

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Tuesday, 26 May 2026

Time: 14:00

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

Contact: Natalie Roger, Committee Officer
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Dear Member

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

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

The business is shown on the attached agenda.

Yours faithfully

BETH CULSHAW

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

Distribution:-

Voting Members

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

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
Val Tierney
Andrew McCready

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

Date of Issue: 19 May 2026

Audio Streaming

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WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

AGENDA

TUESDAY, 26 MAY 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 - 12

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

7/

PLANNING AND DELIVERY

- 7 CHANGE PROJECT: CARE AT HOME 15 - 35**
- Submit report by Fiona Taylor, Head of Health and Community Care, providing an update on the Care at Home Service including the progress and impact of the Redesign Project, Care Inspectorate Inspection and financial sustainability.
- 8 CHANGE PROJECT: LEARNING DISABILITY REVIEW PROGRESS UPDATE 37 - 80**
- Submit report by Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions updating the Board on progress made following approval of the Paper entitled: "Proposed Next Steps Following a Comprehensive Review of Learning Disability Services" in August 2025.
- 9 CHANGE PROJECT: WHAT WOULD IT TAKE? STRATEGY 2024-2029 81 - 103**
- Submit report by Lesley James, Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer, providing an annual report on activity during 2025- 2026 on the implementation of the What Would It Take Strategy which seeks to improve outcomes for children and young people, drive improvement in services and ensure sustainability.
- 10 UPDATE ON THE ADULT CARER ASSESSMENT AND SUPPORT PLAN AND THE SHORT BREAKS PROCESS REVIEW 105 - 109**
- Submit report by Julie Slavin, Chief Financial Officer, providing an update on the implementation and impact of Adult Carer Assessment and the Support Plan (ACASP) process and Short Breaks process that was agreed by the HSCP Board on the 30 September 2025.
- 11 DIGITAL STRATEGY UPDATE 111 - 137**
- Submit report by Beth Culshaw, Chief Officer, demonstrating progress made in the implementation of the HSCP Digital Strategy 2024-2027 and looking ahead to the development of a follow up Digital Strategy which will apply from 2027 onwards.
- 12/**

12 MENTAL HEALTH AND WELLBEING IN PRIMARY CARE SERVICE 139 - 147

Submit report by Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions updating on the present position of the Wellbeing Nurse (WBN) Team and future operational plan for this service, and to update on the Primary Care Mental Health Team (PCMHT) review which was recently completed by all six partner HSCP areas.

PERFORMANCE AND QUALITY

13 FINANCIAL PERFORMANCE UPDATE REPORT 149 - 189

Submit report by Julie Slavin, Chief Financial Officer, providing an update on the financial performance as at period 12 to 31 March 2026 and a draft outturn position to 31 March 2026.

14 DELAYED DICHARGES DEEP DIVE 191 - 198

Submit report by Fiona Taylor, Head of Health and Community Care, providing an update on the improvement work in progress to reduce the risk of people being delayed in discharge from hospital.

GOVERNANCE, COMPLIANCE AND REGULATIONS

15 ENGAGEMENT ACTIVITY REPORT 2025/26 199 - 208

Submit report by Beth Culshaw, Chief Officer, providing an update on community engagement activities undertaken in the year 2025/26 and to provide assurance that the HSCP is operating in line accordance with the agreed Engagement and Participation Strategy 2024 – 2027.

16 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, 18 August 2026 at 2.00 p.m. as a Hybrid Meeting in the Civic Space, 16 Church Street, Dumbarton G82 1QL.

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

**Email: natalie.roger@west-dunbarton.gov.uk;
committee.admin@west-dunbarton.gov.uk**

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

At a Hybrid Meeting of the West Dunbartonshire Health and Social Care Partnership Board held in the Civic Space, 16 Church Street, Dumbarton on Tuesday, 24 March 2026 at 2.00 p.m.

Present: Michelle Wailes, Libby Cairns and Lesley McDonald, NHS Greater Glasgow and Clyde and Councillors 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; Anne MacDougall, Stakeholder Member, John Kerr, Housing Development and Homeless Manager; Lesley James, Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer and Kim McNab, Service Manager – Carers of West Dunbartonshire.

Also Attending: Peter Hessett, Chief Executive, Alan Douglas, Chief Officer – Regulatory and Regeneration; 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; and Natalie Roger, Committee Officer.

Apologies: Apologies for absence were submitted on behalf of Val Tierney, Chief Nurse; Carolyn Ralston, Stakeholder Member; David Smith, Unpaid Carers Representative and Karyn Wood, Head of HR.

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 27 January 2026 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 acknowledged the many months of hard work that had gone into the papers presented today. Delayed discharge performance continues to be monitored closely and the Chief Officer reported significant improvement in the last month, with acute delays sitting at 40 compared to last month's which was over 50.

There will be a motion at the forthcoming Council meeting with regards to Home Care Re-design and the Chief Officer continues to keep Member's updated. The re-design work will continue and the majority of staff have moved over to the new working patterns.

The Chief Officer joined a recent meeting with local GP's and Primary Care Teams to discuss the work around Transforming Together and the Primary Care Improvement Plan which was positive.

The Chief Officer explained that there is new legislation around voting rights and Membership of the HSCP Board and a paper will be submitted for the May meeting if there is sufficient information by then to progress.

The Annual Staff Awards was a well-attended event with a record number of nominations and the afternoon was enjoyed by all.

The Chief Officer provided up to date clarification and assurance on the Care at Home Review in answer to Members' questions.

2025/26 FINANCIAL PERFORMANCE PERIOD 10 REPORT

A report was submitted by Julie Slavin, Chief Financial Officer, providing an update on the financial performance as at Period 10 to 31 January 2026 and the projected out-turn position to 31 March 2026.

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

- (1) to note the updated position on 2025/26 budget allocations by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and approve the direction for 2025/26 back to our partners to deliver services to meet the HSCP Board's strategic priorities;
- (2) to note the reported revenue position for the period to 31 January 2026 was reporting an adverse (overspend) position of £0.119m (0.06%);
- (3) to note the projected outturn position of £0.144m overspend (0.07%) 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 note the update on the capital position; and
- (7) 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.

PRESCRIBING UPDATE

A report was submitted by Fiona Taylor, Head of Health and Community Care, providing an update on prescribing expenditure and mitigations in place to ensure efficient use of resources. It also highlighted current and future risks relating to prescribing spend, for consideration and seeks approval for the fixed term recruitment of posts.

After discussion and having heard the Clinical Director and Head of Health and Community Care in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note the improvement activity undertaken to contain prescribing expenditure and generate savings;
- (2) to note ongoing work to mitigate areas of prescribing cost and volume pressures and empower delivery of the prescribing efficiencies plan;
- (3) to note the current forecast underspend within the Prescribing Budget and provision for contingency within the Earmarked Reserves balance;
- (4) to note the workforce challenges facing the HSCP Pharmacy Service and the anticipated impact on the projected prescribing efficiencies for 2026/27; and;
- (5) to agree recruitment as required to deliver the projected prescribing efficiencies in line with the Budget.

2026/27 REVENUE BUDGET SETTING REPORT FINAL

A report was submitted by Julie Slavin, Chief Financial Officer, outlining the financial allocations from West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board, and identifying the main cost pressures and key financial risks for the HSCP Board.

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

- (1) to 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.
- (2) to accept additional Council funding of £0.665m to contribute towards pay and wider social care cost pressures;
- (3) to note that the total Council funding allocation for 2026/27 is £97.736m, based on recommendations (1) and (2).
- (4) to note that costs of £0.160m relating to the continued implementation of Bairns Hoose are assumed to be fully funded;
- (5) to 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 (4) above, would increase the Council allocation to £98.404m (refer to Table 5 and Appendix 1 of the report);
- (6) to note the confirmed 2026/27 funding for Justice Social Work Services of £2.979m (refer to Appendix 2 of the report);
- (7) to 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 of the report);
- (8) to 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;
- (9) to approve an overall indicative funding allocation to the HSCP Board of £220.134m for 2026/27, based on recommendations (3), (4), (5), (7) and (8), excluding set aside for delegated health and social care services;

- (10) to note the analysis of the reserves position and projected balances as at 31 March 2026;
- (11) to approve the required increase to the Scottish Living Wage for adult and children commissioned services as detailed in section 4.31 of the report;
- (12) to note the range of management adjustments to the value of £4.049m contained within Table 7 of the report;
- (13) to 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 of the report.
- (14) to note that, if all options set out in (12) and (13) 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.
- (15) to note the 2026/27 budget allocation for Housing Aids and Adaptations of £0.080m; and
- (16) to note the update to the Council's 10 Year Capital Plan.

JOINT STAFF FORUM MINUTES

The Approved Minutes of Joint Staff Forum (JSF) Meeting were submitted. After discussion and having heard the Chief Officer and the Head of Health and Community Care in further explanation and in answer to Members' questions, the Board agreed to note the Minutes.

EXCEPTION REPORT: DUMBARTON HEALTH CENTRE REVIEW OF STRATEGIC RISK

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update on the position relating to the future of Dumbarton Health Centre, highlighting risks and mitigating actions, in order that the Board may decide if this should be included in the Boards Strategic Risk Register.

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

- (1) that the strategic risk as outlined in Appendix 1 of the report is included in the HSCP Board Strategic Risk Register; and
- (2) that the Chief Officer works with the NHS Greater Glasgow and Clyde to progress this risk.

DATE OF NEXT MEETING

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

The meeting closed at 3.45 p.m.

Draft

**WEST DUNBARTONSHIRE HSCP BOARD
ROLLING ACTION LIST**

Agenda Item	Decision / Minuted Action	Responsible Officer	Timescale	Progress/ Update/ Outcome	Status
REVIEW OF INTEGRATION SCHEME – August 2024	<p>Query regarding delegated services within the Integration Scheme document.</p> <p>The Chief Officer is to provide revised definitions of delegated services.</p>	Beth Culshaw	Information to be provided to Members as soon as possible	The work is ongoing to agree the revised definitions including the timeline to conclude the review of the Integration Scheme.	Open
CHIEF OFFICER VERBAL UPDATE	A written update to be provided to Members with particular focus on the Residential Care Home situation	Beth Culshaw	31 October 2025	Verbal update was delivered to the Board on 24 March 2026.	Closed
SHORT BREAK PILOTS OUTCOMES	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	Update contained within Agenda.	Closed

	time regarding the outcomes and also to share work done with Scottish Government.				
HOME CARE REVIEW UPDATE	Action for Head of Community Health and Care to bring report back in Q1 2026 for further update	Fiona Taylor	Update required Q1 2026	Update contained within Agenda.	Closed
EXCEPTION REPORT: DUMBARTON HEALTH CENTRE	FOI to be submitted to SG for breakdown and prioritisation of the fund.	Alan Douglas	ASAP		Open
CHIEF OFFICER VERBAL UPDATE	Report to be brought in May regarding the new legislation around voting rights for the HSCP Board Members	Beth Culshaw/Alan Douglas	August 26	Guidance expected from Scottish Government in August.	Open

NR updated 18 May 2026

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP**Report by Fiona Taylor, Head of Service Health and Community Care****26 May 2026**

Subject: CHANGE PROJECT: Care at Home**Purpose**

- 1.1 The purpose of this report is to update the HSCP Board on the Care at Home service. This includes the progress and impact of the Redesign project, Care Inspectorate inspection and financial sustainability.

2. Recommendations

- 2.1 The HSCP Board is asked to note the contents of this report and agree enhanced monitoring via update reports to the HSCP Board in relation to absence levels, compliance with planned hours of care, and workforce establishment (including gaps and mitigation).

3. Background

- 3.1 Since summer 2021, the HSCP Care at Home Service has been subject to sustained quality improvement activity. This has included the implementation of a service redesign, delivery of improvements arising from Care Inspectorate inspections, and strengthened management oversight to enhance governance, quality assurance and financial accountability.
- 3.2 In addition, there has been ongoing Trade Union involvement and two periods of industrial action. Trade Union involvement escalated during Phase 3. There has also been involvement from Councillors within West Dunbartonshire Council (WDC).

Redesign

- 3.3 On the 28th of March 2024, the HSCP Board approved the proposed Redesign changes: [document-pack-bookmarked-and-agenda-hscp-board-28-march-2024.pdf](#)

Stage 1: Home Carer Rostering Implementation of a standard working roster across three phases:

- Phase 1 (December 2024): Voluntary early movers and staff already on standard patterns
- Phase 2 (March 2025): Staff given 12 weeks' notice to move to standard patterns
- Phase 3 (March 2026): Remaining staff meeting agreed criteria, with appeals considered

Stage 2: Care Co-ordination Workforce Enhancement of office-based care co-ordination roles to improve oversight, scheduling and governance.

The 1st stage of the redesign is now complete. The 2nd stage is in progress, with full implementation anticipated by summer 2026.

Care Inspectorate

- 3.4 The Care at Home Service has been inspected annually since March 2023. Grades awarded have highlighted areas of risk across the service, and action plans have been in place to meet the Requirements and Areas for Improvement placed on the service.

Table 1: Grades awarded by Care Inspectorate

Key Questions	Dec 2025	April 2025	March 2025	March 2023
How well do we support people's wellbeing?	3 - Adequate	2 - Weak	2 - Weak	3 - Adequate
How good is our leadership?	3 - Adequate	3 - Adequate	2 - Weak	3 - Adequate
How good is our staff team?	3 - Adequate	2 - Weak	2 - Weak	3 - Adequate
How well is our care and support planned?	3 - Adequate	3 - Adequate	2 - Weak	3 - Adequate

Cost effectiveness

- 3.5 The redesign is a key mechanism for improving the financial sustainability of the Care at Home service, reducing overtime and agency costs by effective alignment of service capacity against planned hours of care.
- 3.6 Significant financial pressures remain, driven in part by high absence levels and the need to recruit to align the 'post redesign' workforce establishment with planned hours of care.
- 3.7 The 2025/26 draft outturn for Care at Home services is included within the 2025/26 Financial Performance Draft Outturn Position, contained within a separate item to this meeting agenda, and reports an adverse variance of £0.439m broadly in line with the March projection with reasons for the adverse variance unchanged.
- 3.8 The adverse variance was mainly due to increased staffing costs (£0.316m) with the financial performance update report highlighting that while spend on overtime and agency staff continued to be an area of pressure there had been improvements since the January HSCP Board as staff within Phase 3 moved to new work patterns at the start of March 2026, along with the transfer of 2025/26

additional pay funding transferred from the Council.

Council Motions and Trade Union engagement

- 3.9 On 11th February 2026, a Special Requisition meeting was requested by West Dunbartonshire Councillors to debate a motion calling for the redesign to be paused pending further engagement with Trade Unions (Appendix 1a).
- 3.10 Prior to this meeting, a briefing report was submitted to inform Councillors of the Redesign process to date (Appendix 2). Following consideration of the Council motion, the HSCP Board reaffirmed the need to complete implementation due to sustainability risks and the need to deliver consistent high-quality care.
- 3.11 On 25th March 2026, a further Council motion was passed which requested again a pause in implementation to all further engagement to avoid industrial action ((Appendix 1b).
- 3.12 In response to this motion, the Chief Officer convened a meeting with GMB on 1st April 2026. The meeting reaffirmed that standard rotas were consulted on and agreed through the Joint Trade Union mechanisms, and that work with a small number of individuals would continue. A further meeting was held on the 7 May 2026 agreeing to review any individual cases identified.

4. Main Issues

Redesign

- 4.1 As outlined in Section 3.3, the redesign was approved by the HSCP Board in March 2024 following extensive engagement.
- 4.2 Appropriate employee and JTU engagement and consultation took place throughout the process, and a redesign Implementation Group was established, including representatives from the Joint Trade Unions, Care at Home management and employees, and West Dunbartonshire Council People and Change partners.
- 4.3 The redesign has been influenced by complex negotiations with the JTU and subsequently has been implemented in phases over an extended period of almost two years.
- 4.4 The appeals process allowed employees who were unhappy with their matching the opportunity to meet the Head of Service to formally challenge aspects of organisational change that directly affect their contractual terms. The number of appeals submitted throughout each phase were:
- Phase 1 (198 employees in scope): 8 appeals heard. 4 employees moved to Phase 3, 1 moved to Phase 2 and 3 agreed changes to start/finish times in line with new roster.
 - Phase 2 (98 employees): 33 appeals heard. 12 employees moved to

Phase 3, 21 agreed changes in line with the new roster.

- Phase 3 (165 employees in scope): 111 appeals submitted.

4.5 Table 2 provides a summary of the outcomes of the Phase 3 appeals.

Table 2: Outcomes of Phase 3 appeals

Outcome	Headcount
Agreed to move to the new work pattern	57
Move to nonstandard roster with agreement	26
No Agreement: notice to vary contract and SWITCH offered	10
Agreed to change (under protest) notice to vary and SWITCH offered	9
Outcome on hold	3
Left employment	6

4.6 To mitigate against detriment, the matching process aimed to maintain or increase contracted hours wherever possible (except for those on 37 hours moving to the new maximum 35-hour standard pattern). Where reductions were unavoidable, suitable alternative roles are being pursued through SWITCH.

4.7 In February 2026, a concession was jointly agreed with the JTU that Home Carers who had a flexi retirement agreement in place before 18th December 2023 would have the option to remain on their flexible retirement agreement or move to the new work pattern. Those choosing to remain in their flexible retirement agreement have been moved to a peripatetic team as they are not able to fit into a standard roster.

4.8 At the end of February 2026, a further concession was offered to delay the move to the new work pattern from 2nd March 2026 to 20th April 2026 for individuals who indicated they were moving ‘under duress’ or where agreement had not been reached. Out of 33 Home Carers in scope, 16 Home Carers decided to remain on their current work pattern until this date.

4.9 Table 3 shows the phasing of staff moving to a standard work pattern. This table shows that 92% of the workforce are now in standard ‘back-to-back’ rosters. This will provide stability of care delivery to service users. This will be monitored per area via regular management reports.

Table 3: Phasing of staff moving to standard work pattern

Staff Phasing	% of Staff Cumulative
Existing staff on new work pattern	36.19%
Staff who moved in Phase 1 – Dec 2024	43.16%
Staff who moved in Phase 2 – March 2025	63.81%
Staff who moved in Phase 3 – 2nd March	85.15%

2026	
Staff who moved in Phase 3 – 20th April 2026	92.34%
Staff awaiting flexi retirement decisions	0.93%
Number of peripatetic team / non-standard contracts	6.73%

- 4.10 Within the office-based care co-ordination workforce, the two main changes include the introduction of and recruitment to a scheduler role to support Organisers, and the need to have Organisers working over 7 days a week to improve governance oversight.
- 4.11 A short life working group, with representatives from the workforce and the JTU, was established to agree an on-call rota for Organisers. This has successfully concluded and aims to be operational by June 2026.
- 4.12 Redesign next steps
This redesign has been complex and the service must evaluate impact to ensure it meets the original aims is a priority area over the next 12 months. This evaluation will include service user and employee feedback and enhanced monitoring of absence, compliance, and use of agency and overtime.
- Workforce capacity and planned hours of care
- 4.13 Weekly planned hours of care per day / week fluctuates, depending on the service user profile and care needs. On average the workforce is required to deliver in excess of 6,500 hours per week to over 1,100 service users.
- 4.14 This requires approximately 9,900 actual staff hours per week as there is an allowance of an additional 52.35% to the staff hours to ensure cover for annual leave, sickness absence, training, and an increased allocation for travel time.
- 4.15 The hours contracted for Home Carers is in excess of 10,200 therefore greater than the hours needed to deliver care.
- 4.16 Key to delivering the service within budget is effective rostering across each area. This will ensure complete and comprehensive rostering and allocation of staff hours against planned care.
- 4.17 Analysis per Organiser area has been completed to match the planned hours of care against establishment allocation. There is opportunity to realign Home Carers into areas that have rostering gaps, and recruitment into resultant vacant establishment hours per area.
- 4.18 The non-standard contracts will be monitored especially with the impact of flexi retirement and Disability Passport requests. The service will work with their staff to ensure staff are supported if their personal circumstances change and require a change in work pattern. The service will remain vigilant that any

increase of non-standard work patterns does not result in an increase in agency use or overtime.

- 4.19 A 'Supporting Community Independence - Care at Home Framework' was established in April 2026 in response to a need to provide a governance framework when commissioning external packages of care. This includes assurance that all providers are operating under standard terms and conditions. Furthermore, the framework provides assurance that all current and future packages of care are aligned and compliant with the Council's Standing Orders and Financial Regulations.
- 4.20 The Care at Home service, alongside colleagues from Social Work and commissioning, are working together to agree a criteria of which service users would be provided internal Care at Home versus care from an external provider. A standard hourly rate has been formulated which incorporates living wage requirements and all other employee and business costs which combined produces a fair hourly rate for the cost of care.
- 4.21 The HSCP Board agreed to remove domestic and shopping tasks from the scope of the service as this is not a statutory requirement. Pre March 2024 there were 58 people. The remaining service users (~11) are currently awaiting review by Social Work to find alternative services and to complete a financial assessment for this service to be provided. This service will not be removed until this assessment has concluded.

Timing of visits

- 4.22 Appendix 4 shows the range of tasks prescribed by Organisers to meet care needs.
- 4.23 Home Carers are regularly reminded of their responsibility to comply with tagging in and out of each visit for accurate recording of planned hours of care delivered.
- 4.24 Table 4 shows the number of weekly visits and the % of visits between a certain duration.

Table 5: Visit durations

Weekly visits	Number of visits	% of visits
5 minutes or less	734	3.64%
6 - 10 minutes	4,383	21.73%
11 - 30 minutes	14,089	69.84%
31 - 90 minutes	968	4.80%
Total Number of visits	20,174	

Care Inspectorate

- 4.25 A full inspection is anticipated in April 2026.

- 4.26 Although the Service met the March 2025 Requirements in December 2025, in January 2026 a Care Inspectorate Complaints Officer placed two further requirements on the service as a result of one complaint:
- 1) By 30 April 2026, the provider must ensure people are supported safely with their medication to support their health and wellbeing.
 - 2) By 30 April 2026, the provider must ensure there are quality assurance systems and processes in place to support good standards of practice.
- 4.27 Building on the inspection history outlined in Section 3.4, the service continues to work towards a comprehensive Improvement Plan to evidence progression towards meeting the two complaints Requirements. In addition, there are five Areas for Improvement outstanding from the full Inspection in December 2025. These must be addressed to prevent those becoming requirements in future Inspections.
- 4.28 Individualised Organiser reports are generated weekly to demonstrate the number of reviews and Care and Support plans completed. Organisers are allocated weekly protected time (1-day pro rata) to manage this workload. This ensures that any areas of concern are flagged timeously if progress and improvement is not evidenced.

Financial sustainability

- 4.29 2026/27 budget was agreed at the March 2026 budget setting meeting and was constructed using the same approach as 2025/26 to ensure it accurately reflects the redesigned staffing structure. Budget allowances made for travel time, sickness, holiday and training cover will be kept under review as the Standard Operating Procedures are fully embedded and further scheduling efficiencies emerge from robust work patterns that support the demands of the service.
- 4.30 The HSCP Board agreed to remove a proportion of identified excess hours, generating a recurring saving of £1.716m per annum. The approved staffing budget is based on the staffing establishment required to deliver average weekly planned hours of care rather than the hours of staff in post. This 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.
- 4.31 The new scheduler role is now in place, with a key role in effective rostering, and also release Organisers capacity to focus on other activities required in their role e.g. reviews and absence management.
- 4.32 High staff absence continues to impact capacity and absence management is being actively managed through the Council's absence management policy.

Employee Absence

Table 8: Absence rates (all Care at Home Services)

2022	2023	2024	2025
9.91%	6.91%	11.3%	13.8%

Social care governance

- 4.33 Robust governance underpins the delivery of the Care at Home Service. The Chief Officer chairs a 2 weekly meeting to review performance and the service also reports into the Chief Social Work Officer's Social Care Governance group. This governance oversight ensures performance; Care Inspectorate action plans and complaints are monitored.

5. Options Appraisal

- 5.1 The recommendations within this report do not require an option appraisal to be undertaken.

6. People Implications

- 6.1 The improvements will provide employees with stability and deliver fair work principles for all employees. The changes to the current operational infrastructure will ensure that the workforce has capacity to deliver a consistently high standard of care.
- 6.2 The overall impact of this model will be to have sufficient employees available at the right time to deliver a consistent and high-quality service. This should also reduce the use of overtime and unplanned agency use. The impact of any potential employee changes are being managed in accordance with West Dunbartonshire Council Organisational Change Policy.

7. Financial and Procurement Implications

- 7.1 There are no other financial implications other than those already detailed in the report.

8. Risk Analysis

- 8.1 Redesign changes are implemented but the service does not achieve budget balance. If efficiencies are not achieved there may be a need to review the eligibility criteria for the service. There may also be a need to consider alternative ways to provide support to service users assessed as requiring support from a home care service.
- 8.2 There is a risk that the service does not meet the two Care Inspectorate requirements added in January 2026, and if the service does not achieve the Areas for Improvement, they may be moved to become requirements.

9. Equalities Impact Assessment (EIA)

- 9.1 There is no requirement to provide an EIA for this report.

10. Environmental Sustainability

- 10.1 The recommendations within this report do not require a Strategic Environmental Assessment (SEA) to be undertaken.

11. Consultation

11.1 The HSCP Senior Management Team and the HSCP Chief Finance Officer have been consulted in the production of this report, and their comments are incorporated accordingly.

11.2 JTU Consultation arrangements are detailed in Sections 3 and 4.

12. Strategic Assessment

12.1 On the 15 March 2023, the HSCP Board approved its Strategic Plan 2023 – 2026 “Improving Lives Together”. The Plan outlines sustained challenge and changes within health and social care, these changes bring with them a host of governance implications: cultural, operational, structural, ethical, and clinical.

12.2 This review seeks to achieve the HSCP Boards vision that “Everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, receiving care and support that prioritises independence, control, choice and recovery”, whilst also ensuring good governance and best value, specifically: “Our services both in-house and commissioned will achieve sustainable outcomes at a sustainable cost, ensuring the optimal use of resources to achieve the intended outcomes. They will focus on person-centred care and outcomes and will be inclusive, well led and promote a sustainable and diverse market.”

13. Directions

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

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West Dunbartonshire HSCP
16 Church Street
Dumbarton

Appendices: Appendix 1a) – Motion passed at West Dunbartonshire Council Special Requisition Meeting on 11th February 2026

Appendix 1b) - Motion passed at West Dunbartonshire Council Board Meeting on 25th March 2026

Appendix 2 – Care at Home Redesign – Report submitted for West Dunbartonshire Council Special Requisition Meeting on 11th February 2026

Appendix 3 - Personal Care Services exempt from charging

Background Papers: None

Wards Affected: All Council Wards

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

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

26 May 2026

Subject: Care at Home Update

Appendix 1a) - Motion passed at West Dunbartonshire Council Special Requisition Meeting on 11th February 2026

“Given the concerns of the Home Care staff and clients of the service, Council urges the HSCP to immediately pause the implementation of the current redesign programme taking place to allow meaningful engagement with our staff via their unions in an attempt to get a compromised model suitable for both parties that allows the HSCP to meet the ever-changing needs of the client. Home Care staff currently facing detriment need to be the priority in any agreement reached.”

Appendix 1b) - Motion passed at West Dunbartonshire Council Board Meeting on 25th March 2026

“In view of 96% of GMB carers recently balloted on the so-called “redesign” of their service agreeing to take action, including strike action, to defend the quality of services for their service users and to ensure those in detriment are dealt with as a priority, Council requests in the strongest possible terms that the H&SCP immediately suspend the implementation of the redesign and engage urgently with the Unions to try and avoid a damaging strike in this vital care sector.”



Supplementary Agenda

Requisitioned Meeting of West Dunbartonshire Council

Date: Wednesday, 11 February 2026

Time: 16:00

Format: Hybrid meeting

Contact: Carol-Ann Burns
 Email: carol-ann.burns@west-dunbarton.gov.uk
committee.admin@west-dunbarton.gov.uk

Dear Member

REPORT RELATING TO ITEM 5

I refer to the agenda for the above meeting that was issued on 5 February 2026 and now enclose a copy of the undernoted report which relates to Item 5.

Yours faithfully

PETER HESSETT

Chief Executive

Note referred to:-

5 'CARE AT HOME' REDESIGN

3 – 8

Submit report by the Chief Officer – Health & Social Care Partnership providing an update on the redesign process, including consultation, implementation and governance.

Distribution:-

Provost Karen Murray Conaghan
Councillor James Bollan
Councillor Kevin Crawford
Councillor Ian Dickson
Councillor Diane Docherty
Councillor Fiona Hennebry
Councillor Gurpreet Singh Johal
Councillor Daniel Lennie
Councillor David McBride
Councillor Jonathan McColl
Councillor Michelle McGinty

Councillor June McKay
Councillor John Millar
Councillor Lawrence O'Neill
Councillor Lauren Oxley
Councillor Chris Pollock
Councillor Martin Rooney
Councillor William Rooney
Councillor Gordon Scanlan
Councillor Hazel Sorrell
Councillor Clare Steel
Councillor Sophie Traynor

Chief Executive
Chief Officers

Date of issue: 10 February 2026

WEST DUNBARTONSHIRE COUNCIL

Report by Chief Officer – Health and Social Care Partnership

Council: 11 February 2026

Subject: Care at Home Redesign

1. Purpose

- 1.1 To provide an update to Council on the redesign process, including consultation, implementation and governance.

2. Recommendations

- 2.1 It is recommended that the Council note:

- The progress made to date; and
- The actions taken to agree variations to meet service demand.

3. Background

- 3.1 The HSCP Board approved a full redesign of the Care at Home service in September 2023, with implementation approval and ongoing oversight confirmed by the Board in March 2024.
- 3.2 The redesign followed the Scottish Approach to Service Design, incorporating service user and unpaid carer feedback, workforce surveys, scheduling data, and employee engagement. It aimed to improve quality, consistency, and governance; address Care Inspectorate risks; reduce reliance on overtime and agency; enhance financial sustainability; and standardise work patterns to align capacity with service-user need. The Scottish Approach to Service Redesign is a national Government framework that guides how public services in Scotland should be designed with the people who use them. It emphasises participation, collaboration, and designing services around people's real-world experiences rather than organisational structures.
- 3.3 The Care at Home Redesign was an essential component in the provision of safer, more consistent, and person-centred care. The HSCP's Strategic Needs Analysis projects a 22% increase in demand for Care at Home by 2032, driven by West Dunbartonshire's ageing population. As service users' needs have increased—often requiring higher levels of personal care and support from multiple carers—the service needed to adapt to ensure that the right help is provided at the right time. Previously, the variety of inconsistent working patterns meant the service relied heavily on agency staff to fill gaps when no internal workforce was available. Reducing this reliance will help

maintain safe, reliable, and continuous care. The redesign, including revised rota patterns, is therefore necessary to ensure the service can meet rising need sustainably while operating within the financial parameters set out in the Medium-Term Financial Outlook.

- 3.4** At the outset (July 2022) 594 Home Carers were in scope (currently 471), and 167 of these were already on the proposed standard pattern, utilised for new starts.

4. Main Issues

Governance, consultation and phased implementation

- 4.1** In the initial stage of the Redesign, as part of the Scottish Approach to Service Design, Trade Union members were invited to join working groups on the key areas of improvement of overtime, agency, assessments and scheduling.
- 4.2** An Implementation Group with management and GMB, UNISON, and UNITE representatives met regularly from April 2024, sharing minutes and workforce updates (noting that trade union representatives changed over the period creating some consistency challenges).
- 4.3** Employee engagement and consultation was facilitated via group communication meetings (face to face and online), drop-in clinics, employee 1;1's with preference form completion, regular texts and updates via the Council intranet, all underpinned by formal Organisational Change procedures.
- 4.4** In September 2024 a jointly chaired (Management and Trade Union) short life working group convened to consider a standard working rota for the workforce. Members included representatives from the 3 SJC unions, workforce representatives, HR and management. After considering a range of different work patterns, the agreed position report was co-authored by the Integrated Operations Manager and the Joint Trade Union representative (from GMB) and presented to the Implementation Group. These options included a transitional period for Monday to Friday carers, establishing a 5 over 7, split shift rota that would accommodate those on 35 and 37 hours (link in background papers).
- 4.5** In addition to Implementation meetings, there was agreement that an additional line of communication would be via the monthly Joint Consultative Committee meetings, chaired by the Head of Health and Community Care. There were no concerns regarding the redesign raised at these meetings during 2025.
- 4.6** Areas of concern would then be escalated to the monthly HSCP Joint Staff Forum meetings (JSF), chaired by the Chief Officer. There have been no instances of the trade union representatives requesting an issue be escalated to JSF.

