

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Tuesday, 29 September 2026

Time: 14:00

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

Contact: Lynn Straker, 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
Sophie Traynor

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: 22 September 2026

Audio Streaming

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WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

AGENDA

TUESDAY, 29 SEPTEMBER 2026

STANDING ITEMS

1 STATEMENT BY CHAIR – AUDIO STREAMING

2 APOLOGIES

3 DECLARATIONS OF INTEREST

4 RECORDING OF VOTES

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

5 (a) MINUTES OF PREVIOUS MEETING 7 - 16

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board held on 18 August 2026.

(b) ROLLING ACTION LIST 17 - 18

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.

PLANNING AND DELIVERY

7/

7 ANNUAL UPDATE ON DELIVERY OF NHS GG&C PRIMARY CARE STRATEGY 2025/26 AND LOCAL IMPLEMENTATION 19 - 38

Submit report by Fiona Taylor, Head of Service Health and Community Care, providing an update on the NHS GG&C Primary Care Strategy for 2025/26 (financial year) and West Dunbartonshire progress towards this.

PERFORMANCE AND QUALITY

8 FINANCIAL PERFORMANCE REPORT 39 - 68

Submit report by Julie Slavin, Chief Financial Officer, providing an update on financial performance for the five-month period to 31 August 2026 and the projected outturn position to 31 March 2027.

9 AUDITED ANNUAL ACCOUNTS 2025/26 69 - 254

Submit report by Julie Slavin, Chief Financial Officer, presenting the audited Annual Accounts for West Dunbartonshire Integration Joint Board, commonly known as the HSCP Board, for the year ended 31 March 2026 for consideration and approval.

10 CARE AT HOME - UPDATE ON WORK TO MEET CARE INSPECTORATE REQUIREMENTS 255 - 259

Submit report by Head of Health Service and Community Care outlining progress towards meeting the five Care Inspectorate requirements set out in the June 2026 inspection report.

11 ANNUAL HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 (HCSSA) IMPLEMENTATION STATUS AND ASSURANCE REPORT – HEALTH 2025 261 - 277

Submit report by Val Tierney, Chief Nurse, outlining the reporting requirements for health services and confirms current HSCP assurance levels with respect to overall compliance with the duties within the Act.

12 ANNUAL HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 (HCSSA) IMPLEMENTATION STATUS AND ASSURANCE REPORT – SOCIAL CARE 2025 279 - 294

Submit report by Val Tierney, Chief Nurse, presenting the Annual Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) for consideration and approval.

GOVERNANCE, COMPLIANCE AND REGULATIONS

13 STRATEGIC RISK REGISTER – SIX MONTH REVIEW 295 - 307

Submit report by Beth Culshaw, Chief Officer, presenting an update on the Strategic Risk Register to the West Dunbartonshire Health and Social Care Partnership (HSCP) Board.

14 HSCP BOARD MEMBERSHIP - EXTENSION TO VOTING RIGHTS 309 - 314

Submit report by Chief Officer – Regulatory and Regeneration providing an update on the implementation of the Public Bodies Joint Working (Integration Joint Boards) (Scotland) Amendment Order 2025 which makes changes to the voting membership of the integration joint board and associated governance requirements.

15 JOINT STAFF FORUM 315 - 319

Submit Approved Minutes from recent Joint Staff Forum meeting(s) for noting.

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

Members are also asked to note there is an Informal Session of HSCP Board scheduled for 17 November 2026.

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

Email: lynn.straker@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, 18 August 2026 at 2.00 p.m.

Present: Michelle Wailes, Libby Cairns and Lesley McDonald, NHS Greater Glasgow and Clyde and Councillors Martin Rooney and Sophie Traynor, West Dunbartonshire Council.

Non-Voting Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Helen Little, MSK Manager; Selina Ross, Chief Officer – West Dunbartonshire CVS; Barbara Barnes, Stakeholder Member; Anne MacDougall, Stakeholder Member; John Kerr, Housing Development and Homelessness Manager; Clare Wilson, Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer.

Also Attending: Peter Hessett, Chief Executive; Alan Douglas, Chief Officer – Regulatory and Regeneration (Legal Officer); Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction; Fiona Taylor, Head of Health and Community Care; Karyn Wood, Head of HR; Neil McKechnie, Contracts, Commissioning and Quality Manager; Dr Saied Pourghazi, Clinical Director; Carolyn Ralston, Stakeholder Member; Val Tierney, Chief Nurse and Information Governance Manager; and Nicola Moorcroft and Lynn Straker, Committee Officers.

Apologies: Apologies for absence were submitted on behalf of Councillor Michelle McGinty and Kim McNab, Service Manager – Carers of West Dunbartonshire.

Michelle Wailes in the Chair

DECLARATIONS OF INTEREST

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

RECORDING OF VOTES

The Board 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 26 May 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

Beth Culshaw, Chief Officer, provided a verbal update on the recent business of the Health and Social Care Partnership. She welcomed Clare Wilson to the HSCP Board in her role as Chief Social Work Officer and Head of Children's Services and Justice. She noted work was also underway to appoint a successor to the Chief Officer role and formal announcements on the successful candidate would be made shortly. Ms Culshaw noted that there had been a formal visit to the Dumbarton Health Centre alongside the new Director of Estates at the Health Board and a further meeting has been arranged this week with the Capital Planning Team to assess what work can be actioned in the short-term at the Health Centre to ensure it remains wind and watertight.

Ms Culshaw also noted many positive Care Inspectorate reports received and highlighted, in particular, that Crosslet Care Home had maintained high grades of Level 6 for the care services they provide. The Sheltered Housing Team had received high grades of Level 5 and there were also notable improvements in our Delayed Discharges figures.

PLANNING AND DELIVERY

STRATEGIC PLAN GROUP UPDATE

A report was submitted by Beth Culshaw, Chief Officer, providing an update on the progress in developing the West Dunbartonshire HSCP Strategic Plan 2027-2032 and seeking agreement to the governance arrangements that will support the next phase of development.

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

- (1) to note progress in developing the West Dunbartonshire HSCP Strategic Plan 2027/2032;
- (2) to approve the proposed approach to developing the Strategic Plan, including the use of evidence, engagement, equality considerations and robust governance arrangements; and
- (3) to approve the reconvening of the West Dunbartonshire Strategic Plan Group, to provide strategic oversight, partner involvement and assurance throughout the remaining development and approval process.

SERVICE DELIVERY PLANS

A report was submitted by Beth Culshaw, Chief Officer, providing an overview of the operational Service Delivery Plans for 2026/27.

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

- (1) to note the content and themes of the Service Delivery Plans; and
- (2) to consider how the Plans inform the development of the forthcoming Strategic Plan and ensure these are included going forward.

PROCUREMENT OF COMMISSIONED SERVICES

A report was submitted by Julie Slavin, Chief Financial Officer, detailing the services that will be commissioned by West Dunbartonshire Health and Social Care Partnership (HSCP) and procured on its behalf by West Dunbartonshire Council.

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

- (1) to approve the commencement of the procurements set out in Appendix 1 of the report - Procurement of Services;
- (2) to approve the Directions to West Dunbartonshire Council contained within the Direction Template – Procurement of Commissioned Services, to enable the Council to procure and enter into contracts on behalf of the HSCP;
- (3) to note that the Chief Officer has delegated authority to award contracts up to the Light Touch Regime threshold (£552,950 excluding VAT);
- (4) to note that the Chief Officer has delegated authority to authorise emergency placements where required to protect vulnerable adults and children from immediate harm;

- (5) to approve that the HSCP Board may request a Direction to the Council to instruct the Chief Officer to award contracts above the Light Touch Regime threshold (£552,950 excluding VAT) where the contract value is contained within approved budget levels and supports delivery of the HSCP Board's strategic priorities;
- (6) to approve that the HSCP Board, where a contract award above the Light Touch Regime threshold exceeds the approved budget provision, would require a report to be submitted to the HSCP Board for approval prior to award;
- (7) to note that contracts awarded above the Light Touch Regime threshold and within approved budget levels will be reported to the HSCP Board following award; and
- (8) to note that the Legal Officer and Lesley McDonald, Voting Member, will discuss wording of the above agreed actions and ensure the Council and the Chief Officer – HSCP are able to implement required decisions flexibly and without unnecessary delay. The exact wording of the agreement once reached will be communicated to HSCP Board Members.

WORKFORCE AND ORGANISATIONAL DEVELOPMENT PLAN 2025–2027 (INTERIM PLAN)

A report was submitted by Karyn Wood, Head of HR WD HSCP seeking approval of the West Dunbartonshire Health and Social Care Partnership Workforce and Organisational Development Plan 2025–2027 (Interim Plan).

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

- (1) to approve the Workforce and Organisational Development Plan 2025–2027 (Interim Plan), attached as Appendix 1 of the report;
- (2) to note that delivery will be monitored through quarterly progress reporting to the Senior Management Team, a quarterly workforce scorecard and assurance through Staff Governance arrangements;
- (3) to note that the interim plan will inform the development of the five-year Workforce and Organisational Development Plan for 2027–2031, aligned with the refreshed HSCP Strategic Plan and financial planning assumptions; and
- (4) to delegate authority to the Chief Officer to make any minor factual or presentational amendments required before final publication, provided these do not materially change the approved priorities or commitments.

PERFORMANCE AND QUALITY

FINANCIAL PERFORMANCE UPDATE REPORT (PERIOD 3)

A report was submitted 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 2027.

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

- (1) to note the updated position on 2026/27 budget allocations by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and approve the direction for 2026/27 back to partners to deliver services to meet the HSCP Board's strategic priorities;
- (2) to note the reported revenue position for the period to 30 June 2026 reported a phased underspend position of £0.118m (0.23%);
- (3) to note the projected outturn position of (£0.664m) overspend (0.30%) to 31 March 2027, including all planned transfers to/from earmarked reserves;
- (4) to note the update on the monitoring of savings agreed for 2026/27;
- (5) to note the bad debt write off for April to June 2026 below £5,000 and approve the bad debt write off over £5,000;
- (6) to note the current reserves balances and the impact the projected overspend had on unearmarked balances;
- (7) to note the update on the capital position; and
- (8) to note the impact of current financial pressures on the reported position for 2026/27 and budget gaps for 2027/28 and 2028/29.

WEST DUNBARTONSHIRE HOME CARE SERVICE

A report was submitted by Fiona Taylor, Head of Health and Community Care, providing an update on Care Inspectorate Inspection that took place in June 2026 and to define the service priorities to meet the requirements from the Inspection.

After discussion and having heard the Chief Officer, the Chief Social Work Officer and the Head of Health and Community Care, in further explanation and in answer to Members' questions, the Board agreed to note the Care Inspectorate report and the actions being driven to ensure the level of care provided is improved across a wide range of actions and to timescales as directed by the Inspectorate. Members requested a regular update on progress of the actions is brought back to HSCP Board meetings until completed.

ADJOURNMENT

The Chair adjourned the meeting for a short time. The meeting reconvened at 3.56 p.m. with all those Members and officers listed in the Sederunt present with the exception of Peter Hissett, Chief Executive and John Kerr, Housing Development and Homelessness Manager who left the meeting during the adjournment.

ANNUAL REPORT FOR MUSCULOSKELETAL PHYSIOTHERAPY SERVICE 2025/26

A report was submitted by Helen Little, MSK Manager, presenting the Annual Report for Musculoskeletal (MSK) Physiotherapy Service (Greater Glasgow and Clyde) for 2025/2026.

After discussion and having heard the MSK Physiotherapy Manager in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note the content of the report; and
- (2) to note the achievements of the MSK service in regard to performance, priority project work, patient feedback, involvement and use of data within the MSK service.

ANNUAL CLINICAL AND CARE GOVERNANCE REPORT 2025

A report was submitted by Val Tierney, Chief Nurse, providing assurance that the HSCP's health and care governance systems effectively monitor and support improvement in the quality of services it commissions and delivers. This includes services that are hosted, delivered jointly with partner organisations, or commissioned from external providers.

After discussion and having heard the Chief Nurse in further explanation, the Board agreed to note the content of the report.

WEST DUNBARTONSHIRE HSCP ANNUAL PERFORMANCE REPORT 2025/2026

A report was submitted by Beth Culshaw, Chief Officer, providing an overview of the HSCPs performance in planning and carrying out integrated functions to provide an overview of the HSCPs performance in planning and carrying out integrated functions and includes a complaints management overview for the year 2025/26.

After discussion and having heard the Chief Officer, the Chief Social Work Officer, the Head of Mental Health, Addictions and Learning Disabilities and the Chief Nurse in further explanation and in answer to Members' questions, the Board agreed to

approve the West Dunbartonshire HSCP Annual Performance Report 2025/26 and the Annual Complaints Report 2025/26.

WEST DUNBARTONSHIRE COLLABORATIVE CARE HOME SUPPORT TEAM ANNUAL REPORT 2025

A report was submitted by Val Tierney, Chief Nurse, providing an update on the positive impact of the care home support model in delivering better health, care and workplace outcomes summarising key findings from care assurance visits undertaken by Collaborative Care Home Support Team (CCHST), highlighting good practice and areas for improvement.

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

- (1) to note the governance arrangements that support care homes and align with the strategic direction of the My Health, My Care, My Home Healthcare Framework, for adults living in care homes; and
- (2) to note the achievements of the CCHST and CHC including the positive impact of care home assurance visits, the culture of shared learning and continuous improvement and the positive impact of the care home support model in delivering better health, care, and resident and workplace outcomes.

GOVERNANCE, COMPLIANCE AND REGULATIONS

REVIEW OF TERMS OF REFERENCE OF THE HSCP AUDIT AND PERFORMANCE COMMITTEE

A report was submitted by Julie Slavin, Chief Financial Officer, providing information on the Review of Terms of Reference of the HSCP Audit and Performance Committee.

