

# Agenda

West Dunbartonshire  
Health & Social Care Partnership

## West Dunbartonshire Health and Social Care Partnership Board

**Date:** Tuesday, 24 March 2026

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**Time:** 14:00

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

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

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

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

The business is shown on the attached agenda.

Yours faithfully

**BETH CULSHAW**

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

**Distribution:-**

**Voting Members**

Michelle Wailes (Chair)  
Fiona Hennebry  
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: 17 March 2026

**Audio Streaming**

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# WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

## AGENDA

TUESDAY, 24 MARCH 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 27 January 2026.

**(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.

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## **12 DATE OF NEXT MEETING**

Members are asked to note the next meeting of West Dunbartonshire Health and Social Care Partnership Board will be held on Tuesday, 26 May 2026 at 2.00 p.m. as a Hybrid Meeting in the Civic Space, 16 Church Street, Dumbarton G82 1QL.

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**For information on the above agenda please contact: Natalie Roger, Committee Officer, Regulatory, Municipal Buildings, College Street, Dumbarton G82 1NR.**

**Email: [natalie.roger@west-dunbarton.gov.uk](mailto:natalie.roger@west-dunbarton.gov.uk);  
[committee.admin@west-dunbarton.gov.uk](mailto: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, 27 January 2026 at 2.00 p.m.

**Present:** Michelle Wailes, Libby Cairns and Lesley McDonald, NHS Greater Glasgow and Clyde and Councillors Hazel Sorrell (substitute for Councillor Fiona Hennebry), Michelle McGinty and Martin Rooney, West Dunbartonshire Council.

**Non-Voting** Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Helen Little, MSK Manager; Dr Saied Pourghazi, Clinical Director; Selina Ross, Chief Officer – West Dunbartonshire CVS; Barbara Barnes, Stakeholder Member; Val Tierney, Chief Nurse; Carolyn Ralston, Stakeholder Member; Anne MacDougall, Stakeholder Member, John Kerr, Housing Development and Homeless Manager and Andrew McCready, Staff Representative (NHS Greater Glasgow and Clyde);

**Also Attending:** Peter Hessett, Chief Executive, Alan Douglas, Chief Officer – Regulatory and Regeneration; Heather McLaughlin, Section Head, Citizen and Regulatory; 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 HR; Sharon Laing, Senior Manager – Children and Families and Natalie Roger, Committee Officer.

**Apologies:** Apologies for absence were submitted on behalf of Lesley James, Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer, Councillor Fiona Hennebry and Kim McNab, Service Manager - Carers of West Dunbartonshire.

**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 Committee agreed that all votes taken during the meeting be done by a 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 25 November 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 referred to the Winter Plan presentation and the impact on the service, along with the Scottish Government budget commenting whilst it is too early to know the full effect of the budget, the Senior Management Team is continuing to develop a range of savings proposals to address the financial gap that will be faced.

The Chief Officer commented on the two Informal Session dates that have been circulated to discuss the Strategic Plan along with the Budget.

The Chief Officer shared the announcement in relation to the development of Primary Care Facilities across Scotland, to which Dumbarton Health Centre was not included. The Chief Officer is hosting a visit from the Cabinet Secretary, Jackie Baillie MSP and the Chief Executive of the Health Board at Dumbarton Health Centre on 28 January 2026 to view the facilities and hear the views from GP's and Practice Managers.

The Chief Officer, the Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer and many from the HSCP team attended a Scotland Roadshow on Self Directed Support which offered further training and encouragement to enable teams to offer this service when out in the Community.

## **WINTER PLAN 2025/26**

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing further assurance to the Board in relation to the Winter Plan 2025/26 along with a verbal presentation from Val Tierney, Chief Nurse.

After discussion and having heard the Chief Nurse, Head of Health and Community Care and the Head of HR in further explanation and in answer to Members' questions, the Board agreed that the HSCP Board agreed to note the verbal update on the 2025/26 HSCP Winter Plan.

### **STRATEGIC PLAN UPDATE**

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, updating the Board on work related to the review of the strategic plan and seeking approval for the current plan to be extended by one financial year.

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

- (1) to extend the lifespan of the current strategic plan for one additional financial year;
- (2) that 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;
- (3) to review the performance framework for 2026/27 as outlined in paragraph 4.13 of the report; and
- (4) that there should be a focus on renewed one year delivery plan for 2026/27.

### **ADJOURNMENT**

The Chair adjourned the meeting for a short time. The meeting reconvened at 3.07 p.m. with all those Members and officers listed in the Sederunt present.

### **2025/26 FINANCIAL PERFORMANCE AT PERIOD 8 REPORT**

A report was submitted 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.

After discussion and having heard the Chief Financial Officer and the Head of Health and Community Care 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 November 2025 is reporting an adverse (overspend) position of £1.463m (1.02%);

- (3) to note the projected outturn position of £2.190m overspend (1.01%) 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 has on unearmarked balances;
- (6) to approve the proposed and current actions which are being taken to progress financial recovery;
- (7) to note the update on the capital position; and
- (8) to 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.

### **2026/27 ANNUAL BUDGET SETTING UPDATE (REVENUE ESTIMATES)**

A report was submitted 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 would be presented on 24 March 2026 at the HSCP Board meeting.

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

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

### **CHIEF SOCIAL WORK OFFICER ANNUAL REPORT**

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

After discussion and having heard the Chief Officer and the Senior Manager – Children and Families in further explanation and in answer to Members' questions, the Board agreed to note the content of the report.

## **STRATEGIC RISK REGISTER SIX MONTH REVIEW**

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, presenting the Strategic Risk Register to the Board.

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

- (1) with the comments made by the Audit and Performance Committee as outlined in paragraphs 4.7 – 4.12 of the report;
- (2) the Strategic Risk Register at Appendix 1 of the report; and
- (3) that there were no risks at this time, which the HSCP Board would wish to promote to either NHS Greater Glasgow and Clyde or West Dunbartonshire Council for inclusion in their respective strategic risk registers.
- (4) that the Head of Strategy and Transformation bring an exception report to the HSCP Board on the 24 March 2026, providing details of the risks pertaining to Dumbarton Health Centre and any mitigating actions, in order that the HSCP Board may take a view in relation to the inclusion of this risk on the Strategic Risk Register.

### **DATE OF NEXT MEETING**

Members noted that the next meeting of West Dunbartonshire Health and Social Care Partnership Board would 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.

The meeting closed at 4.28 p.m.



**WEST DUNBARTONSHIRE HSCP BOARD  
ROLLING ACTION LIST**

<b>Agenda Item</b>	<b>Decision / Minuted Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>	<b>Progress/ Update/ Outcome</b>	<b>Status</b>
<b>REVIEW OF INTEGRATION SCHEME – August 2024</b>	<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.	<b>Open</b>
<b>CHIEF OFFICER VERBAL UPDATE</b>	A written update to be provided to Members with particular focus on the Residential Care Home situation	Beth Culshaw	31 October 2025		<b>Open</b>
<b>SHORT BREAK PILOTS OUTCOMES</b>	Action for Head of Strategy and Transformation to bring an update back to HSCP Board in 6 months'	Margaret-Jane Cardno	Update required May 2026		<b>Open</b>

	time regarding the outcomes and also to share work done with Scottish Government.				
<b>HOME CARE REVIEW UPDATE</b>	Action for Head of Community Health and Care to bring report back in Q1 2026 for further update	Fiona Taylor	Update required Q1 2026		<b>Open</b>
<b>CSWO ANNUAL REPORT</b>	Action to enquire whether social work can provide training or team members to provide Life Story Work to those in Foster Care	Lesley James/Sharon Laing	24 March 2026		<b>Open</b>
<b>STRATEGIC RISK REGISTER</b>	To bring an exception report on the risks pertaining to Dumbarton Health Centre	MJC	24 March 2026	Report within Document Pack.	<b>Closed</b>

NR updated 10 March 2026

## WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Julie Slavin, Chief Financial Officer

24 March 2026

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**Subject: 2025/26 Financial Performance Period 10 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 10 to 31 January 2026 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 31 January 2026 is reporting an adverse (overspend) position of £0.119m (0.06%);
- c) **Note** the projected outturn position of £0.144m overspend (0.07%) 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) **Note** the update on the capital position; and
- g) **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 £217.384m is now being monitored as detailed within Appendix 1.

## 4. Main Issues

### Summary Position

- 4.1** The current year to date position as at 31 January is an overspend of £0.119m (0.06%) with an annual projected outturn position being a potential overspend of £0.144m (0.07%). The consolidated summary position is presented in greater detail within Appendix 3, with the individual health care and social care partner summaries detailed in Appendix 4.
- 4.2** The overall HSCP summary and the individual Head of Service positions are reported within Tables 1 and 2 below.

**Table 1 – Summary Draft Financial Information as at 31 March 2026**

Summary Financial Information	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Forecast Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Health Care	129,139	110,758	109,685	1,073	126,875	2,264	974	1,290	1.00%
Social Care	128,617	104,862	105,856	(994)	130,060	(1,443)	(245)	(1,198)	-0.93%
<b>Expenditure</b>	<b>257,756</b>	<b>215,620</b>	<b>215,541</b>	<b>79</b>	<b>256,935</b>	<b>821</b>	<b>729</b>	<b>92</b>	<b>0.04%</b>
Health Care	(5,858)	(2,868)	(2,868)	-	(5,858)	-	-	-	0.00%
Social Care	(34,514)	(25,727)	(25,529)	(198)	(32,960)	(1,554)	(1,318)	(236)	0.68%
<b>Income</b>	<b>(40,372)</b>	<b>(28,595)</b>	<b>(28,397)</b>	<b>(198)</b>	<b>(38,818)</b>	<b>(1,554)</b>	<b>(1,318)</b>	<b>(236)</b>	<b>0.58%</b>
Health Care	123,281	107,890	106,817	1,073	121,017	2,264	974	1,290	1.05%
Social Care	94,103	79,135	80,327	(1,192)	97,100	(2,997)	(1,563)	(1,434)	-1.52%
<b>Net Expenditure</b>	<b>217,384</b>	<b>187,025</b>	<b>187,144</b>	<b>(119)</b>	<b>218,117</b>	<b>(733)</b>	<b>(589)</b>	<b>(144)</b>	<b>-0.07%</b>

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

Summary Financial Information	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Forecast Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Children's Health, Care & Justice	32,237	27,063	27,597	(534)	33,320	(1,083)	(438)	(645)	-2.01%
Health and Community Care	57,011	48,385	48,909	(524)	57,637	(626)	-	(626)	-1.10%
Mental Health, Learning Disability & Addictions	32,035	28,006	27,573	433	32,453	(418)	(940)	522	1.63%
Strategy & Transformation	2,071	1,796	1,602	194	1,847	224	(9)	233	11.25%
Family Health Services	35,107	33,299	33,388	(89)	35,213	(106)	-	(106)	-0.30%
GP Prescribing	22,874	18,751	18,146	605	21,774	1,100	374	726	3.17%
Hosted Services	9,602	8,121	8,084	37	9,558	44	-	44	0.46%
Other	26,447	21,605	21,846	(241)	26,315	132	424	(292)	-1.10%
<b>Net Expenditure</b>	<b>217,384</b>	<b>187,025</b>	<b>187,144</b>	<b>(119)</b>	<b>218,117</b>	<b>(733)</b>	<b>(589)</b>	<b>(144)</b>	<b>-0.07%</b>

**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	3,226	461	42	48
<b>Total</b>	<b>5,484</b>	<b>4,933</b>	<b>461</b>	<b>42</b>	<b>48</b>

**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 98% 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. It is important to highlight that certain savings have been realised on a non-recurring basis and will remain under review in 2026/27. For instance, the approved saving of £0.227m from the Business Support and Administration Review has been achieved through various vacancies across all HSCP services. Ongoing efforts are required to determine which posts can be permanently removed.

**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 £0.144m would reduce the current unearmarked reserves of £3.576m. It is anticipated that £2.152m 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 £1.563m. 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 £0.144m is primarily driven by ongoing demand and cost pressures within Children & Families, Adults and Older Adult services.

**4.7** The favourable movement in the overall position between the period 8 projection of a £2.190m overspend and the current projection of £0.144m is covered in Table 4 below. The table highlights the ongoing positive impact of recovery planning taken by the Senior Management Team. An update on the recovery plan is contained within Appendix 7 and details the progress made on previously approved actions along with new actions identified and included within the current projection.

**Table 4 – Projected Variance Movement between Period 8 and Period 10**

<b>Movement since period 8</b>	<b>Health Care £000</b>	<b>Social Care £000</b>	<b>Total £000</b>
Period 10 adverse variance	1,290	(1,434)	(144)
Period 8 adverse variance as reported to HSCP Board 27 January 2026	531	(2,721)	(2,190)
<b>Movement since period 8</b>	<b>759</b>	<b>1,287</b>	<b>2,046</b>
<b>Represented By:</b>			
Share of Pay Award		475	475
Care at Home		167	167
Children & Families		174	174
Care Home Beds		103	103
Additional Turnover	278	352	630
Income - Service Level Agreement	90		90
Prescribing	726		726
Reduction in Discretionary Spend	133		133
Return to Reserves	(400)		(400)
Family Health Services	(106)		(106)
Other	38	16	54
<b>Movement since period 8</b>	<b>759</b>	<b>1,287</b>	<b>2,046</b>

### Update on Pay Awards

- 4.8** The 2025/26 budget assumed a 3% pay award for local authority staff. However, the nationally agreed pay settlement resulted in a 4% award for Social Care staff and Chief Officers.
- 4.9** The Scottish Government subsequently confirmed additional funding of £1.427m to West Dunbartonshire Council, from a combination of revenue and capital, to meet the higher cost of the pay award.
- 4.10** At the Council's budget-setting meeting on 4 March 2026, it was agreed that £0.475m of this funding would be passed to the HSCP as its proportionate share. This funding was already assumed within the recovery plan approved by the HSCP Board in January and has now been formally included in the Period 10 financial position, as reflected in Table 4.

### Update on Prescribing 2025/26

- 4.11** Prescribing expenditure continues to represent a significant and increasingly unpredictable element of the health budget. Prescribing data is reported two months in arrears; at Period 10, actual expenditure data is available up to November. Based on this information, the current forecast indicates an underspend of £1.100m, representing a minor improvement of £0.029m compared to the Period 8 position.
- 4.12** As part of the recovery plan approved by the HSCP Board in January, it was agreed that £0.697m of the Period 8 prescribing underspend would be applied to mitigate the overall HSCP projected overspend. This adjustment, together with the additional £0.029m improvement identified at Period 10, has now been reflected in the reported March financial position.

- 4.13** Further detail on prescribing activity, the factors contributing to the underspend, planned efficiency programmes for 2026/27, and the wider financial risks and pressures associated with prescribing are set out in a separate report within the agenda for this meeting.

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

- 4.14** As agreed by WDC and the HSCP Board in March 2022, the Board are responsible for accounting for bad debt arising from charges levied for HSCP delegated services and as such include a provision for potential bad debt within the HSCP Board's balance sheet.
- 4.15** There are no debt write off's detailed in this report. The 2025/26 draft outturn report scheduled for the May HSCP Board meeting will provide an update.

#### **Update on Reserves**

- 4.16** Table 5 below sets out the anticipated year-end reserves position after taking account of all planned drawdowns and additions. Further detail on the balances and planned use of individual earmarked reserves is provided in Appendix 6.

**Table 5 – Reserves Analysis**

Analysis of Reserves	Opening Balance as at 1 April 2025 £000	Usage of Reserves applied to Balance the 2025/26 Budget £000	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
Unearmarked	3,576	-	(144)		3,432
Earmarked	14,830	(1,318)	(834)	1,563	14,241
<b>Total</b>	<b>18,406</b>	<b>(1,318)</b>	<b>(978)</b>	<b>1,563</b>	<b>17,673</b>

- 4.17** The audited balance carried forward from 2024/25 is £3.576 million, representing 1.57% of net expenditure (excluding FHS). This amount is below the Reserves Policy target of £4.558 million, or 2% of net expenditure. The Policy specifies that an adequate level of un-earmarked reserves should be maintained to "cushion the impact of unexpected events or emergencies" during any financial year.

#### **Recovery Plan**

- 4.18** The Integration Scheme, which is an essential part of the financial governance framework, requires that a recovery plan be developed and agreed upon by partners and the HSCP Board, to address any expected overspending. In January, the HSCP Board approved such a recovery plan. Table 6 below presents a summary update on this plan, and additional analysis of each action's progress can be found in Appendix 7.

**Table 6 – Recovery Plan Update**

<b>Reconciliation of Recovery Plan and Application of Reserves</b>	<b>£000</b>
Projected overspend	2,190
Recovery plan actions	(1,581)
<b>Initial application of general reserves</b>	<b>(609)</b>
Over recovery of actions	284
New recovery plan actions	181
<b>Updated application of general reserves</b>	<b>(144)</b>

**Budget Process for 2026/27 to 2028/29**

**4.19** Significant work has been undertaken to develop a balanced budget position for 2026/27 and a high-level refresh of the medium-term financial outlook. A range of savings options, management adjustments and the proposed use of earmarked reserves have been identified and assessed. These actions, and their associated implications, are set out in detail in a separate report within this HSCP Board meeting agenda.

**Housing Aids and Adaptations**

**4.20** 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 £94.103m from the council.

**4.21** This budget is managed by the Council’s Housing and Employability Services on behalf of the HSCP Board.

**4.22** The draft outturn position for the period to 31 March 2026 is included in Table 7 below and will be reported as part of WDC’s financial update position.

**Table 7 – Draft Outturn Financial Performance as of 31 March 2026**

<b>Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council</b>	<b>Annual Budget</b>	<b>Year to Date Budget</b>	<b>Year to Date Actual</b>	<b>Year to Date Variance</b>	<b>Forecast Spend</b>	<b>Forecast Variance</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Aids & Adaptations	80	67	67	0	80	0
<b>Total</b>	<b>80</b>	<b>67</b>	<b>67</b>	<b>0</b>	<b>80</b>	<b>0</b>

**2025/26 Capital Expenditure**

**4.23** 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 - £0.104m
- Aids and Adaptations - £0.935m
- Community Alarm Upgrade - £0.272m

**4.24** 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.

**4.25** A capital bid has been submitted to increase the Aids and Adaptations budget from 2026/27.

## **5. Options Appraisal**

**5.1** None required for this report.

## **6. People Implications**

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

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

**7.1** Other than the financial position noted above, there are no other financial implications known at this time.

## **8. Risk Analysis**

**8.1** The main financial risks to the 2025/26 projected outturn position relate to ongoing increases in demand for some key social care services, complex care packages and prescribing costs.

**8.2** The impact of inflationary pressures and costs of imports has added to the volatility of GP Prescribing costs. The complicated contractual arrangements and gathering of monthly data from community pharmacies causes a two-month lag in confirming actual costs.

**8.3** Inflation is currently at 3% against a 2% target. Interest rates were unchanged at 3.75% at the Monetary Policy Committee's February meeting, with the next review scheduled for 19 March 2026. The impact of current inflation on future rate decisions and public sector funding remains uncertain.

## **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:** 11 March 2026

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Person to Contact: Julie Slavin – Chief Financial Officer  
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Appendices:

- Appendix 1 – Budget Reconciliation
- Appendix 2 – Monitoring of Savings
- Appendix 3 – Revenue Budgetary Control 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

2025/26 Financial Performance Period 8 Report – 27 January 2026 HSCP Board



West Dunbartonshire Health & Social Care Partnership  
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2025/26 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
<b>Budget Approved at Board Meeting on 24 March 2025</b>	<b>117,937</b>	<b>95,446</b>	<b>213,383</b>
Health Rollover Budget Adjustments	2,011		2,011
<b>Budget Adjustments</b>			
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		(2)	(2)
Adjustment to NI Funding		5	5
Pay Award Funding Shortfall		475	475
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
Transfer of Learning Disabilities liason budget from East Renfrewshire HSCP	12		12
Open University backfill funding for current employee's in formal training/studies	5		5
Open University backfill funding for current employee's in formal training/studies	5		5
Open University backfill funding for current employee's in formal training/studies	5		5
Open University backfill funding for current employee's in formal training/studies	5		5
Share of Health Visiting Training Allocation	41		41
Open University backfill funding for current employee's in formal training/studies	5		5
Open University backfill funding for current employee's in formal training/studies	5		5
Open University backfill funding for current employee's in formal training/studies	5		5
<b>Revised Budget 2025/26</b>	<b>124,553</b>	<b>95,880</b>	<b>220,433</b>
<b>Drawdown from Reserves</b>	<b>(1,272)</b>	<b>(1,777)</b>	<b>(3,049)</b>
<b>Budget Funded from Partner Organisations</b>	<b>123,281</b>	<b>94,103</b>	<b>217,384</b>



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

Head of Service	Partner	Efficiency Detail	Comment	Saving Target £000	Saving at Risk £000
<b>Savings at high risk of not being achieved</b>					
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
<b>Savings at low/medium risk of not being achieved</b>					
Sylvia Chatfield	Social Care	Additions 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
		<b>Total</b>		<b>1,533</b>	<b>90</b>
		<b>Health Care</b>		<b>0</b>	<b>0</b>
		<b>Social Care</b>		<b>1,533</b>	<b>90</b>



West Dunbartonshire Health & Social Care Partnership  
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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	39,173	33,799	33,708	91	39,064	109	0	109	0.28%	↑
Care at Home	14,214	11,524	11,896	(372)	14,661	(447)	0	(447)	-3.14%	↓
Physical Disability	2,875	2,428	2,667	(239)	3,164	(289)	0	(289)	-10.05%	↓
Childrens Residential Care and Community Services	32,085	26,479	27,140	(661)	33,319	(1,234)	(439)	(795)	-2.48%	↓
Strategy, Planning and Health Improvement	2,070	1,796	1,602	194	1,847	223	(9)	232	11.21%	↑
Mental Health Services - Adult and Elderly, Community and Inpatients	12,836	11,986	12,026	(40)	13,497	(661)	(614)	(47)	-0.37%	↓
Addictions	4,019	3,665	3,640	25	4,141	(122)	(152)	30	0.75%	↑
Learning Disabilities - Residential and Community Services	15,180	12,356	11,906	450	14,815	365	(174)	539	3.55%	↑
Family Health Services (FHS)	35,107	33,299	33,388	(89)	35,213	(106)	0	(106)	-0.30%	↓
GP Prescribing	22,874	18,751	18,146	605	21,774	1,100	374	726	3.17%	↑
Hosted Services	9,602	8,121	8,084	37	9,558	44	0	44	0.46%	↑
Criminal Justice (Including Transitions)	153	583	456	127	1	152	0	152	99.35%	↑
Resource Transfer	18,082	15,478	15,478	0	18,082	0	0	0	0.00%	→
Contingency	1,867	29	0	29	270	1,597	1,563	34	1.82%	↑
HSCP Corporate and Other Services	7,247	6,731	7,007	(276)	8,711	(1,464)	(1,138)	(326)	-4.50%	↓
<b>Net Expenditure</b>	<b>217,384</b>	<b>187,025</b>	<b>187,144</b>	<b>(119)</b>	<b>218,117</b>	<b>(733)</b>	<b>(589)</b>	<b>(144)</b>	<b>-0.07%</b>	<b>↓</b>

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	97,700	80,227	79,199	1,028	95,568	2,132	898	1,234	1.26%	↑
Property	1,243	952	980	(28)	1,277	(34)	0	(34)	-2.74%	→
Transport and Plant	1,384	1,057	995	62	1,309	75	0	75	5.42%	→
Supplies, Services and Admin	5,694	3,649	3,352	297	4,627	1,067	710	357	6.27%	↑
Payments to Other Bodies	89,657	74,003	76,170	(2,167)	93,511	(3,854)	(1,253)	(2,601)	-2.90%	↓
Family Health Services	36,783	34,674	34,675	(1)	36,784	(1)	0	(1)	0.00%	→
GP Prescribing	22,875	18,751	18,146	605	21,775	1,100	374	726	3.17%	↑
Other	2,419	2,306	2,026	280	2,084	335	0	335	13.85%	→
<b>Gross Expenditure</b>	<b>257,755</b>	<b>215,619</b>	<b>215,543</b>	<b>76</b>	<b>256,935</b>	<b>820</b>	<b>729</b>	<b>91</b>	<b>0.04%</b>	<b>↑</b>
Income	(40,371)	(28,594)	(28,399)	(195)	(38,818)	(1,553)	(1,318)	(235)	0.58%	↓
<b>Net Expenditure</b>	<b>217,384</b>	<b>187,025</b>	<b>187,144</b>	<b>(119)</b>	<b>218,117</b>	<b>(733)</b>	<b>(589)</b>	<b>(144)</b>	<b>-0.07%</b>	<b>↓</b>



West Dunbartonshire Health & Social Care Partnership  
 Financial Year 2025/26 Period 10 covering 1 April 2025 to 31 January 2026

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	754	622	132	581	259	100	159	18.93%	↑
Childrens Services - Community	4,359	3,849	3,799	50	4,299	60	1	59	1.35%	↑
Adult Community Services	12,331	10,291	10,002	289	11,984	347	0	347	2.81%	↑
Community Learning Disabilities	899	832	803	29	966	(67)	(102)	35	3.89%	↑
Addictions	3,188	2,609	2,609	0	2,777	411	411	0	0.00%	→
Mental Health - Adult Community	5,278	5,349	4,803	546	4,623	655	0	655	12.41%	↑
Mental Health - Elderly Inpatients	4,170	3,543	4,105	(562)	4,844	(674)	0	(674)	-16.16%	↓
Family Health Services (FHS)	35,107	33,299	33,388	(89)	35,213	(106)	0	(106)	-0.30%	↓
GP Prescribing	22,874	18,751	18,146	605	21,774	1,100	374	726	3.17%	↑
Other Services	6,551	5,014	4,978	36	6,316	235	190	45	0.69%	↑
Resource Transfer	18,082	15,478	15,478	0	18,082	0	0	0	0.00%	→
Hosted Services	9,602	8,121	8,084	37	9,558	44	0	44	0.46%	↑
<b>Net Expenditure</b>	<b>123,281</b>	<b>107,890</b>	<b>106,817</b>	<b>1,073</b>	<b>121,017</b>	<b>2,264</b>	<b>974</b>	<b>1,290</b>	<b>1.05%</b>	<b>↑</b>

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	1,231	1,042	980	62	1,266	(35)	(109)	74	6.01%	↑
Residential Accommodation for Young People	3,144	2,584	2,362	222	2,879	265	0	265	8.43%	↑
Children's Community Placements	8,180	6,794	6,984	(190)	8,408	(228)	0	(228)	-2.79%	↓
Children's Residential Schools	5,659	4,123	5,535	(1,412)	7,354	(1,695)	0	(1,695)	-29.95%	↓
Children's Supported Accommodation	847	845	564	281	511	336	0	336	39.67%	↑
Childcare Operations	6,218	5,358	5,197	161	6,315	(97)	(291)	194	3.12%	↑
Other Services - Young People	3,677	2,927	2,700	227	3,553	124	(148)	272	7.40%	↑
Residential Accommodation for Older People	7,680	6,348	6,548	(200)	7,921	(241)	0	(241)	-3.14%	↓
External Residential Accommodation for Elderly	11,129	10,219	10,118	101	11,008	121	0	121	1.09%	↑
Sheltered Housing	1,664	1,780	1,661	119	1,522	142	0	142	8.53%	↑
Older People Non Residential Care	2,613	1,966	2,474	(508)	3,221	(608)	0	(608)	-23.27%	↓
Community Alarms	98	(65)	21	(86)	200	(102)	0	(102)	-104.08%	↓
Community Health Operations	3,599	3,255	2,884	371	3,154	445	0	445	12.36%	↑
Residential - Learning Disability	12,347	9,956	9,783	173	12,210	137	(72)	209	1.69%	↑
Physical Disability	2,526	1,991	2,232	(241)	2,814	(288)	0	(288)	-11.40%	↓
Day Centres - Learning Disability	1,934	1,568	1,322	246	1,639	295	0	295	15.25%	↑
Justice	153	583	456	127	1	152	0	152	99.35%	↑
Mental Health	3,388	3,093	3,117	(24)	4,031	(643)	(614)	(29)	-0.86%	↓
Care at Home	14,214	11,524	11,896	(372)	14,661	(447)	0	(447)	-3.14%	↓
Addictions Services	831	1,056	1,031	25	1,363	(532)	(563)	31	3.73%	↑
Equipu	350	436	436	0	350	0	0	0	0.00%	→
Frailty	59	4	1	3	54	5	0	5	8.47%	↑
Carers	1,306	1,115	1,124	(9)	1,458	(152)	(141)	(11)	-0.84%	↓
Contingency	1,867	29	0	29	270	1,597	1,563	34	1.82%	↑
HSCP - Corporate	(611)	604	901	(297)	937	(1,548)	(1,188)	(360)	58.92%	↓
<b>Net Expenditure</b>	<b>94,103</b>	<b>79,135</b>	<b>80,327</b>	<b>(1,192)</b>	<b>97,100</b>	<b>(2,997)</b>	<b>(1,563)</b>	<b>(1,434)</b>	<b>-1.52%</b>	<b>↓</b>

West Dunbartonshire Health & Social Care Partnership  
 Financial Year 2025/26 Period 10 covering 1 April 2025 to 31 January 2026  
 Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
<b>Health Care Variances</b>					
Planning & Health Improvements	840	681	159	19%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to a number of vacancies across Planning, Health and Management				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				
Adult Community Services	12,331	11,984	347	3%	↑
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 10 covering 1 April 2025 to 31 January 2026  
 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	4,623	655	12%	↑
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	4,170	4,844	(674)	-16%	↓
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to increased and extended contract cover for medical vacancies currently offset by forecast underspend in Adult Mental Health				
Mitigating Action	Active recruitment for medical staff has progressed.				
Anticipated Outcome	An overspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership  
 Financial Year 2025/26 Period 10 covering 1 April 2025 to 31 January 2026  
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
<b>Social Care Variances</b>					
Strategy Planning and Health Improvement	1,231	1,157	74	6%	↑
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	3,144	2,879	265	8%	↑
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 10 covering 1 April 2025 to 31 January 2026  
 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	8,180	8,408	(228)	-3%	↓
Service Description	This service covers fostering, adoption and kinship placements				
Main Issues / Reason for Variance	While the forecast adverse variance is mainly due to an increase in activity compared to budget within kinship care and in house fostering of eight placements, external fostering client activity continues to show a reduction in projected spend due to the ongoing positive impact of the "What Would It Take" strategy.				
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	While an overspend is reported at this time ongoing work undertaken within the "What Would It Take" strategy has resulted in a further reduction in the forecast overspend from the previously reported position.				