- 4.7 Implementation was delivered in three phases:
- Phase 1: 2 December 2024: early movers and those already on the standard pattern.
 - Phase 2: 3 March 2025: remaining staff not covered by Phase 3 criteria below (statutory notice issued).
 - Phase 3: 2 March 2026: employees meeting agreed criteria including Mon–Fri workforce, those with agreed flexible retirement (as at 18 Dec 2023), those with relevant disabilities, those in receipt of a 10% shift allowance, staff with significant caring responsibilities, and individuals on the 31.5-hour split shift pattern.

Workforce impact and appeal outcomes

- 4.8 Contractual alignment to specific localities is not guaranteed; employees may be deployed based on service demand. However, moves between areas have been by agreement to support preferred patterns or the service needs of vulnerable clients. The 12 employees on 37-hour contracts will move to 35 hours and be registered on SWITCH for suitable alternative 37-hour roles as they arise; pension protection applies where eligible.
- 4.9 Following recent discussions with one union, an additional concession has been agreed for a small number of employees (circa 9) who applied for flexible retirement before December 2023. These employees were originally due to move to the new roster in Phase 3 while retaining their reduced contracted hours. They will now have the option to remain on their non-standard working pattern and transfer to the peripatetic workforce or move to the standard roster in a specified location as outlined in their appeal outcome.

Appeals summary by phase

- 4.10 Phase 1 (198 employees in scope): 8 appeals heard – 4 moved to Phase 3; 1 moved to Phase 2; 3 agreed changes to start/finish times in line with new roster.
Phase 2 (98 employees): 33 appeals heard – 12 moved to Phase 3; 21 agreed changes to hours/start/finish in line with the new roster.
Phase 3 (165 employees in scope): 111 appeals submitted.

Outcome	Headcount
Agreed to move to new work pattern	57
Move to non-standard roster with agreement	26
No agreement; notice to vary contract and SWITCH offered	10
Agreed to change ('under protest'); notice to vary and SWITCH offered	9
Outcome on hold	3
Now left employment	6

Detriment and protections

- 4.11 To mitigate against detriment, the matching aimed to maintain or increase contracted hours wherever possible (except for those on 37 hours moving to

the new maximum 35-hour standard pattern). Where reductions were unavoidable, suitable alternative roles are being pursued through SWITCH and pension protection (per the LGPS Scotland Regulations) will apply to eligible employees (lasting up to 10 years).

- Employees who agreed to reduce hours via matching appeal: 35
- Employees who did not agree to reduce hours: 12
- Total with financial detriment from reduced hours: 47

5. People Implications

5.1 The undernoted table provides a summary of the phases, affected employees in each and the current position in respect of the last group.

Key measures	Headcount
Home Carers in scope at start (July 2022)	594
Current Home Carers	471
Already on proposed standard pattern at outset	167
Phase 1 – employees affected	198
Phase 2 – employees affected	98
Phase 3 – employees affected	165
Employees on 37→35 hours (with SWITCH applicable)	12
Employees with reduced hours (detriment)	47

5.2 The redesign followed the relevant people policies with input from HR colleagues at all pertinent meetings and throughout each phase.

6. Financial and Procurement Implications

6.1 The redesign is a key mechanism to improve financial sustainability by reducing overtime and agency reliance and, fundamentally, aligning capacity to demand. Financial pressures remain due to funding and rising complexity of need. The 2025/26 forecast for Care at Home services, reported to the HSCP Board in January, projects an adverse variance of £0.742m, after the allocation of £1.7m of core budget to support the final stages of the redesign.

6.2 There are no procurement implications.

7. Risk Analysis

7.1 There is a risk that workforce morale and wellbeing could be impacted. To mitigate this, the senior team are monitoring absence/turnover; signposting to wellbeing resources; established structured follow-up meetings with Phase 3 employees.

7.2 Continuity and quality of care: strengthened planning and governance; continuity monitored via performance data, service user feedback, and Care Inspectorate oversight.

- 7.3 Implementation risk: continued JCC/JSF oversight and communication cadence; SWITCH utilisation where agreement cannot be reached.
- 7.4 The redesign directly supports Care Inspectorate requirements around scheduling, care planning and governance. Inspectors recognised improvements in December 2025, upgrading two previously low grades and removing two formal requirements. Oversight by senior management and the Care Inspectorate continues.
- 7.5 The Council's Terms and Conditions of Employment for local Government Employees provide for reasonable changes to working hours or patterns subject to consultative procedures having been followed. In light of the steps narrated in Section 4 of this report, this requirement is considered to have been addressed.

8. Equalities Impact Assessment (EIA)

- 8.1 The predominantly female workforce and higher likelihood of caring responsibilities were central to the phased approach and exemptions. An Equality Impact Assessment (EQIA) was shared with the Implementation Group in October 2024, with mitigations including case-by-case consideration and a formal appeals process. Equality impacts will continue to be monitored during 2026 as the redesign embeds.

9. Consultation

- 9.1 The redesign involved trade union colleagues from the outset ensuring meaningful dialogue and input to each stage, as referred to in the main issues section.
- 9.2 Additionally, following a joint trade union submission, the Home Carer role was re-evaluated with several factors changing resulting in a regrading from Grade 3 (£13.64–£14.49) to Grade 4 (£15.01–£16.14), effective February 2023 (with arrears and the new rates paid from January 2024).

10. Strategic Assessment

- 10.1 The HSCP Board approved its Strategic Plan 2023 – 2026 “Improving Lives Together”. The Plan outlines sustained challenge and changes within health and social care, these changes bring with them a host of governance implications: cultural, operational, structural, ethical, and clinical.
- 10.2 The Care at Home Redesign was initiated to achieve the HSCP Board’s vision that “Everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, receiving care and support that prioritises independence, control, choice and recovery”. It was also to ensure good governance and best value, specifically: “Our services both in-

house and commissioned will achieve sustainable outcomes at a sustainable cost, ensuring the optimal use of resources to achieve the intended outcomes. They will focus on person-centred care and outcomes and will be inclusive, well led and promote a sustainable and diverse market.”

Name: Beth Culshaw
Designation: Chief Officer – Health and Social Care Partnership
Date: 9th February 2026

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Email: fiona.taylor21@nhs.scot

Appendices: None

Background Papers: West Dunbartonshire HSCP Strategic Plan 2023-2026
Joint Working Group Work Pattern Report 231123
Proposed Consultation Changes 2023 - Employee Intranet
Equality Impact Assessment (EQIA) to Implementation Group in October 2024

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP**Report by Fiona Taylor, Head of Service Health and Community Care****26 May 2026****Subject: Care at Home Update**

Appendix 3: Personal Care Services exempt from charging (service user and/or partner combined)

- Assistance with laundry associated with medical condition e.g. bed changing.
- Special preparation of food associated with dietary requirements.
- Assistance with eating/drinking
- Getting out of bed
- Going to bed
- Assistance with dressing / undressing
- Assistance with washing and bathing
- Assistance with personal grooming/dental Hygiene e.g. shaving and nail care.
- Assistance with continence care
- Assistance with toileting
- Assistance with medication supervising/reminding
- Assistance with mobility
- Assistance with specialist feeding.
- Assistance with stoma care
- Assistance with catheter care
- Assistance with skin care
- Administering of medication (including administering of oxygen)
- Rehabilitation work (under support of professional)
- Food preparation

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

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

26 May 2026

Subject: CHANGE PROJECT: Learning Disability Review Progress Update

1. Purpose

- 1.1** To update the HSCP Board on progress made, following approval of the Paper entitled: "Proposed Next Steps Following A Comprehensive Review of Learning Disability Services" by the HSCP Board in August 2025. The initial Learning Disability Review Paper was approved by the HSCP Board in June 2024. Over the past, almost, two years this Review has included substantial engagement and consultation with stakeholders to re-shape services in line with both national and local guidance and policy. This approach has fostered a participatory and collaborative environment to ensure that services are robust and resilient for the future while, at the same time, achieving the best possible outcomes for people with a learning disability in line with policy and equity.

2. Recommendations

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

- 2.1** Note the comprehensive LD Review work undertaken and delivered to date following approval of Phase Two implementation on 19th Aug 2025 and Year One proposals on 27th June 2024.
- 2.2** Note the ongoing implementation of the LD Review options throughout this financial year 2026/2027, as approved by the Board in August 2025.

3. Services covered by the LD Review

- 3.1** Community Connections provides support to 37 service users in the community to promote outcomes around healthy living, choice and

control, independence and active citizenship. Staff working within this service require to be Scottish Social Services Council (SSSC) registered. Community Connections currently employs 20 staff; 16 whole time equivalents (WTE).

- 3.2** Dumbarton Day Centre offers primarily building based support to service users who are not easily able to access community based support. Service users accessing the Centre require a higher level of support due to complexities around diagnosis, e.g. Autistic Spectrum Disorder, restricted mobility or specific health conditions. Historically Dumbarton Centre has supported some service users who do not meet the eligibility criteria and, since commencement of the LD Review, work has been ongoing to encourage those service users to achieve more positive outcomes, and have their needs more effectively met, through accessing community based supports or day services for older adults. Currently day centre staff do not require to be SSSC registered. Dumbarton Centre employs 23 staff; 19.5 WTE.

There is one Registered Service Manager, covering both service registrations. The Review has highlighted the need to modernise Dumbarton Centre and Community Connections and work is ongoing, as part of the implementation phase, to develop a more flexible, agile, assertive outreach service to ensure sustainability of community placements for those on the DSR and identified through the 'Coming Home' criteria.

- 3.3** The current LD Day Centre budget is £1,171,689. The Community Connections budget for 2026/2027 is £640,873.
- 3.4** The Housing Support Service (HSS) is a 24/7 registered service operating across two locations. There are 7 services users in receipt of this support provision. Staff employed comprises 21 including a Registered Manager, which equates to 19.6 WTE. The service also has five staff on casual contracts. The budget is £1,257,758. One HSS location, supporting two individuals, transferred to a provider at the end of September 2025. This delivered a recurring saving of £60,000.
- 3.5** Work Connect has now closed and this will deliver a recurring saving of £456,000 from this financial year 2026/2027. Almost all staff were redeployed through SWITCH and, where appropriate, VER was offered and accepted.
- 3.6** Short Breaks and Replacement Care is now managed by the Self-Directed Support (SDS) Manager, following a paper approved by the Board in September 2025. The respite coordinator and respite administrator (2.0 WTE), previously on the LD establishment, funded through the Carers Act Fund, have transferred to the SDS team and all short breaks and replacement care, including for learning disability, is now managed through this team.

- 3.7** Young people in transition: a revised Standard Operating Procedure (SOP) for those transitioning from WDHSCP childrens' to adult services has been developed and is currently being piloted in adult services, supported by childrens' services, led by learning disability services. This piece of work is wider than the scope of the LD Review and the pilot will inform this initiative going forward.

Table 1

Service	Number of staff	WTE	Budget (after projected income deducted)
Community Connections	20	16	£640,873
Dumbarton Centre	23	19.5	£1,171,689
Housing Support Service	21	19.6	£1,257,758

4. LD Review Update Highlights

The LD Review has resulted in a huge amount of work being undertaken, in line with Council Organisational Change Framework and associated policies, since approval was given by the Board in June 2024.

4.1 The Learning Disability Review Steering Group (LDRSG):

This was established, and Terms of Reference agreed. The group meets every 6-8 weeks and has been a positive mechanism through which to discuss proposed organisational change in more detail with staff and TU colleagues, with additional input from service users, parents and carers and other stakeholders, as required.

4.2 Engagement and consultation:

There has been comprehensive engagement and consultation to date, with a wide range of stakeholders, including workshops with staff from all services, service user focus groups and twilight sessions with parents and carers.

4.3 Housing Support Service (HSS):

There have been some highlights along the way including the re-location of HSS Bridge Street, Alexandria to a newly extended, and refurbished, property in the Mollanbowie area of Balloch. This has been a substantial piece of work, in terms of planning, and to ensure minimum disruption to

service users, family members and staff. The move was completed on 12th August 2025. HSS received an unannounced inspection in January 2026 and the feedback was extremely positive:

“Moving to a new, purpose-built home greatly enhanced comfort, safety, and independence. People experienced clear improvements in their quality of life following the move to a new property that was fully fit for purpose. The environment was designed to meet individuals’ assessed needs, providing a safe, comfortable, and enabling space that supported their wellbeing. Its location within a well-established residential community promoted inclusion and belonging, enabling people to participate more actively in everyday community life. Staff reported that people’s mental health had noticeably improved since moving to the new house. There had been fewer episodes of stress and distress, and individuals were making positive use of their personal space. People were choosing their own rooms as calm, relaxing areas where they could listen to music and enjoy the views. This contributed to a more settled atmosphere and enhanced emotional wellbeing.”

4.4 Community Connections:

The overall intention of the service is to promote dignity, independence, choice and wellbeing by involving the person in every aspect of their care. Person-centred care aims to build trust, improve communication, enhance quality of life and empower individuals to make informed decisions about their health and daily living.

This was also recognised by the Care Inspectorate during their most recent unannounced inspection where Community Connections was awarded a grade 6 for “How well do we support peoples’ wellbeing”. Below is an extract from the report:

“Our observations captured supports that were inclusive, enabling and tailored to the needs of each individual. The activities that were taking place were of benefit to people’s mental health and wellbeing as well as physical health. Person-led planning was embedded through service user forums and ‘conversation cafés’, ensuring that future goals remained at the forefront. Peer support was valued and the service used innovative approaches to enable people....”

4.5 Dumbarton Centre:

The learning disability day service works with ever increasing complexity, both health related complex needs as well as behavioural expressions of need. One recent example is about a young man who had not left home for over 2 years:

Mum was extremely anxious about her son engaging in support outwith the family home. Staff worked extensively with both Mum and the young man regarding his transition into the service to promote independence, active citizenship, choice and control and healthy living.

When initially arriving at the Day Centre the young man would not eat, remove his jacket, go to the bathroom or move from room to room. The young man has grown in confidence and is now engaging with his peers in groups, moving around the building, having lunch and indicating when he needs to go the bathroom, which he does independently. He engages with staff and is trying new activities. This has been achieved through staff working on strategies, building confidence and providing a safe and secure environment for the young man to thrive, grow and reach his goals and outcomes.

4.6 Supported employability:

The LD Review has also highlighted that a range of supported employment services and opportunities within West Dunbartonshire exist; a supported employment service within learning disability, Work Connect, was duplicating alternative provision and resources could be realigned. Further consultation about the proposed closure of Work Connect was requested by the Board in March 2025 and the closure was approved by IJB in May 2025.

Some young people, who previously attended Work Connect interviewed successfully to join Project Search, run by Working4U. The programme provides employment and learning opportunities for young people with autism or a learning disability and hearing from young people halfway through the course, in December 2025, about their own personal journeys was inspirational as demonstrated by the story below:

One young person started their Project Search journey in September 2025. They were very quiet and shy who really didn't like the spotlight to be on them and they could get overlooked in a group setting in the beginning as they were quiet. Over a period, given the time to answer, they did have an opinion. Initial placements were within a Care Home and a Foodbank to help with development of communication skills. This enabled the young person to talk to clients and get involved in the conversations to assist them. Over the first few months they settled into their group and took part in every activity. Their confidence grew as did their voice. With First Aid and food hygiene completed, health and safety is next. Now on their third placement rotation, they are developing further confidence with the general public.

4.7 Community Learning Disability Team (CLDT):

Despite persistent social work staffing and capacity challenges (social work recruitment and retention is a challenge nationally), the team has implemented Dynamic Support Register (DSR) protocols and is working alongside the LD Review team to improve equity through the ongoing review of LD social care packages.

4.8 Staff development:

Three support workers from LD services interviewed successfully in 2024 for the OU social work course funded through WDHSCP and are about to

complete their qualification and be employed as social workers within WDHSCP as there are vacancies.

4.9 Coming Home:

The Coming Home Action Plan, published by the Scottish Government and COSLA in March 2026 is a strategic framework designed to ensure people with learning disabilities, and complex care needs, can live in their own communities, rather than in hospitals or inappropriate out-of-area placements. Supported by a £20M funding commitment, this plan aims to address outstanding recommendations from the 2022 Coming Home Implementation Report by focusing on seven priority areas to reduce delayed discharges and prevent community placement breakdowns. These are:

- Dynamic Support Register
- National Support Panel
- Redesign of LD inpatient services
- People in hospital for 10 years or more
- Housing
- Skilling up and strengthening community services
- A collaborative approach to commissioning services

The majority of the £20M will be administered through the Independent Living Fund Scotland (ILF) and will provide bespoke support, home adaptations, equipment and technology to enable people to return to their communities or live in supported accommodation closer to home, which will support with care planning for those with the most complex needs, including behaviours perceived as challenging, such as contributing to void costs to secure a property while specialist adaptations are completed.

4.10 Further changes:

There have also been some changes involving a service move; the Community Learning Disability Team (CLDT) moving from a private landlord building to Clydebank Health and Care Centre, as well as service closures and removal of dedicated bus provision at Dumbarton Centre, as outlined below:

The LD Review highlighted that HSCP resources within learning disability should not be focused on café provision and, following Board approvals, this ceased: Café Connect (closed 2023) and Pavilion Café (closed 2024 with successful re-deployment of staff).

Removal of day centre dedicated bus provision – approved by IJB August 2025. Implementation completed for start of new financial year 2026/2027 and review of new arrangements ongoing.

4.11 Change and implementation:

Some stakeholders have found the change difficult as services have been delivered in the same way for a long time, however, recent feedback at informal 1:1 sessions with staff has been extremely positive and they are

reporting that they think some of the change is working well, now that they are experiencing it in action, and it has allayed fears they had prior to implementation.

It is very important to continue to engage and consult at every stage to ensure LD Review milestones are on track with stakeholder buy-in. Please see appendices attached from information session held in January 2026 with parents and carers regarding the removal of bus provision at Dumbarton Centre to inform the Board's understanding of the work involved and the issues addressed.

Some service users and their parents and carers are finding change disconcerting and, in several cases, difficult, and we need to ensure we are engaging and consulting at every stage to ease the transition to new ways of working and a more equitable service for those with critical and substantial need, including those with behaviours perceived as challenging, who cannot easily access community based supports.

Recent informal 1:1 meetings with Dumbarton Centre staff have been positive. Some indicated that they had felt apprehensive about change, although they recognised the need for it, and they have found some of the changes to be positive. Service users, who, previously, did not participate in activities within the Centre, are now tolerating the activity for short periods at a time and there has been no escalation in behaviour due to changes in routine as this has been managed on an individual basis.

4.12 Communication and Policies:

There are a range of changes happening across the HSCP and LD clients are potentially impacted by all of these so clear communication is essential. This includes the refreshed Accessing Adult Social Care Eligibility Criteria, changes to respite provision (now short breaks/replacement care as approved by the IJB in September 2025), application of the charging policy across learning disability day services, (including those in receipt of ILF, who, historically, were exempt from charges), and application of WDHSCP Assisted Transport Policy.

4.13 Progress and opportunities:

The LD Review to date has delivered new ways of working, which are increasing capacity in a cost effective way while, at the same time, contributing to savings. There is further potential for more innovation as the implementation continues through 2026/2027, which may also realise further savings, some of which could be re-invested to fully establish the creation of a Hub model within part of the existing Dumbarton Centre building. This change programme has been achieved through constant and consistent communication and collaboration and the Chair and Vice-Chair of the LDRSG would like to thank all those who have participated fully and authentically in this work, after a series of 're-design delays' and 'false starts', not helped by Covid.

All LD Review savings presented to the Board previously have been delivered within timescales and, as outlined above, future savings provide an opportunity for re-investment in to learning disability to develop a Hub, which can ensure prompt signposting resulting in prevention, early intervention and positive outcomes throughout the life cycle at key transition phases.

Although all targets have been achieved and surpassed to date there is still more that can be done to modernise learning disability services, such as the ongoing informal work with staff to deliver new ways of working to create flexibility and greater capacity. It is hoped further workforce change can be achieved collaboratively over the financial year 2026/2027.

5. Options Approved Update:

- 5.1** Dumbarton Centre, as a central location for Learning Disability services is preserved and upgraded to become a community based hub offering a range of services - *ongoing*.

Removal of dedicated bus provision at Dumbarton Centre – *completed by the beginning of financial year 2026/2027*.

- 5.2** A building based day service for those with the most complex needs, including behaviours perceived as challenging, who cannot easily access community based supports - *ongoing*.
- 5.3** An outreach service that can support individuals, for a limited period, to develop their skills and abilities, such as independent travel, or to be able to respond to potential crisis situations to prevent family or placement breakdowns or admission to hospital - *ongoing work with staff to create capacity within the current establishment through increased flexibility*.
- 5.4** A range of activities, after the day centre provision ends, to promote health and wellbeing, which are chargeable, and can be accessed through referral, such as Rebound Therapy, trampolining, social groups to promote 'Just Enough Support' through developing independent living skills, reducing loneliness and isolation and increasing choice and resilience - *first twilight pilot sessions (4-6pm) planned from Q2 2026/2027*.
- 5.5** A Hub for information and advice, such as for those in transition - *this has been happening informally and there is a need to offer specific sessions to ensure clear, consistent and regular communication about WDHSCP policies and procedures and wider community resources, particularly for those who do not meet the Accessing Adult Social Care Eligibility criteria and require to be signposted on to other community assets and resources. There is also the possibility of re-investing some of the further potential savings identified to re-configure part of Dumbarton Centre to establish it as the base for the Hub model location*.

6. People Implications

- 6.1** The review of LD services to date has acknowledged that the approved options may have direct and indirect implications for the workforce. This is being managed in line with any relevant organisational change policies and processes, as it has been since the beginning of the LD Review.
- 6.2** From January to April 2025 the SSSC ran a consultation proposing registering adult day care staff to ensure they hold relevant qualifications. The consultation indicated strong support, with over 80% agreement on expanding the Register to these new groups. SSSC reviewed the results and in May 2025 approved the proposals, including proposed role descriptions, qualification requirements, continuous professional learning (CPL) needs and registration fees. The SSSC is waiting for Scottish Ministers' approval of the recommendations before proceeding with final implementation. The specific inclusion of adult day care staff is an extension of changes that came in to effect in 2024.
- 6.3** Whilst the review may have an impact on the workforce, it is widely acknowledged that the development of more flexible staffing models that support delivery of the Coming Home agenda will create positive opportunities for both staff and service users.

Table 2

Recurring £350k Staff savings -Dumbarton Centre and Community Connections – 2025/26	Budget with on costs			
	Hours	FTE	Grade	£000
Community Connections	34	1.0	3	33
Dumbarton Centre	53	1.5	3	52
Dumbarton Centre	220	6.3	5	265
Total saving	307	8.8		350

Table 3

Vacant posts - potential recurring savings after investment in implementation 2026/27	Budget with on costs £000			
	Hours	FTE	Grade	Budget with on costs £000
Dumbarton Centre	35	1.0	8	64

Dumbarton Centre	35	1.0	6	48
Dumbarton Centre	115.5	3.3	5	138
Dumbarton Centre	31.5	0.9	3	30
Total	217	6.1		280

Table 4

Employees on social worker course	Hours	FTE	Grade	Budget with on costs £000
Housing Support Service	37	1.0	6	54
Dumbarton Centre	31.5	0.9	5	36
Community Connections	31.5	0.9	5	39
Total	100	2.8		129

7. Financial and Procurement Implications

7.1 The LD Review is supported by the WDHSCP Medium Term Financial Plan 2022/2023 – 2026/2027.

7.2 The Learning Disability Review aligns with the key themes of the Medium Term Financial Plan, specifically:

- Better ways of working – integrating and streamlining teams; delivering services more efficiently will release financial savings and protect frontline services for those with critical and substantial need while still providing options for those who are signposted.
- Community Empowerment - support the vision of resilient communities with active, empowered and informed citizens who feel safe and engaged to contribute to service change across health and social care.
- Prioritising services – local engagement and partnership working are key strengths of WDHSCP. The HSCP must think and do things differently and find new solutions to providing support to those who need it maximise efficient and effective use of resources.

- Equity and Consistency of approach – robust application of Eligibility Criteria and re-alignment of service provision where Eligibility Criteria is not met. Chargeable options through the Hub would support this.
- Service redesign and transformation – build on the work already undertaken to redesign community support to enable people to remain or return to their own homes or be in a homely setting for as long as possible, across all care groups including older people, learning, physical and mental disabilities and children and families, in partnership with housing services, third sector and local providers.

7.3 The overall 2026/27 budget for Learning Disability Social Care Services is £15,334,275. Please see below a summary of savings options approved through the Board.

Table 5

Recurring savings	2025/26 £m	2026/27 £m	2027/28 £m
Approved 24 March 2025			
Review of LD Social Care Packages	0.200	0.200	0.200
Temporary Non-Filling of LD Vacant Posts	0.350	0.300	0.275
Removal of post managing LD respite	0.048	0.048	0.048
Re-provision of one Housing Support Service location	0.060	0.060	0.060
Savings Options			
Approved 27 May 2025			
Closure of Work Connect	0.276	0.456	0.456
Total of Approved Measures	0.934	1.064	1.039

7.4 Although there are key financial considerations associated with this work, this review is primarily around ensuring that local LD services are working to maximise independence, providing choice and services to those with the most complex need including those with behaviours perceived as challenging. Support from Contracts, Commissioning and Quality Assurance will be ongoing, alongside colleagues in regulatory services, in order to ensure all stakeholders are appropriately engaged as we seek to meet this ambition.

8. Risk Analysis

There is an element of risk associated with this report:

8.1 Recruitment and retention to posts in what could be perceived as challenging service areas might be more difficult and this may lead to skill gaps being identified.

8.2 Failure to review and scrutinise performance management information creates a risk. In order to mitigate against this clear standard operating procedures have been revised, or developed, to ensure both health and social care information is captured appropriately through IT systems, such as CareFirst and EMIS to support the reporting requirements to Scottish Government regarding Coming Home and the DSR.

8.3 Changes to services bring with it reputational risk. Some service users and their families are finding changes, as a result of this LD Review, upsetting and unsettling which has resulted in an increase the number of enquiries and complaints received.

9. Equalities Impact Assessment (EIA)

9.1 Please refer to EIA previously completed for IJB Reports approved on 24th June 2024 and 19th August 2025. EIA updated for IJB March 2026 re removal of bus provision at Dumbarton Centre.

10. Environmental Sustainability

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

11. Consultation

11.1 The HSCP Senior Management Team, the HSCP Chief Finance Officer and the HSCP Board Monitoring Solicitor have been consulted in the production of this update report and their comments incorporated accordingly.

11.2 Key elements linked to this review feature in the 2026/2027 Budget Setting Report. Over the past few months consultation on this report has taken place with the HSCP Senior Management Team (SMT) and Joint Trade Union colleagues, prior to it being presented today to the HSCP Board and Joint Trades Unions.

11.3 LD services have been working with key partners, stakeholders and communities throughout the period of the Review. Partnership, collaboration and co-production remain pivotal to the success of this work.

11.4 Consultation and engagement with the workforce is being progressed as part of the organisational change process. The majority of the LD workforce is employed by WDC and the Change Management Framework and associated policies is informing this process and the Terms of Reference for The Learning Disability Review Steering Group.

11.5 Wider engagement with service users, their carers and families and

community groups will help to outline how a new 'hub' model may be developed to inform ongoing review and re-design beyond year two.

12. Strategic Assessment

- 12.1 The LD Review is intended to strengthen prevention and community-based support options, keeping individuals in their community where possible. This is aligned to the Coming Home Implementation Report and Action Plan recommendations and in accordance with the ambitions of this Review, HSCP priorities and pressures will help guide the Board as to the priority to be given to this report.

13. Directions

- 13.1 The recommendations within the report require a direction to be issued to the Chief Executives of both NHS GG&C and West Dunbartonshire Council. This can be found in appendix 1 of the report.

Name	Sylvia Chatfield
Designation	Head of Mental Health, Learning Disability and Addictions
Date	26 th May 2026

Person to Contact: Lesley Kinloch, Service Manager, Learning Disability
lesley.kinloch@nhs.scot

Appendices:

Appendix I Directions
Appendix II Background to LD Review
Appendix III Parent and Carer Information session Jan 2026
Appendix IV Presentation given at the Parent Carer Information session Jan 2026
Appendix V Invitation letter about Information session Jan 2026

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

From: Chief Officer, HSCP
To: Chief Executive(s) WDC and NHSGGC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: Direction(s) from HSCP Board 26th May 2026 FOR ACTION
Attachment: LD Review Progress Update Paper

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 B000093SC26052026
2	Date direction issued by Integration Joint Board	26 th May 2026
3	Report Author	Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions
4	Direction to:	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes. HSCP B000080SC19082025.
6	Functions covered by direction	Learning Disability Services including Community Connections, Dumbarton Centre, Housing Support Service and the Community Learning Disability Team. Work Connect has closed and respite, now known as short breaks/replacement care, has transferred to the SDS team.
7	Full text and detail of direction	Approve continued implementation of the LD Review as outlined in section 2.2 of the Learning Disability Review Update paper.
8	Specification of those impacted by the change	Service users, carers, staff and other stakeholders.
9	Budget allocated by Integration Joint Board to carry out direction	The Review has resulted in new, more effective models of service delivery, which has also contributed substantially to savings to date. Further projected efficiencies are anticipated as implementation work continues and some of this may be able to be re-invested in establishing an LD Hub model to promote prevention, early intervention and signposting.

10	Desired outcomes detail of what the direction is intended to achieve	West Dunbartonshire HSCP is committed to improving the health, wellbeing and treatment of people with learning disabilities and autism as an area of priority. The review of LD Services has articulated stakeholder needs, and potential gaps in meeting need and is continuing to explore the applicability, potential and opportunities for new workforce interventions to ensure quality support in the right place at the right time so that service users achieve their outcomes in line with assessed need.	
11	Strategic Milestones	Year 1 Full review of Learning Disability Services - completed	<i>June 2025</i>
		Approval of proposed options commences – initial implementation completed.	<i>Aug 2025</i>
12	Overall Delivery timescales	The next phase of implementation is completed in the 2026/2027 financial year.	
13	Performance monitoring arrangements	The Review will be monitored via the Senior Management Team, the Learning Disability Review Steering Group (LDRSG) and reported to HSCP Board.	
14	Date direction will be reviewed	May 2026	

Appendix II

Background to Learning Disability Review

26th May 2026

1. Background

Having a learning disability can affect how a person learns new things throughout their lifetime. A learning disability affects the way a person understands information and how they communicate. This means they can have difficulty understanding new or complex information, learning new skills, or coping independently.

- 1.1 People with learning disabilities have individual strengths and abilities that should be recognised, alongside the need to meet any identified and assessed support needs. They may require a range of extra support throughout life, which is why strengthening prevention and community based support options is so important to keep individuals in their community where possible.
- 1.2 Care and support services for people with a learning disability should be person-centered, empowering people with a learning disability to make their own choices about what is important to them in their life.
- 1.3 People with learning disabilities experience greater health inequalities. For example, the average age at death for people with a learning disability is 23 years younger for men and 27 years younger for women than the wider population (Source: Learning disability mortality review, 2020). Also, 57% of people in a mental health hospital with a learning disability, autism, or both, have been there for over two years (Source: Health and care of people with learning disabilities, NHS Digital, 2021).
- 1.4 The Scottish Government has implemented The Annual Health Checks for People with Learning Disabilities (Scotland) Directions 2022. This imposes a duty on all Health Boards to offer health checks to individuals who have a learning disability aged 16 or over or who identify as having a learning disability aged 16 and over. Health Boards have been able to determine their own model of delivery. NHSGGC has created a Nurse Lead Model. The team is hosted by East Renfrewshire Health and Social Care Partnership as part of Specialist Learning Disability Services (SLDS) for the Board wide area.

1.5 The Health Checks Team delivers health checks for NHSGGC including WDHSCP. It is estimated there are around 5057 individuals with learning disabilities residing within Greater Glasgow and Clyde although prior to the establishment of the Health Checks team there was no maintained database in place to identify these individuals and a huge amount of work is ongoing in relation to this. The database is being compiled from a variety of sources including information from Community Learning Disability Teams (CLDTs) health data; the Electronic Management Information System (EMIS), individual HSCP social work data (CareFirst), vaccination lists and GP Practices. The database is dynamic and constantly being cleansed as people are added and removed. To date 378 individuals have been identified in WDHSCP since health checks commenced in Oct 2024.

1.6 Data below is for West Dunbartonshire in the 2025/2026 reporting year. The health check team is able to request a welfare visit if it becomes aware of any welfare concerns. This supports recommendations from “Remember My Name – a report into the life of Margaret Fleming”, published in October 2023, following a Significant Case Review questioning how a young woman with a learning disability could disappear from the community she lived in, and the services that were meant to keep her safe, for over seventeen years.

Completed	=	90
Welfare concerns	=	14
Opt out - no concerns	=	29
Not attended	=	21

The LD Review is supporting awareness of, and engagement with, this important initiative.

