestic abuse per 10,000 population (2023-2024). Nationally 81% of reported domestic abuse has a female victim and a male perpetrator. The WSS Service has had a very busy year (2024-2025) with increases in referrals, expansion of the service and increases in intensive support demands which is met by national equalities and HSCP funding. Funding enables the co-ordinator to manage all operations within the service including those funded by HSCP allowing the incorporation of Caledonian Women's Service, Caledonian Children's Service and the planning required to integrate CEDAR Children's Service within the suite of provision offered. This has further enhanced the overall impact of WSS Service in delivering and co-producing activity that locally operationalises the equally safe priorities.

3.33.9 Drug Testing & Treatment Orders

The DTTO service is provided by an integrated care team working across West Dunbartonshire to support individuals whose offending is primarily due to their established addiction issues. The staff provide both medical intervention and social work support, encouraging recovery, reduced offending behaviour and promoting stability. The team are working in partnership with local Alcohol Drugs Recovery Service (ADRS) services to provide inclusive, wraparound treatment provision, supporting rehabilitation in the community. It is hoped within the forthcoming year, that a single use area will be completed to allow the team to provide a wider range of interventions and treatments and further support to the client group.

3.33.10 Multi Agency Public Protection Arrangements (MAPPA)

Multi Agency Public Protection Arrangements (MAPPA) are a set of statutory arrangements of which the primary purpose is to maintain Public Protection and the reduction of serious harm. The protection of children, adults at risk and other members of the public is paramount. It is a structure by which those who have committed a sexual offence, restricted patients and violent offenders who pose a risk of serious harm to the public, are managed through the effective sharing of relevant information, and the assessment and management of that identified risk.

West Dunbartonshire Justice is part of the North Strathclyde MAPPA grouping area. The number of individuals managed under the auspices of MAPPA within West Dunbartonshire remains consistent.

3.33.11 Justice workforce development

Throughout 24-25, there has been a noted increase in training opportunities for staff relevant to the justice role and risk management, with Social Work staff undertaking a variety of training including:

- Caledonian System
- Adult Support and Protection
- Justice Star training- (needs identification tool)
- Child Protection- Understanding neglect
- CSE awareness
- MARAC Awareness
- JSW report writing
- Risk Practice Training/SA07 (sexual offending)

Nationally social work services have seen a recruitment shortage, and this has been mirrored in west Dunbartonshire justice service. The service has sought to develop new staff by increasing attendance at national training opportunities and the provision of in-house practice development sessions.

3.33.12 Challenges

From April 2024 – March 2025 West Dunbartonshire (WD) has been working in financially insecure times. The implications from changes to legislation has had an impact on the delivery of Justice Social Work (JSW) too, increasing demand for services, such as the Bail and Release from Custody (Scotland) Act and changes to release arrangements for short-term prisoners from 50% to 40% of a sentence

These variations have had significant implications in terms of capacity for community based social work; longer sentences completed in the community has added an increase in workload in terms of planning and engagement with residents who have been released earlier than anticipated under the new guidance.

3.33.13 There remain continued resourcing challenges for JSW, including growing complexity of work, shaped both by the diverse needs of the people we support and the changing requirements of justice policy and practice. WD JSW are seeing an increase in cases involving neurodiversity, sexual offending and domestic abuse. This in turn increases the level of responsibility on the service to provide risk assessment, risk management and public protection.

There is also concern around overall funding levels and sustainability; staff recruitment, absence and retention; availability and organisation of training and the suitability of physical resources including office space.

Justice Services are required to provide a wider portfolio of services but with no substantial uplift to current budget, this clearly presents challenges in terms of service provision and delivery.

3.33.14 Positives / Opportunities

Despite the challenges experienced across 2024-2025, there are also many positives to celebrate. There had been preparation and planning, both locally and nationally, regarding the New Voluntary Throughcare model to ensure its smooth inception into the locality. National voluntary throughcare providers are now part of the whole-systems approach to service delivery in West Dunbartonshire and support our service users in their return to their community.

3.33.15 Over the 2024/25 reporting period, West Dunbartonshire has delivered a coordinated and partnership-led employability response for individuals with criminal convictions, focused on addressing persistent barriers to employment and promoting long-term rehabilitation. The area's strategic approach is underpinned by the Local Employability Partnership (LEP), which brings together statutory and voluntary partners to deliver an aligned and evidence-based employability offer. A key part of this offer is the commissioning of specialist support services specifically tailored to justice-impacted individuals.

The Lennox Partnership (TLP) provide trauma-informed, needs-led employability support for people affected by the justice system. This commissioning was developed with direct input from justice and social work teams and responds to evidence from local data which shows that 7% of unemployed individuals supported through No one Left Behind (NOLB) funding has a history of criminal convictions. The model recognises the need for bespoke interventions that account for the stigma, systemic disadvantage, and complex needs that individuals with convictions often face.

3.33.16 The following table outlines performance data for general employability and support from Working 4U for participants with criminal convictions and/or justice impacted and the specialist contribution to delivery by The Lennox Partnership for Justice impacted participants in 2024/25:

Table 1

Outcomes	Working 4U	The Lennox Partnership (specialist support)	Total
Specialist Referrals	N/A	43	43
Programme Starts	61	31	92
Job Starts	54	17	71
Qualifications Achieved	69	14	83

3.33.17 Justice Case Study

Joyce, aged 28, was made subject to two Community Payback Orders for offences primarily relating to the Emergency Workers Act - verbal and physical violence whilst detained in hospital as she struggled to regulate her emotions.

Joyce moved into West Dunbartonshire and was new to the local area with limited support networks. From the offset of the order this was managed through crisis intervention, initially relating to poor mental health and then illicit drug misuse. For approximately six months Joyce experienced a dysregulated and chaotic lifestyle, with her case management/support plan heavily involving Community mental health team (CMHT) and Addiction services.

Joyce has care experience, is a survivor of sexual and domestic abuse with her children removed from her care. She has experienced significant episodes of poor mental health, having been detained in a psychiatric unit on several occasions. As part of her coping mechanisms, there were periods of misusing illicit substances.

After a period of remand in August 2023, where detox was provided for Joyce and following release, she has remained abstinent from illicit drugs to this date. She was discharged from Addiction Services in January 2024 due to positive progress made by her hard work and determination to remain substance free.

Further referrals were made to Occupational Therapy, Woman's Safety and Support Service and Housing First, to provide wraparound support for Joyce. Throughout the Orders continued consultation with CMHT was maintained until recent discharge as Joyce's mental health has remained stable. The allocated social worker also supported Joyce to attend the tribunal to provide evidence against her perpetrator – which also enabled Joyce to feel in control of her circumstances. Joyce remains settled in her own tenancy and talks of the wraparound services made available to her to support her through her statutory order.

3.33.18 Challenges have included

A significant challenge for the Justice Social work service through the reporting period was recruitment to vacancies within the service. This coupled with the increase in workload for the service has continued to impact on development and improvement work. The Service has experienced challenges in terms of pay awards being aligned to the Justice Service provision which has resulted in funding shortfalls which in turn has impacted in filling vacancies within the Justice staffing structure.

3.33.19 Strengths include

- Strong partnership working is evident in the planning of support for individuals being released from prison. Our justice and housing services are working closely together to ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy.
- Positive and supportive working relationships with Police Scotland colleagues in the management and supervision of those assessed as posing a high risk of re-offending.
- Service users have gone on to employment, further education and volunteering through our close association with employability services.
- We continue to work closely within established partnerships in the community including CHAS, Alternatives and Greenspace.
- The 'Moving Forward' Women's Service supports females involved in the Justice system and offers one to one holistic supports, looking at increasing independent skills, self-confidence and mindfulness.
- The Women's Safety and Support Service provides specialist responses and interventions to increase the safety and wellbeing of survivors of Domestic Abuse. The service supports women offenders, (via group work and one to one supports) who have additional vulnerabilities and complex needs resulting from multiple experiences of Violence against Women.

- Our Anti-discriminatory intervention with women in Justice is essential to addressing the unique challenges and systemic biases, they face within the justice system. Women in Justice often encounter multiple layers of discrimination based on gender, race, socioeconomic status, and other intersecting inequalities and vulnerabilities. The Women's Safety and Support Service provide intervention underpinned by a trauma-informed approach that recognises the specific circumstances leading to offending behaviour, such as histories of abuse, poverty, mental health issues and addictions caused or exacerbated by the gender-based violence and abuse they experience.
- The service aims to empower women to address these underlying issues by reducing barriers to accessing the service and maximising choice. Proactively engaging with women, building trust and maximising their power to identify priorities and solutions assists in reducing the vulnerabilities they experience and improve safety and well-being. Inclusivity in core programmes with others not involved in justice, maximising engagement with activity to reduce social isolation as well as safety planning and collaboration with women to raise awareness of how abuse has affected them across their lifespan; are crucial contributions to promoting positive outcomes for women within the justice system and maximising equality.

3.34 MARAC (Multi-Agency Risk Assessment Conference)

3.34.1 West Dunbartonshire MARAC commenced April 2020, and meetings continue to be convened 4-weekly. Information about domestic abuse victims at high-risk of the most serious levels of harm, including murder, is shared between representatives from a range of local agencies to inform a coordinated action plan to increase the safety of the victim and their children.

3.34.2 At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. MARAC, with its focus upon working collaboratively to ensure the safety of domestic abuse victims and their children, allows partners involved to share those insights and to develop robust and effective safety and risk management plans. Any frontline agency representative that undertakes a risk assessment with a victim, or uses professional judgement, to determine high risk threshold is met, can make a referral to West Dunbartonshire MARAC through the MARAC co-ordinator.

Table 1

West Dunbartonshire MARAC	Per year	Year to date	Female Victim	Male Victim	Children / YP
2023/24	326	144	322	4	606
2024/25	-	99	97	2	261

3.34.3 The strengths of MARAC lie in its proactive and unified approach by agencies who each bring a unique perspective and set of resources to address the complex challenge of domestic abuse.

3.34.4 By including the voices and views of victims/survivors, MARAC ensures that its actions are centred around victims/survivors.

3.34.5 Following a series of deep dive events into MARAC, Scottish Government Independent Strategic Review of Funding and Commissioning of VAWG services recommends that MARAC is put on a statutory footing with standards of operation and resourcing which would apply consistency across all 32 Local Authorities in which it is now operating.

3.34.6 Scottish Government VAWG Equality and MARAC Working Group will publish a government response to the Report by May 2025. It is estimated that for every £1 spent on

MARACs, at least £6 of public money can be saved annually. The potential 'beneficiaries' of this saving across West Dunbartonshire are for all the existing organisations, public and voluntary sector, who currently contribute to multi-agency responses and support for women at significant risk of harm – source Scottish Government Equally Safe Delivery Plan.

3.35 Community Justice

3.35.1 The Community Justice Partnership has established 'whole systems' operational working groups with a clear term of reference for each group to support collaborative practice, effective communication and cooperation as part of a 'whole person' approach to service delivery. The groups are responsible for supporting the strategic priorities of the local Community Justice Outcome Improvement Plan and wider Justice Services outcome improvement activity.

Community Justice Workstreams are as follows;

- Prevention and Early & Effective Intervention (Including Throughcare, Diversion, Youth Justice and Employability)
- Arrest Referral Scheme
- Custody to Community (Including Bail Supervision, Voluntary Throughcare & Remand)
- Caledonian Steering Group (Including performance and audit)
- Women in Justice
- Authentic Voices – Experts by Experience

3.35.2 MARAC Steering Group

3.35.3 Stakeholder partners have been committed to their statutory duties and undertakings, and the partnership has now established integrated process and procedures and a whole systems approach to outcome improvement activity. The working groups responsible for the delivery of the local Community Justice Outcome Improvement Plan (CJOIP) have strengthened and focused their priority areas significantly in the past year.

3.35.4 Prevention and Early & Effective Intervention Practices

There has been much development activity around diversion for both youth and adult justice. The Community Justice Partnership, Justice social work and Children & Families social work are working towards a better understanding of the use of diversion across the locality through the mechanism of the Prevention & Early and Effective Intervention working group.

3.35.5 Statutory Throughcare as part of Prevention and Early & Effective Intervention

The whole-systems group has engaged in the following activity:

- The group issues a multi-agency brief to communicate the parameters of the early release of prisoners and what this means for stakeholder partners in terms of planning and provision.
- Contributed to the "Health Needs Assessment of individuals in community justice in services and untried in custody", undertaken by Community Justice Health Improvement NHS GGC. WD Justice Services has also financially contributed to and will be included in phase two of the research that will seek to better understand the health needs of those serving community-based sentences and those on remand.
- Research has been undertaken in the locality addressing "Head injury in people in the criminal justice system: Implications for social work practice". The custody to community working group is developing responses to embedding the recommendations of the research and what it means for assessment, reporting and intervention.

- To ensure that all resident who are released from custody back to community are supported, WD has created a protocol to triage prison release names and ensure that they are connected with all relevant services and that any potential risk to adult or child victims are shared, i.e. those who have been discussed at MARAC or who have children on the CP register. This has proved beneficial in terms of care planning for children/young people and safety planning for adult victims. This process will continue to be developed and embedded as part of core business.
- WD CJP has been working closely with West College Scotland (WCS) to develop pathways to education from a custody setting transitioning back to community.