West Dunbartonshire Health & Social Care Partnership  
 Financial Year 2025/26 Period 10 covering 1 April 2025 to 31 January 2026  
 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	5,659	7,354	(1,695)	-30%	↓
Service Description	This service area provides residential education for children				
Main Issues / Reason for Variance	The financial pressure within children's residential schools are complex and multifaceted as the service responds to the needs of young people. Areas of pressure are an increase in the number of young people being supported within children with disabilities and external accommodation on a care only basis, however the adverse variance has reduced by £0.152m since the January Board report due to a reduction of three 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 10 covering 1 April 2025 to 31 January 2026  
 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	847	511	336	40%	↑
Service Description	This service area provides 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	6,218	6,024	194	3%	↑
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  
 Financial Year 2025/26 Period 10 covering 1 April 2025 to 31 January 2026  
 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	3,677	3,405	272	7%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to an underspend in staffing due to delay in recruitment of support worker posts.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				
Residential Accommodation for Older People	7,680	7,921	(241)	-3%	↓
Service Description	WDC owned residential accommodation for older people				
Main Issues / Reason for Variance	The main reason for the adverse variance is due to an increase in employee costs as a result of the need to backfill overtime and agency costs arising from staff sickness as the full effect of the winter flu season revealed itself.				
Mitigating Action	Staffing levels will require to be monitored				
Anticipated Outcome	An overspend is reported at this time				

West Dunbartonshire Health & Social Care Partnership  
 Financial Year 2025/26 Period 10 covering 1 April 2025 to 31 January 2026  
 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	11,129	11,008	121	1%	↑
Service Description	External residential and nursing beds for over 65s				
Main Issues / Reason for Variance	The variance has moved by £0.233m from adverse position in January to a favourable position in March due to a reduction in resident placements in excess of those budgeted due to deaths and discharges.				
Mitigating Action	Officers undertake daily monitoring of admissions to care homes.				
Anticipated Outcome	An underspend is reported at this time.				
Sheltered Housing	1,664	1,522	142	9%	↑
Service Description	Warden Service for Housing run sheltered housing service				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to staff turnover savings.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership  
 Financial Year 2025/26 Period 10 covering 1 April 2025 to 31 January 2026  
 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	2,613	3,221	(608)	-23%	↓
Service Description	Queens Quay, Crosslet House Daycare, Lunch clubs and daycare SDS/Direct payments.				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to an overspend in the cost of non residential external care packages previously budgeted and charged to Care at Home.				
Mitigating Action	Reviews of client packages externally commissioned are required in line with eligibility criteria and achievement of outcomes.				
Anticipated Outcome	An overspend is forecast at this time.				
Community Alarms	98	200	(102)	-104%	↓
Service Description	Installation and response service for Community Alarms				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to cover for maternity leave along with use of agency and sessional staff.				
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 10 covering 1 April 2025 to 31 January 2026  
 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	3,599	3,154	445	12%	↑
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	12,347	12,138	209	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 10 covering 1 April 2025 to 31 January 2026  
 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	2,526	2,814	(288)	-11%	↓
Service Description	This service provides physical disability services				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to a significant fee uplift for one provider and recalculation and revision of cost projections arising from complexity of payment arrangements.				
Mitigating Action	Review of care packages and streamlining of payment arrangements are required.				
Anticipated Outcome	An overspend is reported at this time.				
Day Centres - Learning Disability	1,934	1,639	295	15%	↑
Service Description	This service provides day services for learning disability clients				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to a number of vacant posts pending the ongoing Learning Disability redesign.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported at this time.				

West Dunbartonshire Health & Social Care Partnership  
 Financial Year 2025/26 Period 10 covering 1 April 2025 to 31 January 2026  
 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	153	1	152	100%	↑
Service Description	This service provides support and rehabilitation for offenders				
Main Issues / Reason for Variance	The gross budget for this service is £3.287m offset by grant funding of £3.133m. 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	14,214	14,661	(447)	-3%	↓
Service Description	This service provides care at home which includes personal care				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to increased staffing costs (£0.316m). While spend on overtime and agency staff continues to be an area of pressure there have been improvements since the January Board as staff within phase 2 moved to new work patterns at the start of March along with the transfer of 2025/26 additional pay funding transferred from the Council.				
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 10 covering 1 April 2025 to 31 January 2026  
 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	(611)	(251)	(360)	59%	↓
Service Description	This budget contains Corporate spend and budgeted reserve drawdown				
Main Issues / Reason for Variance	The adverse variance is mainly due to the admin savings target applied remaining within Corporate, however this is partially offset by admin and turnover savings being accounted for within services.				
Mitigating Action	The admin review will require to accelerate in pace to achieve required savings.				
Anticipated Outcome	An overspend is reported at this time.				



West Dunbartonshire Health & Social Care Partnership  
 Financial Year 2025/26 Period 10 covering 1 April 2025 to 31 January 2026  
 Analysis of Reserves 2025/26

Analysis of Reserves	Actual Opening Balance as at 1 April 2025	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2026
	£000	£000	£000
<b>Unearmarked Reserves</b>			
Unearmarked Reserves	3,576	(144)	3,432
<b>Total Unearmarked Reserves</b>	<b>3,576</b>	<b>(144)</b>	<b>3,432</b>
<b>Earmarked Reserves</b>			
<b>Scottish Govt. Policy Initiatives</b>	<b>3,038</b>	<b>(965)</b>	<b>2,073</b>
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	(151)	335
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
<b>HSCP Initiatives</b>	<b>2,726</b>	<b>(437)</b>	<b>2,289</b>
Service Reviews and Redesign	1,474	(269)	1,205
Justice Services	231	(111)	120
Unscheduled Care Services	397	0	397
Public Protection Officers	244	0	244
Digital Transformation	173	(57)	116

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
Training and Development	207	0	207
<b>Health Care</b>	<b>4,779</b>	<b>134</b>	<b>4,914</b>
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	374	1,743
Planning and Health Improvement	238	(10)	228
West Dunbartonshire Mental Health Services Transitional Fund	1,803	(419)	1,384
Enhanced Mental Health Outcome Framework	82	0	82
Property Strategy	934	215	1,149
IT Project Funding	14	(5)	9
Health Visiting	160	(1)	160
<b>Social Care</b>	<b>4,287</b>	<b>679</b>	<b>4,966</b>
Complex Care Packages/Supporting delay discharges	1,323	(742)	581
CYMPH and Promise	0	93	93
C&F 5 year MTFP "What Would it Take"	1,442	(235)	1,207
Local Authority Superannuation	1,522	1,563	3,085
<b>Total Earmarked Reserves</b>	<b>14,830</b>	<b>(589)</b>	<b>14,241</b>
<b>Total Reserves</b>	<b>18,406</b>	<b>(733)</b>	<b>17,673</b>

West Dunbartonshire Health & Social Care Partnership  
 Financial Year 2025/26 Period 10 covering 1 April 2025 to 31 January 2026  
 Recovery Plan

Ref	Service Area	Recovery Action Proposal	Original Estimated Benefit £000	Achieved (reflected in the projected outturn) £000	New Estimated Benefit (reflected in projected outturn) £000	Over Achievement £000	Outstanding £000	Responsible Officer(s)	Further Explanation of Rationale of Proposal
1	Social Care	Pay award funding for 2025/26 passed on from West Dunbartonshire Council	469	(475)		(6)		Julie Slavin	At the Council budget setting meeting on 4 March 2026 elected members agreed to pass through a share of this funding to the HSCP. This funding was included within the recovery plan approved by the HSCP Board in January and has now been included within the reported figures for period 10 with the final allocation being slightly higher than initial estimates.
2	Care at Home	Further reduction in use of agency staff	103	(167)		(64)		Fiona Taylor	Average weekly hours of agency staff within care at home has reduced since the start of the financial year and has continued to reduce in period 10. In addition to further efficiencies in agency use there is also a reduction in the use of overtime and core staffing costs as the service redesign nears finalisation.
3	Social Care	Social Care reviews	72	(129)		(57)		All Operational Heads of Service	Impact of ongoing reviews of care placements across all service areas has generated additional efficiencies in period 10 over and above initially anticipated.
4	Prescribing	Realisation of price and volume reductions	697	(726)		(29)		Fiona Taylor	The recovery plan included a recommendation to utilise £0.697m of the period 8 underspend to mitigate against the January projected overspend, this has now been factored into the reported March figures along with a minor improvement of £0.029m to period 10.
5	Health Care	Additional staff turnover	150	(278)		(128)		All Operational Heads of Service	The additional staff turnover presented within the recovery plan has been exceeded by £0.128m due to continuing recruitment challenges.
6	Health Care	Increase in SLA Income	90	(90)		0		All Operational Heads of Service	Health recovery actions include additional income above current year estimates after refreshing rolling three year averages for SLA's and has been achieved as planned.
7	Health Care	Reduction in Discretionary Spend			(133)	(133)		All Operational Heads of Service	A review of discretionary spend across the Health portfolio has resulted in further efficiencies of £0.133m.
8	Social Care	Adjustment to NI Funding			(5)	(5)		Julie Slavin	The March 2025 Council budget setting report approved the passover to the HSCP of a share of the anticipated funding provided to West Dunbartonshire for the changes to employers national insurance contributions from April 2025. The final funding has now been confirmed and results in an additional £0.005m being passed over to the HSCP.
9	All	Reserve drawdown adjustments			(43)	(43)		Julie Slavin	Continuing review of spend and appropriate reserve adjustments has resulted in an increase in earmarked reserve applications of £0.043m.
10	All	Application of general reserves	609			465	144	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.
		<b>Total</b>	<b>2,190</b>	<b>(1,865)</b>	<b>(181)</b>	<b>0</b>	<b>144</b>		



**Direction from Health and Social Care Partnership Board.**

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

**From:** Chief Office HSCP  
**To:** Chief Executives WDC and NHSGCC  
**CC:** HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair  
**Subject:** For Action: Directions from HSCP Board 24 March 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 HSCP Board report for reference.

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP000091JS24032026
2	Date direction issued by Integration Joint Board	24 March 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)	HSCP000089JS27012026
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 £94.103m 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 £123.281m 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 £263.732m. Allocated as follows: West Dunbartonshire Council - £94.103m NHS Greater Glasgow and Clyde - £123.281m 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 <span style="float: right;">30 June 2026</span>
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 - 26 May 2026



## WEST DUNBARTONSHIRE HEALTH &amp; SOCIAL CARE PARTNERSHIP BOARD

Report by Fiona Taylor, Head of Community Health and Care Services

24 March 2026

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**Subject: Prescribing Update****1. Purpose**

- 1.1 This report provides the HSCP Board with an update on prescribing expenditure and mitigations in place to ensure efficient use of resources. It also highlights current and future risks relating to prescribing spend, for consideration and seeks approval for the fixed term recruitment of posts.

**2. Recommendations**

- 2.1 The HSCP Board is recommended to:

- a) **Note** the improvement activity undertaken to contain prescribing expenditure and generate savings;
- b) **Note** ongoing work to mitigate areas of prescribing cost and volume pressures and empower delivery of the prescribing efficiencies plan;
- c) **Note** the current forecast underspend within the Prescribing Budget and provision for contingency within the Earmarked Reserves balance;
- d) **Note** the workforce challenges facing the HSCP Pharmacy Service and the anticipated impact on the projected prescribing efficiencies for 2026/27 and;
- e) **Agree** the recruitment of 3 WTE 12-month fixed term Band 7 Pharmacists to deliver the projected prescribing efficiencies

**3. Background**

- 3.1 Strategic Needs Assessment 2025 indicated that the population of West Dunbartonshire is changing. Between 2018 and 2028, the population of West Dunbartonshire is projected to decrease from 89,130 to 87,141. By 2043, this is projected to decline further to 82,537, which is an overall decrease of 7.2% compared to a projected increase of 2.5% for Scotland in the same timeframe. The demographic profile of West Dunbartonshire is also changing with a declining birth rate and an ageing population who are spending more time in poor health with multiple long-term conditions and have complex polypharmacy (multiple medications).
- 3.2 Although prescriptions are free at the point of care in Scotland, the cost of medication for the people of West Dunbartonshire is funded through the West Dunbartonshire Health and Social Care Partnership FHS Prescribing Budget.

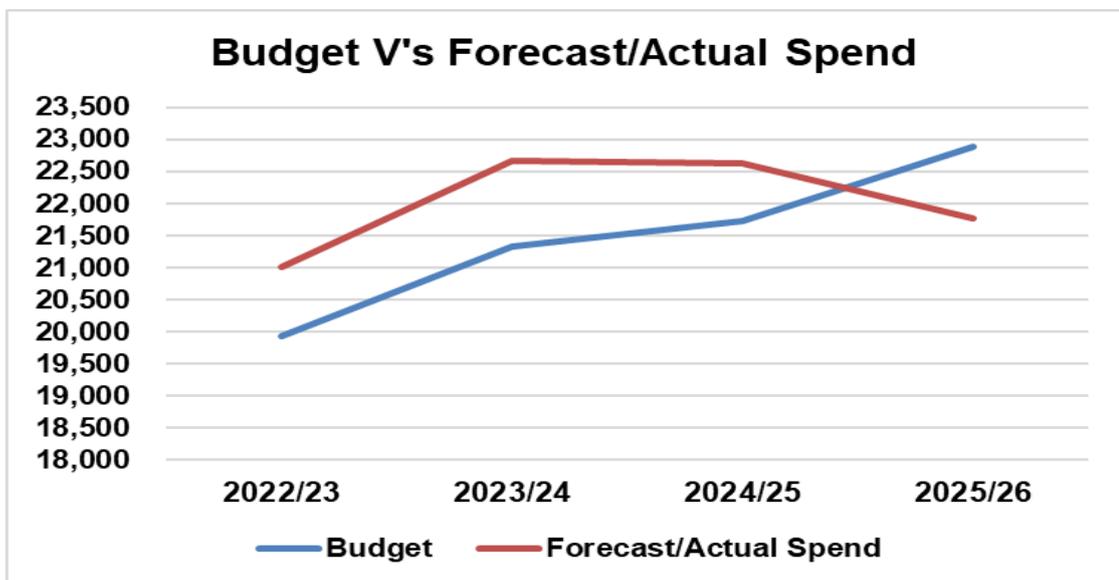
- 3.3** In partnership with GP colleagues, the Primary Care Pharmacy Service drives high-quality cost-effective prescribing and the delivery of the annual Board-wide prescribing efficiencies workplan. This aims to mitigate prescribing cost and volume pressures which, in recent years, have proven to be increasingly volatile due to instability in the global market, medicines shortages, new health technologies and new medicines.
- 3.4** Pharmacy teams working in Primary Care deliver a number of funded work streams including Prescribing Quality Improvement and Cost Efficiency, those linked with specific HSCP services e.g. Care at Home and Pharmacotherapy services to support GP practices as part of the GMS contract 2018. The total HSCP Pharmacy Services staffing profile, including Primary Care Improvement Plan (PCIP) funding, is 32.5WTE comprised of 12.4WTE Pharmacist and management roles, and 20.1WTE Pharmacy Technicians and Support staff.
- 3.5** Due to recent staff turnover, vacancy management measures and maternity leaves, there is a reduction in the Primary Care Pharmacy Services workforce going into 2026/27 which equates to 6 WTEs across Pharmacist and Technician roles. This will significantly impact the team's capacity to deliver the proposed cost-efficiency work streams, polypharmacy reviews and other priorities during 2026/27. Consideration for recruitment of up to 3 WTE fixed term posts to provide some capacity may be required, with Prescribing Earmarked Reserves a potential funding source.
- 3.6** The HSCP Board considered the 2025/26 Period 8 Financial Performance Update Report on 27 January 2026 which projected an overall overspend of £2.190m. Included within the report was an update on prescribing activity which projected an underspend of £1.071m, including a proposal to be added to the earmarked prescribing reserve, increasing it from £1.369m to £2.440m. In line with the requirements of the Integration Scheme the report also included details of the actions already taken and further actions recommended to address the forecast overspend and restore financial balance.
- 3.7** While the HSCP Board approved the plan in principle, Board members requested assurance on this approach due to the volatile nature of prescribing expenditure noting that officers would continue to monitor the position closely and report any material changes through the regular financial performance update reports. The HSCP Recovery Plan subsequently proposes applying £0.697m of the forecast prescribing underspend to mitigate the projected HSCP overspend, with the remaining balance added to the earmarked prescribing reserve, increasing it from £1.369m to £1.743m.
- 3.8** The final application of the projected underspend and the impact on the prescribing earmarked reserve will be detailed within the HSCP Board 2025/26 annual accounts.

#### 4. Main Issues

##### 2025/26 Period 10 Financial Position

- 4.1 The Period 10 Financial Performance Update Report is contained within a separate agenda item to this meeting. The report provides the HSCP Board with an update on both the overall projected outturn and the prescribing budget and forecast spend to 31 March 2026 which, at the time of writing, projects an underspend of £1.100m against a budget of £22.874m. Chart 1 provides a visual representation of this underspend along with year-end budget and actual spend position over the last 4 years.

**Chart 1. Budget and Spend Data 2022/23 to 2025/26**



- 4.2 The reasons for the underspend are complex and multifaceted and will be covered in more detail later but in summary include the following:

- Reversal of an over accrual that was made at the close of 2024/25 based on prevailing trends with the actual outturn lower than expected resulting in a one-off benefit of £0.380m in 2025/26;
- Continuation of 2024/25 savings programme totalling £0.483m in relation to direct oral anticoagulants, DPP4 inhibitors, respiratory inhaler switches, continuing deprescribing of lidocaine plasters and polypharmacy reviews;
- Overall declining price per item due to adjustments in the Scottish Drug Tariff, Apixaban generic pricing, de-prescribing of lidocaine and other market forces. This impact is not restricted to a single drugs or class of drug but is spread across many drug lines, there has been a significant savings on the cost of prescribing Dapagliflozin totalling £0.332m due to the drug coming off patent; and

- Prescribing volumes being lower than anticipated.

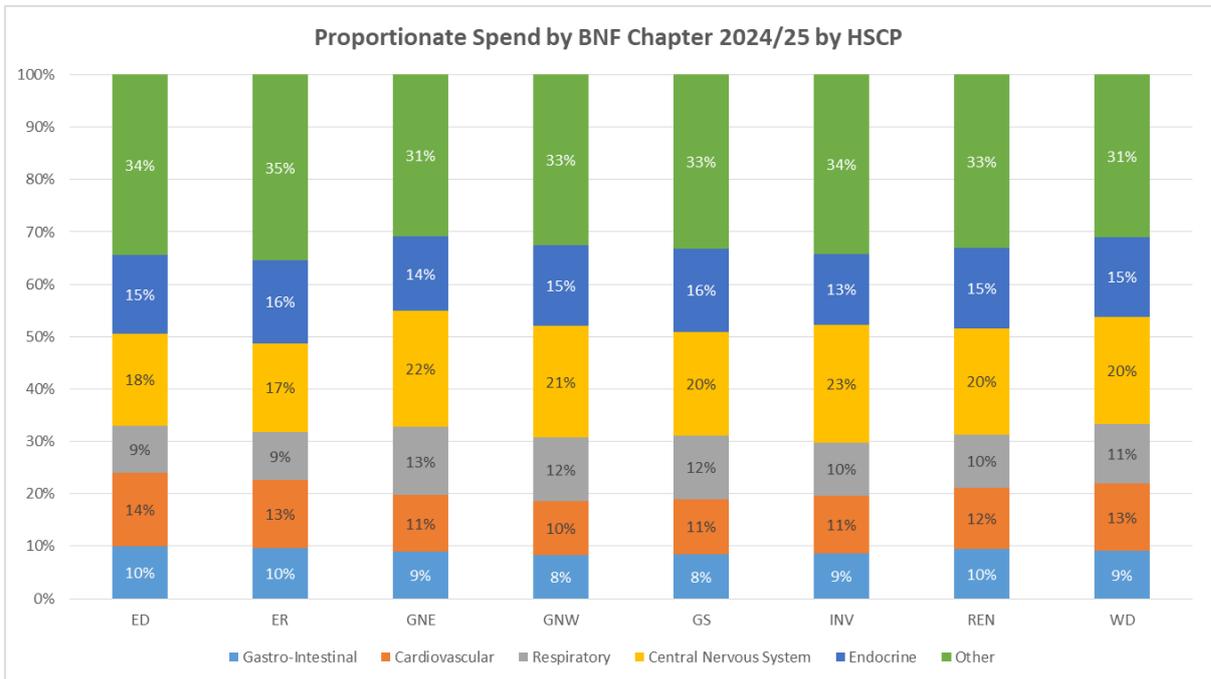
**4.3** The Prescribing Efficiencies workplan 2025/26 (Appendix 1) aimed to mitigate cost and volume pressures by delivering prescribing efficiencies across several targeted areas. In relation to the workplan the following updates should be noted:

- Key areas where projected efficiencies were achieved or exceeded include Polypharmacy reviews, Care Home medication reviews, ScriptSwitch® savings, brand-generic switches, dose optimisation, and formulation changes with year-to-date savings exceeding the target by £0.268m;
- Outstanding pieces of work due to be completed by the end of the financial year include brand-generic switch of anti-epileptic medication (Keppra to Levetiracetam), and switch from insulin brands to Trurapi;
- Key areas where projected savings were not achieved in 2025/26 were Lidocaine plasters (to be continued across 2026/27 as detailed in Section 4.17) and appliances which are to be removed from the work plan pending non-medical prescriber input to better understand these cost pressures and how to address them; and
- Despite delays in achievement of some specific savings targets, the achievement/over achievement in most areas of focus, combined with the continuing HSCP price/volumes trend, has resulted in the overall Prescribing budget forecast position of £1.1m underspend for financial year 2025/26, providing the opportunity to increase the existing Earmarked Prescribing Reserve, (providing a degree of cover for potential future volatility within Prescribing expenditure), whilst also helping to mitigate the in-year HSCP projected overspend through the recovery plan proposals.

### **Prescribing Trends**

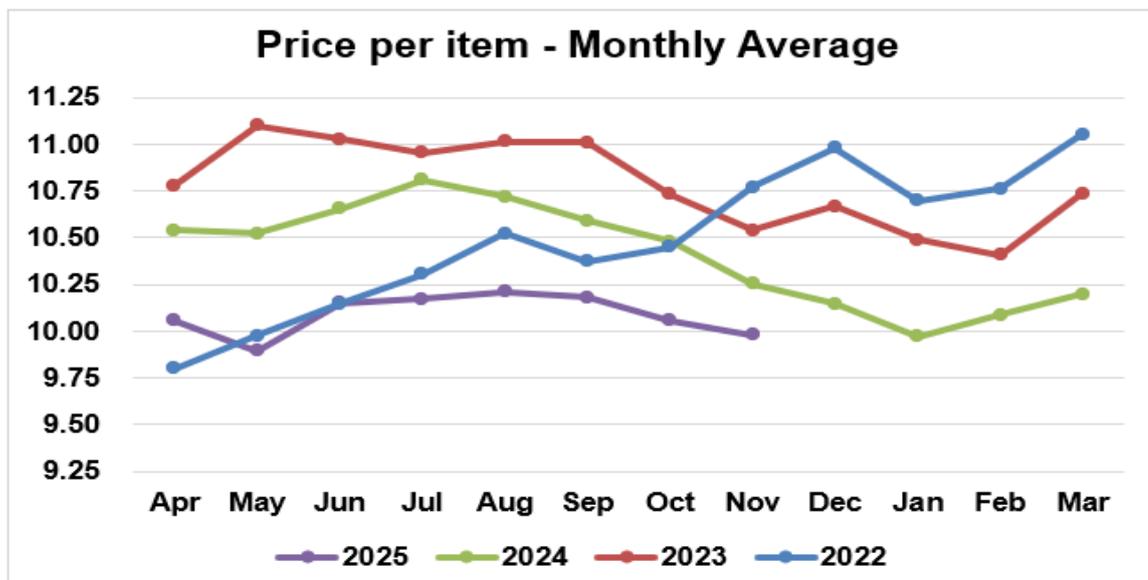
**4.4** Prescribing trends in West Dunbartonshire HSCP are reflective of NHS GGC and national trends such that the highest proportion of prescribing spend can be attributed to medicines for the central nervous system, endocrine system, respiratory conditions, cardiovascular conditions, and gastrointestinal system. This means that the largest spending is for conditions including mental health conditions, chronic pain, diabetes, breathing problems, heart disease and stomach issues, all of which show increasing prevalence in our ageing population and highlights the ongoing need for a shift towards early intervention and prevention so that people can live healthier lives for longer. Chart 2 shows proportionate spend per BNF chapter for the highest spend areas across the HSCPs in Greater Glasgow & Clyde.

**Chart 2. Proportionate Spend per BNF Chapter 2024/25 by HSCP**



**4.5** Chart 3 shows the average cost per item in West Dunbartonshire between 2022/23 and 2025/26 which, reduced from £11.10 in May 2023 (peak) to £9.98 in November 2025, largely driven by the diabetes drug Dapagliflozin coming off patent and significantly reducing in price.

**Chart 3. Price per Item 2022/23 to 2025/26**

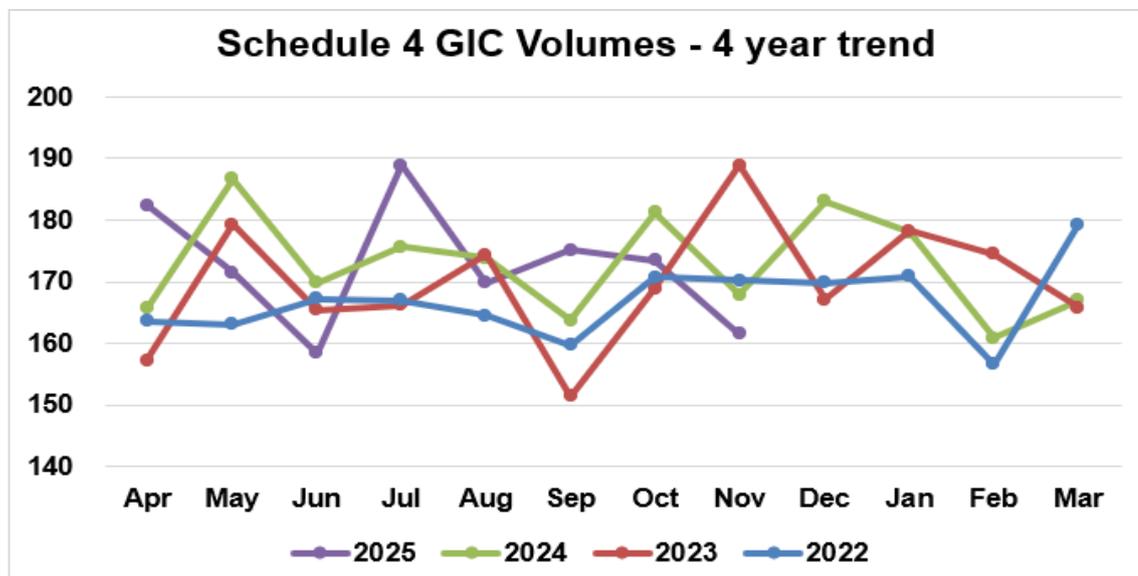


**4.6** In addition to external factors reducing cost per item nationally, prescribers in West Dunbartonshire utilise a higher percentage of generic medicines (76.6%)

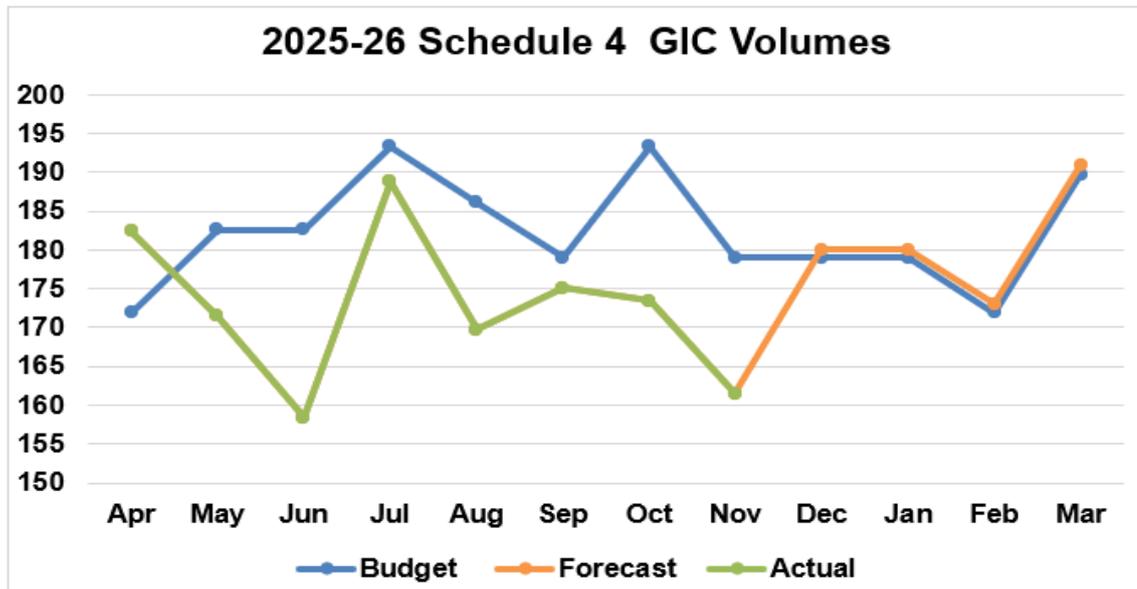
compared to the NHSGGC average (74.26%) which is preferable in minimising cost per item. Prescribers in West Dunbartonshire also demonstrate a high engagement with prescribing decision software ScriptSwitch® which prompts clinicians to consider cost-effective formulary choice medicines and devices at the point of prescribing. Analysis from April 2025-Jan 2026 showed that West Dunbartonshire had 36.66% acceptance rate for acute prescriptions (compared to GGC average 33.46%) and 37.01% acceptance rate for repeat prescriptions (compared to GGC average 26.51%). West Dunbartonshire also had a higher Return on Investment (£5.06 per £1 spent) for the software compared to GGC average (£4.68 per £1 spent) and achieved £0.116m in cost-efficiencies/cost-avoidance in this same period.

- 4.7 Annual growth in prescribing volume in West Dunbartonshire has mirrored national trends with an increase in the average number of prescription items per patient over time from 20.7 items per patient in 2019/20 to 21.5 items per patient in 2024/25, however annual items growth has been lower than forecast (0.3% on previous year compared to forecasted 1.5%). This is also consistent with other HSCPs in NHS GGC.
- 4.8 Charts 4 and 5 show volume trends between 2022/23 and 2025/26 with Chart 4 showing the four-year trend and Chart 5 showing the differential between budgeted and actual/forecast volumes for 2025/26.