After discussion and having heard the Chair, the Chief Financial Officer and the Chief Officer – Regulatory and Regeneration (Legal Officer) in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to approve, in principle, the revised Terms of Reference for the Audit and Performance Committee, attached at Appendix 1 of the report, to reduce the voting membership of the Committee from six to four members, while retaining equal representation from West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board;
- (2) to agree, in principle, that the reduction in voting membership should be achieved by the HSCP Board Chair and Vice-Chair no longer serving as voting members of the Audit and Performance Committee. This is intended to strengthen the distinction between the Board's overall accountability role and the Committee's scrutiny and assurance role, in line with Chartered Institute of

Public Finance and Accountancy (CIPFA) good practice on the independence and effectiveness of audit committees;

- (3) to agree, in principle, the consequential amendment to the Terms of Reference that the Chair of the Audit and Performance Committee will be appointed by the HSCP Board from among the Committee's voting members;
- (4) to note that, as meetings of the Audit and Performance Committee are held in public, the HSCP Board Chair and Vice-Chair may continue to attend meetings of the Committee, should they wish to do so, but would not do so as voting members;
- (5) to note that the quorum will be amended to reflect the reduced voting membership, with two voting members required to be present, including equal representation from West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board;
- (6) to note that further amendments to the Terms of Reference may be required following the implementation of changes to Integration Joint Board voting rights for service user, unpaid carer and third sector representatives from 1 September 2026;
- (7) to note that although Members are content with the recommendations detailed within the report, Membership changes would not take effect before the next meeting of the HSCP Audit and Performance Committee scheduled for 22 September 2026.

IJB VOTING RIGHTS

Beth Culshaw, Chief Officer provided a verbal update on the above advising work was ongoing and currently awaiting final guidance from Scottish Government before finalising. Ms Culshaw noted it was understood there may be relevant impact on Members and assured them they would be met individually to discuss and consider what the implications of it are. It was noted Mr Douglas and Mr Forrester in the Legal team at West Dunbartonshire Council would be considering the effect on Standing Orders and ensure they align to support any changes.

JOINT STAFF FORUM

The Minutes of Meeting of the Joint Staff Forum were submitted and noted.

FUTURE MEETING SCHEDULE

A report was submitted by Beth Culshaw, Chief Officer, seeking approval for a schedule of meetings of both the HSCP Board and the HSCP Board Audit and Performance Committee for the period 18 August 2026 to the 31 December 2027.

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

(1) to note the previously agreed meeting schedule for the remainder of 2026;

2026 Agreed Meeting Schedule			
Tuesday	18	August	HSCP Board
Tuesday	22	September	Audit and Performance
Tuesday	29	September	HSCP Board
Tuesday	17	November	Informal
Tuesday	24	November	HSCP Board
Tuesday	15	December	Audit and Performance

(2) to approve the following meeting schedule for 2027; and

2027 Proposed Meeting Schedule			
Tuesday	19	January	Informal
Tuesday	26	January	HSCP Board
Tuesday	2	March	Audit and Performance
Tuesday	16	March	Informal
Tuesday	23	March	HSCP Board
Tuesday	18	May	Informal
Tuesday	1	June	HSCP Board
Tuesday	22	June	Audit and Performance
Tuesday	17	August	HSCP Board
Tuesday	21	September	Audit and Performance
Tuesday	28	September	HSCP Board
Tuesday	16	November	Informal
Tuesday	23	November	HSCP Board
Tuesday	14	December	Audit and Performance

(3) to note the schedule of planned business as outlined in Appendix 1 of the report.

IJB FINANCIAL POSITION - FINANCE UPDATE 2026/27

A report was submitted from Health and Social Care Scotland setting out the financial position of Integration Joint Boards for 2026/27 and highlighting the scale of the financial challenges facing Scotland's health and social care system.

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

DATE OF NEXT MEETING

Members noted that the next meeting of West Dunbartonshire Health and Social Care Partnership Board would be held on Tuesday, 29 September 2026 at 2.00 p.m. as a Hybrid Meeting in the Civic Space, 16 Church Street, Dumbarton G82 1QL

The meeting closed at 4.31 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	Query regarding delegated services within the Integration Scheme document. The Chief Officer is to provide revised definitions of delegated services and also to share	Beth Culshaw	Information and updates to be provided to Members as soon as possible	No update since 18 August 2026 WD HSCP Board meeting.	Open/ Ongoing
EXCEPTION REPORT: DUMBARTON HEALTH CENTRE May 2026	FOI to be submitted to Scottish Government for breakdown and prioritisation of the fund.	Alan Douglas	Ongoing	No update since 18 August 2026 WD HSCP Board meeting.	Open / Ongoing

WD HOMECARE SERVICE August 2026	An update to be provided on the progress of actions/strategies driven from Care Inspectorate Inspection in June 2026 until all actions are completed and level of care being provided is adequate.	Fiona Taylor	Ongoing	An update to be provided to the Board at each meeting on the progress of the requirements from Care Inspectorate Inspection in June 2026 until all actions are complete	Open / Ongoing
PROCUREMENT OF COMMISSIONED SERVICES August 2026	Legal Officer and Voting Member to agree exact wording of agreed actions of the report and communicate this back once agreed to the Board.	Lesley McDonald and Alan Douglas	September 2026		Open / Ongoing

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

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

29 September 2026

Subject: Annual Update on Delivery of NHSGG&C Primary Care Strategy 2025/26 & Local Implementation

1. Purpose

- 1.1 The purpose of this report is to provide an update to West Dunbartonshire Integration Joint Board (IJB) on the NHSGG&C Primary Care Strategy for 2025/26 (financial year) and West Dumbarton progress towards this.

2. Recommendations

- 2.1 It is recommended that the Board note HSCP progress against the NHSGG&C Primary Care Strategy 2024-2029.

3. Background

- 3.1 NHSGG&C Primary Care Strategy: Progress and Priorities for 2026/27 [NHSGGC's Primary Care Strategy](#) (2024-29) was approved by the NHSGG&C Board in 2024 and was subsequently taken to West Dunbartonshire Board in June 2024. A one-year progress report was presented to the NHSGG&C Board in 2025.

4. Main Issues

NHSGG&C Primary Care Strategy: NHSGG&C Progress and Priorities for 2026/27

- 4.1 Positive progress has been made in delivering the Primary Care Strategy with work streams across the following transformational projects:
- 4.2 Implementation of a coordinated Communications and Engagement Plan to raise public and employee awareness about primary care that promotes Right Care, Right Place. In May 2026, a Primary Care Website Hub was launched [Primary Care - NHSGGC](#), along with a multi-channel communication campaign. The plan is to continue the campaign based on a calendar of events, promotion of information to support self-management of accessible materials and expand the reach through community and third sector organisations.
- 4.3 Completion of the first Workforce Strategy for primary care based on four pillars:

- **Pillar 1: Culture and Leadership:** This pillar prioritises the establishment of a supportive culture and effective leadership, focusing on data collection to understand workforce needs to improve service delivery and patient care.
 - **Pillar 2: Attraction, Recruitment and Retention:** The strategy aims to improve recruitment and retention efforts, ensuring a diverse and skilled workforce is available to meet future health demands.
 - **Pillar 3: Learning and Careers:** This pillar emphasises the importance of flexibility and multi-skilled teams, ensuring continuous professional development and career opportunities for staff.
 - **Pillar 4: Safety, Health and Wellbeing:** The strategy highlights the significance of employee well-being and resilience, promoting inclusivity across the organisation to foster a supportive work environment.
- 4.4** Implementation of the new GP IT system, including migration of over 200 practices from their existing EMIS system to the Vision system. NHSGG&C piloted the transfer for two Glasgow practices in 2025/26 and then began the main roll out starting with practices in Renfrewshire HSCP. There have been some initial challenges with the new system and implementation slowed to ensure that practices receive additional support pre- and post-migration.
- 4.5** The development of a Primary Care Information Dashboard, with a focus on providing improved information on activity in general practice. The initial stage was to seek permission from practices to attract the data from their systems, with development of the dashboard itself during 2026.
- 4.6** Streamlining Capital and Accommodation planning arrangements for primary care with the establishment of a work stream that covers all primary care property issues. The commitment to undertake lease assignments from GP practices to NHS boards as a way of supporting practice sustainability formed part of the 2018 GMS Contract and is now being implemented by NHSGG&C as part of our Primary Care Strategy.
- 4.7** The Primary Care Strategy is a medium to long term transformation process and there have a number of other work streams underway that will contribute over time to support the achievement of the strategy's aspirations, including our interface and integration work that will promote collaborative working with secondary care services, the third sector and other public sector partners.
- NHSGG&C Primary Care Strategy: West Dunbartonshire Progress and Priorities for 2026/27
- 4.8** **Communication and Engagement Plan:** This is being delivered via newsletters, staff Bulletins, HSCP Website and social media local promotion to raise public and employee awareness about primary care. Including sharing the launch of the Primary Care Website Hub [Primary Care - NHSGGC](#).

- 4.9 New GP IT system:** All 16 GP practices in West Dunbartonshire are scheduled to migrate to the Vision clinical system between July and September 2026. The programme is progressing as planned across the HSCP, with the majority of practices having already completed the transition. Practices have undertaken early communication with patients and the public to support the changeover. While it is recognised that the migration may have an initial impact on practice operations, measures have been put in place to minimise disruption. It is anticipated, however, that some practices may continue to experience challenges during the following two to three months as staff adapt to the new system and embed new ways of working. To help inform patients and support practices with communication, NHSGG&C Digital Services have developed a NHSGG&C GP IT System Changes. ([GP IT system changes - NHSGGC](#)).
- 4.10 Primary Care Information Dashboard:** 11 out of 16 Practices within West Dunbartonshire have provided permission to extract the data from their systems. The NHSGG&C Primary Care Team continue to liaise with practices as this develops.
- 4.11 Capital and Accommodation planning arrangements:** 3 GP Practices within West Dunbartonshire own / lease their own properties. 1 practice has contacted NHSGG&C about lease assignments moving from GP practices to NHS boards. Discussion relating to this will be progressed in future years as part of the NHSGG&C structured plan.
- 4.12** In March 2026, the HSCP Integrated Joint Board agreed that a strategic risk in relation to Dumbarton Health Centre should be included in the HSCP Board Strategic Risk Register.

NHSGG&C Primary Care Strategy: Priorities for 2026-2027 Programme Developments

- 4.13** By the end of March, NHSGG&C's expectation is to achieve the following:
- a) Launch and be delivering on our Primary Care Workforce Strategy.
 - b) Increase GP Workforce via the implementation of Scottish Government investment.
 - c) Test a co-ordinated approach to support protected learning time for practices and a peer support initiatives.
 - d) Complete our prioritised plan in public health and complete reviews of the contraceptive and pre-chemotherapy phlebotomy enhanced services.
 - e) Launch the initial version of the Primary Care Information Dashboard.
 - f) Transfer the majority of practices from EMIS to Vision.
 - g) Open a new GP Walk-in centre and have progressed work for the expansion of this model in NHSGG&C.
 - h) Commence a further test of paramedics working in General Practice, with a specific focus on undertaking home visits.

- i) Complete a review into how to improve the out of hours emergency service for dental health patients.
- j) Shape the proposals for the new health and care centre in Port Glasgow.

NHSGG&C Primary Care Strategy: Priorities for 2026-2027 Programme Developments - West Dunbartonshire Update

- 4.14** In 2025/26 the Scottish Government's has increased the investment of the GP workforce and expenses reimbursement within West Dunbartonshire with approximately £1 million additional funding. Practices will be looking to recruit GPs and other staff with this additional funding but it is recognised that there may not be adequate work force available to realise the full potential of this increased investment.
- 4.15** Dumbarton has been identified as one of five potential locations for a new GP walk-in centre as part of the Scottish Government's pilot programme of new centres across Scotland. The HSCP is working with NHSGG&C to develop the Boards proposals for future walk in centres and have offered options for potential locations of such a centre.
- 4.16** West Dunbartonshire HSCP organised a learning event in November 2025 for General Practice multidisciplinary teams. There is a plan to provide a further learning event in November 2026. Once the new NHSGG&C Board approach to Protected Learning Time (PLT) is developed the HSCP will align our local learning event to support an increase in uptake.
- 4.17** Progress our joint work with Public Health: Type 2 diabetes programmes have been promoted locally via General Practice Nurses. West Dunbartonshire HSCP continually promotes access to smoking cessation programmes, with 4 clinics (Clydebank (x2), Alexandria and Dumbarton). The HSCP achieved the LDP standard target to support 137 patient's in the most deprived areas to be successfully smoke free at 12 weeks.
- 4.18** The West Dunbartonshire Coil Fitting and Training Hub Pilot (Alexandria / Dumbarton) has been extended to Clydebank Locality in collaboration with NHSGG&C Sandyford Service offering 10 training places for Primary Care Clinicians and an additional 200 patient coil fitting appointments during 2026-27.
- 4.19** We have developed the Health Promoting Libraries programme at Alexandria, Dumbarton, Clydebank, Duntocher and Dalmuir libraries, to support people at risk of developing dementia and other long-term conditions. During 2026/27 the self-help platform My Health will be included in the library supports available locally. In addition, a local Healthy Ageing Tool has been developed to support easier referral to local health and wellbeing activities and services. This has been shared widely.

- 4.20** A number of West Dunbartonshire GP Practices have applied to participate in the further test of paramedics working in General Practice, practices await the outcome of the NHSGG&C application process.

5. Options Appraisal

- 5.1** Not required for this report.

6. People Implications

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

7. Financial and Procurement Implications

- 7.1** The implementation of the Primary Care Strategy relies on using existing resources; this may present challenges in achieving all planned commitments within the available funding envelope.

8. Risk Analysis

- 8.1** Risks are largely in relation to the scale of the ambition; the level of resource in place to support delivery; the limited levers to effect change, given the independent contractor delivery model and delays in national programmes to remedy issues e.g. digital transformation.

9. Equalities Impact Assessment (EIA)

- 9.1** There are no Equalities Impact Assessments associated with this report.

10. Environmental Sustainability

- 10.1** Not required for this report.

11. Consultation

- 11.1** Not required for this report.