1.7 Considering the diverse needs and persistent health inequalities experienced by people with a learning disability and/or autism, West Dunbartonshire HSCP is committed to improving the health, wellbeing and treatment of people with learning disabilities and autism as an area of priority. The LD Review is articulating service and service user needs, and gaps in meeting need, and exploring the applicability, potential and opportunities for new workforce interventions and roles to ensure good quality care for people with a learning disability and/or autism.

1.8 The aim to support people with a learning disability to live within the community is also a national priority with the development of advocating for the reduction in inappropriate hospital admissions and lengths of stay for people with learning disabilities.

1.9 Good practice suggests that Commissioners develop sufficient, local, community-based services to support people with a learning disability and/or autism with complex needs, including behaviours perceived as challenging. This helps reduce the reliance on out-of-area placements. The efficacy of this review will be enhanced if commissioning delivers the development and consolidation of high quality, community services for people with learning disabilities, specialist where appropriate, to

reduce any overreliance on inpatient care or out of authority placements. Commissioning recently negotiated a new block funded contract with the provider of short break/replacement care for learning disability services (March 2026) and the provision of two emergency placement beds to mitigate risk regarding placement breakdown, inappropriate out of area placement or hospital admission, is a key component of this agreement, to ensure early intervention, in line with national policy, and in terms of delivering best value.

2. The National Context

- 2.1** Learning Disability services within West Dunbartonshire have been provided in the same way for many years against a backdrop of key economic, resource and policy changes, which have altered the landscape for individuals and communities. The comprehensive review of current provision over the past eighteen months has informed what the structure should be going forward.
- 2.2** Through specific engagement and consultation with staff, service users, families and carers, in relation to the remit and outcomes of learning disability service provision going forward, there has been recognition, and general acknowledgement, of the need to re-design to re-focus available resources to ensure equity and that those service users with critical and substantial need are supported to achieve positive and meaningful outcomes.
- 2.3** Approval of the implementation of this work will facilitate the development of services that can deliver on the ambitions and priorities of the Scottish Government's aspirations for learning disability service users with the most complex needs, including behaviours perceived as challenging, as outlined in the most recent Coming Home Action Plan published in March 2026. This Plan is a Scottish Government and COSLA initiative designed to support individuals with learning disabilities and complex care needs to return to, or remain, in their communities rather than staying in hospitals or distant supported accommodations unnecessarily. The Plan emphasises human rights, community integration and personalised care ensuring people maintain connections with family and friends while receiving appropriate support.
- 2.4** Initial Community Living Change Fund (CLCF) monies were allocated to Integration Authorities via NHS Boards and were designed to bring home people with complex needs, including intellectual disabilities and autism, and those who have enduring mental health problems that are placed outside of Scotland, to discharge those that have endured long stays in a hospital setting and design community based solutions that negate, or limit, future hospital use and out of area or country placements. This created capacity to undertake the Learning Disability Review.
- 2.5** The Coming Home Implementation Report, published by the Scottish Government in February 2022, included the setting up of a new

national register, the Dynamic Support Register (DSR), to improve monitoring of those at risk of hospital admission, or inappropriately placed out of area, or at risk of placement breakdown. Public Health Scotland (PHS) co-ordinate the DSR data on behalf of Scottish Government and WDHSCP learning disability services submit returns on a quarterly basis. This mechanism has supported earlier identification of, and response to, crisis, which has resulted in maintaining community based placements, or facilitating earlier hospital discharge and the newly published Coming Home Action Plan (March 2026) will continue to support this work as summarised in the executive summary.

- 2.6** The Scottish Commission for People with Learning Disabilities (SCLD) priorities for change “Rights Equality and Inclusion”, published in December 2025, set out building a Scotland where everyone with a learning disability can live a full, safe, loving and equal life. The priorities are evidence-based and have been shaped by people with learning disabilities, their families and the organisations that support them.

They have identified four key areas they think will make the biggest difference in addressing the long-standing inequalities and discrimination people with learning disabilities experience:

Human rights and law reform to tackle discrimination and strengthen protections and accountability.

Independent living and an end to inappropriate hospital or institutional placements.

Health, social care and wellbeing; addressing avoidable deaths and inequitable access to support.

Inclusive design and access to mainstream services so that society works for everyone.

- 2.7** The Scottish Human Rights Commission (SHRC) published a report in January 2025 entitled “Tick Tock...”; a human rights assessment of progress from institutionalisation to independent living in Scotland. The report provides a framework of human rights measurement based on internationally recognised best practice, for professionals to apply and to identify what is needed to ensure the right to independent living is a reality for the population affected by Coming Home.

- 2.8** Implementation of the Learning Disability review is in line with The Scottish Government paper 'Towards Transformation' 2021 looking at the particular needs of Scotland's autistic community and people with a learning/intellectual disability. A consultation on the Learning Disabilities, Autism and Neurodivergence Bill (April 2024) explores how Scotland can build a country that ensures equality of opportunity for everyone by embedding equality, inclusion and human rights in all it

does. Thinking differently should not cause someone to be marginalised, stigmatised, disadvantaged or excluded. It believes there is a need for a systematic focus on creating the conditions for change, operationally on the frontline, to ensure people can be successfully supported in more appropriate community settings and that this requires whole system engagement to develop a more flexible, specialist workforce to support models of care that focus on prevention and early intervention to promote community connectedness and to avoid placement breakdown.

- 2.9** Options within this implementation phase are also reflected in the Independent Review of Adult Social Care in Scotland (February 2021), which recommended that “investment in alternative social care support models should prioritise approaches that enable people to stay in their own homes and communities, to maintain and develop rich social connections and to exercise as much autonomy as possible in decisions about their lives”.

3. Engagement and Consultation

- 3.1** The needs and aspirations of people with a learning disability are changing and becoming more diverse. People have told us they wish to be as independent as they can be within their own community and wish to have more choice and control over their lives with good quality support built around their individual needs and outcomes. This means offering tailored, flexible, personalised support, focusing on what people can achieve rather than what they cannot. It is essential that links with local partners continue to be consolidated, maintained and strengthened to ensure a cohesive, joined up approach that maximises opportunities for individuals with a learning disability.

4. Points to consider

- 4.1** There remains a level of concern that the LD Review is being undertaken in order to “cut vital services”, given the current financial challenges within the public sector. Those undertaking the LD Review have consistently engaged and consulted to ensure the LD Review is a consultative and collaborative process intended to create services that are sustainable and fit for the future. There is acknowledgement that change is not always easy, however, recognition, also, that the LD service does need to modernise to ensure that those with the greatest complexity, and highest level of need, are the ones receiving support and that others are signposted appropriately to community based assets.
- 4.2** The Coming Home Implementation Report, February 2022 supports the vision of the LD Review to support those with the most complex needs, including behaviours perceived as challenging, to live in the community and access appropriate building based supports, if assessed as requiring this, to be able to live as full a life as possible where independence, choice and control is maximised and embedded within a human rights based approach.

Health and social care services are focused on helping to maintain or improve the quality of life of people who use those services. The “Just Enough Support” training programme empowers staff to empower citizens to take greater responsibility for their own outcomes and, in addition, trauma-informed training, also available to LD staff, will further underpin this approach.

- 4.3** Throughout the LD review has engaged and consulted with staff, in line with WDC’s Organisational Change Framework and associated policies. A Learning Disability Review Steering Group (LDRSG) was established last year following IJB approval of the Review. It meets every 6-8 weeks. One of the consistent themes that has emerged from this group, and from stakeholder engagement sessions, is that the LD workforce is already skilled and consistently undertakes specialist training to meet the needs of those with the most complex needs, including behaviours perceived as challenging. Ongoing development of this flexible, person-centred, asset based, approach will ensure that those able to access community based supports are more able to do so.
- 4.4** The HSCP Board has a duty to achieve Best Value including the effective use of resources. Engagement and consultation with in-house services and relevant stakeholders has highlighted that through consolidation and modernisation substantial savings can be achieved and further savings identified can contribute to completing implementation of the options approved, which will ensure ongoing resource for those with critical and substantial need in line with equity.
- 4.5** Consideration for savings and efficiencies has been a component part of the LD Review in Year One to support the financial sustainability of LD and wider HSCP services in this challenging financial climate. Options approved is ensuring the HSCP is meeting its best value duties. For example, there are service users who do not meet the HSCP’s eligibility criteria. These service users could have their needs more effectively met through the support of other community based services; this in turn will lead to better outcomes for the individual. It is also clear that the client charge has not been implemented consistently. This inequity has recently been addressed and will allow LD to provision services in a way that offers greater clarity and increased choice and control with a variety of chargeable options being offered once a Hub model is established.
- 4.6** As LD services continue to be reviewed, through the organisational change consultation and engagement process, there is majority consensus that day and community services need to be modernised to reflect a shared focus, which supports WDHSCP priority areas. The LD Day service within Dumbarton Centre is being prioritised for those with a critical level of need who cannot easily access community supports. Service access is now linked to criteria based on WDHSCP Accessing Adult Social Care Eligibility Criteria, which was approved by the HSCP Board on the 23 September 2020 and implemented in April 2021.

5. Workforce

- 5.1** That Dumbarton Centre and Community Connections has one Registered Manager and one Deputy Manager, incorporating a Hub approach as it evolves, and Dumbarton Centre and Community Connections consolidate their staff teams to form a more holistic service within the core hours of 7am-9pm seven days per week. It is expected that further future efficiency savings will be delivered.

- 5.2** The LD Review has ensured that any additional training required by the workforce has been completed, or is planned in this financial year, in order for staff to be fully equipped to fulfil their roles within a modernised, integrated and flexible service.

Appendix III – Parent and Carer Information session Jan 2026

Questions and Comments from Parent/Carer Information session held on 28th January 2026 to discuss the LD Review and the removal of bus transport within LD day services.

Lesley Kinloch – Service Manager, Learning Disability - LK

Peter Boyd – Operational Manager, Services – PB

Lynn O'Donnell – Registered Manager, Day Services – LO'D

Copy of Presentation given by PB and LK - see appendix IV for information.

Invitation letter sent out about information session – see appendix V

So, due to these financial projections people are being punished due to budget issues? It was added that recent pay rises would not have helped.

HSCP also has a delegated budget and LD has its own budget. The LD review is working to maximise the available resource to ensure those with critical and substantial need are supported with others being signposted.

A statement was made by an attendee that these changes would not affect the Chief Executive. That people with complex needs are being punished and what happens when families break down?

LK reaffirmed WDHSCP is trying to guarantee services that will meet the future needs of those with a learning disability, however, all services still need to contribute to savings.

You are taking away buses; how do you expect us to get individuals with complex needs to Dumbarton Centre? The biggest impact is on the service users and if we can't get them to the centre, will there be a centre going forward?

LK indicated that there is a WDHSCP Assisted Transport Policy and that on page 7 it outlines the eligibility. Those with a mobility vehicle and/or benefits provided for the purposes of travel support would be expected to support with this.

Why is there no one senior from the Council here? Someone who signed off on the paper?

LK said as we are undertaking the LD review, we are here to present the information.

What is the impact to the Dumbarton Centre when it becomes a Hub?

LK said that the day centre would not be impacted as we are looking at repurposing an area within the building so provision of the building based day service for those with more complex needs would not be significantly impacted as the areas would be separate.

You previously closed Café Connect taking away skills from the service users, now you are taking away social skills. How can you do this and take about promoting life skills?

PB outlined that one of the proposals is to pilot introducing chargeable twilight sessions aimed at offering the opportunity to develop skills such as cooking etc.

Why are these savings being asked for when some Councillors are receiving a 21% pay increase to a total amount of 1.3 million?

LK expressed surprise at this as she was unaware of the Councillor pay increase awarded in April 2025.

A concern was expressed that we are going backwards with service users being locked up indoors.

Will there be security measures like a door keypad with the centre becomes a hub?

LK explained that the hub model that is being considered would not be held in the same space as the Day Centre activity and that we were looking to have an area separated off with its own entrance and exit. It would likely be part of the current dining space, which is quite large.

We have a mobility car to provide for our family in our day to day living; the car was acquired, because of the need for wheelchair access. This provides transport to medical appointments as well as carer commuting.

LK responded that the merger of the day services would create a more flexible service, which would allow for earlier drop off or pick up times which may support the other commitments people have.

Why don't you charge more for the buses? You could have sent out a questionnaire about additional payments.

PB highlighted that it is the Council that has the authority to set charges and that any changes must be approved by them.

Why didn't you ask the Council to raise the level before the decision to remove the buses?

LK advised that the decisions were being taken in the context of realising overall savings and that we are striving to maintain a building based service, with a specialist staff team, for those with the most complex needs.

One carer commented that today it cost £12 for a short taxi ride to this meeting from Renton. The payments made to the family may include a mobility element, but these funds are used to care for our individuals. Do you think they can go into a taxi alone? The bus provision is a safe journey for them.

Carers reported that they have been emailing Councillors asking for feedback on these changes, but no one is willing to respond.

LK informed the group that she has helped co-ordinate all the responses that she has been made aware of. She indicated that she has also provided information to Martin Rooney and had meetings with Councillor Traynor on 14th January 2026 and Marie McNair on 26th January 2026, both with Beth Culshaw, Chief Officer of WDHSCP.

A carer (AC) then stated that she has had no feedback from Marie McNair's office following the meeting between LK, BC and Marie McNair held on Monday 26th Jan 2026.

Why is there now no money for services which used to be free?

LK reflected that we are living in changed times from when the services were implemented and that there have been increasing financial and social pressures in recent years. She indicated that many other authorities have been charging a higher rate for services for a longer period.

Why didn't you ask for more from families?

LK said that we would be looking at each person's individual circumstances when applying the Assisted Transport Policy.

When exactly will the buses stop?

PB said that the provision of buses at Dumbarton Centre will cease from 29th March 2026

What happens on the 1st April 2026?

LK and LO'D outlined that work is already being carried out by staff to review the activities within the centre and they have been planning this transition.

What will happen to the Friday's dance class?

LO'D indicated that work is ongoing to help this activity to continue and that management is currently in communication with the transport department regarding hourly bus hire availability for this activity.

How can you request transport with lots of redundancies?

LK said that, as far as she is aware, the drivers and buses that have been serving the Day Centre will be utilised in Education as education requires more buses as they move away from providing individual taxis.

How are you going to implement the Assisted Transport Policy before April 2026?

LK reiterated that we will look at each individual, check their situation against the eligibility criteria, for example, in terms of access to a mobility car and make a decision based on that. For those that meet the criteria for transport provision options will be explored.

What about the impact on Respite? Respite is a break for carers and service users still need to access the bus to attend Dumbarton Centre as the Dunn St bus is not suitable.

LK said she was unaware of the issues with the bus provided by Dunn St. She will raise this with commissioning regarding the Dunn Street Respite service, particularly in relation to the use of the Dunn street vehicle and whether the new Respite contract covers transport responsibilities and bringing individuals to Dumbarton Centre during their stay.

She added that the LD team is aware of the importance of carers respite and that it is a break for you and a holiday for the individual.

LK continued by highlighting the changes to respite, now named replacement care and short breaks. She reported that this area is now being managed by the Strategy and Transformation team and that their paper was approved at an IJB meeting, after the LD Review paper, perhaps November? This was checked and it was approved at the IJB held in September 2025.

The respite team, which currently sits within the learning disability team, will transfer to the quality assurance section, namely the Self-Directed-Support (SDS) team and will provide replacement care and short breaks support to all groups.

When will families be told of any changes?

LK said that families will be notified, however, although the respite team will no longer sit within the LD service, it is expected that the contact details for staff will not change.

So, we will be back in six months to discuss respite? With new people meaning less days?

LK noted that Dunn Street is an important replacement care building-based resource for LD services that has also provided two emergency beds, which have been critical in allowing the LD team to provide emergency and care for individuals in unforeseen circumstances or because of

Adult Support and Protection (ASP) concerns. She also indicated that there will be a new framework implemented in replacement care allocation.

Have you considered carers that have their own disabilities/medical conditions who look after someone with a disability? All this will add stress to those already struggling with their own health issues.

This is why the individual meetings are important; so we can support where needed to prevent families from falling into crisis.

The Chief Executive should be here to hear these stories.

Can't we find savings elsewhere?

LK stated that every area within the HSCP is being asked to look to find savings. She reaffirmed that it has been an important goal to preserve day services and secure staff jobs while contributing to savings.

Who approved the bus provision removal?

LK indicated that the decision was made at the August 2025 IJB and was voted on by the Board.

Do they know how the services work?

Our Head of Service, SC, has attended previous engagement sessions at the centre. Once the paper is drafted, it is reviewed before being presented to the IJB. LK wished to recognise that times are difficult and wanted to offer assurance that she will keep advocating for those within LD services. She added, however, that we will be losing the bus provision in March and, as described by LO'D, we will be reviewing current activities and looking at other transport options available and associated costs.

There's not a lot of time to hold these individual meetings? Why wasn't the process started earlier? Why not start after the August approval? Why wasn't this discussed at the June 25 Parent/Carer session?

LK responded that during the June 2025 meeting we discussed the challenges ahead. She added that the decision wasn't made official until August and that this paper was made available to all. Meetings then had to be held with transport and staff to plan before having this information session today. LK noted that it is a difficult time for all, including the staff team, as we move forward.

What will happen if a lot of the staff leave?

LK indicated that although there are differences between Dumbarton Centre and Community Connections teams, all staff are being given the same training going forward and both teams are very experienced. Staff are hardworking and committed and everyone is determined to preserve these specialist roles within day services. Sessions to date indicate staff wish to remain at the centre, building new, more flexible day service provision around service user and family needs going forward.

LO'D admitted that despite the challenge, she is determined to preserve this service and the staff team. Anyone who wishes an individual meeting here, or at home, can add their names to the list. LOD stated that she aims to speak to every carer within the next two weeks. LK then added that she and PB are meeting with two families on Friday 31st January 2026, who were unable to attend this evening.

LK thanked everyone for coming and for contributing to this discussion.

Session Ended

Welcome

- Learning Disability Service Review Update, Peter Boyd
- Financial Overview, Lesley Kinloch
- Questions
- Comfort Break
- Bus Provision Update
- Questions
- Close



Learning Disability Review

Services have been delivered in the same way for some time.

Review approved in June 2024 for a two-year period.

Engagement and consultation with all stakeholders.

Second year paper approved in August 2025.

Learning Disability Review

Themes from Engagement:

Staff to work across areas – flexibility in staff contracts.

Integration of day services.

To support and promote services that work for the service user and strive to let them develop and grow.

Continuing attainment and development of life skills.

Learning Disability Review

Dumbarton Centre, as a central location for Learning Disability services, is preserved.

Dumbarton Centre and Community Connections will merge to form a more holistic service able to respond proactively to community needs.

A building-based day service for those with the most complex needs.



HSCP Financial Performance

Financial Year April 1st 2025 to 31st March 2026

Total Spend:

Health Care £128,963,000

Social Care £127,593,000

Income:

Health Care £5,770,000

Social Care £33,971,000



HSCP Financial Performance

Financial Year April 1st 2025 to 31st March 2026

Expenditure after Income

Health Care £123,193,000

Social Care £93,622,000

Projections by March 2026:

Health Care £1,511,000 underspend

Social Care £4,248,000 overspend



HSCP Financial Performance

Financial Year April 1st 2025 to 31st March 2026

HSCP will use reserves to mitigate projected overspend.

Overall projected overspend of £2,190,000.

All HSCPs in Scotland have a statutory duty to deliver a balanced budget.

Significant financial pressures make this challenging.



Time for
Questions



Time for a
Break



Bus Provision at Dumbarton Centre

Costs:

Financial Year 2024/2025 £309,000

Financial Year 2025/2026 £296,000

Transport Charges do not cover this cost.

Given the outlined budget position savings are required. Through the LD Review we are striving to make services sustainable and have the specialist staff team to meet individuals needs.



Time for Questions



PRIVATE & CONFIDENTIAL

Learning Disability Service
Clydebank Health & Care Centre
Queens Quay, Main Avenue
Clydebank
G81 1BS

Date: 7th January 2026
Ref: LO'D

Dear Parent/Carer/Guardian

Re: Invitation to Learning Disability Review information session

Following on from the engagement session held at Dumbarton Centre on Wednesday 25th June 2025, West Dunbartonshire Health and Social Care Partnership (WDHSCP) would like to invite you to a further information session, as part of the Review of Learning Disability services, which commenced, after being approved by the Integration Joint Board in June 2024. Through subsequent engagement sessions with staff teams, service users and parents and carers, as part of this Review, in relation to the remit, provision and delivery of learning disability services going forward, a further paper entitled: "Proposed Next Steps Following a Comprehensive Review of Learning Disability Services", was presented to the Integration Joint Board on 19th August 2025 and approved.

As you may already be aware, WDHSCP is experiencing financial pressure across services and we want to find solutions that ensure we are supporting those with critical and substantial need that meet the eligibility criteria for services and. In addition, we want to ensure that everyone is signposted to the resources and options available more widely in West Dunbartonshire. All the information about the meeting can be found below. If you need support to attend the event, or require support for the person you care for, to allow you to attend, then please speak to the Manager of Dumbarton Centre and Community Connections, Lynn O'Donnell, or one of her team, on 01389 608345, as some staff will be available at Dumbarton Centre to provide support for the duration of the event.

Where is the event being held?

Dumbarton Centre, 3 Bruce Street, Dumbarton, G82 1HY, Wednesday 28th January 2026, 4pm-5.30pm

Who is invited?

Anyone who liaises with Dumbarton Centre, as a family member, carer or guardian.

What is an information session?

This information session is about learning disability services, specifically Dumbarton Centre and transport, and how the HSCP will be implementing this element of the Review.

How will the information session be structured?

Once everyone has arrived and settled, members of the learning disability management team will give an information session about the overall work of the Learning Disability Review. There will also be an update about the financial pressures facing the HSCP and how this relates to learning disability services. There will be a chance for everyone to ask questions about the information being presented. We will then have a 10 minute comfort break where people can have some refreshments. After the break, information about the changes to transport will be provided and there will be an opportunity to ask questions.

What if I want to come but I am not able to or don't feel comfortable being face to face?

Please contact 01389 608164 and say you are calling about the parent/carer information session and we can arrange a time for you to speak with Lesley Kinloch and Peter Boyd, who are leading the Learning Disability Review.

We look forward to seeing and speaking to you on Wednesday 28th January, 2026. If you have any further questions, or wish to clarify anything before the session, please do not hesitate to get in touch.

Please let us know if you will be attending by 23rd January 2026.

Kind regards,

Lynn O'Donnell
Service Manager
Dumbarton Centre and Community Connections

West Dunbartonshire Health and Social Care Partnership Board

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

26 May 2026

Subject: What Would it Take? Strategy 2024 - 2029**1. Purpose**

- 1.1** The purpose of this report is to provide an annual report on activity during 2025-2026 on the implementation of the What Would It Take Strategy which seeks to improve outcomes for children and young people, drive improvement in services and ensure sustainability.

2. Recommendations

- 2.1** Note the considerable improvement work taking place to improve outcomes for children and young people.
- 2.2** Note the content of the report regarding efficiencies and savings generated to strengthen service sustainability.

3. Background

- 3.1** In March 2024, the HSCP board approved the Children's Health and Care strategy "Improving Lives with Children and Young People in West Dunbartonshire, What Would It Take? 2024 – 2029".
- 3.2** The strategy presented a road map to deliver sustainable services, aligned to the Promise and shift the balance of care. The aim is to ensure children and young people, where possible, can remain supported at home with the necessary scaffolding of support, with family or in a community setting. This requires a resource shift over time to reduce expenditure on care services and reinvest in community-based supports for children and young people to be safely supported in their communities where risks and needs of young people are met out with a care environment if safe to do so.
- 3.3** All children need the same things to thrive: a stable home, strong support and steady, loving relationships. The Promise is Scotland's commitment to making sure this is a reality for all children. The Promise emerged from Scotland's Independent Care Review: a comprehensive, participatory process launched in response to longstanding concerns about the experiences and outcomes for children and young people in the care system. The movement for change was driven by activism and advocacy from care-experienced people across Scotland, who sought to ensure that all children grow up loved, safe, and respected. In February 2020, the Review published its findings and recommendations in The Promise. The Scottish Parliament, with cross-party support, committed to implementing these recommendations in full by 2030 at the latest.
- 3.4** Keeping The Promise requires Scotland to overhaul its care system, moving away from bureaucratic, process-driven approaches and towards a culture that centres on relationships, rights, and the voices of children and families. The

Promise is built on five key foundations:

- **Voice:** Children and young people must be listened to and involved in decisions about their care.
- **Family:** Where safe and loved, children should stay with their families and be supported to overcome difficulties.
- **Care:** If children cannot remain with their families, they should stay with their brothers and sisters where possible and belong to a loving, stable home for as long as they need to.
- **People:** The workforce must be supported to build trusting, compassionate relationships and to listen to those they support.
- **Scaffolding:** The broader system-laws, policies, and services-must provide the necessary support for these aims.

3.5 The What Would It Take? Strategy is a five-year plan which recognises the importance of using service design to evaluate Children and Families services. The Scottish Approach to Service Design (SAAtSD) encourages service change to be deliberate and purposeful, as opposed to organic and reactive, informed by data and evidence. It also emphasises service users' voices, both providers and recipients of a services should be at the centre of service design and, sustainability and future proofing considered throughout.

3.6 The delivery of the plan will take time, resources, and a shared commitment to improve outcomes for children and young people. It recognises our commitment to collaborating with our partners and communities to ensure our children grow up loved, safe, and respected so that they can realise their full potential.

3.7 This change programme aims to deliver sustainable services whilst promoting better outcomes for vulnerable children, young people, and their families aligned to the principles of The Promise. It will ensure service improvements are realised whilst continuing to respond to the financial challenges that are being experienced across the public sector however the key to sustainability is to ensure preventative supporting and 'scaffolding' as articulated by The Promise are in place.

3.8 The WWIT strategy was approved by the HSCP Board in March 2024 and comprises of the six workstreams to be developed and delivered over the 5 years of the strategy with different sub-projects contained within each workstream. Given the size of this programme, the initiation of each project needs to be considered to ensure the service can maintain operations and undertake each workstream with dedication and commitment.

4.0 Main Issues

WWIT Workstreams

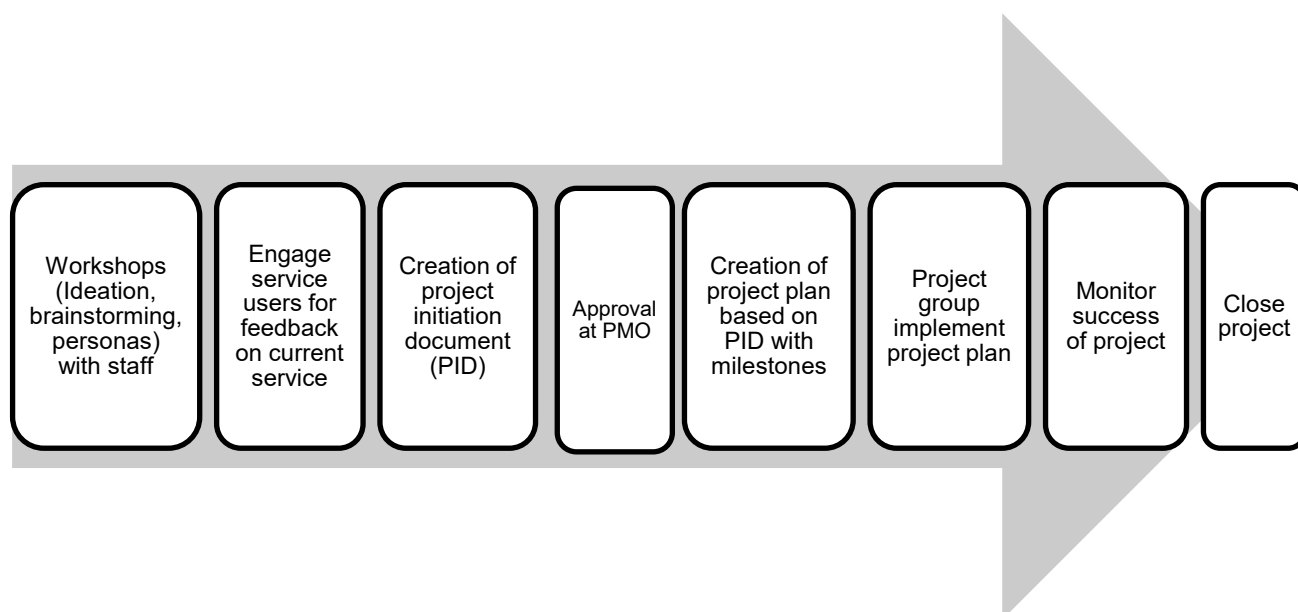
4.1 Table 1 shows the six workstreams and the Senior Manager responsible. Each of the workstream areas contributes to and creates the conditions to enable children to remain in their community where possible with family, with strength-based assessment of risk and need, with clear pathways to service access and initial assessment.

When a child cannot be safely supported by family and care provision is required we aim to ensure that local connections with schools are maintained and care only is the first consideration and family based where possible to meet the child's need. For a small number of children, residential care will be required, however we are committed to ensuring children remain with schools where possible and where this is not possible a joint education and care placement will be sought. For children living out with West Dunbartonshire, we are strengthening our quality assurance and oversight of external provision and ensuring best value is in place with a focus on commissioning arrangements.

Table 1

Project	AIM	Senior Manager
Permanence and Care Excellence	We will improve the timescales for planning for children and to reduce the uncertainty for children and young people who require permanent care out with their birth family.	Mark Mulvenna
Redesign of Family Support Services	We will provide family support services to ensure families get the right help at the right time, for as long as it is needed.	Sharon Laing
Best Practice in Child Protection and Safeguarding	We will make sure there is best practice in child protection and risk management arrangements building on families strengthens clearly identify risks and ensure clear action plans are in place.	Sharon Laing
Commissioning Services for Children and Young People.	We will develop local commissioning frameworks for all our fostering and residential care placements and move from Scot Excel Frameworks in order to achieve best outcomes and Value. In parallel we will strengthen our contract monitoring and oversight of providers where our children are placed.	Lesley James
Foster Care Recruitment and Kinship Care support	We will recruit local foster carers over the next five years and increase or support and planning for children in Kinship care.	Mark Mulvenna
Supported Accommodation for Care Leavers	We will ensure our young people leaving care have increased and planned housing support options that meets their needs.	Mark Mulvenna

- 4.2 As stated in section 3.5, the Scottish Approach to Service Design methodology is used. The following chart provides a visual representation of how each project is scoped, project plan is developed, and project is implemented and closed.



Permanence and Care Excellence

- 4.3 An 'Aims Refresh' Workshop took place in March 2026, following which draft refreshed aims were developed and volunteers were identified to establish sub-groups for each aim to progress tests of change and development of local practice related to achieving these aims. Subgroup members included local representatives from Social Work, Health, Education, Children's Hearing Scotland and the Scottish Children's Reporters Administration.
- 4.4 The aims are as follows, with Working Groups established to confirm dates and percentages by the end of May 2026.

Aim 1:

By 31st December 2026, 100% of children/young people who are looked after at home for more than 18 months (on 5th May 2026 36 children), will have had a review at a Team Around the Child Meeting to determine if a Compulsory Supervision Order (CSO) is the correct plan for the child/young person.

Aim 2:

By 31st March 2027, 90% of children/young people who become looked after and accommodated on or after 5th May 2026 will have had a Permanence recommendation (including those who have a plan to return home or are within kinship care) recorded in their plan within 26 weeks of becoming looked after and accommodated.

Aim 3:

Further workshop involving foster carers and legal service are scheduled this year to agree the measurable aims for children/young people who have had a recommendation for permanence away from home, and will be presented to the Agency Decision Maker (ADM) as delegated by the CSWO within 14 weeks

(national aim is 14 weeks) of the Legal Advice Meeting that made the Permanence away from home recommendation.