**Chart 4. Volume Trends between 2022/23 and 2025/26**



**Chart 5. Volume Differentials Budget vs Actual/Forecast**



**GP Prescribing initiative**

- 4.9 A board-wide prescribing initiative is offered to GP practices annually with a financial incentive to engage with programmes designed to improve the cost-effectiveness and quality of prescribing. This payment is top sliced from the prescribing budget.
- 4.10 In addition, the Repeat Prescribing Local Enhanced Service (RP LES) is a targeted initiative offered to GP practices across NHS GGC to support safe and effective reduction of unnecessary or low-value medications, for patients prescribed 10 or more medications. This initiative aims to improve patient outcomes, reduce medication-related harm, particularly in the frail elderly population, and contribute to prescribing cost-efficiencies. The work is undertaken by GP practice teams with support from the HSCP Pharmacy Service. It is focused on polypharmacy reviews for patients with complex needs, particularly older adults and those in care homes and encourages practice-level system changes to reduce repeat prescribing waste. It also aligns with national guidance on realistic medicine and polypharmacy. The impact of the service is evaluated by the Central Pharmacy Team using data extracted from GP systems and National Therapeutic Indicator data.
- 4.11 The Scottish Government published updated Polypharmacy Guidance on 3rd March 2026. This revision replaces the 2018 edition and aims to support appropriate prescribing to optimise treatment outcomes and ensure the best possible care. Prescribing Optimisation features in the Scottish Government 15 Box Grid, as part of the National Financial Improvement model, which all Health Boards are required to report on, including HSCP Prescribing performance.

## **2026/27 Prescribing Pressures**

- 4.12** The 2026/27 Budget Setting Report is contained within a separate agenda item to this meeting and details the funding available from both NHSGGC and West Dunbartonshire Council, budget gaps, and recommended options to balance the budget. The impact of both price and volume trend on the current 2025/26 projected outturn and 2026/27 budget requirement has enabled the prescribing pressure of £0.339m to be contained within the 2% funding uplift from NHSGGC.

## **2026/27 Initiatives and Priorities**

- 4.13** A key priority for 2026/27 is the ongoing prescribing efficiencies programmes which aim to mitigate prescription cost and volume pressures by reviewing prescribing practice, improving adherence to NHSGGC formulary, optimising Polypharmacy reviews, promoting engagement with prescribing decision support software (ScriptSwitch®), reducing over-prescribing and wastage, and by providing support to optimise prescribing in Care Homes. The scope of this work requires collaboration across all HSCP teams, involving commitment from medical and non-medical prescribers as well as public engagement to ensure prescribing changes are sustainable.
- 4.14** The WDHSCP Pharmacy Service has supported improvements in medication safety, particularly in the frail elderly population and in social care settings. Improvements in cost-effectiveness of prescribing have been achieved due to changes to prescribing and in a reduction in prescribing of medicines with low or limited clinical value. The savings made due to changes to formulary products have also been realised in the prescribing budget.
- 4.15** The NHSGGC Board-wide priorities for 2026/27 are outlined in Table 1 below, with the estimated savings (based on staffing levels 2025/26) and adjustments made for staffing levels in Q1 2026/27 and if additional staff were recruited into Q2 2026/27.
- 4.16** Whilst recruitment of 3 WTE Band 7 Pharmacists on 12-month fixed term secondments would incur a cost of £220,626 (3 x £73,542), additional recurring savings would be generated via the prescribing efficiencies workplan as estimated above. Additionally, by bolstering capacity across Pharmacy Services this will drive medicines optimisation across Primary Care, improve efficiency of GP practice medicines management processes, reduce medicines waste and improve access in Primary Care.

**Table 1: 2026/27 Prescribing Efficiency Programmes Delivery**

	Estimated savings	Staffing as per Q1 2026	Difference	Staff recruited in Q2 2026	New Difference
<b>Polypharmacy review</b>	(117)	(82)	35	(100)	17
<b>Scriptswitch</b>	(116)	(116)	(-)	(116)	(-)
<b>Switch (&amp; Deprescribing): PIIIGlets (excluding quetiapine)</b>	(124)	(87)	37	(105)	19
<b>Switch: Quetiapine modified release tablets to plain release tablets</b>	(20)	(20)	(-)	(20)	(-)
<b>Switch: Proxor® brand from Fostair®/ Luforbec®</b>	(32)	(32)	(-)	(32)	(-)
<b>Deprescribing: Lidocaine Plasters</b>	(85)	(60)	25	(72)	13
<b>Maintain: Dapagliflozin (no change)</b>	(260)	(260)	(-)	(260)	(-)
<b>Switch: Dapagliflozin (any SGLT2i not DAPA to DAPA)</b>	(93)	(65)	28	(79)	14
<b>Estimated Total</b>	<b>(845)</b>	<b>(722)</b>	<b>123</b>	<b>(784)</b>	<b>63</b>

**4.17** The estimated savings for de-prescribing Lidocaine plasters have also been revised as these are based on a 90% reduction in prescribing volume compared to the January 2024 baseline. Considering there has been ~77% reduction in prescribing of Lidocaine plasters in West Dunbartonshire since the January 2024 baseline, and prescribing levels have recently plateaued as demonstrated in Figure 6, a whole system approach across Primary and Secondary Care would be required to reduce inappropriate prescribing in all settings in order to deliver the proposed savings for 2026/27. Local prescribing trends will be reviewed at the West Dunbartonshire Prescribing Group (4.19). Central Pharmacy Team are supporting with Secondary Care communication. A public awareness campaign has recently been refreshed across NHS GGC social media platforms to support deprescribing of lidocaine plasters and direct patients to GP practice pharmacy teams to request a review if required.

**Figure 6. Percentage shift in Lidocaine plaster prescribing compared to January 2024 baseline across NHS Greater Glasgow & Clyde**



**4.18** Together with containment of the 2026/27 prescribing pressure (detailed in section 4.12 above) and confirmation of the final earmarked reserve balance, the projected 2026/27 savings will mitigate against any additional prescribing pressures in the short term.

### **Stakeholder engagement**

**4.19** In West Dunbartonshire, one of the Clinical Directors chairs a quarterly HSCP Prescribing Group meeting with representation from GP, nurse and pharmacist prescribers, HSCP Lead Pharmacist, Community Pharmacy Lead, GP Practice Manager, HSCP finance and Central Prescribing Team. Group members collaborate on new prescribing initiatives and monitor progress with existing activities. Prescribing data is scrutinised to identify unwarranted variation and provide local support where necessary.

**4.20** The HSCP Pharmacy Services Team meet with GP practices for a formal annual review of prescribing. Here, practice prescribing trends and formulary adherence are discussed, with areas for quality improvement identified. Projects are prioritised then added to Pharmacy practice workplans or actioned by GP Practice teams.

## **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 and the anticipated 2026/27 savings programme noted above, there are no other financial implications known at this time.

## **8. Risk Analysis**

- 8.1** There are no additional risks known at this time.

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

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

## **10. Environmental Sustainability**

- 10.1** Medicines are the most common intervention in modern healthcare, however it is estimated that 1 in 10 medicines in Scotland are wasted, costing NHS GGC over £36 million every year. Medicines account for 25% of the NHS carbon footprint. It is estimated that a tonne of unused medicines are destroyed in Scotland every day.

- 10.2** As well as initiatives to address over-prescribing and inappropriate Polypharmacy, NHS GGC recently launched a public waste campaign with leaflets, stickers and posters for display within Community Pharmacies, health centres and GP practice waiting areas. This aims to raise awareness of the extent and impact of medicines waste, and the importance of regular medication reviews. The posters also advise on correct disposal of medication to minimise pharmaceutical pollution in the environment.

## **11. Consultation**

- 11.1** The Clinical Directors and other relevant officers have been consulted in the preparation of this report.

## **12. Strategic Assessment**

- 12.1** None required for this report

## **13. Directions**

- 13.1** None required for this report.

Name: Fiona Taylor  
Designation: Head of Community Health and Care Services  
Date: 06/03/2026

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**Person to Contact: Cheryl MacPhail, Interim Lead Pharmacist, WDHSCP**

**Appendices: Appendix 1: West Dunbartonshire HSCP Prescribing Efficiencies  
2025/25**

**Background Papers: N/A**

**Localities Affected: All**

**Appendix 1. West Dunbartonshire HSCP Tracking of Savings Progress 2025-26**

Note	Topic	Comment	Estimated Saving Method	Estimated Total Saving (£,000)	Total Achieved (£,000)	%	Variance (£,000)	Notes
Note 1	Polypharmacy review	Addressing problematic polypharmacy (e.g. prescribing of medicines that contribute to frailty in elderly/frail patients). Comprehensive clinical review, involving patient input. Patient to be involved in any changes made. Community pharmacy and others involved in the prescribing, supply and administration of treatment need to understand changes made.	month's reviews multiplied by repeat cycles remaining in 2025/26 and average cost per item	(102)	(96)	94%	(6)	
Note 2	Lidocaine Plasters	Medicine of limited clinical value. Clinical reviews and deprescribing programmes implementing last year and to be continued to consolidate change in prescribing behaviour. Slowing in the rate of reduction in the number of patients deprescribed. Some evidence of new patients starting. Weekly reporting provided to allow close tracking.	Feb25-Apr25 monthly average less each month's spend	(31)	(6)	19%	(25)	
Note 3	PIIGlets	Centrally co-ordinated switches and changes to prescriptions that focus on selecting the most cost effective options available. Often there is no change in treatment and/or dose.Desktop exercise of prescription housekeeping. Patient to be notified of change.	monthly average 2024/25 less each month's spend	(67)	(202)	301%	135	For Apr-Nov
Note 4	Scriptswitch	Ensuring formulary compliant cost effective selection of medicines at point of prescribing. Consistent cost containment/avoidance savings being reported. Messages constantly being scrutinised centrally and adjusted to ensure triggered messages are of value to prescribers.	from Optum report	(93)	(103)	111%	10	For Apr-Dec
Note 5	Switch: H2 antagonists (famotidine)	Switches and changes to prescriptions that focus on selecting the most cost effective options available. Often there is a change in treatment and/or dose prescribed.Can be a desktop exercise of changing prescription records or making a different choice when initiating treatment but often requires clinical review and patient input. At a minimum the patient to be notified of change but ideally directly involved in any changes made.	monthly average 2024/25 less each month's spend	(13)	(59)	454%	46	Price of generic famotidine substantially readjusted. In April 2025 famotidine 20mg tablets £21.80 and 40mg tablets £31.70 per pack In October 2025 they are 20mg tablets £2.49 and 40mg tablets £28.64 per pack
Note 6	Switch: Humulin I® from Levemir® and Insulatard®	To be led by specialist teams. Comprehensive clinical review, involving patient input. Patient to be involved in any changes made. Community pharmacy and others involved in the prescribing, supply and administration of treatment need to understand changes made.	monthly average 2024/25 less each month's spend	(24)	(20)	83%	(4)	
Note 7	Switch: Trurapi® brand from other insulin brands	Move to a less costly biosimilar version of insulin aspart. Comprehensive clinical review, involving patient input. Patient to be involved in any changes made. Community pharmacy and others involved in the prescribing, supply and administration of treatment need to understand changes made.	monthly average 2024/25 less each month's spend	(31)	3	-10%	(34)	
Note 8	Switch: Sevodyne® brand from other 7day patches	Move to a less costly brand of 7 day buprenorphine transdermal patches. Comprehensive clinical review, involving patient input. Patient to be involved in any changes made. Community pharmacy and others involved in the prescribing, supply and administration of treatment need to understand changes made.	monthly average 2024/25 less each month's spend	(7)	(4)	57%	(3)	
Note 9	Switch: Keppra® to generic	Switch to generic equivalent versions of Keppra® Clinical review, ideally involving patient input and patient to be involved in any changes made. Community pharmacy and others involved in the prescribing, supply and administration of treatment need to understand changes made.	monthly average 2024/25 less each month's spend	(18)	(1)	6%	(17)	

Note 10	MLCV: Deprescribe or switches	Scot Gov guidance "Achieving Value and Sustainability in Prescribing" states that items of low clinical value are items where no prescribing is appropriate because either there are significant safety concerns, no evidence of clinical effectiveness or no additional benefits compared with cost-effective alternatives. Comprehensive clinical review, involving patient input. Patient to be involved in any changes made. Community pharmacy and others involved in the prescribing, supply and administration of treatment need to understand changes made.	monthly average 2024/25 less each month's spend	(7)	(5)	71%	(2)	
Note 11	MLdCV: Liothyronine switch to levothyroxine	Switch liothyronine to levothyroxine where clinically appropriate (or for cost efficiency reasons liothyronine tablets to capsules). Comprehensive clinical review, involving patient input. Patient to be involved in any changes made. Community pharmacy and others involved in the prescribing, supply and administration of treatment need to understand changes made.	monthly average 2024/25 less each month's spend	(4)	(18)	450%	14	
Note 12	MLdCV: Chloral hydrate/cloral betaine to an alternative	Switch chloral hydrate/cloral betaine to clinically appropriate alternatives. Comprehensive clinical review, involving patient input. Patient to be involved in any changes made. Community pharmacy and others involved in the prescribing, supply and administration of treatment need to understand changes made.	monthly average 2024/25 less each month's spend	(2)	1	-50%	(3)	
Note 13	Dose optimisation	Tariff prices are generally lowest for the most common strength and formulation prescribed (e.g. omeprazole 20mg capsules) prescribing multiples of this preparation when the dose is higher and ensuring the least costly formulation is prescribed (i.e. for omeprazole not tablets) will ensure the lowest price. Desktop exercise of prescription housekeeping. Patient to be notified of change.	monthly average 2024/25 less each month's spend	(4)	(16)	400%	12	
Note 14	Care homes: Overprescribing & Over ordering	There are many causes of overprescribing to patients in care homes including the prescribing of unwarranted or unwanted treatments, poor prescription set-up of excessive quantities, reordering more frequently than necessary leading to oversupply, stockpiling and/or wastage. Generally a desktop exercise or process review of prescription management and housekeeping. Can require clinical review and ideally patient and staff input. At a minimum the patient and Care Home team need to be notified of change but ideally involved in any changes made.	monthly average 2024/25 less each month's spend	(27)	(48)	178%	21	
Note 15	Appliances: Overprescribing & Over ordering	There are many causes of overprescribing of appliances to patients including the prescribing of unwarranted or unwanted treatments, poor prescription set-up of excessive quantities, reordering more frequently than necessary leading to oversupply, stockpiling and/or wastage. Generally a desktop exercise of prescription housekeeping. Can require clinical review and ideally patient input. At a minimum the patient to be notified of change but ideally involved in any changes made.	monthly average 2024/25 less each month's spend	(88)	198	-225%	(286)	In depth analysis currently underway to understand how appliances are a cost pressure
Note 16	Tacrolimus	Switch to Adoport®/Envarsus® brands of tacrolimus from Prograf®/Advagraf®. Switch undertaken by specialist team using an invest to save scheme. Savings estimated account for PCRS.	monthly average 2024/25 less each month's spend	(14)	(22)	157%	8	
	<b>Total</b>			<b>(532)</b>	<b>(398)</b>	<b>75%</b>	<b>(134)</b>	
Note 17	DOACs	1 Clinical reviews and switch programmes to generic apixaban implementing last year. Declining costs continue into 2025/26.	monthly average 2024/25 less each month's spend	(177)	(263)	149%	86	
Note 18	DPP4s	Activity from 2024/25. Clinical reviews and switch programmes to generic sitagliptin implementing last year. Declining costs continue into 2025/26.	monthly average 2024/25 less each month's spend	(33)	(42)	127%	9	
Note 19	Respiratory Inhaler Switches <sup>(4)</sup>	Activity from 2024/25. Clinical reviews and switch programmes to Lufobec® and Tiogiva® from Fostair® MDI and Braltus®. Declining costs continue into 2025/26.	monthly average 2024/25 less each month's spend	(85)	(91)	107%	6	

Note 20	Polypharmacy	Activity from 2024/25.	previous year's month's reviews multiplied by repeat cycles remaining in 2025/26 and average cost per item	(63)	(28)	44%	(35)
Note 21	Lidocaine Plasters	Activity from 2024/25.	previous year's month's spend less Feb25-Apr25 monthly spend (average).	(240)	(159)	66%	(81)
	<b>Total</b>			<b>(598)</b>	<b>(582)</b>	<b>97%</b>	<b>(16)</b>
	<b>Total</b>			<b>(1,130)</b>	<b>(980)</b>	<b>87%</b>	<b>(150)</b>



## WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Julie Salvin, Chief Financial Officer

24 March 2026

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**Subject: 2026/27 Annual Budget Setting Update (Revenue Estimates)****1. Purpose**

- 1.1** This report outlines the financial allocations from West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board, identifies the main cost pressures and key financial risks for the HSCP Board, and seeks members' approval to set an indicative 2026/27 balanced revenue budget.

**2. Recommendations**

- 2.1** The HSCP Board is recommended to:

- a) **Accept** the Council's core funding allocation for 2026/27, comprising:
- Roll-forward of the 2025/26 recurring base allocation of £94.103m; and
  - Distributed Scottish Government funding for social care policy commitments of £2.968m.
- b) **Accept** additional Council funding of £0.665m to contribute towards pay and wider social care cost pressures;
- c) **Note** that the total Council funding allocation for 2026/27 is £97.736m, based on recommendations (a) and (b).
- d) **Note** that costs of £0.160m relating to the continued implementation of Bairns Hoose are assumed to be fully funded;
- e) **Note** that a further funding allocation is expected following confirmation of undistributed Scottish Government funding for social care services. Based on current population share an amount of £0.508m is assumed, which together with (d) above, would increase the Council allocation to £98.404m (refer to Table 5 and Appendix 1);
- f) **Note** the confirmed 2026/27 funding for Justice Social Work Services of £2.979m (Refer to Appendix 2);
- g) **Accept** the indicative 2026/27 funding allocation from NHS Greater Glasgow and Clyde Health Board of £121.136m, subject to confirmation of the final month 12 recurring base and the indicative set-aside budget of £48.139m (refer to Table 6 and Appendix 3);

- h) **Note** that funding associated with implementation of the final phase of the reduced working week remains unallocated at this time. The HSCP share is anticipated to be £0.594m which would increase the Health Board's funding allocation to £121.730m, excluding set aside;
- i) **Approve** an overall indicative funding allocation to the HSCP Board of £220.134m for 2026/27, based on recommendations (c), (d), (e), (g) and (h), excluding set aside for delegated health and social care services;
- j) **Note** the analysis of the reserves position and projected balances as at 31 March 2026;
- k) **Approve** the required increase to the Scottish Living Wage for adult and children commissioned services as detailed in section 4.31;
- l) **Note** the range of management adjustments to the value of £4.049m contained within Table 7;
- m) **Approve:**
  - The range of savings options to the value of £0.941m; and
  - The drawdown of a range of reserves to the value of £5.136m comprising those approved in March 2024 of £3.279m and further application of reserves totalling £1.857m. All contained within Table 7.
- n) **Note** that if all options set out in (l) and (m) above are approved, this delivers a balanced budget to deliver planned expenditure of £225.270m for 2026/27 consisting of:
  - Partners financial allocation of £220.134m; and
  - Application of reserves of £5.136m.
- o) **Note** the 2026/27 budget allocation for Housing Aids and Adaptations of £0.080m; and
- p) **Note** the update to the Council's 10 Year Capital Plan.

### 3. Background

- 3.1 This report continues from the 27 January Annual Budget Setting Update and includes proposals to achieve a balanced revenue budget for 2026/27.
- 3.2 Integration Joint Board's are required to operate within the resources delegated to it by its partner bodies and to agree a financial plan that is affordable, sustainable and aligned with available funding, in line with its responsibilities under the Public Bodies (Joint Working) (Scotland) Act 2014 and established financial governance arrangements.
- 3.3 The Chief Financial Officer has a statutory responsibility to ensure the proper administration of the Integration Joint Board's financial affairs, including providing assurance that expenditure plans are affordable within the funding

delegated by partner bodies and that financial risks are appropriately managed.

- 3.4** Audit and financial governance arrangements place a clear emphasis on recurring sustainability, with partner organisations required to maintain ongoing dialogue to ensure that budget-setting processes remain aligned and that corrective action is taken where financial risks emerge. The presented budget aims to minimise and mitigate the impact of reductions as much as possible.
- 3.5** The scale of the financial challenge in 2026/27 requires the HSCP Board to take decisions that secure a balanced, sustainable and deliverable financial plan. The options presented have been developed to maintain financial control, ensure expenditure is aligned with available resources, and prioritise delivery of statutory duties and core services for those assessed as requiring support. Failure to approve a package of measures to balance the 2026/27 budget would increase the risk of in-year financial instability, unplanned service interventions, and reliance on non-recurring measures.
- 3.6** The medium-term financial outlook requires delivery of service redesign and transformation programmes to confirm the future shape, scale and affordability of service provision. This work will progress during 2026/27 and will be reported through future updates to the HSCP Board.
- 3.7** The 2026/27 revenue budget estimates have been constructed on the basis of identified and anticipated cost pressures, including inflationary impacts, together with current demographic demand across HSCP services. Assumptions also reflect agreed changes to service delivery models and planned priorities set out in the Strategic Plan.
- 3.8** All previously approved savings from prior years, not fully delivered on a recurring basis in 2025/26 must be achieved by services in 2026/27, in addition to savings options approved within this report.
- 3.9** On 13 January 2026, the Scottish Government announced the 2026/27 financial settlements to local authorities and health boards. While both settlement letters, presented to the HSCP Board on 27 January, acknowledged significant pressures in social care, the approach to funding directed to Integration Authorities differed between the Council and the Health Board.
- 3.10** An indicative funding gap of £8.448m for 2026/27 (after the application of the superannuation reserve) was reported to the 27 January HSCP Board.

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

- 4.1** The budget estimates reported on 27 January have been continually revised by officers to minimise the requirement for savings programmes and where possible, protect reserves to support financial sustainability in the short to medium term.

**4.2** Tables 1 and 2 below show the updated budget gap analysis for March 2026 and significant changes since January, including adjustments to demand, inflation and funding assumptions. The budget gap has decreased from £8.448m to £6.847m.

**Table 1: Revised Budget Gap Analysis at March 2026**

WD HSCP - Composition of Budget Gaps	2026/27		
	Health Care £000	Social Care £000	Draft Budget £000
<b>Recurring Budgets (excluding Set Aside)</b>	<b>118,793</b>	<b>93,623</b>	<b>212,416</b>
<b>Net Expenditure Pressures as at March 2026</b>			
<b>Pay Pressures</b>			
2025/26 Pay Uplift - based on agreed uplifts	50	564	614
Employers NI Shortfall	100		100
2026/27 Pay Uplift - based on agreed uplifts	1,446	1,935	3,381
Reduced Working Week	594		594
Movement in Local Authority Eer's Superannuation		3,190	3,190
<b>Non Pay Budget and Inflationary Pressures</b>			
Other Inflationary Uplifts	278		278
Cost of Current Level of Service Adjustments		2,909	2,909
New Burdens / New Policy Initiatives / Budget Removal		771	771
<b>National Budget Pressures</b>			
Scottish Living Wage		3,105	3,105
Demographic Pressures		1,811	1,810
<b>Continuation of Previously Approved Savings</b>		<b>(1,119)</b>	<b>(1,119)</b>
<b>Other Budget Pressures</b>			
Adjustment to previously approved savings and efficiency options	500	1,371	1,871
Prescribing	339		339
<b>2026/27 Estimated Budget</b>	<b>122,100</b>	<b>108,161</b>	<b>230,260</b>
Rollover Funding	(118,793)	(93,623)	(212,416)
Assumed Uplift	(1,674)		(1,674)
Additional Health Pay Funding	(669)		(669)
Reduced Working Week	(594)		(594)
Share of 2026/27 Uncommitted		(427)	(427)
LA Pay - 2025/26 and 2026/27 (over PSPP)		(718)	(718)
Scottish Government Policy Funding		(3,636)	(3,636)
<b>2026/27 Assumed Funding from Partners</b>	<b>(121,730)</b>	<b>(98,404)</b>	<b>(220,134)</b>
<b>Estimated Funding Gap</b>	<b>370</b>	<b>9,757</b>	<b>10,126</b>
Application of Superannuation Reserve		(3,084)	(3,084)
Application of Winter Planning Funding Reserve for Interim Care		(195)	(195)
<b>Revised Budget Gap</b>	<b>370</b>	<b>6,478</b>	<b>6,847</b>

**Table 2: Reconciliation between January and March Budget Gaps**

Movement in Budget Gap	2026/27		
	Health	Social	Total
	Care	Care	HSCP
	£000	£000	£000
<b>Budget Gap reported to January HSCP Board</b>	<b>388</b>	<b>8,060</b>	<b>8,448</b>
<b>Movements to March 2026</b>			
<b>Expenditure Adjustments</b>			
Scottish Living Wage Adjustments		(364)	(364)
Removal of Learning Disability Transport (already approved)		(297)	(297)
Removal of Inflationary Assumptions for Community Placements		(195)	(195)
Reduction in Learning Disability new package		(104)	(104)
Employers Superannuation Adjustments		(27)	(27)
Panel chairs fostering and kinship burden		17	17
Burden added for Community Alarms in relation to Sim Cards and Loan Charges		94	94
Care Leavers Payment Burden		98	98
Secure Care Burden		422	422
<b>Income Adjustments</b>			
Additional Scottish Living Wage Funding		(297)	(297)
HSCP Share of Council Uncommitted Funding		(291)	(291)
Further funding agreed by Council on 4 March 2026		(136)	(136)
Increase to Section 27 Justice Funding		(102)	(102)
Increased income for community alarms		(94)	(94)
Care Leavers Payments		(72)	(72)
Scottish Disability Assistance		(72)	(72)
<b>Other</b>	<b>(18)</b>	<b>17</b>	<b>(1)</b>
<b>Revised Budget Gap</b>	<b>370</b>	<b>6,478</b>	<b>6,847</b>

**Scottish Government – Budget 2026/27**

**4.3** On 27 January, the HSCP Board reviewed the Scottish Government’s 13 January 2026 letters, focusing on their impact on health and social care funding (see Table 3 below).

**Table 3: Scottish Government Funding**

Financial Settlement	2026/27		
	Scotland	WDHSCP	Allocation
	Wide	Allocation	Confirmed
	£000	£000	Yes/No
<b>Social Care</b>			
Adult Social Care Pay in Commissioned Services	160,000	2,870	Yes
Childrens Social Care Pay in Commissioned Services	11,000	168	Yes
Free Personal Care and Nursing Services	7,000	68	No
Scottish Disability Assistance	3,300	72	No
Care Leavers Payments	3,952	72	No
Additional Funding for Adults and Childrens Social Care Pay in Commissioned Services	20,000	297	No
	<b>205,252</b>	<b>3,547</b>	

- 4.4** On 12 February, the First Minister, announced an additional £20m for local government to support social care, including Real Living Wage for adult and childcare services. West Dunbartonshire Council has confirmed their share will be passed through to the HSCP as intended. While the final distribution and whether the funding is one-off remain unconfirmed, the HSCP's share is currently estimated at £0.297m for 2026/27.
- 4.5** The Scottish Government budget was approved on 25 February 2026 and included total funding of £205.252m for local government priorities, of which £34.252m remains unallocated at the time of writing (including the £20m referred to above). Based on current assumptions, the HSCP share of the unallocated funding is estimated at £0.509m in total, which includes the £0.297m Real Living Wage element, and will be passed through from the Council once confirmed.

### **2025/26 Financial Performance Update and Review of HSCP Reserves**

- 4.6** The 2025/26 Financial Performance Update, detailed in a separate report within this agenda, projects an overspend for the year ended 31 March 2026 of £0.144m. This figure represents the net projection after planned drawdown of earmarked reserves of £0.589m. This projection is used to assess the impact on the overall HSCP reserves position at the close of the financial year, and the potential application of reserves towards addressing some cost pressures in 2026/27, taking into account the implications of the proposed budget balancing options.
- 4.7** The HSCP Board's Reserves Policy recommends that during the annual budget setting process, the Chief Financial Officer should review the current level of reserves, estimate the year end position and evaluate their sufficiency considering the medium-term financial outlook.
- 4.8** The HSCP Board's Reserve Policy recommends maintaining a prudent level of general reserve of approximately 2% of the HSCP's net expenditure budget. The opening unearmarked reserves balance as at 1 April 2025 was £3.576m (1.56% of the 2025/26 net expenditure budget) compared to the 2% target figure of £4.573m.
- 4.9** The projected 2025/26 overspend of £0.144m is mainly due to cost pressures across older people services and children's community placements and residential care, offset by vacancies, GP Prescribing and the over achievement of some savings. Without further recovery measures, this overspend will need to be funded by reserves. The final accounts exercise will determine whether this will be unearmarked reserves, release of earmarked reserves, or a combination of both. For this report, it is anticipated to be unearmarked reserves as set out in Table 4 below.
- 4.10** Use of unearmarked reserves results in a projected balance of approximately £3.432m, equivalent to 1.50% of the 2025/26 net budget, by March 2026. This is £1.141m below the 2% minimum reserve target and creates a requirement for further action to restore reserve levels in the short to medium term.

- 4.11** As the savings options identified to date are insufficient to close the projected financial gap, there are limited alternatives available in the short term to rebuild unearmarked reserves to the 2% threshold. In practice, this would require the release of additional earmarked reserves, which would reduce the HSCP Board's financial flexibility and constrain its ability to support service transformation or improvement initiatives.
- 4.12** The 2025/26 Annual Budget Setting Update report noted the allocation of £3.084m from the superannuation earmarked reserve to partially offset the increase in employer superannuation contributions from 6.5% to 17.5% and support balance of the 2025/26 budget. In addition, it is anticipated that a further £0.195m of earmarked reserves will be applied in respect of Winter Planning Interim Care. Table 4 below summarises the resulting impact of the projected outturn on unearmarked reserves and the movements in earmarked reserves, as reported in the March Financial Performance Update, including those proposed for the 2026/27 budget.