3.35.6 Arrest Referral Scheme

West Dunbartonshire's Arrest Referral Scheme (ARS) working group is a joint working group that supports the strategic priorities for both the CJP and Alcohol and Drugs Partnership (ADP). Both partnerships have developed a unified whole-systems approach to identifying the underlying needs of individuals at the point of arrest ensuring person - centred care within police custody. Both partnerships are in the process of considering viable and sustainable options that support residents to a positive destination and will impact on decision making at the point of sentencing. Once WD has agreed on a viable operating model consideration will be given to impact measures in terms of impact to the person and impact at court and sentencing decisions.

3.35.7 Custody to Community Activity

The Custody Community working group has made progress in the last year and been responding to the early release of prisoner's scheme and the new legislative changes to sentencing guidelines. The group has naturally split into two working groups one that is managing risk and safety of victims as part of release planning, and another group that co-ordinates a whole – systems approach to meeting the health and social care needs of residents as they transition from custody back to the community.

3.35.8 Both groups have been hugely successful in terms of ensuring that needs are met. The risk and safety group has created a communication protocol between services to ensure that information around risk is shared and managed timeously. This has been beneficial in terms of safety planning for VAWG and child protection, ensuring the safety of adult and child victims. This group is responsive group that meets when there is a need to communicate and respond to risk.

3.35.9 Caledonian Steering Group

Caledonian Systems

The remit of the group is to support embedding and shaping of 'The Caledonian System' across West Dunbartonshire. The group is responsible for directing enhanced and targeted activity and actions, which will ensure the fidelity of the system and associated men's programme. Activity is underpinned by a trauma responsive, needs-led framework that will contribute to wider activity effecting desistance, diversion, and effectively reduces recidivism with respect to Domestic Abuse and Violence.

3.35.10 The group has been developing a Standard Operating Protocol (SOP) between partners to ensure effective communication and agreed protocols to manage risk and ensure the safety of victims as paramount. The SOP is being developed in a partnership approach, and each partner has contributed to its development. The 1st draft of the SOP has been referred to other strategic partner i.e. the (Violence Against Women and Girls Partnership) VAWGP and the MARAC steering group for scrutiny and agreement.

3.35.11 As part of ongoing commitment to quality assurance a performance and audit subgroup

has been created to support outcome improvement planning for Caledonian systems. A performance and audit tool has been developed and dip sampling of reports undertaken. The group focused on the standard of assessment including thorough analysis of the Scanning Analysis Response Assessment Model (SARA) – V3, recommendations, and sheriff sentencing along with analysis of those who were deemed not suitable for the programme.

3.35.12 Authentic Voices

WD CJP has made every effort to ensure that service provision and delivery is borne out of co-production and shape by authentic voices. The Authentic Voices working group has made traction in terms of gathering the voices of those with lived experiences as part of outcome improvement planning in the locality.

3.35.13 In September 2024 Justice Services Women's Safety and Support Service embarked on discovery activity as part of a collaborative approach with SafeLives to better understand the journey of women who have experienced domestic abuse involvement with justice systems from the point of arrest through to prosecution. The discovery report was heard at the Justice conference in June 2025 and embedding the recommendation from the report is being considered by both WD VAWGP and CJP a part of a unified response to improving outcomes for women involved with justice and wider social work systems.

<https://www.west-dunbarton.gov.uk/media/kbjav3dm/womans-justice-journeys-document.pdf>

3.35.14 The authentic voices working group is made up of multi-agency partners and each partner is focusing on gathering the voices of those with lived experience in their respective areas. Action for children, Engagement Coordinator, Voices of the Promise, is part of the authentic voices working group. Action for Children are currently undertaking lived experience discovery activity, and this will be reported on in the forth coming months.

3.35.15 This report will be escalated to WD CJP to consider the implementation and embedding of recommendations as part of prevention work for youth justice. It is hoped learnings will also inform wider outcome improvement planning for adult justice services.

3.35.16 Public Information, Engagement, and Involvement

To support this priority area WD CJP has hosted information and awareness raising sessions across the locality and open to multi-agency partners. Along with the wider information and awareness raising sessions, focused session on the Community Justice Outcome Improvement Plan 2014-2027 (CJOIP) have also been offered to ensure that staff groups including housing/homelessness; children & families social work; education services; health and 3rd sector partners are aware of the strategic and operational undertakings associated with the CJOIP and its delivery in the locality.

3.35.17 This year the partnership has engaged with partners and hosted the Community Justice "Trauma Informed Justice" Conference. The outcomes for the conference included:

- To increase awareness and support of West Dunbartonshire's Justice Services and Community Justice Partnership.
- To demonstrate West Dunbartonshire's progress, and continued commitment, to delivering National and Local Outcome Improvement Planning for Community Justice in West Dunbartonshire.

3.35.18 WD Community Justice contributes to the wider strategic plans of the various partnerships and ensures a whole systems approach to shared policy and priority areas. WD VAWGP and Trauma Informed and Responsive Group are taking a partnership approach to impact assessing and have begun the process of developing an Integrated

Impact Assessment.

3.35.19 Case Study: Donna's Journey Through Recovery from Domestic Abuse

This structured case study illustrates how trauma-informed, whole-family intervention using Justice integrated services including the Caledonian System and the Three-Stage Trauma Recovery Model can result in meaningful, long-term improvements in safety, mental health, and wellbeing for women and children impacted by domestic abuse. Using the Three-Stage Trauma Model of Recovery (Judith Herman 1992; 2015)

3.35.20 Stage 1 Safety and Stabilisation: Background and Experience of Abuse

Donna, a 24-year-old woman and mother to two daughters aged 2 and 13, endured a four-year abusive relationship. Early in the relationship, subtle controlling behaviours emerged. Donna was expected to check in with her partner and limit contact with others. Although he had a history of alcohol addiction, she attempted to set boundaries, such as prohibiting alcohol in the home. The first incident of overt abuse occurred when he returned home intoxicated and began shouting and damaging property. Though not physically assaulted, Donna felt unsafe and feared for herself and her children.

Despite police involvement, Donna gave her partner another chance, partly due to his childhood trauma and fear of abandoning him. However, the abuse escalated, including threats of self-harm and emotional manipulation, particularly when he consumed alcohol. This pattern continued for two more years, alternating between moments of calm and intense volatility. Donna ultimately ended the relationship for the safety of her children. Her ex-partner was charged with domestic abuse and referred to the Caledonian Project, the court-mandated programme for perpetrators of domestic abuse.

Intervention for Safety

Donna was referred to the Women's Safety and Support Services through the Caledonian system. She was offered voluntary, trauma-informed support focused on her safety and wellbeing. A personalised safety plan was developed, addressing emergency preparation, escape routes, safe spaces, and trusted support networks. This immediate intervention created a sense of structure and control in the midst of psychological turmoil. Donna expressed relief at finally receiving help and acknowledged the severe impact the abuse had on her mental health and sense of security.

Her children's needs and the impact of domestic abuse were also assessed, and the children were supported by a Caledonian children's worker, ensuring their rights were upheld and their emotional needs addressed.

3.35.21 Stage 2 Processing and remembrance

Therapeutic Support and Emotional Processing

Donna engaged in weekly emotional support sessions. She began to process the fear, shame, and guilt she had carried, particularly around her decision to stay in the relationship. Speaking about her experiences helped her unpack the psychological impact of coercive control and emotional abuse, something she had previously internalised in silence.

Donna described experiencing hypervigilance, a common trauma response, and expressed a desire to learn how to move forward without placing herself or her children at risk. Through therapeutic conversations, she explored the root of these feelings and was supported to safely recall and work through difficult memories. She also developed an understanding of abuse dynamics, which enabled her to identify patterns and begin to separate herself emotionally from the blame and confusion.

3.35.22 Stage 3: Reconnection and Reintegration

Growth, Learning, and Future Focus

As Donna progressed, her focus shifted toward healing and future resilience. She expressed a desire to set strong boundaries, recognise red flags in relationships early on, and build a life based on self-worth and emotional safety. Her ongoing engagement with support services is allowing her to rebuild her identity, both as an individual and as a parent, outside of the abusive dynamic.

She reports that her children are “so much happier” and that she herself feels a sense of inner calm for the first time in years. Donna continues to access support and remains committed to her recovery journey. Her feedback demonstrates a clear shift from surviving to thriving, with strengthened confidence, emotional regulation, and relational awareness. Feedback from Donna:

“I am so grateful for the support I am receiving as I felt that no one cared about my situation. I couldn’t speak to anyone as I was ashamed for staying when I should have left. My children are so much happier without him around and I feel calm inside for the first time in years.”

4 Resources

- 4.1.1 The Integration Joint Board (IJB), known locally as the HSCP Board, is responsible for the strategic direction and performance of these services, together with delegated community health services for adults and children.
- 4.1.2 The HSCP Board’s current Strategic Needs Assessment highlights demographic pressures, health inequalities and the deprivation profile of West Dunbartonshire compared to other parts of Scotland and how these factors result in higher levels of support from services.
- 4.1.3 Our Board had responsibility for an overall net budget resource for delegated health and social care services of £209.935m in 2024/25. The setting of the 2024/25 budget was even more challenging than the previous year, as partner funding contributions failed to keep pace with the increasing costs of service delivery and the increasing demand for those services. The overall HSCP funding shortfall was £10.551m, split £7.530m for social work and care and £3.021m community health services.
- 4.1.4 For social work and care services the 2024/25 funding allocation from West Dunbartonshire Council was a “flat cash” one, i.e. 0% uplift for inflation and demographics. The £7.530m funding shortfall was mitigated through approved savings, a range of management actions and release of some reserves. The measures included the temporary reduction in employers’ superannuation contributions, increasing turnover savings, deletion of some vacant posts, reviewing the levels of commissioned spending across all services, closure of the Pavilion Café and capping residential bed numbers within our older people’s care homes.
- 4.1.5 Good progress was made in delivering on these actions with the overall financial outturn position for 2024/25 reporting an excess of funding against expenditure, resulting in an underspend of £0.072m across all delegated health and social care services. The underlying budget deficit for social care was £1.050m, offset by a surplus in health services of £1.122m.
- 4.1.6 Early financial performance reports during the 2024/25 financial year projected a forecast overspend of £3.525m, increasing to a peak of £4.286m in September 2024. Significant mitigating actions were put in place by the Senior Management Team to address the projected overspend and monitored closely throughout 2024/25. In addition, the Scottish

Government confirmed further funding to support the 2024/25 above inflation pay award with a proportion of this being passed on the HSCP for delegated local authority staff. While this additional funding was welcome, the impact of continued increased demand for both children and adult services resulted in the Board having to cover the early deficit projection through additional recovery plan measures.

4.1.7 Table 1 below provides details on the consolidated position and the release of earmarked reserves.

TABLE 1: EXTRACT FROM 2024/25 AUDITED ANNUAL ACCOUNTS

West Dunbartonshire Integrated Joint Board	2024/25 Annual Budget £000	2024/25 Net Expenditure £000	2024/25 Underspend/ (Overspend) £000	2024/25 Reserves Adjustment £000	2024/25 Underspend/ (Overspend) £000
Consolidated Health & Social Care					
Older People, Health and Community Care	55,857	58,244	(2,387)	258	(2,645)
Physical Disability	3,852	3,557	295	0	295
Children and Families	31,736	31,616	120	(358)	478
Mental Health Services	14,009	13,627	382	323	59
Addictions	4,325	4,101	224	(355)	579
Learning Disabilities	21,850	21,069	781	(250)	1,031
Strategy, Planning and Health Improvement	2,244	2,082	162	(55)	217
Family Health Services (FHS)	35,107	35,174	(67)	0	(67)
GP Prescribing	21,718	22,626	(908)	0	(908)
Hosted Services - MSK Physio	7,980	8,108	(128)	(109)	(19)
Hosted Services - Retinal Screening	772	865	(93)	(112)	19
Criminal Justice	8	97	(89)	(117)	28
HSCP Corporate and Other Services	10,114	8,653	1,461	456	1,005
IJB Operational Costs	363	363	0	0	0
Cost of Services Directly Managed by West Dunbartonshire HSCP	209,935	210,182	(247)	(319)	72
Set aside for delegated services provided in large hospitals	45,781	45,781	0	0	0
Assisted garden maintenance and Aids and Adoptions	303	303	0	0	0
Total Cost of Services to West Dunbartonshire HSCP	256,019	256,266	(247)	(319)	72