Aim 4:

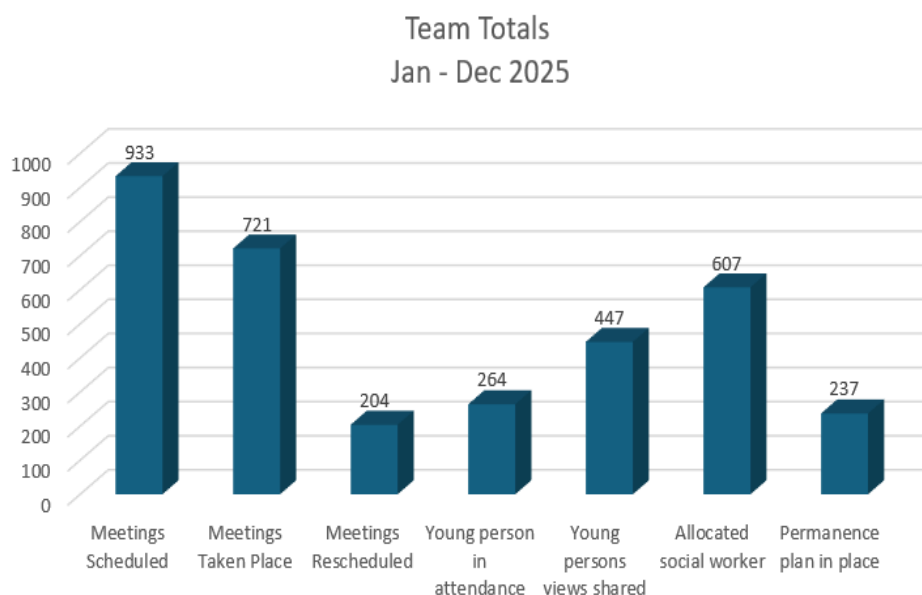
Further workshops involving legal and foster carers with the service are planned to ensure measurable reportable targets are set regarding the % of children/young people whose plans for permanence away from home to be progressed have been approved by the Agency Decision Maker (ADM), and, will have their application for appropriate legal order lodged in court within (national aim is 16 weeks) of the ADM decision.

- 4.5** The project team met with Legal colleagues to review the current process for Legal Advice Meetings and to identify areas for improvement to address the drift and delay being experienced by children and young people on their journey to permanence. The result of this meeting is a test of change of six-weekly in person meetings, which will be reviewed after 4 months to determine if changes to the format are required.
- 4.6** The project team met with staff to gather practice-based insight into how Parent Capacity Assessments are currently being understood, delivered and recorded across the service, and to identify what is working well and where there are barriers. Parent Capacity assessments are central to evidencing whether a child can safely return home (or what contact and permanence planning is needed if not), and current practice is inconsistent in approach, timescales and documentation. The discussion aimed to agree key principles and highlight the need for a more standardised tool and clearer guidance, especially for children Looked After Away from Home and to support timely decision-making.
- 4.7** The collation of local data in relation to Looked After Children to provide both assurance and oversight of practice was recognised as an area which required to be developed locally to improve on both the quality of reporting in addition to informing improvement work within this area. There continue to be significant challenges re utilising the Care First system to ensure the data is reportable in line with National Guidance to support practice and management oversight.
- 4.8** Progress was made through the introduction of a Care Experienced Minute within CareFirst in September 2025 following consultation with Independent Reviewing Co-ordinators (IRC) and Social Work staff. The aim of this form being introduced was two-fold in that it would support in the collation and reporting of key local information as well as recording both the minute and child's plan from these meetings.
- 4.9** Prior to the introduction of this minute, the task of collating key information was being manually undertaken by IRC's via a spreadsheet which was not felt to be an efficient use of time albeit this provided helpful insights and a layout which we would want to develop within the new reporting format, particularly in terms of visual charts.
- 4.10** Developments to date progressed;
- The process between Admin and IRC's has been reviewed and updated around the completion and approval of these forms ahead of distribution in terms of roles and responsibilities.

- 72-hour Planning Meeting Minute will remain separate to the Care Experienced Minute at this time to ensure national submission of Children Looked After Statistics (CLAS) responses linked to this form are not affected. These returns relate specifically to siblings and their experiences which whilst also contained within Care Experienced Minute, the (CLAS) return pulls information from the 72-hour Planning Meeting form on CareFirst therefore will remain at this time.
- A Data/Summary Report in relation to the Care Experienced Minute has recently been produced. This will continue to be reviewed and updated to ensure that all the necessary data is collated.
- Oversight meetings have been scheduled to take place on a Quarterly basis between Admin, IRC's and CareFirst Team to consider and review any proposed changes or queries that have arisen around the use of the form, which have been captured on a tracker.

4.11 The following charts show the impact of the Independent Reviewing Coordinators over 2025 calendar year. Developments in the collation of this data are currently underway in terms of capturing qualitative data to better understand and inform improvements in these areas e.g. reason(s) for meetings being rescheduled.

Table 2- Impact of Independent Reviewing Coordinators over 2025



4.12 Since the introduction of this team, Permanence plans for children and young people have been progressed as follows:

- 11 Permanence Orders have been granted.
- 4 Permanence Orders are currently being progressed through Court.
- 4 Permanence Orders ready to be lodged at Court.
- 10 Permanence Order Applications are being prepared for lodging at Court.
- 5 Adoption Order have been granted.
- 4 Adoption Order applications are currently being progressed through Court.
- 1 Adoption Order application is currently being prepared for lodging at Court.

Prior to this there was little evidence that plans were being concluded for young people causing uncertainty and drift and delay in in some instances placement breakdown.

Redesign of Family Support Services

- 4.13** The Family Support Services project began in February 2025. West Dunbartonshire children's services are committed to redesigning a family support service aligned to [Getting it Right For Every Child](#) Principles and [The Promise](#), particularly supporting children to remain at home with their families where it is safe and loving and ensuring that families receive the support needed to overcome difficulties. There was a pause in the progression of the project due to the need to focus on the launch of the Access, Help and Support Team (AHST).
- 4.14** Family Support Services play an integral role in the provision of early intervention in social work support within West Dunbartonshire. However, the service is currently not delivering consistent relational intervention or using structured parenting programme models in order to effectively support families to make the necessary changes. The aim is to have an agreed plan with families and young people's voices at the heart of shaping what those supports need to look like. Services in the team are made up of Family Group Decision Making, support to statutory family time either as part of a return home plan, or as a statutory requirement and parenting support. There is also intensive support where families are in crisis, and this may be practical tasks such as addressing home conditions or offering mediation and working with the family to establish behaviour and communication ground rules. There is a significant resource aligned to our in-house provision of supervising and observing statutory family time. We need to ensure that the interventions and support family service offer is relationship based and supports the family to make the necessary changes to effectively safeguard and care for their children at home. Currently consultation with families and young people is being undertaken by Action for Children participation workers to inform what best family support looks like and allow us to understand what children and families believe makes a difference to increase their resilience and develop their skills to allow them to effectively navigate the daily challenges of parenting, in often very challenging life circumstances.
- 4.15** Challenges being faced by the project include: Attendance at project meetings being inconsistent, despite standing meeting invitations being scheduled in diaries through to the end of 2027. This is impacted by the teams working a different work pattern and their requirement to meet our obligations to deliver a high level of statutory family time. This was exacerbated by a significant percentage of the team who were absent from work through ill health. This presents a risk to timely decision-making and can result in delays to progressing agreed actions. To mitigate this risk, work is underway to identify alternative meeting days and times that may be more accessible for team members, alongside reviewing engagement approaches more broadly. This will help ensure improved attendance, strengthen collective ownership of the work, and provide staff with meaningful opportunities to shape the development of the new service.
- 4.16** The project has hosted several workshops with staff to determine the scope of the project, to create a Project Initiation Document. Some of the themes identified by staff are:
- Referral pathway

- Relational support
 - Recording referrals and data to capture demand and what is required;
 - Deliver parenting programme and structure support as part of working alongside families.
 - Review job profiles, review the use of fixed-term contracts and review work patterns across the service.
 - Underpinned by Promise Principles to ensure creative consistent and where necessary practical support is in place as long as is required for parenting with enduring and complex needs.
 - Increase visibility and understanding and promote positive recognition of Family Support Service.
 - With every review of a process, ensure there is a digital lens and if there are any tools which can be adopted to simplify will be used. For example, a tool which allows staff to text families information about their children.
- 4.17** We have undertaken a series of engagement sessions with children and families across the community, facilitated by Action for Children, to gather views on what our family support service should look like. These sessions involved a wide range of participants, including those who have experience of receiving family support, those who have worked with family support services, and those who have not previously received or worked with family support. This inclusive approach ensured that both lived experience and broader community perspectives were captured to inform future service development.
- 4.18** A referral pathway has been developed that includes a referral form that asks the refer to identify what outcomes are to be achieved by the Family Support Team as part of the child's plan. It also allows for the first time to measure demand both in terms of numbers but also what are the areas of support the children and families need us to help them with. The learning from this data will inform the learning and development plan for the team so ensuring the staff team have the right skills to meet the family's needs. In March 2026, the team was supporting 192 children and families.
- 4.19** In order to develop practice and create consistency, there have been themed working groups, these included Family Time considering from the perspective of the child, the parent and the family support worker, "What does good family time look like". Key outputs include agreement to create consistency and standards for family time including appointment confirmation using a clear "contract" with families, setting out expectations and practical arrangements such as dates, times, and actions to be taken if a parent or child is unwell and cannot attend. This led to the consideration the child's experience and what changes could be made, such as creating a calm environment, creating a directory of community resources where parents and their children can be supported to meet. Also, ensuring there are resources available for all age groups in our family rooms. Further actions include the development of information leaflets for families, the implementation of pre-visit introductions involving the Social Worker and support workers. The second workshop focused on recording family time observations that would ensure that it captured the experience that meets the needs of the social worker who will be creating an assessment but also creates a detailed record for the child who may wish to see their social work file in the future.
- 4.20** Project work under the Recording Observations theme has concentrated on improving consistency, clarity, and quality of practice. Agreed outputs include the development of training to support staff on what to record and how to record

observations, alongside the creation of a consistent observation template with Social Worker input. The group has also agreed to ensure referral forms are used for all referrals, including those from Area Team Support Workers, explore adding review dates within CareFirst, and consider the establishment of a weekly cross team briefing meeting. Ongoing actions include continued development of lone working procedures and adding the purpose of contact or family time at the top of each observation record.

Best Practice in Child Protection and Safeguarding.

- 4.21** This workstream is made up of smaller projects all aimed at enabling strengthened focus on risk management, working in partnership with families where children's voice is key and clarity of assessment and planning and what risks and needs require to be the focus of service interventions. The following table shows the scope, and latest update.

Project 1- My Assessment, My Plan

- 4.22** Our assessment templates have been rewritten and redesigned following consultation with children and young people, parents and carers, and staff and volunteers from social work, education, Children's Hearings Scotland, and Partners in Advocacy. The template is a core assessment that then has branching sections that includes the additional information that is required for Social Background Reports and Child Protection Assessment.
- 4.23** The aim of the redesign of the report template was to ensure that the voice of the child was central and that parents and carers views were evidenced and considered throughout the assessment and that they were active participants in developing the child's plan.
- 4.24** The assessment also guides social workers to not only present information but to provide analysis and how this led to decision making and actions. My Assessment, My Plan is framework for an integrated assessment that contains the assessment and views of all agencies who are part of the team around the child and note any areas of disagreement. There has been self-evaluation through audit which evidence the positive impact of My Assessment, My Plan. An ilearn module was created for all Social Work staff to complete so there is consistency in practice. With the adoption of Signs of Safety there will require to be a further review of My Assessment, My Plan.

Project 2 - Children's Services Area Resource Group

- 4.25** This group is a joint initiative with education, with the senior education manager and principal educational psychologist are key members. The Group is chaired by a senior manager for social work. Other members include team leader, residential services, team manager, family support manager and family placement senior social worker. Commissioned Services Includem and Functional Family Therapy are also members.
- 4.26** The Children's services Area Resource Group (ARG) was set up to ensure that when children and young people who were deemed to be on the "edge of care" that all possible options had been explored and exhausted that would have allowed the child to remain safely at home, before agreement seek alternative care was authorised, taking the "What would it take?" approach. The ARG

referral requires the social worker or educational psychologist to evidence what support the team around the child have offered, and why the requested resource will meet the child and family's needs, and the expected impact. A recent assessment and plan and up to date chronology is required to inform the discussion and decisions of the ARG.

- 4.27** Where alternative care placements or intensive family support through a commissioned service is required, this is authorised by senior managers from Social Work and Education, to ensure that standards of practice are in place. There must be evidence of the attempts and interventions which had taken place to safely enable a child to remain with their parents or caregivers. Minimum expectation of an assessment, chronology and plan for the child require to be in place to ensure the accountability and statutory requirements are met. The Area Resource Group reviews and approve children's assessments and plans where there are associated costs.
- 4.28** Residential school and education day placements are also agreed through the ARG and the educational psychologist and social worker, work together to identify the school that will best meet the child's educational and social and emotional needs. There has been a reduction in the number of children who stay in residential school, with more children in "Care Only" placements, where they can remain in their existing school within their own community, meaning less disruption to their lives and meaningful relationships are maintained.
- 4.29** There has also been a reduction in the number of requests for external foster placements from 36 in 24/25 to 6 in 25/26. There has not been an increase in the number of children whose names on the Child Protection Register in West Dumbartonshire (in fact it has been decreasing) which may evidence that we are managing to provide scaffolding to families to stay together. Where the agreement is to commission additional services to support the family to remain together, the ARG sets a timescale for review. To date, there have been 289 referrals discussed at ARG, with 246 approved, and 43 rejected.

Project 3- Access, Help and Support Team

- 4.30** There are 3 types of referrals and they are:
- **Request for Assistance** - Referrals that are submitted via the Request for Assistance online form. The public and professionals can complete this form.
 - **Child Protection** - Referrals that are submitted via the Child Protection Pathway.
 - **Duty to Inquire** - Referrals submitted to the team when the Request for Assistance Referral or Child Protection referral form is not completed. It also captures general enquiries and instances where advice is being requested, and for repeat referrals for a child that is currently allocated, or a referral that has been reported in via more than one route (e.g. Police, Health and a member of the public refer in about the same incident).

Since implementation, between April 2025 and March 2026, the team have received the following referrals:

Table 3- Monthly IRD – Child Protection 2025-26

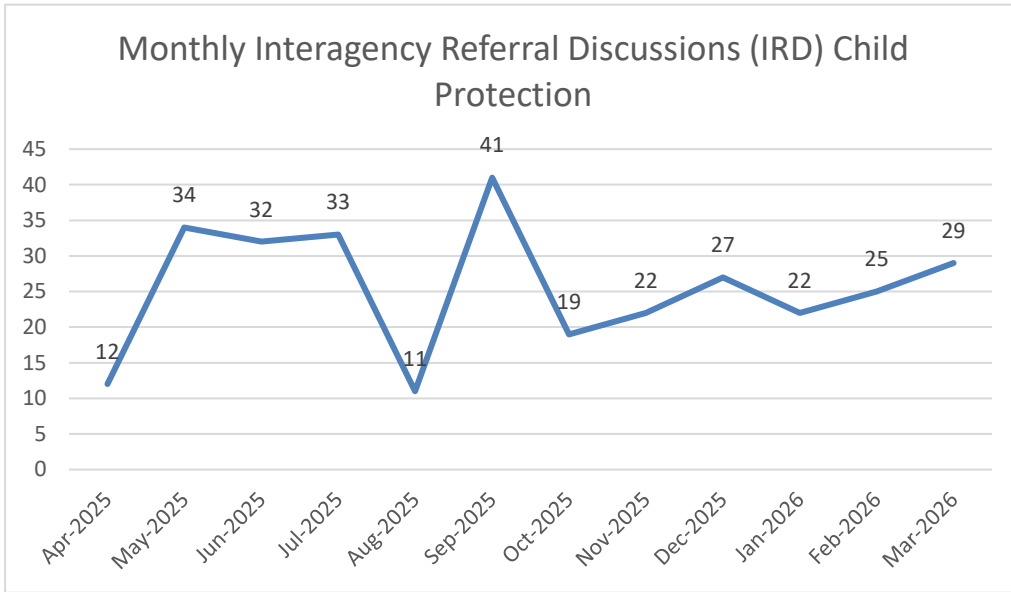


Table 4- Monthly Domestic Violence Initial Assessments 2025-26

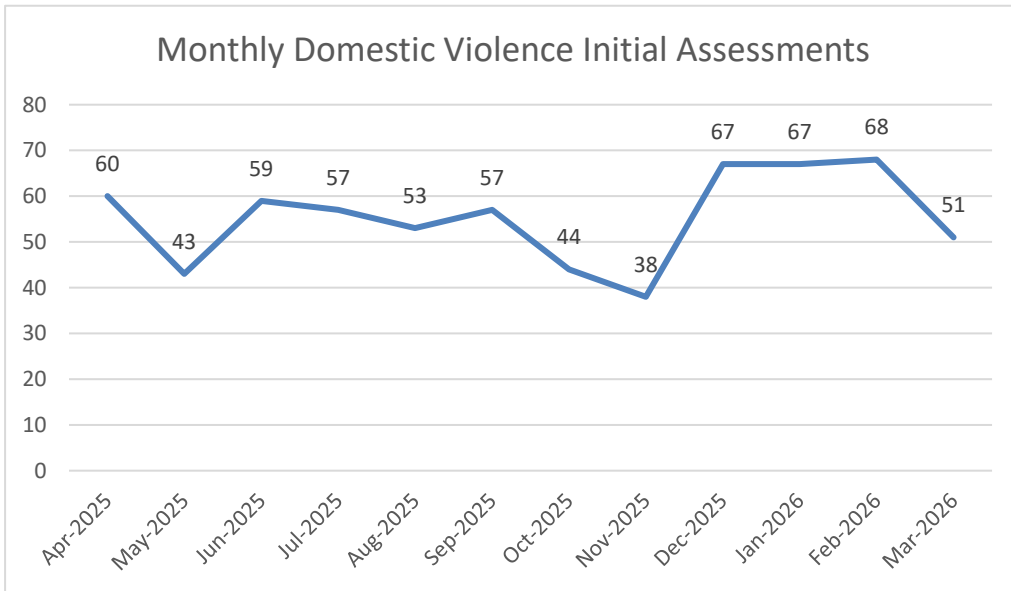
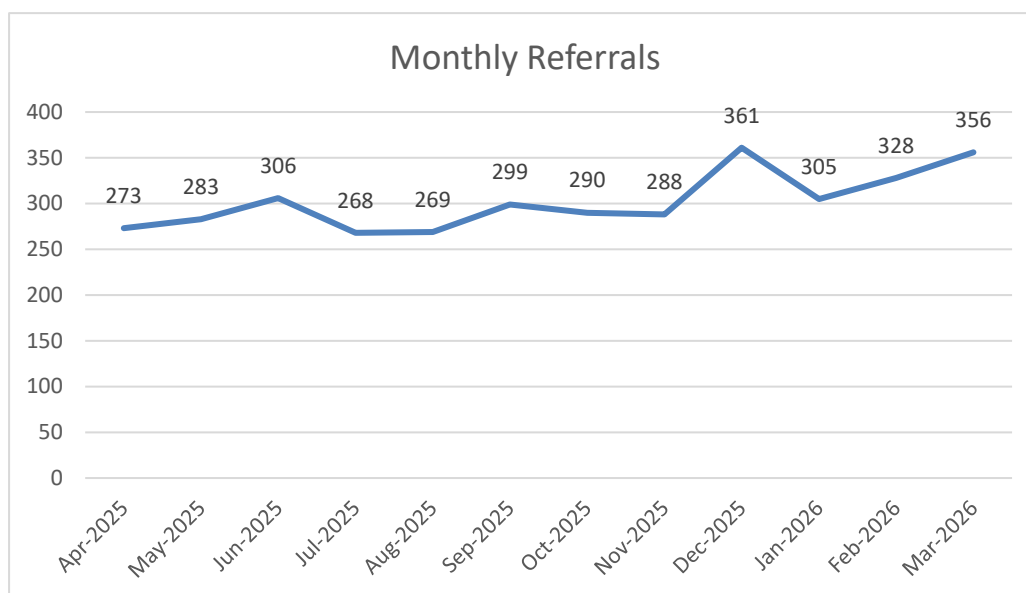


Table 5- Total Monthly AHST Referrals 2025-2026

- 4.31** These are new referrals to the service and for the first time we can understand new demand for services and the source of the concerns. Our data tells us that 17% of concerns result in onward referral to other social work teams for longer term intervention beyond the 8-week period of assessment. Of the above, 113 resulted in a My Help and Support Assessment being carried out and onward allocation. The project team are reviewing guidance and seeking if further improvements are required now the service has been in place for a year.
- 4.32** The Access, Help and Support team includes three of eight social workers who have undertaken specialist training to allow them to conduct child protection interviews with children under the Scottish Child Interview Model. The team undertake 2-3 Interviews per week alongside Police Scotland. With preparation and de-briefings each interview takes around 7 hours of social worker's time.
- 4.33** The team manages around 350 cases at any one time (40 per worker). They conduct around 10 Interagency Referral Discussions per week, the majority of which result in Child Protection assessments being initiated. They also provide Social Background Reports for SCRA for all children who do not have an allocated social worker.

Project 4 - Secure Care Procedures

- 4.34** Secure Care procedures have been updated in line with National Standards. They have been adopted and have strengthened practice with the focus on Children's Rights and risk management.
- 4.35** Care and Risk Management training has been delivered by CYCJ and the Care And Risk Management (CARM) procedures are currently being developed. The first draft is ready for review. Both above will strengthen practice to ensure we meet our statutory obligations under the Children (Care and Justice) (Scotland) Act 2024.

Project 5

- 4.36** The social work managers will undertake a year programme in 2026 of learning titled “Leading Best Practice in Child Protection”. The CSWO has commissioned an external independent trainer to support this learning and improvement activity in Child Protection Practice. The first session was self-evaluation by the managers on where the strengths and areas for improvement are across the child protection system which have been identified from external and internal audit and evaluation. We will work together to build on the strengths and explore how we can address those areas where challenges to best practice have been identified. The purpose is to further develop our child protection standards aligned to national guidance and practice, with strengthened management oversight of planning and multi-agency assessments.

Project 6

- 4.37** This work will dovetail with adoption of the Signs of Safety approach across the system. All social worker staff have undertaken the training and leaders and decision makers in partner agencies have undertaken the two-day training. There will one day awareness training rolled out for all partners within the child protection system.
- 4.38** As part of this work there has been an audit of 60 assessments to give base line data to measure any improvement over the two-year implementation period. This baseline position also involved seeking the views of children and their families who provided scores against set questions. All our assessment frameworks will now be reviewed to ensure that it aligns with the principles of Signs of Safety. This work was commissioned through The Child Protection Committee and is a clear multi-agency commitment to strengthen our approach to multi-agency Child Protection identification of risk and planning.

Commissioning Services for Children and Young People Who Require Care

- 4.39** This project will create two commissioning frameworks. They are:

- Fostering Framework:
- Residential Framework.

Currently all Foster care, Residential care and Continuing care placements are commissioned through the Scotland Excel framework. Local frameworks have been drafted in collaboration with existing providers through regular partner forums, which supports the approach of the WWIT strategy. Updated legislation and policy such as the Promise requires to be reflected in how we commission services. It is anticipated that Frameworks will be in place for 5 (+2) years, allowing local response to changing contexts in supporting care experienced children and young people.

- 4.40** Currently the service has engaged with every commissioned Foster or Residential provider of care to ensure that unnecessary costs are being removed and that discounts and cost and volume considerations are being maximised with every provider, whilst ensuring quality of care and external scrutiny is evidencing positive outcomes and delivery for any child placed in a commissioned placement. Table 6 below shows the efficiencies generated with discussion to

date with residential care providers which are not yet compete and similar discussions have taken place with foster care providers to ensure best value. Table 6 demonstrates the efficiencies generated from discussion with providers regarding contracted rates to date in 25/26 which has yet to be concluded.

Table 6 Commissioned Savings Achieved 2025-26

Commissioned saving achieved 25-26	Number of packages	Original rates	Revised Rates	Commissioning savings
		Yearly cost	Yearly cost	Yearly
		£'000	£'000	£'000
External Accommodation	6	952	842	110
Residential School	9	2,398	2,301	97
Purchased Fostering	2	113	75	38
Total	17	3,463	3,218	245

Project 1- WDC Fostering Framework

- 4.41** Partnership forums have taken place to engage providers, finalise the contract documentation and a quality assurance monitoring template tailored to the needs of the service. These are focused on individual and service outcomes, with a focus on prioritising safety and nurture in care placements. It is anticipated that by developing local frameworks to purchase care placements will reduce requirements to adhere to ScotExcel pricing frameworks which is one source of cost pressure. A local framework also allows us to work with providers to meet West Dunbartonshire families' particular needs – for example including a request that if a provider is assessing a potential foster family placement within the West Dunbartonshire area, that they will inform and give priority to our Service. This ties in with the internal family placement team workstream and the principles of local and national policy, to reduce the use of foster placements far from home. Local frameworks also have 'lots' of service categories that are more aligned to local needs, reducing the risk of purchasing enhanced services that are not required.

Project 2- WDC Residential Framework

- 4.42** Two partnership forums have taken place to promote joint working and the co-production of the contract documentation. Joint working with the education department has ensured that the Framework will also meet their needs in relation to Residential Education placements. A further partnership forum will take place to discuss Quality assurance processes and requirements. Developing both frameworks has included engagement with relevant stakeholders, including consultation with people with lived experience where possible. This allows for alignment to principles of ethical commissioning, and the Promise, alongside more robust contracts and process. This is particularly important due to the 5 (+2) year terms. This engagement work has allowed further insight into process and efficiency.
- 4.43** Reviews of all commissioned care placements are ongoing throughout this process, allowing for oversight of outcomes and ethical commissioning requirements, in line with the Promise: Plan 24-30: Money & Commissioning.

Project 3 - Commissioning Services for Children With Disabilities

- 4.44** The Children with Disabilities Family Support service is currently being developed to address the need around the service gap to enable children to remain within their family home. The Family Support Service will be a community-based service, working with families in their homes and children and young people in their communities, to promote resilience and positive family relationships. It will also provide daytime short breaks for children and young people to access social and leisure opportunities in their community. The invitation to tender closed on 8th May, with evaluations taking place in the following weeks. The contract term is 3 years; there has been good interest from a wide range of experienced providers. The service specification was developed with the views of local families and staff of relevant services, who had engaged with a consultation exercise directed by Children's Services management team.

Foster Carer Recruitment and Kinship Care Support

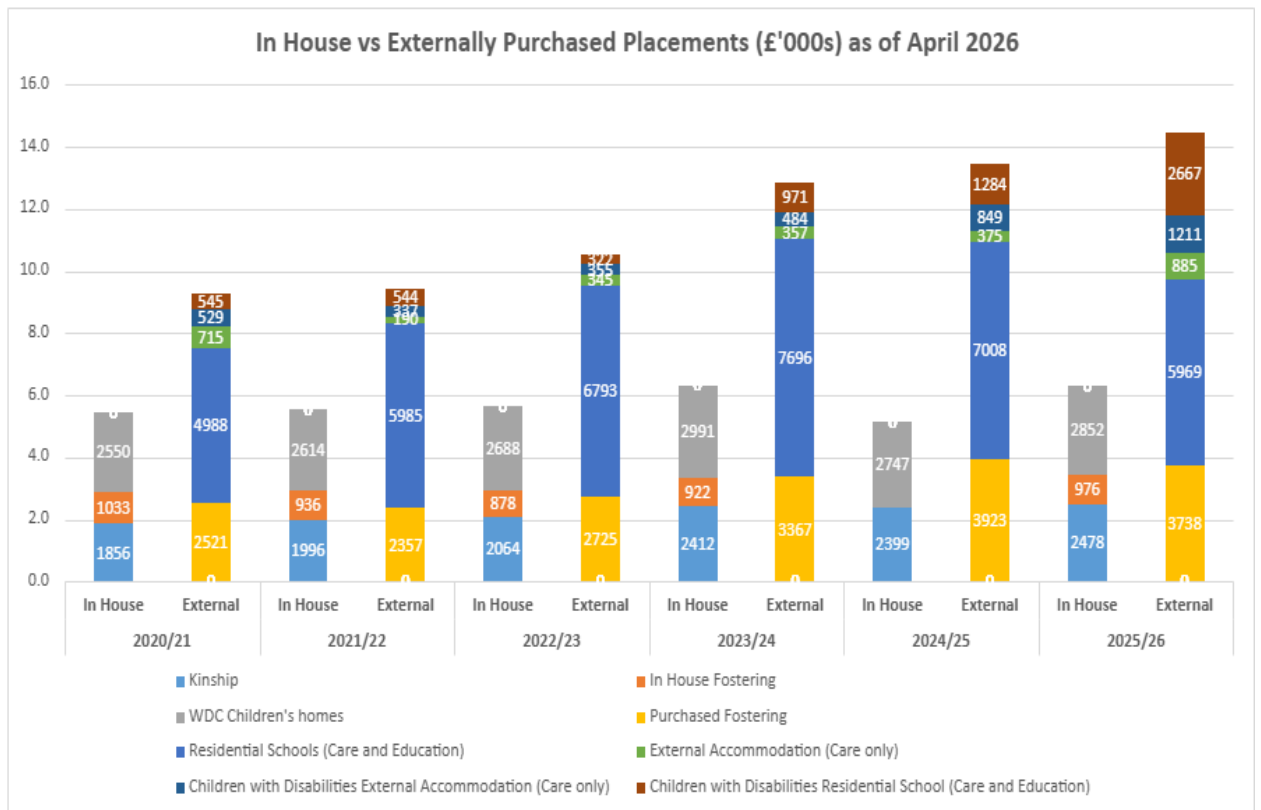
Project 1- Foster Care Recruitment

- 4.45** The project team have been focussing on preparing for the Foster Carer National campaign in May 2026, utilising the videos and social media plan that was created for Foster Care Fortnight 2025.
- 4.46** The Foster Carer Liaison Officer role has now been advertised via myjobscotland. The post is offered on a fixed term basis until 31 March 2027 which will then be reviewed with a potential for further extension of 12 months. It is intended to provide resource within the service to strengthen capacity and coordination within foster carer recruitment activity. Not only do local foster carers keep children supported in their own local schools and communities, the management fees and other costs from private and independent providers can often mean that costs are significantly increased where our own foster carers are not able to be identified.
- 4.47** An exit survey has been finalised and will be issued to all enquirers who withdraw from the process prior to being approved as foster carers. This will support the service to better understand reasons for withdrawal, identify recurring themes or barriers within the recruitment journey and use feedback to inform continuous improvement of recruitment processes.
- 4.48** Business case approval has been secured to work with CAN Digital (Council Advertising Network) on a targeted digital recruitment campaign. CAN Digital has specialist expertise in foster carer recruitment and a track record of delivering positive outcomes for other local authorities, including Fife and the Scottish Borders. The agreed digital marketing plan will now be progressed, with campaign performance and outputs monitored to assess effectiveness and value for money.
- 4.49** The local web pages have been reviewed and updated to make sure it is easier for prospective foster carers to find information or apply to become a foster carer. The need for local carers to enable children and young people to be supported in their local communities, sustaining positive relationships both within school and with wider relationships and interests is fundamental to ensuring the children can thrive and remain connected to people and place that is important to them. The financial case is also clear as detailed Table 7 below, where the difference in

costs is compared with West Dunbartonshire carers and externally purchased care which can often be a considerable distance from the young person school and family.

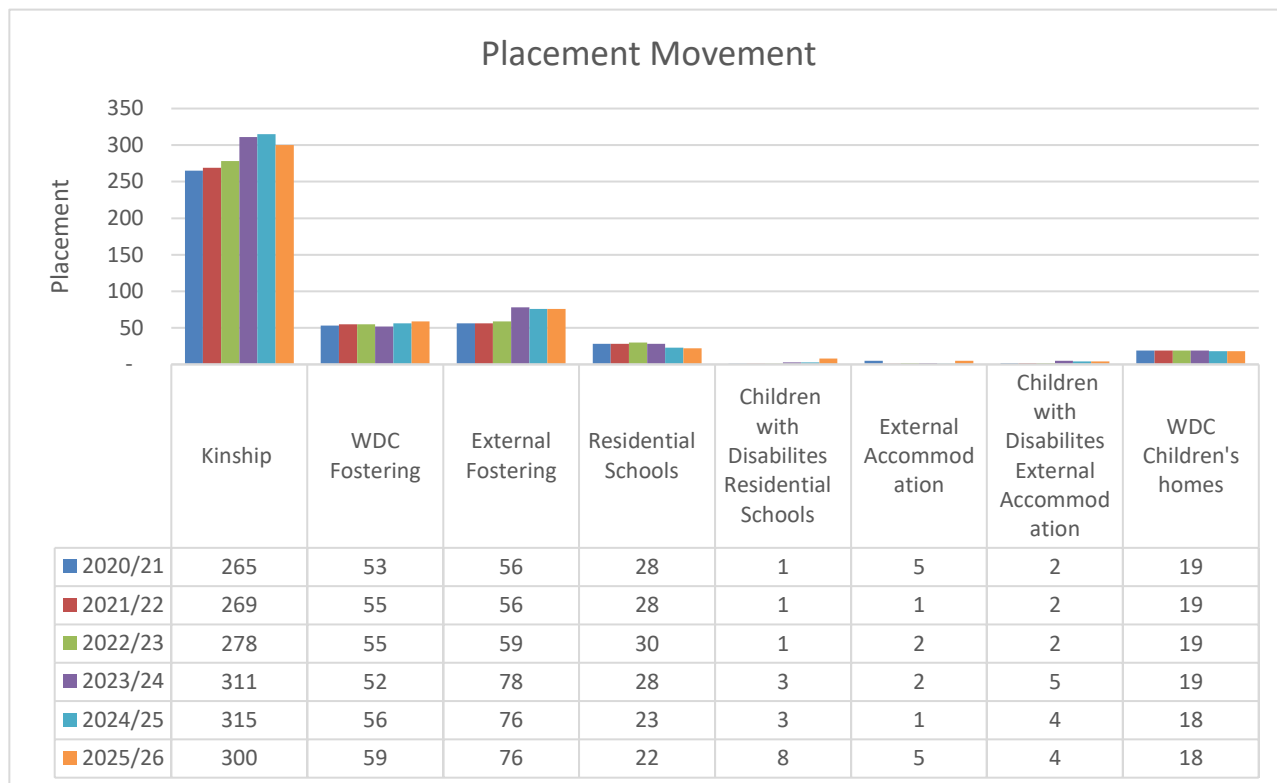
- 4.50 In increasing awareness around the opportunity to become a Foster Carer, there has also been engagement with colleagues within Education Services and agreement for existing Foster Carers and members of the Service to be present at events within local schools such as Parents Evenings in order to provide information to any interested parents/carers.