**Table 4: Anticipated Reserve Position as at 31 March 2026**

Analysis of Reserves	Opening	Usage of Reserves	Drawdown to	Increase	Forecast	Already	Remaining
	Balance as at 1 April 2025	applied to 2025/26 Budget	fund spend in 2025/26	relating to superann pressure in 2026/27	Balance as at 31 March 2026	Applied to 2026/27 Budget	Balance for 2026/27 Consideration
	£000	£000	£000	£000	£000	£000	£000
Unearmarked	3,576	-	(144)		3,432		3,432
Earmarked	14,830	(1,318)	(834)	1,563	14,241	(3,279)	10,962
<b>Total</b>	<b>18,406</b>	<b>(1,318)</b>	<b>(978)</b>	<b>1,563</b>	<b>17,673</b>	<b>(3,279)</b>	<b>14,394</b>

- 4.13** The 2% prudential target should be recalculated based on the 2026/27 funding allocations from Council and Health Board. Given potential changes to the indicative allocations in Table 5 and 6 below, based on a total indicative budget of £265.916m less Family Health Services budget of £35.106m, a 2% unearmarked reserve would be £4.616m.

### **Funding from West Dunbartonshire Council**

- 4.14** West Dunbartonshire Council set their 2026/27 budget on 4 March and approved "flat cash" funding for the HSCP Board, including Council's share of £171m for Adult and Children's Scottish Real Living Wage (refer to Table 3).
- 4.15** Additionally, the Council allocated a further £1.140m for the 2025/26 pay award (£0.475m), 2026/27 pay award (£0.238m), HSCP share of unallocated funding (£0.291m) and a further allocation (£0.136m). The 2026/27 funding allocation has been confirmed in the 12 March letter from the Council's Chief Officer – Resources, attached at Appendix 1.

**4.16** Table 5 below outlines the Council's approved funding, including an estimated £0.509m for Scottish Government priorities from the national £34.252m allocation, not yet distributed (see Table 3 above) and assumed full funding for Bairns Hoose. This allocation is £0.804m higher than that reported to the 27 January HSCP Board

**Table 5: Council Approved Funding Allocation to the HSCP Board**

<b>West Dunbartonshire Council Funding</b>	<b>£000</b>
2025/26 Approved Budget	93,442
<b>Redeterminations</b>	
Children Scottish Real Living Wage	155
Funding for increase in SRA for kinship and foster carers	39
2025/26 Pay Differential Funding	475
<b>Other Adjustments</b>	
Adjustment to share of Scottish Government NI Funding	5
Transfer of partial year SLW Funding to WDC for Blue Triangle contract	(10)
Other	(3)
<b>Revised 2025/26 Requisition</b>	<b>94,103</b>
<b>New Monies 2026/27</b>	
Children Scottish Real Living Wage	168
Adult Scottish Real Living Wage	2,870
<b>Removal of Funds not yet Distributed</b>	
2025/26 Scottish Disability Assistance	(70)
<b>West Dunbartonshire Council Additional Funding</b>	
HSCP Share of Uncommitted Funding	291
Additional Funding	136
2026/27 Pay Differential Funding	238
<b>Revised 2026/27 Requisition</b>	<b>97,736</b>
<b>Share of Undistributed Funding</b>	
Free Personal and Nursing Care Uplift	67
Share of Additional £20m for Scottish Real Living Wage	297
2026/27 Scottish Disability Assistance	72
2026/27 Care Leavers Payment	72
<b>Assumption re Fully Funded Scottish Government Priority</b>	
Funding for Bairns Hoose	160
<b>2026/27 HSCP Calculated Requisition</b>	<b>98,404</b>

### **Justice Social Work (JSW) Services**

**4.17** The funding for Justice Social Work Services comes to the HSCP from the Scottish Government and continues to be ring-fenced solely for the provision of this service.

**4.18** Funding of £2.979m was confirmed in a letter from the Deputy Director, Community Justice Alex Doig dated 6 March 2026 and is attached as Appendix 2. In 2026/27 there remains an estimated shortfall in the grant of £0.279m of which £0.225m will be funded from the release of the superannuation earmarked reserve. The shortfall is included within Table 1

and plans will be developed to manage this service within the funding available for future years.

### **Funding from NHS Greater Glasgow and Clyde**

- 4.19** Given the nature of the monthly financial allocations made by the Scottish Government to Health Boards, the final recurring roll-forward position will be confirmed in April 2026, post month 12 finalisation and formal confirmation from the Health Board. Table 6 below provides the indicative budget contribution, and the offer letter from the Depute Director of Finance, is attached as Appendix 3.

**Table 6: NHSGGC Indicative Funding Allocation to the HSCP Board**

<b>Indicative Funding Allocation based on Month 10</b>	<b>£000</b>
Recurring 2025/26 Health Care Budgets (see health letter, appendix 3)	118,793
NHS 2% Uplift on Eligible Services (i.e. Excludes FHS)	1,674
Further Pay Uplift	669
<b>2026/27 Budget Contribution for Health Care</b>	<b>121,136</b>
Anticipated Funding for Reduced Working Week	594
<b>2026/27 Revised Indicative Budget Contribution for Health Care</b>	<b>121,730</b>
<b>Notional 2026/27 Notional Set Aside Budget</b>	<b>48,139</b>

- 4.20** As set out in the January budget update, Health Boards received a 2% baseline funding uplift for 2026/27, alongside assurance that the full 3.75% pay award would be funded. However, the Health Board offer letter also highlights a risk associated with NRAC parity adjustments, which result in a £30m reduction to NHSGGC's baseline funding for 2026/27. While NHSGGC has confirmed that it does not intend to pass on any share of this NRAC reduction to HSCPs in 2026/27, it has indicated that it will engage with Chief Officers and Chief Financial Officers to agree an equitable application of the reduction from 2027/28. Based on current population share, this could result in a reduction in funding to West Dunbartonshire HSCP of approximately £0.830m in 2027/28.
- 4.21** The notional set aside budget is based on the estimated set aside budget for 2025/26 and will be revised when the NHSGGC final out-turn is confirmed. Set aside represents the estimated actual usage of 'in scope' Acute services and will continue to be a notional allocation.

### **Financial Risks and Uncertainties**

- 4.22** Table 1 above sets out a summary of the key component cost pressures considered as part of the 2026/27 revenue estimates exercise. The following sections expands on the content, uncertainties and risk related to these pressures and mitigation that could be applied.

## **Inflationary Uplifts and Policy Commitments**

- 4.23** The Scottish Budget Settlement 2026/27 letter from the Director for Health and Social Care Finance, presented to the January HSCP Board, confirmed the increase to the real living wage for adult social care workers from £12.60/hr to £13.45/hr, an increase of 6.74%. At the time of writing details on the national weightings of contract values are outstanding as formal correspondence from the Director of Social Care and National Care Service Development, Scottish Government has not yet been received.
- 4.24** The uplift will also apply to social care workers within children's services and while the letter remains outstanding the uplift will apply from April 2026. In anticipation of formal correspondence being received work is underway to calculate the new rates to enable the uplift to be passed to commissioned service providers at the earliest opportunity.
- 4.25** The Scottish Government has allocated a total amount of £191m to increase the living wage for commissioned adult and children's social care workers. While £20m remains undistributed this funding is included within the total Council's indicative funding. Correspondence regarding its application will follow once distributed.
- 4.26** Tables 3 and 5 above details the HSCP shares as £3.335m, and both funding announcements are fully committed in 2026/27 covering the 6.74% weighted uplift on current levels of commissioned services and increases to personal assistants.
- 4.27** There is an associated risk with the 2026/27 National Care Home Contract (NCHC). In early March an offer of 5.16% and 5.52% was made to Scottish Care in relation to Nursing and Residential rates respectively. The current HSCP estimates reflect this offer. If the sector were to decline the offer, it is likely that a national position would need to be established to support consistent local implementation. Each additional 1% increase beyond this equates to an additional cost pressure of circa £0.166m.

## **Current 2025/26 Demand Continuing into 2026/27**

- 4.28** The Scottish Government recognised the pressures facing local government and provided an additional £253m of General Revenue Grant to support the second year of local government pay deals and wider local priorities, including adult social care. West Dunbartonshire Council's budget report confirmed that, after taking account of known commitments, £1.007m of uncommitted Revenue Support Grant remained.
- 4.29** Technical changes to the Adult Social Care GAE indicators resulted in a notional increase of £3.022m for West Dunbartonshire, partially offset by reductions within Children's Social Work indicators, giving a net GAE increase of £2.547m. However, once the floor mechanism and wider funding movements were applied, the Council's overall increase across all services was £1.007m, of which the HSCP share was £0.291m.

- 4.30** While the additional £0.291m is welcome, it reflects only a partial translation of the changes to Adult Social Care GAE indicators into available funding. The revised methodology indicates that relative need within West Dunbartonshire is higher than previously reflected, which provides important context for the sustained in-year demand-led pressures experienced by the HSCP, where service activity has consistently exceeded budgeted assumptions.
- 4.31** Regular financial performance reports for the 2025/26 financial year, have shown that actual costs exceeded budgets in areas like Children and Families placements; staffing costs for Internal Care Homes; Adult care packages and Care at Home overtime and agency costs.
- 4.32** These pressures are expected to continue into 2026/27 and beyond. In the absence of further increases in funding to reflect this level of underlying demand in future years, the HSCP will be required to actively manage demand growth within existing resources.
- 4.33** The 2026/27 budget estimates make provision for current 2025/26 demand continuing into 2026/27 and for ongoing demographic growth. In line with the *Medium Term Financial Outlook 2024/25 to 2027/28*, the mid-range scenario has been applied, assuming demographic growth of 3% for adults and 2% for children, at an overall cost of £1.810m.

### **Primary Care Prescribing**

- 4.34** Prescribing is the single largest budget delegated to the HSCP, totalling £22.874m, and its management is inherently complex. Costs are heavily influenced by global price inflation, as the majority of medicines are imported. Members should note that this meeting agenda includes a separate, comprehensive report on prescribing, which provides detailed analysis of trends, pressures and examples of good practice across West Dunbartonshire HSCP.
- 4.35** During 2025/26, prescribing costs have consistently reported a favourable variance against budget, with the period 10 position showing an underspend of £1.100m. This has primarily been driven by lower than anticipated volumes and average prices and, based on current forecasts, this trend has been extended into 2026/27. As a result, the projected prescribing pressures for 2026/27 are expected to be contained within the 2% funding uplift.
- 4.36** While this position is encouraging, it should be recognised that prescribing performance remains sensitive to a number of delivery factors, including the availability of pharmacists, GPs and wider multidisciplinary prescribers to undertake individual patient reviews and support appropriate switching decisions. In addition, the current geopolitical context and ongoing global conflict are already impacting oil prices and wider production costs, and these inflationary risks are not currently reflected within the forecasts.
- 4.37** New prescribing efficiencies are anticipated to deliver a further £0.722m of savings, as detailed within the separate “Prescribing Update” report on this

agenda and is included within Table 7, and forms part of the recommended measures to close the HSCP budget gap. These efficiencies will make a significant contribution to mitigating wider financial pressures in 2026/27.

### Closing the Revised Budget Gaps

**4.38** Further scrutiny has been undertaken to minimise the projected budget gaps set out in Table 1. The remaining management actions, savings proposals and use of reserves have been developed in line with the priorities of the 2023–2026 Strategic Plan: *Improving Lives Together* and are summarised in Table 7, with supporting detail provided in the appendices on management adjustments (Appendices 4–6), savings proposals (Appendices 7–9) and application of reserves (Appendix 10). The HSCP Board should note that a number of these measures are non-recurring and, in the absence of additional funding in future years, achievement of a balanced position will increasingly require recurring actions, including workforce reductions and service change.

**Table 7: Closing the Revised Budget Gap**

WD HSCP - Closing the Budget Gaps	2026/27		Total HSCP £000
	Health Care £000	Social Care £000	
<b>Revised 2026/27 Budget Gap before Options</b>	370	9,757	10,126
<b>Previously Approved Application of Reserves</b>			
Superannuation Reserve		(3,084)	(3,084)
Winter Planning Funding Reserve for Interim Care		(195)	(195)
<b>Total Application of Reserves Previously Approved</b>	0	<b>(3,279)</b>	<b>(3,279)</b>
Please refer to Appendix 10 for full details			
<b>Revised 2026/27 Budget Gap after Reserves</b>	370	6,478	6,847
<b>Management Adjustments</b>			
Please refer to Appendices 4 to 6 for full details	(334)	(3,715)	(4,049)
<b>Revised 2026/27 Budget Gap after Management Adjustments</b>	36	2,762	2,798
<b>Savings Options</b>			
Please refer to Appendices 7 to 9 for full details	(36)	(905)	(941)
<b>Revised 2026/27 Budget Gap after Saving Options</b>	0	1,857	1,857
<b>Proposed Application of Reserves</b>			
Service Reviews and Redesign		(794)	(794)
Property Strategy		(335)	(335)
Planning and Health Improvement		(220)	(220)
Unscheduled Care Services		(200)	(200)
Informed Trauma		(130)	(130)
Mental Health Outcomes Framework		(82)	(82)
Winter Planning		(16)	(16)
Carers Funding		(80)	(80)
<b>Total Application of Reserves Proposal</b>	0	<b>(1,857)</b>	<b>(1,857)</b>
Please refer to Appendix 10 for full details			
<b>Revised 2026/27 Budget Gap after Application of Reserves</b>	0	<b>(0)</b>	<b>0</b>

- 4.39** Delivery of the proposed actions are not without risk. As a result, several adjustments, particularly those relating to increased turnover assumptions and use of reserves, are assumed to apply for one year only. Turnover targets have long formed part of delegated health and social care budgets, typically ranging from 1% to 4.5% depending on service type, and have been exceeded across a number of services in recent years. This position reflects national experience across HSCPs, where reserves continue to be used to manage system pressures but are reducing year-on-year. Against this backdrop, and alongside ongoing uncertainty around pay and inflation, increasing turnover assumptions where appropriate in 2026/27 is considered a reasonable short-term mitigation.
- 4.40** The proposals set out in Table 7 below would allow the HSCP Board to set a balanced budget based on the indicative funding offers and estimated costs of delivering delegated health and social care services in 2026/27.

### **Medium Term Financial Outlook**

- 4.41** The HSCP Board approved the Medium Term Financial Outlook 2024/25 to 2027/28 in November 2024, reaffirming its commitment to protecting core services while addressing financial challenges over the short, medium and longer term. The Strategic Plan 2023–2026: *Improving Lives Together* sets out an ambitious programme to meet the needs of the local population, while also recognising that delivery is constrained by available resources, particularly where financial settlements do not fully reflect ongoing inflationary and demographic pressures.
- 4.42** This outlook will be refreshed next year alongside the publication of the new Strategic Plan 2027–2030, providing an updated assessment of both the local and national public sector context, including Scottish Government spending plans. Following the announcement of the Scottish Budget on 13 January 2026, the Scottish Government also published its three-year Spending Review, setting out multi-year funding plans, reform expectations and efficiency requirements across a number of portfolios, including Local Government and Health and Social Care, for the period 2026/27 to 2028/29.
- 4.43** The Spending Review indicates that Local Government funding, in cash terms, is expected to reduce marginally by 0.07% over the three-year period. This will require councils to absorb ongoing inflationary pressures and is likely to have a direct impact on the social care element of HSCP budgets. More detailed local authority-level estimates are expected to be available in the Spring, at which point assumptions for future years will be reviewed. In the interim, a flat-cash settlement has been assumed for future years, consistent with current Council assumptions.
- 4.44** Health and Social Care funding is expected to be effectively flat in 2026/27, followed by moderate real-terms increases averaging 2.4% per annum over the Spending Review period. However, overall funding levels are anticipated to remain tighter than historical averages. For planning purposes, funding uplifts of 2% per annum have been assumed for future years.

- 4.45** The projected budget gaps for the period 2027/28 to 2035/36 are set out in Appendix 11 and illustrate the scale of the financial challenge based on current inflation and funding assumptions. Table 8 below summarises the mid-range position over the next three financial years.

**Table 8: Budget Gap Analysis 2026/27 to 2029/30**

WD HSCP - Composition of Budget Gaps	2026/27	2027/28	2028/29	2028/29
	Total HSCP £m	Total HSCP £m	Total HSCP £m	Total HSCP £m
<b>Recurring Budgets (excluding Set Aside)</b>	<b>212.416</b>	<b>230.260</b>	<b>238.041</b>	<b>247.456</b>
Pressures	17.844	7.781	9.414	10.209
Estimated Budget	230.260	238.041	247.456	257.665
Assumed Funding from Partners	(220.134)	(224.831)	(230.438)	(236.118)
<b>Estimated Funding Gap before Savings and Reserves</b>	<b>10.126</b>	<b>13.211</b>	<b>17.018</b>	<b>21.547</b>
Application of Superannuation Reserve	3.084			
Winter Planning	0.195			
<b>Total Measures Summarised Above</b>	<b>3.279</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Revised Budget Gap</b>	<b>6.847</b>	<b>13.211</b>	<b>17.018</b>	<b>21.547</b>

#### Other Integrated Budgets in Scope

- 4.46** The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services which should be delegated to Integration Authorities.
- 4.47** As covered within the regular financial performance report, these budgets are currently held within Council's 'Roads and Neighbourhood' and 'Housing and Employability' Services and are managed on behalf of the HSCP Board. The 2026/27 budgets approved by Council on 4 March 2026 are detailed below, including the impact of approved savings:

- Aids and Adaptations - £0.080m (unchanged)

#### Capital Allocations

- 4.48** West Dunbartonshire Council approved their refreshed 10-year capital plan on 4 March 2026 and the phasing of the approved HSCP capital budgets from 2025/26 to 2034/35 are detailed in Appendix 12.
- 4.49** NHS Greater Glasgow and Clyde will review its capital programme in the coming months. However, the condition and capacity constraints of Dumbarton Health Centre now present a material risk to the delivery of community health services. In addition to the poor condition of the building, the estate lacks sufficient space to support modern, fit-for-purpose models of care, limiting service sustainability and future development. While short-term investment is required to maintain business continuity, the HSCP considers that replacement of the Dumbarton Health Centre is urgently required to

ensure the continued delivery of safe, effective and sustainable community health services in West Dunbartonshire.

## **5. Options Appraisal**

5.1 None required for this report.

## **6. People Implications**

6.1 Since the establishment of the HSCP Board in 2015 there has been significant investment in the workforce that supports the delivery of HSCP services, through specific policy funding, service redesign and use of reserves. The options presented within this report have sought to protect this with only a very small reduction in staffing proposed. Appendix 8 sets out the expected Full Time Equivalent (FTE) impact as 0.5FTE.

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

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

7.1 Other than the financial position noted above, there are no other financial implications known at this time.

## **8. Risk Analysis**

8.1 The HSCP Board faces significant financial and service risks in 2026/27 and beyond. Short term and one-off measures such as increased turnover, non-recurring funding (employers' superannuation benefits) and using reserves to meet financial deficits will not be available in future years. Recurring savings programmes will have to be developed at pace and will affect all HSCP services, impacting both on staff and the communities we serve.

### **8.2 Demand, Demographic and Service Pressures**

- Continued volatility in, and growth of, demographic demand across key social care and community services, including the increasing cost and complexity of care packages.
- Limited capacity to fund new or emerging demand within flat-cash settlements (excluding specific pay and policy funding).
- Risk of increased waiting times and challenge in meeting national performance standards, including delayed discharge.
- Statutory risk where assessed need is not appropriately aligned to care provision.

### **Mitigation and Controls**

- Consistent application of eligibility criteria and strengthened resource allocation arrangements.

- Routine monitoring of activity trends through financial and performance reporting and escalation of material pressures through established governance arrangements.

### **8.3 Financial Sustainability and Reserves**

- Consistent application of eligibility criteria and strengthened resource allocation.
- Ongoing depletion of earmarked and unearmarked reserves to sustain current service activity.
- Reliance on non-recurring measures to achieve financial balance.
- Reduced financial flexibility and resilience in future years.

#### **Mitigation and Controls**

- Maintenance of reserves strategy aligned to risk and sustainability.
- Explicit time-limiting of non-recurring measures and use of reserves.
- Medium-term financial planning to reduce reliance on reserves.
- Regular reporting to the HSCP Board on reserves position and financial resilience.

### **8.4 Workforce and Pay-Related Risks**

- Recruitment and retention challenges across health and social care, with HSCPs competing for a limited workforce.
- Uncertainty around funding for pay uplifts and workforce-related legislation.
- Cost and delivery impacts associated with the Safer Staffing Act and reduced working week.

#### **Mitigation and Controls**

- Workforce planning aligned to service redesign and affordability.
- Vacancy management and prioritisation of critical posts.
- Engagement with partners on funding assumptions for pay and workforce policy changes.

### **8.5 Commissioning, Contracting and Service Redesign**

- Service redesign programmes failing to deliver anticipated recurring savings.
- Weaknesses in commissioning or contract monitoring impacting Best Value and quality.

#### **Mitigation and Controls**

- Strengthening of commissioning, procurement and contract monitoring arrangements.
- Clear accountability for delivery of redesign programmes and associated savings.
- Phased implementation and ongoing monitoring of service changes.

### **8.6 Prescribing and Cost Volatility**

- Volatile prescribing costs and volumes.
- Global supply constraints and inflationary pressures affecting medicine prices.

- Risk of non-delivery of planned prescribing efficiencies.

#### **Mitigation and Controls**

- Delivery of established prescribing efficiency programmes and good practice.
- Clinical engagement through pharmacists, GPs and multidisciplinary teams.
- Regular monitoring of prescribing trends and escalation of material risks through governance arrangements.

### **8.7 Integration, Governance and Cross-System Arrangements**

- Financial and operational implications arising from consumption of hosted services if current arrangements are revised.
- Risks associated with the ongoing review of Integration Schemes, including clarity of roles, responsibilities and financial risk-sharing.
- Impact of NRAC and GAE changes to Health Board and Council settlements on funding available to the HSCP to deliver delegated services.

#### **Mitigation and Controls**

- Ongoing review of Integration Schemes to ensure clarity of governance, accountability and risk-sharing.
- Engagement with partner organisations on hosted service arrangements and funding impacts.
- Conservative assumptions within the Medium Term Financial Outlook and scenario planning for future years.
- Transparent reporting of cross-system funding and governance risks to the HSCP Board.

### **8.8 Wider External and Policy Risks**

- Cost-of-living pressures, including impacts on Scottish Living Wage, commissioned services and provider sustainability.
- Movement to Universal Credit for those in receipt of Kinship Care.

#### **Mitigation and Controls**

- Monitoring of provider sustainability and cost pressures.
- Engagement with partners and Scottish Government on policy funding impacts.
- Inclusion of external policy risks within medium-term financial planning.

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

- 9.1** Equality impact assessments are attached at Appendices 6 and 9 to this report.

## **10. Environmental Sustainability**

- 10.1** None required.

## **11. Consultation**

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

## **12. Strategic Assessment**

**12.1** Proper budgetary control and sound financial practice are cornerstones of good governance and support the Partnership Board and officers to pursue the priorities of the Strategic Plan – Improving Lives Together.

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

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

## **13. Directions**

**13.1** The 2026/27 indicative budget allocation for core health and social care services are set out within a direction at Appendix 13 to both West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board.

**Julie Slavin – Chief Financial Officer**

**Date: 17 March 2025**

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**Person to Contact:**

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**Appendices:**

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

Appendix 2 – Letter from Deputy Director, Community Justice (Scottish Government) regarding Justice Social Work Services – Allocation of Grant for 2026/27

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

Appendix 4 – Management Adjustments Summary

Appendix 5 – Management Adjustments Detail

Appendix 6 – Management Adjustments Equality Impact Assessments

Appendix 7 – Savings Options Summary

Appendix 8 – Savings Options Detail

Appendix 9 – Savings Options Equality Impact Assessments

Appendix 10 – Proposed Reserves Application

Appendix 11 – Budget Gaps 2027/28 to 2035/36

Appendix 12 – Capital Plan Update

Appendix 13 – Directions

**Background Papers:** 2026/27 Annual Budget Setting Update (Revenue Estimates) – 27 January HSCP Board

**Localities Affected:** All



Date: 12/03/26

Dear Beth

**Subject: 2026/27 HSCP Requisition**

West Dunbartonshire Council agreed its budget for the financial year 2026/27 on 4 March 2026.

In setting the budget, Council agreed total funding to the West Dunbartonshire HSCP of £97,736 million as detailed below.

**2026/27 HSCP Requisition**

	£000
<b>25/26 Requisition</b>	<b>93,442</b>
<b>Adjustments in year</b>	
HSCP Supported Accommodation Contract Indexation	- 9
Budget Virements between WDC and HSCP	1
Children's Social Care Pay	155
SRA kinship care	39
Share of 25/26 Payaward	475
<b>Revised 25/26 Requisition</b>	<b>94,103</b>
<b>Removed Undistributed</b>	
Removed 25/26 SDA undistributed in 26/27	- 70
<b>New Funding</b>	
Childrens Services	168
Health & Social Care Uplift	2,870
Share of 26/27 Payaward	238
26/27 Pass through of uncommitted	291
Additional Funding for HSCP	136
<b>Agreed 26/27 HSCP Requisition</b>	<b>97,736</b>

Undistributed funding will be passed through to the HSCP once the amounts have been confirmed by the Scottish Government.

Yours sincerely,



Laurence Slavin  
Chief Officer  
West Dunbartonshire Council



**Justice Directorate**  
**Community Justice Division**

Community Justice, Deputy Director  
 Community Justice



Director of Finance  
 West Dunbartonshire Council  
 cc: Justice Social Work Manager

06 March 2026

Dear Director of Finance

### **JUSTICE SOCIAL WORK SERVICES - ALLOCATION OF GRANT FOR 2026-27**

The funding allocation for Justice Social Work (JSW) services was included in the Scottish Government's draft budget for 2026-27, which was approved by the Scottish Parliament on the 25th February 2026.

The budget includes an additional £5 million of investment to support justice social work services from April 2026. This builds on £31.4 million of additional investment made over the last two years, which includes £15 million of pandemic recovery funding which was baselined in 2025-26 to help build capacity in justice social work services. Also in 2025-26 budget allocation was made of an additional £1.4 million of funding which was approved to support the wider rollout of the Caledonian System. That £1.4 million is baselined and as there were changes in distribution which accompanied those additions, those distribution changes will be phased in over a 4 year period.

The Cabinet Secretary has agreed a small change to the administration of targeted funding for 'Community Sentences and Presumption Against Short Sentences', 'Bail, Structured Deferred Sentences and Diversion', and 'Women's Services including Bail'. In addition, and from 2026-27, this £11m will be rolled into the core justice social work funding to provide local authorities with more autonomy to target this funding locally towards justice social work services.

I am therefore writing to let you know your grant allocation based on the approved budget and the process for claiming this funding for the delivery and commissioning of JSW services for the financial year 2026-27. This will allow the planning process to commence in respect of services and prioritisation of funding in advance of the start of the financial year.

Applying this formula, against the budget available provides a total justice social work funding allocation for your Council of **£2,978,960**.

I have included further information below on:

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

- Section 5: Audit and grant administration arrangements

## [Section 1 –The legislative basis for justice social work funding and the National Strategy for Community Justice](#)

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

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

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

## [Section 2 – An overview of the discretionary and non-discretionary funding available](#)

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

### **Part one – Flexible grant element**

The new funding formula (distribution model) for justice social work funding is being implemented from 1 April 2026 and has been used to determine the share of formula based funding. As part of the transitional arrangements agreed, a dampening mechanism has been implemented to ensure this new formula and any changes in funding is phased in over a 4 year period.

The new justice social work funding formula includes within its determination, local area's relative 'justice social work workloads' averaged over three years based on the number of cleared-up crimes and offences (excluding road traffic offences); the local adult population weighted by the age profile of people given a community payback order; and each areas rurality determination, based on the number of households outwith settlements of size 1,000.

Under this discretionary funding each local authority has flexibility to utilise this funding, working in partnership with other statutory partners and the third sector, to meet local community justice priorities, in accordance with their CJOIPs and ensuring they fulfil relevant statutory obligations relating to the provision of JSW services to prevent and reduce further offending.

### **New investment**

This part of the flexible Section 27 grant includes a portion of the new investment of £5 million in 2026-27 building on investment over the last two years which aims to support an increase in the capacity of JSW services in line with the Vision for Justice and National Strategy for Community Justice. This funding is discretionary and local authorities have autonomy to direct this funding to meet demand. As noted above, this funding includes those lines previously captured under non-discretionary funding (double ring fenced) for 'Community Sentences and Presumption Against Short Sentences', Bail, Structured Deferred Sentences and Diversion', and 'Women's Services including Bail', which in total amounts to £11 million. To give local areas greater

flexibility to respond to local needs, the Scottish Government will remove double ring fencing for funding for these services. However, these interventions remain national priorities. They are central to our shared aim of shifting the balance from the use of custody towards effective community based responses. We therefore expect continued investment in credible, high quality provision across all areas. We also want to ensure an element of flexibility, so that funding can be deployed in a way that responds to emerging circumstances and priorities. As ever, we are incredibly grateful for the views, participation and collaboration of Justice Social Work in relation to national priorities and for your ongoing commitment to delivery.

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

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

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

For your area this includes:

### **Caledonian System:**

In relation to Caledonian System funding, there is not a prescribed split between the perpetrators activity and the support for women and children. The relevant powers covering the ability to make payment for the wider services are Section 111 of the Criminal Justice and Licensing (Scotland) Act 2010 for the Caledonian Women and Children's Service Equalities Programme and Section 169 of the Criminal Justice and Public Order Act 1994 for the Caledonian Women and Children's Service Violence Against Women & Girls Programme. Therefore in the relevant local authority areas (those delivering Caledonian) the allocation includes a single allocation for Caledonian, to fund the Caledonian System (so to fund work with perpetrators as well as the service for Women and Children).

The distribution this year of the Caledonian System element of the funding will move away from historic funding shares, and as per agreement with COSLA, will be allocated using the overall formula share, with dampening applied where required.

Funding is provided to fund the Men's Programme and services for women and children. The Women's Service provides safety planning, information, advice and emotional support to women partners and ex-partners. The Children's Service ensures that the Caledonian is child focused and offers support to children, their parents and carers and supports Getting It Right For Every Child throughout the system. If any LA area intends to reduce their Caledonian capacity they should let Community Justice Division as soon as possible, as this may impact on their grant award. Discretionary funding can also be used to support Caledonian delivery.

### **Investment in Third Sector Commissioning of Services:**

This funding includes a share of £2.5 million of investment distributed through the funding formula to support the commissioning of third sector justice services in line with previous years. It will be for the local authority areas working with justice partners and third sector to target this funding in collaboration.

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

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

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

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

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

### Section 4 - Demand-led funding

The Scottish Government wishes to emphasise that bail supervision and structured deferred sentence remain clear national priority. Continued investment in, and delivery of, a robust, credible and high-quality bail supervision service and alternatives to custody, such as structured deferred sentences are essential to supporting our shared justice outcomes. In particular, they play a vital role in achieving the ambitions set out in key justice strategies to shift the balance from the use of custody towards community-based interventions, reduce remand where appropriate, and improve outcomes for individuals and communities. We therefore expect local authorities to continue to maintain strong, sustainable bail supervision and structured deferred sentence provision and to utilise the funding allocated to support the delivery of these strategic aims.