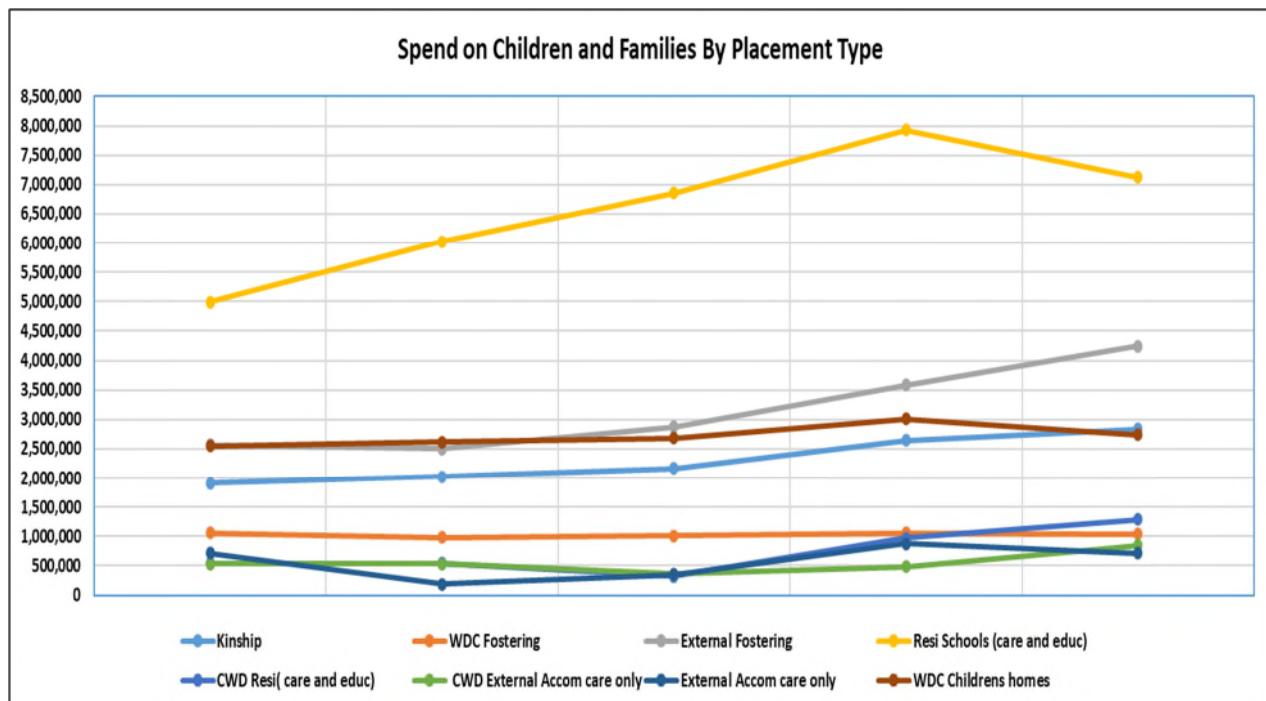
4.1.8 Table 2 below, provides a higher level of detail on the 2024/25 pressure on social work and care services, and in particular for services for Looked After and Accommodated Children and Care at Home Services. Expenditure for regulated care for children which includes fostering and residential care was circa 18.7 million. For adults' expenditure for the reporting period was 51.5 million gross.

TABLE 2: 2023/24 SOCIAL WORK AND CARE FINANCIAL PERFORMANCE

Social Care Net Expenditure	2024/25 Annual Budget £000	2024/25 Net Expenditure £000	2024/25 Underspend/ (Overspend) £000	2024/25 Reserves Adjustment £000	2024/25 Underspend/ (Overspend) £000
Strategy Planning and Health Improvement	1,175	1,276	(101)	(155)	54
Children and Families	26,566	26,839	(273)	(398)	125
Older People Residential and Community Care	35,067	38,219	(3,152)	(2)	(3,150)
Adult Services - Learning Disabilities	14,023	13,277	746	(177)	923
Adult Services - Physical Disabilities	2,616	2,349	267	0	267
Adult Services - Mental Health	3,302	3,268	34	(24)	58
Adult Services - Addiction Services	1,078	1,356	(278)	(517)	239
Carers	1,511	1,455	56	0	56
Other Services	4,495	4,016	479	101	378
Net Expenditure	89,833	92,055	(2,222)	(1,172)	(1,050)

4.1.9 The financial and service pressures experienced in 2024/25 are not new, in particular demand for children's services, which was on an increasing trajectory since 2017/18, has been further exacerbated by the legacy impact of both the Covid-19 pandemic and the Cost-of-Living Crisis on families across West Dunbartonshire. This is shown in stark detail in the graph below covering the increasing costs of Kinship, Fostering and other Residential Accommodation. Approximately Seventy percent of children and families allocated budget is allocated to the provision of care as detailed below. The What Would It Take Strategy aims to support more children with their families within local communities disinvest in external care costs and develop local family support-based services to enable children to remain safely within their communities.

TABLE 3: SPEND ON CHILDREN AND FAMILIES 2020/21 TO 2024/25



4.1.10 In March 2025 Audit Scotland published an article on “Integration Joint Boards – Finances Continue to be Precarious” which highlighted a concerning picture of continued overspending, depletion of reserves and savings being met through one-off rather than recurring savings and a projected funding gap for 2024/25 of £457m.

4.1.11 Within West Dunbartonshire HSCP, we recognise all these Audit Scotland findings as we continue to operate in an extremely challenging environment both locally and nationally. These challenges are set out within our Medium-Term Financial Outlook 2024/25 – 2027/28. The plan also sets out our key themes on how we aim to redesign our services and look for other opportunities to reshape our delivery models to work within the continuing financial constraints projected over the medium term.

4.1.12 These are:

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

4.1.13 These themes are expended in greater detail by individual service redesign plans, approved by the HSCP Board over the last two years. These are our Care at Home Service Redesign Project, our Review of Learning Disability Services and our Medium-Term Financial Plan for Children's Services: "What Would It Take". The progress on the delivery of these plans is underpinned by a refreshed strategic plan, expansion of local commissioning, robust financial management, a prudent reserves policy and a range of actions to support our workforce.

4.1.14 These individual service strategies are committed to working with our residents, our own workforce and those we commission services from, to ensure that high quality services can be delivered whilst demonstrating Best Value from our constrained resources.

4.1.15 Table 4 below, provides further detail on the financial cost of commissioning a range of social work and care services in 2024/25 and with the Scottish Government's continued commitment to pay all social work and care workers a realistic living wage, this is another financial risk that requires to be managed.

TABLE 4: 2024/25 COMMISSIONED EXPENDITURE

Spend Category	Children and Families	Health and Community Care	Learning Disabilities, Mental Health and	Other	Total
	£000	£000	£000		
Day Support	0	0	2,922	0	2,922
Direct Payments	222	897	867	116	2,102
External Fostering	4,243	0	97	0	4,340
Fostering and Adoption	1,216	0	0	0	1,216
Housing Support	1,994	3,376	11,068	0	16,438
Kinship Payment	2,892	0	0	0	2,892
Nursing	0	0	610	0	610
Payments to NHS	461	113	373	319	1,266
Payments to other bodies	1,651	2,456	4,036	1,654	9,797
Residential Care	6,415	16,776	2,077	0	25,268
Respite	234	14	476	559	1,284
Total	19,328	23,633	22,527	2,648	68,136

4.1.16 The financial outlook for the HSCP and Social Work Services for 2025/26 is one of increasing financial challenge and risk despite health funding increasing by 3% and a commitment made by West Dunbartonshire Council to pass over a share of both anticipated Scottish Government funding in relation to increased employers' national insurance contributions and additional local government funding to reflect GAE indicator changes.

4.1.17 In March 2025, the HSCP Board agreed to a suite of options to close the estimated funding gap of £7.766m. Recognising that transforming and redesigning services requires more time, the majority of the shortfall will be covered by a continuation of non-recurring turnover savings, non-filling of some vacant posts and the remaining application of any available reserves.

4.1.18 The annual update of the Board's Medium Term Financial Outlook in 2026 will seek to address how best we can mitigate these risks going forward and work with our partners to take forward the main recommendations of the Audit Scotland report, to work collaboratively and share learning both locally and nationally.

5. Workforce and Service Impact

5.1 Workforce Planning

5.1.1 The WD HSCP Workforce Plan (2022–2025) concludes in 2025. To align with the Strategic Planning cycle (2023–2026) we are currently developing a one-year holding Workforce Plan for 2025–2026. This interim plan will support strategic continuity and inform the development of a longer-term plan for 2026–2029.

5.1.2 The latest version of guidance from Scottish Government is clear and sets out a continuation of the National Workforce Strategy for Health and Social Care with the '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, social work and care organisations “employers of choice” by ensuring staff are, and feel, valued and rewarded.

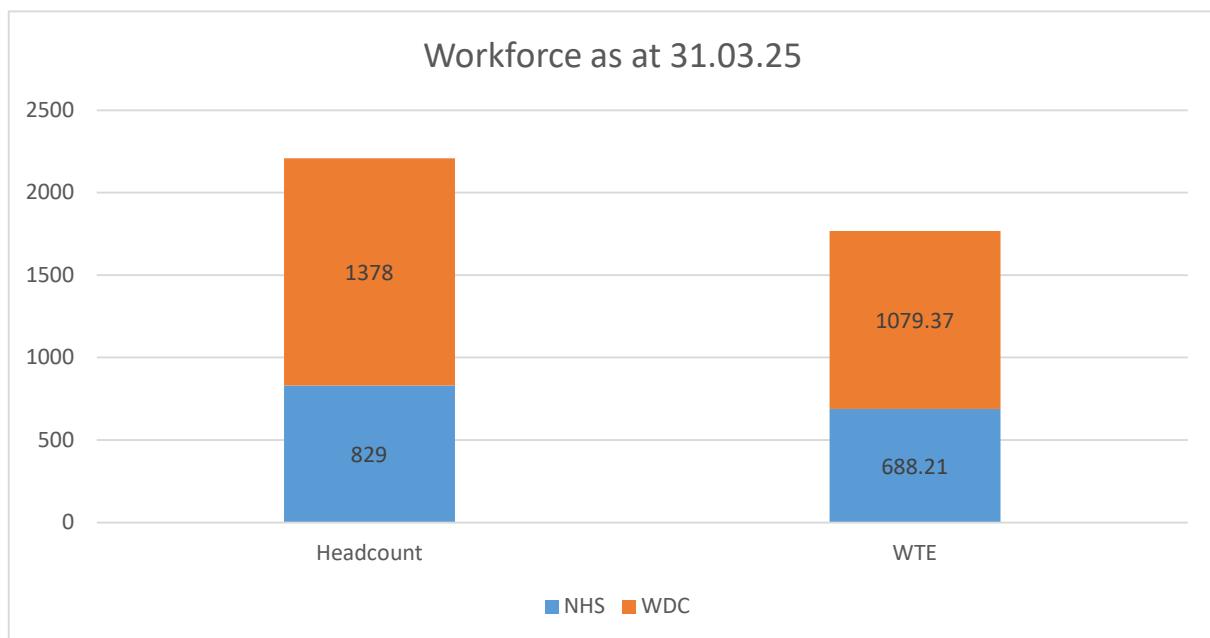
- Nurture – creating a workforce and leadership culture focusing on the health and wellbeing of all staff.

5.1.3 West Dunbartonshire HSCP are looking to grow and retain our Social Work and Care workforce in the next five years. Recruitment and retention is a main focus of actions to help us deliver both our Workforce Plan but also encourage employability and extending the number and type of training opportunities available. We utilise supervision session to discuss career development, learning interventions and progression of specific training to support our workforce in their roles. Several programmes of work have progressed, including, this year, supporting and developing employment with relevant qualifications by utilising funded places for undergraduate and post graduate programmes at Universities. The programme has now been implemented since 2022 and we have successfully supported a number of employees to undertake the undergraduate and post-graduate programme through the Open University across Children's, Adults and Justice Services.

5.2 Workforce Split

5.2.1 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.

Table 1 Workforce as at 31.03.25 (WTE and Headcount split)



5.2.3 This split highlight 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.

5.2.4 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.

5.2.5 Age Profile and Retirement Risk

The age profile for staff in West Dunbartonshire HSCP indicates that the majority (59%) of our workforce are over the age of 45.

Table 1 People Count and Age Profile

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

5.2.6 The data for the NHS workforce in WD HSCP indicates that there is almost an even split of the workforce under the age of 45 and over the age of 45, with only a subtle difference over the age of 45, while the picture West Dunbartonshire Council workforce is slightly different across and indicates the majority of the workforce are over the age of 45 (64%). Whilst this does not present an immediate retiral risk, we do need to be mindful of the importance of succession planning, the implications of an ageing workforce and maintaining health and wellbeing in coming years.

5.2.7 As our workforce gets older, and we continue to rely on them, we will need to put in place policies and strategies to enable experienced workers to remain in the workforce, while maintaining their health and wellbeing. We will also have to put in place succession planning for their eventual replacements.

5.2.8 Around a third of the NHS workforce (24%) are aged 55 years and over. This presents risk of retiral of a sizeable proportion of the workforce within the next five to ten years. There is a significantly higher risk with West Dunbartonshire Council workforce as almost 40% of the workforce, is aged 55 of over. The chart below shows the split of the workforce over 55 and those under 55.

5.2.9 The parent bodies as employers, must recognise this, and be ready to put in place reasonable adjustments to allow colleagues to support the workforce do their role as well as when someone does have for example a long term condition, using various forms of flexible working (for example: home working, job sharing, shift working, part time working) to assist with work life balance.