Table 7 West Dunbartonshire Services vs Commissioned Care Costs per week and annual spend.



Impact and Looked After Children and Young People Profile

Table 8 Number of Looked After Children at 31st March 2026



4.51 There has been a decrease in spend of purchased external fostering and an increase in spend of internal fostering between 2024/2025 and 2025/2026. There has been over a £1million decrease in spend on Residential schools (care and education) between the last financial years. A significant contribution to the decrease in spends for external Foster Placements has been through the effective introduction of the Area Resource Group (ARG) and scrutiny of both assessments and resource allocation decisions which takes place within this forum.

4.52 Since 2023, there has been a steady increase in spend for Children with disabilities in external accommodation (care only) and care and education. The increase for care and education has increased by £1.6 million and £0.727m for care only. To enable more children and young people with complex needs to remain at home and families to receive the support they need, the development of local services to provide wrap around services to families struggling to sustain care for children and is detailed within the report as part of the commissioning activity. This work was informed by Aberlour who were commissioned to consult with families to inform what service were required. This has not yet been implemented, and it is anticipated this will enable more children to remain with their families with support.

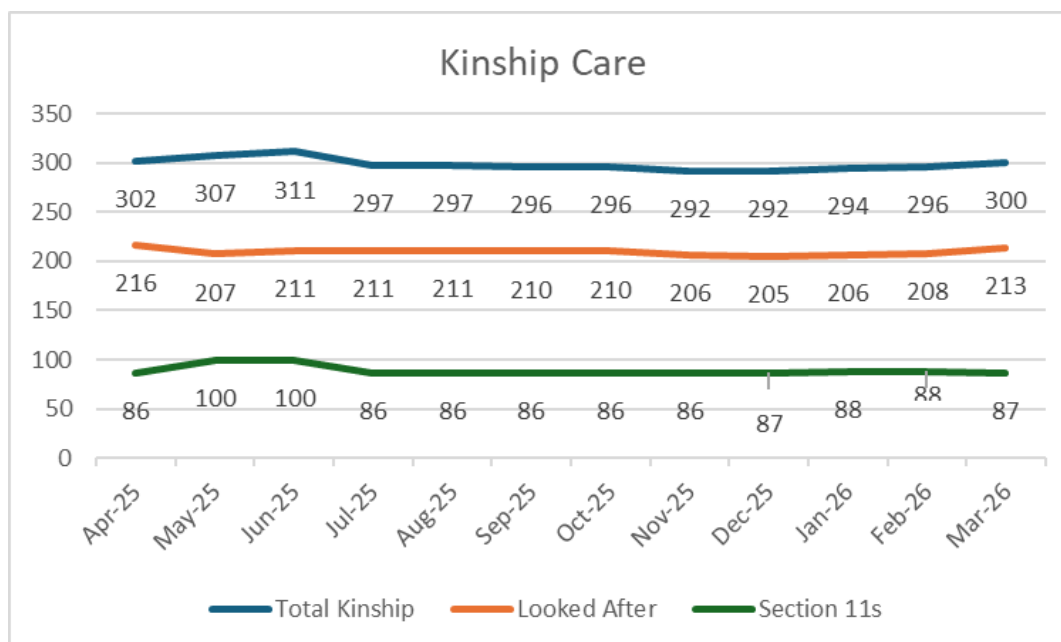
Project 2 – Kinship Support

4.53 Work has recently been completed on the creation of an independent Kinship Panel, to operate similar practice to our existing Fostering and Adoption Panels.

A Standard Operating Procedure (SOP) has been created for the Kinship Panel, to ensure a clear, consistent and transparent approach to decision making and governance within kinship care arrangements. This independently chaired panel comprises of representatives from Social Work, Education and Health and will be held every 4 weeks with the first Panel taking place on 6th May 2026, marking a key milestone in the implementation of revised kinship governance processes.

- 4.54** A new Kinship Assessment has been drafted in line with National Kinship Assessment produced by Scottish Government, with plans to be developed around both testing and piloting the assessment once it has been formally agreed and approved and associated Guidance developed for workers. This assessment aims to improve consistency, clarity and robustness in kinship assessments for local carers.
- 4.55** Kinship Care Guidance and Procedures have been updated and reviewed by AFKA Scotland (Association for Fostering, Kinship & Adoption). Feedback has been received and will be used to inform final revisions, ensuring alignment with best practice and national guidance.
- 4.56** Initial work has begun on the development of a Kinship Carer Communication Plan, including the establishment of clear distribution lists and the use of surveys and feedback mechanisms to strengthen engagement and communication with kinship carers.
- 4.57** Table 9 below breaks down the profile of Kinship Care and by Kinship Care order or Section 11 of the Children (Scotland) Act within West Dunbartonshire from April 2025 up to March 2026.

Table 9



Supported Accommodation for Care Leavers

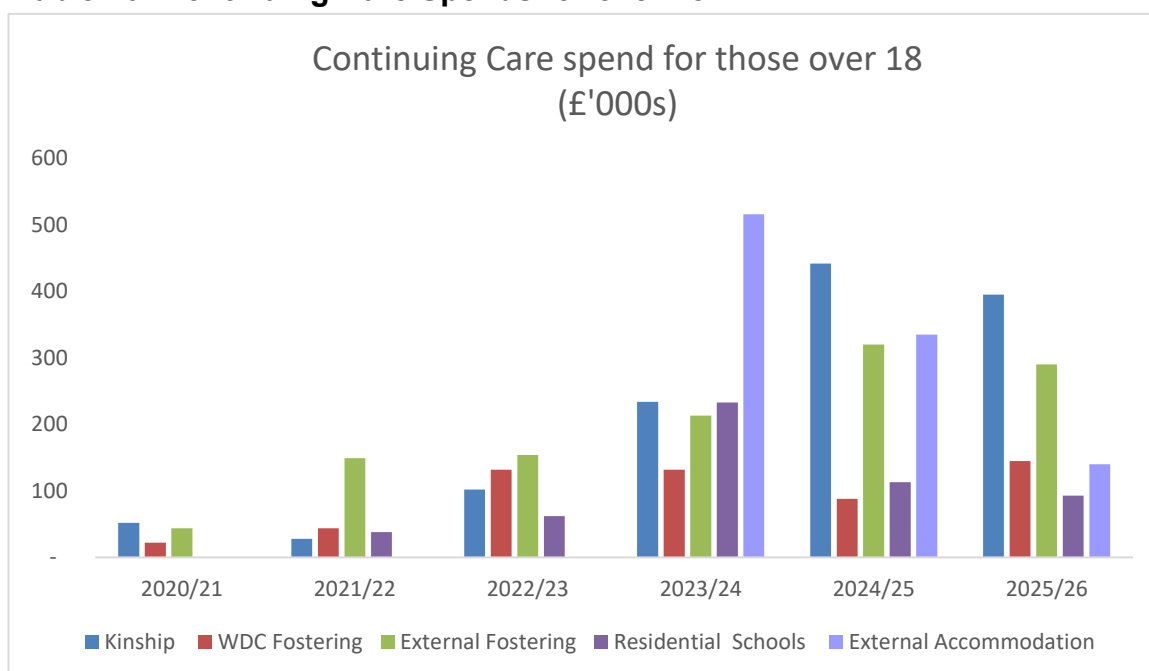
- 4.58** Young people leave care with varying degrees of support needs. Currently unless a young person can return home or manage a tenancy, all too often young people leaving care end up with homeless provision. This workstream sees the development of 8 individual flat with 24-hour support, to bridge the support gap

from care to community, often young people’s family support is limited, and they may have resided out with the area whilst in care. The project to convert 28 Bridge Street, Alexandria into 8 bed self-contained supported accommodation is in progress. Planning approval has been secured, confirming the building’s use as a Class 8 residential institution. Building Warrant applications have been prepared and submitted, with consultants providing the necessary technical drawings and specifications. The design has been refined to accommodate accessibility requirements, including rise and fall units in wheelchair-accessible bedrooms and access control features for external doors. Initial consultation with the Care Inspectorate has been undertaken to ensure compliance and certification at completion. The tender process is scheduled to commence following Council committee approval in mid-May, with bills and quantities being prepared in advance.

4.59 Consultation has been and will continue to take place with young people who are both currently looked after or have moved on from care to understand what their needs are at this stage of life and what outcomes would they want to be supported to achieve by such accommodation to help inform local developments.

4.60 Prior to 2023, Continuing Care recognition was not defined and was not aligned to placement type and costs which is reflected in the significant rise in our data. This is helpful to understand the associated costs of young people who are transitioning through care, both in terms of projected costs and accommodation requirement following care:

Table 10- Continuing Care Spends for over 18

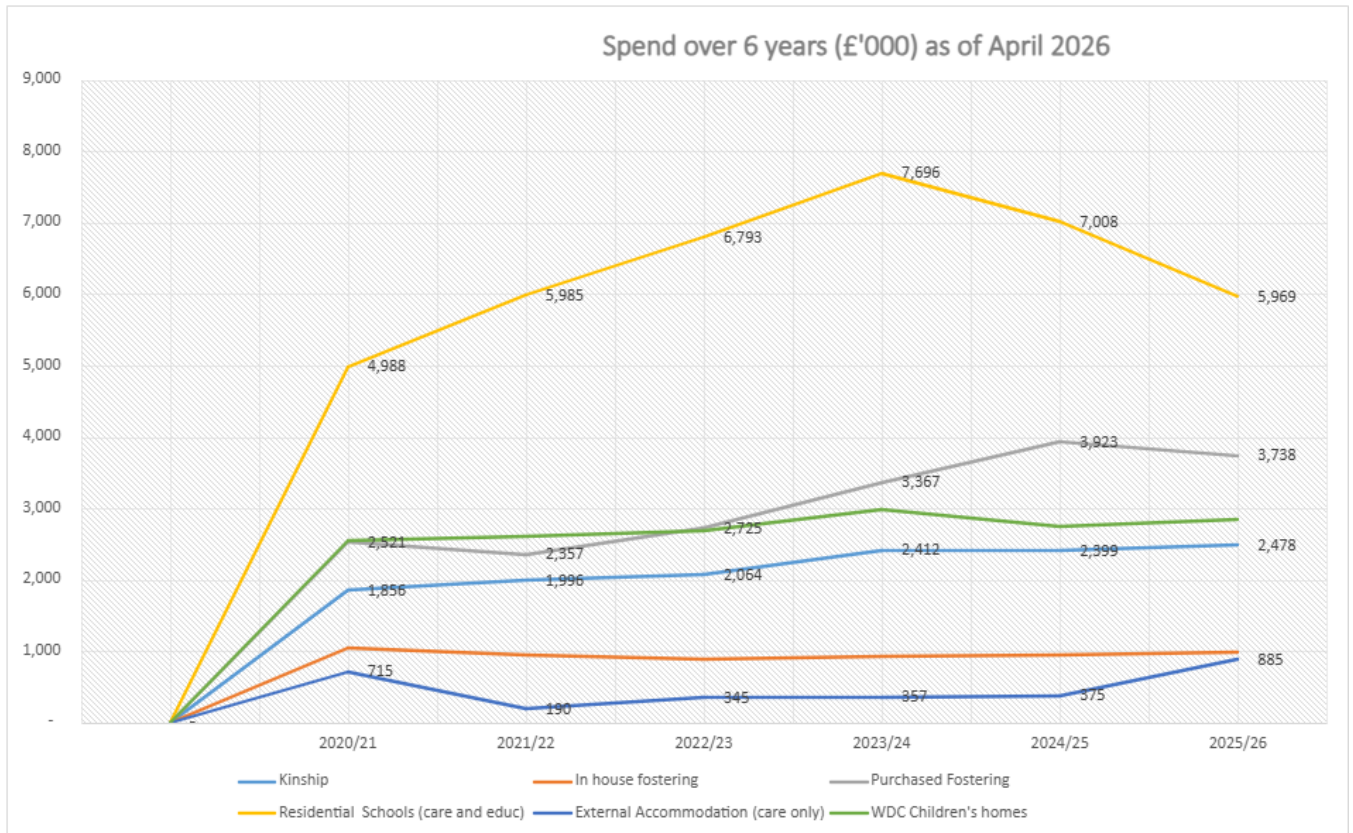


4.61 Clarity of placement movement over 5-year trend with a focus in detail of care experienced placements since April 1st, 2024. There has been a reduction in residential school placements overall since 2023, a reduction in Kinship Placements with Kinship placements ending at aged 18yrs with some young people then being supported in the same placement as continuing care.

Financial implications What Would It Take to Date

- 4.62** Our limited number of West Dunbartonshire Carers is resulting in a continued rise in external foster placements with some noted increase in local provision. Our use of residential placements fluctuates throughout the year and has been as low as 22 children and young people during the year. Clearly this is demand and risk led with oversight by senior managers to ensure the threshold of admission to care is met.
- 4.63** We have seen an increase of 3 children with disability placements over the last 18 months and now report this as a separate placement type. Funding was redirected to support carers of children with disability and complex needs totalling £0.700m. The specification was developed and informed by an independent consultation with families undertaken by Aberlour. Family support services for families with children with disability and complex needs is now being progressed the appropriate commissioning and procurement processes.
- 4.64** West Dunbartonshire’s three children’s houses regulated by the care inspectorate are now registered to each support 6 children resulting in a maximum capacity of 18 placements. Residential care requirements out with this local provision requires to be purchased through commissioning frameworks.

Table 11 Spend over past 6 years



- 4.65** Table 11 above demonstrates the reduction in spend between 2023 and 2026 in relation to residential school costs.

4.66 The HSCP Board reviews a Financial Performance Update Report at each meeting, outlining budget variances and required actions to maintain financial balance. In 2025/26, as in previous years, community placements and residential accommodation budgets have faced pressure due to demand, inflation, and care complexity. Table 13 shows the Period 10 forecast outturn. The main adverse variance stems from increased kinship care and in-house fostering placements, while external fostering costs continue to decline thanks to the ongoing “What Would it Take” strategy.

4.67 The “What Would it Take” medium-term financial plan for Children and Families will be updated to reflect changes in demand and costs. Although an overspend is currently reported, ongoing work within the strategy has further reduced the forecast overspend from earlier estimates.

Table 12 - HSCP and Education Cost Split Analysis

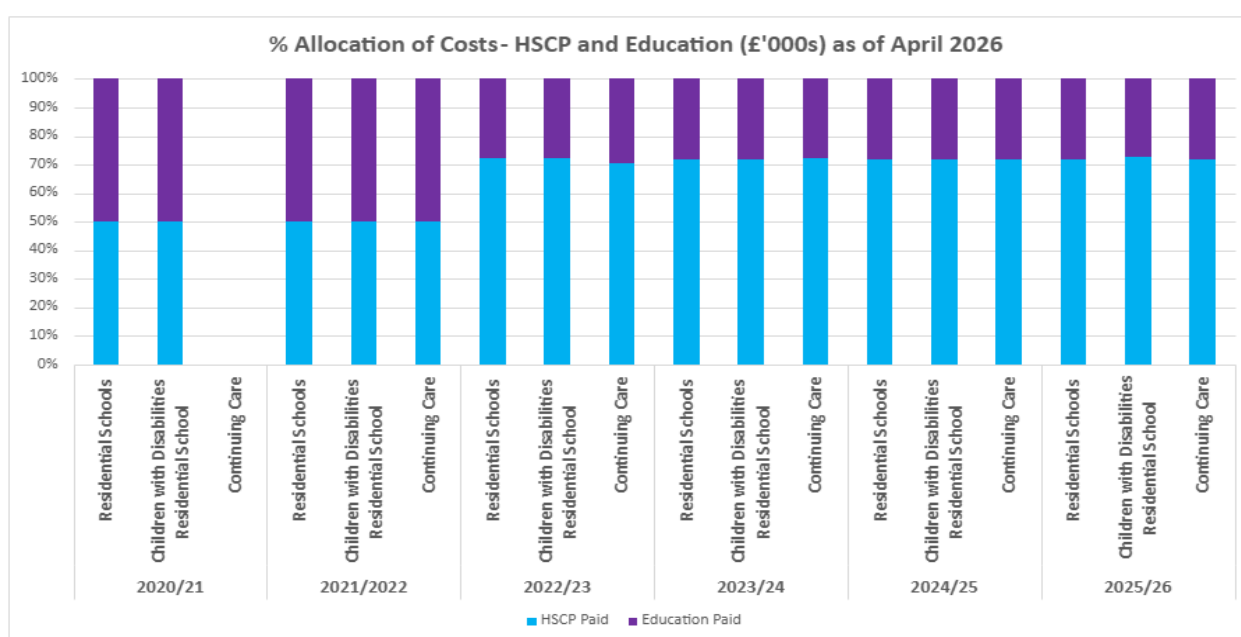


Table 13 – 2025/26 Financial Update as at 29th April 2026

Children and Familes Social care Financial update	Annual Budget 25-26	WWIT Savings	Revised Budget 25-26	Forecast Spend 25-26	Forecast Variance 25-26 (Subject to change)	Reserves Adjustment 25-26	Forecast Variance after reserve adj 25-26
	£000	£000	£000	£000	£000	£000	£000
Residential Accommodation for Young People	3,144		3,144	2,852	292	0	292
Children's Community Placements	8,353	(198)	8,155	8,395	(240)	0	(240)
Children's Residential Schools	6,278	(619)	5,659	7,274	(1,615)	0	(1,615)
Children's Supported Accommodation	847		847	528	319	0	319
Childcare Operations	6,218		6,218	6,315	(97)	(291)	194
Other Services - Young People	3,678		3,678	3,553	125	(148)	273
Total	28,518	(817)	27,701	28,917	(1,216)	(439)	(777)

5. Options Appraisal

- 5.1** The recommendations within this report do not require an options appraisal to be undertaken.

6. People Implications

- 6.1** The majority of the people implications in this programme relate to realigning existing employees and financial resources to support the HSCP's strategic aims and meet the needs of our children and young people.
- 6.2** It is anticipated that the early identification of changes will ensure that individual contributions and concerns are articulated at an early stage of organisational change. It is important to ensure that communication in relation to changes to service affords sufficient time to consult with employees, Trade Union colleagues and service users, and address any concerns which they may have in a structured and systematic way.
- 6.3** The strategy will be implemented in line with the relevant West Dunbartonshire Council and NHC Greater Glasgow and Clyde Policies, including the Organisational Change Policy.

7. Financial and Procurement Implications

- 7.1** The financial impact of sustained demand on supporting young people is illustrated in the tables and charts above.
- 7.2** The regular financial performance reports to the HSCP Board will continue to track and monitor the current level of placements and reflect any further demand and cost pressures arising from increase in numbers and commissioned services inflationary pressures above budgeted levels.

8. Risk Analysis

- 8.1** All project risks will be included in the programmes risk register and risks and issues will be presented to the project management office.
- 8.2** The strategy aims to shift the balance of care to support children in the community. Sufficient capacity in workforce and support to families is required to keep children safety at home.

9. Equalities Impact Assessment (EIA)

- 9.1** The recommendations within this report do not require the completion of an EIA.

10. Environmental Sustainability

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

11. Consultation

11.1 The HSCP Senior Management Team, the HSCP Chief Finance Officer, have been consulted in the production of this report and their comments incorporated accordingly.

11.2 Any formal consultation with employees will be managed in accordance with West Dunbartonshire Councils Organisational Change Policy.

12. Strategic Assessment

12.1 On the 15 March 2023 the HSCP Board approved its Strategic Plan 2024 – 2029 “Improving Lives Together”. The Plan outlines sustained challenges and changes within health and social care, these changes bring with them a host of governance implications: cultural, operational, structural, ethical, and clinical.

12.2 This work seeks to achieve the HSCP Boards vision that “Everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, receiving care and support that prioritises independence, control, choice and recovery”, whilst also ensuring good governance and best value.

12.3 It will deliver against the Caring Communities strategic outcome, by meeting the strategic priority of “Shift the balance of care for children and adults by strengthening prevention and our community-based support options, keeping individuals in their community where possible”.

12.4 This work is reflected in the Strategic Delivery Plan which supports the implementation of “Improving Lives Together”, specifically the following action: Develop and implement a five-year strategic approach – What Would It Take? – across Children’s Services, underpinned by a medium-term financial plan and defined work streams for Children’s Services. This will include commissioning child-centred services; supported accommodation for care leavers; best practice in child protection; children at the Centre of residential care; and fostering for the future.

13. Directions

There are no directions required aligned to this report.

Name	Lesley James
Designation	Head of Children’s health, care, and justice services. Chief Social Work Officer
Date	29 th April 2026

Person to Contact Lesley James Head of Children's Health Care and Criminal Justice West Dunbartonshire HSCP 16 Church Street Dumbarton.

Appendices:

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

Report by: Julie Slavin, Chief Financial Officer

26 May 2026

**Subject: Update On The Adult Carer Assessment And Support Plan And
The Short Breaks Process Review**

1. Purpose

1.1 The purpose of this report is to provide an update on implementation and impact of Adult Carer Assessment and Support Plan (ACASP) process and Short Breaks process that was agreed by WD HSCP Board on the 30 September 2025. This was developed to address the key challenges identified from the short breaks pilot and to enhance access, equity, and efficiency of support for unpaid carers across West Dunbartonshire.

2. Recommendations

2.1 WD HSCP Board is recommended to:

a) **Note** the improvement activity undertaken to support the implementation of the redesigned Short Breaks process which brings together carer and cared for people into one streamlined process.

3. Background

3.1 It is recognised that unpaid carers (defined in the Carers Act [Scotland] 2016 Statutory Guidance here and hereafter referred to as 'carers') in Scotland are the single largest group of care providers.

3.2 Under the Carers (Scotland) Act 2016 Statutory Guidance, "a carer is an individual who provides or intends to provide care for another individual. A carer can be caring for one or more cared-for persons."

3.3 West Dunbartonshire Health and Social Care Partnership (HSCP) in both its previous and current strategic plan have committed to supporting carers in their caring role, and have clearly stated in its current local carers strategy that one of its main priority is: improving carers' quality of life through early intervention and prevention, and with access to quality support, including short breaks to support them in their life alongside caring.

3.4 Following a multi-stakeholder review undertaken between January and June 2025, a more efficient, equitable, and streamlined framework for delivering Short Breaks was developed. This revised framework, which included a new

approach to the fair and consistent distribution of funding for carers based on eligibility criteria identified through the Adult Carer Assessment and Support Plan, was presented and approved by WD HSCP Board on the 30 September 2025.

- 3.5** As part of the review process and in line with good practice, it is important to give some clarification around the frequently used terminologies: Respite and Short breaks. As an HSCP, we are moving away from using the term “Respite” and instead we have adopted the term “Replacement Care”.
- 3.6** Replacement Care refers to support services provided to the person being cared for so that the carer can take a break or engage in other essential activities. The Scottish Government’s statutory guidance under the Carers (Scotland) Act 2016 specifies: “replacement care” is care provided to the cared-for person, which replaces care previously given by the carer”.
- 3.7** Short breaks are defined by Shared Care Scotland and cited in the Act Guidance as: “any form of service or assistance which enables the carer(s) to have periods away from their caring routines or responsibilities [with the purpose of] supporting the caring relationship and promoting the health and well-being of the carer, the supported person, and other family members affected by the caring situation.”
- 3.8** These terms will be consistently used throughout this report.

4. Main Issues

- 4.1** Working in collaboration with Carers of West Dunbartonshire the Short Breaks Services Statement was developed in October 2025 and formally approved by HSCP Board on the 25 November 2025. This document is now being used to better inform carers and staff about the varied and creative ways short breaks can be undertaken.
- 4.2** The Unpaid Carer Liaison Officer post was vacant from September 2025 to February 2026, the post is filled via secondment until August 2026. This provides dedicated capacity to support the implementation of improvements and associated staff training, whilst we review the Unpaid Carer Liaison Officer role profile, to ensure it meets current and future needs.
- 4.3** Carers Hubs are monthly online meetings that provide dedicated, protected time for Carers of West Dunbartonshire to meet with the Senior Social Worker and SDS Lead to highlight cases of concern or notify us of significant changes in a carer’s circumstances. These continue to develop and operate effectively, learning gathered to date is being used to explore opportunities for the hubs to facilitate more integrated allocation of carers and cared-for individuals. Our Carers Hubs improve collaboration, streamline workflows and enhance coordination, which aim to prevent carers reaching crisis point by reducing wait times for carers requiring support.

- 4.4** Carer Awareness and Future Care Planning training is being delivered across our health and social care teams during April and May 2026 by the Unpaid Carer Liaison Officer, developing greater carer awareness and earlier identification of carers. While Future Care Planning is not explicitly identified as a strategic priority within the HSCP Strategic Plan 2023–2026, it is recognised within the HSCP’s Clinical and Care Governance framework as an important component of person-centred care and is referenced in the governance report as part of the wider approach to supporting service users and carers.
- 4.5** Information sessions have been carried out with the Adult Care Team (ACT), Community Older People’s Team (COPT), Review, Learning Disability, and Mental Health social work teams to raise awareness of the approved approach and intention that formal training on process will follow. These sessions have focused on:
- Reinforcing the approach agreed by WD HSCP Board, highlighting the change in terminology of respite/replacement care/short breaks, a focus on outcomes and the change in funding linked to the Adult Carer Assessment and Support Plan (ACASP) criteria.
 - Introducing the refreshed My Life Assessment (MLA) documentation.
 - The development of the price-per-point model to give up front indicative budgets to cared for people which will support better conversations around Self-Directed Support and creative support planning.
 - Information sessions have also been held with Carers of West Dunbartonshire, Improving Lives and several care providers to ensure consistent understanding across the wider network of anticipated approach and process.
- 4.6** Further analysis from the pilot has found that at times, the MLA for the cared for person and ACASP are being allocated at different times, leading to some inconsistencies. This happens where there is limited overlap in case holding agreements across our teams, meaning that the MLA and ACASP are not being assessed and/or reviewed at the same time. This leads to inconsistencies in support arrangements.
- 4.7** To address this, our SDS Lead is facilitating support sessions with our Senior Social Workers and Integrated Operational Managers across appropriate teams to jointly identify the steps we can take to resolve this and share best practice.
- 4.8** The learning from those sessions will inform developments to our staff training materials, giving assurance that our training is routed in practice. Training will be implemented across the HSCP from Summer 2026 which will support a consistent and creative approach to the application of our Short Breaks and Replacement Care framework.

5. Options Appraisal

5.1 Not required for this report.

6. People Implications

6.1 There are no personnel issues associated with this report.

7. Financial and Procurement Implications

7.1 There are no financial or procurement issues associated with this report.

8. Risk Analysis

8.1 A key risk has been highlighted surrounding the consistent application of our Short Breaks and Replacement Care framework. Paragraph 4.7 and 4.8 describe actions taken in order to mitigate against this risk and provide assurance that equity and equality are central to our approach.

8.2 Peer support and supervision will also help support staff to apply Short Breaks and Replacement Care in a consistent manner.

8.3 There is a separate risk to the timescales for full implementation if the Unpaid Carers Liaison Officer post is not backfilled timeously. The SDS Lead and Contracts, Commissioning and Quality Assurance Manager are working together to develop an interim arrangement which supports implementation.

9. Equalities Impact Assessment (EIA)

9.1 An Equalities Impact Assessment was completed in relation to the original report for WD HSCP Board which has reference number RESP01.

10. Environmental Sustainability

10.1 Not required for this report.

11. Consultation

11.1 The HSCP's Senior Management Team have been consulted in relation to this report.

12. Strategic Assessment

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

- Caring communities
- Safe and thriving communities
- Equal communities

- Healthy communities

12.2 The work outlined in this report is directly aligned to the delivery of the HSCP's Strategic Plan.

13. Directions

13.1 A Direction is not required in respect of the recommendations within this report.

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Designation: Chief Financial Officer
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Appendices: N/A

Background Papers: HSCP Board on the 25 November 2025: Item 13 SHORT
BREAK STATEMENT
[document-pack-v2-members-hscp-board-25-november-2025.pdf](#)

HSCP Board on the 30 September 2025: Item 7 Adult
Carer Assessment and Support Plan (ACASP) Process
and the Short Breaks Process Review

[document-pack-v2-members-hscp-board-25-november-2025.pdf](#)

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by: Beth Culshaw, Chief Officer

26 May 2026

Subject: Digital Strategy Update**1. Purpose**

- 1.1** The purpose of this report is to demonstrate progress made in the implementation of the HSCP Digital Strategy 2024-2027, detailing key progress made over the two years of the strategy and looking ahead to the development of a follow up Digital Strategy which will apply from 2027 onwards.

2. Recommendations

It is recommended that the HSCP Board:

- 2.1** Note the detail of the report and progress made in the implementation of the Digital Strategy as shown in the Digital Strategy Update (Appendix A).

3. Background

- 3.1** The HSCP Digital Strategy 2024-2027 was presented to and approved by the HSCP Board on Tuesday, 20th August 2024.
- 3.2** The HSCP Digital Strategy is an ambitious approach to developing digital services and structures, with the aim of delivery successful change for employees, service users and other stakeholder.
- 3.3** The attached report shows several areas where progress has been made in relation to the implementation of the Digital Strategy, which includes successful transition of analogue community alarms to new digital devices, governance structures established to support change projects and usage of new applications driving improvements, efficiencies and skills.
- 3.4** The analogue to digital switchover for dispersed community alarms is a key area of progress, with all analogue alarms replaced by new digital devices. Progress in this area has been recognised by the Scottish Digital Office.
- 3.5** As we move into the final year of the current Digital Strategy, developments will take place to begin the process of creating a new Digital Strategy which will be in place from 2027 onwards.

3.6 Opportunities to align development of the Digital Strategy alongside the development of the new HSCP Strategic Plan to closely link both together will be explored.

4. Main Issues

4.1 As identified within the strategy itself, the pace of change in this area has been significant even just through the initial 2 years of the strategy, particularly in terms of development and usage of Artificial Intelligence applications.

4.2 The pace of change has led to additional priorities being identified alongside the digital strategy, as well as new opportunities for innovation becoming available. The HSCP has launched a pilot project for Magic Notes, an AI Transcription application designed to support social workers, and has become a partner in a project led by Glasgow University focusing on ethical use of AI.

4.3 The strategy identified the need to explore potential alternative solutions to replace legacy systems used within the partnership for case management and scheduling. At this stage although work has been undertaken around the production of business cases to support change, it has not been possible to progress to a market testing exercise.

4.4 Reliance on legacy systems may impact on the HSCP ability to share information with the MyCare.Scot app where Health and Social Care information will be available to registered users.

4.5 Data is held across unconnected systems, increasing reporting complexity and resource requirements to meet service specific reporting needs

4.6 It would benefit the HSCP to ensure alignment between the next Digital Strategy and forthcoming HSCP Strategic Plan to maximise impact, avoid duplication and identify priority areas.

5. Options Appraisal

5.1 An options appraisal is not required for this report.

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

8.1 A Strategic Risk was entered on the HSCP Strategic Risk Register around failure to secure an alternative system to CareFirst for social work case management and provider financial payments.

9. Equalities Impact Assessment (EIA)

9.1 An EIA is not required as the recommendation to note the report does not impact on anyone with protected characteristics.

10. Environmental Sustainability

10.1 Not required for this report.

11. Consultation

11.1 The HSCP Senior Management Team and the HSCP Board Monitoring Solicitor have been consulted in the preparation of this report.

12. Strategic Assessment

12.1 The recommendation within this report supports the good governance approach detailed within the Strategic Plan 2023-2026.

13 Directions

Not required for this report.