#### Bail Supervision:

The Bail Supervision incentivisation scheme ended on 31 March 2025. In agreement with COSLA transitional funding is being provided, based on workloads reported in 2023-24. This funding will continue in 2026-27, with dampening applied where required. The approach for this funding for 2027-28, and onwards, is currently under consideration and updates will be provided when available.

#### Structured Deferred Sentences:

The Structured Deferred Sentences incentivisation scheme ended on 31 March 2025. In agreement with COSLA, and in line with the Bail incentivisation scheme, transitional funding is being provided, based on workloads reported in 2023-24. This funding will continue in 2026-27, with dampening applied where required. The approach for this funding for 2027-28, and onwards, is currently under consideration and updates will be provided when available.

### Section 5 - Audit and Grant administration arrangements

## Audit Arrangements – accounting for grant funding

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

A breakdown of the total funding available to justice social work services has been provided in **Annex C**. This includes the budget lines, identifying the source of funding in the published Scottish Government budget for 2026-27.

## Arrangements for payment of grant

Grant funding for Section 27 will be paid in monthly instalments from May 2026. The funding will be paid by the 10<sup>th</sup> working day of each calendar month.

In April 2027, the final monthly grant payment will be released following examination of the final quarterly report which will confirm spend to date and any underspend/overpayments. The Director of Finance will be required to confirm that the terms and conditions of grant have been complied with, identify any underspend of grant, and repay any amounts to the Scottish Government.

Please contact Stephen Harper ([Stephen.Harper@gov.uk](mailto:Stephen.Harper@gov.uk)) if you have any queries.

Yours sincerely



Alex Doig  
Deputy Director | Community Justice | Scottish Government



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

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

<b>Section 27 Justice Social Work (JSW)</b>	
<b>The main JSW grant derived from the funding formula</b>	<b>£1,783,992</b>
<b>Addition funding invested into Core JSW funding <sup>1.2.</sup></b>	<b>£974,055</b>
<b>Total funding determined under flexible grant</b>	<b>£2,758,048</b>

**Notes:**

- <sup>1.</sup> This includes RRT covid recovery funding which has been baselined and will be recurring in future years. Subject to the annual SG Budgetary process.
- <sup>2.</sup> This includes the targeted funding for 'Community Sentences and Presumption Against Short Sentences', Bail, Structured Deferred Sentences and Diversion', and 'Women's Services including Bail' which has been added to the flexible grant budget line as double ring fencing removed 2026/27.

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

<b>Section 27 Justice Social Work (JSW)</b>	
<b>Specifically targeted funding (for services highlighted)</b>	
Funding to support the commissioning of third sector services <sup>1</sup> . (Local authority areas working with justice partners and third sector to target this funding in collaboration)	£50,809
• Caledonian System <sup>2</sup> .	£119,252
• <b>Bail Supervision</b> ( <i>transitional funding</i> ) <sup>3</sup> .	£29,851
• <b>Structured Deferred Sentences</b> ( <i>transitional funding</i> )	£21,000
<b>Part 2: Total of specifically targeted funding</b>	<b><u>£220,912</u></b>

**Total funding Parts 1 & Part 2 combined**

<b>Section 27 Funding for JSW Services</b>	<b>2026-27</b>
As notified on 06 March 2026.	<b><u>£2,978,960</u></b>

**Notes:**

1. Funding to support third sector includes provision for commissioning third sector services, aimed at reducing reoffending.
2. Caledonian System funding includes provision for Men's Services (Section 27), Women and Children's Service Violence Against Women & Girls Programme (Section 169 of the Criminal Justice and Public Order Act 1994) and funding to support Women and Children's Service Equalities Programme (Section 111 under of the Criminal Justice and Licensing (Scotland) Act 2010).
3. This Bail and SDS incentivisation funding ending on 31 March 2025. This funding attributed, is based on the Bail and SDS workloads reported in 2023/24 to support transition of the scheme ending. This funding has now been mainstreamed and is workload determined.

## Background information on the total Budget allocation for Justice Social Work Services for 2026-27.

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

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

- i. Central Government Grant to Local Authorities £86,450,000
- ii. Offender Services budget – Community Justice Services and Programme  
Costs £61,331,326

The total budget allocated for JSW services is £147,781,326, this includes:

<b><u>Core JSW funding</u></b>	<b><u>£87,779,169</u></b>
<b><u>Additional funding invested into Core JSW (baselined)</u></b>	<b><u>£47,927,196</u></b>
New Investment 2026/27	£5,000,000
Changes to double ring fencing 2026/27 <sup>1.</sup>	£11,000,000
Additional investment 2024/25 to 2025/26	£16,400,000
RRT funding Baselined 2025/26	£14,000,000
Legacy funding redistributed to support capacity	£1,527,196
<b><u>Double ring fenced funding</u></b>	<b><u>£2,500,000</u></b>
Third Sector Commissioning	£2,500,000
<b>Outwith Section 27 funding formula calculation</b>	
<b><u>Double ring fenced Targeted funding</u></b>	<b><u>£6,942,862</u></b>
This includes provision for, Caledonian <sup>2.</sup> & wider rollout, MAPPA, ViSOR and legacy funding	
<b><u>Demand Led funding</u></b> <sup>3.</sup>	<b><u>£2,632,100</u></b>
Incentivisation scheme Bail Supervision.	£1,649,600
Incentivisation scheme SDS.	£982,500

- 
1. Community Sentences and PASS, Women's Services & Bail and Bail, SDS and Diversion double ring fencing removed in 2026-27. The total of £11 million of funding is now included under JSW capacity building.
  2. A total of £1,400,000 included to support the wider rollout, but £1,910,118 is allocated for Caledonian services for women, which is in addition to the above JSW funding total as this falls outwith Section 27, legislation.
  3. Funding for these two schemes for Bail Supervision and SDS has been allocated using workloads averaged over last 3 years from 2025/26, replacing these incentivisation schemes.

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Date: 3 March 2026  
Our Ref: SW/BC  
Enquiries to: Stuart Wilson  
E-mail: [stuart.wilson5@nhs.scot](mailto:stuart.wilson5@nhs.scot)

Dear Beth

## **2026/27 Indicative Financial Allocation to West Dunbartonshire Health and Social Care Partnership**

Further to discussions with Chief Officers and Chief Finance Officers, I am writing to confirm the indicative budget proposal for 2026/27. A formal update to this letter will be issued on behalf of NHSGGC after the 2026/27 financial plan has been approved by the Board.

### **Annual uplift to NHSGGC**

The Scottish Government's budget letter issued on 13 January 2026 states that *"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)."*

### **The HSCP Settlement**

**Appendix 1** sets out the total indicative allocation based on Month 10 figures. Baseline funding for the HSCP will be uplifted by the 2% as stated in the Scottish Government budget letter. Additional funding with regards to the 2026/27 pay award is also included and is based on estimates from HSCP Chief Finance Officers. Further pay funding will be passed through to the HSCP if pay deals are agreed in excess of current planning assumptions and funding flows to NHSGGC from Scottish Government.

In relation to Agenda for Change reform funding, this is not included within the baseline at this time and a further communication will be provided to each HSCP in the coming weeks. However, HSCP's should plan on the basis that during 2026-27 actual Band 5 to 6 costs will continue to be met through additional funding provided in-year. In addition, a separate ring-fenced allocation for Reduced Working Week will be notified to each HSCP by NHSGGC and funding up to this limit will be provided during 2026-27 based on actual costs incurred and completion of necessary tracking returns.

## **NRAC Adjustment**

Over the last 5 years NHSGGC has seen a decreasing trend in NRAC target rate, which has pushed NHSGGC further above NRAC parity. The sharp decrease in 2026-27 is largely driven by updated assumptions around excess costs (e.g. rural healthcare) and 2022 projections on population, morbidity, and deprivation (previously 2018 estimates).

In response to this issue, for 2026-27 Scottish Government have taken the decision to reduce the NHSGGC baseline figure by £30 million to support the policy that no NHS Scotland Territorial Health Board should be further than -0.6% from NRAC parity. Despite this decrease, NHSGGC remains 1.4% above NRAC parity based on the 2026-27 budget letter. It should be noted that the reduction in NRAC target will also have an impact on allocations in year and nationally-shared costs.

At this time, NHSGGC is not planning to pass the NRAC baseline reduction on to HSCPs in 2026/27. However NHSGGC intends to engage with Chief Officers and Chief Finance Officers to implement an equitable share of baseline reduction for 2027/28.

## **Set Aside Budget**

This is based on the estimated set aside budget for 2025/26 and will be revised when the NHSGGC final out-turn is confirmed. As you know, this figure represents the estimated actual usage of 'in scope' Acute services and will continue to be a notional allocation.

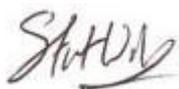
## **Recharges to HSCPs**

The following items will continue to be charged to the HSCP during 2026/27:

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

NHSGGC will continue to engage with Chief Officers and Chief Finance Officers to confirm the funding, engagement and monitoring processes required for 2026/27. In the meantime, I trust this letter enables the HSCP to finalise its financial plans for 2026/27.

Yours sincerely



### **Stuart Wilson**

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

**Appendix 1: 2026/27 Financial Allocation- based on Month 10 figures**

Spend Categories		West Dunbartonshire Hscp
		£000s
Family Health Services		36,603
Fhs Income		(1,497)
<b>Family Health Services Budget (Net)</b>		<b>35,106</b>
Prescribing & Drugs		23,199
Non Pay Supplies		3,368
Pay		38,902
Outstanding Uploads		
Other Non Pay & Savings		22,059
Other Income		(3,841)
<b>Budget - HCH incl Prescribing</b>		<b>83,687</b>
<b>Total Rollover budget - NET</b>		<b>118,793</b>
<b>Budget Eligible for HCH &amp; Prescribing uplift</b>		<b>83,687</b>
<b><u>Uplifts</u></b>		
Baseline Uplift - 2026/27	2.0%	1,674
Further Pay Uplift based on returns	Var %	669
Total Uplift		2,343
<b>Revised Budget</b>		<b>121,136</b>
<b><u>Set Aside Budget</u></b>		
2025/26 Value (2024/25 final +5.15%)	5.15%	48,139
<b>2026/27 Set Aside Value</b>		<b>48,139</b>



**West Dunbartonshire Health and Social Care Partnership  
2026/27 Summary Management Adjustments**

Ref	Template Required	Head of Service	Partner Body	Detail	2026/27		2027/28		2028/29	
					Saving (£000)	FTE	Saving (£000)	FTE	Saving (£000)	FTE
2627 C@H01	Yes	Fiona Taylor	Social Care	Removal of Care at Home Contingency	1,716	-	1,716	-	1,716	-
2627 RT01	No	Julie Slavin	Social Care	Non recurring increase in RT to reflect moving balance of care and demographic pressures	771	-	-	-	-	-
2627 LD01	Yes	Sylvia Chatfield	Social Care	Ongoing review of Learning Disability social care packages	450	-	450	-	450	-
2627 HSCP01	No	All	Social Care	Additional Staff Turnover	378	-	-	-	-	-
2627 CC01	Yes	Sylvia Chatfield	Social Care	Ongoing review of Community Care social care packages	270	-	270	-	270	-
2627 MH01	Yes	Sylvia Chatfield	Social Care	Mental Health care reviews	100	-	100	-	100	-
2627 S&T01	Yes	Margaret Jane Cardno	Social Care	Health Improvement Merge with Trauma Informed Lead	30	1.0	30	1.0	30	1.0
<b>Social Care Sub Total</b>					<b>3,715</b>	<b>1.0</b>	<b>2,566</b>	<b>1.0</b>	<b>2,566</b>	<b>1.0</b>
2627 HSCP01	No	All	Health Care	Additional Staff Turnover	383	-	-	-	-	-
2627 RT01	No	Julie Slavin	Health Care	Non recurring increase in RT to reflect moving balance of care and demographic pressures	(771)	-	-	-	-	-
2627 PRES01	No	Fiona Taylor	Health Care	Prescribing Savings	722	-	722	-	722	-
<b>Health Care Sub Total</b>					<b>334</b>	<b>-</b>	<b>722</b>	<b>-</b>	<b>722</b>	<b>-</b>
<b>Total Management Adjustments</b>					<b>4,049</b>	<b>1.0</b>	<b>3,288</b>	<b>1.0</b>	<b>3,288</b>	<b>1.0</b>



## 2026/27 BUDGET PREPARATION – MANAGEMENT ADJUSTMENT DETAIL

<b>Head of Service: Fiona Taylor</b>	<b>Saving Ref: 2627 C@H01</b>
<b>Saving Title</b>	Removal of Care at Home Contingency
<p><b><u>Summary of Savings Proposal</u></b></p> <p>The allocated 2026/27 Care at Home staffing budget is £18.377m.</p> <p>This has been constructed rolling forward the 2025/26 recurring budget and uplifting for pay inflation (both the shortfall in 2025/26 and the agreed 3.5% uplift for 2026/27). This amount includes an element of the overall budget allocation set aside in 2025/26 to support the transition of staff to new working patterns as part of Phase 3 of the Care at Home service redesign.</p> <p>Analysis comparing the hours required to deliver internally provided planned care with the hours currently funded within the budget has identified excess capacity.</p> <p>Weekly planned hours of care per week can fluctuate as it responds to new demand. On average our HSCP workforce are required to deliver in excess of 6,500 hours per week to over 1,100 service users. Demand for hours also varies across the course of the day and the week. To deliver these hours safely requires approximately 9,900 actual staff hours per week, when including a 52.35% allowance for annual leave, sickness absence, training and travel time.</p> <p>The current budget provides for approximately 12,900 hours per week versus current contracted payroll hours (including fixed term contracts) of 10,900 hours per week.</p> <p>The proposal is to remove a proportion of the identified excess hours, generating a recurring saving of £1.716m per annum. This phased approach retains sufficient flexibility to allow the new rotas to fully embed and to identify any service delivery gaps that may require short-term use of overtime or agency cover. It also provides for demographic pressures associated with an increasing older population.</p>	
<p><b><u>Impact and Risk Associated with Proposed Savings</u></b></p> <p>The Care at Home staffing budget has been constructed on a zero-based approach and includes provision for staff in post under permanent and fixed-term contracts, an allowance for overtime and agency cover, and the temporary set-aside funding associated with Phase 3 of the service redesign.</p> <p>The proposed management adjustment is considered reasonable and deliverable when assessed against the planned hours of care required, the number of staff in post, and the additional capacity retained following the phased reduction.</p>	

The redesign has also introduced 10.5 FTE scheduler posts, which are expected to maximise visit scheduling efficiency, reduce travel time, and further reduce reliance on overtime and agency staffing.

There is a recognised risk that the Care at Home service is currently projecting an overspend in 2025/26. However, this reflects a full-year position in advance of Phase 3 staff moving onto the new rotas and before the full impact of the scheduler roles is realised.

The proposed phased reduction aims to mitigate operational risk while allowing performance, absence levels and service delivery to be closely monitored during 2026/27.

### **Relationship to Strategic Priorities**

#### **Caring Communities**

Supports the delivery of safe, effective and person-centred care at home, enabling people to remain independent within their own communities.

#### **Safe and Thriving Communities**

Aligns workforce capacity with service demand, reducing reliance on temporary staffing and supporting a more stable and sustainable Care at Home service.

#### **Equal Communities**

Ensures fair and consistent allocation of Care at Home resources based on assessed need.

#### **Healthy Communities**

Contributes to system sustainability by supporting timely discharge from hospital and preventing avoidable admissions to residential care.

#### **Financial Impact**

2026/27		2027/28		2028/29	
£000	FTE	£000	FTE	£000	FTE
1,716	0	1,716	0	1,716	0

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

<b>Equality Impact Assessment Completed:</b>	<b>EIA No: N/A</b>
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<b>Submitted By</b>	<b>Fiona Taylor</b>
<b>Approved By</b>	<b>Beth Culshaw</b>
<b>Date Submitted</b>	<b>13 March 2026</b>

## 2026/27 BUDGET PREPARATION – MANAGEMENT ADJUSTMENT DETAIL

<b>Head of Service: Sylvia Chatfield</b>	<b>Saving Ref: 2627 LD01</b>
<b>Saving Title</b>	Review of Learning Disability Social Care Packages
<p><b><u>Summary of Savings Proposal</u></b></p> <p>The allocated budget for social care expenditure in Learning Disability (LD) is £16.696m. Opportunities for cost savings have been identified in several areas of these care packages, including cases where individuals do not meet eligibility criteria and could be referred to alternative community services, packages that are not achieving intended outcomes and may be revised, and client charges that have not been properly implemented.</p>	
<p><b><u>Impact and Risk Associated with Proposed Savings</u></b></p> <p>Regular reviews of Learning Disability social care packages are a statutory requirement and must be undertaken in line with the HSCP's Eligibility Criteria. The review process ensures that support continues to meet assessed needs, while actively promoting independence, personal outcomes and maximising independence.</p> <p>Reviews will be conducted with full involvement of service users and, where appropriate, their carers, recognising the essential role of carer input in shaping sustainable and effective care arrangements. Each review will focus on agreeing clear outcomes that are proportionate to need, make best use of community-based supports, technology-enabled care and alternative housing options where appropriate, and ensure that client charging policies are applied consistently and fairly.</p> <p>A backlog of overdue reviews has been identified, largely because of ongoing workforce capacity pressures within the social work team, including staff turnover, challenges in recruitment and absence. Action is being taken to stabilise staffing and increase review capacity to ensure compliance with statutory review timescales. Additional short-term resource has been identified to accelerate review activity, supported by performance monitoring and reporting to demonstrate an improving review trajectory.</p> <p>While Learning Disability services exceeded the £200k savings target in 2025/26, there remains inherent risk associated with new packages, transition cases and increases required following review. However, robust and timely reviews have already delivered substantial savings where service users no longer require formal packages or where support can be safely reduced or reshaped, reinforcing the importance of maintaining a strong and sustainable review programme.</p>	

**Relationship to Strategic Priorities****Caring Communities**

Where appropriate, all those being reviewed will also have their carers assessments reviewed at the same time.

**Safe and Thriving Communities**

The reviews will ensure that we support service users to maintain their independence at home and in the community. We will do this by ensuring outcomes are met via the care plan, maximising use of technology and identify alternative housing options where appropriate.

**Equal Communities**

The reviews will ensure that service users are receiving equal and equitable access to services, by implementation of policies including client charge, accessing short breaks, and having consistent chairing of resource group.

**Healthy Communities**

Learning Disability clients face inherent health inequalities and regular reviews will assist in identifying individual's needs.

**Financial Impact**

2026/27		2027/28		2028/29	
£000	FTE	£000	FTE	£000	FTE
450	0	450	0	450	0

**FTE Impact that could be delivered through existing vacancies: None**

**Equality Impact Assessment Completed:**

**EIA No: TBC**

<b>Submitted By</b>	<b>Sylvia Chatfield</b>
<b>Approved By</b>	<b>Beth Culshaw</b>
<b>Date Submitted</b>	<b>October 2025</b>

## 2026/27 BUDGET PREPARATION – MANAGEMENT ADJUSTMENT DETAIL

<b>Head of Service: Sylvia Chatfield</b>	<b>Saving Ref: 2627 CC01</b>
<b>Saving Title</b>	Community Care Social Care Review Savings
<p><b><u>Summary of Savings Proposal</u></b></p> <p>The allocated budget for social care expenditure in Community Adults Team is £2.984m. Opportunities for cost savings have been identified in several areas of these care packages, including cases where individuals do not meet eligibility criteria and could be referred to alternative community services, packages that are not achieving intended outcomes and may be revised, and client charges that have not been properly implemented.</p>	
<p><b><u>Impact and Risk Associated with Proposed Savings</u></b></p> <p>There is increasing demand for support driven by sustained and growing demographic pressures, particularly an ageing population with more complex needs. Historically, many individuals have been supported through traditional care-at-home packages rather than approaches that maximise independence and provide greater flexibility through the full range of Self-directed Support (SDS) options. This has contributed to rising demand and cost pressures within the Community Care Service. Work is therefore required to realign current spend by strengthening review activity and maximising appropriate use of SDS; however, until this is fully implemented, the service is experiencing an overspend position.</p>	
<p><b>Relationship to Strategic Priorities</b></p>	
<p><b><u>Caring Communities</u></b></p> <p>Where appropriate, all those being reviewed will also have their carers assessments reviewed at the same time.</p>	
<p><b><u>Safe and Thriving Communities</u></b></p> <p>The reviews will ensure that we support service users to maintain their independence at home and in the community. We will do this by ensuring outcomes are met via the care plan, maximising use of technology and identify alternative housing options where appropriate.</p>	

**Equal Communities**

The reviews will ensure that service users are receiving equal and equitable access to services, by implementation of policies including client charge, accessing short breaks, and having consistent chairing of resource group.

**Healthy Communities**

Considering the prevalence of co-morbidities and reduced healthy life expectancy among older adults in West Dunbartonshire, it is essential to promote and support independence in both their daily lives and the delivery of services.

**Financial Impact**

2026/27		2027/28		2028/29	
£000	FTE	£000	FTE	£000	FTE
270		270		270	

**FTE Impact that could be delivered through existing vacancies:**

**Equality Impact Assessment Completed:**

**EIA No: TBC**

<b>Submitted By</b>	<b>Sylvia Chatfield</b>
<b>Approved By</b>	<b>Beth Culshaw</b>
<b>Date Submitted</b>	<b>October 2025</b>

## 2026/27 BUDGET PREPARATION – SAVING OPTION DETAIL

<b>Head of Service: S Chatfield</b>	<b>Saving Ref: 2627 MH01</b>
<b>Saving Title</b>	Mental Health Social Care Reviews
<p><b><u>Summary of Savings Proposal</u></b></p> <p>Opportunities for savings have been identified across several Mental Health care packages, particularly where service users are eligible for statutory reviews and may no longer meet the criteria for their current level of support. In line with statutory requirements, all reviews will assess eligibility against current criteria, ensuring individuals receive support appropriate to their needs.</p> <p>The development of additional supported accommodation in two areas within West Dunbartonshire will enable these service users to transition from care homes to more independent living environments, supporting them to achieve improved outcomes and maintain independence.</p>	
<p><b><u>Impact and Risk Associated with Proposed Savings</u></b></p> <p>While there is currently a projected overspend in Mental Health care packages, due to delays in moving to new accommodation, this is scheduled to be progressed at the start of 2026/27 which will ensure that this saving target is achievable.</p>	
<p><b>Relationship to Strategic Priorities</b></p>	
<p><b><u>Caring Communities</u></b></p> <p>Where appropriate, all those being reviewed will also have their carers assessments reviewed at the same time.</p>	
<p><b><u>Safe and Thriving Communities</u></b></p> <p>The reviews will ensure that we support service users to maintain their independence at home and in the community. We will do this by ensuring outcomes are met via the care plan, maximising use of technology and identify alternative housing options where appropriate.</p>	

**Equal Communities**

The reviews will ensure that service users are receiving equal and equitable access to services, by implementation of policies including client charge, accessing short breaks, and having consistent chairing of resource group.

**Healthy Communities**

Individuals experiencing mental health conditions face inherent health inequalities and regular reviews will assist in identifying their needs.

**Financial Impact**

2026/27		2027/28		2028/29	
£000	FTE	£000	FTE	£000	FTE
100		100		100	

**FTE Impact that could be delivered through existing vacancies: 0**

**Equality Impact Assessment Completed:**

**EIA No: TBC**

<b>Submitted By</b>	<b>Sylvia Chatfield</b>
<b>Approved By</b>	<b>Beth Culshaw</b>
<b>Date Submitted</b>	<b>October 2025</b>

## 2026/27 BUDGET PREPARATION – MANAGEMENT ADJUSTMENT DETAIL

<b>Head of Service: Head of Strategy and Transformation</b>	<b>Saving Ref: 2627 S&amp;T01</b>
<b>Saving Title</b>	Creation of Programme Lead for Mental Health, Trauma and Suicide Prevention
<p><b><u>Summary of Savings Proposal</u></b></p> <p>This proposal recommends the creation of a Programme Lead for Mental Health, Trauma and Suicide Prevention. This would be achieved through the amalgamation of two posts:</p> <ol style="list-style-type: none"> <li>1. The Health Improvement Senior (Mental Health). This post is fully funded, full time and permanent. It is currently vacant due to the retirement of the postholder on the 31 January 2026; and</li> <li>2. The Lead Officer for Trauma Informed Practice. This post is fixed term and is currently funded until October 2026. The annual Scottish Government budget allocation for trauma informed practice of £50k is insufficient, on its own, to fund a full-time permanent post.</li> </ol> <p>There is a need for a dedicated officer to continue to support mental health improvement, trauma and suicide prevention. This would be achieved by refreshing the existing Lead Officer for Trauma Informed Practice job description and role profile which went through both the local authority and health job evaluation systems in 2023 and was evaluated as a local authority Grade 8 and an NHS Band 6, to a Programme Lead for Mental Health, Trauma and Suicide Prevention.</p>	
<p><b><u>Impact and Risk Associated with Proposed Savings</u></b></p> <p>There are no direct risks to the HSCP Board, or the HSCP, associated with this proposal. The positive impacts this recommended approach would provide are summarised below:</p> <ul style="list-style-type: none"> <li>○ a recurring saving of approximately £30k for the HSCP</li> <li>○ provide stability for the refreshed programme</li> <li>○ contribute to the health improvement team particularly in respect of connections on mental health and wellbeing</li> </ul>	

### Relationship to Strategic Priorities

Strategic Outcome	Strategic Priority
Healthy Communities	<ul style="list-style-type: none"> <li>○ Recognise the impact of adverse childhood experiences and seek to reduce the incidence and impacts of all types of childhood adversity and trauma.</li> <li>○ Address the preventable risk factors for poor physical and mental health, including obesity, smoking and the use of alcohol and drugs</li> </ul>
Equal Communities	<ul style="list-style-type: none"> <li>○ Work with partners and communities to reduce the number of suicides and drug-related deaths.</li> <li>○ Improve the mental health and wellbeing of children and adults.</li> </ul>
Enabling Priority - Workforce	<ul style="list-style-type: none"> <li>○ Develop and implement our workforce plan, focusing on recruitment, retention, training, and staff health and wellbeing.</li> </ul>

Preventative mental health and wellbeing remains a focus with [Creating Hope Together: suicide prevention strategy 2022 to 2032](#) and the [Roadmap for Creating Trauma-Informed and Responsive Change \(2023\)](#) part of the joint Government and COSLA commitment to the [Mental health and wellbeing strategy \(2023\)](#).

There are local, regional and national requirements to support and co-ordinate the delivery of these programmes broadly covering:

- Workforce development and wellbeing.
- Policy & practice change.
- Public awareness and cultural change.
- Partnership working and targeting priority populations for prevention.

There is a need for a dedicated officer to continue to support mental health improvement, trauma and suicide prevention particularly with focus on the implementation of the QES Suicide Surveillance system and the implementation of trauma-informed approaches in the [Codes of Practice | Scottish Social Services Council](#) and Care Inspectorate quality indicators.

The annual resources for this would be approximately £69K for a full-time officer alongside £20K for programme costs including commissioning of enhanced level 3 trauma, suicide and mental health training.

The work programme including the governance and reporting will be rationalised and simplified with a reduction in contribution to local, regional and national work.

However, there may also be opportunities to maximise the existing connections between the network of people and organisations involved in both current

programmes, reduce duplication and seek opportunities for elements of the programme to be co-ordinated elsewhere to ensure appropriate targeting, strategic alignment and uptake.

The national perspective would support the integration and coordination of these agendas e.g. [Embedding-a-Trauma-Informed-Approach-Suicide-Prevention-and-Self-Harm-Joining-the-Dots-Webinar.pdf](#) with key finding that:

*“There is a need to adopt a cross-cutting, multi-agency approach to supporting people affected by trauma, suicidality and self-harm, identify areas for effective collaborative working, and develop a shared understanding of how they present for different communities and contexts”.*

### **Financial Impact**

<b>2026/27</b>		<b>2027/28</b>		<b>2028/29</b>	
<b>£000</b>	<b>FTE</b>	<b>£000</b>	<b>FTE</b>	<b>£000</b>	<b>FTE</b>
30	1.0	30	1.0	30	1.0

**FTE Impact that could be delivered through existing vacancies:** The reduction of 1 FTE will be managed through the vacancy created by the retirement of the post holder in January 2026.

**Equality Impact Assessment Completed:**

**EIA No: TBC**

<b>Submitted By</b>	<b>Margaret-Jane Cardno</b>
<b>Approved By</b>	<b>Beth Culshaw</b>
<b>Date Submitted</b>	<b>February 2026</b>

<b>Assessment No</b>	TBC	<b>Owner</b>	Sylvia Chatfield
<b>Resource</b>	HSCP	<b>Service</b>	Review of Care Packages - Older People; Learning Disability; Physical Health; Mental Health
	<b>FirstName</b>	<b>Surname</b>	<b>Job Title</b>
<b>Head Officer</b>	Sylvia	Chatfield	Head of Mental Health, Learning Disability and Addictions.

<b>Members</b>	<p>Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions          Julie Slavin, Chief Financial Officer          Lesley Kinloch, Service Manager – Learning Disability Service          Julie Campbell/Anne Kane, Integrated Ops Managers</p>
	<p>(<b>Please note:</b> the word 'policy' is used as shorthand for strategy policy function or financial decision)</p>
<b>Policy Title</b>	<p>Review of Care Packages - Older People; Learning Disability; Physical Health; Mental Health</p>
	<p><b>The aim, objective, purpose and intended outcome of policy</b></p>
	<p>This proposal proposes to deliver a minimum saving of £820,000 during 2026/27 from care packages through robust assessment and reviewing processes. This approach has been taken over several years, and further savings are expected in future years, as we embed the process in practice.</p> <p>The proposal requires prompt review of delivered care and based on existing evidence, gathered as part of the Area Resource Group process.</p> <p>Review of 2025/26 Area Resource Group data shows that some reviewed packages require an increase in support offset by others reducing. Application of HSCP Eligibility Criteria (2020), alongside professional judgement will be required. This work will ensure that individuals are supported appropriately, maximising the independence of service users and supporting them to live fulfilling lives in their own homes, for as long as possible in line with the West Dunbartonshire HSCP Strategic Plan and current policy.</p> <p>This proposal seeks to ensure that reviews are undertaken regularly, as care needs change (both in terms of positive and negative changes), to ensure that care is not unduly overprescribed and, that unmet need figures are reduced and care is delivered in line with available resource.</p> <p>Positive impacts are anticipated in relation to the reduction of commissioned and internal services.</p> <p>Under the Social Work (Scotland) Act 1968 and related legislation, local authorities must assess and meet eligible needs.</p>

	Good practice requires that reviews are undertaken to ensure social workers and HSCPs discharge statutory duties safely, ethically and effectively. However, due to significant operational pressures, these reviews have not routinely always been completed as frequently as they should. Individual service users and families may therefore find this process challenging.
	<b>Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy.</b>
	Sylvia Chatfield Head of MH, LD and Addictions Julie Slavin, Chief Finance Officer Julie Campbell/Anne Kane Integrated Ops Managers Lesley Kinloch Service Manager HSCP Staff – social work managers and finance staff have discussed the current budget and availability of savings options within packages of care.