12. Strategic Assessment

- 12.1** The Primary Care Strategy and West Dunbartonshire HSCP's PCIP are aligned with the ambitions set out in the National Population Health Framework, Scottish Government's Primary Care Strategy and NHSGGG&C's Transforming Together Programme.

13. Directions

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

Name: Fiona Taylor
Designation: Head of Health and Community Care

Date:

07/09/2026

Person to Contact:

Fiona Taylor: fiona.taylor21@nhs.scot
Head of Community Health and Care
West Dunbartonshire HSCP
16 Church Street Dumbarton

Appendices:

Annual Primary Care Strategy Board Update - 2026

Background Papers:

N/A

Wards Affected:

N/A



NHS Greater Glasgow and Clyde	Paper No. 26/116
Meeting:	NHSGGC Board Meeting
Meeting Date:	27 August 2026
Title:	Annual Update on Delivery of NHSGGC Primary Care Strategy 2024-29
Sponsoring Director/Manager:	Billy McClean, Chief Officer, Renfrewshire HSCP Fraser McJannett, Director, Primary Care
Report Author:	Gary Dover, Head of Primary Care Support Team

1. Purpose

The purpose of this paper is to provide the board with an update on the implementation and progress of the NHSGGC Primary Care Strategy 2024–2029. Three appendices are provided in support of this update:

Appendix 1 Detailed Annual Update on the NHSGGC Primary Care Strategy 2024–2029.

Appendix 2 Edition 1 of the Primary Care Strategy Bulletin, published on 1 June 2026.

Appendix 3 A concise infographic of the Strategy priorities for 2026/27.

2. Executive Summary

The paper can be summarised as follows:

- The [NHSGGC's first Primary Care Strategy](#) (2024-29) was approved by the [Board on 30 April 2024](#).
- The first annual updates to CMT, FP&P and the full Board were presented in spring and summer 2025, and this is a follow-up to provide an update on progress over the past year.
- The first year of implementation focused on establishing the workstreams, including leadership, clear terms of reference, action plans and membership for each workstream group.
- Positive progress has been made with some key initial projects:

BOARD OFFICIAL

1. **Communications and Engagement** Plan launched
 2. Primary Care **Workforce Strategy** developed
 3. Started implementation of the **new GP IT system**,
 4. Development of **Primary Care Information Dashboard**
 5. **Capital and Accommodation** planning arrangements have been streamlined and agreement reached on the process and planning for NHSGG&C to take on **GP leases**.
- Our priorities for 2026/27 reflect the aspirations in our Primary Care Strategy, our Transforming Together Programme and our Annual Delivery Plan.
 - By the end of March 2027, we expect to have achieved the following:
 1. Launched and be delivering on our **Primary Care Workforce Strategy**
 2. Implemented the Scottish Government's investment to **increase the GP workforce**.
 3. Tested a **co-ordinated approach to supporting protected learning time for practices and a peer support initiative**.
 4. Completed our **prioritised plan on public health** and completed reviews of the **contraceptive and pre-chemotherapy phlebotomy** enhanced services
 5. Launched the initial version of the **Primary Care Information Dashboard**
 6. Transferred **majority of practices from EMIS to Vision**.
 7. Opened a **new GP walk-in centre** and have progressed work for the expansion of this model in NHSGG&C.
 8. Commenced a further test of **paramedics working in General Practice**, with a specific focus on undertaking home visits.
 9. Completed a review into how to improve the **out of hours emergency service for dental health patients**.
 10. Shaped the proposals for the **new health and care centre in Port Glasgow**.

3. Recommendations

The board is asked to consider the following recommendations:

- Note the progress made in 2025/26 in delivering the board's Primary Care Strategy
- Note the 10 priorities for action for 2026/27.

4. Response Required

This paper is presented for assurance.

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- | | |
|------------------------|------------------------|
| • Better Health | <u>Positive impact</u> |
| • Better Care | <u>Positive impact</u> |
| • Better Value | <u>Positive impact</u> |
| • Better Workplace | <u>Positive impact</u> |
| • Equality & Diversity | <u>Positive impact</u> |
| • Environment | <u>Positive impact</u> |

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

A wide range of internal and external stakeholders were consulted as part of the development of the Primary Care Strategy. The implementation of the strategy is overseen by the Primary Care Programme Board, which draws its membership from a range of internal and external groups.

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

- Primary Care Programme Board meeting on the 18 June 2026.
- Renfrewshire IJB on the 19 June 2026.
- CMT on the 13 July 2026
- Finance, Planning Performance (FP&P) Committee on the 6 August 2026. The FP&P Committee asked for this report to the board to include more information on the transfer to the Vision system and the GP Walk-in Centre.

8. Date Prepared & Issued

Paper prepared: 11 August 2026

Paper issued: 19 August 2026

Primary Care Strategy 2024-29 Annual Update

Appendix 1

1. Introduction

The purpose of the paper is to provide the board with an update on the NHSGGC Primary Care Strategy 2024 -2029.

2. Background

2.1 The board approved NHS Greater Glasgow and Clyde's first Primary Care Strategy on 30 April 2024. The strategy's vision is of a sustainable primary care at the heart of the NHS GGC health system. The strategy was developed through engagement with independent contractors, staff and the public.

2.2 Primary Care is one of the five discrete areas of focus within the board's wider Transformation Together programme, and as such regularly provides progress updates via the Portfolio Board and then onto the Executive Oversight Group.

3. Assessment

3.1 2025 / 2026 Review

The first year of implementation (2024/25) focused on establishing the strategy workstreams, including leadership, clear terms of reference, action plans and membership for each workstream group.

In light of the policy context, health board transformation plans and the capacity available, it was agreed that there was a requirement to take a more deliberate focus on a smaller number of strategic priorities in 2025/26, with the aim of supporting a thriving, sustainable primary care service that contributes to whole system of healthcare delivery across NHS GG&C. To that end, we set out the following three strategic priorities and five further areas for development (Table 1).

Table 1. Strategic Priorities

Strategy Priorities	Wider Areas for Development
• Optimising our workforce • Digitally enabled care • Effective integration and interfacing	• Improving our communications • Improving Access • Strengthening Prevention, Early Intervention and Wellness • Improving equity and reducing inequality • Optimising our estate

3.1.1 Optimising Our Workforce:

In 2025/26, we developed our first **Workforce Strategy** for primary care based on four pillars of Culture and Leadership; Attraction, Recruitment and Retention; Learning and Careers; and Safety, Health and Wellbeing. This was developed prior to the Scottish Government's investment in General Practice, and we reviewed our Workforce Strategy in light of the Scottish Government funding programme, with a view to launching this in 2026/27 as a priority action.

3.1.2 Digital enabled primary care

We began implementation of the **new national GP IT system** to our 223 GP practices, which includes migrating over 200 practices from their existing EMIS system to the Vision system. The original planning assumption was that all practices would transfer to Vision by June 2027 because the EMIS system would no longer be available after that date. Since commencement of the programme in January 2026, we have successfully transferred 47 practices from EMIS to Vision along with 18 Vision to Vision migrations.

During implementation, EMIS practices raised concerns about the prescribing functionality of the Vision system. Prescribing workflows have been described as less intuitive than EMIS. There have been delays in roll out of the Formulary Management Tool (FMT), which clinicians regard as an important safety component, requiring interim prescribing workarounds and additional support from pharmacy teams. Pharmacy Services have provided a local prescribing support tool.

Practices continue to report operational impacts including slow system response times, delays with appointments, performance and functionality issues with tasks, slow prescription printing, login and disconnection issues. There were concerns also about the quality and level of pre and post migration support provided by the supplier.

A consistent theme from GP practices has been the impact on capacity and staff wellbeing. Reported issues include additional time required to complete consultations; requirement for substantial additional training, increased stress and reduced staff morale. Practice feedback has highlighted concerns that migration temporarily reduces clinical capacity and has created backlogs as familiarisation with the new Vision system is established.

In response to the concerns from practices affected, we have put in place a number of mitigations. We slowed the programme from 3 or 4 migrations per week to 2 migrations per week, to ensure that the resources could be focused on supporting a smaller number of practices. In addition, we offered practices the opportunity to delay their transfer until later in the programme. In July, whilst we were able to increase the weekly migration to three practices, without a significant upscaling of the transfer rate in the coming months it is unlikely that the deadline for transferring all practice from EMIS to Vision will be achieved by the June 2027 deadline.

We established enhanced governance arrangements with weekly Vision meetings, continued the monitoring of system performance and supplier delivery. Escalation

of clinical safety concerns has been made to Public Service Delivery Scotland (PSDS). Additional local facilitation for practices was introduced to support practices before and after migration and we have issued additional communications and guidance materials.

NHSGG&C's Director of Digital Services has escalated our concerns to PSDS and the high risk that the June 2027 deadline for transfer will not be met for all NHSGG&C practices. It is recognised that the current national GP IT framework has, over time, resulted in a single-supplier position, with the Vision system being the only nationally available long-term solution, thereby constraining flexibility in responding to implementation and operational challenges.

In addition to the transfer to Vision, we have completed a pilot project to test out **Digital Asynchronous Consulting (DACS)** involving 11 practices that enhances access and patient flow in general practice. The pilot was evaluated and will help us deliver the Scottish Government's commitment to roll out DACS to all practices from 2027/28.

3.1.3 Effective integration and interfacing

Working alongside colleagues in Acute and Mental Health, the Deputy Medical Director for Primary Care has re-established and redeveloped the Board's Interface meeting which provides strategic forum to discuss challenges and opportunities of interface between different parts of the system. Feedback on this has been positive and attendance from colleagues has increased throughout the year; this Board forum augments sector specific interface groups.

Additionally, we have focussed on strengthening our engagement and interface with colleagues from the GP Sub-Committee as the General Practice advisory board to the health board, including through early discussion and engagement on emergent priorities and a number of themed sessions at monthly GP Sub-Committee Meetings.

3.1.4 Accommodation, premises and estate

The property strategy for community and primary care was refreshed in 2025/26 and sets out the corporate priority areas for investment. This provides us with a good platform for onward discussion with Scottish Government's capital planning colleagues for developments in this area.

We have streamlined our **capital and accommodation planning arrangements** for primary care with the establishment of a workstream that covers all primary care property issues. The group is chaired by the Assistant Director of Capital Planning and Estates, and covers key priorities such as new builds, lease assignment, sustainability loans, and other aspects or property-related activity.

We have completed the board's first lease assignment (Cardonald Medical Centre), with a further two in the pipeline in 2026/27. This is a key component of supporting practice sustainability through the 2018 contract. Additionally in 2026/27 we will work with colleagues from the Scottish Government, Inverclyde HSCP and others to shape proposals for the **new Health and Care Centre in Port Glasgow**.

3.1.5 Monitoring, evaluation and Intelligence

We started the development of **Primary Care Information Dashboard**, with a focus on providing improved information on activity in general practice. Over 50% of practices have signed up to the joint data sharing agreement and work is now progressing on the build of the dashboard itself. Baselines for measuring the success of the strategy were agreed in 2025/26 and will enable us to undertake ongoing monitoring of progress as well as final evaluation.

3.1.5 Improved Communication and Engagement:

During 2025/26, we developed a **Communications and Engagement Plan** to raise public and employee awareness about primary care that promotes Right Care, Right Place. In May 2026, a Primary Care Website Hub was launched Primary Care - NHSGGC, along with a multi-channel communication campaign. Videos introducing primary care and explaining the roles of primary care practitioners were included in the campaign. In 2026/27, we will continue the campaign based on a calendar of events, promotion of information to support self-management use of accessible materials and expanding our reach through community and third sector organisations. Our twin aims will be to empower individuals to navigate services and to raise the profile of primary care.

3.2 2026 / 2027 Priority Actions

The following are our strategic priorities for the forthcoming year, recognising that there will likely be requirement for some flexibility on these based around national and local developments.

3.2.1 Workforce:

As per above, we will formally launch our **Workforce Strategy**, based around four pillars of Culture and Leadership; Attraction, Recruitment and Retention; Learning and Careers; and Safety, Health and Wellbeing. Our initial projects will be to test a **co-ordinated approach to supporting protected learning time for practices and a peer support initiative**. Alongside this, we will **enact the programme of investment to enhance general practice workforce and practice expenses** by working with practices, the GP Sub-Committee, Scottish Government.

3.2.2 Prevention and Early Intervention

We are working with our public health colleagues to develop a comprehensive plan that outlines joint initiatives aimed at strengthening the role of primary care in prevention, early intervention and addressing health inequalities. This plan will focus on how we accelerate a broader system shift to becoming a population health organisation (including systematic use of intelligence to drive targeted service improvements) as well as programme specific work linked to identified local and national public health priorities. Anticipated shared workstreams include:

- **Weight management for general practice** (focusing on maximising appropriate referrals to Type 2 Diabetes programmes).
- **Improvements in preventative care for people with diabetes** (with the goal of achieving pre-COVID-19 levels for the delivery of the nine processes of care).

- **Smoking cessation** (through integrated access to smoking cessation services within respiratory care pathways and patient management systems).
- Continue to enhance our **self-help platform** *My Health* (Navigator) to support Primary Care teams in promoting health and wellbeing and providing support for people with long-term conditions and/or waiting for planned care.