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Appendices: Appendix 1 – Digital Strategy Implementation Report
Appendix 2 – Digital Strategy Delivery Plan

Background Papers: [IJB Papers 20 August 2024](#)

Appendix 1 – HSCP Digital Strategy Implementation Update

Introduction

The HSCP Digital Strategy 2024–2027 was approved by the HSCP Board in August 2024. The strategy set out an ambitious programme for developing digital services and infrastructure within West Dunbartonshire HSCP, aligned with the HSCP Strategic Plan 2023–2026 and the Strategic Plan Delivery Plan. It also reflected the direction of Scottish Government and COSLA strategies, as well as findings from the annual HSCP Digital Maturity Assessment.

As we enter the final year of the current Digital Strategy, this report provides an overview of progress to date, outlines priority areas for the final year of delivery, and highlights early considerations for the next strategy, which will run from 2027 onwards with the intent to develop the next strategy alongside the development of the new HSCP Strategic Plan.

A key challenge experienced since the approval of the strategy has been the pace of technological and national policy developments. The rapid expansion of Artificial Intelligence (AI) provides a clear example. While the strategy anticipated progress in AI and the likelihood of applications of AI within a health and social care context, progress has accelerated significantly, evidenced by developments such a pilot project for Magic Notes AI transcription application and the rollout of Microsoft Copilot within the HSCP.

The HSCP has responded well in this area, as well as using and evaluating these products, governance structures were adapted to cover best practice requirements for AI governance. In addition, the HSCP became a partner in the Participatory Harm Auditing Workbenches and Methodologies (PHAWM) Project, led by academic institutions such as Glasgow, Stirling and Strathclyde Universities to help develop approaches to auditing AI applications to ensure they are ethical, trustworthy and safe to use. We have also strengthened links with the Scottish AI Alliance to support digital awareness and skills development through EMT sessions.

Governance

The strategy identified governance as a core enabler of change, in recognition that several major projects were underway that would directly influence the operation of services within the HSCP. These types of transformation projects can be demanding, particularly for a small organisation where key staff often contribute to multiple projects alongside business-as-usual responsibilities.

The Programme Management Office (PMO) approach outlined in the strategy is now fully embedded, providing structured oversight of projects across all HSCP services and supporting Project Managers to drive change effectively. Complementary governance structures have also been established, including a Change Board for approving requests for significant changes to CareFirst forms and/or processes, and

a Digital Change Board to provide project board-level oversight for digital initiatives. These arrangements strengthen consistency, support informed decision-making, and ensure senior managers can provide guidance and direction where required.

To support the digital strategy commitment to continuous evaluation of emerging technologies, a Digital Innovation Group was formed with a dedicated horizon-scanning remit. This group has played an important role in identifying opportunities and supporting the adoption of technologies such as Engage Process and Magic Notes, while also monitoring developments with potential future applications and benefits to the HSCP.

Information Systems

The strategy highlighted Information Systems as a priority area, with initial focus on maximising existing system capabilities while planning for future replacement of core systems to fully support improvement ambitions and national digital requirements.

Implementation of finance functionality within CareFirst has continued, with work on CareFinance, supporting provider payments, and CarePay enabling adoption and fostering allowance payments to be made through the system progressing. The Information Systems Team has also delivered new forms and processes, supporting significant change projects such as the launch of the Access, Help and Support Team.

Robotic Process Automation (RPA) has been introduced to automate CareFirst case closure processes, improving data accuracy and reducing manual steps. Further automation opportunities are being explored.

New digital tools have also been leveraged to support service improvement. Engage Process has enabled detailed process mapping, with improved functionality available to support the development of Standard Operating Procedures. Meanwhile, the introduction of MS Copilot Chat, SharePoint and OneDrive which will rollout fully over coming months will bring additional benefits to HSCP teams.

A major development has been the introduction and testing of Magic Notes, an AI transcription tool designed to support social work and social care. The testing phase, running across April and May, will capture transcriptions of meetings and conversations which can be output to present templates with a “human in the loop” model in place to ensure accuracy and quality of information. If the testing phase evaluates positively then Magic Notes could be rolled out across the HSCP which will bring real benefits to teams.

Data Utilisation

Data utilisation remains central to the digital strategy. Data continues to underpin quarterly and annual performance reporting, national returns, service redesign activity and NHS GGC System Reset work.

The HSCP continues to develop information management reports from key systems to support operational teams and strategic planning. As information is held across different systems with separate reporting tools, this area is inherently complex. However, the Information Team has developed a dashboard model that consolidates data from different sources and uses combined datasets and visual outputs to support services and change initiatives using MS Excel. While highly effective, this approach is resource-intensive and limits development capacity in other areas. Power BI has been identified as a potential solution to streamline data management and reporting, and it is anticipated that initial rollout to key HSCP staff will commence in 2026/27.

Technology Enabled Care

The national transition from analogue to digital telephony has been a major focus through the first 2 years of the strategy and is an area where significant progress has been made. The recruitment of a dedicated Project Manager for Digital Telecare has been instrumental, enabling full attention to both the technical switchover and broader opportunities within Digital Telecare.

The HSCP partners with colleagues in East Dunbartonshire Council for call handling and have worked closely with them on the successful implementation of the shared Digital ARC system. This is now fully operational, with additional functionality to provide support for lone workers with alerts raised in the ARC where required, currently in a testing phase.

Following an in-depth procurement process, Chiptech 7 alarm units were selected as the preferred digital replacement for analogue dispersed alarms. These devices operate independently of telephony networks, use dual-SIM technology, and provide a resilient and reliable service. Full replacement of dispersed analogue alarms was achieved in October 2025, with all replacement delivered entirely by the HSCP Community Alarm Team.

The Scottish Digital Office recognised this achievement through awarding the HSCP the Platinum Digital Telecare Implementation Award following a fast progression through Bronze, Silver and Gold awards in 2025.

Digital Skills

National developments have centred on the Digital and Data Capability Framework, which defines essential digital skills, knowledge and behaviours for the health and social care workforce. The framework, supported by a self-assessment tool, helps staff identify development needs and suggests resources to develop digital skills. Some early engagement has taken place within some HSCP teams to test out the self-assessment tool and approach, with wider rollout planned for the final year of the strategy.

The introduction of modern applications such as MS Copilot, Engage Process and Magic Notes is also driving organic improvements in digital capability, as staff gain practical experience with contemporary tools.

Dedicated digital sessions have been held at the HSCP Extended Management Team, focusing on the strategy, ongoing developments, digital skills, and AI. Further sessions are planned for 2026/27.

Digital Inclusion / Digital Customer Experience

Work in this area has focused largely on the planned redevelopment of the HSCP website. This project will deliver a platform upgrade and a full review of structure and content, with emphasis on accessibility and readability. An equalities-focused group is supporting the redesign to ensure content meets community needs. Opportunities for online self-service, such as digital complaints and blue badge applications, are being explored to support channel shift.

In addition, the HSCP has launched Care Opinion, enabling service users and carers to provide feedback on their care experiences. Care Opinion is used well across health and social care and should enable an additional communications route for service users to comment, positively or negatively, on HSCP services. Submissions are reviewed by relevant managers, with responses provided and learning adopted to support improvement.

Conclusion

As we enter the final year of the Digital Strategy, this review highlights substantial progress across governance, systems, data, telecare and digital skills. Many of the foundations now in place will support further innovation in the years ahead. Challenges remain, particularly the constraints posed by legacy systems and limited functionality in some areas.

The rapid pace of change - especially in AI - has underscored the importance of an agile and forward-looking approach. Work will begin during 2026/27 on developing the next Digital Strategy, with strong potential to align this process with the development of the new HSCP Strategic Plan to ensure full synergy and coherence between the two.



West Dunbartonshire Health and Social Care Partnership

Digital Strategy 2024 – 2027 Delivery Plan

Introduction

The West Dunbartonshire Health & Social Care Partnership (WDHSCP) is pleased to present a delivery plan accompanying its Digital Strategy 2024-2027. The Digital Strategy and this delivery plan will support the HSCP Strategic Plan 2023-2026: Improving Lives Together and its associated Strategic Plan Delivery Plan through a focus on the projects identified within the delivery plan which have a digital dimension.

This delivery plan will support the WDHSCP Workforce Plan specifically around the development of a digitally enabled workforce where the workforce plan set out a vision stating 'We will review on an ongoing basis the need for investment in new technology to support both staff who will be working in a different way and to support service delivery going forward and will continue to work on the application of remote and digital services where appropriate e.g. attend anywhere appointments with clinical services.'

In addition, specific digital projects will support the partnership in meeting the aims of Scotland's Digital Health and Care Strategy, focusing on the 6 priorities which support the main aims of the national strategy.

Moving forward the digital strategy and the delivery plan will provide the foundation for the partnership to improve digital skills across the organisation, improve systems and data quality, provide digital channels which support lean processes and reduce duplication are in place for our communities, support digital inclusion and improve WDHSCP digital maturity.

Within this delivery plan we present actions that WDHSCP will take to implement the Digital Strategy including areas where partnership working will be required. Clear links will be made to projects identified through the Strategic Plan which are relevant to and meet requirements of the implementation of the digital strategy. The digital strategy will support a number of projects, to varying degrees depending on the scope of the project, throughout its timeframe with digital becoming a key consideration for any project being undertaken within the partnership. It should also be noted that an exercise was undertaken to match areas identified within the strategic delivery plan to programmes that would be monitored and directed through the partnership Programme Management Office (PMO) Board.

Strategic Plan 2023-2026: Improving Lives Together Delivery Plan

Within the Strategic Delivery Plan several individual areas were identified that are of direct relevance to the Digital Strategy and this delivery plan. Within the Strategic Enablers for the Strategic Plan Delivery Plan several individual programmes/projects are identified which have a defined digital component through their focus on technology, or a digital element likely required to meet their objectives.

Strategic Enablers

National Health and Wellbeing Outcomes

- O8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- O9. Resources are used effectively and efficiently in the provision of health and social care services

Strategic Measures: National Indicators (NI) and intended direction of change

- NI2. Percentage of adults supported at home who agree that they are supported to live as independently as possible (increase).
- NI3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (increase).
- NI10. Percentage of staff who say they would recommend their workplace as a good place to work (increase).*

Programmes/Projects with a focus on digital, data and systems

<i>Technology</i>						
Programme/Project	Responsible Officer	Year 1 2023-2024	Year 2 2024-2025	Year 3 2025-2026	Strategic outcomes and measures	Measure of output
Develop and implement a project plan for the replacement of the CareFirst Information System	Head of Strategy and Transformation			March 2026	09	Implementation of replacement system
Increase our focus on the provision of good-quality data, to enable services to monitor and provide effective and efficient health and social care.	Head of Strategy and Transformation	March 2024	March 2025	March 2026	09	Enhancement of strategic, tactical and operational reporting.
Support the implementation of appropriate technology-based improvements, including the federation of NHS and council systems	Head of Strategy and Transformation			March 2026	09 NI2	Implementation of federation of NHS and council systems.
Expand the use of technology-enabled care (TEC) throughout West Dunbartonshire.	Head of Strategy and Transformation	March 2024	March 2025	March 2026	09	TEC usage statistics.
Address digital exclusion by exploring ways to assist access to digital systems and promote automation.	Head of Strategy and Transformation	March 2024	March 2025	March 2026	09	Development and implementation of digital strategy.
Develop and implement the Analogue to Digital Implementation Plan.	Head of Strategy and Transformation		March 2025		09 NI2	Development and implementation of plan.

Programmes/Projects where the digital strategy will have an input.

Programme/Project	Responsible Officer	Year 1 2023-2024	Year 2 2024-2025	Year 3 2025-2026	Strategic outcomes and measures	Measure of output
Develop and implement our workforce plan, focusing on staff recruitment, retention, training and health and wellbeing.	Head of HR	March 2024	March 2025	March 2026	O8, O9 NI10	Implementation of workforce plan.
Undertake workforce modelling to inform ICT needs, in the context of a blend of office-based, hybrid and home working	Head of HR	July 2023			O8, O9 NI10	Completion of workforce modelling.
Review and implement our Participation and Engagement Strategy.	Head of Strategy and Transformation	September 2023			O8 NI3	Review and implementation of strategy.

Alongside the Technology section, several other specific Programmes/Projects will be considered within this Delivery Plan for potential Digital opportunities.

Caring Communities

National Health and Wellbeing Outcomes

- O3. People who use health and social care services have positive experiences of those services, and their dignity is respected.
- O4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- O5. Health and social care services contribute to reducing health inequalities.
- O8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- O9. Resources are used effectively and efficiently in the provision of health and social care services

Strategic Measures: National Indicators (NI) and intended direction of change

- NI4. Percentage of adults supported at home who agree that their health and care services seem to be well coordinated (increase).
- NI5. Percentage of adults receiving any care or support who rate it as excellent or good (increase).
- NI6. Percentage of people with a positive experience of care at their General Practice (increase)

Programme/Project	Responsible Officer	Year 1 2023-2024	Year 2 2024-2025	Year 3 2025-2026	Strategic outcomes and measures	Measure of output
Review and update the HSCP Participation and Engagement Strategy.	Head of Strategy and Transformation	September 2023			O3, O4 NI5 NI6	Approval of updated strategy by HSCP Board.
Promote the use of Care Opinion to encourage patients, clients, carers and people who use our services to share their experiences of services, further informing choice.	Head of Strategy and Transformation		April 2024		O3, O4 NI5 NI6	Number of engagements with Care Opinion.
Strengthen the voice and include the views of the people who use our services in our individual care planning approach using My Assessment tools.	Head of Children's Health, Care and Justice	March 2024	March 2025	March 2026		Reporting and capturing of the views of children who are the subject of Looked After Reviews.
Undertake service design and improvement activity regarding how partners and people who use our services access HSCP services.	Head of Strategy and Transformation	December 2023			O3, O5, O9 NI4	Implementation of pathway to HSCP services plan, improving accessibility and coordination.
Develop and implement a Children's Services initial response team.	Head of Children's Health, Care and Justice	February 2024			O3, O4, O5	Development of key performance indicators to evaluate impact, including referral rates, pending services, wait times and service and staff satisfaction

Programme/Project	Responsible Officer	Year 1 2023-2024	Year 2 2024-2025	Year 3 2025-2026	Strategic outcomes and measures	Measure of output
Implement the HSCP Quality improvement Policy across all teams and, as part of a wider quality framework, develop a quality assurance policy. Identify mechanisms to share good practice and benchmarking information routinely and systematically	Head of Strategy and Transformation	September 2023			O8 NI5	Approval and implementation of the HSCP Quality Improvement Policy and Service Design Policy.
Develop and implement a five-year strategic approach – What Would it Take? – across Children’s Services, underpinned by a medium-term financial plan and defined work streams for Children’s Services. This will include commissioning child-centred services; supported accommodation for care leavers; best practice in child protection; children at the centre of residential care; and fostering for the future.	Head of Children’s Health, Care and Justice	March 2024	March 2025	March 2026		Development of impact measures. HSCP Board approval of strategic plan.

Safe and thriving communities

National Health and Wellbeing Outcomes

- O1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
- O2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
- O3. People who use health and social care services have positive experiences of those services, and their dignity is respected.
- O4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- O5. Health and social care services contribute to reducing health inequalities.
- O9. Resources are used effectively and efficiently in the provision of health and social care services

Strategic Measures: National Indicators (NI) and intended direction of change.

- NI1. Percentage of adults able to look after their health very well or quite well (increase).
- NI2. Percentage of adults supported at home who agree that they are supported to live as independently as possible (increase).
- NI3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (increase).

Programme/Project	Responsible Officer	Year 1 2023-2024	Year 2 2024-2025	Year 3 2025-2026	Strategic outcomes and measures	Measure of output
Work in partnership with stakeholders and people who use our services to develop pathways of care that promote and support self-management of long-term conditions. This will be facilitated by the establishment of a Greater Glasgow and Clyde primary care strategy and the progression of Moving Forward Together and the unscheduled care agenda.	Head of Health and Community Care	September 2023	September 2024	September 2025	O1, O2, O3, O4, O5, O9 NI1, NI2, NI3	Implementation of relevant strategies.

Equal communities

National Health and Wellbeing Outcomes

- O1. People are able to look after and improve their own health and wellbeing and live in good health longer.
- O2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- O3. People who use health and social care services have positive experiences of those services, and their dignity is respected.
- O4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- O5. Health and social care services contribute to reducing health inequalities.

Strategic measures: National Indicators (NI) and intended direction of change

- NI1. Percentage of adults able to look after their health very well or quite well (increase).
- NI2. Percentage of adults supported at home who agree that they are supported to live as independently as possible (increase).
- NI3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (increase).
- NI4. Percentage of adults supported at home who agree that their health and care services seem to be well coordinated (increase).
- NI5. Percentage of adults receiving any care or support who rate it as excellent or good (increase).
- NI7. Percentage of adults supported at home who agree that the services and support they receive have had an impact in improving or maintaining their quality of life (increase).
- NI9. Percentage of adults supported at home who agree that they feel safe (increase).

Programme/Project	Responsible Officer	Year 1 2023-2024	Year 2 2024-2025	Year 3 2025-2026	Strategic outcomes and measures	Measure of output
Focus on improving quality of care for people living with dementia and their families, and develop strategies to reduce the risk of people developing dementia.	Head of Mental Health, Learning Disability and Addictions	March 2024	March 2025	March 2026	O1, O2, O3, O4, O5 NI1, NI2, NI3, NI4, NI5, NI7, NI9	Implementation of a dementia strategy.

Healthy communities

National Health and Wellbeing Outcomes

O1. People are able to look after and improve their own health and wellbeing and live in good health longer.

Strategic measures: National Indicators (NI) and intended direction of change

NI1. Percentage of adults able to look after their health very well or quite well (increase).

NI11. Premature mortality rate (reduction).

Programme/Project	Responsible Officer	Year 1 2023-2024	Year 2 2024-2025	Year 3 2025-2026	Strategic outcomes and measures	Measure of output
Through the Health Improvement Team, develop a range of interventions linked to cancer prevention, sexual health, physical activity and substance use – the leading risk factors driving West Dunbartonshire’s high burden of preventable ill health and premature mortality.	Head of Strategy and Transformation	March 2024	March 2025	March 2026	O1 NI1, NI11	Improvement in engagement data.

Digital Strategy Delivery Plan

The WDHSCP PMO Board will provide governance on individual workstreams supporting the aims of the Digital Strategy, as well as supporting the delivery of the HSCP Strategic Plan. Through the duration of the strategy it is expected that other workstreams will start up that have not been identified at this point.

National Health and Wellbeing Outcomes

- O8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- O9. Resources are used effectively and efficiently in the provision of health and social care services

Strategic measures: National Indicators (NI) and intended direction of change

- NI2. Percentage of adults supported at home who agree that they are supported to live as independently as possible (increase).
- NI10. Percentage of staff who say they would recommend their workplace as a good place to work (increase).*

Scotland's Digital Health & Care Strategy Priorities

- P1 Digital access – people have flexible digital access to information, their own data and services which support their health and wellbeing wherever they are.
- P2 Digital services – Digital options are increasingly available as a choice for people accessing services and staff delivering them.
- P3 Digital foundations – the infrastructure, systems, regulation, standards, and governance are in place to ensure robust and secure delivery
- P4 Digital skills and leadership – digital skills are seen as core skills for the workforce across the health and care sector
- P5 Digital futures – our wellbeing and economy benefits as Scotland remains at the heart of digital innovation and development
- P6 Data-driven services and insight – data is harnessed to the benefit of citizens, services and innovation.

Information Systems						
Programme/Project	Responsible Officer	Year 1 2024-2025	Year 2 2025-2026	Year 3 2026-2027	Strategic outcomes and measures	Measure of output
Digital Telecare	Head of Strategy and Transformation	March 2025	March 2026	March 2027	O2, O9, NI2, P2, P3, P5, P6	Digital transition across systems and devices complete Digital technologies to improve experience of service users, responders and telecare staff.

Information Systems						
Programme/Project	Responsible Officer	Year 1 2024-2025	Year 2 2025-2026	Year 3 2026-2027	Strategic outcomes and measures	Measure of output
Case Management System Replacement	Head of Strategy and Transformation	March 2025	March 2026	March 2027	O8, O9, P2, P3, P6	Business case for system replacement including requirements and options for procurement. If agreed implementation of replacement case management system.
Care at Home Scheduling Systems Replacement	Head of Health and Community Care	March 2025	March 2026	March 2027	O8, O9, P2, P3, P6	Business case for system replacement including requirements and procurement options. If agreed implementation of replacement system.
Data Quality Improvement including RPA	Head of Strategy and Transformation	March 2025	March 2026	March 2027	O8, O9, P3, P6	Information stored on main HSCP systems reviewed and updated. Missing information recorded, any out of date service information closed down. RPA to resolve data issues and streamline processes.

Information Systems						
Programme/Project	Responsible Officer	Year 1 2024-2025	Year 2 2025-2026	Year 3 2026-2027	Strategic outcomes and measures	Measure of output
Business Intelligence	Head of Strategy and Transformation	March 2025	March 2026	March 2027	O9, P3, P5, P6	Improving use of information, including management information reports, dashboard type development using existing applications and Power BI.
Staff digital skills developments	Head of HR	March 2025	March 2026	March 2027	O9, NI10, D4	Improving HSCP Digital Maturity. Identifying areas of development and how best to offer training and development opportunities.
HSCP website development	Head of Strategy and Transformation	March 2025	March 2026	March 2027	O9, D1, D2, D3	Including increased use of online forms to support and provision of detailed information and signposting to support communities.
Care Opinion evaluation	Head of Strategy and Transformation	March 2025			O9, D1, D2	Potential implementation of Care Opinion to be explored, including cost benefit analysis and business case.

Several specific areas with the aim of improving digital literacy within the HSCP have been identified and detailed below. This will consider available training resources to support a baseline level of digital skills and literacy as identified in the Workforce Plan, as well as more advanced training for specific job requirements which covers systems, processes, and wider requirements to develop and improve the understanding, interpreting and utilising of performance information within services.

Digitally Enabled Workforce – training and support						
Programme/Project	Responsible Officer	Year 1 2024-2025	Year 2 2025-2026	Year 3 2026-2027	Strategic outcomes and measures	Measure of output
Developing Digital Literacy	Head of Strategy and Transformation	March 2025	March 2026	March 2027	O9, NI10, D4	Aiming to improve general levels of digital literacy across the workforce on an ongoing basis. Identification of appropriate baseline training
Advanced Digital Skills	Head of HR	March 2025	March 2026	March 2027	O9, NI10, D4	Specialist roles where specific training would be beneficial identified and suitable training identified and delivered. An example could be PowerBI training for Information Team or specific systems training provision for individual services.
Online training resources – either currently existing or potential for ad hoc development	Head of Strategy and Transformation	March 2025	March 2026	March 2027	O9, D4	Supporting development of digital literacy, skills and offering additional options for training to support new systems implementations.

Digitally Enabled Workforce – training and support						
Programme/Project	Responsible Officer	Year 1 2024-2025	Year 2 2025-2026	Year 3 2026-2027	Strategic outcomes and measures	Measure of output
Performance Management – understanding and using information	Head of Strategy and Transformation	March 2025	March 2026	March 2027	O8, O9, D4, D6	Focus on increased provision of management information. Need to ensure that leaders within the HSCP are offered support and development in how to interpret, utilise and apply change based on a well-developed understanding of information.
Widen engagement with WDC Digital Skills Support Framework including encouraging people to become Digi Champs within the partnership to provide support and demonstrate new digital ways of working	Head of Strategy and Transformation	March 2025	March 2026	March 2027	O9, D4	Existing WDC framework offers opportunities to be involved in provision of digital support within Teams.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions.

26 May 2026

Subject: Mental Health & Wellbeing in Primary Care Service

1. Purpose

- 1.1 The purpose of this report is to update the Integration Joint Board on the present position of the Wellbeing Nurse (WBN) Team and future operational plan for this service, and to update on the Primary Care Mental Health Team (PCMHT) review which was recently completed by all 6 partner HSCP areas to ensure effective and efficient service delivery to the people of NHS Greater Glasgow and Clyde. In addition, these plans will ensure the West Dunbartonshire PCMHT is aligned to the wider NHSGG&C practice.

2. Recommendations

The West Dunbartonshire Health & Social Care Partnership Board is asked to:

- 2.1 Agreed to transfer funding from the WBN Service to PCMHT:
- 2.2 Note the current work being undertaken as part of the PCMHT Review

3. Background

- 3.1 The WBN Service was established in 2019 as a mechanism to support all 16 GP Practices across West Dunbartonshire and a further 5 within Argyll and Bute. GPs were able to utilise the expertise of an experienced Mental Health Practitioner to provide advice, support, information and guidance to their patients who present with what is deemed as 'lower level' mental health issues such as symptoms related to anxiety and depression however not exclusively.
- 3.2 The introduction of self-referral for mental health services was used to improve overall GP access for the population by reducing GP time associated with these patients.
- 3.3 The WBN Service is funded with Scottish Government funding provided under the terms of Action 15 of the Mental Health Strategy 2017-2027. This funding

was initially targeted to increase the workforce to give access to dedicated mental health professionals in all A&E departments, GP Practices, Police Custody Suites and Prisons and to reduce the pressures on Primary and Secondary care services.

- 3.4 Primary Care Mental Health teams provide a high-volume therapy service to patients with significant mental illness and/or mental health problems. They are a psychological intervention service but not a sole psychology service. The service offers patients good outcomes and it does so efficiently and in a cost effective way. Patients with common and debilitating levels of illness are consistently able to be assessed quickly and offered a suitable therapy within nationally set timescales.

4. Main Issues

- 4.1 The WBN services original set up cost did not include the requirement for a manager to oversee the staff due to the limited budget available. Within the WBN service there was always a requirement for 5 WTE staff, which left a shortfall hence only 4 WTE were able to be funded. This team were therefore standalone with management cover via the Community Mental Health Team. This did not allow for sufficient support and supervision. This contributed to a high level of staff absence which exacerbated the staffing issue.
- 4.2 Staff were identified for specific GP practices only, which did not support any cover arrangements due to absence or annual leave. Therefore, when a staff member was off, the GP practice was left to cancel all the appointments at very short notice. This was not best practice for patients and cumbersome for GP Practices. However, it should be noted that when fully staffed and operational, this service did meet the Action 15 funding objective of delivering faster access to mental health support through frontline services. Unfortunately, it was not sustainable.
- 4.3 GP Practices raised this regular cancellation in service as an ongoing issue, and it was agreed that an interim position would be progressed to allow a full review to take place. Some GP practices chose not to participate in the interim service due to ongoing concerns regarding the model which resulted in a number of practices having no access to WBN. All practices have however been involved in regular updates as work has progressed.
- 4.4 GP Practices who have no WBN Service invariably now refer patients straight to PCMHT for assessment which is not always the most appropriate route for patients who more appropriately require lower-level type service.
- 4.5 Due to the WBN service providing this lower-level support, West

Dunbartonshire PCMHT is not fully aligned with the rest of NHSGG&C which has recently been reviewed in October 2025 and outcomes are being implemented.

- 4.6 The review has recommended that PCMHT staffing should align with provision of service across this sufficient 'bandwidth' of tiers of service; including (if required) staff with competencies to deliver Guided Self-Help, staff with competencies to deliver low intensity psychological interventions, and staff with competencies to deliver higher intensity psychological therapies and have the psychological therapy governance structure to govern all these tiers of service.
- 4.7 This reviewed service should incorporate Mental Health Practitioners (Band 5) providing services such as guided self-help, in teams with underdeveloped voluntary sector services. Alternatively, this support could be additionally provided by our third sector providers. This decision will be made as the PCMHT development progresses. We intend to invest in this workforce from Action 15 monies to support the reviewed PCMHT model which will be freed up via the ending of the WBN service.
- 4.8 Since the WBN service has been in interim measures, the expansion of the DBI service was agreed by the WD HSCP Board on 19th August 2025 with the aim to strengthen and standardise non-clinical distress support through Distress Brief Intervention (DBI) across NHS Greater Glasgow and Clyde (NHSGG&C), by expanding current service provision, for young people, within West Dunbartonshire to provide a new service to adults of all age ranges. This service should be up and running by early 2026 and will take referrals for individuals who may have historically been referred to the WBN service.

5. Options Appraisal

- 5.1 Not applicable

6. People Implications

- 6.1 Work is underway to produce an accurate guide to all community-based resources within West Dunbartonshire as well as patient information leaflet which will be an easy guide to referral into PCMHT.
- 6.3 Regular meetings take place with the WBN staff and the Service Leads from PCMHT. A Human Resources Manager and Staff Side representation are also included in the discussions and improvement planning sessions. Good suggestions are coming from these discussions including to utilise the WBN funds to boost the PCMHT's ability to screen referrals and signpost patients to the right supports as referrals are received. Other practical suggestions have

already been implemented as part of the realigning of this service with the wider Board.

7. Financial and Procurement Implications

7.1 There is no anticipated additional cost.

Table 1 shows expenditure as at 2025

Mental Health - Adult Community	as at Feb 2025	
	Recurring Annual Budget £'000	Recurring EST WTE
Primary Care MH team		
West Dunbartonshire HSCP	682.6	12.6

7.2 Action 15 money is a commitment from Scottish Government of financial support to increase the access to appropriate mental health and well-being support. Action 15 money should be targeted at reducing pressures in key areas including A&Es, all GP practices, and every police station custody suite.

Table 2 Action 15 spend

WDHSCP - Adult Mental Health - Enhanced Mental Health Outcomes Framework funding (previously Action 15)	
Total Funding Available	£610,000
Current Commitments:	
A15 Boardwide Initiatives	£255,000
Peer Support (Stepping Stones)	£30,000
Wellbeing Funding	£325,000 (Total available to fund Wellbeing Staff in post & Implementation of Adult DBI Service)
Total Commitments	£610,000

7.3 The costings of the DBI service, agreed 2025, are being progressed at present. There is Year 1 seed funding of £50k on offer to West Dunbartonshire, with annual costs from year to year expected to cost £110k per year, which will be covered from the existing mental health service budget, utilising Action 15 budget.

- 7.4 This leaves £325,000 less £100,000 for DBI and the reduction in budget of £33,432, a balance of £202,000 which can be utilised to ensure that PCMHT can meet the range of treatment options. The review within West Dunbartonshire will allow for the specific gaps in services to be identified and the budget will allow these to be filled.

8. Risk Analysis

- 8.1 The people of West Dunbartonshire should expect to have timeous access to Primary Care Mental Health services who work in partnership with local GPs to provide early intervention and therapeutic support, including a range of psychological therapies, for the full range of often complex initial presentations related to mental health and wellbeing. Ideally people should be able to access this support without having to go via their GP by means of a self-referral system.
- 8.2 The PCMHT is not in a position at present to manage a self-referral facility for patients whilst current strategies are in place to reduce and, by autumn, eradicate the current waiting lists for both assessment and therapy. This is however on the agenda for consideration at monthly PCMHT review meetings locally with the expectation that in the meantime GP referrals will be accepted across West Dunbartonshire into PCMHT as the first phase of the review work
- 8.3 In their current forms both PCMHT and WBN Services are at risk of not fulfilling that expectation in line with the needs of the people in our communities

9. Equalities Impact Assessment (EIA)

- 9.1 This will be reviewed as part of the PCMHT Review

10. Environmental Sustainability

- 10.1 Not Applicable

11. Consultation

- 11.1 There has been engagement with local GP practices to resolve the issues which were originally raised as part of the WBN service; however, it was agreed that a pause in the current service would allow for a full review. An interim service was agreed however not all practices wished to be part of this

interim service. However regular updates were provided to ensure that these practices were kept informed.

11.2 Through engagement and review of the WBN service, barriers were identified which could not be overcome to ensure that there was a consistent service across the whole of the HSCP.

11.3 It is therefore proposed that if agreed, further consultation will be undertaken to progress the change.

12. Strategic Assessment

12.1 The NHS Greater Glasgow and Clyde (NHSGGC) Mental Health Strategy (2023-2028) aims to shift the balance of care into the community, improve access to services, and focus on recovery, prevention, and early intervention. This involves expanding community-based services, offering mental wellbeing and suicide prevention training, and enhancing psychological therapies, including computerised CBT and group programs.

12.2 Key elements of the strategy for adults include.

- Stepped/matched care and Improved effectiveness of community services:

People will enter the mental health system at the appropriate level of treatment intensity and be able to move between different levels of care as needed. With the aim of resolving their issues and reducing the need for re-referral following deterioration

- Community-based care:

A significant emphasis is placed on delivering care in the community, closer to people's homes, to improve accessibility and reduce the need for specialist hospital care.

- Prevention and early intervention:

The strategy focuses on preventing mental health problems before they develop and intervening early when issues arise. This includes training staff in mental wellbeing and suicide prevention, expanding access to cCBT, and supporting wellbeing in primary care and having distress support available for all.

- Recovery-focused approach:

Community teams and inpatient settings will adopt a recovery-oriented approach, empowering individuals to actively participate in their own care and support their journey towards recovery.