Table 2 Age Profile

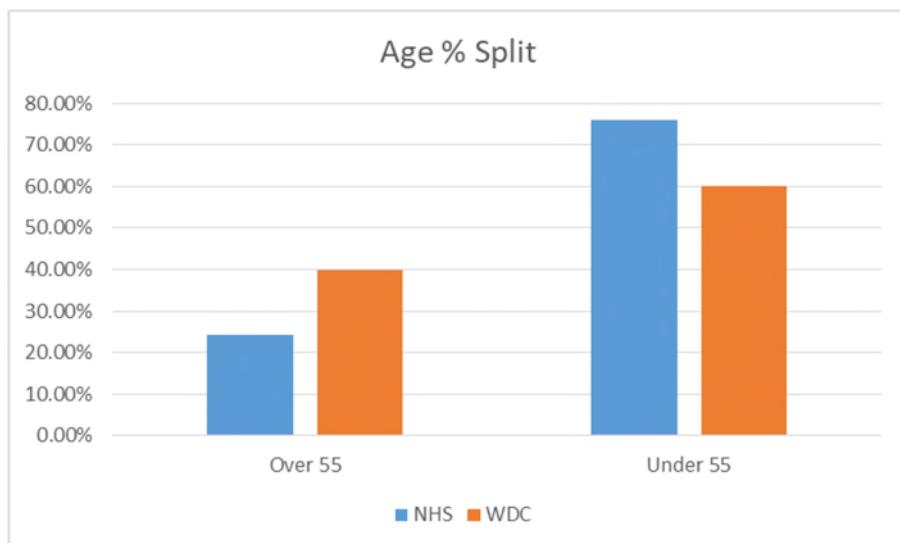
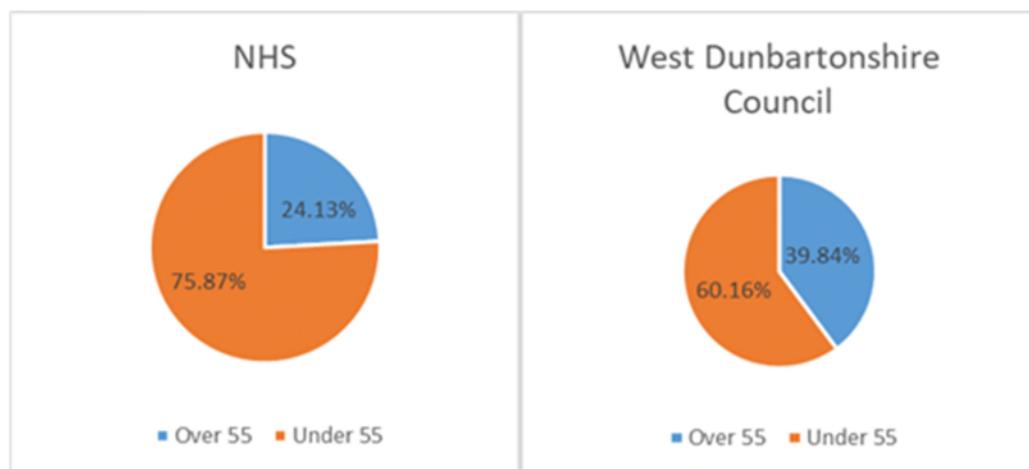


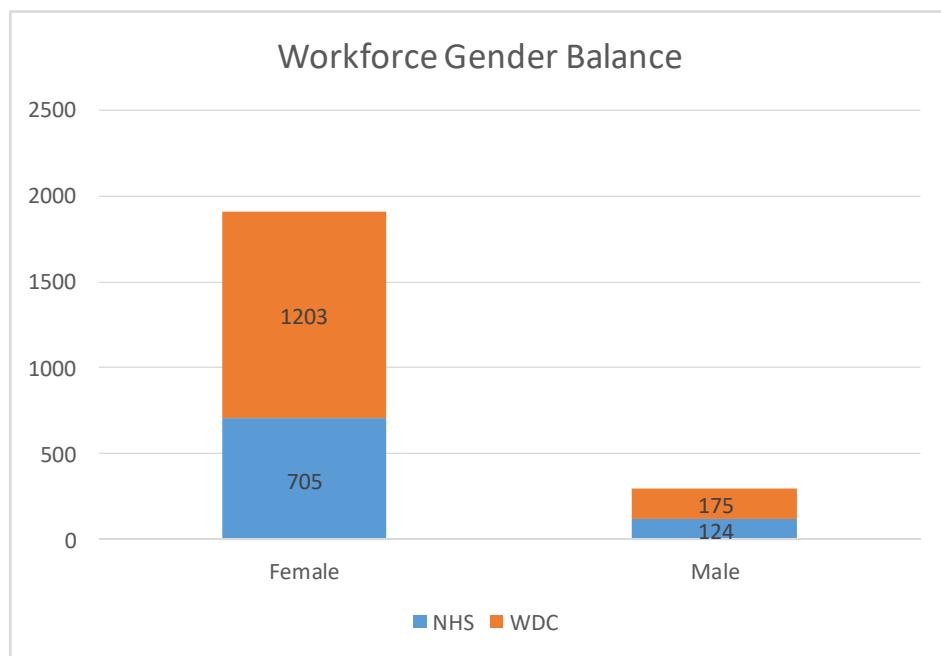
Table 3 HSCP Age Profile



5.2.10 Workforce Gender Balance

As can be seen below West Dunbartonshire HSCP has a greater proportion of female workers than male workers and whilst this is not untypical within the caring profession, the HSCP does need to consider how we encourage greater inclusion within professions as part of recruitment campaigns.

Table 4 Gender Balance



5.2.11 Staff Turnover

Between April 2024 and March 2025, 251 people left WD HSCP. The annual turnover rate for West Dunbartonshire Council staff within the HSCP was 12.7% and for the NHS was 8.5%. This represents reduced turnover rates compared to the same period in the previous report. The workforce may have been less willing to leave the security of their posts or actively pursue retirement.

5.2.12 To take account of the ageing patient population, as well as the workforce reaching retirement age, both NHS Greater Glasgow and Clyde, and West Dunbartonshire Council are exploring new ways of working and new recruitment and retention strategies, as well as having a continued focus on how we support the health and wellbeing of our workforce. Our workforce plan aims to mitigate the risks of diminishing workforce against area of growing demand.

5.3 West Dunbartonshire HSCP Approach to Staff Health and Wellbeing

5.3.1 A range of supports are regularly promoted to staff and re-enforced within staff briefings, team meetings and through wellbeing conversations which includes, National Wellbeing Helpline and the National Wellbeing Hub, dedicated wellbeing resources and further support online options for our workforce through employee assistance

programmes including support in building resilience, improving wellbeing and, where appropriate, how to lead and support others who may be struggling.

- 5.3.2 Key priorities for our workforce in support of maintaining a healthy working environment include; personal development, promoting diversity, fair work practice. We want to ensure that employee wellbeing is embedded in the HSCP leadership, culture and people management practice. We want to help equip our people with the wellbeing skills and supports needed to thrive in the workplace.
- 5.3.3 Our workforce continues to be offered and encouraged to take part in the annual iMatter staff engagement survey. Team action plans have been developed to support improvements and to identify what is important to staff. The HSCP iMatter Lead supported a local focus of these principles, as well as promoting local ownership of the process and understanding of manager and team responsibilities. Within West Dunbartonshire HSCP, there is a continued emphasis on the importance of action planning.

5.4 Workforce Development, Learning and Collaboration

- 5.4.1 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.
The Programme has been guided by a dedicated Steering Group comprising senior and operational managers who provide strategic oversight, ensuring alignment with national standards and local workforce priorities.
In September 2025, a total of 20 NQSW's were being supported through the programme.

5.4.2 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 on-boarding 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.
- Supervision: The Programme has improved the clarity and consistency of Supervision, Mentoring, and Continuous Professional Learning (CPL) Tracking.

5.4.3 Challenges

The NQSW Supported Year is continuing to evolve. As an organisation, we regularly seek feedback from the Newly Qualified Social Workers themselves, as well as their direct Line Managers, Mentors, and Senior Managers as we endeavour to continually improve the content.

Current challenges include:

- Ensuring consistent uptake and awareness of the different offerings and materials across all teams.
- Balancing workload demands with time for reflective supervision.
- Identifying and supporting NQSW's promptly within dynamic staffing environments.
- Creating frameworks to sustain meaningful shadowing and mentoring experiences for all NQSW's.

5.4.4 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.

5.4.5 Additional funding from Government to Chief Social Work Officers in 2022 to promote service delivery within adult services has been identified to develop a Lead Officer for Social work and will be known as the depute CSWO. In addition, an adult services reviewing team to support quality assurance and scrutiny of quality of care and support

for adults and older people has been put in place.

- 5.4.6 Highlighted through this report are the significant issues of staffing availability and recruitment which has had an impact in nearly all areas of service delivery. As West Dunbartonshire HSCP experiences, and plans for, change, a number of resources and programmes are being developed to support our workforce through change. Whilst the effects change is acknowledged, there are levels of challenge due to a shortage of available workers for some sectors which is resulting in higher than normal level of vacancies.
- 5.4.7 Never has there been a greater need for workforce planning and development to be supported to ensure the continuity of a skilled and committed workforce to deliver high quality services for the future. Throughout 2024/2025 retention of staff is being supported with the development of post qualifying Social Work qualification delivered by the Open University. A number of staff are now actively engaged in post graduate social work programmes following a selection and interview process, involving as part of the panel care experienced or individuals with lived experience of service. Both the training programmes and *placement provision are being supported by the wider HSCP.*
- 5.4.8 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.
- 5.4.9 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.
- 5.4.10 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.
- 5.4.11 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
- 5.4.12 In addition to core training, our workforce continues to have access to a wide range of learning and development opportunities. During 2024 the Health and Care (Staffing) (Scotland) Act 2019 was implemented. Whilst social workers are not covered within the duties or the Act, our workforce in registered services will be covered. A continual programme of awareness and learning platforms specific to functions has been promoted.
- 5.4.13 Opportunities for obtaining formal social work qualifications has been made available within the HSCP. During the reporting period we had 5 employees enter formal academic study to obtain a Social Work degree and we are looking to widen this access for a career pathways, in partnership with the Open University.
- 5.4.14 Staffing challenges throughout the reporting period have resulted in both increased waiting times for service users and is in part being mitigated by the regular use of

agency staff. There is a clearly changing profile of experience and skillset across the social work workforce with vast majority of successful recruitment activity resulting in newly qualified social workers being appointed. Over time this shifts the balance of experienced staff who are managing highest public protection risk.

5.415 The experience of West Dunbartonshire is similar to the overall picture nationally, with other local authorities reporting difficulties filling posts and losing experienced social workers to agencies. With the maturity of HSCP's structural arrangements there is a risk that parent bodies have reduced capacity and ownership of the need to appropriately support the social work workforce both from learning and development and HR perspective.

5.4.16 A review of the Children and Families structure was scoped in 22/23 and challenges regarding implementation have resulted in a significant delay in achieving the required service configuration. The proposed structure would act as a footprint for aligning the social work roles grading and structure across social work services.

5.3.17 Highlighted through this report are the significant issues of staffing availability and recruitment which has had an impact in nearly all areas of service delivery. As West Dunbartonshire HSCP experiences, and plans for, change, a number of resources and programmes are being developed to support our workforce through change. Whilst the effects change are acknowledged, there are levels of challenge due to a shortage of available workers for some sectors which is resulting in higher than normal level of vacancies. Never has there been a greater need for workforce planning and development to be supported to ensure the continuity of a skilled and committed workforce to deliver high quality services for the future. Throughout 2023/2024 retention of staff is being supported with the development of post qualifying Social Work qualification delivered by the Open University. A number of staff are now actively engaged in post graduate social work programmes following a selection and interview process, involving as part of the panel care experienced or individuals with lived experience of service. Both the training programmes and placement provision are being supported by the wider HSCP.

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

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

27 January 2026

Subject: Strategic Risk Register Six Month Review

1. Purpose

1.1 The purpose of this report is to present the Strategic Risk Register to the West Dunbartonshire Health and Social Care (HSCP) Board.

2. Recommendations

It is recommended that the HSCP Board:

2.1 Consider the comments made by the Audit and Performance Committee as outlined in paragraphs 4.7 – 4.12 of this report;

2.2 Subject to any changes required, agree the Strategic Risk Register (Appendix I); and

2.3 Agree any strategic risks the HSCP Board may wish to consider promoting to either NHS Greater Glasgow and Clyde and West Dunbartonshire Council for inclusion in their respective strategic risk registers.

3. Background

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board (IJB) must have effective governance arrangements in place, which includes systems for managing strategic risks.

3.2 The Integration Scheme confirms that a key element of the required risk management process is the preparation, scrutiny, approval and then annual review of the strategic risk register for the Health and Social Care Partnership.

3.3 The Chief Officer is responsible for ensuring that suitable and effective arrangements are in place to manage both strategic and operational risks relating to the Health and Social Care Partnership.