In General Practice, a range of services are funded from our Local Enhanced Services (LES) budget, and in 2025/26 we established a group with the LMC/GP sub and HSCPs to undertake a thorough review of the LES programmes. **In 2026/27, we will complete reviews of the contraceptive and pre-chemotherapy phlebotomy enhanced services.**

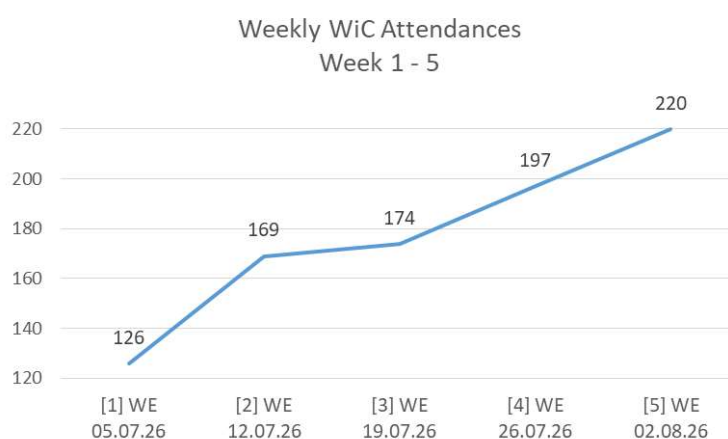
3.2.3 Digital

Key actions in 2026/27, will include working with partners to best resolve current implementation challenges with the Vision roll-out, with the aim of re-establishing the full programme of migration. We will work also with the Scottish Government to support the local implementation of the Digital Asynchronous Consulting and Docman (document management) upgrades for general practice.

3.2.4 Urgent Care

As part of the Scottish Government's national pilot, we opened **our first walk-in centre in Cardonald Medical Centre** in June. The centre provides 'walk-in' access to a population of approximately 44,000 patients registered with 8 practices in South Cluster 7 (Cardonald and Govan). The clinic is for urgent, non-life-threatening conditions that require same-day care and cannot wait for a routine GP appointment. The centre is open every day from 12 noon to 8pm and no appointment is needed. The service is an extension of the GG&C Out of Hours service and is run by a multi-disciplinary team comprising GPs, ANPs, nurses, security and administration staff.

In the five weeks since opening, there have been week to week increases in patients, from 126 in the first week to 220 by the beginning of August, totalling 886 patients.



When developing our proposal for the walk-in centre we decided to limit the focus of the service to patients registered with Cluster 7 practices (located in Govan and Cardonald) because we were uncertain of the level of demand that would be experienced; however, if someone attends who is registered with a practice outwith Cluster 7, they are still seen by the team. Over the past five weeks, on average 69% patients who attended the walk-in centre were registered with Cluster 7 practices, whilst 31% were either unregistered or registered with practices elsewhere.

A more detailed analysis of attendances during the week ending 2nd August, found that 33% of patients were registered with other practices located in the south side of Glasgow, were not registered with a practice, or were registered with practices in Paisley and Clydebank.

For the week ending 2nd August, the highest-volume category of presenting conditions was Skin / Soft Tissue / Wound with 53 patients. This was followed by the categories of Potentially Higher Acuity / Systemic Symptoms (36 patients), ENT / Respiratory / Upper Respiratory (32 patients) and Musculoskeletal / Limb Injury or Pain (32 patients). Most patients were managed without escalation: the most common consultation outcome was No Follow Up / Self-care Advice, accounting for 76% of cases. The second most frequent outcome was Daytime GP Follow Up, accounting for 14% of cases. Only 8% of outcomes involved escalation to hospital, ambulance and A&E.

On 22 June 2026, the Scottish Government requested that NHS Greater Glasgow & Clyde (GGC) and other mainland Boards develop proposals for additional GP led walk-in service pilot sites and submit these by 22 July. Specifically, NHS GGC were requested to develop proposals for Paisley, north-west Glasgow, southside Glasgow, East Renfrewshire and Dumbarton.

NHS GGC's assessment, after consultations with primary care and GP Sub colleagues, Chief Officers and wider stakeholders, was that a replication of the Cardonald GP Walk-In Clinic model in all five requested areas would not be deliverable within the Scottish Government's required timeframe. The limiting factors were envisaged as the availability of the workforce; the lack of suitable accommodation; and the need to avoid destabilising existing general practice and GP Out of Hours services, especially given the increased demand for GPs because of the additional Scottish Government investment to expand the general practice workforce.

In our submission for phase 2, we proposed to develop one further GP Walk-In Clinic, which would be chosen through an options' appraisal. To complement this, we proposed that we could extend Pharmacy First Plus+ provision across the NHSGGC board area, with direct GP advice, escalation and governance through the existing GPOOH and FNC Plus+ arrangements. The proposed model would be to extend Pharmacy First Plus+ provision by utilising independent prescribing pharmacists, supported by appropriately trained pharmacy teams, to assess and manage a broad range of urgent care needs as walk in presentations in community

pharmacy. The model would operate seven days per week and would integrate with existing urgent care pathways and governance arrangements.

Additionally, we will **undertake a further test of Paramedics working in General Practice**, with a specific focus on home visits. We anticipate this will support interface between Primary Care and the Scottish Ambulance Service, as well as freeing up capacity within existing multi-disciplinary teams working in general practice. A detailed specification for the project will be developed in Q2 of 2026/27.

We will improve the **out of hours emergency service for dental health patients**, which will be informed by a patient and staff engagement programme and a review of staff rotas and working arrangements to identify opportunities for improvement. This will include exploring opportunities to harness digital technology.

4. Conclusions

We have moved from setting up the structure for the delivery of our strategy to making tangible progress with specific change programmes.

Delivery of our primary care strategy continues to be dependent on other stakeholders, such as partners in Public Service Delivery Scotland and system providers, for successful realisation of the digital programmes.

Through national investment, workforce strategy, focus on communication and engagement there will be opportunities to focus on general practice and to make meaningful progress on improving the sustainability of primary care.

Our priorities for 2026/27 reflect the aspirations in our Primary Care Strategy, our Transforming Together Programme and our Annual Delivery Plan. By the end of March 2027, we expect to have achieved the following:

1. Launched and be delivering on our **Primary Care Workforce Strategy**
2. Implemented the Scottish Government's investment to **increase the GP workforce**.
3. Tested a **co-ordinated approach to supporting protected learning time for practices and a peer support initiative**.
4. Completed our **prioritised plan on public health** and completed reviews of the **contraceptive and pre-chemotherapy phlebotomy** enhanced services
5. Launched the initial version of the **Primary Care Information Dashboard**
6. Transferred **majority of practices from EMIS to Vision**.
7. Opened a **new GP walk-in centre** and have progressed work for the expansion of this model in NHSGG&C.
8. Commenced a further test of **paramedics working in General Practice**, with a specific focus on undertaking home visits.
9. Completed a review into how to improve the **out of hours emergency service for dental health patients**.
10. Shaped the proposals for the **new health and care centre in Port Glasgow**.

Primary Care Strategy Bulletin

Better Health • Better Care • Better Value • Better Workplace

Edition No 1 | June 2026

Introduction

Aligning with **NHSGGC Transforming Together Vision**; Primary Care has a pivotal role to play as we **Listen, Learn and Transform Together**.

These new alignment arrangements have been agreed by the Transforming Together Executive Oversight Group from **1st October 2025**.

As we move into this new chapter the **Primary Care Strategy** will connect our four Independent Contractors and Practitioners; and our wider Primary and Community Care workforce across NHSGGC focusing on innovation, reform and improvement.

The Primary Care Strategy Bulletin will act as a communication tool, keeping our Primary Care workforce, staff side and public partners updated on progress of the implementation of the Primary Care Strategy under the alignment of Transforming Together.

This bulletin will also be used as a method for feedback and engagement with our key stakeholders.



Billy McClean, Executive Lead for Primary Care

**Chief Officer,
Renfrewshire HSCP**

Listening, Learning and Transforming Together

The 'Transforming Together agenda and Portfolio' is underpinned by two key governance forums which provide direction and assurance to all activity. The Portfolio Board and the Executive Oversight Groups which are chaired by NHSGGC Chief Executive and Deputy Chief Executive respectively.

NHSGGC Transforming Together (TT) Programme has 6 improvement programmes under this remit:

- **Interface and Urgent Care**
- **Primary Care**
- **Mental Health**
- **Cancer and Planned Care**
- **Women and Children**
- **The Way Forward**

Access the [Primary Care Hub](#) [Primary Care - NHSGGC](#)
& [Primary Care Staff Resources - NHSGGC](#)

What is Primary Care?

Fraser McJannett, Director of Primary Care explains that the term **'Primary Care'** is used to describe services that people often use as the first NHS point of contact for their health needs.

Primary Care is often seen as a **'front door'** to the wider NHS.

Services are provided by

- 227 General Practices,
- 288 Community Pharmacies,
- 255 Dental Practices and
- 189 Community Optometry Practices.

These four Independent Contractor and Practitioner groups provide care across 6 Health and Social Care Partnerships (HSCP) in our local communities across NHS Greater Glasgow and Clyde.

Primary Care also includes a range of professionals including

- Community Link Workers,
- Pharmacy professionals,
- Advanced Nurse Practitioners,
- Practice Nurses,
- Physiotherapists,
- Managers and many more staff

Dedicated Workstreams have been set up for each Strategy area of focus.



Fraser McJannett,
Director of Primary
Care & GP OOH
Service, NHSGGC

Primary Care Strategy

Gary Dover in his new role as **Head of Primary Care** for NHSGGC will Lead the **Primary Care Strategy**. The strategy sets out both short and longer term ambitions and approaches to support the transformation of Primary Care Services over the next 5 years.

With over **8,000** downloads of the Strategy to date, it is currently one of the most downloaded strategies on NHSGGC website. Accessible by clicking this image.



Gary Dover,
Head of Primary
Care, Primary Care
Support, NHSGGC

Governance Structure

Dr Jude Marshall, Deputy Medical Director for Primary Care shares that the Primary Care Programme Board will oversee Strategy implementation.

Workstreams and priority areas will be progressed through a Strategy Delivery Group, which provides a platform that ensures direction of the Strategy is one that allows us to Transform Primary Care Together.



Dr Jude Marshall,
Deputy Director
of Primary Care,
NHSGGC

Access the Primary Care Hub [Primary Care - NHSGGC](#)
& [Primary Care Staff Resources - NHSGGC](#)

Ambitions

Sustainable Primary Care at the heart of the GGC system.

NHSGGC Primary Care Strategy aims to transform Primary Care to be more sustainable and responsive to the needs of the community.

By 2029 we want to have:

- The right people working in Primary Care with the right skills.
- Technology to improve patient care and outcomes.
- Plans to continue to develop strong leadership and planning for our teams.
- Patients with a better understanding of our services
- People using the right service at the right time.
- Ways to make it easier to stay well and get timely support
- Better access to information and resources.
- Ways to make it easier for everyone to access services and better health.

Shared Vision

We have committed to creating a strong shared vision, purpose and identity for Primary Care within NHSGGC.

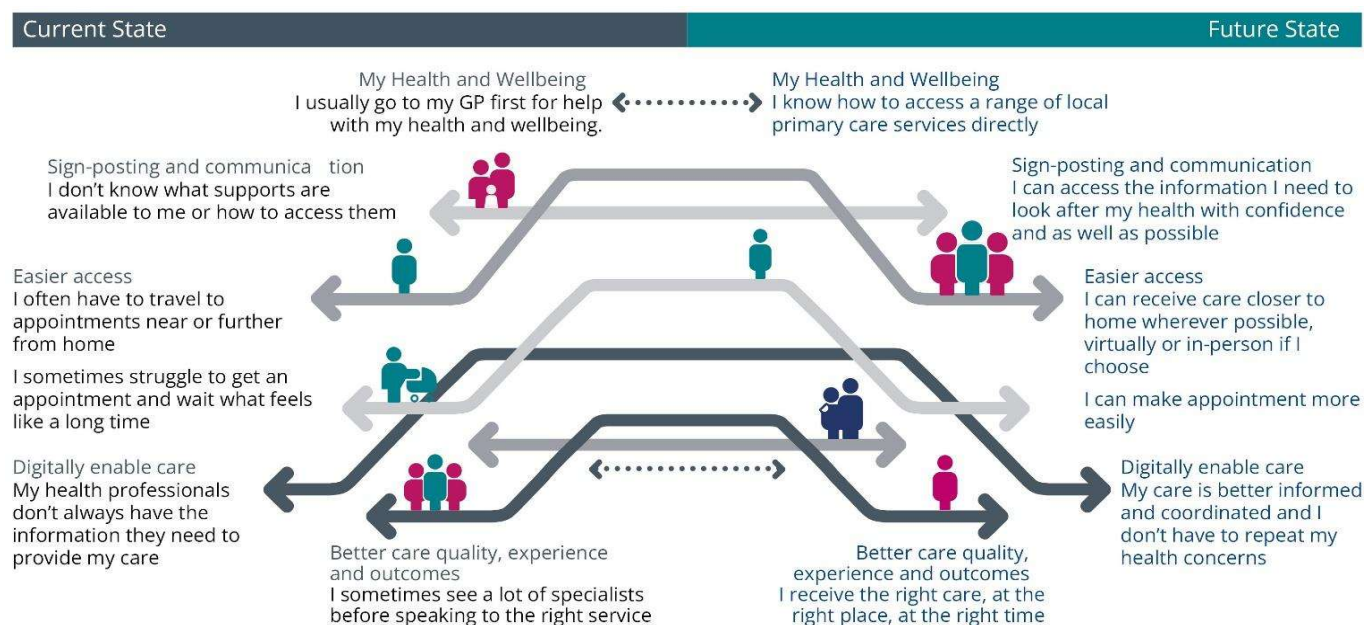
As a significant part of that work, we are creating a distinct brand identity for Primary Care with a vision statement.

We are asking our stakeholders to select which statement best represents our work and services in Primary Care.