- Cross-sector collaboration:

The strategy is underpinned by six core public health programs that require collaboration across various sectors to address the root causes of poor mental health and inequalities.

- Reducing stigma and inequality:

A key vision of the strategy is to create a Scotland free from stigma and inequality where everyone can achieve the best possible mental

13. Directions

- 13.1 The recommendations within this report require directions to be issued to the Chief Executive NHS Greater Glasgow and Clyde. This can be found in Appendix I of this report.

Name	Sylvia Chatfield
Designation	Head of Mental Health, Learning Disability and Addictions
Date	28 th April 2026

Person to Contact Sylvia.chatfield@nhs.scot

Appendices: Directions No: HSCP B000095SC26052026

Background Papers

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

Attachment:

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP B000095SC26052026
2	Date direction issued by Integration Joint Board	26 May 2026
3	Report Author	Sylvia Chatfield
4	Direction to	NHS Greater Glasgow & Clyde
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	N/A
6	Functions covered by direction	Mental Health
7	Full text and detail of direction	Agree to transfer funding from the WBN Service to PCMHT Note the current work being undertaken as part of the PCMHT Review

West Dunbartonshire
Health & Social Care Partnership

8	Specification of those impacted by the change	N/A	
9	Budget allocated by Integration Joint Board to carry out direction	£325k	
10	Desired outcomes detail of what the direction is intended to achieve	Improve Access to Mental Health Services	
11	Strategic Milestones	Ongoing monitoring of Primary Care Mental Health Team waiting times.	
12	Overall Delivery timescales	Ongoing	
13	Performance monitoring arrangements	Through the Delivery Plan	
14	Date direction will be reviewed		

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by: Julie Slavin, Chief Financial Officer

26 May 2026

Subject: 2025/26 Financial Performance Draft Outturn Position**1. Purpose**

- 1.1 To provide the Health and Social Care Partnership (HSCP) Board with an update on the financial performance as at period 12 to 31 March 2026 and a draft 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 draft outturn position (subject to audit) for the period to 31 March 2026 is reporting a favourable (underspend) position of £0.092m (0.04%);
- c) **Note** this will be subject to change as the financial ledgers are not yet closed and transfers to and from reserves have yet to be finalised;
- d) **Note** the update on the monitoring of savings agreed for 2025/26;
- e) **Note** the current draft projected reserves balances and **approve** an addition of £3.792m to earmarked reserves as set out in section 4.21 below;
- f) **Approve** uprating of the SRA allowances to kinship and foster carers in line with the minimum rates advised in Appendix 7 and **note** the anticipated costs of applying the uplift;
- g) **Note** the update on the projected capital position; and
- h) **Note** the HSCP Board's Audit and Performance Committee will consider the 2025/26 draft unaudited accounts at the 23 June 2026 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 £226.573m is now being monitored as detailed within Appendix 1.

3.3 Draft set aside figures have been received indicating an outturn position of £49.337m.

4. Main Issues

Summary Position

4.1 The 2025/26 financial year ended on 31 March 2026, however the complexities of closing the annual accounts for the HSCP Board, adhering to the year-end timetables of both Council and Health Board means that the period 12 position is still being finalised. The final outturn position will be reported within the 2025/26 unaudited annual accounts at the 23 June HSCP Board's Audit and Performance Committee.

4.2 While the projected outturn position may be subject to change, all efforts have been made to ensure that any movement will not be material. Any significant changes will be clearly presented as part of the report on the 2025/26 draft unaudited accounts, with any movement being accounted for in final reserve balances.

4.3 The current year to date position as at 31 March is an underspend of £0.092m (0.04%), subject to any changes as set-out in sections 4.1 and 4.2 above. The consolidated summary position is presented in greater detail within Appendix 3, with the individual health care and social care partner summaries detailed in Appendix 4.

4.4 The overall HSCP summary and the individual Head of Service positions are reported within Tables 1 and 2 below.

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

Summary Financial Information	Annual Budget	Actual Spend	Actual Variance	Reserves Adjustment	Actual Variance	Variance %
	£000	£000	£000	£000	£000	
Health Care	138,876	131,872	7,004	5,674	1,330	0.96%
Social Care	128,617	130,055	(1,438)	138	(1,576)	-1.23%
Expenditure	267,493	261,927	5,566	5,812	(246)	-0.09%
Health Care	(6,406)	(6,404)	(2)	-	(2)	0.03%
Social Care	(34,514)	(33,679)	(835)	(1,175)	340	-0.99%
Income	(40,920)	(40,083)	(837)	(1,175)	338	-0.83%
Health Care	132,470	125,468	7,002	5,674	1,328	1.00%
Social Care	94,103	96,376	(2,273)	(1,037)	(1,236)	-1.31%
Net Expenditure	226,573	221,844	4,729	4,637	92	0.04%

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

Summary Financial Information	Annual Budget	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Forecast Variance
	£000	£000	£000	£000	£000	
Children's Health, Care & Justice	32,326	33,350	(1,024)	(67)	(957)	-2.97%
Health and Community Care	56,760	56,817	(57)	(255)	198	0.35%
Mental Health, Learning Disability & Addictions	32,050	32,210	(160)	(805)	645	2.01%
Strategy & Transformation	2,047	1,825	222	129	93	4.54%
Family Health Services	40,098	40,241	(143)	-	(143)	-0.36%
GP Prescribing	22,857	21,388	1,469	744	725	3.17%
Hosted Services	9,784	9,717	67	-	67	0.68%
Other	30,651	26,296	4,355	4,891	(536)	-1.75%
Net Expenditure	226,573	221,844	4,729	4,637	92	0.04%

4.5 The draft outturn shows a £0.236m improvement since Period 10, refer to Table 3 below. Variations are due to higher care home income and staff turnover, partly offset by district nurse regrading costs, protection of earmarked reserves, and a provisional adjustment for a complex care package transfer.

Table 3 – Movement in Reported Position since Period 10 Position

Movement since period 10	Health Care £000	Social Care £000	Total £000
Draft Outturn Favourable Variance	1,328	(1,236)	92
Period 10 Adverse Variance as reported to HSCP Board 24 March 2026	1,290	(1,434)	(144)
Movement since period 10	38	198	236
Represented By:			
Backpay for District Nurses Band 6 to 7	(153)		(153)
Additional Health staff turnover and recruitment delays	191		191
Increase in Taxi Costs for Children and Families		(66)	(66)
Independent Reviewing Officers previously funded from reserves		(266)	(266)
Increase in Care Home Property Income		781	781
Indicative Costs of Client Transfer from Health Board outwith NHSGGC		(209)	(209)
Other		(41)	(41)
Movement since period 10	38	198	236

4.6 Members should note that the draft outturn considers the progress on agreed savings programmes, totalling £5.484m and a net addition to earmarked reserves of £4.637m. Further detail on progress of savings is detailed in Appendix 2 with a summary position shown in Table 4 below.

- 4.7 The progress of savings is tracked by the Senior Management Team, and a RAGB (Red, Amber, Green and Blue) status applied to inform further actions. In the period to 31 March 2026 approximately 98% of savings have been achieved with the remainder requiring further action and carried forward to 2026/27. Summary detail on the anticipated level of reserves is provided within Appendix 6.

Table 4 – 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	Saving at
				low/medium risk of not being achieved £000	high risk of not being achieved £000
Health Care	1,707	1,707			
Social Care	3,777	3,226	461	42	48
Total	5,484	4,933	461	42	48

- 4.8 Analysis on the projected annual variances more than £0.050m are contained within Appendix 5. The variance analysis highlights the range of pressures being managed across the HSCP delegated budgets. After accounting for anticipated movements demand pressure and further recovery planning actions, the residual projected underspend of £0.092m is mainly due to the additional income and further staff turnover.

Bad Debt Write-Off and Bad Debt Provision

- 4.9 As agreed by WDC and the HSCP Board in March 2022, the Board are responsible for accounting for bad debt arising from charges levied for HSCP delegated services and as such include a provision for potential bad debt within the HSCP Board's balance sheet.
- 4.10 At the time of writing the analysis of outstanding debt for the Quarter 4 (period 1 January to 31 March 2026) was not yet available. The bad debt provision has been recalculated, and the projected draft outturn position includes a financial impact in 2025/26 of £0.049m. This compares with the 2024/25 impact of £0.216m highlighting the ongoing work to address levels of HSCP debt and promotion of direct debit as a method of payment.

Update on Prescribing 2025/26

- 4.11 Prescribing expenditure continues to represent a significant and increasingly unpredictable component of healthcare budgets. Prescribing data is reported two months in arrears with the draft outturn including actual spend for January 2026 and advises of an underspend of £1.470m, reflecting an improvement of £0.370m from Period 10 due to a further price and volume reductions, illustrated in Table 5 below and a projected overachievement of savings by £0.092m (Target £0.532m versus projected actual of £0.624m).

Table 5: West Dunbartonshire HSCP Average Price and Volume

	2024/25 Actual	2025/26 Budget	2025/26 Forecast	2025/25 Actuals to Jan 2026
Volumes (000's)	2,074	2,188	2,080	1,747
Price per Item	£10.42	£10.97	£10.09	£10.08

- 4.12** The period 10 updated Recovery Plan recommended using £0.726m of the prescribing underspend to mitigate against the consolidated HSCP projected overspend. This continues to be factored into the reported March figures with the £0.370m additional underspend being added to the prescribing earmarked reserve at this time.

Update on Reserves

- 4.13** As part of the closure of the 2025/26 accounts, a full review of all current earmarked reserves is being undertaken, recognising the decisions made by the HSCP Board in March 2026 to utilise a proportion of earmarked reserves to close the 2026/27 remaining budget gap after savings and management adjustments.
- 4.14** Based on the projected outturn position set out in Table 1 above, the impact that has on current reserve balances is shown below in Table 6 and detailed in Appendix 6. The projected closing balance of £3.668m as an unearmarked reserve equates to approximately 1.56% of the 2025/26 indicative budget of £235.812m (excluding Family Health Services but including draft Set Aside outturn).

Table 6 – Reserves Analysis

Analysis of Reserves	Opening Balance as at 1 April 2025 £000	Usage of Reserves applied to Balance the 2025/26 Budget £000	Draft Movement in Reserves £000	Forecast Balance as at 31 March 2026 £000
Unearmarked	3,576	-	92	3,668
Earmarked	14,830	(1,318)	5,955	19,467
Total	18,406	(1,318)	6,047	23,135

- 4.15** This is an improved projected outturn position when compared to the March budget report, which had anticipated drawdowns from unearmarked reserves of £0.144m and earmarked reserves of £0.589m.

- 4.16** Aside from the addition to the prescribing earmarked reserve, referred to in sections 4.11 and 4.12 above, there has been a transfer of significant non-recurring financial support by NHSGGC Health Board to be transferred to earmarked reserves to support the HSCP's performance moving into 2026/27. Individual funding allocations are detailed within Appendix 1: 2025/26 Budget Reconciliation Report.
- 4.17** A ring-fenced allocation of £1.200m is being made available to support West Dunbartonshire HSCP in the delivery of its Musculoskeletal (MSK) service. This funding will be earmarked for MSK services and carried forward within the IJB's reserves, to ensure that the resource is available to meet service requirements. The Health Board have agreed that the reserve may be applied over more than one financial year, dependent on the recruitment and phasing of additional MSK staff. Local monitoring arrangements will remain in place to track expenditure and impact.
- 4.18** To support Unscheduled Care pressures, a ring-fenced funding allocation of £1.825m is being made available to allow West Dunbartonshire HSCP to deliver a programme of work that supports local system actions which will have a meaningful impact on Unscheduled Care performance. The funding will be targeted to initiatives which focus on:
- Improving Flow (e.g. Intermediate Care);
 - Improving Access (e.g. Admission Avoidance);
 - Reduction of Delayed Discharge / AWI;
 - Redesign to enable sustainable performance; and
 - Specific related schemes e.g. Frailty / HFRS
- 4.19** As a condition of the funding each HSCP should be assured of the value case for their local system actions with clear improvement metrics. Improvement reporting and monitoring should be held locally within the HSCP. However, in order to maximise good practice across NHSGGC a quarterly update will require to be submitted to ensure that shared learning can be disseminated.
- 4.20** Advance funding of £0.767m has been provided in relation to the anticipated costs of implementing the final phase of the reduced working week (move from 37 hour to 36 hours per week) and ongoing Agenda for Change reform.
- 4.21** The HSCP Board is asked to approve that the additional £3.792m received from the Health Board is earmarked for utilisation in 2026/27 and 2027/28 as intended.
- 4.22** It should be noted that the March 2026/27 Budget Setting report has already committed £3.084m of earmarked reserves to mitigate the increase in the local government superannuation contributions from 6.5% to 17.5% and a further £2.052m to close the residual 2026/27 budget gap.
- 4.23** A full review of earmarked reserves is underway to identify any balances no longer required for their original purpose and available for reallocation. Where appropriate, proposals will be brought forward to release such balances to

support replenishment of unearmarked reserves towards the 2% target set out in the Reserves Policy. The audited balance brought forward from 2024/25 of £3.576m (1.52%) falls short of the 2% target of net expenditure of £4.716m. The Policy is clear that a sufficient level of un-earmarked reserves should be held to “cushion the impact of unexpected events or emergencies” in any given financial year.

- 4.24** This represents a positive position in the context of ongoing unfunded demographic and inflationary pressures, and in light of wider system pressures highlighted by Audit Scotland, including the depletion of reserves across many Scottish IJBs. Final proposals will be included within the Unaudited Annual Report and Accounts to be presented to the Audit and Performance Committee on 23 June 2026.

Update to 2026/27 Budget Setting

- 4.25** An update to the 2026/27 Scottish Recommended Allowance (SRA) rates for kinship and foster carers is included in a letter dated 11 May 2026 from the Deputy Director, Care Experience, Children’s Services Reform & The Promise Division, a copy of which is attached as Appendix 7.

Table 7 – SRA Rates from 1 April 2026

Age	0-4	5-10	11-15	16+
SRA	£177.68	£206.71	£206.71	£283.35

- 4.26** The letter also advises that total funding of £0.121m, of which £0.039m has already been passed over to the HSCP covering uplifts for 2025/26. The residual funding of £0.082m will be added to the HSCP requisition for 2026/27.
- 4.27** As stated within the letter, the SRA remains the recommended national allowance that all local authorities must pay as a minimum. Local authorities that already pay above these rates should continue to do so, ensuring that no existing kinship or foster carers are financially disadvantaged as a result of this change.
- 4.28** For clarity, the SRA itself is not set in statute (i.e. no change to primary legislation was made), however, it has been agreed nationally between Scottish Government and COSLA and implemented as a minimum standard that all local authorities are expected to pay.
- 4.29** As Children and Families Social Work Services are delegated to the HSCP, approval of the SRA uplift rests with the Board. A high-level costing based on current placement numbers indicates an annual impact of circa £0.080m (£0.011m internal fostering; £0.069m kinship), broadly within available funding with a residual balance of £0.002m. Members should note that the “What Would It Take” strategy is expected to increase use of these placements, which may result in cost pressures exceeding available funding. This risk is

mitigated by the anticipated reduction in out-of-authority residential placements.

- 4.30** The HSCP Board is asked to approve the uplift of current rates as detailed above with the exception of the rate for 11 to 15 year old children which is already set at a higher weekly rate set of £218.60.

Housing Aids and Adaptations

- 4.31** 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.
- 4.32** This budget is managed by the Council's Housing and Employability Services on behalf of the HSCP Board.
- 4.33** The draft outturn position for the period to 31 March 2026 is included in Table 8 below and will be reported as part of WDC's financial update position.

Table 8 – Draft Outturn Financial Performance as at 31 March 2026

Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council	Annual Budget	Actual Spend	Actual Variance
	£000	£000	£000
Aids & Adaptations	80	79	1
Total	80	79	1

2025/26 Capital Expenditure

- 4.34** The draft outturn position for the period to 31 March 2026 is included in Table 9 below and will be reported as part of WDC's financial update position.

Table 9 – Draft Outturn Financial Performance as at 31 March 2026

2025/26 HSCP Capital Project Summary	Forecast Spend	Actual Spend	Actual Variance
	£000	£000	£000
Special Needs (Aids & Adaptations)	935	917	18
ICT Modernisation HSCP	87	42	45
Community Alarm upgrade	272	292	(20)
Total	1,294	1,251	43

5. Options Appraisal

- 5.1** None required for this report.

6. People Implications

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

7. Financial and Procurement Implications

- 7.1** Other than the financial position noted above, there are no other financial implications known at this time. The 2025/26 draft unaudited accounts to be presented to the 23 June 2026 HSCP Board's Audit and Performance Committee will update on any material changes to the draft outturn position.

8. Risk Analysis

- 8.1** The main financial risks to the 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 3.3% against a 2% target. Interest rates were unchanged at 3.75% at the Monetary Policy Committee's April meeting, with the next meeting scheduled for 18 June 2026 with the next Monetary Policy Report due on 30 July 2026. It is unclear at this time what impact the current rate of inflation will have on the June interest rate decision and on the wider future of the UK Economy going forward which may have a detrimental impact on public sector funding

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: 15 May 2026

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

Appendices:

- Appendix 1 – Budget Reconciliation
- Appendix 2 – Monitoring of Savings
- Appendix 3 – Revenue Budgetary Control 2025/26 (Overall Summary)
- Appendix 4 – Revenue Budgetary Control 2025/26 (Health Care and Social Care Summary)
- Appendix 5 – Variance Analysis over £50k
- Appendix 6 – Reserves
- Appendix 7 – Letter from Deputy Director, Care Experience, Children’s Services Reform & The Promise Division
- 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

2025/26 Financial Performance Period 10 Report – 24
March 2026 HSCP Board

West Dunbartonshire Health & Social Care Partnership
Financial Year 2025/26 Period 12 covering 1 April 2025 to 31 March 2026

2025/26 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Budget Approved at Board Meeting on 24 March 2025	117,937	95,446	213,383
Health Rollover Budget Adjustments	2,011		2,011
Budget Adjustments			
Reduction in assumed funding for Childrens £12 per hour based on May 2025 letter		(73)	(73)
Funding for increase in Scottish Recommended Allowance for kinship and foster carers		39	39
Transfer of partial year SLW Funding to WDC for Blue Triangle contract		(10)	(10)
Other		(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

2025/26 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
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
SG funding for additional AFC pays uplift 2025/26	50		50
Prescribing Savings Achieved To December2025	(29)		(29)
Prescribing Savings Dec 2025	29		29
Prescribing Savings Achieved To Feb And Mar 2026	(149)		(149)
Prescribing Savings Achieved To January	(85)		(85)
Prescribing Savings Estimated Feb And Mar 2026	149		149
Prescribing Savings Jan 2026	85		85
Apremilast Budget Adjustment	(16)		(16)
Cps Gs Contribution - Anticipated M11 Reversal	87		87
Cps Gs Contribution - Actual	(87)		(87)
Gms Annual Budget Uplift 202526	1,277		1,277
FHS Budget Phasing	3,714		3,714
Unscheduled Care - Health Board funding for 2026/27 to 2027/28	1,825		1,825
Msk Access Ortho	49		49
Camchp167 Vale Live Active	(25)		(25)
System Reset Costs	73		73
Intermediate Care Health OT Costs	18		18
OPAT	4		4
Intermediate Care - Social Worker & Care Beds	253		253
Msk - Health Board funding for 2026/27 to 2027/28	1,200		1,200
Reduced Working Week - AFC Funding	767		767
Revised Budget 2025/26	133,742	95,880	229,622
Drawdown from Reserves	(1,272)	(1,777)	(3,049)
Budget Funded from Partner Organisations	132,470	94,103	226,573

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
Savings at high risk of not being achieved					
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
Savings at low/medium risk of not being achieved					
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
		Total Health Care Social Care		1,533 0 1,533	90 0 90

West Dunbartonshire Health & Social Care Partnership
Financial Year 2025/26 Period 12 covering 1 April 2025 to 31 March 2026

Consolidated Expenditure by Service Area	Annual Budget	Actual Spend	Actual Variance	Reserves Adjustment	Actual Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000		
Older People Residential, Health and Community Care	38,923	38,490	433	(288)	721	1.85%	↑
Care at Home	14,214	14,661	(447)	(8)	(439)	-3.09%	↓
Physical Disability	2,875	2,918	(43)	41	(84)	-2.92%	↓
Childrens Residential Care and Community Services	32,173	33,359	(1,186)	(148)	(1,038)	-3.23%	↓
Strategy, Planning and Health Improvement	2,047	1,826	221	129	92	4.49%	↑
Mental Health Services - Adult and Elderly, Community and Inpatients	12,848	13,424	(576)	(564)	(12)	-0.09%	↓
Addictions	4,022	3,948	74	(60)	134	3.33%	↑
Learning Disabilities - Residential and Community Services	15,181	14,838	343	(180)	523	3.45%	↑
Family Health Services (FHS)	40,098	40,241	(143)	0	(143)	-0.36%	↓
GP Prescribing	22,857	21,388	1,469	744	725	3.17%	↑
Hosted Services	9,784	9,717	67	0	67	0.68%	↑
Criminal Justice (Including Transitions)	154	(10)	164	80	84	54.55%	↑
Resource Transfer	18,251	18,251	0	0	0	0.00%	→
Contingency	1,784	0	1,784	1,784	0	0.00%	→
HSCP Corporate and Other Services	11,362	8,793	2,569	3,107	(538)	-4.74%	↓
Net Expenditure	226,573	221,844	4,729	4,637	92	0.04%	↑

Consolidated Expenditure by Subjective Analysis	Annual Budget	Actual Spend	Actual Variance	Reserves Adjustment	Actual Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000		
Employee	97,871	96,093	1,778	1,216	562	0.57%	↑
Property	1,243	1,251	(8)	0	(8)	-0.64%	→
Transport and Plant	1,384	1,335	49	0	49	3.54%	→
Supplies, Services and Admin	9,823	4,202	5,621	5,079	542	5.52%	↑
Payments to Other Bodies	89,754	93,393	(3,639)	(1,227)	(2,412)	-2.69%	↓
Family Health Services	41,627	41,818	(191)	0	(191)	-0.46%	→
GP Prescribing	22,858	21,388	1,470	744	726	3.18%	↑
Other	2,932	2,450	482	0	482	16.44%	→
Gross Expenditure	267,492	261,930	5,562	5,812	(250)	-0.09%	↑
Income	(40,919)	(40,086)	(833)	(1,175)	342	-0.84%	↓
Net Expenditure	226,573	221,844	4,729	4,637	92	0.04%	↑

West Dunbartonshire Health & Social Care Partnership
Financial Year 2025/26 Period 12 covering 1 April 2025 to 31 March 2026

Health Care Net Expenditure	Annual Budget	Actual Spend	Actual Variance	Reserves Adjustment	Actual Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000		
Planning & Health Improvements	816	546	270	181	89	10.91%	↑
Childrens Services - Community	4,365	4,238	127	1	126	2.89%	↑
Adult Community Services	12,081	11,887	194	0	194	1.61%	↑
Community Learning Disabilities	900	1,005	(105)	(108)	3	0.33%	↑
Addictions	3,190	2,633	557	508	49	1.54%	↑
Mental Health - Adult Community	5,285	4,411	874	50	824	15.59%	↑
Mental Health - Elderly Inpatients	4,175	4,886	(711)	0	(711)	-17.03%	↓
Family Health Services (FHS)	40,098	40,241	(143)	0	(143)	-0.36%	↓
GP Prescribing	22,857	21,388	1,469	744	725	3.17%	↑
Other Services	10,668	6,265	4,403	4,298	105	0.98%	↑
Resource Transfer	18,251	18,251	0	0	0	0.00%	→
Hosted Services	9,784	9,717	67	0	67	0.68%	↑
Net Expenditure	132,470	125,468	7,002	5,674	1,328	1.00%	↑

Social Care Net Expenditure	Annual Budget	Actual Spend	Actual Variance	Reserves Adjustment	Actual Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000		
Strategy Planning and Health Improvement	1,231	1,279	(48)	(52)	4	0.32%	↑
Residential Accommodation for Young People	3,143	2,858	285	0	285	9.07%	↑
Children's Community Placements	8,191	8,432	(241)	0	(241)	-2.94%	↓
Children's Residential Schools	5,659	7,278	(1,619)	0	(1,619)	-28.61%	↓
Children's Supported Accommodation	847	526	321	0	321	37.90%	↑
Childcare Operations	6,290	6,362	(72)	0	(72)	-1.14%	↓
Other Services - Young People	3,677	3,666	11	(148)	159	4.32%	↑
Residential Accommodation for Older People	7,680	7,738	(58)	0	(58)	-0.76%	↓
External Residential Accommodation for Elderly	11,128	10,555	573	(133)	706	6.34%	↑
Sheltered Housing	1,664	1,518	146	0	146	8.77%	↑
Older People Non Residential Care	2,613	3,281	(668)	0	(668)	-25.56%	↓
Community Alarms	98	200	(102)	0	(102)	-104.08%	↓
Community Health Operations	3,599	3,255	344	(155)	499	13.86%	↑
Residential - Learning Disability	12,347	12,191	156	(72)	228	1.85%	↑
Physical Disability	2,526	2,644	(118)	0	(118)	-4.67%	↓
Day Centres - Learning Disability	1,934	1,642	292	0	292	15.10%	↑
Justice	154	(10)	164	80	84	54.55%	↑
Mental Health	3,388	4,126	(738)	(614)	(124)	-3.66%	↓
Care at Home	14,214	14,661	(447)	(8)	(439)	-3.09%	↓
Addictions Services	831	1,316	(485)	(569)	84	10.11%	↑
Equipu	350	274	76	41	35	10.00%	↑
Frailty	59	56	3	0	3	5.08%	↑
Carers	1,306	1,415	(109)	(60)	(49)	-3.75%	↓
Contingency	1,784	0	1,784	1,784	0	0.00%	→
HSCP - Corporate	(610)	1,113	(1,723)	(1,131)	(592)	97.05%	↓
Net Expenditure	94,103	96,376	(2,273)	(1,037)	(1,236)	-1.31%	↓

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2025/26 Period 12 covering 1 April 2025 to 31 March 2026
 Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Health Care Variances					
Planning & Health Improvements	816	727	89	11%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The favourable variance is mainly due to a number of vacancies across Planning, Health and Management				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported.				
Childrens Services - Community	4,365	4,239	126	3%	↑
Service Description	This care group provides community services for children				
Main Issues / Reason for Variance	The favourable variance is mainly due to maternity leave and long term sickness absence.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported.				
Adult Community Services	12,081	11,887	194	2%	↑
Service Description	This service provides community services for adults				
Main Issues / Reason for Variance	The favourable variance is mainly due to staff turnover savings currently in excess of target partially offset by backpay for the band 6 to 7 regrading of district nurses.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2025/26 Period 12 covering 1 April 2025 to 31 March 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	5,285	4,461	824	16%	↑
Service Description	This care group provides mental health services for adults				
Main Issues / Reason for Variance	The favourable variance is mainly due to high levels of staff turnover and unplanned recruitment delays which is currently offsetting overspends within Elderly Mental Health services.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported.				
Mental Health - Elderly Inpatients	4,175	4,886	(711)	-17%	↓
Service Description	This care group provides mental health services for the elderly				
Main Issues / Reason for Variance	The adverse variance is mainly due to increased and extended contract cover for medical vacancies currently offset by the reported underspend in Adult Mental Health.				
Mitigating Action	Active recruitment for medical staff has progressed.				
Anticipated Outcome	An overspend is reported.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2025/26 Period 12 covering 1 April 2025 to 31 March 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
Family Health Services (FHS)	40,098	40,241	(143)	0%	↓
Service Description	Board wide family health services				
Main Issues / Reason for Variance	The adverse variance is mainly due to FHS superannuation, out of hours and IT baselined funding not attracting the 2025/26 core uplift.				
Mitigating Action	FHS executive has requested confirmation that the uplift will be applied in 2026/27 which should reduce any adverse variance going forward.				
Anticipated Outcome	An overspend is reported.				
GP Prescribing	22,857	22,132	725	3%	↑
Service Description	GP prescribing costs				
Main Issues / Reason for Variance	The favourable variance is primarily driven by reductions in the cost of Dapagliflozin and lower prescribing volumes and as detailed in the recovery plan reported to the January Board this underspend has been applied to reduce the projected in-year overspend of £2.190m				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported.				

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

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Other Services	10,668	10,563	105	1%	↑
Service Description	This care group covers administration and management costs in relation to Health Care				
Main Issues / Reason for Variance	The favourable variance is mainly due to the release of financial planning funding which partially offsets the FHS overspend.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported.				
Hosted Services	9,784	9,717	67	1%	↑
Service Description	Hosted Services				
Main Issues / Reason for Variance	The favourable variance is mainly due to additional staff turnover and recruitment delays.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported.				
Social Care Variances					
Residential Accommodation for Young People	3,143	2,858	286	9%	↑
Service Description	This service provides residential care for young persons				
Main Issues / Reason for Variance	The favourable variance is mainly due to vacant posts				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported.				

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Children's Community Placements	8,191	8,432	(241)	-3%	↓
Service Description	This service covers fostering, adoption and kinship placements				
Main Issues / Reason for Variance	The adverse variance is mainly due to an increase in activity compared to budget within kinship care and in house fostering.				
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.				
Children's Residential Schools	5,659	7,278	(1,619)	-29%	↓
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 £0.077m since the January Board report due to a reduction of two placements				
Mitigating Action	The "What Would It Take" medium-term financial plan for Children & Families will continue to be progressed and refined to reflect change to demand and costs.				
Anticipated Outcome	An overspend is reported.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2025/26 Period 12 covering 1 April 2025 to 31 March 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	526	321	38%	↑
Service Description	This service area provides supported accommodation for children and young people				
Main Issues / Reason for Variance	The 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.				
Childcare Operations	6,290	6,362	(72)	-1%	↓
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The adverse variance is mainly due to funding 4 independent reviewing officers from core budget rather than reserves offset by vacant posts and a reduction in the use of sessional staff.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2025/26 Period 12 covering 1 April 2025 to 31 March 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	3,518	159	4%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The 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.				
Residential Accommodation for Older People	7,680	7,738	(58)	-1%	↓
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 partially offset by an increase in property income.				
Mitigating Action	Staffing levels will require to be monitored				
Anticipated Outcome	An overspend is reported.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2025/26 Period 12 covering 1 April 2025 to 31 March 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	11,128	10,422	706	6%	↑
Service Description	External residential and nursing beds for over 65s				
Main Issues / Reason for Variance	The favourable variance is due to a reduction in resident placements in excess of those budgeted due to deaths and discharges and an increase in property income due to a revision to the calculation methodology.				
Mitigating Action	Officers undertake daily monitoring of admissions to care homes.				
Anticipated Outcome	An underspend is reported.				
Sheltered Housing	1,664	1,518	146	9%	↑
Service Description	Warden Service for Housing run sheltered housing service				
Main Issues / Reason for Variance	The favourable variance is mainly due to staff turnover savings.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported.				

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

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Older People Non Residential Care	2,613	3,281	(668)	-26%	↓
Service Description	Queens Quay, Crosslet House Daycare, Lunch clubs and daycare SDS/Direct payments.				
Main Issues / Reason for Variance	The 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 reported.				
Community Alarms	98	200	(102)	-104%	↓
Service Description	Installation and response service for Community Alarms				
Main Issues / Reason for Variance	The 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.				