3.4 The HSCP Board's Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a West Dunbartonshire Health and Social are Partnership Risk Management policy and strategy. The current

Risk Management Policy and Strategy was approved by the HSCP Board on the 20 September 2021.

- 3.5** On the 18 February 2025 the HSCP Board Audit and Performance Committee requested some improvements in respect of how the risk register was presented to Committee. Elements of this request have been built into this report and will continue to develop.
- 3.6** On the 16 December 2026, the HSCP Board Audit and Performance Committee scrutinised the strategic risk register, although the Committee agreed to recommend to the HSCP Board that the strategic risk register be approved as presented, there were comments of note which the HSCP Board may find useful. These are outlined in paragraphs 4.7 – 4.12 within the main issues section of this report.

4. Main Issues

- 4.1** Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that beneficial and defensible decisions are made.
- 4.2** The attached Strategic Risk Register (Appendix I) has been prepared in accordance with the Risk Management Policy and Strategy, approved by the HSCP Board on the 20 September 2021. Similarly, in accordance with that Policy and Strategy, standard procedures are applied across all areas of activity within the Health and Social Care Partnership to achieve consistent and effective implementation of good risk management. The Risk Management Policy and Strategy are under review (ref HSCP Board 19 August 2025 item 17) and any material changes will be reported to the HSCP Board at an appropriate time.
- 4.3** Strategic risks represent the potential for the HSCP Board to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk. These are distinct from operational risks, which represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Health and Social Care Partnership's activities.
- 4.4** The Chief Officer has responsibility for managing operational risks as those are more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Operational risk registers are maintained by Heads of Service on behalf of the Chief Officer; and are the "building blocks" for the Strategic Risk Register.

4.5 Where several operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the HSCP Board.

4.6 Existing Strategic Risks on the risk register were reviewed by the Senior Management Team and appropriate Risk Owners.

4.7 On the 16 December 2025 the risk register was scrutinised by the HSCP Board Audit and Performance Committee. As outlined in paragraph 3.6 above, although the Committee agreed to recommend to the HSCP Board that the strategic risk register be approved as presented, there were comments of note which the HSCP Board may find useful.

4.8 The Committee sought assurance that when reviewing the strategic risk register, Senior Managers were giving due cognisance to the HSCP Boards risk appetite statement (approved 19 August 2025). Verbal assurance was provided by the Head of Strategy and Transformation, but the Board may find the following information helpful.

4.9 The on the 19 August 2025, the Board agreed that each risk type be assigned the following risk appetite:

Financial / Value for Money	Low	Only prepared to accept the possibility of very limited financial loss if essential. Value for Money is the primary concern.
Compliance / Regulatory	None	Avoid anything which could be challenged even unsuccessfully. Play safe.
Innovation / Quality	Significant	Innovation pursued – desire to break the mould and challenge current working practices. New technologies viewed as a key enabler of operational delivery. High levels of devolved authority – management by trust rather than control.
Reputation	Low	Tolerance for risk taking limited to those events where there is no chance of any significant repercussion for the organisation. Senior management encouraged to distance themselves from any chance of exposure to attention.

4.10 Risk owners give cognisance to the risk appetite statement, when making either operational decisions or making recommendations to the HSCP Board who will in turn make strategic decisions. This can be exemplified through the templates used to support the HSCP Board to make budget savings decisions. It does not necessarily follow, that the strategic risk target in relation to, for example financial sustainability will be low, given the number of pressures which are outwith the control of the HSCP Board this is an unrealistic target. Indeed, there was some discussion by the Committee that

this risk target may be too ambitious. However, the HSCP Board can be assured through the budget setting process that there will be transparency in relation to risk and whether these risks align with the agreed risk appetite statement.

- 4.11** Continuing to work through the financial sustainability example, although the risk appetite is low, and the target is medium, the Board can see that the controls align with the risk appetite statement, as do the decisions which the HSCP Board have been required to take.
- 4.12** In relation to risks assigned to the Head of HR, the Committee expressed concerns that the current risk levels in relation to work force capacity (medium) and absence (also medium) were too low. These comments related to the fact that absence had been frequently referred to in the quarter two performance report, which the Committee considered on the same day. The Committee did not make a specific recommendation in relation to these risks. Given the Head of HR has only recently been appointed the Board may wish to reflect on giving some time to allow the Head of HR to review these risks and consider the scores, providing the HSCP Board and its Audit and Performance Committee a more fulsome update at the next review period.
- 4.13** Prior to any changes agreed by the HSCP Board, and as previously presented to Audit and Performance Committee, the number of open strategic risks identified by current risk level are as follows: Very High - 1, High - 15, Medium - 5. Overall target risk levels are as follows: High – 2, Medium – 14, Low – 5. A further summary can be found on the dashboard which is Appendix II of this report.
- 4.14** On the 19 August 2025, the HSCP Board agreed “That the matter of the Dunbarton Health Centre should not be included in the HSCP Board Strategic Risk Register at this time.” This was in response to a debate which had been held during the previous HSCP Board Audit and Performance Committee. However, in response to the Scottish Government budget, which was announced on Tuesday 13 February 2026, it is the view of officers that this risk should be further reviewed. This will be considered as part of the normal review process and reported to the next appropriate HSCP Board Audit and Performance Committee which will take place on the 23 June 2026.

5. Options Appraisal

- 5.1** Not required for this report.

6. People Implications

- 6.1** Key people implications associated with the identified strategic risks are addressed within the mitigating actions of the Strategic Risk Register.

- 6.2** The Risk Management Policy and supporting strategy affirms that risk management needs to be integrated into daily activities, with everyone involved in identifying current and potential risks where they work.
- 6.2** Individuals have a responsibility to make every effort to be aware of situations which place them, or others at risk, report identified hazards and implement safe working practices developed within their service areas.

7. Financial and Procurement Implications

- 7.1** Key financial implications associated with the identified strategic risks are addressed within the mitigating actions of the Strategic Risk Register.
- 7.2** The Risk Management Policy and supporting strategy affirms that financial decisions in respect of these risk management arrangements rest with the Chief Financial Officer.

8. Risk Analysis

- 8.1** Failure to comply with the legislative requirement in respect of risk management would place the HSCP Board in breach of its statutory duties.
- 8.2** The Strategic Risk Register has been reviewed by the appropriate risk owner which has included the addition of new risks, updates to existing risks including risk levels and closure of risks that no longer apply.

9. Equalities Impact Assessment (EIA)

- 9.1** An equality impact assessment is not required as the recommendations within this report will not have a differential impact on any of the protected characteristics.

10. Environmental Sustainability

- 10.1** Not required for this report.

11. Consultation

- 11.1** The Strategic Risk Register has been reviewed by the Health and Social Care Partnership Senior Management Team and the HSCP Board Audit and Performance Committee.
- 11.2** Relevant Monitoring Officers, including internal auditors, have been consulted in the preparation of this report.

12. Strategic Assessment

- 12.1** Effective risk management will support local and strategic priorities and national health and wellbeing outcomes. It will prevent or mitigate the effects

of loss or harm; and will increase success in delivery of the HSCP Strategic Plan, improving lives with the people of West Dunbartonshire.

13 Directions

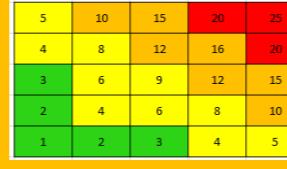
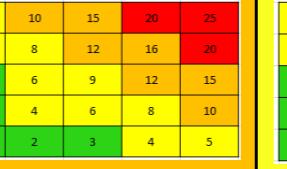
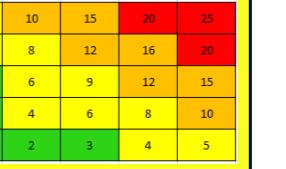
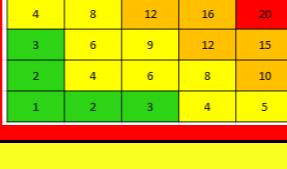
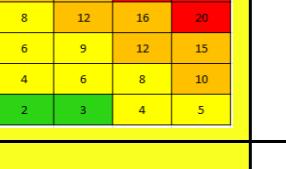
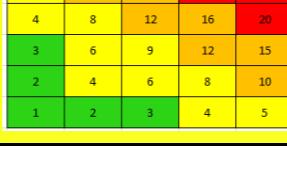
Not required for this report.

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

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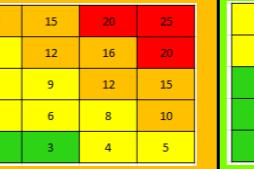
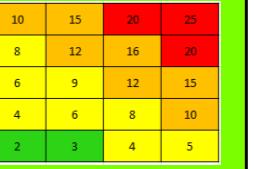
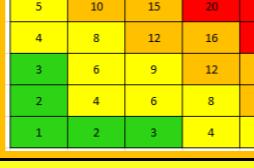
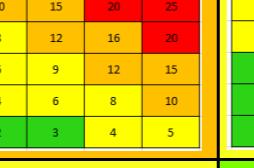
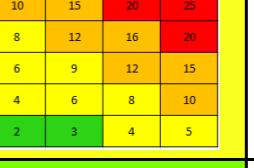
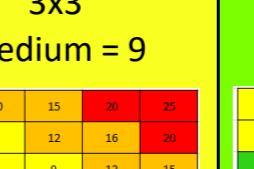
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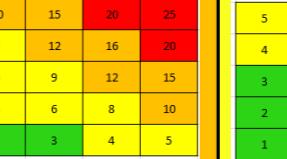
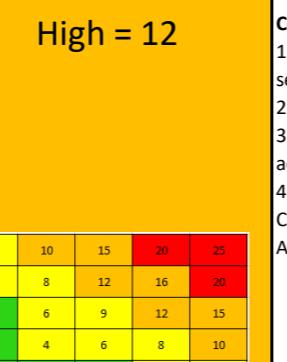
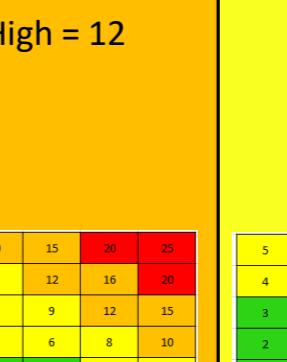
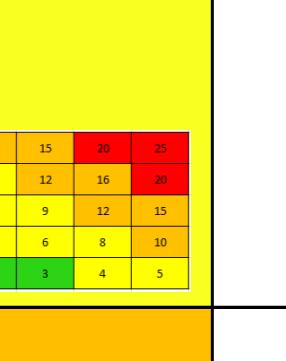
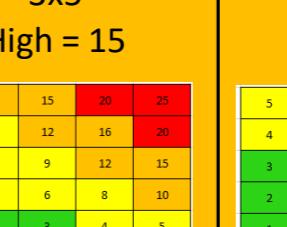
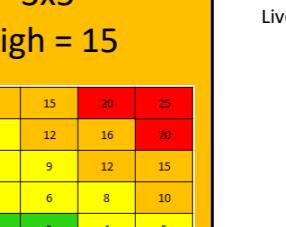
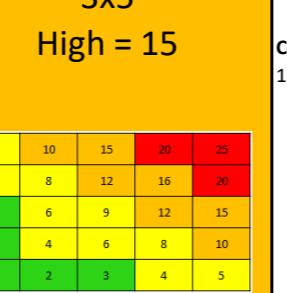
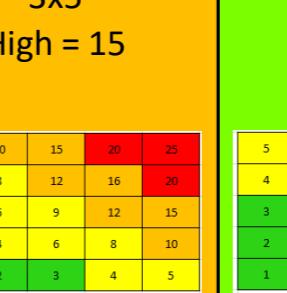
Appendices: Strategic Risk Register (Appendix I)
Dashboard (Appendix II)