<b>Does the proposals involve the procurement of any goods or services?</b>	Y
<b>If yes please confirm that you have contacted our procurement services to discuss your requirements.</b>	The HSCP Commissioning and Finance have regular meetings with CPU to inform and prioritise our procurement pipeline.

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

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

<b>Who will be affected by this policy?</b>
HSCP Staff Service users and Carers Partner organisations
<b>Who will be/has been involved in the consultation process?</b>
1. Joint Convener Committee and individual Unions 2. Engagement and co-production with individual service users and their families 3. LDRSG 4. IJB and West Dunbartonshire Council 5. External partner agencies and Third Sector providers

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

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

	Needs	Evidence	Impact
<b>Age</b>	<p>Young people fall out with the scope of this policy.</p> <p>Older people with physical disabilities have specific needs that must be addressed to ensure their well-being and quality of life. For example:</p> <p>Accessible Housing: There is a need for more accessible housing options, such as wheelchair-accessible homes and sheltered accommodations, to allow older individuals to live independently</p> <p>Health and Social Care: Tailored health and social care services are essential. This may include regular reviews, physio and occupational therapy, and assistance with daily activities</p> <p>Community Support: Maintaining social connections is crucial for mental health. Accessible community facilities help older people stay connected and engaged.</p> <p>Financial Assistance: Many older individuals with disabilities may require financial support to cover the costs of care, housing modifications, and other related expenses.</p> <p>Advocacy and Rights: Ensuring that older people</p>	<p>In Scotland, older people are more likely to have physical disabilities. The prevalence of health problems and disabilities that limit day-to-day activities increases with age. According to the latest census data, there has been a significant increase in the number of older people with activity-limiting health problems - <a href="#">Scotland's Census – Health, disability and unpaid care</a></p> <p>This trend is driven by Scotland's ageing population, with a higher proportion of individuals aged 75 and older experiencing such limitations.</p> <p>The Scottish Census of March 2022 shows that 20.0% of people in West Dunbartonshire are aged 65 and over.</p> <p>A long-term health problem or disability is one that limits a person's day-to-day activity, and has lasted, or is expected to last, at least 12 months.</p> <p>The Scottish Census of March 2022 shows that 13.7% of people living in the West Dunbartonshire local authority area are disabled under the equality act: day-to-day activities limited a lot, 13.9% of people are disabled under the equality act: day-to-day activities limited a little, and 72.3% of people in</p>	<p>Neutral</p> <p>The Statutory guidance accompanying the Social Care (Self-directed Support) (Scotland) Act 2013 states that the authority should aim to conduct reviews within 12 months. It should consider the review as a means by which to prevent crisis or to respond and adapt to the supported person's life.</p> <p>An enhanced schedule of review will enhance the HSCPs ability to tailor services to specifically meet the needs of service users.</p> <p>The application of the eligibility criteria may result in fewer service users requiring the use of formal services, however the outcomes for these service users will be met in a different, but more appropriate, way.</p> <p>Service users of all ages may find such changes to be unsettling, and this may cause anxiety for some. However, this negative impact is mitigated against by an assurance that the needs of the service user will continue to be met.</p> <p>The consistent application of the charging policy may result in some service users being charged for services, where in the past these</p>

	<p>with disabilities are aware of their rights and have access to advocacy services can help them navigate the healthcare and social services systems.</p>	<p>West Dunbartonshire are not disabled under the equality act.</p> <p>The Census also shows whether a person has a physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying). 11.8% of people in West Dunbartonshire have a physical disability.</p> <p>People receiving services from the Adult Care Team may have a physical disability, chronic health or neurological condition. The trend for open cases within this team has been increasing since May 2020.</p>	<p>have been provided free at the point of delivery. The economic impact of this is mitigated against by a financial assessment, ensuring that the income of the service user is maximised.</p>
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	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
<b>Disability</b>	<p>Regular reviews of care needs for individuals with mental health problems are vital for several reasons:</p> <p><b>Changing Health Needs:</b> As people age, their health needs can change significantly. Regular reviews help ensure that any new health issues are identified and managed promptly.</p> <p><b>Personalised Support:</b> Regular assessments allow for the adjustment of care plans to better meet the individual's evolving needs and preferences. This ensures that the support provided is always relevant and effective.</p> <p><b>Improved Quality of Life:</b> By regularly reviewing care needs, carers and healthcare providers can make necessary changes to improve the individual's quality of life. This includes addressing any physical, mental, or social needs that may arise.</p> <p><b>Preventing Crises:</b> Regular reviews can help prevent crises by identifying potential issues before they become serious. This proactive approach can reduce the need for emergency interventions and hospitalisations.</p> <p><b>Compliance with Best Practices:</b> Regular reviews ensure that care practices are up-to-date with the latest guidelines and best</p>	<p>The Statutory guidance accompanying the Social Care (Self-directed Support) (Scotland) Act 2013 states that the authority should aim to conduct reviews within 12 months.. It should consider the review as a means by which to prevent crisis or to respond and adapt to the supported person's life.</p>	<p>Neutral</p> <p>The Statutory guidance accompanying the Social Care (Self-directed Support) (Scotland) Act 2013 states that the authority should aim to conduct reviews within 12 months. It should consider the review as a means by which to prevent crisis or to respond and adapt to the supported person's life.</p> <p>An embedded schedule of review will enhance the HSCPs ability to tailor services to specifically meet the needs of service users.</p> <p>The application of the eligibility criteria may result in fewer service users requiring the use of formal learning disability services, however the outcomes for these service users will be met in a different, but more appropriate, way.</p> <p>All service users may find such changes to be unsettling, and this may cause anxiety for some. However, this negative impact is mitigated against by an assurance that the needs of the service user will continue to be met.</p> <p>The consistent application of the charging policy may result in some service users being charged for services, where in the past these have been provided free at the point of delivery. The economic impact of this is mitigated</p>

	<p>practices, providing the highest standard of care.</p> <p>Empowerment and Inclusion: Regular reviews involve the individual in their care planning, promoting their autonomy and ensuring their voice is heard in decisions affecting their lives.</p> <p>These reviews are essential for maintaining the health, wellbeing, and dignity of individuals with mental health problems.</p> <p>As a result of this work service users and their carers may be concerned that they will not be able to access services which they previously attended.</p>		<p>against by a financial assessment.</p>
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	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
<b>Gender Reassign</b>	<p>Inclusive and Accessible Information: Providing information about gender identity and transition in a way that is accessible and understandable for people with learning disabilities and those with mental health problems is important. This can include using simple language, visual aids, and support from trusted individuals.</p> <p>Supportive Environment: Creating a supportive environment where transgender individuals with mental health problems feel safe and respected is important. This includes training staff and caregivers to use correct pronouns and names, and to be sensitive to their needs.</p> <p>Mental Health Support: Transgender individuals may experience additional mental health challenges due to societal stigma and discrimination. Providing mental health support that is affirming and understanding of their experiences is important.</p> <p>Tailored Health and Social Care: Access to gender-affirming care that is tailored to the needs of individuals with mental health problems is important. This includes ensuring they understand their</p>	<p>Whilst in the Scottish Surveys Core Questions (2021) around 95% of the Scottish population self-identified as straight, 3% identified as lesbian, gay, bisexual or other.</p> <p>It is recognised that health inequalities are compounded by differing experiences based on a person's identity including those characteristics protected under the Equality Act. This includes those who identify as lesbian, gay, bisexual, those who are transgender and those who have a non-binary gender identity (LGBT+).</p> <p>There is evidence to show that at a national level transgender individuals often report negative experiences in health and social care settings. This includes being misgendered, facing discrimination, and encountering services that are not prepared to meet their needs.</p> <p>There is a need for more tailored support services that understand the intersection of gender identity and mental health. This includes providing accessible information, peer support, and training for staff.</p> <p>Transgender individuals are more likely to experience mental health issues, including anxiety and depression, due to societal stigma and lack of appropriate support.</p> <p>Difficulty in communicating their needs and experiences can be a significant barrier for transgender individuals with learning disabilities.</p> <p>Efforts have been made nationally to create resources that are accessible and inclusive for transgender individuals. For example, easy-read guides and booklets have</p>	<p>Neutral</p> <p>It is challenging to assess the direct impact on this group as the local data is limited.</p> <p>An embedded schedule of review will enhance the HSCPs ability to tailor services to specifically meet the needs of service users.</p> <p>The application of the eligibility criteria may result in fewer service users requiring the use of formal learning disability services, however the outcomes for these service users will be met in a different, but more appropriate, way.</p> <p>Service users of all genders may find such changes to be unsettling and this may cause anxiety for some. However, this negative impact is mitigated against by an assurance that the needs of the service user will continue to be met.</p> <p>The consistent application of the charging policy may result in some service users being charged for services, where in the past these have</p>

	options and can make informed decisions about their care.	<p>been developed to help them understand their gender identity and navigate the health and social care system.</p> <p><a href="https://ldcop.org.uk/wp-content/uploads/2024/12/Research-Presentation-Trans-ID-A-CoP-4-12-24.pdf">https://ldcop.org.uk/wp-content/uploads/2024/12/Research-Presentation-Trans-ID-A-CoP-4-12-24.pdf</a></p> <p><a href="#">Talking transgender identity   RCN Magazines   Royal College of Nursing</a></p> <p><a href="#">GP survey reveals health and healthcare inequalities of trans and non-binary adults   University of Cambridge</a></p> <p>Local data in relation to the number of service users who are transgender is limited.</p>	<p>been provided free at the point of delivery. The economic impact of this is mitigated against by a financial assessment.</p> <p>At a personal level, the needs identified with in this EIA would be identified and met as part of the My Life Assessment process and addressed in that way.</p>
<b>Marriage &amp; Civil Partnership</b>	N/a	The Scottish Census of March 2022 shows that 39.6% of people aged 16 and over in the West Dunbartonshire local authority area have never married and never registered in a civil partnership.	Neutral
<b>Pregnancy &amp; Maternity</b>	Neutral		Neutral
	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
<b>Race</b>	<p>Cultural Sensitivity: Mental Health services should be culturally sensitive and respectful of the individual's cultural practices and beliefs. This includes understanding dietary restrictions, religious practices, and cultural norms.</p> <p>Language Support: Providing information and services in the individual's preferred language is crucial. This helps ensure they can fully understand and</p>	<p>The Scottish Census of March 2022 shows that 89.4% of people in the West Dunbartonshire local authority area are White Scottish, with 4.4% other White British.</p> <p>Individuals from ethnic minority backgrounds living in West Dunbartonshire are more likely to live in poverty compared to the general population. This is consistent with broader trends across Scotland.</p>	<p>Neutral</p> <p>An embedded schedule of review will enhance the HSCPs ability to tailor services to specifically meet the needs of service users.</p> <p>The application of the eligibility criteria may result in fewer service users requiring the use of formal learning disability services, however the outcomes for these</p>

	<p>access the support available to them.</p> <p>Access to Health and Social Care: People from ethnic minorities with mental health often face barriers to accessing care. Ensuring equitable access to services and making reasonable adjustments to meet their needs is essential.</p> <p>Mental Health Support: The mental health of individuals from ethnic minorities can be impacted by the additional stress of facing cultural barriers and discrimination.</p>		<p>service users will be met in a different, but more appropriate, way.</p> <p>Service users of all ethnic backgrounds may find such changes to be unsettling and this may cause anxiety for some. However, this negative impact is mitigated against by an assurance that the needs of the service user will continue to be met.</p> <p>The consistent application of the charging policy may result in some service users being charged for services, where in the past these have been provided free at the point of delivery.</p> <p>At a personal level, the needs identified with in this EIA would be identified and met as part of the My Life Assessment process and addressed in that way. Any financial impact would be managed via a financial assessment.</p>
<p><b>Religion &amp; Belief</b></p>	<p>Cultural and Religious Sensitivity: Services should be sensitive to the religious practices and beliefs of individuals. This includes accommodating dietary</p>	<p>The Scottish Census of March 2022 shows that 41.9% of people in the West Dunbartonshire local authority area have no religion; 19.5% are Church of Scotland; 28.2% are Roman Catholic and 2.7% are other Christian.</p>	<p>Neutral</p> <p>An embedded schedule of review will enhance the HSCPs ability to tailor services to</p>

	<p>restrictions, prayer times, and observance of religious holidays.</p> <p>Language Support: Providing information and services in the individual's preferred language is crucial. This helps ensure they can fully understand and access the support available to them.</p> <p>Access to Health and Social Care: People from minority religious backgrounds with learning difficulties often face barriers to accessing healthcare. Ensuring equitable access to healthcare services and making reasonable adjustments to meet their needs is important.</p> <p>Community Support: Building strong community networks and support groups that understand and respect religious practices can help individuals feel more supported and less isolated.</p> <p>Mental Health Support: The mental health of individuals from minority religious backgrounds can be impacted by the additional stress of balancing religious obligations with their needs. Providing culturally competent mental health support is important.</p>		<p>specifically meet the needs of service users.</p> <p>The application of the eligibility criteria may result in fewer service users requiring the use of formal learning disability services, however the outcomes for these service users will be met in a different, but more appropriate, way.</p> <p>Service users of all religions may find such changes to be unsettling and this may cause anxiety for some. However, this negative impact is mitigated against by an assurance that the needs of the service user will continue to be met.</p> <p>The consistent application of the charging policy may result in some service users being charged for services, where in the past these have been provided free at the point of delivery.</p> <p>At a personal level, the needs identified with in this EIA would be identified and met as part of the My Life Assessment process and addressed in that way. Any financial</p>
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			impact would be managed via a financial assessment.
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	Needs	Evidence	Impact
<b>Sex</b>	<p><b>Health Needs:</b> Women with learning disabilities may face unique health challenges, such as higher rates of mental health issues and specific reproductive health needs. Men, on the other hand, may have different health concerns, such as higher rates of certain behavioural issues.</p> <p><b>Social Expectations:</b> Social expectations and gender roles can impact the experiences of men and women with mental health problems differently. For example, women may face additional barriers related to gender-based discrimination and violence.</p> <p><b>Access to Services:</b> Both men and women with learning disabilities may face barriers to accessing services, but these barriers can differ based on gender. Women may need more support related to reproductive health and protection from gender-based violence, while men may require support for behavioural and social challenges.</p> <p><b>Mental Health:</b> Women with learning disabilities are more likely to experience mental health issues such as anxiety and depression, often exacerbated by social isolation and discrimination. Men may also experience mental health challenges, but these can</p>		<p>Neutral</p> <p>An embedded schedule of review will enhance the HSCPs ability to tailor services to specifically meet the needs of service users regardless of their gender.</p> <p>The application of the eligibility criteria may result in fewer service users requiring the use of formal learning disability services, however the outcomes for these service users will be met in a different, but more appropriate, way.</p> <p>Service users of both sexes may find such changes to be unsettling and this may cause anxiety for some. However, this negative impact is mitigated against by an assurance that the needs of the service user will continue to be met.</p> <p>The consistent application of the charging policy may result in some service users being charged for services, where in the past these have been provided free at the point of delivery.</p> <p>At a personal level, the needs identified within this EIA would be identified and met as</p>

	<p>manifest differently, such as through behavioural issues.</p> <p>Support Networks: The type and extent of support networks can vary between men and women. Women may benefit from support groups that address both their disability and gender-specific issues, while men may need support that focuses on social skills and behavioural management.</p>		<p>part of the My Life Assessment process and addressed in that way. Any financial impact would be managed via a financial assessment.</p>
<b>Sexual Orientation</b>	<p>Individuals who are both LGBTQ+ and have mental health problems face significant challenges that can increase their likelihood of living in poverty. These individuals often struggle financially due to inadequate disability benefits and limited access to support services.</p> <p>Additionally, LGBTQ+ individuals may experience discrimination and social exclusion, which can further exacerbate their economic difficulties.</p> <p>Combining these factors, those who are both LGBTQ+ and have mental health problems are likely to be more vulnerable to poverty compared to the general population.</p>	<p><a href="#">LGBT+ health inequalities persist in Scotland, report shows   The BMJ</a></p> <p><a href="#">Health and Social Care How the National Care Service can best meet the needs of LGBTI+ people - Health and Social Care</a></p>	Neutral

	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
<b>Human Rights (ECHR statutory) UNCRC (note: currently non statutory)</b>	Neutral	<p>Access to mental health services is considered a human right. The Scottish Human Rights Commission emphasises that mental health care and treatment engage a range of human rights, including the rights to life, liberty, freedom from inhuman and degrading treatment, and respect for private and family life.</p> <p>Efforts are ongoing to ensure that these rights are upheld, including reforms to mental health and incapacity legislation to better support individuals in making decisions about their own lives.</p>	Neutral

		<p>Additionally, the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Patient Rights (Scotland) Act 2011 outline key rights for patients in mental health care settings.</p> <p><a href="#">Mental Health   Scottish Human Rights Commission human rights in mental health services.pdf</a></p>	
<b>Health</b>	.	<p>Regular reviews for individuals with physical disabilities bring positive benefits and are essential for several reasons:</p> <p>Monitoring Health Changes: Physical conditions can evolve over time, and regular reviews help track these changes. This ensures timely adjustments to treatment plans and interventions.</p> <p>Optimising Care Plans: As individuals age, or experience changes in their health, their needs may also change. Working with service users regular reviews allow health and social care professionals to optimise care plans to better meet these evolving needs.</p>	Positive

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

<b>Actions</b>

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

The proposal notes for the most part a neutral impact. The ambition is to maximise the independence of service users and support them to live fulfilling lives in their own homes, for as long as possible. Neutral has been attributed to most protected characteristics as although regular reviews and adjustments to care packages to meet need is positive, it is recognised that the more rigorous approach to review will cause anxiety for some.

The implementation of this work will have implications for individuals across all age groups and for people with various disabilities. It is expected that women may experience a greater impact compared to men. Furthermore, service users coming from a range of socio-economic

backgrounds, particularly those residing in recognized areas of social deprivation, could potentially be affected in a negative manner.

There is a risk of increased levels of anxiety and an increased number of complaints if care is assessed and, as a result, established support is reduced or stopped. This risk factor will be given due consideration, as part of the review process and every effort will be made to support any impacted individual and their unpaid carers.

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

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

**Q7 What is your recommendation for this policy?**

It is recommended that this policy proceed.

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

This proposal seeks to ensure that reviews are undertaken regularly, as care needs change (both in terms of positive and negative changes), to support the ongoing development of assessment and care coordination frameworks and safe practice guidelines, to ensure that care is not unduly overprescribed and, that unmet need figures are reduced/care is delivered in line with available resource.

<b>Assessment No</b>	TBC	<b>Owner</b>	MJ Cardno
<b>Resource</b>		<b>Service</b>	
	<b>FirstName</b>	<b>Surname</b>	<b>Job Title</b>
<b>Head Officer</b>	Margaret-Jane	Cardno	Head of Strategy and Transformation West Dunbartonshire HSCP

<b>Members</b>	Ailsa King, Health Improvement Lead Lauren McLaughlin, Health Improvement Lead
	( <b>Please note:</b> the word 'policy' is used as shorthand for strategy policy function or financial decision)
<b>Policy Title</b>	Creation of Programme Lead for Mental Health, Trauma and Suicide Prevention
	<b>The aim, objective, purpose and intended outcome of policy</b>
	A dedicated Programme Lead for Mental Health, Trauma and Suicide Prevention would primarily exist to coordinate, strengthen and drive delivery across key mental health and suicide prevention priorities, ensuring alignment with Scotland's national strategies and local needs.
	<b>Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy.</b>
	Ailsa King, Health Improvement Lead Lauren McLaughlin, Health Improvement Lead

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

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

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

<b>Who will be affected by this policy?</b>
The post holder will use a public health, evidence informed, population level approach. A Programme Lead will play a central role in ensuring that local and regional systems apply these principles, particularly where trauma and mental health inequalities intersect.
<b>Who will be/has been involved in the consultation process?</b>
West Dunbartonshire HSCP Senior Management Team Trade Union

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

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

	Needs	Evidence	Impact
Age		<p>The highest age specific suicide rates in Scotland are consistently found among adults aged 25 to 64.</p> <p>In 2024, the suicide rates for these age groups were more than double those of people under 25 or over 75. (Source NR Scotland).</p> <p>Supporting detail from long-term data (2011–2024) shows:</p> <ul style="list-style-type: none"> <li>○ 44% of all suicide deaths occurred among those aged 35–54. (Source Public Health Scotland)</li> <li>○ Adults of working age (16–64) accounted for 86.8% of suicide deaths. (Source Public Health Scotland)</li> </ul> <p>This confirms that mid-life adults experience the greatest burden of suicide mortality.</p> <p>Younger people (10–24) have lower absolute suicide rates, but trauma and mental health vulnerability is high.</p> <p>While suicide mortality is <i>lower</i> among under25s compared with older groups, youth mental health indicators show other risks:</p> <ul style="list-style-type: none"> <li>○ The Scottish Health Survey notes that 16–24-year-olds are at increased risk of loneliness, which is tightly linked to worsening mental health and can increase vulnerability. (Source Scottish Government).</li> </ul> <p>So, while young people die by suicide less often, the mental health impact of trauma, deprivation and loneliness is disproportionately high, increasing long-term risk.</p>	Positive

		<p>Older adults (65+) show lower suicide rates but face unique mental health challenges Suicide rates drop markedly after age 65. For example:</p> <ul style="list-style-type: none"><li>○ Those aged 75+ consistently show far lower suicide deaths compared to mid-life groups. (See rate comparisons in national NRS data.)</li></ul> <p>However, older adults experience:</p> <ul style="list-style-type: none"><li>○ Increased isolation and loneliness (highlighted as key risk factors in Scottish Health Survey findings).</li><li>○ Higher prevalence of chronic illness, bereavement, and reduced social contact.</li></ul> <p>This means trauma and mental health issues can be <i>significant</i> in impact, even if suicide rates are lower.</p>	
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	Needs	Evidence	Impact
<b>Disability</b>		<p>Disabled people face significantly higher suicide risk</p> <p>Although Scotland specific breakdowns by disability status are limited, UK wide data (from the Office for National Statistics, reported by Disability Rights UK) shows a stark pattern:</p> <ul style="list-style-type: none"> <li>○ Disabled men are over three times more likely to die by suicide than non-disabled men (48.36 vs 15.88 per 100,000).</li> <li>○ Disabled women are over four times more likely to die by suicide (18.94 vs 4.47 per 100,000).</li> </ul> <p>This indicates extremely elevated baseline risk for disabled people much higher than any single age group variation.</p> <p>While this is UK wide, the same underlying drivers (poverty, inequality, healthcare access barriers) are also identified in Scottish suicide prevention strategy documents.</p> <p>Scotland's suicide prevention strategy highlights that inequalities such as poverty, unemployment and poor access to services are core contributors to suicide risk. Disabled people disproportionately experience these barriers.</p> <p>Loneliness and social isolation disproportionately affect disabled people. The Scottish Health Survey identifies disabled people as a key group at increased risk of loneliness, which is strongly linked to poor mental health and can elevate suicide risk: Groups at higher risk of loneliness include those with disabilities, alongside young adults, older adults and those in poverty.</p> <p>Loneliness exacerbates trauma symptoms, increases depression and anxiety, and reduces protective social connection.</p> <p>Those in the most deprived areas are 2.6–2.5 times more likely to die from suicide than those in the least deprived</p>	Positive

		<p>areas. (Source NRS). Because disabled people are more likely to live in poverty and face employment barriers, they are disproportionately concentrated in the highest risk communities. This means that the intersection of disability and deprivation compounds suicide risk.</p> <p>Disabled people may face more healthcare touchpoints, but this doesn't always prevent crisis. Public Health Scotland data shows individuals who die by suicide often have contact with healthcare services shortly beforehand:</p> <ul style="list-style-type: none"> <li>○ 47.1% had at least one healthcare contact in the 90 days before death.</li> </ul> <p>Disabled people typically have more frequent healthcare interactions, but may still struggle with:</p> <ul style="list-style-type: none"> <li>○ fragmented care</li> <li>○ unmet mental health need</li> <li>○ inaccessible services</li> <li>○ lack of trauma-informed approaches</li> </ul> <p>This mismatch can worsen trauma impact and suicide risk despite service contact.</p> <p>Trauma disproportionately affects disabled people across the life course. Though Scotland-specific trauma prevalence data by disability is limited, well established patterns apply:</p> <ul style="list-style-type: none"> <li>○ Disabled people are more likely to experience adverse life events, discrimination, social exclusion, and poverty.</li> <li>○ These factors intersect with Scotland's identified core suicide risk drivers: deprivation, chronic stress, poor mental health, and social isolation.</li> </ul> <p>Therefore, trauma has greater intensity, duration, and cumulative impact in disabled populations.</p>	
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	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
<b>Gender Reassign</b>		<p>People who are transgender or have undergone gender reassignment face significantly higher levels of psychological distress and suicide risk than the general population.</p> <ul style="list-style-type: none"> <li>○ UK wide data shows extremely high rates of suicidality: 48% of trans people have attempted suicide and 84% have considered it, with trans youth attempting suicide at rates more than double those of cisgender peers. (Source Cosla)</li> <li>○ These high risks are driven by discrimination, stigma, social rejection, and minority stress, all of which directly contribute to suicidal thoughts and behaviours.</li> <li>○ Barriers to gender affirming healthcare, including long waiting lists, limited access, and experiences of invalidation within services, significantly worsen mental health outcomes. These barriers have been widely reported across the UK and specifically in Scotland's gender identity services. (Source PH Scotland)</li> <li>○ Research in Scotland shows that trans individuals often experience early-life trauma and ongoing psychosocial stress that continue into adulthood, influencing self harm and suicidality. (Source Scottish Government)</li> <li>○ Access to timely, affirming healthcare and supportive environments are protective factors that improve wellbeing and reduce risk. (Source Cosla).</li> </ul>	Positive
<b>Marriage &amp; Civil Partnership</b>		<p>In Scotland, people who die by suicide are much more likely to be single, widowed or divorced, with 73.3% of suicide deaths occurring among those not in a partnership. This means that being married or in a civil partnership is generally</p>	Neutral

		protective because it offers social and emotional support.	
<b>Pregnancy &amp; Maternity</b>		Latest MBRRACE-UK data shows: Mental health related causes account for nearly 40% of deaths occurring between six weeks and one year after pregnancy. Suicide risk in pregnancy is linked to trauma, adversity, and social factors, including domestic abuse. The rate of domestic abuse incidents in West Dunbartonshire in 2023/24 was 153.7 per 10,000 population, a figure consistently and significantly higher than the Scottish average of 116.1.	Positive
	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
<b>Race</b>		<p>Scottish suicide datasets (e.g., ScotSID) currently report patterns by age, sex, deprivation, geography, and healthcare contact, but not by race or ethnicity. This means we do not have Scotland specific breakdowns of suicide risk among different racial or ethnic groups.</p> <p>Although Scotland specific data is missing, England and Wales have published robust ethnicity-linked suicide analyses through the Office for National Statistics (ONS) and Samaritans. Key findings include:</p> <p>Suicide rates vary significantly between ethnic groups</p> <ul style="list-style-type: none"> <li>○ The highest rates were among White and Mixed ethnicity groups.</li> <li>○ Among women, suicide rates were highest in the Mixed ethnicity group (7.1 per 100,000).</li> </ul> <p>Recording issues may understate suicide in some minority groups. Evidence shows:</p> <ul style="list-style-type: none"> <li>○ Suicides among some minority ethnic groups may be underreported due to stigma and misclassification.</li> <li>○ Ethnicity is often recorded inaccurately in death records.</li> </ul> <p>The Scottish Health Survey notes that minority ethnic communities are at higher risk of loneliness, which is a major driver of poor mental health</p>	Positive

		<p>and can contribute to suicide vulnerability.</p> <p>This group have a higher exposure to racism, discrimination, and socioeconomic disadvantage and higher barriers to mental health access and culturally competent support.</p> <p>These indirect factors are strongly linked to trauma and elevated suicide risk.</p>	
<b>Religion &amp; Belief</b>		<p>Religion interacts with trauma and suicide risk in complex, two directional ways. It can be strongly protective for some people, but increase distress for others, depending on beliefs, community support, and personal experiences.</p> <p>When religion provides connection, compassion, and meaning, it reduces suicide risk. When it contributes to shame, exclusion, or fear, it can heighten distress.</p>	Positive

	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
<b>Sex</b>	.	<p>In respect to suicide completion certain specific mid-life bands show especially high risk. More granular data from 2022–24 highlights the peak-risk age brackets:</p> <ul style="list-style-type: none"> <li>○ Men aged 40–44 have the highest male suicide rate: <i>30.8 per 100,000</i> (2024).</li> <li>○ Women aged 35–39 have the highest female suicide rate: <i>14.4 per 100,000</i> (2024). (Source Samaritans)</li> </ul> <p>This reinforces that early to mid-40s (men) and late 30s (women) are critical age points for intervention.</p>	Positive
<b>Sexual Orientation</b>	.	<p>In the 2022 census 89.4% of respondents in West Dunbartonshire identified as heterosexual/straight.</p> <p>Sexual orientation is strongly linked with trauma and suicide risk. People identifying as LGB+ are 2.2 times more likely to die by suicide than heterosexual people. They are also 2.5 times more</p>	Positive

		<p>likely to self-harm. Gay and bisexual men are 2.5 times more likely to attempt suicide. Bisexual women have the highest self harm rates, and lesbians are three times more likely to attempt suicide than heterosexual women.</p> <p>Trauma and discrimination are the underlying causes for example, homophobic, biphobic, or transphobic bullying, rejection by family or community, social isolation and hate crime.</p>	
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	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
		<p>In relation to the ECHR - 1. Article 2 – The Right to Life. States have a positive obligation to protect life, including that of people at risk because of severe mental illness, self harm, or suicide.</p> <p>International human rights law recognises mental health as an integral part of the right to health, as protected in major treaties such as the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, and the Convention on the Rights of Persons with Disabilities (CRPD). States are obliged to ensure access to quality mental health care without discrimination.</p> <p>The UN High Commissioner for Human Rights emphasises that these obligations apply equally to mental and physical health.</p>	Positive
<b>Human Rights (ECHR statutory) UNCRC (note: currently non statutory)</b>			
<b>Health</b>			Positive

	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
		<p>Trauma and inequality magnify age-related risk Across all ages, social and economic inequalities intensify mental health harm:</p> <ul style="list-style-type: none"> <li>○ People in the most deprived areas are 2.5 times more likely to die by suicide than those in</li> </ul>	Positive
<b>Social &amp; Economic Impact</b>			

		<p>the least deprived areas. (Source NRS).</p> <ul style="list-style-type: none"> <li>○ Deprivation impacts both young people (e.g., adverse childhood experiences) and adults (work instability, poverty, substance use).</li> </ul> <p>Trauma is therefore not age neutral: children and adolescents tend to face developmental vulnerability, while adults face accumulated and compounding stressors.</p>	
<b>Cross Cutting</b>			

**Actions**

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

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

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

The work will be monitored via the trauma informed practice strategy steering and the suicide prevention strategy steering group. Quarterly reports are also submitted to the public protection chief officer group.