Call To Action

Get involved and be part of a shared vision for Primary Care. Help create a Primary Care Strapline. Access [Primary Care Survey](#) to vote for:

- Together for better health
- Healthcare that's part of your community
- Healthcare that's part of our community
- Opening doors to better health
- Accessible, informed and inclusive



The above diagram provides an overview of our current and target state. Future bulletins will share the Primary Care Strategy progress and showcase how we **Transform Together.**

Primary Care Strategy 2024-29 Annual Update

Appendix 3

Infographic summarising the 10 priorities for 2026/27

By 31 March 2027 we will have:

-  Launched and be delivering on our **Primary Care Workforce Strategy**
-  Implemented the Scottish Government's investment to increase the **GP workforce**
-  Tested a **co-ordinated approach to supporting protected learning time** for practices and a **peer support initiative**
-  Completed our **prioritised plan on public health** and completed reviews of the **contraceptive and pre-chemotherapy phlebotomy** enhanced services
-  Launched the initial version of the **Primary Care Information Dashboard**
-  Transferred **majority of practices from EMIS to Vision**
-  **Opened a new GP walk-in centre** and have progressed work for the expansion of this model in NHSGGC
-  Commenced a further test of **paramedics working in General Practice**, with a specific focus on undertaking home visits
-  Completed a review into how to improve the **out of hours emergency service for dental health patients**
-  Shaped the proposals for the **new health and care centre in Port Glasgow**.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Julie Slavin, Chief Financial Officer

29 September 2026

Subject: 2026/27 Financial Performance Period 5 Report**1. Purpose**

- 1.1** To provide the Health and Social Care Partnership (HSCP) Board with an update on financial performance for the five-month period to 31 August 2026 and the projected outturn position to 31 March 2027.

2. Recommendations

- 2.1** The HSCP Board is recommended to:

- a) **Note** the updated position on 2026/27 budget allocations from West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and **approve** the updated direction to the partners bodies to deliver services in accordance with the HSCP Board's strategic priorities;
- b) **Note** the year-to-date underspend of £0.126m, equivalent to 0.14% of the phased budget, for the period to 31 August 2026;
- c) **Note** the forecast year-end overspend of £0.051m, equivalent to 0.02% of the annual budget, after all planned transfers to and from earmarked reserves;
- d) **Note** the progress in delivering the savings agreed for 2026/27 and the associated risks;
- e) **Note** the forecast reserves position and the effect of the projected overspend on unearmarked reserves;
- f) **Note** the capital expenditure update; and
- g) **Note** the effect of current financial pressures on the 2026/27 position and the forecast budget gaps for 2027/28 and 2028/29.

3. Background

- 3.1** At its meeting on 24 March 2026, the HSCP Board approved an indicative 2026/27 revenue budget of £225.270m (excluding the £48.139m of Set Aside), subject to formal NHSGGC Board approval of the health allocation. The approved budget comprised partner contributions of £220.134m and planned use of reserves of £5.136m to address the forecast 2026/27 budget gap.
- 3.2** Several budget adjustments have subsequently been processed. The revised net budget funded by partner contributions is £224.817m, as detailed in Appendix 1. Planned reserve movements are reported separately within the reserves analysis.

4. Main Issues

Summary Position

- 4.1** At 31 August 2026, the year-to-date position is an underspend of £0.126m (0.14%). The forecast year-end position is an overspend of £0.051m (0.02%), after planned transfers to and from reserves. The consolidated position is detailed in Appendix 3, with separate Health Care and Social Care summaries in Appendix 4.
- 4.2** The overall HSCP summary and the individual Head of Service positions are reported within Tables 1 and 2 below.

Table 1 – Summary Draft Financial Information as at 31 March 2027

Summary Financial Information	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Forecast Variance
	£000	£000	£000	£000	£000	£000	£000	£000	
Health Care	132,283	56,587	56,435	152	133,521	(1,238)	(1,263)	25	0.02%
Social Care	137,290	52,975	53,035	(60)	138,913	(1,623)	(1,459)	(164)	-0.12%
Expenditure	269,573	109,562	109,470	92	272,434	(2,861)	(2,722)	(139)	-0.05%
Health Care	(5,792)	(930)	(930)	0	(5,794)	2	0	2	-0.03%
Social Care	(38,964)	(17,691)	(17,725)	34	(33,914)	(5,050)	(5,136)	86	-0.22%
Income	(44,756)	(18,621)	(18,655)	34	(39,708)	(5,048)	(5,136)	88	-0.20%
Health Care	126,491	55,657	55,505	152	127,727	(1,236)	(1,263)	27	0.02%
Social Care	98,326	35,284	35,310	(26)	104,999	(6,673)	(6,595)	(78)	-0.08%
Net Expenditure	224,817	90,941	90,815	126	232,726	(7,909)	(7,858)	(51)	-0.02%

Table 2 – Draft Financial Information as at 31 March 2027 by Head of Service

Summary Financial Information	Annual Budget	Year to Date Budget	Revised Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Forecast Variance
	£000	£000	£000	£000	£000	£000	£000	£000	
Children's Health, Care & Justice	35,579	13,573	13,353	220	35,541	38	(432)	470	1.32%
Health and Community Care	57,953	20,454	22,152	(1,698)	62,142	(4,189)	(467)	(3,722)	-6.42%
Mental Health, Learning Disability & Addictions	34,394	14,557	14,409	148	35,451	(1,057)	(1,182)	125	0.36%
Strategy & Transformation	2,693	969	850	119	2,370	323	(48)	371	13.78%
Family Health Services	36,384	16,999	17,096	(97)	36,634	(250)	0	(250)	-0.69%
GP Prescribing	23,024	9,415	9,330	85	23,024	0	0	0	0.00%
Hosted Services	10,305	4,276	4,358	(82)	10,698	(393)	(453)	60	0.58%
Other	24,485	10,698	9,267	1,431	26,866	(2,381)	(5,276)	2,895	11.82%
Net Expenditure	224,817	90,941	90,815	126	232,726	(7,909)	(7,858)	(51)	-0.02%

- 4.3** The forecast takes account of progress against the 2026/27 savings programme of £5.080m. Appendix 2 provides further detail on delivery and identifies savings assessed as being at risk, with a summary position shown in Table 3 below.

Table 3 – Monitoring of Savings and Efficiencies

Efficiency Detail	Total Saving to be Monitored £000	Saving achieved £000	Saving on track to be achieved £000	Saving at low/medium risk of not being achieved £000	Saving at high risk of not being achieved £000
Health Care	1,141	36	1,105	-	-
Social Care	3,939	662	721	492	2,064
Total	5,080	698	1,826	492	2,064

- 4.4** Progress against savings is monitored by the Senior Management Team, with a RAGB status of Red, Amber, Green or Blue applied to inform further action. At August 2026, approximately 50% of savings had been achieved or were on track, with the balance requiring further management action, which may include the appropriate use of reserves.
- 4.5** Appendix 6 sets out the forecast reserves position, including the planned use of £5.136m approved as part of the 2026/27 budget to address the budget gap and support delivery of the financial plan. This includes the full application of the local authority superannuation earmarked reserve of £3.084m, established during 2024/25 and 2025/26, to mitigate the impact of the increase in employer contribution rates from 6.5% to 17.5% in 2026/27.
- 4.6** If the forecast overspend of £0.051m is realised, the unearmarked reserve balance would reduce from its opening balance of £4.773m to a forecast closing balance of £4.722m, before any other approved movements. In addition, a further £2.722m of earmarked reserves is forecast to be drawn down during the year to meet planned expenditure commitments. Continued reliance on reserves to support recurring expenditure reduces financial resilience and reinforces the need to identify and deliver sustainable recurring savings.
- 4.7** Appendix 5 provides analysis of projected annual variances exceeding £0.050m, highlighting the financial pressures across HSOP delegated budgets. After accounting for anticipated movements, demand pressures, and planned recovery actions, the residual projected overspend of £0.051m is primarily driven by ongoing demand and cost pressures within Adults and Older Adult services.
- 4.8** The forecast overspend has reduced from £0.664m at Period 3 to £0.051m at Period 5, a favourable movement of £0.613m. Table 4 summarises the principal factors contributing to this movement, including the effect of management action and updated forecast assumptions.

Table 4 – Projected Variance Movement between Period 3 and Period 5

Movement since period 3	Service	Health Care £000	Social Care £000	Total £000
Period 5 favourable variance as reported to HSCP Board 29 Sep		27	(78)	(51)
Period 3 adverse variance		31	(695)	(664)
Movement since period 3		(4)	617	613
Represented By:				
Employee Costs	Children and Families, Community Health Operations, Learning Disability and Care at Home		325	325
Packages of Care	Children and Families, Care Homes, Learning Disability, Mental Health and Care at Home		413	413
Other		(4)	(121)	(125)
Movement since period 3		(4)	617	613

Update on Prescribing 2026/27

- 4.9** Prescribing remains a significant and volatile component of the Health Care budget, with expenditure affected by drug prices and demand-led activity. Current analysis indicates that the assumptions supporting the approved budget remain reasonable and are tracking ahead of the latest forecast price and volume growth. However, prescribing data is reported two months in arrears and expenditure information is currently available only to June 2026. A breakeven position is therefore forecast at this stage, subject to review as further data becomes available.
- 4.10** Current monitoring indicates that 52% of the prescribing savings target has been achieved. Expenditure and savings delivery will continue to be monitored, with changes in prescribing volumes, drug prices, national market conditions or savings performance reflected in future forecasts.

Bad Debt Write-Off and Bad Debt Provision

- 4.11** As agreed by West Dunbartonshire Council and the HSCP Board in March 2022, the Board is responsible for accounting for bad debt arising from charges levied for delegated social care services. A provision for potential bad debt is therefore included within the HSCP Board's balance sheet.
- 4.12** West Dunbartonshire Council retains the legal power to set and levy charges, and collection activity is governed by the Council's Corporate Debt Policy. Where a debt is assessed as irrecoverable, writing it off promptly is consistent with good accounting practice. All necessary recovery action will be taken before authorisation to write off HSCP debt is sought from:
- The HSCP Chief Financial Officer if the debt is under £5,000; or
 - The HSCP Board if the debt is valued at more than £5,000.

4.13 No bad debt write-off approval is sought through this report.

Update on Reserves

4.14 The 2026/27 budget included planned use of earmarked reserves totalling £5.136m, including the employer's superannuation reserve, to balance the budget. Appendix 6 sets out the forecast reserve balances, taking account of the audited position at 31 March 2026 and anticipated in-year movements. These balances are summarised in Table 6.

Table 6 – Reserves Analysis

Analysis of Reserves	Opening Balance as at 1 April 2026 £000	Usage of Reserves applied to Balance the 2026/27 Budget £000	Other £000	Forecast Balance as at 31 March 2027 £000
Unearmarked	4,773	-	(51)	4,722
Earmarked	18,541	(5,136)	(2,722)	10,683
Total	23,314	(5,136)	(2,773)	15,405

4.15 The audited balance brought forward from 2025/26 of £4.773m (2.07%) is marginally more than the 2% target of net expenditure of £4.731m contained within the Reserves Policy. The Policy is clear that a sufficient level of un-earmarked reserves should be held to “cushion the impact of unexpected events or emergencies” in any given financial year.

Budget Gap Analysis

4.16 Officers are currently undertaking a review of all potential burdens that may impact on the currently reported position for 2026/27 and budget gaps for 2027/28 and 2028/29.

4.17 The review indicates that, if current Adults and Older People demand and cost pressures continue, the mid-range budget gap could increase to £12.7m in 2027/28 and £16.5m in 2028/29, as detailed in Table 7. These projections reinforce the need for current-year recovery action to deliver recurring benefits and for service redesign and savings proposals to be developed through the medium-term financial planning process.

Table 7 – Budget Gap Analysis 2026/27 to 2028/29

Consolidated Budget Gap Analysis	2026/27 £000	2027/28 £000	2028/29 £000
Budget Gap reported March 2026	0	8,567	12,373
Forecast Deficit August 2026	51		
Cost Pressures			
GMS		250	250
Demographics		1,024	1,024
Community Placements - Universal Credit		218	218
Adults and Older People Services		1,785	1,785
Income Pressures			
SLW		866	866
Revised Budget Gap August 2026	51	12,710	16,516

Housing Aids and Adaptations

- 4.18** The Housing Aids and Adaptations budget falls within the minimum level of adult services delegated to the HSCP Board and is additional to the Council's 2026/27 budget allocation of £98.326m to the HSCP Board.
- 4.19** This budget is managed by the Council's Housing and Employability Services on behalf of the HSCP Board.
- 4.20** The forecast outturn position for the year to 31 March 2027 is set out in Table 8 and will also be reflected in West Dunbartonshire Council's financial performance reporting.

Table 8 – Draft Outturn Financial Performance as of 31 March 2027

Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council	Annual Budget	Year to Date Budget	Revised Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance
	£000	£000	£000	£000	£000	£000
Aids & Adaptations	71	18	18	0	53	18
Total	71	18	18	0	53	18

2026/27 Capital Expenditure

- 4.21** Forecast capital expenditure for 2026/27 is £1.001m, comprising ICT upgrades of £0.159m, Aids and Adaptations of £0.783m and the Community Alarm upgrade of £0.059m. No material exception is reported at this stage.
- 5. Options Appraisal**
- 5.1** None required for this report.

6. People Implications

- 6.1** The forecast position reflects workforce pressures including recruitment and retention challenges, vacancies and reliance on external or temporary provision. Any workforce implications arising from subsequent recovery or service redesign proposals will be assessed and reported through the relevant governance processes.

7. Financial and Procurement Implications

- 7.1** The financial implications are set out throughout this report and the accompanying appendices. The forecast includes an overspend of £0.051m after planned reserve movements, with further risks arising from savings delivery, demand-led expenditure and provider costs. Any procurement implications arising from recovery or redesign activity will be assessed separately.

8. Risk Analysis

- 8.1** The main risks to the 2026/27 financial position arise from demand-led pressures across health and social care, particularly within Older People Services, Care at Home and externally commissioned care packages. The £0.250m pressure within General Medical Services reported in August remains unchanged. The Strathclyde Pension Fund Board is due to consider employer contribution rates on 23 September 2026, which may result in a more favourable financial position. These local pressures and developments will continue to be reflected in the financial forecast as further information becomes available.
- 8.2** These financial risks are closely linked to wider system pressures, including demographic change, increasing levels of dependency, recruitment and retention challenges, provider sustainability and access to preventative and reablement services. If demand cannot be managed through the most appropriate care pathways, there is a risk of increased reliance on higher-cost models of care and further pressure on available budgets.
- 8.3** National uncertainty remains around pay settlements, provider fee rates, inflation, prescribing costs and future Scottish Government and local government funding settlements. Any increase in the cost of delivering delegated health and social care services that is not matched by funding growth would increase the need for recurring savings, service redesign and transformation.
- 8.4** The cumulative effect of these risks could widen the forecast budget gaps for 2027/28 and 2028/29. It is therefore essential that recovery actions deliver recurring financial benefits and that reliance on reserves to support ongoing expenditure is reduced.