Ref No	Description	Cause	Risk Level (previous)	Controls	Risk level (current)	Risk level (Target)	Status
7	Risk Owner: Margaret-Jane Cardno Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of the organisational responsibilities.	1. Inadequate structures or accountability for collecting, validating, and analysing performance data. 2. Absence of clear roles and responsibilities for performance monitoring. 3. Limited staff expertise or resources to interpret complex data. 4. Overreliance on manual processes or outdated systems. The fragility of CareFirst is highlighted as a stand alone strategic risk. 5. Fragmented data systems across health and social care services hinder comprehensive analysis. 6. Lack of interoperability between IT platforms. 7. A culture that does not prioritise data-driven decision-making. 8. Resistance to transparency for fear of scrutiny. 9. Performance data not reviewed regularly or in enough detail. 10. Reports may lack actionable insights or be misaligned with strategic goals.	3x4 High = 12 	Controls In Place 1. Regular performance reports are presented to the HSCP Chief Officer and Heads of Services. 2. Regular performance reports are presented to the Audit and Performance Committee and HSCP Board. 3. The Senior Management Team reviews performance data at both SMT meetings and via the Programme Management Office. 4. Establishment of CareFirst Governance Board Controls in Progress 1. Roll out of data literacy training. 2. Ongoing development work to enhance the quality of management information reporting in relation to statutory functions. 3. Data management project to be established to get the HSCP ready for major systems change, such as the introduction of SharePoint and potentially a replacement system for CareFirst.	3x4 High = 12 	2x4 Medium = 8 	Live/Active
9	Risk Owner: Julie Slavin West Dunbartonshire HSCP Board (JJB) being unable to achieve and maintain financial sustainability within the approved budget in the short to medium term due to the financial challenge of delivering services with increasing costs and demographic pressures against a backdrop of flat-cash allocations from partners	West Dunbartonshire HSCP Board (JJB) being unable to achieve and maintain financial sustainability within the approved budget in the short to medium term due to the financial challenge of delivering services with increasing costs and demographic pressures against a backdrop of flat-cash allocations from partners	5x4 Very High = 20 	Controls In Place 1. Active engagement with all partner bodies in budget planning process and throughout the year. This includes HSCP senior officers being active members of both council and health board corporate management teams. 2. Working in partnership across the 6 GGC HSCPs. Also working collectively in local and national forums for health and social care e.g. National Chief Officers Group, CIPFA Chief Financial Officers Section, Scottish Government Sustainability and Value Groups. Local and NHSGGC Prescribing Efficiency Programmes. CIPFA CFO Section working with Scottish Government and COSLA officials on the importance of timely notification of funding, the need to have recurring allocations that attract inflationary uplifts to support full delivery and financial sustainability of policies. 3. Regular financial reporting to the HSCP Board. Budget monitoring reports are prepared and informed by the range of actions, controls and mitigations. These reports support the HSCP Board to agree on any corrective actions required to support financial sustainability. All actions are predicated on the adherence to Financial Regulations, Standing Financial Instructions, Procurement Regulations and implementation of Directions issued by the Board. 4. Service Redesign Programmes managed by Project Boards and scrutinised by the Project Management Office (PMO). 5. Regular analysis of performance and financial data with updates to SMT. 6. Regular meetings with operational budget holders to monitor progress of savings as well as overall budgetary performance and corrective action taken as required. 7. Focus on service redesign programmes and regular programme of review that support the outcomes of service users and patients. 8. Weekly Vacancy Management Panel to scrutinise and challenge recruitment requests. Balanced against reduction in use of agency staff. 9. Regular review of the Medium Term Financial Outlook (MTFO). The MTFO, the annual budget setting report and the regular financial performance reports update on key financial risks and any mitigating actions. 10. Robust Reserves Policy and protection of earmarked reserves to support short to medium term financial planning. This includes, the creation, maintenance and application of some key earmarked reserves for GP Prescribing, Redesign and Transformation, Unachievement of Savings and Fair Work Practices. 11. Area Resource Group now well established and a key control in challenging best value aspect of packages. 12. Robust application of Eligibility Criteria in completion of My Life Assessments and regular reviews of current packages of care. Further supported by Supervision Policy. Controls In Progress 1. Some active measures are in place to reduce the projected in-year overspend, thereby limiting the financial pressure carried forward into 2026/27 and safeguarding unearmarked reserves, however these measures need to be strengthened where possible. Current actions include: Driving delivery of previously approved savings programmes; Restricting discretionary expenditure and Strengthening absence management to control staffing costs. Where feasible, elements of draft 2026/27 management adjustments or savings proposals may be implemented within 2025/26 to maximise impact. e.g. turnover savings. 2. Continuing to refine commissioning processes linked to strategic priorities and eligibility and self-directed support. Establishment of regular meetings between Commissioning, Finance, Legal and Procurement. 3. Non-residential Social Care Charging Policy was reviewed and updated for 2025/26, after extensive consultation with a range of stakeholders. Plan to revisit this year to compare actual cost of providing a service versus current charge. Outcome will feed into the budget setting process. 4. Approval by HSCP Board in March 2025 to implement an Equivalency Model. Equivalency rates have to be set for 2025/26 to reflect Living Wage uplifts and will be phased in as individual reviews are undertaken.	5x4 Very High = 20 	3x3 Medium = 9 	Tolerated
10	Risk Owner: Karyn Wood Inability to develop and deliver sufficient workforce capacity to deliver strategic objectives. Insufficient workforce will impact ability to meet service demands, caused by the inability to recruit, retain or deploy the workforce with necessary skills, which could potentially lead to disruption of services. Risk we will not meet our statutory duties related to implementation of health and care staffing act 2019	1. Failure to attract and retain people to work for the organisation and the unavailability of labour market. 2. National workforce challenges in Social Work and other professional groups adding to risk in the current system.	3x3 Medium = 9 	Controls In Place 1. Recruitment stats monitored through workforce team and assessed through vacancy control group. 2. Implementation of the Healthcare Staffing Act. Health currently able to provide reasonable assurance across all duties in the act - quarterly assurance reports submitted to NHSGGC as per HIS requirements. Controls In Progress 1. Organisational Development plan in place and Workforce Plans are being updated to align to the new strategic plan and reporting cycle. Continued activity to address specific recruitment and retention issues. There continues to be pressures around Social Work vacancies as more requests for assessment are being received, additional FTE have been appointed for a temporary period to progress outstanding reviews. Succession planning processes underway across HSCP in the event that management positions are more adversely affected. NOSW Peer Support Forum and programmes for support and development in place. Workforce planning oversight locally. 2. Local recruitment drives ongoing to support delivery of workforce plans and shortage occupational gaps. 3. Progress in use of sessional bank staff across Residential, AHP and Nursing to reduce agency staffing requirement. 4. Action plan in place to move HCSA assurance for health from reasonable to substantial	3x3 Medium = 9 	3x3 Medium = 9 	Tolerated