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 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Community Health Operations	3,599	3,100	499	14%	↑
Service Description	This service includes the cost of social workers and occupational therapists for adult services				
Main Issues / Reason for Variance	The favourable variance is mainly due to staff vacancies				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported.				
Residential - Learning Disability	12,347	12,119	228	2%	↑
Service Description	This service provides residential care for persons with learning disabilities				
Main Issues / Reason for Variance	The draft outturn 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 actual income achieved.				
Mitigating Action	Timely financial assessments require to be completed.				
Anticipated Outcome	An underspend is reported.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2025/26 Period 12 covering 1 April 2025 to 31 March 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 Service Description	2,526	2,644	(118)	-5%	↓
Main Issues / Reason for Variance	This service provides physical disability services The 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.				
Day Centres - Learning Disability Service Description	1,934	1,642	292	15%	↑
Main Issues / Reason for Variance	This service provides day services for learning disability clients The 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.				
Justice Services Service Description	154	70	84	54%	↑
Main Issues / Reason for Variance	This service provides support and rehabilitation for offenders 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 reported.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2025/26 Period 12 covering 1 April 2025 to 31 March 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	3,388	3,512	(124)	-4%	↓
Service Description	This service provides mental health services				
Main Issues / Reason for Variance	The adverse variance is mainly due to an increase in client residential and accommodation based service packages of care.				
Mitigating Action	Review of care packages are required.				
Anticipated Outcome	An overspend is reported.				
Care at Home	14,214	14,653	(439)	-3%	↓
Service Description	This service provides care at home which includes personal care				
Main Issues / Reason for Variance	The adverse variance is mainly due to increased staffing costs as spend on overtime and agency staff has continued to be an area of pressure in 2025/26.				
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	An overspend is reported.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2025/26 Period 12 covering 1 April 2025 to 31 March 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
Addictions Services	831	747	84	10%	↑
Service Description	This budget contains the cost of working with Clients dealing with Drug and Alcohol				
Main Issues / Reason for Variance	The underspend is mainly due to budgeted rehabilitation not required.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is reported.				
HSCP - Corporate	(610)	(17)	(593)	97%	↓
Service Description	This budget contains Corporate spend and budgeted reserve drawdown				
Main Issues / Reason for Variance	The adverse variance is mainly due to staff release costs related to the restructure of the senior management team and 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.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2025/26 Period 12 covering 1 April 2025 to 31 March 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
Unearmarked Reserves			
Unearmarked Reserves	3,576	92	3,668
Total Unearmarked Reserves	3,576	92	3,668
Earmarked Reserves			
Scottish Govt. Policy Initiatives	3,038	(925)	2,113
Carers Funding	189	0	189
Informed trauma	130	0	130
Additional Social worker capacity	659	0	659
Mental Health Recovery and Renewal Fund	432	0	432
New Dementia Funding	63	0	63
Scottish Government Alcohol and Drug Partnership (including various National Drugs Priorities)	486	(157)	329
Children's Mental Health and Wellbeing	43	0	43
TEC and Analogue to Digital Project	30	0	30
PEF Funding – Speech & Language Therapy Projects	26	0	26
Winter Planning Funding - Interim Care	399	(195)	204
Winter Planning Funding - Enhance Care at Home	581	(573)	8
HSCP Initiatives	2,726	(160)	2,566
Service Reviews and Redesign	1,474	(240)	1,234
Justice Services	231	80	311
Unscheduled Care Services	397	0	397
Public Protection Officers	244	0	244
Digital Transformation	173	0	173
Training and Development	207	0	207
Health Care	4,779	4,545	9,325
DWP Conditions Management	42	(15)	26
Physio Waiting Times Initiative	103	0	103
Retinal Screening Waiting List Grading Initiative	35	0	35
Prescribing Reserve	1,369	744	2,113

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
Planning and Health Improvement	238	71	309
West Dunbartonshire Mental Health Services Transitional Fund	1,803	(419)	1,384
Enhanced Mental Health Outcome Framework	82	0	82
Property Strategy	934	227	1,161
Cora Grant	0	97	97
Health Board 2 yr Unscheduled Care Funding	0	1,825	1,825
Health Board 2 yr MSK Investment	0	1,200	1,200
Health Board RWW & AFC Reform B5-6 funding	0	771	771
DBI Seed Funding	0	50	50
IT Project Funding	14	(5)	9
Health Visiting	160	0	160
Social Care	4,287	1,177	5,464
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	222	1,664
Equipu Surplus	0	42	42
Local Authority Superannuation	1,522	1,562	3,084
Total Earmarked Reserves	14,830	4,637	19,467
Total Reserves	18,406	4,729	23,135

Directors of Finance
Chief Executives

Copy to COSLA
Copy to Chief Social Work Officers
Copy to Angela Latta, National Social Work Agency

11 May 2026

Dear Colleague

Further to my letter on 26 March 2026, I am writing to inform you that the additional funding of £4.3 million to support an inflationary uplift to the Scottish Recommended Allowance (SRA) for kinship and foster carers was agreed by COSLA Leaders on 24 April, following the recommendation of the Settlement and Distribution Group (SDG) on 1 April.

The additional funding of £4.3 million and the £1.9 million which funded the 2025/26 uplift will be provided as a redetermination of the 2026/27 General Revenue Grant in March 2027, and the total of £6.2 million will be baselined into the General Revenue Grant from 2027/28.

We are pleased to inform you again that the new rates will be:

Age	0-4	5-10	11-15	16+
SRA	£177.68	£206.71	£206.71	£283.35

The SRA remains the recommended national allowance that all local authorities must pay as a minimum. Local authorities that already pay above these rates should continue to do so, ensuring that no existing kinship or foster carers are financially disadvantaged as a result of this change.

In total, in 2026/27, a further £6.256 million of funding will be distributed to cover the full 2026/27 financial year, in addition to the £16m already baselined for the SRA. The local authority allocations are set out in **Annex A**. As with previous allocations, the funding will be distributed on the basis of - 35% numbers of children aged 0-18 in low income families, 35% numbers of children in receipt of Scottish Child Payments, and 30% 0-18 general population.

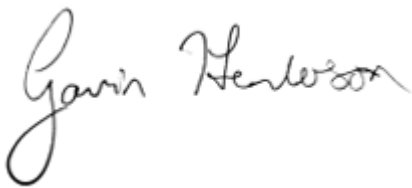
Where necessary, payments to carers are expected to be backdated to 1 April 2026, with local authorities determining the most appropriate way for doing so in a way that best supports families.

We would encourage each local authority to continue to publish up-to-date information about their Kinship and Fostering Allowances. This includes ensuring that information is readily accessible on local authority websites and that all current carers are made aware of the rates. Key details should include entitlement, eligibility criteria, assessment processes, contact points for further advice and where more information can be found.

More generally, you may also be aware, that in March 2026, the Children (Care, Care Experience and Services Planning) (Scotland) Bill was passed. The bill makes provisions regarding annual uprating of foster and kinship allowances, and transparency of payments made to these carers. Any subsequent action will be discussed with COSLA and other partners.

If you have any questions about the content of this letter please contact Lucy.Whitehall@gov.scot.

Yours sincerely



Gavin Henderson, Deputy Director, Care Experience, Children's Services Reform & The Promise Division

ANNEX A

Local authority	Distribution (£ million)
Aberdeen City	0.214
Aberdeenshire	0.236
Angus	0.127
Argyll & Bute	0.080
City of Edinburgh	0.440
Clackmannanshire	0.070
Dumfries & Galloway	0.170
Dundee City	0.190
East Ayrshire	0.162
East Dunbartonshire	0.090
East Lothian	0.119
East Renfrewshire	0.091
Falkirk	0.192
Fife	0.459
Glasgow City	0.949
Highland	0.239
Inverclyde	0.092
Midlothian	0.117
Moray	0.103
Na h-Eileanan Siar	0.022
North Ayrshire	0.181
North Lanarkshire	0.461
Orkney Islands	0.019
Perth & Kinross	0.148
Renfrewshire	0.205
Scottish Borders	0.120
Shetland Islands	0.020
South Ayrshire	0.121
South Lanarkshire	0.372
Stirling	0.088
West Dunbartonshire	0.121
West Lothian	0.237
	6.256

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 26 May 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	HSCP000094JS26052026
2	Date direction issued by Integration Joint Board	26 May 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)	HSCP000091JS24032026
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 £132.470m 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 £275.910m. Allocated as follows: West Dunbartonshire Council - £94.103m NHS Greater Glasgow and Clyde - £132.470m Set Aside - £49.337m
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities
11	Strategic Milestones	Maintaining financial balance in 2025/26 30 June 2026
12	Overall Delivery timescales	30 June 2026
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report and (where appropriate) the position regarding Debt Write Off's.
14	Date direction will be reviewed	The next scheduled HSCP Board - 18 August 2026

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

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

26 May 2026

Subject: Delayed Discharge Deep Dive

Purpose

- 1.1 The purpose of this report is to provide the Health and Social Care Partnership Board with an update on the improvement work in progress to reduce the risk of people being delayed in discharge from hospital.

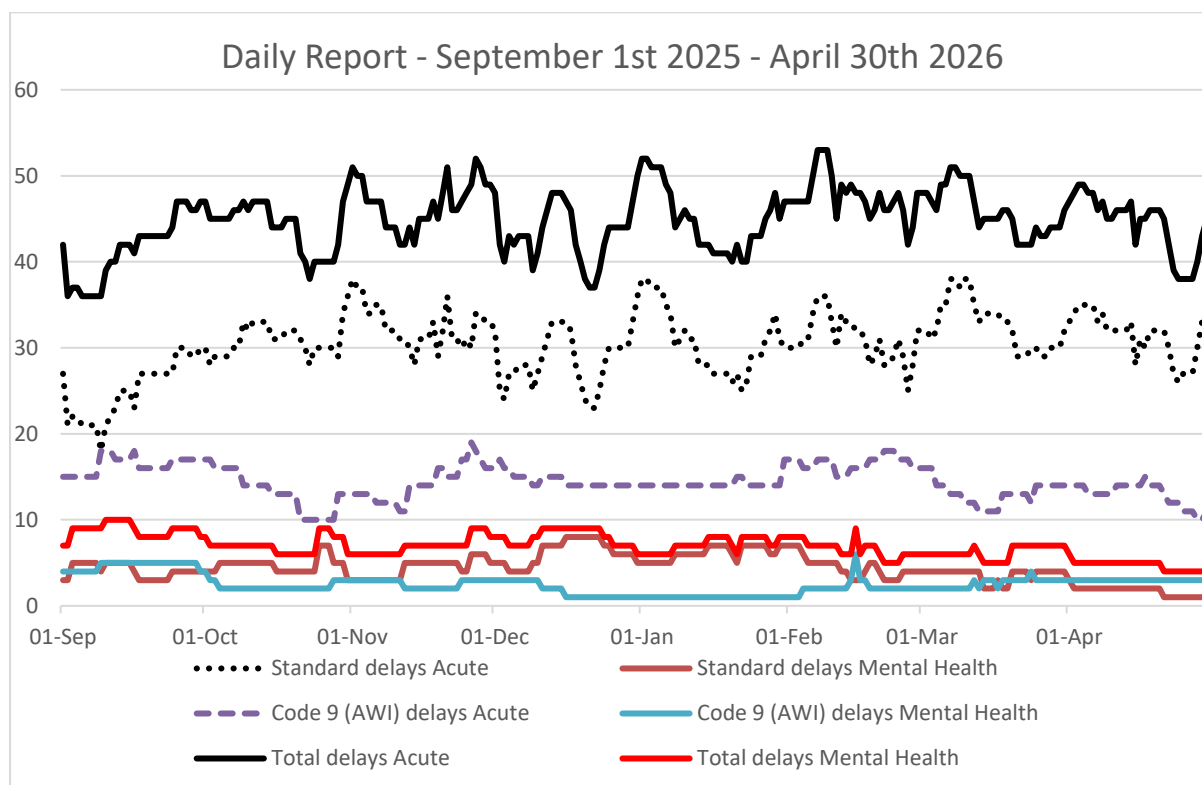
2. Recommendations

- 2.1 The HSCP Board is recommended to note the contents of this report.

3. Background

- 3.1 West Dunbartonshire HSCP continues to experience sustained pressure in relation to delayed discharge performance, with outcomes remaining out with agreed indicators both nationally and within NHS Greater Glasgow and Clyde. Despite a range of improvement actions over recent years, a sustained and material improvement in performance has not yet been achieved.
- 3.2 Nationally and regionally delayed discharge rates have increased with NHSGGC HSCPs reporting a rise in standard delayed discharge bed days in January 2026 compared to the four-year January average.
- 3.3 Locally, West Dunbartonshire HSCP continues to experience fluctuating but persistently high numbers of acute delays. In recognition of this sustained pressure, local improvement targets were reviewed during 2025/26 to reflect recent performance and the scale of challenge. While this provided a more realistic trajectory, performance at the end of April 2026 indicates that delays remain above the revised ambition, underlining the complexity of the issue and the limitations of incremental improvement

Figure 1: Delays September 2025 - April 2026



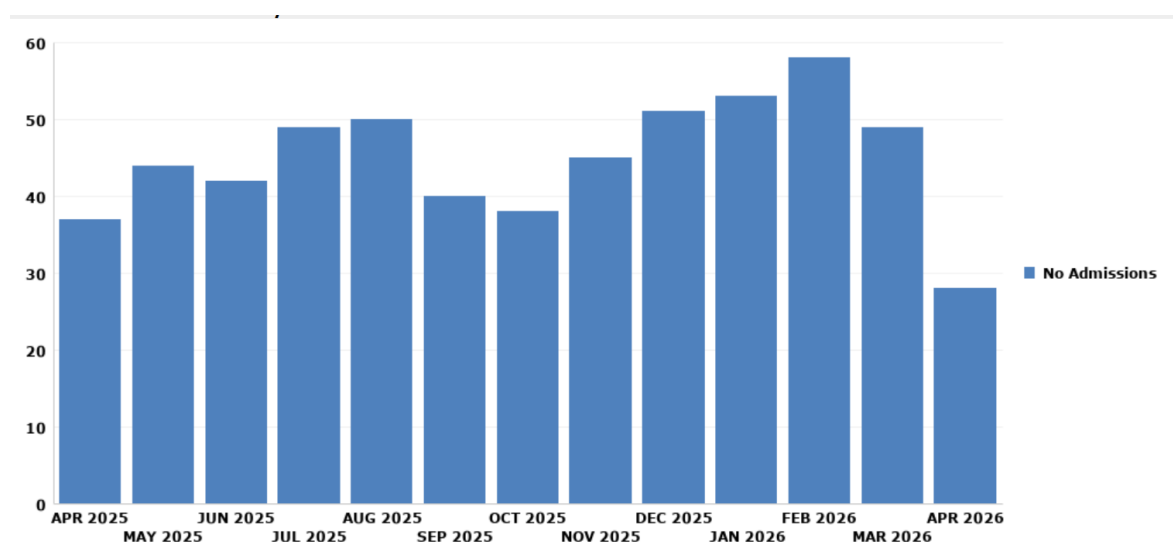
- 3.4 A significant proportion of people delayed are assessed as having complex needs, often progressing through Guardianship processes under Adults with Incapacity legislation, which can take considerable time and is subject to workforce and legal constraints. A further proportion are delayed while assessments are completed, reflecting workforce capacity pressures and the variable complexity of individual cases.
- 3.5 “The GGC Way Forward – Transforming Together” was launched in April 2025 as a commitment to improvement and transformation. This programme will drive forward a whole system approach to address key themes, including multifactorial factors that impact on the length of a hospital admission.
- 3.6 The ‘Home is Best’ ethos must remain the focus as HSCP pathways are developed. It is vital that hospital flow is maximised to ensure capacity for new admissions. Prolonged hospital stays have a direct impact on individual outcomes, with increased risk of deconditioning, particularly for older adults. Deconditioning is the decline in physical, psychological, and functional capability that occurs as a result of prolonged bed rest, inactivity, or a sedentary lifestyle. It affects muscles and the cardiovascular system. For adults over 80, 10 days of bed rest can result in 10 years of muscle aging. This functional decline often results in higher levels of care being required on discharge, further increasing pressure on community services and care markets and reinforcing a cycle of delay and rising complexity.

Table 1: Bed days lost WDHSCP (acute delays)

Number of Bed Days					
Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026
1,362	1,390	1,313	1,385	1,314	1,414

3.7 Figure 2 below shows the fluctuation per month of people becoming delayed. GG&C implemented whole system Resets in December 25 and February 26, with ongoing focus across January 2026. The rise in December through to February may partially attributed to this along with seasonal increases in demand

Figure 2: Patients that have become a Delay in past 12 months



3.8 Table 2 shows an April 2026 snapshot of the range of delay reasons. The codes change throughout the pathway to discharge. In this snapshot, 33% of people are coded with complex needs, usually under AWI legislation, awaiting a Guardianship application. 19% are within the assessment process. This number fluctuates as it is dependent on available workforce to allocate new referrals to. A worker is expected to complete an assessment within 5 working days, but this will be impacted by complexity, availability of relevant family members, and ward accessibility. 7% were waiting for a package of care.

Table 2: Delay code breakdown (April 2026)

Delay Reason Code	Delay Reason	Days Under Code						
		0-3	4-7	8-14	15-28	29-42	43+	Total
9	Complex Needs			1		3	10	14
11B	Awaiting completion of post-hospital social care assessment (including transfer to another area team)	2	2		2	2		8
24A	Awaiting place availability in Local Authority Residential Home	3		1	1			5
24C	Awaiting place availability in Nursing Home (not NHS funded)	1	1	1	3	1	2	9
24D	Awaiting place availability in Specialist Residential Facility for younger age groups (<65)						1	1
25D	Awaiting completion of social care arrangements – In order to live in their own home – awaiting social support (non-availability of services)	1			1		1	3
25F	Awaiting completion of social care arrangements for Specialist Housing provision (including sheltered housing and homeless patients)			1				1
67	Disagreement between patient/carer/family and health/social care						1	1
Total		7	3	4	7	6	15	42

- 3.9 33% had funding agreed for long term care and delays under this code relate to bed availability. Although funding may be agreed, discharge is frequently delayed due to care home bed availability, the exercise of choice, the need for pre-admission assessments, and practical issues such as room readiness. These factors are largely outside the direct control of the HSCP and are influenced by market capacity and provider processes.
- 3.10 Care at Home capacity continues to impact discharge flow. While the proportion of people delayed specifically awaiting a package of care has reduced over the past 2 months, this is sensitive to workforce availability, levels of sickness absence, and the balance between internal provision and external commissioning. Periods of high absence within Reablement and mainstream Care at Home services have increased reliance on externally commissioned care, which can take longer to source and may not always align with individual preferences or needs.

3.11 Overall, the current position reflects a whole-system challenge characterised by rising acuity, population need, workforce instability and constrained community capacity. While progress has been made in strengthening discharge planning, partnership working and oversight, the scale and persistence of delays indicate that further coordinated system-wide action is required to achieve sustained improvement.

4. Main Issues: Improvement activity

4.1 **Earlier and proactive discharge planning:** Sustained improvement requires strengthening the early identification of people likely to require support on discharge, including timely referral to the Community Hospital Discharge Team and earlier engagement from Social Work to reduce the risk of people becoming delayed once medically fit.

4.2 The Community Hospital Discharge Team (CHDT) comprises health and social care roles. The health team are led by a Team Lead and play a key role in working closely with wards to target people who need follow up rehabilitation in the community. The aim is to set a planned date of discharge with appropriate Allied Healthcare Professional / paraprofessional support, thereby reducing the number of bed days lost and potential functional decline.

4.3 This team is central to a range of evolving Transforming Together initiatives e.g. Intermediate Care Beds (ICB) and Integrated Discharge teams (inclusive of utilising GGC dashboards to identify people who can be discharged sooner than their planned date of discharge).

4.4 The Social Work (SW) team are led by a Senior Social Worker and receive early referrals when ward staff anticipate there are social care needs that must be met to allow a safe discharge. If a person becomes fit for discharge before a social work assessment has concluded, they are coded as a delay.

4.5 The SW CHDT has Standard Operating Procedures in place to define timescales of each stage from the point of referral. They are also involved in the management of the Intermediate Care Beds (ICB) and attend Vale of Leven Integrated Discharge Team meetings (IDT).

4.6 As part of the Transforming Together programme, a comprehensive suite of NHS GG&C dashboards are now available that define the inpatient population per HSCP, inclusive of planned dates of discharge and dates referred to social services/ social work. These provide a targeted response to high referral wards and faster discharges when safe to do so.

4.7 **Workforce stability and consistency:** Stabilising leadership and staffing within the SW CHDT is vital to embed agreed pathways, improve continuity of practice and ensure consistent application of Standard Operating Procedures.

4.8 **Maximising community and intermediate capacity:** Recent Scottish Government funding has facilitated establishment of Intermediate Care Beds to support step-down from hospital. Numbers of Service Users using and

discharged from Intermediate Care (IC) beds is detailed in Table 4, and bed occupancy and availability is shown in Table 5.

Table 4: Service Users using and discharged from IC beds

Number of Service Users who have used/using IC beds		15
Number of Service Users discharged from IC beds		12
Service users discharged to LTC	Service users discharged home	Service users returned to hospital
9	2	1

Table 5: IC bed availability and occupancy

Number of bed nights available	1087
Number of bed nights used	676
Overall % of Occupancy	62.2 %

- 4.9 There are also interdependencies across HSCP teams. Earlier community assessment of need with service provision may translate into a reduction in people being admitted, and also the length of admission. This is actively being addressed via the Front Door redesign and wider restructure discussions, ensuring the workforce is structured for a whole system approach that maximises capacity and targets the workforce responsively, depending on knowledge and skills.
- 4.10 **Strengthening Care at Home Pathways:** The Care at Home redesign, including the move to a standardised rota, has now been implemented. This provides a more consistent operating framework across localities; however, workforce stabilisation is ongoing. Recruitment to vacant whole-time equivalent posts is currently in progress to ensure that staffing capacity aligns with planned hours of care, and to reduce reliance on reactive external commissioning where possible. Periods of high sickness absence within both Reablement and mainstream Care at Home services continue to create sensitivity in the system and can delay the sourcing of timely packages of care.
- 4.11 Work is also underway to review the Reablement pathway as part of wider service improvement activity. Strengthening the interface between Reablement and mainstream Care at Home services is intended to support more effective flow, improve utilisation of existing capacity, and ensure that people are supported at the right level of care for as long as possible

- 4.12 Care at Home capacity is considered as part of the whole system, supporting the “home first” principle, reducing deconditioning, and preventing escalation in care needs following prolonged hospital stays.
- 4.13 **Reducing Avoidable Delay from Legal and Care Processes:** Delays associated with Guardianship processes are being addressed via sustained HSCP Senior Mental Health Officer oversight, and earlier identification of individuals likely to require legal intervention. This is supported by ongoing promotion of Power of Attorney uptake within the Dumbarton and Alexandria locality, delivered by Citizens Advice and in partnership with Carers of West Dunbartonshire.
- 4.14 While statutory timescales and legal requirements remain a constraint, this activity seeks to minimise avoidable delay wherever possible through better coordination and early action.
- 4.15 **Whole System Collaboration and Continuous Improvement:** Sustained improvement depends on effective collaboration across organisational boundaries. The HSCP continues to work closely with acute partners through whole-system resets, integrated discharge arrangements and shared performance intelligence. Recent “critical friend” support from a neighbouring HSCP is being used to review practice, challenge assumptions and identify further improvement opportunities. This approach supports continuous learning, transparency and a shared responsibility for improving flow across the system.

5. Options Appraisal

- 5.1 None required for this report.

6. People Implications

- 6.1 There are no people implications known at this time.

7. Financial and Procurement Implications

- 7.1 Delayed discharge has direct financial consequences for the HSCP with increased pressure on the Care at Home and external commissioning budgets as complexity rises and higher cost packages are required following prolonged hospital stays. In addition, the 26/27 budget for external beds will be at risk if continuing numbers of people are assessed as appropriate for long term care.

8. Risk Analysis

- 8.1 None required for this report.

9. Equalities Impact Assessment (EIA)

9.1 None required for this report.

10. Environmental Sustainability

10.1 None required.

11. Consultation

11.1 Not required for this report.

12. Strategic Assessment

12.1 The following strategic priorities relate to this report:

- Supporting people to live at home independently for as long as possible
- Prevention and early intervention
- Delivering person-centred, safe and effective care
- A stable, skilled and supported workforce
- Reducing health inequalities and addressing complex needs
- Effective use of resources and financial sustainability
- Strong partnership working and system leadership

13. Directions

13.1 There are no directions for this report.

Name: Fiona Taylor
Designation: Head of Health and Community Care
Date: 28th April 2026

Person to Contact: Fiona Taylor: Fiona.taylor21@nhs.scot

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

Report by: Beth Culshaw, Chief Officer

26 May 2026

Subject: Engagement Activity Report 2025/26

1. Purpose

- 1.1** The purpose of this report is to update the HSCP Board on community engagement activities undertaken in the year 2025/26 and to provide assurance that the HSCP is operating in line accordance with the agreed Engagement and Participation Strategy 2024 - 2027.

2. Recommendations

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

3. Background

- 3.1** On the 25 July 2024 the Account Commission published the following report, "Integration Joint Boards' (IJB) Finance and Performance 2024".
- 3.2** The report makes several key recommendations and is also supplemented by a suite of IJB Members questions. These questions were intended to support IJB Members to consider the Boards financial and performance position and were used as the basis for a self-evaluation event on the 12 November 2024.
- 3.3** On the 28 January 2025 the HSCP Board considered the output of the self-evaluation work and approved the HSCP Board Finance and Performance Improvement Plan.
- 3.4** This report addresses one of the tasks within that improvement plan, namely "consider regular engagement reports at IJB (similar to the communications report presented to the NHS Greater Glasgow and Clyde Health Board)".
- 3.5** On the 27 May 2025 the HSCP Board noted the Engagement Activity Report 2024/25.

4. Main Issues

- 4.1** Appendix One of this report highlights the breadth of community activities over the last year, it is not intended to be an exhaustive list.

- 4.2** Although the improvement plan mentioned in 3.4 suggests regular reporting, upon consideration and given the current constraints on capacity, the HSCP is currently only able to provide the Board with an annual report. This approach will be reviewed following the return from maternity leave of the Community Engagement and Development Officer.
- 4.3** Appendix I shows a range of engagement activities which have taken place over the last year. At least 1,207 contacts have been generated, although we cannot say with certainty that these are 1,207 individual service users.
- 4.4** In the absence of the Community Engagement and Development Officer, there is no single point of coordination or professional support in relation to engagement and participation. As such no assurance can be given in respect of the quality of engagement, compliance with the Strategy or indeed the Scottish Government Health And Social Care - Planning With People: Community Engagement And Participation Guidance which was updated 2024.
- 4.5** The returns which have been submitted by services do highlight areas where improvements can be made. Specifically, there is a need to focus on gathering data in respect of the number of participants and their demographics. This will provide assurance that the HSCP is engaging with underrepresented groups. There also appears to be a need to strengthen the feedback loop this is crucial when engaging with underserved, marginalised or seldom-heard groups as it helps build trust, improves services, and shows that participation leads to real change. Finally, services appeared to find it difficult to link engagement work with strategic priorities, this is essential for making sure that day-to-day insights from people who use services shape long-term improvements, resource decisions, and organisational direction. It also suggests that some service may not be as familiar with the HSCP Board Strategic Plan as the HSCP Board may wish.
- 4.6** These improvement actions will be reviewed by the Community Engagement and Development Officer upon their return to work and actions developed to address these issues. These improvement activities will be reported back to the HSCP Board as part of the 2026/27 activity report.

5. Options Appraisal

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

6. People Implications

- 6.1** There are no direct implications arising from the recommendation within this report. However, improvement actions may require further staff training to be developed and implemented. There will also be additional pressure on

teams during the 2026/27 reporting period as significant levels of engagement activity will be required, not only to address the improvements highlighted above, but also to identify budget savings for the financial year 2027/28 and shape the content of the Strategic Plan for 2027/32.

7. Financial and Procurement Implications

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

8. Risk Analysis

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

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

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

11. Consultation

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

12. Strategic Assessment

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

13. Directions

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

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Date: 26 May 2026

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Appendices: Appendix One – Engagement Activity Report 2025/26

Background Papers: [Integration Joint Boards' Finance and performance 2024 | Audit Scotland](#)
[hscp-engagement-strategy-2024-2027.pdf](#)
[Health and social care - Planning with People: community engagement and participation guidance - updated 2024 - gov.scot](#)

Appendix I

West Dunbartonshire Health and Social Care Partnership Engagement Activity Report
2025/26

Activity Overview	No of Participants	Outcomes	Recommendations – How do we take forward?
Carer’s Consultation – In person meeting	10 Participants > 16 years	No agreed outcomes	Carer feedback was key in the development of the process agreed at IJB but also in development of the SBSS which was shared to a group of unpaid carers prior for feedback before being accepted at IJB – emails from this consultation can be shared. Concerns around budget cuts and reduction in respite opportunities.
Social Work Scotland Self Directed Support (SDS) Roadshow - In person	70 Participants > 16 years	Evaluation report being completed	Feedback is key to future service delivery improvements but has also allowed us to gather participants' who are interested in coming together for an SDS user group. Concerns around budget cuts and length of time taken to secure budgets.
Service user feedback from Children & Young People and families	1-50 Children	Longer-term Follow-up Needed: introduction of additional	Auditing, face to face at community groups, home visits.

<p>re school nursing service.</p> <p>Service user feedback provision of breastfeeding support.</p> <p>Health Visiting service user feedback.</p> <p>Questionnaires and face to face.</p>	<p>30 young mothers</p> <p>20/30 Mothers</p>	<p>pathway for school nursing, progression of public acceptability to breast feeding.</p>	<p>Face to face at community groups, home visits.</p>
<p>Discovery Report: How Women's Justice Journeys are Shaped by Gender-Based Violence, Trauma, and Gender-Neutral Service Responses – In person</p>	<p>9 Participants</p>	<p>Immediate: To create a whole systems workplan to embed the report recommendations across organisations and services.</p> <p>Longer-term Follow-up Needed: The work plan will require to be agreed by both the Community Justice and Violence Against Women and Girls Partnership and then implemented with key outcome improvement activity.</p>	<p>The women who contributed to the study highlighted areas for improvement across and between services and organisations. The recommendations from the report will shape and enhance future service provision and responses to women impacted by Domestic Abuse. The report highlights the experiences of women in justice and the stigma and unconscious/overt bias they face when attempting to access service support.</p>
<p>Healthy Hearing – Hearing Checks Programme – In person</p>	<p>296 Participants – Mostly older than 50 years</p>	<p>Immediate: Maintain this service at the library branches. People were aware of any hearing loss and were referred to Audiology for a full assessment,</p>	<p>Increased awareness of hearing loss and what can be done to manage it. The feedback will influence how we deliver the programme in the future in terms of</p>

		<p>others attended the community treatment rooms for ear wax removal which helped restore hearing.</p> <p>Longer-term Follow-up Needed: Annual report due but delayed due to data issues with RNID due to staff capacity.</p>	<p>locations, times of sessions and so on.</p>
<p>Health Promoting Libraries and Living Well events – In person</p>	<p>185 Participants > 55 years</p>	<p>Immediate: Services had referrals e.g. Quit Your Way and Live Active.</p> <p>Longer-term Follow-up Needed: Evaluation using surveys for the libraries programme is planned for summer 2026. This will attempt to show impact.</p>	<p>Feedback will influence how we deliver the programme in the future by telling us what works and which areas need to be developed.</p>
<p>Cardiovascular Disease (CVD) Day – In person</p>	<p>Unknown</p>	<p>Longer-term Follow-up Needed: will repeat in 2026/27 if CVD Direct Enhanced Service is re-issued.</p>	<p>Need to get the message out about the event and what it is.</p>
<p>Practice based Health Care Support Worker (HCSW) - patient Survey</p>	<p>22 Participants</p>	<p>Share results with Head of Service in Chief Nurse to seek support in increasing WTE. Share results with staff to show excellent work and draw</p>	<p>Any improvements identified would be utilised to develop service. Improve access to service by accessing clinical space and increase staffing WTE to reduce</p>

		attention to comments regarding communication in effort to improve this.	waiting time. Link with GP and Diabetic Nursing Staff regards communication.
Practice based Health Care Support Worker (HCSW) - patient Survey	54 Participants	Share results with staff in order to try to maintain, improve continuity where possible.	Any improvements identified would be utilised to develop service. Where possible maintain same staff attending patients.
Practice based Health Care Support Worker (HCSW) - patient Survey	267 Participants	Share with Primary Care Improvement Plan Group which includes GPs to identify request for later appointments and also direct to opportunities in Central Hub for later appointments.	Any improvements identified would be utilised to develop service. More appointments required later in day.
HSCP Advance Nurse Practitioner (ANP) - patient Survey	45 Participants	Immediate: Development of a Standard Operating Procedure and Practice Integration Document for Practice staff to utilise to be better informed regards ANP role in order to advise patients why it is appropriate for them to be seen by ANP. Longer-term Follow-up Needed: Follow up annually to see	Any improvements identified would be utilised to develop service. Patients expressed a preference for clearer communication regarding why they are being seen by an ANP when they initially request a GP appointment.

		if improvement following service becoming more established and introduction of documents.	
West Dunbartonshire Family Support Service Redesign - In person and online	16 Participants	Engagement sessions are still ongoing, more dates TBC - Review and analyse feedback once all sessions are complete - Explore digital presence of Family Support Service - Explore feasibility of “family fun day”	Feedback will help directly shape how the service is delivered, by highlighting what families find most useful, barriers faced, and what changes they need for a more effective service, helping ensure the service is built around lived experiences and what matters most to the people who use it. Opportunity to explore the feasibility of a family fun day • Increase online presence through improved advertising on HSCP and WDC webpages, and social media • Explore training opportunities in relation to ASN, mental health and gender identity.
DES Homeless Community Engagement Project – In person	27 Participants	Further clinic to be held later in year to gauge uptake.	Access, as often change address frequently throughout year.
Learning Disability Community Engagement work – In person	Unknown	This work is ongoing as it enhances which measures were	Work is aimed at reducing barriers.

		already in place within the service.	
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