- 8.5** The financial outlook will remain under review through routine financial reporting and the medium-term financial planning process. Future reports will reflect changes in the underlying assumptions and progress in delivering recovery, savings and service redesign actions.

9. Equalities Impact Assessment (EIA)

- 9.1** An Equalities Impact Assessment is not required for this financial monitoring report. Any recovery, savings or service redesign proposals arising from the reported position will be subject to appropriate impact assessment before decisions are taken.

10. Environmental Sustainability

- 10.1** Not required at this time.

11. Consultation

- 11.1** The projections and assumptions contained within this report have been discussed with finance colleagues from West Dunbartonshire Council and NHS Greater Glasgow and Clyde.

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** The strategic enablers of workforce, finance, technology, partnerships and infrastructure support delivery of the following strategic outcomes:
- Caring Communities;
 - Safe and Thriving Communities;
 - Equal Communities and
 - Healthy Communities

13. Directions

- 13.1** The recurring and non-recurring adjustments to the 2026/27 budget, detailed in Appendix 1, require an updated direction to the partner bodies. The proposed direction is included at Appendix 7.

Name: Julie Slavin
Designation: Chief Financial Officer
Date: 21 September 2026

Person to Contact: Julie Slavin – Chief Financial Officer

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Appendices:

- Appendix 1 – Budget Reconciliation
- Appendix 2 – Monitoring of Savings
- Appendix 3 – Revenue Budgetary Control 2026/27
(Overall Summary)
- Appendix 4 – Revenue Budgetary Control 2026/27
(Health Care and Social Care Summary)
- Appendix 5 – Variance Analysis over £50k
- Appendix 6 – Reserves
- Appendix 7 – Directions

Background Papers:

2026/27 Annual Budget Setting Report – 24 March HSCP
Board

West Dunbartonshire Health & Social Care Partnership
Financial Year 2026/27 Period 5 covering 1 April 2026 to 31 August 2026

2026/27 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Budget Approved at Board Meeting on 24 March 2026	121,730	103,540	225,270
Health Rollover Budget Adjustments	1,325		1,325
Budget Adjustments			
Removal of Bairns Hoose Requisition from budget - now confirmed as specific grant funding		(160)	(160)
2026/27 Scottish Recommended Allowance Funding		82	82
Additional Uplift applied to Income	(66)		(66)
2026-27 Cps Gs Contribution (based On 2025-26 - Alloc M11)	(88)		(88)
Camchp18 Wd Adp	638		638
Wd Pcip	3,214		3,214
Reduced Working Week and Agenda for Change Reform (1)	(594)		(594)
PDS Dementia	63		63
Outstanding Funding Allocations			
AFC Uplift for PCIP	121		121
AFC Uplift for ADP	24		24
FVCV Delivery Allocation (Vaccinations)	124		124
Revised Budget 2026/27	126,491	103,462	229,953
Drawdown from Reserves	-	(5,136)	(5,136)
Budget Funded from Partner Organisations	126,491	98,326	224,817

(1) Funding for the continued implementation of the reduced working week and ongoing agenda for change reform was included in the March budget report based on the data available at the time of writing. Subsequent to the March budget report £0.771m was allocated to West Dunbartonshire on a non-recurring basis from NHSGGC at the year end and is being held in an earmarked reserve to fund costs in 2026/27. This is not included within the baseline for 2026/27 at this time, however actual expenditure in-year will be monitored by NHSGGC, with further in-year funding allocated if existing funding is insufficient. NHSGGC has confirmed that recurring funding will be confirmed as part of the 2027/28 budget preparation.

ITEM 8 APPENDIX 2

West Dunbartonshire Health & Social Care Partnership
Monitoring of Efficiencies and Management Adjustments 2026/27

Head of Service	Partner	Efficiency Detail	Comment	Saving Target £000	Saving at Risk £000
Savings at high risk of not being achieved					
Fiona Taylor	Social Care	Removal of Care at Home Contingency	While there has been a slight improvement in the overall spend projection the majority of the saving is still considered to be high risk of not being achieved taking into consideration the financial projection based on continued high use of overtime and agency.	1,716	1,688
All	Social Care	Additional Staff Turnover	While the saving has been partially achieved, £0.106m is at high risk due to projected overspend in staffing at quarter one for internal care homes. Vacancy management controls will be utilised across the HSCP to deliver the full saving.	378	106
Sylvia Chatfield	Social Care	Ongoing review of Community Care social care packages	The full savings is considered at high risk of not being achieved due to both an increasing number of service users and a slower than anticipated pace of reviews being undertaken.	270	270
Savings at low/medium risk of not being achieved					
All	Social Care	Removal of Demographic Growth	While there has been a reduction to some packages of care, on a non recurring basis, achievement of the remaining saving is currently assessed as being at medium risk. This reflects the projected overspend on a number of service packages, particularly within Older People Non-Residential Services and Physical Disability Services. Further work is underway to understand the underlying drivers of these pressures, including the relative impact of demand growth, increasing complexity of care needs, and the completion of package reviews. This analysis will be critical in determining the sustainability of current expenditure levels and identifying any opportunities to mitigate future financial pressures while continuing to meet assessed care needs.	905	492
		Total		3,269	2,556
		Health Care		0	0
		Social Care		3,269	2,556

ITEM 8

APPENDIX 3

West Dunbartonshire Health & Social Care Partnership
Financial Year 2026/27 Period 5 covering 1 April 2026 to 31 August 2026

Consolidated Expenditure by Service Area	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	% Variance	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Older People Residential, Health and Community Care	41,650	14,448	15,203	(755)	43,550	(1,900)	(466)	(1,434)	-3.44%	↓
Care at Home	12,524	4,596	5,299	(703)	14,212	(1,688)	0	(1,688)	-13.48%	↓
Physical Disability	3,010	1,208	1,457	(249)	3,609	(599)	0	(599)	-19.90%	↓
Childrens Residential Care and Community Services	35,246	13,395	13,186	209	35,130	116	(328)	444	1.26%	↑
Strategy, Planning and Health Improvement	2,693	969	850	119	2,370	323	(50)	373	13.85%	↑
Mental Health Services - Adult and Elderly, Community and Inpatients	14,076	6,775	6,889	(114)	14,746	(670)	(535)	(135)	-0.96%	↓
Addictions	4,046	1,296	1,101	195	4,420	(374)	(329)	(45)	-1.11%	↓
Learning Disabilities - Residential and Community Services	16,272	6,487	6,420	67	16,285	(13)	(317)	304	1.87%	↑
Family Health Services (FHS)	36,384	16,999	17,096	(97)	36,634	(250)	0	(250)	-0.69%	↓
GP Prescribing	23,024	9,415	9,330	85	23,024	0	0	0	0.00%	→
Hosted Services	10,305	4,276	4,358	(82)	10,698	(393)	(453)	60	0.58%	↑
Criminal Justice (Including Transitions)	333	177	167	10	411	(78)	(104)	26	7.81%	↑
Resource Transfer	19,184	7,990	8,217	(227)	19,184	0	0	0	0.00%	→
Contingency	2,825	1,177	0	1,177	0	2,825	0	2,825	100.00%	↑
HSCP Corporate and Other Services	3,245	1,733	1,242	491	8,453	(5,208)	(5,276)	68	2.10%	↑
Net Expenditure	224,817	90,941	90,815	126	232,726	(7,909)	(7,858)	(51)	-0.02%	↓

Consolidated Expenditure by Subjective Analysis	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	% Variance	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Employee	101,302	39,720	39,864	(144)	102,108	(806)	(2,034)	1,228	1.21%	↑
Property	1,248	447	469	(22)	1,314	(66)	0	(66)	-5.29%	↓
Transport and Plant	1,091	439	424	15	1,056	35	0	35	3.21%	↑
Supplies, Services and Admin	5,337	2,289	1,604	685	5,408	(71)	107	(178)	-3.34%	↓
Payments to Other Bodies	97,055	38,265	38,551	(286)	98,451	(1,396)	(795)	(601)	-0.62%	↓
Family Health Services	38,114	17,751	17,792	(41)	38,364	(250)	0	(250)	-0.66%	↓
GP Prescribing	23,025	9,415	9,330	85	23,025	0	0	0	0.00%	→
Other	2,401	1,232	1,433	(201)	2,708	(307)	0	(307)	-12.79%	↓
Gross Expenditure	269,573	109,558	109,467	91	272,434	(2,861)	(2,722)	(139)	-0.05%	↓
Income	(44,756)	(18,617)	(18,652)	35	(39,708)	(5,048)	(5,136)	88	-0.20%	↑
Net Expenditure	224,817	90,941	90,815	126	232,726	(7,909)	(7,858)	(51)	-0.02%	↓

ITEM 8 APPENDIX 4

West Dunbartonshire Health & Social Care Partnership
Financial Year 2026/27 Period 5 covering 1 April 2026 to 31 August 2026

Health Care Net Expenditure	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	% Variance	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Planning & Health Improvements	1,018	399	373	26	867	151	0	151	14.83%	↑
Childrens Services - Community	4,476	2,010	1,977	33	4,518	(42)	(63)	21	0.47%	↑
Adult Community Services	12,163	4,970	5,127	(157)	12,361	(198)	(198)	0	0.00%	→
Community Learning Disabilities	932	383	443	(60)	1,045	(113)	(112)	(1)	-0.11%	↓
Addictions	3,254	1,099	885	214	3,015	239	238	1	0.03%	↑
Mental Health - Adult Community	5,354	2,841	2,616	225	5,186	168	0	168	3.14%	↑
Mental Health - Elderly Inpatients	4,243	2,363	2,644	(281)	4,940	(697)	(535)	(162)	-3.82%	↓
Family Health Services (FHS)	36,384	16,999	17,096	(97)	36,634	(250)	0	(250)	-0.69%	↓
GP Prescribing	23,024	9,415	9,330	85	23,024	0	0	0	0.00%	→
Other Services	6,154	2,912	2,439	473	6,255	(101)	(140)	39	0.63%	↑
Resource Transfer	19,184	7,990	8,217	(227)	19,184	0	0	0	0.00%	→
Hosted Services	10,305	4,276	4,358	(82)	10,698	(393)	(453)	60	0.58%	↑
Net Expenditure	126,491	55,657	55,505	152	127,727	(1,236)	(1,263)	27	0.02%	↑

West Dunbartonshire Health & Social Care Partnership
Financial Year 2026/27 Period 5 covering 1 April 2026 to 31 August 2026

Social Care Net Expenditure	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	% Variance	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Strategy Planning and Health Improvement	1,675	570	477	93	1,503	172	(48)	220	13.13%	↑
Residential Accommodation for Young People	3,418	1,309	1,293	16	3,380	38	0	38	1.11%	↑
Children's Community Placements	8,257	3,257	3,267	(10)	8,289	(32)	(8)	(24)	-0.29%	↓
Children's Residential Schools	7,088	2,559	2,681	(122)	7,382	(294)	0	(294)	-4.15%	↓
Children's Supported Accommodation	909	617	462	155	536	373	0	373	41.03%	↑
Childcare Operations	6,478	2,350	2,307	43	6,608	(130)	(232)	102	1.57%	↑
Other Services - Young People	4,620	1,294	1,199	95	4,417	203	(25)	228	4.94%	↑
Residential Accommodation for Older People	8,797	1,539	1,888	(349)	9,636	(839)	0	(839)	-9.54%	↓
External Residential Accommodation for Elderly	11,838	4,866	4,369	497	10,801	1,037	(156)	1,193	10.08%	↑
Sheltered Housing	1,850	859	871	(12)	1,878	(28)	0	(28)	-1.51%	↓
Older People Non Residential Care	3,103	1,171	2,026	(855)	5,154	(2,051)	0	(2,051)	-66.10%	↓
Community Alarms	145	(483)	(436)	(47)	257	(112)	0	(112)	-77.24%	↓
Community Health Operations	3,687	1,522	1,359	163	3,407	280	(113)	393	10.66%	↑
Residential - Learning Disability	13,502	5,421	5,402	19	13,660	(158)	(205)	47	0.35%	↑
Physical Disability	2,660	994	1,243	(249)	3,259	(599)	0	(599)	-22.52%	↓
Day Centres - Learning Disability	1,837	683	575	108	1,580	257	0	257	13.99%	↑
Justice	333	177	167	10	411	(78)	(104)	26	7.81%	↑
Mental Health	4,480	1,570	1,628	(58)	4,619	(139)	0	(139)	-3.10%	↓
Care at Home	12,524	4,596	5,299	(703)	14,212	(1,688)	0	(1,688)	-13.48%	↓
Addictions Services	792	197	216	(19)	1,406	(614)	(568)	(46)	-5.81%	↓
Equipu	350	214	214	0	350	0	0	0	0.00%	→
Frailty	66	4	0	4	57	9	0	9	13.64%	↑
Carers	1,285	554	558	(4)	1,295	(10)	0	(10)	-0.78%	↓
Contingency	2,825	1,177	0	1,177	0	2,825	0	2,825	100.00%	↑
HSCP - Corporate	(4,193)	(1,733)	(1,755)	22	902	(5,095)	(5,136)	41	-0.98%	↑
Net Expenditure	98,326	35,284	35,310	(26)	104,999	(6,673)	(6,595)	(78)	-0.08%	↓