11	<p>Risk Owner: Karyn Wood New Risk Description: Absence increases resulting in staffing challenges which has arisen as a consequence of sickness absence, difficulties in recruiting and retraining staff, staff wellbeing. There is a risk that the HSCP is unable to cover the duties expected due to inability to cover planned or unplanned absence from existing workforce and wider HSCP services.</p> <p>1. Risk that perception of staff dissatisfaction due to increased workload pressure increases likelihood of staff absence and turnover, leading to further loss of skills and knowledge. There is a particular issue with long term sickness and other absence in Care at Home and across other management structures which is resulting in reduced support for frontline staff and increasing pressure on remaining management staff. Increased risk of failure to meet legislative duties in relation to the Health and Care (Staffing) (Scotland) Act 2019. That perception of negative culture results in increased difficulties in recruiting and retraining staff, staff wellbeing and wider reputation of the HSCP.</p> <p>2. Challenging limitations to public funding and recruitment in social care render this a difficult environment for the implementation of the Health and Care (Staffing)(Scotland) Act 2019. There is concern that due to the workloads and challenges over the last year that teams are weary and/or do not have capacity at this moment in time. Managers are working with teams to establish readiness and their capacity and sense of wellbeing and the collated output will inform plans going forward.</p>	<p>2x2 Medium = 4</p> <table border="1" data-bbox="1438 996 1696 1165"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Controls In Place</p> <p>1. Efforts are being made to provide support but the situation remains challenging. Staff Wellbeing is a key focus and there are many initiatives being made available to all staff including training, support, information and access to activities. Council and NHS performance systems in operation with HSCM reporting being further developed and information relating to vacancies, turnover and staff absences is integral to this. Managers are highlighting any areas of concern and where appropriate this is identified in operational risk registers. Care at Home services have commenced weekly reporting of workforce sit reps for Senior Management Team oversight highlighting sickness absence and operational impacts so that issues can be identified and assessed quickly. Council and NHS systems are in operation with reporting being further developed scrutinised relating to vacancies, turnover and staff absences which is integral to this. The HSCP Workforce Planning Group includes Health Care Staffing Oversight and Implementation. The baseline understanding of compliance levels and identification of gaps has informed an action plan for 2025-2026 developed to mitigate associated risks and to embed this work in business as usual processes. Mechanisms for ongoing oversight, assurance and reporting are proposed for consideration.</p> <p>2. Use of workload tools and common staffing framework fully implemented where mandated.</p> <p>3. Data reported through performance reporting frameworks provided and improvement measures identified where data is below the required standard. This presents opportunity for any workforce risks to be highlighted or escalated.</p> <p>4. A robust, proactive approach to analysis and triangulation of this data could support management teams in monitoring the workforce to identify areas where support can be given.</p> <p>Controls in Progress</p> <p>1. The IMatter survey results for 2024 were received by managers for review and action plans. Preparatory work is commencing on the survey which will lead to further action plans for IMatter 2025.</p> <p>2. Discussions are underway with HR in both Council and NHS to develop access to appropriate HR information at a summarised level to facilitate the necessary workforce planning and subsequent monitoring of plans.</p>	<p>2x2 Medium = 4</p> <table border="1" data-bbox="3301 996 3559 1165"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>1x2 Low = 2</p> <table border="1" data-bbox="3636 996 3894 1165"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Tolerated
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15	<p>Risk Owner: Sylvia Chatfield Failure to meet waiting times targets - Psychological Therapies</p> <p>Increase in referral numbers, staffing absence, or inability to fill vacant posts</p>	<p>4x3 High = 12</p> <table border="1" data-bbox="1438 1536 1696 1699"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Controls In Place</p> <p>1. Full data cleanse has taken place with ongoing admin support around accurate data recording.</p> <p>2. Continue to maximise staff capacity and use of peripatetic psychology for additional weekly session.</p> <p>3. Impact has been substantially due to vacancies and absence however staffing position is improving. The data for these services is impacted due the small number of staff and service users. This will continue to be monitored and reporting is boardwide.</p> <p>4. Senior managers meet with staff fortnightly to ensure that allocation is more streamlined and throughput improves. Procedural issue has been identified with how data is entered which is being resolved. This should show an improvement on the data.</p>	<p>4x3 High = 12</p> <table border="1" data-bbox="3301 1536 3559 1699"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>1x2 Low = 2</p> <table border="1" data-bbox="3636 1536 3894 1699"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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17	<p>Risk Owner: CSWO Lesley James There is a statutory requirement to ensure users of adult and children's services receive an assessment of their needs , individualised care plans are in place and that these are subject to review as defined in relevant statute .Services where this applies will be subject to external regulation and the impact of not meeting these requirements presents a risk to service users , appropriate service access and more broadly reputational damage to the HSCP</p> <p>1. Failure to embed in practice Integrated and Initial Assessments across Adult and Children's Services.</p> <p>2. Failure to ensure each service user receiving a service has a written and up to date care plan.</p> <p>3. Failure to ensure every service user has a review of their plan in line with statutory regulation.</p>	<p>4x4 High = 16</p> <table border="1" data-bbox="1438 2347 1696 2766"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Controls In Place</p> <p>1. The Adult Area Resource Group standard operational guide defines the roles and responsibilities across services and ensures there is consistent governance across adult services where new service requirements are made.</p> <p>2. There have been significant improvements in ensuring that care plans and reviews are in place for service users who receive a care at home service, and these have been key requirements as specified by the Care Inspectorate . Development work has taken place to ensure this is now reportable and management oversight has been strengthened with more to do to ensure all statutory reviews and care plans are in place.</p> <p>3. In 2023 HSCP agreed with the CSWO recommendation to utilise ring fenced CSWO funding from Scottish Government in the development of an Independent Review Team to support statutory reviews for community packages of support in adult services . The team is now partially in place and a pathway developed.</p> <p>4. The Childrens Area Resource Group has been reviewed and re- implemented in September 2024 with Education now being a core members for all children's care placement considerations. Independent Chair of Childrens have been funded using reserves and agreed by IJB .</p> <p>5. A system of regular statutory reviews is in place for all looked after children with their care plans being reviewed every 6 months in line with statutory requirements.</p> <p>6. Self-evaluation regarding the quality of the assessment require to be progressed in order activity is required to determine quality beyond implementation and this has been taken forward by Team Leader and practitioner agreed by the Strategy Board for What Would It Take ?</p> <p>7. Close working with Children's reporter in relation to the duty to carry out enquiries is in place with agreed processes and solution being developed to ensure information is shared appropriately with the reporter.</p> <p>Controls in Progress</p> <p>1. The implementation of My Assessment and Plan concluded in July 2023. An evaluation on the implementation and quality of assessment was concluded early in 2024.</p> <p>2. The work has started regarding the review of My Life Assessment Framework for Adult service, and aligned to that an Initial Assessment is in place for all access to single service provision in Adult services. As yet there is no reportable data to ensure this development can be effectively monitored.</p> <p>3. There is a concern that the duty to assess for report requests from the reporter is not being fully met due to staffing shortages and the required assessment provision not being able to be undertaken. Ongoing liaison with SCRA and Panel Chairs is in place to implement range of shared solutions to social background requests. a significant improvement has been identified earlier this year, however performance has again declined in recent months. Active management by Team Leaders is being promoted and oversight of the reports requested.</p> <p>4. A number of improvements and actions are identified from the independent evaluation being progressed led by Head of Service in Adults.</p> <p>5. An action plan is in development and review of the assessment documentation with consultation with practitioners is planned.</p> <p>6. Evaluation regarding the quality of the assessment was part of the external review of implementation and further self- evaluation is required to understand the quality of revised assessment tools.</p> <p>7. Work is taking place with the Information Team to ensure all children looked after reviews as detailed can be reported from CareFirst as this oversight is currently captured on spreadsheet. Implementation of a Signs of Safety approach across social work and partners agencies has started and associated training for managers and practitioners . The current My Assessment and Planning tools will be reviewed and strengthened as part of the implementation of the model .</p> <p>8. Further development of CareFirst reporting on adult statutory reviews is required.</p>	<p>4x4 High = 16</p> <table border="1" data-bbox="3301 2347 3559 2766"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>2x4 Medium = 8</p> <table border="1" data-bbox="3636 2347 3894 2766"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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18	<p>Risk Owner: Lesley James Failure to ensure that staff are appropriately trained and adhere to standards for risk assessment and risk management across child, adult and public protection work.</p> <p>1. Resources to support Learning and development opportunities for staff have not been recruited to (temporary resource funding). 2. Skills passports for council staff are in place and self serve arrangement to managers are available to ensure compliance on mandatory training</p>	<p>4x4 High = 16</p> <table border="1" data-bbox="1447 770 1686 939"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Controls In Place 1. Reporting mechanisms are at early stages to ensure both Training needs analysis of staff and training delivered and attended is both captured and able to be reported within social work and social care. 2. The appointment of two learning and developments officers will ensure this can be effectively progressed. The learning and development officers have been approved with 2 year reserve funding and advertised. A further advert is planned for June 2025 .</p> <p>Controls in Progress 1. On an interim basis training and development opportunities are being promoted through a range of commissioned training and through ilearn modules and scheduled management training. 2. Significant improvements have been made in developing reporting for care at home in order to evidence the requirements in relation to staff learning and training with an agency member of staff dedicated to delivering this for the service . This is to support organisers to ensure care plans and review are in place for those receiving care at home services.</p>	<p>4x4 High = 16</p> <table border="1" data-bbox="3311 770 3550 939"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>4x2 Medium = 8</p> <table border="1" data-bbox="3645 770 3884 939"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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19	<p>Risk Owner: Lesley James Failure to meet legislative duties in relation to child and adult protection.</p> <p>1. Capacity workforce risk due to vacancies and absence. Gaps in data oversight 2. Training and development in National child Protection Guidance required</p>	<p>3x4 High = 12</p> <table border="1" data-bbox="1447 1303 1686 1472"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Controls In Place 1. The learning and developments of staff is identified in a number of learning reviews across adult and children services and training is being commissioned , however there remains some gaps . 2. The use of agency staff is in place across service to support service gaps in vacancies and overseen by the Vacancy Panel Chaired by the CO. 3. Learning and Development posts have now been agreed as recurring permanent posts and recruitments is underway to ensure learning and development is in place for social work staff which is currently being commissioned.</p>	<p>3x4 High = 12</p> <table border="1" data-bbox="3311 1303 3550 1472"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>2x4 Medium = 8</p> <table border="1" data-bbox="3645 1303 3884 1472"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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21	<p>Risk Owner: Lesley James Failure to meet legislative duties in relation to multi-agency public protection arrangements (MAPPA).</p> <p>1. Rising demand of Multi Agency Public Protection Arrangements (MAPPA) 2. Pay awards for staff have not been passed on to the HSCP in this ringfenced budgeted area causing use of reserves to support operational delivery . 3. Staffing recruitment has been unable to be progressed at times where budget is projected as insufficient and use of reserves required</p>	<p>4x4 High = 16</p> <table border="1" data-bbox="1447 1743 1686 1911"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Controls In Place 1. West Dunbartonshire is part of the North Strathclyde Partnership and oversight reporting structures namely the SOG and MOG meet regularly in relation to all MAPPA activity where reporting of MAPPA activity and the associated risk register is in place. MAPPA activity forms part of reporting to PPCOG to ensure effective oversight and scrutiny. 2. Meeting with SG Justice Team and communication drafted in respect of Justice Pay award which has not been passed over by local authority in 22/23 and 23/24 which has a cumulative impact on the available budget . Recent confirmation of Caledonian Funding to support delivery of programmed interventions will ease pressure on budget</p>	<p>4x4 High = 16</p> <table border="1" data-bbox="3311 1743 3550 1911"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>4x2 Medium = 8</p> <table border="1" data-bbox="3645 1743 3884 1911"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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22	<p>Risk Owner: CSWO Lesley James Failure to ensure effective reporting and provide the necessary oversight of statutory functions to the CSWO through Clinical Care Governance sub group. This applies to both in- house and commissioned service</p> <p>1. Gaps in data oversight of statutory functions. 2. Statutory reviews are not always taking place within required timeframes. Self evaluation and quality assurance within operational team delivering social work and regulated services requires to be strengthened</p>	<p>4x4 High = 16</p> <table border="1" data-bbox="1447 2215 1686 2384"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Controls In place 1. A Quality Assurance Framework has been developed for social work service and is being implemented as part of CSWO governance and oversight which report to Clinical Care Governance. 2. The appointment of Independent Review Officers has significantly strengthened the delivery of statutory reviews in Children's services. This has been manually tracked and now CareFirst has been developed to enable reporting to ensure oversight of the reviews taking place.</p> <p>Controls in Progress 1. A statutory reviewing team has been developed in Adult Services to ensure all required 6 monthly reviews are taking place for Adults in care and in the community. There requires to be further work undertaken to ensure reporting of this data</p>	<p>4x4 High = 16</p> <table border="1" data-bbox="3311 2215 3550 2384"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>4x2 Medium = 8</p> <table border="1" data-bbox="3645 2215 3884 2384"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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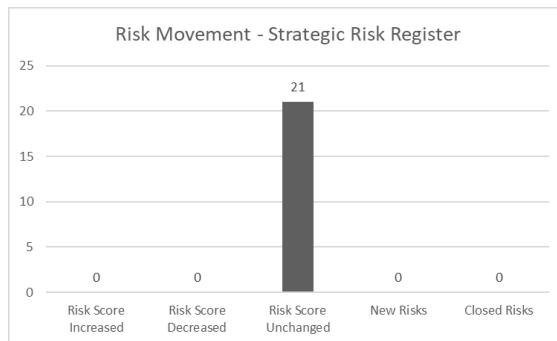
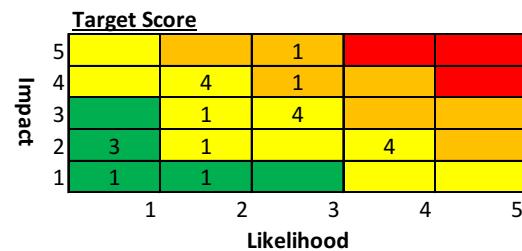
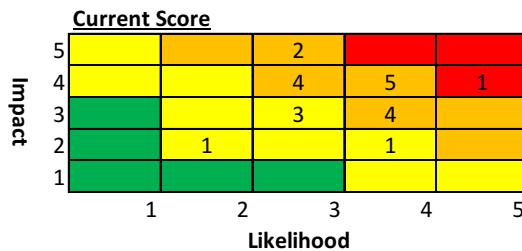
23	Risk Owner: Helen Little Failure to meet waiting times - MSK Physiotherapy. Failure to meet Scot Gov MSK waiting times target of 90% patients seen within 4 weeks. Longer waits for a routine appointment leads to increased chronicity of the MSK condition and therefore increased risk of absence from the workplace leading to increased economic burden. Risk to partner organisations as longer MSK waits result in increased patient numbers at ED; increased impact on GP practice (evidence shows patients are more likely to return to their GP as they wait); increased prescribing costs (pain medication) and increased inappropriate referral to orthopaedics (all of which can be evidenced)	1. Demand continues to be greater than service capacity due to ongoing year on year increase in referral numbers. Demand has risen by 7% in 2024/25 on top of a 13.3% increase in 2023/24. 2. Capacity impacted by staffing absence, and length of recruitment process to fill vacant posts. 3. Continuation to breach on the AHP MSK Scottish Government waiting times target of 90% patients seen within 4 weeks. Over 19k patients currently waiting on a routine appointment.	4x3 High = 12  <table border="1"><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Controls In Place 1. Clinical vetting to ensure all patients are clinically vetted and those identified as having urgent clinical need are seen within 4 week target. 2. Service continues to have a QI approach to address waiting times as a priority project. 3. Scrutiny monthly by Health Board and monthly reporting. 4. Ongoing filling of vacancies as they arise (although end to end recruitment process still lengthy and impacts on capacity). 5. Operational SOPs in place to ensure maximum efficiency. Controls In Progress 1. Ongoing priority project work using QI methodology. 2. Several ongoing tests of change/QI work initially supported by Health Improvement Scotland. 3. Ongoing work on capacity/efficiency. 4. The MSK service will be externally audited in February 2026 to ensure focus is on appointing long waiters and that patients are vetted and clinically categorised correctly and in a consistent manner.	4x3 High = 12  <table border="1"><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	2x1 Low = 2  <table border="1"><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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24	Risk Owner : Fiona Taylor Care at home service delivery	Requirement to deliver the service in budget whilst negotiating concurrent priority improvement workstreams (redesign, Inspection and business as usual)	4x4 High = 16  <table border="1"><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Controls In Place 1. Weekly reporting to CO/ Head of Service inclusive of agency and overtime spend. Implementation of new rosters (for 70% workforce) to improve staffing weekends/ evenings. 2. Gap analysis of areas to ensure equity of FTW allocation based on demand. 6 weekly workload tool analysis per organiser to identify areas of high spend and mitigate appropriately. Controls In Progress 1. Controls are being embedded however 30% of workforce will not move until March 2026 therefore some rosters remain incomplete until this time. 2. Workforce post redesign = reduction in workforce availability 4-10pm therefore further analysis is in progress to mitigate	4x4 High = 16  <table border="1"><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	3x3 Medium = 9  <table border="1"><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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25	Risk Owner : Fiona Taylor Speech & Language Therapy Resource	1. The HSCP historically holds responsibility for Speech and Language Therapy (SLT) for in patient adult wards at the Vale of Leven, community referrals Dumbarton and Alexandria, and a service level agreement for Helensburgh and Lochside. 2. The WTE for qualified SLT is 1.8, which is insufficient for the volume of demand. 3. Long term absence means there is no SLT resource currently available. 1WTE due to resume, however workload exceeds capacity for the level of resource. This results in no resource to manage high / medium risk care.	3x3 Medium = 9  <table border="1"><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Controls In Place 1. Risk raised with SLT leads across GG&C, professional SLT Lead and AHP Director. Leads report no ability to reallocate their resources to support the HSCP during this period of absence. 2. Additional SLT hours offered across SLT workforce, with minimal uptake Resource being targeted to high risk community referrals. Acute swallowing assessments (Vale Of Leven) being provided in an interim basis from HSCP Learning Disability SLT to reduce risk of patients requiring transferred to RAH for medical treatment pending assessment. 3. No Staff bank SLT resource. Agency being considered but requires a range of assurances from a governance perspective and financial authorisation from CO / CFO Controls In Progress 1. AHP Director reviewing SLT across GG&C. 2. Workload analysis to quantify appropriate WTE required for the HSCP service	3x3 Medium = 9  <table border="1"><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	1x2 Low = 2  <table border="1"><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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26	Risk Owner : Fiona Taylor Residential and Nursing Care Home Bed challenges	External factors: 1. Challenges in terms of availability residential and nursing care home beds within the HSCP. This causes increased delays in discharging people from hospital and also increases risk for these assessed as requiring long term care in the community if no beds are available. 2. In addition, bed availability is also at risk when Homes have moratoriums placed on them if standards of care fall below contractual agreements. Internal factors: 3. bed budget reduced for 25/26 which may impact on available funding if demand increases.	3x3 Medium = 9  <table border="1"><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Controls In Place External: 1. Daily monitoring of bed availability and interim beds provided pending moves to place of choice to reduce risk of delays. 2. HSCP Care Home Oversight Group and also Care Inspectorate reports to monitor standards of care across all care homes. 3. Contracts Monitoring Officer works in collaboration with Care Home managers to provide support and early identification of emerging issues. 4. 6 monthly HSCP quality assurance visits. Internal: 5. ARG process ensures all placements meet criteria, and that long term care is indicated due to high level of risk of living at home. Approval and authorisation up to £50,000 by an IOM. Over £50K required Head of Service authorisation. 6. Monitoring process in progress for oversight of budget with escalation process if financial regulations will be breached if an emergency placement is indicated but no budget available. Controls In Progress 1. Completion of escalation process.	3x3 Medium = 9  <table border="1"><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	2x2 Medium = 4  <table border="1"><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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27	Risk Owner : Fiona Taylor Risk of pressures on Acute sites due to failure to reduce admissions to hospital and, once admitted, failure to discharge timely leading to increased number of people delayed in being discharged.	<p>1. Demand on acute beds, previously defined as 'winter pressures', is now continuous and unscheduled care data demonstrates high number of admissions from WDHSCP.</p> <p>2. Workforce capacity to deliver earlier interventions: Eligibility criteria (critical and substantial) necessitates a targeted approach to these already at a higher level of need. This creates risk as earlier interventions could prevent / slow functional and / or social care needs decline.</p> <p>3. Delayed discharge data, despite improvement activity, remains high, inclusive of people being delayed due to AWI legislation, requiring Guardianship applications before discharges can be implemented. Interdependent with care home bed availability risk.</p>	4x3 High = 12 	<p>Controls In Place</p> <p>1. GG&C and HSCP specific workstreams to collate and analyse data to identify priority areas. Partnership working with Care Homes, the HSCP and Scottish Ambulance Service to reduce admissions from Care Homes. Completion of Future Care Plans. Focussed Intervention Team to prevent admissions. Frailty Practitioner. Non Medical Prescribing to allow early treatment e.g. antibiotics for cellulitis / UTIs.</p> <p>2. Waiting lists for Occupational Therapy and Physiotherapy have been reviewed to reduce waiting times.</p> <p>3. POA initiative with Citizens Advice in Dumbarton and Alexandria. Improved processes within the discharge team to ensure fast assessments through to discharge.</p> <p>Controls In Progress</p> <p>1. Transforming Together agenda will drive new workstreams to prevent admissions to hospital and support earlier interventions for conditions with high risk of admission.</p> <p>2. Review of wider OT and physio resources across adult integrated services to ensure timely interventions by the most appropriate professional/ paraprofessional, reducing transfers of care and improving outcomes.</p>	4x3 High = 12 	2x3 Medium = 6 	Live/Active
28	Risk Owner: Margaret-Jane Cardno. Failure to effectively commission, procure and monitor the quality of externally commissioned services in line with the governance frameworks (e.g. Financial Regulations) set out by West Dunbartonshire Council and NHS Greater Glasgow and Clyde.	<p>1. Insufficient Needs Assessment: Inadequate understanding of the health and care needs of the population, leading to an inability to effectively commission services to adequately meet population outcomes.</p> <p>2. Lack of Strategic Planning: Commissioning without a clear long-term vision or strategic direction.</p> <p>3. Inadequate Stakeholder Engagement: Failing to involve key stakeholders (such as legal, procurement, finance, patients, carers, and community representatives) in decision-making.</p> <p>4. Financial Constraints: Budget limitations and financial pressures.</p> <p>5. Fragmented Systems and Silos: Lack of coordination between health and social care providers, including inadequate record management and technological challenges/gaps.</p> <p>6. Inadequate Contract Monitoring: Insufficient monitoring of service quality and outcomes.</p> <p>7. Short-Term Focus: Prioritising immediate needs over long-term sustainability.</p> <p>8. Skill Development: Insufficient knowledge or expertise in commissioning, procuring and monitoring the quality of externally commissioned services, including a lack of understanding of legislative requirements.</p> <p>9. No agreed quality framework leading to an inability to identify and address potential risks.</p> <p>10. Failure to adhere to the governance frameworks set out by West Dunbartonshire Council and NHS Greater Glasgow and Clyde.</p>	3x4 High = 12 	<p>Controls In Place</p> <p>1. Commissioning Team represented at an appropriate level across the HSCP, this included regular one to one meeting between the Contracts, Commissioning and Quality Manager and HSCP Heads of Service.</p> <p>2. Established provider networks/forums across all HSCP areas which has led to the development of several frameworks and contracts.</p> <p>3. Development and implementation of IRISS Change Makers Project, embedding ethical and collaborative commissioning principles.</p> <p>4. Strategic Plan "Improving Lives Together" approved by IIB. The development of this robust strategic plan ensures alignment with local and national priorities.</p> <p>5. Quarterly report to the HSCP Board Audit and Performance Committee on externally commissioned regulated services.</p> <p>6. Procurement of Commissioned Services Report presented annually to the HSCP Board.</p> <p>Controls In Progress</p> <p>1. CarePay and CareFinance roll out. Although adult services are now complete, we continue to experience challenges in relation to implementation within children and family's services.</p> <p>2. Implementation of a Charging and Payments Team. Work is advanced and progressing towards a conclusion.</p> <p>3. Development of a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers. Work is advanced and is under consideration by the Senior Management Team.</p> <p>4. Review of Scheme of Delegation. Currently an outstanding audit action which requires the support of parent bodies to action and complete. 6. Development and monitoring of Contract Register. Register is in place and is being monitored at an operational level to ensure compliance with legislative frameworks. This will be presented to the HSCP Board Audit and Performance Committee as part of an exception report.</p>	3x4 High = 12 	2x4 Medium = 8 	Live/Active
29	Risk Owner: Margaret-Jane Cardno Risk of provider failure across all sectors.	<p>1. Increase in employers' national insurance contributions. Recruitment and retention challenges.</p> <p>2. Unfunded cost of living/cost of delivery increases e.g. utilities.</p> <p>3. Limits on public sector contributions towards the Scottish Living Wage.</p> <p>4. Requirement to contribute to overall HSCP budget savings.</p> <p>5. Challenges relating to provider fees within national contracts and frameworks, e.g. the National Care Home Contract.</p>	3x5 High = 15 	<p>Controls In Place</p> <p>1. Established provider networks/forums across all HSCP areas presents an opportunity for providers to raise concerns and any emerging issues re sustainability.</p> <p>2. Early engagement with providers in relation to identifying future budget savings whilst also seeking to provide longer term funding packages.</p> <p>3. Commissioning HSCP services in a different way which addresses budget pressures, whilst linking to strategic priorities (this avoids asking service providers to deliver the same or more services for less funding). This helps to set expectations and supports good HSCP/provider relationships.</p> <p>4. Notify providers at the earliest opportunity of their annual uplift (for in scope services).</p> <p>5. Using the Chief Finance Officer Network and SOLACE (Society of Local Authority Chief Executives and Senior Managers) to raise sustainability issues in a joint way to both Scottish Government and COSLA (Convention of Scottish Local Authorities).</p> <p>Controls In Progress</p> <p>1. Contract monitoring will support the identification of any emerging issues in relation to sustainability.</p> <p>2. HSCP Resilience Group considering opportunities for wider planning and support across partner HSCPs.</p>	3x5 High = 15 	3x5 High = 15 	Live/Active
30	Risk Owner: Margaret-Jane Cardno Failure to secure an alternative system to CareFirst for Social Work case management and provider financial payments.	<p>1. CareFirst although currently still supported by OLM Systems is reaching the end of its natural life.</p> <p>2. The HSCP relies on West Dunbartonshire Council to prioritise the replacement of the system within its capital planning framework. Capital funding was removed by the local authority in 2023 and it has been made clear that alternative capital funding sources for ICT modernisation cannot be used for this purpose.</p> <p>3. Local authority prioritisation is within a context of competing priorities across other Council service, a lack of resources across both the Council and the HSCP and the reliance on Council support functions to progress implementation.</p>	3x5 High = 15 	<p>Controls In Place</p> <p>1. A project manager has been appointed on a fixed term basis to progress the work on a business case for system replacement.</p> <p>Controls In Progress</p> <p>1. A business case is under development for consideration within the Council's capital planning framework.</p>	3x5 High = 15 	1x1 Low = 1 	Live/Active