**Q7 What is you recommendation for this policy?**

The recommendation is that this policy is implemented.

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

A specialised post is essential because trauma, inequality, and suicide risk intersect across multiple population groups, and Scotland’s national data shows that these risks are both widespread and preventable when systems respond early, consistently, and compassionately.

West Dunbartonshire Health and Social Care Partnership  
2026/27 Summary Savings Options

Ref	Template Required	Head of Service	Partner Body	Detail	2026/27		2027/28		2028/29	
					Saving (£000)	FTE	Saving (£000)	FTE	Saving (£000)	FTE
2627 HSCP02	Yes	All	Social Care	Removal of Demographic Growth	905	-	905	-	905	-
<b>Social Care Sub Total</b>					<b>905</b>	<b>-</b>	<b>905</b>	<b>-</b>	<b>905</b>	<b>-</b>
2627 CCHS01	Yes	Lesley James	Health Care	Health Visiting - Nursing Admin and SG Funding	36	0.5	36	0.5	36	0.5
<b>Health Care Sub Total</b>					<b>36</b>	<b>0.5</b>	<b>36</b>	<b>0.5</b>	<b>36</b>	<b>0.5</b>
<b>Total Savings Options</b>					<b>941</b>	<b>0.5</b>	<b>941</b>	<b>0.5</b>	<b>941</b>	<b>0.5</b>



## 2026/27 BUDGET PREPARATION – SAVINGS OPTION

<b>Head of Service: All</b>	<b>Saving Ref: 2627 HSCP02</b>
<b>Saving Title</b>	Reduce Demographic Growth Assumptions by 50%
<p><b><u>Summary of Savings Proposal</u></b></p> <p>Population, health and deprivation impact on demand for health care, social care and social work services and can often result in higher levels of support being required across West Dunbartonshire HSCP services and at an earlier age than other neighbouring HSCP areas.</p> <p>The complexity of West Dunbartonshire’s population is explored in significant detail within the <a href="#">Strategic Needs Assessment June 2022</a>, produced to support the publication of the current <a href="#">Strategic Plan 2023 -2026</a>.</p> <p>The <a href="#">HSCP Board’s Medium Term Financial Outlook 2024/25 to 2027/28</a> incorporates sensitivity analysis to inform decision making, to support the HSCP Board’s ongoing financial sustainability, including the potential impacts of demographic pressures at a very high level.</p> <p>Using the “mid-range” scenario, demographic growth pressure of 3% for adults and 2% for children is included within the 2026/27 budget estimates at an overall cost of £1.810m. This proposal is to reduce this amount by 50% to £0.905m.</p>	
<p><b><u>Impact and Risk Associated with Proposed Savings</u></b></p> <p>Integration Authorities have not received specific recurring funding to meet demographic growth pressures since the pre-pandemic period, aside from targeted Scottish Government policy commitments.</p> <p>In 2026/27, changes to Adult Social Care GAE indicators resulted in a notional increase of £3.022m for West Dunbartonshire, partially offset by reductions in Children’s Social Work indicators, giving a net GAE increase of £2.547m. However, after application of the floor mechanism and wider funding movements, the Council’s overall increase was £1.007m, of which the HSCP share was £0.291m.</p> <p>Reducing the demographic growth provision by 50% reflects the limited additional funding available. The key risk is that actual demand exceeds the reduced provision, leading to in-year cost pressures, particularly within high-cost care packages. Pressures will be monitored through routine financial reporting and managed through recovery actions. As reliance on non-recurring measures reduces, sustained demand growth may require tighter application of eligibility criteria, prioritisation of need, and potential waiting lists, with escalation to the HSCP Board as required.</p>	

## Relationship to Strategic Priorities

### **Caring Communities**

The proposal reinforces the Strategic Plan's emphasis on targeting resources towards those with the greatest need. By reducing assumed demographic growth funding, the HSCP is required to apply eligibility criteria consistently and prioritise early intervention and prevention within existing resources.

### **Safe and Thriving Communities**

While the option does not remove services, it increases reliance on active demand management and financial control. Ongoing monitoring and governance arrangements are critical to ensure that statutory duties, safeguarding responsibilities and service quality are maintained.

### **Equal Communities**

The proposal does not change eligibility frameworks or access routes. However, increased pressure on resources heightens the importance of equitable decision-making to ensure fair and consistent access to services based on assessed need.

### **Healthy Communities**

Managing demographic pressures within constrained funding reinforces the need to shift focus towards prevention, anticipatory care and community-based support, aligning with the Strategic Plan's aim of improving population health outcomes and reducing avoidable demand on statutory services.

### **Financial Impact**

2026/27		2027/28		2028/29	
£000	FTE	£000	FTE	£000	FTE
905	0	905	0	905	0

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

**Equality Impact Assessment Completed:**

**EIA No: N/A**

<b>Submitted By</b>	<b>Julie Slavin</b>
<b>Approved By</b>	<b>Beth Culshaw</b>
<b>Date Submitted</b>	<b>13 March 2026</b>

## 2026/27 BUDGET PREPARATION – SAVING OPTION DETAIL

<b>Head of Service: Lesley James</b>	<b>Saving Ref: 2627 CCHS01</b>
<b>Saving Title</b>	Children and Families Health Care Services
<p><b><u>Summary of Savings Proposal</u></b></p> <p>Recurring saving of £0.036m derived from deletion of small residual vacancies and uncommitted Scottish Government funding across Children’s Community Health Services.</p>	
<p><b><u>Impact and Risk Associated with Proposed Savings</u></b></p> <p><b>School Nursing Service</b>  The saving is achieved through deletion of residual vacancies and uncommitted Scottish Government funding and does not remove existing substantive capacity. A reduction of 0.14 wte administrative support will be absorbed within the wider team, with arrangements in place to maintain essential service cover. The removal of a residual 0.2 wte Band 5 post reflects funding that has not been utilised to date and does not adversely affect registrant skill mix.</p> <p>The service has experienced recent pressures arising from vacancies, maternity leave and long-term sickness; however, these risks are actively managed. The team lead post has been filled, long-term sickness absence has resolved, and SCPHN registration and maternity leave returns were completed in early 2026. A service risk assessment remains in place and is regularly reviewed. While there is a potential for school nurse caseloads to increase, mitigating actions are in place, including the deployment of Nursery Nurse support for the most vulnerable children.</p> <p><b>Health Visiting Service</b>  The proposal includes a potential reduction of 0.2 wte Health Visitor Team Leader capacity arising from retirement. This reduction can be safely managed across the remaining leadership structure without impacting statutory service delivery.</p> <p><b>Overall Risk Assessment</b>  The proposal aligns staffing and funding with actual service utilisation and removes unutilised resource. Risks are considered manageable within existing controls and do not compromise statutory responsibilities, safeguarding duties or service quality.</p>	

## Relationship to Strategic Priorities

### **Caring Communities**

The proposal retains core capacity within School Nursing and Health Visiting services by removing only residual vacancies and uncommitted funding. This ensures continued delivery of early intervention and prevention activity for children and families, consistent with the Strategic Plan's focus on supporting children to get the best start in life

### **Safe and Thriving Communities**

There is no direct adverse impact on safeguarding or statutory responsibilities. Existing risk assessments and service mitigations remain in place to manage demand pressures within available resources.

### **Equal Communities**

The saving does not change eligibility criteria or access to services. Equality impacts have been assessed and no disproportionate impact on protected groups has been identified.

### **Healthy Communities**

The proposal supports the sustainability of universal child health services by aligning staffing and funding with actual service utilisation, while maintaining capacity to respond to priority health needs within existing resources.

### **Financial Impact**

2026/27		2027/28		2028/29	
£000	FTE	£000	FTE	£000	FTE
36	0.54	36	0.54	36	0.54

**FTE Impact that could be delivered through existing vacancies: 0.54**

**Equality Impact Assessment Completed:**

**EIA No: TBC**

<b>Submitted By</b>	<b>Elaine Smith</b>
<b>Approved By</b>	<b>Lesley James</b>
<b>Date Submitted</b>	<b>October 2025</b>

<b>Assessment No</b>	TBC	<b>Owner</b>	Elaine Smith
<b>Resource</b>		<b>Service</b>	Children's Community Health Services
	<b>FirstName</b>	<b>Surname</b>	<b>Job Title</b>
<b>Head Officer</b>	Lesley	James	HOS Chief SW for Children and families and Criminal Justice

<b>Members</b>	Elaine Smith, Val Tierney and Lesley James
	( <b>Please note:</b> the word 'policy' is used as shorthand for strategy policy function or financial decision)
<b>Policy Title</b>	Children and Families Health Care Services
	<b>The aim, objective, purpose and intended outcome of policy</b>
	Recurring saving of £0.036m derived from deletion of small residual vacancies and uncommitted Scottish Government funding across Children's Community Health Services.  Consider a reduction in school nursing administrative support - £0.006m Consider reduction in Health Visiting team leader resource 0.2 WTE - £0.016m School Nursing Band 5 residual balance of uncommitted SG Funding - £0.014m.
	<b>Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy.</b>
	Elaine Smith, Val Tierney and Lesley James

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

<b>SCREENING</b>
<b>You must indicate if there is any relevance to the four areas</b>

<b>Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)</b>	Y/N
<b>Relevance to Human Rights (HR)</b>	No
<b>Relevance to Health Impacts (H)</b>	Yes
<b>Relevance to Social Economic Impacts (SE)</b>	Yes

**Who will be affected by this policy?**

Children and families Nursing teams

Senior Nurse

Vulnerable families in West Dunbartonshire

Partner Agencies

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

Head of Service, Chief Nurse, Finance staff

The aim is to consider any non- recurring funds within the children and families budget  
Consider a reduction in school nursing administrative support - £0.006m  
Consider reduction in Health Visiting team leader resource 0.2 WTE - £0.016m  
School Nursing Band 5 residual balance of uncommitted SG Funding - £0.014m

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

Age/Disability /health

A reduction in school nursing resource is likely to have a negative impact on our waiting list in particular children with neurodiversities and complex needs. The current waiting list is approximately 8 months. There is a significant and increasing number of referrals being made from NHSGGC CAMHs teams in the main for children and young people awaiting assessment for neurodiversities, complex needs and disabilities.

The impact for school nursing will be increasing waiting list and increased caseload sizes from approximately 15- 20 cases each.

The reduction in the HV team leader post could potentially be absorbed into the existing workforce with minimal impact on service delivery.

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

Existing mitigations to balance the risk include; regular review of the waiting list, recruitment into Team leader vacancy and return of maternity leave staff. It is the intention to incorporate the School nurse service onto the HSCP risk register due to the existing waiting list.

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

Periodic risk assessments will continue to monitor impact and risk generated by current waiting list and staff available to deliver the service.

**Q7 What is your recommendation for this policy?**

Consider impact and risk associated with a reduction in staffing levels within the context of current service delivery challenges

The proposal aligns staffing and funding with actual service utilisation and removes unutilised resource. Risks are considered manageable within existing controls and do not compromise statutory responsibilities, safeguarding duties or service quality.

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

Risk Assessment completed noting increased caseload sizes and impact that staffing changes will have by April 2026

Impact of the reduced working week equates to a 0.5 wte band 6 school nurse and will be funded.

Waiting list will continuously be monitored throughout.



West Dunbartonshire Health and Social Care Partnership  
2026/27 Application of Reserves

Application of Reserves	Actual Opening Balance as at 1 April 2025 £000	Forecast Movement in Reserves £000	Forecast Closing Balance as at 31 March 2026 £000	Comments	Previously approved for release as part of 2025/26 budget £000	Projected Remaining Balance 31 March 2027 £000
<b>Details of Reserves Previously Approved</b>						
Superannuation	1,522	1,562	3,084	Superannuation benefit applied over a 3 year period	3,084	0
Winter Planning Funding - Interim Care *	398	(195)	203	Residual funding applied to budget gap over a phased period	195	8
<b>Total</b>	<b>1,920</b>	<b>1,367</b>	<b>3,287</b>		<b>3,279</b>	<b>8</b>
<b>Detail of Further Recommended Application of Reserves</b>					<b>2026/27 Suggested Release</b>	<b>Projected Remaining Balance 31 March 2027</b>
Service Reviews and Redesign	1,474	(269)	1,205	The reserve was established in 2021 to support service change. While a number of redesign programmes are underway, there are currently no costed commitments against this funding.	794	411
Property Strategy	934	215	1,149	This reserve balance has increased in recent years and includes £0.244m previously earmarked for improvements at Dumbarton Health Centre which remains unutilised. Ownership of all property assets used by the HSCP rests solely with the Council and the Health Board, and responsibility for funding core maintenance, improvement and replacement works therefore sits with those bodies. HSCP reserves should not be used to offset or replace owner investment. The HSCP Property Strategy requires to be refreshed to explicitly define the limited circumstances in which this reserve could be applied as supplementary funding to enhance agreed improvement or replacement works led and funded by the asset owners.	335	814
Planning and Health Improvement	238	(10)	228	The Planning and Health Improvement Reserve was established in 2020/21 from slippage against non-recurring discretionary health improvement funding, with further underspends arising from Covid-19 impacts and staffing pressures. Health Improvement funding has since moved to baselined, recurring budgets, and other than a small £0.008m commitment into 2026/27, there is no ongoing reliance on or commitment against this reserve.	220	8
Unscheduled Care Services	397	0	397	The reserve is no longer required to supplement SG unscheduled care funding and it is proposed that 50% is released to support the budget gap, with the balance retained to support Primary Care in 2026/27.	200	197
Informed Trauma	130	0	130	The reserve arose from initial delays in recruiting to the Trauma-Informed post. By combining the vacant Health Improvement Officer role with the Trauma-Informed Lead, sufficient recurring funding is now available to support the new Wellbeing post and associated training, removing the need for ongoing reserve support.	130	0
Mental Health Outcomes Framework *	82	0	82	Small residual balance can be released as no outstanding commitments.	82	0
Winter Planning Funding - Interim Care *	8	0	8	Small residual balance can be released as no outstanding commitments.	8	0
Winter Planning Funding - Enhance Care at Home *	581	(573)	8	Small residual balance can be released as no outstanding commitments.	8	0
Carers Funding	189	(46)	143	Recurring Carers Act funding is fully utilised. While removal of £80k from reserves reduces contingency should demand for short breaks exceed available resources, the HSCP should operate within approved recurring budgets and only commit expenditure where sustainable funding exists. The remaining reserve balance of £63k will be used to fund the redevelopment of the Working4U carers post for a further year.	80	63
<b>Total</b>	<b>4,033</b>	<b>(683)</b>	<b>3,350</b>		<b>1,857</b>	<b>1,493</b>

\* Removal of small residual balance



West and Dunbartonshire Health and Social Care Partnership  
Budget Gap Analysis 2026/27 to 2035/36

WD HSCP - Composition of Budget Gaps	2026/27			2027/28		
	Health Care £m	Social Care £m	Total HSCP £m	Health Care £m	Social Care £m	Total HSCP £m
<b>Recurring Budgets (excluding Set Aside)</b>	<b>118.793</b>	<b>93.623</b>	<b>212.416</b>	<b>122.100</b>	<b>108.161</b>	<b>230.260</b>
<b>Net Expenditure Pressures as at January 2026</b>						
<u>Pay Pressures</u>						
2025/26 Pay Uplift - based on agreed uplifts	0.050	0.564	0.614			
Employers NI Shortfall	0.100		0.100			
2026/27 Pay Uplift - based on agreed uplifts	1.446	1.935	3.381			
2027/28, 2028/29 and Future Pay Uplift - core assumptions				1.220	1.813	3.032
Reduced Working Week	0.594		0.594			
Movement in Local Authority Eer's Superannuation		3.190	3.190		(1.485)	(1.485)
<u>Non Pay Budget and Inflationary Pressures</u>						
Other Adjustments	0.278		0.278	0.289	0.335	0.625
Cost of Current Level of Service Adjustments		2.909	2.909			
New Burdens / New Policy Initiatives / Budget Removal		0.771	0.771		(0.008)	(0.008)
<u>National Budget Pressures</u>						
Scottish Living Wage		3.105	3.105		2.865	2.865
Demographic Pressures		1.811	1.811		1.955	1.955
Continuation of Previously Approved Savings		(1.119)	(1.119)		(0.800)	(0.800)
<u>Other Budget Pressures</u>						
Adjustment to previously approved savings and efficiency options	0.500	1.371	1.871		0.198	0.198
Prescribing	0.339		0.339	1.400		1.400
<b>2026/27 Estimated Budget</b>	<b>122.100</b>	<b>108.161</b>	<b>230.260</b>	<b>125.009</b>	<b>113.034</b>	<b>238.041</b>
Rollover Funding	(118.793)	(93.623)	(212.416)	(121.730)	(98.404)	(220.134)
Assumed Uplift	(1.674)		(1.674)	(1.728)		(1.728)
Additional Health Pay Funding	(0.669)		(0.669)	(0.407)		(0.407)
Reduced Working Week	(0.594)		(0.594)			
Share of £30m reduction in funding based on NRAC				0.840		0.840
Share of 2026/27 Uncommitted		(0.427)	(0.427)			
LA Pay - 2025/26 and 2026/27 (over PSPP)		(0.718)	(0.718)			
Scottish Government Policy Funding		(3.636)	(3.636)		(3.402)	(3.402)
<b>2026/27 Assumed Funding from Partners</b>	<b>(121.730)</b>	<b>(98.404)</b>	<b>(220.134)</b>	<b>(123.024)</b>	<b>(101.807)</b>	<b>(224.831)</b>
<b>Estimated Funding Gap</b>	<b>0.370</b>	<b>9.757</b>	<b>10.126</b>	<b>1.985</b>	<b>11.227</b>	<b>13.211</b>
<b>WD HSCP - Closing the Budget Gaps</b>	<b>Health Care £m</b>	<b>Social Care £m</b>	<b>Total HSCP £m</b>	<b>Health Care £m</b>	<b>Social Care £m</b>	<b>Total HSCP £m</b>
Application of Superannuation Reserve		3.084	3.084			
Winter Planning		0.195	0.195			
<b>Total Measures Summarised Above</b>	<b>0.000</b>	<b>3.279</b>	<b>3.279</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>Revised Budget Gap</b>	<b>0.370</b>	<b>6.478</b>	<b>6.847</b>	<b>1.985</b>	<b>11.227</b>	<b>13.211</b>

West and Dunbartonshire Health and Social Care Partnership  
Budget Gap Analysis 2026/27 to 2035/36

WD HSCP - Composition of Budget Gaps	2028/29			2029/30		
	Health Care £m	Social Care £m	Total HSCP £m	Health Care £m	Social Care £m	Total HSCP £m
<b>Recurring Budgets (excluding Set Aside)</b>	<b>125.009</b>	<b>113.034</b>	<b>238.042</b>	<b>128.042</b>	<b>119.414</b>	<b>247.456</b>
<b>Net Expenditure Pressures as at January 2026</b>						
<u>Pay Pressures</u>						
2025/26 Pay Uplift - based on agreed uplifts						
Employers NI Shortfall						
2026/27 Pay Uplift - based on agreed uplifts						
2027/28, 2028/29 and Future Pay Uplift - core assumptions	1.256	1.813	3.069	1.294	1.864	3.158
Reduced Working Week						
Movement in Local Authority Eer's Superannuation						
<u>Non Pay Budget and Inflationary Pressures</u>						
Other Adjustments	0.293	0.128	0.421	0.322	(0.144)	0.178
Cost of Current Level of Service Adjustments						
New Burdens / New Policy Initiatives / Budget Removal		0.139	0.139			
<u>National Budget Pressures</u>						
Scottish Living Wage		3.048	3.048		3.180	3.180
Demographic Pressures		2.085	2.085		2.144	2.144
Continuation of Previously Approved Savings		(0.832)	(0.832)			
<u>Other Budget Pressures</u>						
Adjustment to previously approved savings and efficiency options						
Prescribing	1.484		1.484	1.548		1.548
<b>2026/27 Estimated Budget</b>	<b>128.042</b>	<b>119.414</b>	<b>247.456</b>	<b>131.207</b>	<b>126.459</b>	<b>257.665</b>
Rollover Funding	(123.024)	(101.807)	(224.831)	(125.229)	(105.209)	(230.438)
Assumed Uplift	(1.786)		(1.786)	(1.847)		(1.847)
Additional Health Pay Funding	(0.419)		(0.419)	(0.431)		(0.431)
Reduced Working Week						
Share of £30m reduction in funding based on NRAC						
Share of 2026/27 Uncommitted						
LA Pay - 2025/26 and 2026/27 (over PSPP)						
Scottish Government Policy Funding		(3.402)	(3.402)		(3.402)	(3.402)
<b>2026/27 Assumed Funding from Partners</b>	<b>(125.229)</b>	<b>(105.209)</b>	<b>(230.438)</b>	<b>(127.507)</b>	<b>(108.611)</b>	<b>(236.118)</b>
<b>Estimated Funding Gap</b>	<b>2.813</b>	<b>14.205</b>	<b>17.018</b>	<b>3.699</b>	<b>17.848</b>	<b>21.547</b>
<b>WD HSCP - Closing the Budget Gaps</b>	<b>Health Care £m</b>	<b>Social Care £m</b>	<b>Total HSCP £m</b>	<b>Health Care £m</b>	<b>Social Care £m</b>	<b>Total HSCP £m</b>
Application of Superannuation Reserve						
Winter Planning						
<b>Total Measures Summarised Above</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>Revised Budget Gap</b>	<b>2.813</b>	<b>14.205</b>	<b>17.018</b>	<b>3.699</b>	<b>17.848</b>	<b>21.547</b>

West and Dunbartonshire Health and Social Care Partnership  
Budget Gap Analysis 2026/27 to 2035/36

WD HSCP - Composition of Budget Gaps	2030/31			2031/32		
	Health Care £m	Social Care £m	Total HSCP £m	Health Care £m	Social Care £m	Total HSCP £m
<b>Recurring Budgets (excluding Set Aside)</b>	<b>131.207</b>	<b>126.459</b>	<b>257.665</b>	<b>134.509</b>	<b>133.929</b>	<b>268.438</b>
<b>Net Expenditure Pressures as at January 2026</b>						
<u>Pay Pressures</u>						
2025/26 Pay Uplift - based on agreed uplifts						
Employers NI Shortfall						
2026/27 Pay Uplift - based on agreed uplifts						
2027/28, 2028/29 and Future Pay Uplift - core assumptions	1.333	1.920	3.253	1.373	1.978	3.351
Reduced Working Week						
Movement in Local Authority Eer's Superannuation						
<u>Non Pay Budget and Inflationary Pressures</u>						
Other Adjustments	0.328	0.027	0.355	0.335	0.217	0.552
Cost of Current Level of Service Adjustments						
New Burdens / New Policy Initiatives / Budget Removal						
<u>National Budget Pressures</u>						
Scottish Living Wage		3.318	3.318		3.463	3.463
Demographic Pressures		2.205	2.205		2.268	2.268
Continuation of Previously Approved Savings						
<u>Other Budget Pressures</u>						
Adjustment to previously approved savings and efficiency options						
Prescribing	1.641		1.641	1.739		1.739
<b>2026/27 Estimated Budget</b>	<b>134.509</b>	<b>133.929</b>	<b>268.438</b>	<b>137.956</b>	<b>141.855</b>	<b>279.810</b>
Rollover Funding	(127.507)	(108.611)	(236.118)	(129.862)	(112.013)	(241.875)
Assumed Uplift	(1.910)		(1.910)	(1.976)		(1.976)
Additional Health Pay Funding	(0.444)		(0.444)	(0.458)		(0.458)
Reduced Working Week						
Share of £30m reduction in funding based on NRAC						
Share of 2026/27 Uncommitted						
LA Pay - 2025/26 and 2026/27 (over PSPP)						
Scottish Government Policy Funding		(3.402)	(3.402)		(3.402)	(3.402)
<b>2026/27 Assumed Funding from Partners</b>	<b>(129.862)</b>	<b>(112.013)</b>	<b>(241.875)</b>	<b>(132.295)</b>	<b>(115.416)</b>	<b>(247.711)</b>
<b>Estimated Funding Gap</b>	<b>4.647</b>	<b>21.916</b>	<b>26.563</b>	<b>5.660</b>	<b>26.439</b>	<b>32.099</b>
<b>WD HSCP - Closing the Budget Gaps</b>	<b>Health Care £m</b>	<b>Social Care £m</b>	<b>Total HSCP £m</b>	<b>Health Care £m</b>	<b>Social Care £m</b>	<b>Total HSCP £m</b>
Application of Superannuation Reserve						
Winter Planning						
<b>Total Measures Summarised Above</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>Revised Budget Gap</b>	<b>4.647</b>	<b>21.916</b>	<b>26.563</b>	<b>5.660</b>	<b>26.439</b>	<b>32.099</b>

West and Dunbartonshire Health and Social Care Partnership  
Budget Gap Analysis 2026/27 to 2035/36

WD HSCP - Composition of Budget Gaps	2032/33			2033/34		
	Health Care £m	Social Care £m	Total HSCP £m	Health Care £m	Social Care £m	Total HSCP £m
<b>Recurring Budgets (excluding Set Aside)</b>	<b>137.956</b>	<b>141.855</b>	<b>279.810</b>	<b>141.554</b>	<b>150.264</b>	<b>291.818</b>
<b>Net Expenditure Pressures as at January 2026</b>						
<u>Pay Pressures</u>						
2025/26 Pay Uplift - based on agreed uplifts						
Employers NI Shortfall						
2026/27 Pay Uplift - based on agreed uplifts						
2027/28, 2028/29 and Future Pay Uplift - core assumptions	1.414	2.037	3.451	1.456	2.098	3.555
Reduced Working Week						
Movement in Local Authority Eer's Superannuation						
<u>Non Pay Budget and Inflationary Pressures</u>						
Other Adjustments	0.341	0.361	0.702	0.347	0.660	1.007
Cost of Current Level of Service Adjustments						
New Burdens / New Policy Initiatives / Budget Removal						
<u>National Budget Pressures</u>						
Scottish Living Wage		3.613	3.613		3.770	3.770
Demographic Pressures		2.398	2.398		2.398	2.398
Continuation of Previously Approved Savings						
<u>Other Budget Pressures</u>						
Adjustment to previously approved savings and efficiency options						
Prescribing	1.844		1.844	1.954		1.954
<b>2026/27 Estimated Budget</b>	<b>141.554</b>	<b>150.264</b>	<b>291.818</b>	<b>145.312</b>	<b>159.191</b>	<b>304.502</b>
Rollover Funding	(132.295)	(115.416)	(247.710)	(134.812)	(118.818)	(253.630)
Assumed Uplift	(2.045)		(2.045)	(2.117)		(2.117)
Additional Health Pay Funding	(0.471)		(0.471)	(0.485)		(0.485)
Reduced Working Week						
Share of £30m reduction in funding based on NRAC						
Share of 2026/27 Uncommitted						
LA Pay - 2025/26 and 2026/27 (over PSPP)						
Scottish Government Policy Funding		(3.402)	(3.402)		(3.402)	(3.402)
<b>2026/27 Assumed Funding from Partners</b>	<b>(134.812)</b>	<b>(118.818)</b>	<b>(253.629)</b>	<b>(137.414)</b>	<b>(122.220)</b>	<b>(259.634)</b>
<b>Estimated Funding Gap</b>	<b>6.742</b>	<b>31.446</b>	<b>38.189</b>	<b>7.897</b>	<b>36.971</b>	<b>44.868</b>
<b>WD HSCP - Closing the Budget Gaps</b>	<b>Health Care £m</b>	<b>Social Care £m</b>	<b>Total HSCP £m</b>	<b>Health Care £m</b>	<b>Social Care £m</b>	<b>Total HSCP £m</b>
Application of Superannuation Reserve						
Winter Planning						
<b>Total Measures Summarised Above</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>Revised Budget Gap</b>	<b>6.742</b>	<b>31.446</b>	<b>38.189</b>	<b>7.897</b>	<b>36.971</b>	<b>44.868</b>

West and Dunbartonshire Health and Social Care Partnership  
Budget Gap Analysis 2026/27 to 2035/36