ITEM 8 APPENDIX 5

West Dunbartonshire Health & Social Care Partnership
Financial Year 2026/27 Period 5 covering 1 April 2026 to 31 August 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	1,018	867	151	15%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The projected underspend is due to staffing vacancies assumed to continue for the full financial year at this time.				
Mitigating Action	If the vacant posts are recruited to prior to the end of the financial year the projected underspend will reduce accordingly.				
Anticipated Outcome	An underspend is anticipated.				
Mental Health - Adult Community	5,353	5,187	167	3%	↑
Service Description	This care group provides mental health services for adults				
Main Issues / Reason for Variance	The projected underspend is due to staffing vacancies assumed to continue for the full financial year at this time.				
Mitigating Action	If the vacant posts are recruited to prior to the end of the financial year the projected underspend will reduce accordingly.				
Anticipated Outcome	An underspend is anticipated.				
Mental Health - Elderly Inpatients	4,243	4,405	(162)	-4%	↓
Service Description	This care group provides mental health services for the elderly				
Main Issues / Reason for Variance	The projected overspend is due to high cost medical vacancy covers partially funded from earmarked reserves.				
Mitigating Action	The service will continue to focus on recruitment to reduce the reliance on high cost locum cover.				
Anticipated Outcome	An overspend is anticipated.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2026/27 Period 5 covering 1 April 2026 to 31 August 2026
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Family Health Services (FHS)	36,384	36,634	(250)	-1%	↓
Service Description	Family Health Services / Independent Primary Care Contractors including GP and NHS Dental Practices, Opticians and Optometry services and Pharmacies and Pharmaceutical services				
Main Issues / Reason for Variance	The projected overspend is the West Dunbartonshire share of an estimated £3.1m Board wide forecast overspend in FHS (GMS) mainly linked to unfunded superannuation and locum costs.				
Mitigating Action	The position continues to be closely monitored and remains subject to ongoing discussions with the Health Board and Scottish Government re allocation models.				
Anticipated Outcome	An overspend is anticipated at this time pending a response from Scottish Government.				
Hosted Services	10,305	10,245	60	1%	↑
Service Description	Hosted Services to include MSK Physio and Diabetic Retinal Screening				
Main Issues / Reason for Variance	The projected underspend is mainly due to staffing vacancies and career breaks within Retinal Screening.				
Mitigating Action	None required at this time.				
Anticipated Outcome	An underspend is anticipated at this time, however the position may change if the underspend is utilised to fund non pay and equipment purchases.				
Social Care Variances					
Strategy Planning and Health Improvement	1,675	1,453	222	13%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The projected underspend is mainly due to a delay in recruitment for the charging and payments team.				
Mitigating Action	Recruitment activity is ongoing.				
Anticipated Outcome	While the delay in recruitment is anticipated to generate a financial benefit in year this may delay transfer of activity from services to the new team.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2026/27 Period 5 covering 1 April 2026 to 31 August 2026
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Children's Residential Schools	7,088	7,382	(294)	-4%	↓
Service Description	This service area provides residential education for children				
Main Issues / Reason for Variance	The projected overspend is mainly due to anticipated client activity to the end of the financial year.				
Mitigating Action	The team continue to implement the 5 year strategy shifting the focus from expensive high cost residential packages towards more community based support.				
Anticipated Outcome	An overspend is anticipated at this time.				
Children's Supported Accommodation	909	536	373	41%	↑
Service Description	This service area provides supported accommodation for children and young people				
Main Issues / Reason for Variance	The projected underspend is mainly due to a reduction in the number of supported accommodation placements.				
Mitigating Action	None required at this time.				
Anticipated Outcome	An underspend is anticipated.				
Childcare Operations	6,478	6,376	102	2%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The projected underspend is mainly due to vacant posts				
Mitigating Action	None required at this time.				
Anticipated Outcome	An underspend is anticipated.				
Other Services - Young People	4,620	4,392	228	5%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The projected underspend is mainly due to vacant posts and recruitment delay along with a saving on the cost of externally commissioned services due to ongoing discussions regarding the best use of this budget.				
Mitigating Action	None required at this time.				
Anticipated Outcome	An underspend is anticipated.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2026/27 Period 5 covering 1 April 2026 to 31 August 2026
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Residential Accommodation for Older People	8,797	9,635	(838)	-10%	↓
Service Description	WDC owned residential accommodation for older people				
Main Issues / Reason for Variance	The projected overspend is staff related. There are additional costs being incurred covering staffing pressures related to absence, recruitment to permanent care staff vacancies and to ensure staffing levels are sufficient to address safer staffing legislative requirements including 1:1 support for some residents.				
Mitigating Action	Queens Quay are strengthening their oversight through the implementation of a staffing dependency tool, recommended by the Care Inspectorate. The "safe to start" approach requires a real time staffing assessment and considers whether risk escalation is required. The data collected will also inform budget modelling going forward.				
Anticipated Outcome	An overspend is anticipated.				
External Residential Accommodation for Elderly	11,838	10,645	1,193	10%	↑
Service Description	External residential and nursing beds for over 65s				
Main Issues / Reason for Variance	The projected underspend is due to service users being supported in the community for longer with one external care home being closed to admissions.				
Mitigating Action	No action is required at this time in relation to external care homes, however consideration should be given to possible virement of budget resource to support the pressure within Older People Non Residential Care re the cost of supporting individuals to remain at home safely.				
Anticipated Outcome	An underspend is anticipated.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2026/27 Period 5 covering 1 April 2026 to 31 August 2026
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Older People Non Residential Care	3,103	5,154	(2,050)	-66%	↓
Service Description	Queens Quay Daycare, Crosslet House Daycare, Over 65 SDS/Direct payments.				
Main Issues / Reason for Variance	The projected overspend is mainly due to increased demand for older people non residential care packages in excess of budgeted projections.				
Mitigating Action	Further opportunities to mitigate the projected overspend are being explored through maximising income generation where appropriate. This includes increasing utilisation of day care provision and reviewing existing care packages to ensure that social support and practical support elements are assessed consistently and that charges are applied appropriately in accordance with the HSCP's charging policy and eligibility criteria. Any additional income realised will be reflected in future monitoring reports.				
Anticipated Outcome	A significant overspend is anticipated at this time.				
Community Alarms	145	257	(112)	-77%	↓
Service Description	Installation and response service for Community Alarms				
Main Issues / Reason for Variance	The projected overspend is mainly due to vacant mobile attendant posts underspend offset by spend on agency cover and the annual cost of sim renewals.				
Mitigating Action	The service will continue to monitor staffing to mitigate agency spend.				
Anticipated Outcome	An overspend is anticipated.				
Community Health Operations	3,687	3,294	393	11%	↑
Service Description	This service includes the cost of social workers and occupational therapists for adult services				
Main Issues / Reason for Variance	The projected underspend is due to a large number of vacancies, some of which are being held pending service redesign.				
Mitigating Action	Restructure in progress, some may be required for virement.				
Anticipated Outcome	An underspend is anticipated.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2026/27 Period 5 covering 1 April 2026 to 31 August 2026
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Physical Disability	2,660	3,258	(599)	-23%	↓
Service Description	This service provides physical disability services				
Main Issues / Reason for Variance	The projected overspend is due to an increase in service user packages both new and existing.				
Mitigating Action	It is anticipated that as reviews take place this may increase income from charging and some packages may be reduced.				
Anticipated Outcome	An overspend is anticipated.				
Day Centres - Learning Disability	1,837	1,580	257	14%	↑
Service Description	This service provides day services for learning disability clients				
Main Issues / Reason for Variance	The projected variance is mainly due to a number of staffing vacancies.				
Mitigating Action	None required at this time.				
Anticipated Outcome	An underspend is anticipated.				
Mental Health	4,480	4,619	(139)	-3%	↓
Service Description	This service provides mental health services				
Main Issues / Reason for Variance	The projected overspend is due to the cost of current and potential residential client packages.				
Mitigating Action	The service will continue to review packages to ensure they meet the outcomes of service users.				
Anticipated Outcome	An overspend is anticipated.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2026/27 Period 5 covering 1 April 2026 to 31 August 2026
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Care at Home	12,524	14,212	(1,688)	-13%	↓
Service Description	This service provides care at home which includes personal care				
Main Issues / Reason for Variance	The projected overspend is mainly due to ongoing reliance of the use of overtime and agency to maintain service delivery in the context of workforce vacancies and demand pressures. While recent recruitment had brought staffing levels closer to the approved budgeted establishment this has been offset by other staff leaving the service. The forecast continues to assumes a gradual reduction in temporary staffing costs from September 2026 however the percentage reduction assumption has been revised based on activity data between July and August. Overall the service shows an improved position compared to last reported.				
Mitigating Action	While the recent recruitment activity has not resulted in the increased establishment FTE as anticipated a reduction in the number of internal planned hours of care has not resulted in a corresponding increase in overtime and agency. This supports the assumed gradual reduction in agency and overtime expenditure as anticipated. The service will continue to actively monitor staffing capacity, establishment levels and expenditure performance to support the delivery of sustainable service provision and minimise the forecast overspend.				
Anticipated Outcome	A significant overspend is anticipated, but has reduced by circa 10% since last reported.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2026/27 Period 5 covering 1 April 2026 to 31 August 2026
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Spend £000	Forecast Variance £000	% Variance	RAG Status
Contingency	2,825	0	2,825	100%	↑
Service Description	This consists of elements of budget transferred from services where elements are no longer required and/or unlikely to show any spend against it in the current financial year due to recovery planning actions.				
Main Issues / Reason for Variance	The projected underspend is due to funds held in contingency mainly for staffing and demographic pressures not yet reallocated to services.				
Mitigating Action	Further analysis is underway to understand the underlying drivers of expenditure pressures across individual service areas, including demand growth, increasing complexity of need and the impact of package reviews. This will inform assessment of the sustainability of current expenditure levels and help identify opportunities to mitigate future financial pressures whilst continuing to meet assessed care needs. Where appropriate, consideration will be given to the reallocation of centrally held budgets to reflect a clearer understanding of recurring service pressures and demand.				
Anticipated Outcome	An underspend is anticipated.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2026/27 Period 5 covering 1 April 2026 to 31 August 2026
Analysis of Reserves 2026/27

Analysis of Reserves	Actual Opening Balance as at 1 April 2026	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2027
	£000	£000	£000
Unearmarked Reserves			
Unearmarked Reserves	4,773	(51)	4,722
Total Unearmarked Reserves	4,773	(51)	4,722
Earmarked Reserves			
Scottish Govt. Policy Initiatives	2,040	(986)	1,054
Carers Funding	189	(80)	109
Informed trauma	130	(130)	0
Additional Social worker capacity	659	(236)	423
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)	329	(329)	(0)
Children's Mental Health and Wellbeing	0	0	0
TEC and Analogue to Digital Project	0	0	0
PEF Funding – Speech & Language Therapy Projects	26	0	26
Winter Planning Funding - Interim Care	204	(203)	1
Winter Planning Funding - Enhance Care at Home	8	(8)	0
HSCP Initiatives	2,409	(1,313)	1,096
Service Reviews and Redesign	1,234	(991)	243
Justice Services	311	(104)	207
Unscheduled Care Services	200	(200)	0
Public Protection Officers	284	0	284
Digital Transformation	173	(18)	155
Training and Development	207	0	207
Health Care	8,722	(2,274)	6,448
DWP Conditions Management	26	(16)	10
Physio Waiting Times Initiative	103	0	103
Retinal Screening Waiting List Grading Initiative	35	0	35
Prescribing Reserve	1,513	0	1,513
Planning and Health Improvement	307	(252)	55

Financial Year 2026/27 Period 5 covering 1 April 2026 to 31 August 2026
Analysis of Reserves 2026/27

Analysis of Reserves	Actual Opening Balance as at 1 April 2026	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2027
	£000	£000	£000
West Dunbartonshire Mental Health Services Transitional Fund	1,384	(475)	909
Enhanced Mental Health Outcome Framework	82	(82)	0
Property Strategy	1,161	(335)	826
Cora Grant	97	0	97
Health Board 2 yr Unscheduled Care Funding	1,825	(474)	1,351
Health Board 2 yr MSK Investment	1,200	(139)	1,061
Health Board RWW & AFC Reform B5-6 funding	771	(641)	130
Social Care Admin Saving - RT Addition for 27/28	0	140	140
DBI Seed Funding	50	0	50
IT Project Funding	9	0	9
Health Visiting	160	0	160
Social Care	5,370	(3,285)	2,085
Complex Care Packages/Supporting delay discharges	581	0	581
CYMPH and Promise	136	(25)	111
C&F 5 year MTFP "What Would it Take"	1,527	(176)	1,351
Equipu Surplus	42	0	42
Local Authority Superannuation	3,084	(3,084)	0
Total Earmarked Reserves	18,541	(7,858)	10,683
Total Reserves	23,314	(7,909)	15,405

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 29 September 2026

Attachment: 2026/27 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	HSCPB0000100JS29092026
2	Date direction issued by Integration Joint Board	29 September 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)	HSCPB000098JS18082026
6	Functions covered by direction	All delegated Health and Care Services as set-out within the Integration Scheme
7	Full text and detail of direction	West Dunbartonshire Council is directed to spend the delegated net budget of £98.326m 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 £126.491m in line with the Strategic Plan and the budget outlined within this report
8	Specification of those impacted by the change	2026/27 Revenue Budget for the HSCP Board will deliver on the strategic outcomes for all delegated health and social care services and our citizens.
9	Budget allocated by Integration Joint Board to carry out direction	The total 2026/27 budget aligned to the HSCP Board is £272.956m. Allocated as follows: West Dunbartonshire Council - £98.326m NHS Greater Glasgow and Clyde - £126.491m Set Aside - £48.139m
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities
11	Strategic Milestones	Maintaining financial balance in 2026/27 30 June 2027
12	Overall Delivery timescales	30 June 2027
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report and (where appropriate) the position regarding Debt Write Off's.
14	Date direction will be reviewed	The next scheduled HSCP Board - 24 November 2026

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD**Report by Julie Slavin, Chief Financial Officer****29 September 2026**

Subject: Audited Annual Accounts 2025/26**1. Purpose**

- 1.1** To present the audited Annual Accounts for West Dunbartonshire Integration Joint Board, commonly known as the HSCP Board, for the year ended 31 March 2026 for consideration and approval.