31	<p>Risk Owner: Margaret-Jane Cardno</p> <p>Inability to secure effective and sufficient support services from within the HSCP and across NHS Greater Glasgow and Clyde and West Dunbartonshire Council to plan, monitor, commission, oversee and review services as required including functions delivered by business support services.</p>	<p>1. There are limited resources within the HSCP and across NHS Greater Glasgow and Clyde and West Dunbartonshire Council to manage increasing demands and competing priorities. The HSCP relies on the NHS and the local authority for amongst other things, ICT infrastructure and systems, communication support, legal advice, procurement support, organisational development and HR.</p> <p>2. Budgetary reductions have, in places, focused on efficiencies within support functions, further reducing already pressurised teams. The frequency of change and the need for major transformational change projects to be implemented places increased pressure on support services as they play a vital role in ensuring that projects are executed efficiently, effectively, and with minimal disruption.</p>	<p>4x2 Medium = 8</p> <table border="1" data-bbox="1457 760 1743 939"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Controls In Place</p> <ol style="list-style-type: none"> 1. The Chief Officer attends constituent body Corporate Management Team and Performance Monitoring Review Group meetings to represent HSCP requirements for support. 2. Collaborative discussions within the HSCP Senior Management Team in respect of budget management and how the use of support services will be allocated/prioritised. 3. Work is underway with the local authority to look at projects which may benefit from robotic process automation (RPA) freeing up capacity within the overall system. 	<p>4x2 Medium = 8</p> <table border="1" data-bbox="3335 760 3621 939"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>4x2 Medium = 8</p> <table border="1" data-bbox="3702 760 3989 939"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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32	<p>Risk Owner: Margaret-Jane Cardno</p> <p>Ability to effectively respond to a major emergency incident, for example a Black Start event or a major cyber security failure.</p>	<p>Major response failures in health and social care during incidents like a Black Start or cyber security attack can be caused by several factors: for example, a lack of training; poor planning; ineffective communication channels; insufficient resources; staff fatigue; decision making failures; system failures and cybersecurity vulnerabilities.</p>	<p>3x4 High = 12</p> <table border="1" data-bbox="1457 1199 1743 1378"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Controls In Place</p> <ol style="list-style-type: none"> 1. HSCP essential services list developed and agreed. 2. Support provided by the relevant civil contingencies services within both NHS and local authority. 3. Participation in desk top training exercises. 4. Cyber security and data protection training embedded across all teams. 5. System back ups in place. 6. Cyber Incident Response Plans in place with our partner bodies. <p>Controls In Progress</p> <ol style="list-style-type: none"> 1. Business continuity plans under development or review in all service areas. 	<p>3x4 High = 12</p> <table border="1" data-bbox="3335 1199 3621 1378"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>3x4 High = 12</p> <table border="1" data-bbox="3702 1199 3989 1378"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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33	<p>Risk Owner: Lesley James (Chief Social Work Officer)</p> <p>Failure to respond appropriately within required timeline to the National Historic Abuse Inquiry .</p>	<p>1. The HSCP is required to co-ordinate all responses to the inquiry which are often extensive and resource intensive. There is limited resources to support extensive records searches required through archives and service records</p> <p>2. The HSCP on Children services routinely identifies one of two managers to co-ordinate each response. The councils legal service is requested to review each submission before it is returned to the inquiry . Often inquiries date back from a period of years and are relevant for multiple services areas across the local authority. A reduction in the available resource in the council who has taken some role in co-ordinating due to retiral and non replacement. There are single points of failure in the requests being effectively service and submitted to the inquiry . There is significant risk of reputational damage should this not be able to be effectively supported.</p>	<p>4x3 High = 12</p> <table border="1" data-bbox="1457 1638 1743 1955"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Controls In Place</p> <ol style="list-style-type: none"> 1. Senior Management Team Admin Support 2. Support from Information Team. 3. Identified Officer from Children's Services. 	<p>4x3 High = 12</p> <table border="1" data-bbox="3335 1638 3621 1955"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>3x3 Medium = 9</p> <table border="1" data-bbox="3702 1638 3989 1955"> <tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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West Dunbartonshire HSCP – Strategic Risk Dashboard

The Strategic Risk Register currently comprises of 21 risks.



Commentary

The latest review of the Strategic Risk Register maintained the Risk Scoring Levels for all 21 risks.



Commentary

Risk Score Profile Charts provide comparison of current risk score profile and target risk score.



Strategic Risk Summary

Area of Risk	RAG Status	Current Score	Target Score
Strategy, Planning and Health Improvement			
Review and scrutiny of performance management information	Yellow	12	8
Commissioning, procurement and monitoring of externally commissioned services	Yellow	12	8
Risk of provider failure across all sectors	Yellow	15	15
Failure to secure an alternative case management system	Yellow	15	1
Inability to secure effective and sufficient support services including business support	Yellow	8	8
Ability to effectively respond to a major emergency incident	Yellow	12	12
Workforce			
Inability to develop and deliver sufficient workforce capacity to deliver strategic objectives	Yellow	9	9
Risk of inability to cover planned or unplanned absence from existing workforce and wider HSCP services	Yellow	4	2
Financial Sustainability			
Risk to financial sustainability within the short to medium term	Red	20	9
Chief Social Work Officer			
Failure to ensure users of adult and children services receive an assessment of Individual Care Plans	Yellow	16	8
Staff training and management: risk assessment and risk management across child, adult and public protection	Yellow	16	8
Failure to meet legislative duties in relation to child and adult protection	Yellow	12	8
Failure to ensure effective reporting and oversight to the CSWO through Clinical Care Governance sub group	Yellow	16	8
Failure to meet legislative duties in relation to multi-agency public protection arrangements (MAPPA)	Yellow	16	8
Failure to respond appropriately within required timeline to the National Historic Abuse Inquiry	Yellow	12	8
Waiting Times			
Failure to meet waiting times in relation to Psychological Therapies	Yellow	12	2
Failure to meet waiting times in relation to MSK Physiotherapy	Yellow	12	2
Older People Services			
Failure to deliver the Care at Home service within budget while negotiating priority improvement workstreams	Yellow	16	9
Failure to manage staffing resource within the Speech and Language Therapy service	Yellow	9	2
Failing to ensure availability as required within Residential and Nursing Care Homes	Yellow	9	4
Risk of pressures on Acute sites due to failure to reduce admissions and discharge timeously	Yellow	12	6