WD HSCP - Composition of Budget Gaps	2034/35			2035/36		
	Health Care £m	Social Care £m	Total HSCP £m	Health Care £m	Social Care £m	Total HSCP £m
<b>Recurring Budgets (excluding Set Aside)</b>	<b>145.312</b>	<b>159.191</b>	<b>304.502</b>	<b>149.237</b>	<b>168.667</b>	<b>317.904</b>
<b>Net Expenditure Pressures as at January 2026</b>						
<u>Pay Pressures</u>						
2025/26 Pay Uplift - based on agreed uplifts						
Employers NI Shortfall						
2026/27 Pay Uplift - based on agreed uplifts						
2027/28, 2028/29 and Future Pay Uplift - core assumptions	1.500	2.161	3.661	1.545	2.226	3.771
Reduced Working Week						
Movement in Local Authority Eer's Superannuation						
<u>Non Pay Budget and Inflationary Pressures</u>						
Other Adjustments	0.354	0.915	1.269	0.362	1.197	1.559
Cost of Current Level of Service Adjustments						
New Burdens / New Policy Initiatives / Budget Removal						
<u>National Budget Pressures</u>						
Scottish Living Wage		3.934	3.934		4.105	4.105
Demographic Pressures		2.466	2.466		2.536	2.536
Continuation of Previously Approved Savings						
<u>Other Budget Pressures</u>						
Adjustment to previously approved savings and efficiency options						
Prescribing	2.071		2.071	2.195		2.195
<b>2026/27 Estimated Budget</b>	<b>149.237</b>	<b>168.667</b>	<b>317.904</b>	<b>153.339</b>	<b>178.731</b>	<b>332.070</b>
Rollover Funding	(137.414)	(122.220)	(259.634)	(140.107)	(125.622)	(265.729)
Assumed Uplift	(2.192)		(2.192)	(2.271)		(2.271)
Additional Health Pay Funding	(0.500)		(0.500)	(0.515)		(0.515)
Reduced Working Week						
Share of £30m reduction in funding based on NRAC						
Share of 2026/27 Uncommitted						
LA Pay - 2025/26 and 2026/27 (over PSPP)						
Scottish Government Policy Funding		(3.402)	(3.402)		(3.402)	(3.402)
<b>2026/27 Assumed Funding from Partners</b>	<b>(140.107)</b>	<b>(125.622)</b>	<b>(265.729)</b>	<b>(142.892)</b>	<b>(129.025)</b>	<b>(271.917)</b>
<b>Estimated Funding Gap</b>	<b>9.130</b>	<b>43.045</b>	<b>52.175</b>	<b>10.446</b>	<b>49.707</b>	<b>60.153</b>
<b>WD HSCP - Closing the Budget Gaps</b>	<b>Health Care £m</b>	<b>Social Care £m</b>	<b>Total HSCP £m</b>	<b>Health Care £m</b>	<b>Social Care £m</b>	<b>Total HSCP £m</b>
Application of Superannuation Reserve						
Winter Planning						
<b>Total Measures Summarised Above</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>Revised Budget Gap</b>	<b>9.130</b>	<b>43.045</b>	<b>52.175</b>	<b>10.446</b>	<b>49.707</b>	<b>60.153</b>



West Dunbartonshire Health and Social Care Partnership  
Social Care Capital Budget

Project No		Recurring/ Non- recurring	Spend to 31 March 2025 £000	Updated Budget 2025/26 after P10 BCR £000	Budget 2026/27 £000	Budget 2027/28 £000	Budget 2028/29 £000	Budget 2029/30 £000	Budget 2030/31 £000	Budget 2031/32 to 2035/36 £000	Budget 2025/26 to 2035/36 £000	Project Life £000
HSCP 1	Special Needs - Aids & Adaptations for HSCP clients (unallocated)	R	0	0	0	0	0	0	765	3,590	4,355	4,355
HSCP 1a	Resources			281	229	228	227	225			1,190	1,190
HSCP 1b	Stairlift			74	60	59	58	57			308	308
HSCP 1c	Equipment			413	342	346	350	355			1,806	1,806
HSCP 1d	Ceiling Track			10	8	8	8	8			42	42
HSCP 1e	Physical Disabilities Aids and Adaptations			157	126	124	122	120			649	649
HSCP 2	ICT Modernisation HSCP (unallocated)	R	0	0	0	0	0	0	0	437	437	437
HSCP 2a	Life Lens			1	13						14	14
HSCP 2b	Magic Notes			15	48						63	63
HSCP 2c	Staffing			43	45	46	48	49	50		281	281
HSCP 2d	ICT Device			5	5	5	5	5	5		30	30
HSCP 3e	HSCP Website			30	0						30	30
HSCP 3f	Digital Inclusion (Prevention, Early Intervention, DCE)			10	10	10	10	10	10		60	60
HSCP 2e	Digital Telecare (AICO project, tec hub, new technology)				13	49	10				72	72
HSCP 2f	HSCP Systems/Applications (new applications, scripts, automation, data utilisation)			10	25	49	27	26	25		162	162
HSCP 3	Community Alarm upgrade	NR	0	272	75	4	0	0	42	42	435	435
<b>Total HSCP</b>			<b>0</b>	<b>1,321</b>	<b>999</b>	<b>928</b>	<b>865</b>	<b>855</b>	<b>897</b>	<b>4,069</b>	<b>9,934</b>	<b>9,934</b>



**Direction from Health and Social Care Partnership Board.**

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

**From:** Chief Office HSCP  
**To:** Chief Executives WDC and NHSGCC  
**CC:** HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair  
**Subject:** For Action: Directions from HSCP Board 24 March 2026

**Attachment: 2026/27 Annual Budget Setting Report**

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP000092JS24032026
2	Date direction issued by Integration Joint Board	24 March 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)	No
6	Functions covered by direction	All delegated Health and Care Services as set-out within the Integration Scheme
7	Full text and detail of direction	West Dunbartonshire Council is directed to spend the delegated net budget of £98.404m 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 £121.730m in line with the Strategic Plan and the budget outlined within this report
8	Specification of those impacted by the change	2026/27 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 2026/27 budget aligned to the HSCP Board is £268.273m. Allocated as follows: West Dunbartonshire Council - £98.404m NHS Greater Glasgow and Clyde - £121.730m Set Aside - £48.139m
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities
11	Strategic Milestones	Maintaining financial balance in 2026/27 <span style="float: right;">30 June 2027</span>
12	Overall Delivery timescales	30 June 2027
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report, a Year-End Report in line with Annual Accounts statutory timetable and (where appropriate) the position regarding Debt Write Off's.
14	Date direction will be reviewed	The next scheduled HSCP Board - 26 May 2026



**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

**Meeting:** Meeting of Joint Staff Forum

**Date:** Thursday 6<sup>th</sup> November 2025 at 10am

**Venue:** Denny Meeting Room, Church Street

**Present:** Beth Culshaw,(Chair); Karyn Wood; Michelle McAloon; Moira Wilson; Fiona Taylor; Margaret Jane Cardno; Val Tierney; Lesley James; Leanne Galasso; Louise Brown, Unison; Sylvia Chatfield; Julie Slavin; Shirley Furie GMB; Connor Farmer, Unite; Helen Little; Sarah Weed; Joyce Habo (Minutes)

**Apologies:** David Smith, Unison; Davy Scott, GMB; Ann Cameron-Burns; Andrew McCready, Unite

<b>Item</b>	<b>Description</b>	<b>Action</b>
<b>1.</b>	<b>Welcome, Introduction, Apologies</b>	

Beth noted we are not quorate as no NHS TU representative is in attendance. Agreement to continue with meeting as no decisions require to be agreed today.

<b>2.</b>	<b>Standing Agenda Items</b>	
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a) Minutes of Last Meeting  
[..\10 October\00. 2025 10 02 - DRAFT Minute JSF.docx](#)

b) Rolling Action Log

06/11 - IJB Vacancy, Beth noted that a TU representative should be in post and have a seat at IJB as this is a missed opportunity.

Basic AP & CP Training – Sylvia noted we need to understand the frequency of this. Lesley advised that requests are only considered annually for statutory training. Lesley to forward standard questions to Leanne.

LJ/LG

All

**29/01/2026 – Agreed change to Minute re: CP and AP Training. Leanne advised this will be discussed at PMRG who will make the decision about adding CP and AP as mandatory training.**

Flu Vaccinations - Val advised following discussion with Public Health, they have advised this is for social care staff not social work staff and this is due to the closer proximity of working they have, this is in the national guidance. Closed on RAL.

c) Chief Officer Update

Beth noted the increasing pressure across a range of services, particularly around delayed discharges and this is due to availability of local care home beds, a large-scale investigation that led to no admissions which caused a knock-on effect, this was also discussed at a recent health board meeting where it is also generating concern.

Health Board meeting last week – National Information was shared about a Maternity and gynaecology – doesn't directly impact IJB's but sharing for information.

Transforming Care Together is developing both intermediate care beds as well as virtual care beds.

IJB at the end of November and the key elements will be our savings proposals for next year. We are facing an extremely challenging financial position and every year it is getting harder to identify savings.

Beth attended a Musical Theatre performance by our Looked After Children, and she will review how we can widen their performance out, noting you can read policy papers, but it is better to listen to what they have to say.

A Protected Learning Time event is taking place today for GP's.

d) Finance

JS

Papers are going to the board in November with the Month 6 position and there are a few key service areas to work through. Similar to month 5 we have a predicted overspend of £2.6m and we need to do everything we can to reduce this, overspends are taken from earmarked reserves, and this then carries over into the next financial year.

Social care currently has a budget gap of £9m which may change due to an expectation that Scottish Government may provide additional funding for the pay award, this will help this and the next financial year. We budgeted for 3% but settled at 4%.

The UK budget is due at the end of the month; the Scottish budget is delayed. Julie and Beth are reviewing savings options today, but the scale of the challenge is we are significantly short of what we need to close the gap.

There is a health care gap of £4m and although we received the pay award uplift, there is a gap in National Insurance which is the same in the public sector.

The prescribing budget is significant, and it is hoped that we underspend which will reflect into next year. Global pharmaceuticals are multi layered and price and volume is one part of it, but a lot is out with our control. GP's and pharmacy staff are on board with this. From July/August data we are currently underspending in the Pharmacy budget.

The superannuation reduction helped this year, but this is a non-recurring benefit which will go back up to 17.5% next year.

Margaret Jane queried if we would receive the shortfall in the pay award for 25/26 or will it be covered in 26/27. Julie advised if we have the shortfall, it will help support 26/27 but it will still have to be found from savings.

e) Health Board Transformation Agenda

VT

f) Trade Union Updates

i. Connor noted workload for TU's is immense as they are reaching across every service and with the number of redesigns, appeals, budget restraints and the number of members there is extreme pressure on TU.

### 3. HR & OD Update

Agenda For Change

MMcA

Michelle updated on the band 5 nursing review: 1369 applications have been submitted and there are 2700 in the system. Query whether we can identify these specifically for WDC, Michelle confirmed we have around 96 nursing staff in WDC and Julie advised that funding may come with this change.

Reduced Working Week

Information has been sent to Scottish Government to highlight that £55m is required to cover the hours lost. Query whether funding for this would be provided, but if not, we need to review how we can deliver services with what we have.

Helen noted if the workforce is not available its likely there will be no back up plan, but at a recent CSP meeting they were hopeful Scottish Government would reimburse this.

HR Update - NHS

MMcA

September absence: 6.36% an increase from August which was 4.46% - October figures are not available, but it appears we have increased again.

Top reasons are anxiety, stress, depression, colds/flu and MSK problems. The number of occasions of absence has been reviewed, as well as a review of what support is being provided.

PDP&R/KSF compliance rate increased by 1.73% to 67.16% (September)

Statutory and Mandatory Training – the target is 90% and we usually exceed that. Fire safety needs to be over 90% and all attendees were asked to focus on this module. LD and Diabetic Retinal Screening were lowest compliance areas across the modules so work is required in these areas.

ALL

3 new staff started and there were 2 leavers. Mental health and menopause webinars are ongoing.

#### HR Update – WDC

Absence was 10.38% and is now down to 8%  
New staff – 6 and 17 leavers.

Connor noted stress is significant and queried if WDC and NHS can identify whether this is work related stress or personal stress, Sylvia advised in her teams it is personal stress, not work related. Michelle explained both NHS and WDC report this differently.

Beth agreed we need to review causes and frequency of staff who are absent repeatedly and support their wellbeing. It was noted absence has a real financial impact. Karyn noted if more support is offered at work, staff are less likely to be absent due to personal stress.

#### OD Update

MW

Protected Learning Time national group met last week and the main area in terms of workstream 1 was finalised/checked and will be on Learnpro and Turas in December. Workstream 2 is currently on hold.

A series of online and in person sessions will be available via 30-minute sessions to evaluate PDP's, access to training will be ongoing and this feedback will be actioned via an action plan.

Successful networking event last week despite there being some non-attenders. There were 18 facilitators, and 14 participants and

feedback will be provided to SMT. Consideration is being given to holding another event in the spring.

Michelle attended and noted it was good to connect with people and hear about what other services provide.

World Kindness Day is next week and there will be more publicity to ensure everyone is aware of it.

Staff awards will be launched on Monday 10<sup>th</sup> November as part of recognising and valuing staff.

#### 4. **Service Updates**

Mental Health, Addictions and Learning Disabilities SC

Admin is an ongoing challenge.

Health & Community Care FT

Children's, Health, Care and Criminal Justice LJ

The third engagement session is taking place with operational managers affected by structure changes in children's services and discussions are ongoing around the structure and how this relates to SOM. We are aiming to get to a position by the end of the year to aid the consultation and this will go to SRRG for agreement.

Two recent graduates missed their graduation as tickets had run out at the University, the team acknowledged their achievements to ensure it was recognised. We have now had 11 staff supported via HSCP to create capacity of social workers given there is a national shortage.

Sylvia noted she has post graduate SW assistants qualifying in February, two from LD and one from MH and this is encouraging that we can offer opportunities and invest in HSCP.

Beth suggested inviting graduates to the staff award ceremony.

Strategy & Transformation MJC

MSK HL

Working through the reduced working week (4-day week, 9-day fortnight). 20% have expressed an interest in this model and will submit flexible working.

Civility Saves Lives presentation will come to the next EMT, with 2 champions presenting this.

District Nursing staff have moved to a 4-day working week and this has resulted in a reduction in staff absence.

Transforming together, Intermediate Care Beds

Three are open and the other four will open when the opportunity arises. Funding for new posts: a new OT has been appointed; a physio is still to be recruited. The SW post is being advertised, and an agency SW is currently in place.

## 5. Any Other Business

Three key elements for Area Partnership Forum

All

1. Joint working to be supported following the agreement from GMB which all attendees are supportive of
2. Volatile Finance situation
3. Social Worker qualifications

## 6. Papers for Information

### 7. AOCB

GMB Agreement

Beth queried if all attendees were content for this to be signed off,

Louise advised she would be happy to support this but would like to discuss with Gillian and then respond.

Connor advised he was happy to support this but noted Unite were not included in this. He does not believe it needs to be in place as he feels everyone is treated with dignity and respect without the need for having a written document; despite not being consulted he is happy to support it.

Beth felt engagement at the last meeting with no objections noted and queried if this was for the partnership or just for GMB. Connor noted he was not in attendance at the last meeting so had no input, he is always willing to work in this way but wouldn't sign this.

Shirley agreed with the document noting it came via previous meetings when both parties had issues. GMB thought it would be good to have a document to be used as a reminder and GMB are happy to sign this off.

Beth would be keen to receive all feedback within the week, appreciating what Connor has said and would like to know other views, there is no issue with the content – it is a GMB document and not a TU document, therefore not sure signatures are required. However, we can say we agree with the sentiment of this document from GMB.

**8. Date of Next Meeting**

Thursday 29<sup>th</sup> January at 10.00am, Denny Meeting Room,  
Church Street, Dumbarton



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

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

**24 March 2026**

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**Subject: Exception Report: Review of Strategic Risk: Dumbarton Health Centre**

**1. Purpose**

- 1.1 The purpose of this report is to update the HSCP Board on the position relating to the future of Dumbarton Health Centre, highlighting any risks and mitigating actions, in order that the Board may decide if this should be included in the Boards Strategic Risk Register.

**2. Recommendations**

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

- 2.1 Agree that the strategic risk as outlined in Appendix I of this report is included in the HSCP Board Strategic Risk Register.
- 2.2 Request that the Chief Officer works with the NHS Greater Glasgow and Clyde Capital Planning Team to progress this risk.

**3. Background**

- 3.1 On the 27 January 2026 the HSCP Board considered the six-monthly review of the Strategic Risk Register.
- 3.2 The Board had already considered the matter of Dumbarton Health Centre at a previous meeting (19 August 2025) and agreed that “the matter of the Dumbarton 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.
- 3.3 However, in response to the Scottish Government budget, which was announced on Tuesday 13 January 2026, it is the view of officers that this risk should be further reviewed, and this was highlighted to the HSCP Board on the 27 January 2026.
- 3.4 Subsequently the HSCP Board agreed that the Head of Strategy and Transformation bring an exception report to the HSCP Board on the 27 March 2026, providing details of the risks pertaining to Dumbarton Health Centre and

any mitigating actions in order that the HSCP Board may take a view in relation to the inclusion of this risk on the Strategic Risk Register.

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

- 4.1 Dumbarton Health Centre opened in 1973. It is of CLASP construction, which is a prefabricated, modular building system which was developed in the 1950s to help the public sector quickly build schools, public buildings, and later offices, housing, and other facilities.
- 4.2 It serves a population of approximately 25,000 and there are in the region of 200 staff within the building. The key services provided include: five GP practices; community treatment rooms; podiatry; physiotherapy; district nursing, and children and family services.
- 4.3 The building is no longer fit for purpose and presents several operational challenges.
- 4.4 As an aging CLASP property, the building presents several risks, primarily due to the use of the building beyond its intended lifespan. CLASP buildings were only expected to last in the region of 50 years, yet Dumbarton Health Centre remains in use, presenting risks and structural concerns linked to the lightweight prefabricated frame which can weaken over time.
- 4.5 Structural, roofing, heating and layout constraints are not unusual with CLASP built structures, however these have been further exacerbated with historic issues related to water ingress, fire related damage and significant limitations in capacity for modern primary care and HSCP delivery models. These limitations can be exemplified by the restrictions imposed by the current layout in relation to accommodation for the expanded PCIP workforce and integrated Children and Families services.
- 4.6 The constraints on the building have an impact on the Partnerships ability to effectively deliver modern primary care services. A fit-for-purpose, modern estate is foundational for achieving the Partnerships ambition of accessible, integrated, community-based primary care. If the Dumbarton Health Centre is not kept to a high standard, the risks directly undermine the Primary Care Strategy. These risks fall across patient safety, workforce wellbeing, service capacity, financial sustainability, strategic delivery, equity, and system resilience.
- 4.7 The building is owned by NHS Greater Glasgow and Clyde, and the constraints referenced in this document are well known to the Health Board, having been highlighted during a series of estates assessments and feasibility work undertaken.
- 4.8 On the 7 April 2025 NHS Greater Glasgow and Clyde Capital Planning Group approved a business case for £2.9 million of investment to address all backlog

maintenance issues, whilst also creating additional clinical, interview and hot desk spaces.

- 4.9 West Dunbartonshire receives no funding for local improvement to buildings operated by the HSCP, the HSCP can bid for one off funding, which become available with short term timescales. This funding does not meet the ongoing work identified within the Estate Asset Management System (EAMS). Over the last 12 months the cost of repairs, in addition to the £24k per annum service contract cost, which is chargeable for all buildings, is in the region of a further £24k for roof repairs, drainage repairs and miscellaneous works such as heating, floor and security repairs.
- 4.10 The presence of asbestos makes remedial work costly, and far more disruptive on service delivery. The priority areas for remedial work currently are related to the roof; external wall cladding; emergency lighting; fire doors, drainage and plumbing; and security systems such as CCTV.
- 4.11 To mitigate against the risks outlined within this report NHS Greater Glasgow and Clyde have undertaken a comprehensive estate review, encompassing the whole Greater Glasgow and Clyde area.
- 4.12 This review has included consideration of targeted refurbishment alongside the preferred option of new build planning. Although a prioritisation exercise was not undertaken it was widely accepted within NHS Greater Glasgow and Clyde that Dumbarton Health Centre needs were significant, and should the opportunity arise, would likely feature highly in any future new build programme.
- 4.13 The Scottish Government Spending Review 2026, announced on the 13 January 2026, highlights investment of £4.1 billion health capital over four years, which did not include Dumbarton Health Centre.
- 4.14 As such, long-term options such as phased replacement or new build planning appear to be somewhat challenging to deliver due to constraints on the capital plan. Therefore, alternative mitigations must be identified.
- 4.15 The risk is further complicated as the HSCP Board does not own or manage assets. Section 11.19 of the Integration Scheme states, “Capital and assets and the associated running costs will continue to sit with the Parties. The Parties agree that the Chief Officer and the Chief Financial Officer will be formally and appropriately engaged within Health Board and Council corporate processes regarding minor works and minor equipment, making the best use of existing resources and developing capital programmes.”
- 4.16 This property is in the ownership of NHS Greater Glasgow and Clyde, therefore the risks pertaining to the fabric of the building are for the Health Board to manage. The greatest risk for the HSCP Board is the failure of the building and subsequently the HSCPs ability to deliver key frontline services

and deliver on its commitments in relation to the Primary Care Improvement Plan.

- 4.17 It is therefore important that the HSCP Board seek assurance from NHS Greater Glasgow and Clyde that mitigating actions are in place to prevent partial or full closure of the building, whilst also seeking assurance from HSCP officers that mitigating actions are in place to ensure continuity of service delivery and protect the ability of the HSCP to deliver against its obligations under the Primary Care Improvement Plan.

## **5. Options Appraisal**

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

## **6. People Implications**

- 6.1 The recommendations within this report do not have any direct or indirect people implications. However, Dumbarton Health Centre is home to approximately 200 staff who are impacted by failures to the fabric of the building. These could range in scale from inappropriate working conditions which impact on staff wellbeing and the ability to deliver effective services, through to total closure of the building which would result in displacement.

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

- 7.1 The recommendations within this report do not have any direct financial implications for the HSCP, out with the budgets already allocated for the maintenance of this building. However, the management of the risk associated with Dumbarton Health Centre do present financial implications for NHS Greater Glasgow and Clyde.

## **8. Risk Analysis**

- 8.1 This report endeavours to highlight to the HSCP Board the increasing risk of Dumbarton Health Centre becoming unusable (either as a whole or in part) following the recent announcement of the Scottish Governments Capital Planning priorities for the next four years. The risks for the HSCP Board are outlined in Appendix I of this report, it is recommended that these are added to the Strategic Risk Register.

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

- 9.1 An EIA is not required as the recommendations within this report do not impact on those with protected characteristics. However, it is widely accepted that the risk associated with an unplanned Dumbarton Health Centre closure would have a significant impact on the local populations health and access to care.

## **10. Environmental Sustainability**

- 10.1 The recommendations within this report do not require the completion of an Environmental Sustainability assessment.

## **11. Consultation**

- 11.1 The HSCP Senior Management Team, the Chief Financial Officer and the Monitoring Solicitor have been consulted in the creation of this report. In addition, the Property Services Manager Janette Hawthorne, within NHS Greater Glasgow and Clyde has also been consulted and all views incorporated accordingly.

## **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.
- 12.2 On the 27 January 2026 the HSCP Board agreed “to extend the lifespan of the current strategic plan for one additional financial year.” As the strategic plan for 2027 – 2032 develops further consideration should be made to the inclusion of the need for new capital investment. Section 11.20 of the Integration Scheme states, “The Parties agree that where the Integration Joint Board identifies the need for new capital investment within the Strategic Plan, a business case will be developed by the Chief Officer for both Parties to transparently consider through their corporate processes. The Parties agree that process by which a business case has been considered, the decision reached and the basis for that decision will be formally reported back to the Integration Joint Board.”

## **13. Directions**

- 13.1 The recommendations within this report require a Direction to be issued to NHS Greater Glasgow and Clyde, this can be found in Appendix II of this report.

**Name:** Beth Culshaw  
**Designation:** Chief Officer  
**Date:** 12 March 2026

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**Person to Contact:** Margaret-Jane Cardno  
Head of Strategy and Transformation  
West Dunbartonshire Health and Social Care Partnership  
16 Church Street  
Dumbarton

G82 1QL

Email: Margaret-Jane.Cardno@west-dunbarton.gov.uk

**Appendices:**

Strategic Risk Register (Appendix I)

Direction HSCP B000090MJ24032026 (Appendix II)

Risk Owner: Head of Health and Community Care						
Description	Cause	Risk Level (Previous)	Controls	Risk Level (Current)	Risk Level (Target)	Status
<p>A significant incident, such as structural failure, fire, flooding, contamination, renders Dumbarton Health Centre partially or fully unusable.</p> <p>If the outage extends beyond short-term business continuity assumptions, the organisation may be unable to sustain essential clinical and administrative services at required capacity.</p> <p>This would significantly disrupt patient access, service delivery, workforce stability, and operational</p>	<ul style="list-style-type: none"> <li>○ Severe weather incidents (storms, flooding, high winds)</li> <li>○ Fire or smoke damage</li> <li>○ Structural issues, ageing infrastructure, or accelerated building degradation</li> <li>○ Burst pipes, major plumbing failures, or water ingress</li> <li>○ Electrical faults</li> <li>○ Hazardous material contamination (e.g., asbestos disturbance, mould)</li> <li>○ Security incidents rendering the site unsafe</li> </ul>	<ul style="list-style-type: none"> <li>○ Suspension or reduction of primary care and community health services</li> <li>○ Delayed or cancelled appointments and reduced access to urgent and routine care</li> <li>○ Increased pressure on neighbouring health centres (e.g., Vale Centre for Health &amp; Care)</li> <li>○ Patient safety risks due to reduced ability to provide timely face-to-face assessment</li> <li>○ Operational bottlenecks if temporary accommodation</li> </ul>	<p><b>Existing Controls</b></p> <ul style="list-style-type: none"> <li>○ Regular building inspections and maintenance</li> <li>○ Fire safety systems and alarms</li> <li>○ Backup power for critical systems</li> <li>○ Emergency response procedures</li> <li>○ Business Continuity Plan (BCP) with short-term relocation options</li> <li>○ Agreements with nearby facilities for temporary service relocation</li> <li>○ Remote working capability for administrative staff</li> </ul>	<p><b>Likelihood:</b> Probable (4)</p> <p><b>Impact:</b> Major (4)</p> <p><b>Overall Rating:</b> <b>Very High (16)</b></p>	<p><b>Likelihood:</b> Rare (1)</p> <p><b>Impact:</b> Major (4)</p> <p><b>Overall Rating:</b> <b>Acceptable (4)</b></p>	Open

<p>performance across the Dumbarton area.</p>		<p>is unsuitable or insufficient</p> <ul style="list-style-type: none"> <li>○ Reputational damage and reduced public confidence</li> <li>○ Financial impact from emergency repairs, relocation, overtime, and lost activity</li> <li>○ Staff morale and welfare issues if working conditions become unstable or dispersed</li> </ul>	<ul style="list-style-type: none"> <li>○ Remote access to clinical systems</li> <li>○ Mutual aid arrangements</li> <li>○ Emergency communication procedures</li> </ul> <p><b>Gaps/Weaknesses</b></p> <ul style="list-style-type: none"> <li>○ No identified medium- or long-term alternative premises</li> <li>○ Limited capacity in partner sites to absorb displaced services</li> <li>○ Insufficient clinical space/equipment for sustained relocation</li> <li>○ Over-reliance on digital access without contingency for increased demand</li> </ul> <p><b>Controls In Progress</b></p>			
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			<ul style="list-style-type: none"><li>○ Identification and pre-approval of medium-term alternative accommodation options</li><li>○ Formal agreements with local NHS sites, community facilities, or modular building providers</li><li>○ Development of scalable relocation plans for 1 week, 1 month, and 3+ months</li><li>○ Maintaining an inventory of portable clinical equipment for rapid deployment</li><li>○ Periodic scenario testing and BCP validation</li><li>○ Continued building resilience improvements</li></ul>			
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Impact of Risk	(5) Catastrophic	5 Adequate	10 Issue	15 Issue	20 Unacceptable	25 Unacceptable
	(4) Major	4 Acceptable	8 Adequate	12 Issue	16 Unacceptable	20 Unacceptable
	(3) Moderate	3 Acceptable	6 Adequate	9 Adequate	12 Issue	15 Issue
	(2) Minor	2 Acceptable	4 Acceptable	6 Adequate	8 Adequate	10 Issue
	(1) Insignificant	1 Acceptable	2 Acceptable	3 Acceptable	4 Acceptable	5 Adequate
	<u>Risk Appetite</u>	(1) Rare	(2) Unlikely	(3) Possible	(4) Probably	(5) Almost certain
Likelihood of Risk						

Likelihood	Consequence/Impact				
	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

>18	Very High
10-16	High
4-9	Medium
1-3	Low
Normal Risk Tolerance	

Level of risk	How risk should be managed
Very High Risk (16 - 25) Red	Requires active management. High impact/high likelihood: risk requires active management to manage down and maintain exposure at an acceptable level.
High Risk (10 - 15) Amber	Contingency plans. A robust contingency plan may suffice together with early warning mechanisms to detect any deviation from plan.
Medium Risk (5 - 9) Yellow	Good Housekeeping. May require some risk mitigation to reduce likelihood if this can be done cost effectively but good housekeeping to ensure the impact remains low should be adequate. Reassess frequently to ensure conditions remain the same.
Low Risk (1 - 4) Green	Review periodically. Risks are unlikely to require mitigating actions but status should be reviewed frequently to ensure conditions have not changed.

**Appendix 2:** Direction from Health and Social Care Partnership Board

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

**From:** Chief Officer, HSCP  
**To:** Chief Executive NHSGGC  
**CC:** HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair  
**Subject:** Direction from West Dunbartonshire HSCP Board 24 March 2026 FOR ACTION  
**Attachment:** *attach relevant HSCP Board report*

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP B000090MJ24032026
2	Date direction issued by Integration Joint Board	24 March 2026
3	Report Author	Margaret-Jane Cardno Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership 16 Church Street Dumbarton G82 1QL  Email: Margaret-Jane.Cardno@west-dunbarton.gov.uk
4	Direction to:	NHS Greater Glasgow and Clyde only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Integration Scheme Section 16 - 16.2 The Chief Officer will be responsible for ensuring that suitable and effective arrangements are in place to manage the risks relating to the integrated services within the scope of the Integration Joint Board. The Parties will provide the Chief Officer and the Integration Joint Board with relevant specialist advice and support (including internal audit, clinical and nonclinical risk managers, and health and safety advisers).

7	Full text and detail of direction	<p>To provide assurance that, in relation to Dumbarton Health Centre, mitigating actions are in place to avoid the following risks:</p> <ul style="list-style-type: none"> <li>○ Harm to staff, patients, and contractors from asbestos fibre exposure.</li> <li>○ Partial or full closure of the health centre.</li> <li>○ Legal and regulatory enforcement, including prohibition or improvement notices.</li> <li>○ Significant unplanned capital expenditure for remediation or replacement.</li> <li>○ Reputational damage and loss of community confidence.</li> </ul>
8	Specification of those impacted by the change	No change proposed.
9	Budget allocated by Integration Joint Board to carry out direction	No budget allocation required.
10	Desired outcomes detail of what the direction is intended to achieve	To reduce the strategic risk in relation to Dumbarton Health Centre.
11	Strategic Milestones	N/A
12	Overall Delivery timescales	24 April 2026
13	Performance monitoring arrangements	In line with the agreed Performance Management framework this direction will be monitored and progress reported twice per year.
14	Date direction will be reviewed	24 March 2027