2. Recommendations

- 2.1** Members are asked to:

- a) Approve the audited Annual Accounts for the period 1 April 2025 to 31 March 2026 and authorise final signature of the accounts by the Chair, Chief Officer and Chief Financial Officer.
- b) Note the unmodified audit opinion and wider scope conclusions reported by the external auditor; and
- c) Note management's response to the two wider scope recommendations.

3. Background

- 3.1** The audit of the 2025/26 Annual Accounts has now been substantially completed by Forvis Mazars.
- 3.2** The Local Authority Accounts (Scotland) Regulations 2014 require the audited annual accounts to be considered and approved no later than 30 September following the financial year end. The approved accounts must then be published by 31 October.
- 3.3** The Audit and Performance Committee is responsible for providing scrutiny and assurance on the HSCP Board's financial governance arrangements, including review of the annual accounts, audit findings, management's letter of representation and the external auditor's Annual Audit Report.
- 3.4** At its meeting on 22 September 2026, the Committee considered the proposed Annual Audit Report, the 2025/26 audited Annual Accounts and the management letter of representation.
- 3.5** Following that scrutiny, the Annual Audit Report is attached at Appendix 1 and the audited Annual Accounts are attached at Appendix 2. These are now presented to the HSCP Board for final consideration and approval.

- 3.6** The audited accounts confirm that the HSCP Board received an unmodified audit opinion. No material adjustments were required to the financial statements. The Annual Audit Report identifies two wider scope recommendations, both of which have been accepted by management and will be progressed through existing governance arrangements.

4. Main Issues

- 4.1** The 2025/26 audited Annual Accounts (Appendix 2) set out the governance arrangements, management commentary, financial performance and financial statements of the HSCP Board. They also identify the level of usable reserves held to help manage unanticipated financial pressures from year to year and support delivery of the Strategic Plan priorities.

- 4.2** The external auditor's opinion on the financial statements is included within the audited accounts. The opinion confirms that:

In our opinion the accompanying financial statements:

- ***give a true and fair view of the state of affairs of the IJB as at 31 March 2026 and of its income and expenditure for the year then ended;***
- ***have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2025/26 Code; and***
- ***have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.***

- 4.3** Forvis Mazars 2025/26 Annual Audit Report (Appendix 1) sets out the findings, main judgements and recommendations arising from the audit. The audit findings provide assurance that the HSCP Board's financial reporting arrangements remain effective and compliant with statutory and professional requirements. No significant weaknesses were identified in relation to financial governance or financial statement preparation.

- 4.4** As well as the audit of the financial statements the auditors have wider scope responsibilities under Audit Scotland's Code of Audit Practice 2021. These sit alongside Best Value requirements set out in the Local Government (Scotland) Act 1973. The Code's four wider scope framework areas are:

- financial management;
- financial sustainability;
- vision, leadership and governance; and
- use of resources to improve outcomes

- 4.5** The two wider scope audit recommendations set out in Section 7 of Appendix 1 are summarised below, along with the management response and proposed governance route for monitoring progress.

Audit area	Risk level	Recommendation summary
Financial Sustainability	Level 1	Strengthen medium-term financial sustainability through recurring savings, transformation activity, reduced reliance on reserves, regular reporting of savings and reserve utilisation, and enhanced scenario modelling and sensitivity analysis.
Vision, Leadership and Governance – Workforce Planning and Strategic Plan Alignment	Level 2	Complete the longer-term Workforce Plan and Leadership and Talent Framework, with clear milestones, governance oversight and stronger alignment between workforce priorities, succession planning, Strategic Needs Assessment findings and strategic service delivery objectives.

Summary of Management Response and Governance Oversight

Audit area	Management response and governance oversight
Financial Sustainability	The IJB recognises financial sustainability as its highest-rated strategic risk and will continue to monitor this through established governance, risk management and financial reporting arrangements. Future-year financial gaps, reserve utilisation, savings delivery and emerging financial risks are routinely reported to the HSCP Board and Audit and Performance Committee. Medium and longer-term financial sustainability will be supported through service redesign, transformation programmes, digital developments, workforce planning and the planned use of reserves in line with the approved Reserves Policy. The MTFO will continue to be updated annually and will be fully refreshed following approval of the Strategic Plan 2027-2032, scheduled for May 2027, including consideration of further scenario planning and sensitivity analysis.
Vision, Leadership and Governance – Workforce Planning and Strategic Plan Alignment	Interim workforce and succession planning arrangements are in place through the Workforce and Organisational Development Interim Plan 2025-2027. Work is underway to develop the Workforce and Organisational Development Plan 2027-2032 alongside the Strategic Plan 2027-2032, ensuring workforce priorities are informed by the Strategic Needs Assessment, anticipated demand, demographic pressures, financial planning and emerging service priorities.

	The plan will include the Leadership and Talent Framework and strengthened succession planning, with a focus on leadership resilience, critical roles, workforce capacity, recruitment and retention, and future skills requirements. Formal milestones will support delivery and governance oversight, with progress monitored through relevant IJB governance arrangements. The plan is scheduled to be presented to the IJB for approval in March 2027.
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- 4.6** The report also provides members with an update on the two prior year recommendations from last year's audit (2024/25). Both recommendations have been implemented and are now assessed by the external auditor as complete.

Audit area	Risk level	Recommendation summary	Implementation timescale	Status/update
Financial Management – Training for budget holders	Level 3	Ensure refresher training is provided to budget holders so procedures are understood and consistently applied.	Training materials finalised by November 2025, with phased roll-out incorporating feedback throughout 2026.	Complete.
Financial Sustainability	Level 2	Continue to regularly review and update the MTFO and financial plan, ensuring partners understand the financial challenges and their collective responsibility for financial sustainability.	1 April 2026.	Complete. The risks that gave rise to the original recommendation remain relevant and have been incorporated into the Financial Sustainability Level 1 risk reported above.

- 4.7** During the course of the audit there were some presentational and disclosure adjustments identified which have been accepted and incorporated into the final, audited version. The overall movement in reserves balances for the HSCP Board are shown in Table 1 below.

Table 1: Movement in Reserves

Movement in Reserves During 2025/26	Unearmarked Reserves	Earmarked Reserves	Total General Fund Reserves
	£000	£000	£000
Opening Balance as at 31st March 2025	(3,576)	(14,831)	(18,407)
Total Comprehensive Income and Expenditure (Increase)/Decrease 2025/26	(1,197)	(3,711)	(4,908)
(Increase)/Decrease in 2025/26	(1,197)	(3,711)	(4,908)
Closing Balance as at 31st March 2026	(4,773)	(18,542)	(23,315)

4.8 After consideration of the 2025/26 audited accounts, members are asked to approve for final signature by the Chair, Chief Officer and Chief Financial Officer.

4.9 The audit has concluded that the HSCP Board's financial statements provide a true and fair view of its financial position and that appropriate arrangements are in place to support financial governance. While recognising the continuing challenges associated with financial sustainability and workforce planning across the health and social care sector, the external auditor has not identified any matters requiring qualification of the audit opinion

5. Options Appraisal

5.1 None required.

6. People Implications

6.1 None associated with this report.

7. Financial and Procurement Implications

7.1 The HSCP Board ended the 2025/26 financial year with an adjusted surplus (after all planned application of earmarked reserves) of £0.400m. This surplus was transferred to un-earmarked reserves along with the release of £0.797m from earmarked reserves. The closing reserves balances totalling £23.315m are set out in Table 1 above and will be retained in accordance with the Integration Scheme and Reserves Policy.

7.2 Integration Joint Boards are specified in legislation as 'section 106' bodies under the terms of the Local Government Scotland Act 1973 and consequently are expected to prepare their financial statements in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom. The audited annual accounts comply with the code.

8. Risk Analysis

- 8.1** The Annual Accounts identify the usable reserves available to support financial resilience and mitigate the impact of unanticipated pressures. The external audit also highlights financial sustainability as a significant strategic risk for the HSCP Board, reflecting the ongoing challenge of balancing service demand and available resources over the medium to longer term.

9. Equalities Impact Assessment (EIA)

- 9.1** None required.

10. Environmental Sustainability

- 10.1** None required.

11. Consultation

- 11.1** This report has been completed in consultation with the HSCP Board's external auditors, Forvis Mazars.

12. Strategic Assessment

- 12.1** This report is in relation to a statutory function and as such does not directly affect any of the strategic priorities.

13. Directions

- 13.1** A direction is required to West Dunbartonshire Council to carry forward reserves totalling £23.315m on behalf of the HSCP Board, consistent with the Integration Scheme and Reserves Policy.

Julie Slavin – Chief Financial Officer

Date: 21 September 2026

Person to Contact: Julie Slavin – Chief Financial Officer, Church Street, WDC
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Telephone: 07773 934 377
E-mail: julie.slavin@nhs.scot

Appendices: Appendix 1: 2025/26 Proposed Annual Audit Report
Appendix 2: HSCP Board's Annual Accounts for the year ended 31 March 2026
Appendix 3: Direction to West Dunbartonshire Council

Background Papers: HSCP Audit and Performance Committee June 2026 –
Unaudited Annual Report and Accounts 2025/26

HSCP Audit and Performance Committee September
2026

Localities Affected: All

Annual Audit Report

West Dunbartonshire Integration Joint Board – year ended 31 March 2026

September 2026

Audit and Performance Committee
West Dunbartonshire Integration Joint Board
16 Church Street
Dumbarton
G82 1QL

XX September 2026

I am pleased to present our Annual Audit Report (“AAR”) for West Dunbartonshire Integration Joint Board for the year ended 31 March 2026. The purpose of this report is to summarise our audit findings and conclusions.

This report has been prepared in accordance with the responsibilities set out within the Audit Scotland’s Code of Audit Practice (“the Code”) and for the sole benefit of the Audit and Performance Committee. Except where required by law or regulation, it should not be used, quoted or made available to any other parties without our prior written consent.

We appreciate the courtesy and co-operation extended to us by West Dunbartonshire Integration Joint Board throughout our audit. We would be happy to discuss the contents of this report, or any other matters regarding our audit, with you in more detail.

Yours faithfully,

[signature using the firm’s authorised electronic signature]

Tom Reid (Director)

Forvis Mazars LLP

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Forvis Mazars LLP

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Contents

- 01 Executive summary
- 02 Status of our audit
- 03 Audit approach and risk summary
- 04 Significant findings
- 05 Summary of misstatements
- 06 Fraud considerations
- 07 Wider scope
- 08 Best Value

- Appendix A: Internal control conclusions
- Appendix B: Draft management representation letter
- Appendix C: Draft audit report
- Appendix D: Confirmation of our independence
- Appendix E: Other communications
- Appendix F: Wider scope and Best Value ratings

This document is to be regarded as confidential to West Dunbartonshire Integration Joint Board. It has been prepared for the sole use of the Audit and Performance Committee as the appropriate committee charged with governance. No responsibility is accepted to any other person in respect of the whole or part of its contents. Our written consent must first be obtained before this document, or any part of it, is disclosed to a third party.

01

Executive Summary

Executive summary

Scope

We have been engaged to audit the financial statements of West Dunbartonshire Integration Joint Board (“the IJB”) for the year ended 31 March 2026 which are prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2025-26 (“the Code”).

We have conducted our audit in accordance with International Standards on Auditing (UK) (‘ISAs’), relevant ethical and professional standards, and the requirements set out in the Audit Scotland’s Code of Audit Practice 2021. Our responsibilities and powers are derived from our appointment by the Accounts Commission under the Part VII of the Local Government (Scotland) Act 1973.

Audit status

Our audit procedures are now substantially complete. Please refer to the ‘*Status of our audit*’ section 2 for a list of significant audit matters outstanding at the date of this report. We will provide an update to you on completion of those outstanding matters by way of a follow up letter.

Areas of focus and audit approach, and significant findings

We have not made any changes to our initial risk assessment and planned audit approach that was communicated to the Audit and Performance committee in our Annual Audit Plan. Our significant risks and other areas of focus are set out in the ‘*Audit approach and risk summary*’ section 3, with a summary of our audit approach over those areas. Significant findings from our audit are set out in the ‘*Significant findings*’ section 4.

Audit misstatements

We have identified no adjusted or unadjusted misstatements above our reporting threshold to date. This may be subject to change following completion of the outstanding audit matters in section 2 of the report.

Significant control deficiencies

We did not identify any significant deficiencies in internal control. The non-significant control observations that we have identified to date are set out in ‘*Appendix A: Internal control conclusions*’.

Executive summary (continued)

Audit opinion

At the time of issuing this report and subject to the satisfactory conclusion of our remaining audit work, we anticipate issuing an unqualified opinion, without modification, as set out in Appendix C.

Wider scope

We have reported one significant risk in relation to financial sustainability. We have also raised a recommendation regarding vision, leadership and governance. We have no significant wider scope risks to report in relation to arrangement in financial management and use of resources to improve outcomes arrangements. Further details have been provided in the ‘*Wider scope*’ section 7 of this report.

Best Value

We have no risks to report regarding the Best Value arrangements that the IJB has in place in relation to the vision and leadership; governance and accountability; effective use of resources; partnerships and collaborative working; working with communities; sustainability; and fairness and equality arrangements that the IJB has in place. Further details have been provided in the ‘*Best Value*’ section 8 of this report.

Management Commentary and Annual Governance Statement opinion

We have no matters to report in respect of the Management Commentary or the Annual Governance Statement preparation as it is consistent with the financial statements and has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003 and Delivering Good Governance in Local Government Framework 2016. Our proposed Management Commentary and Annual Governance Statement opinion is included in the draft auditor’s report in Appendix C.

Matters on which we report by exception

We are required by the Accounts Commission for Scotland to report to you if, during the course of our audit, we have found that adequate accounting records have not been kept; the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or we have not received all the information and explanations we require for our audit. We have nothing to report in respect of these matters.

Other information

We are required to report on whether the other information (comprising of the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited parts of the Remuneration Report), is materially inconsistent with the financial statements; is materially inconsistent with our knowledge obtained in the course of the audit; or otherwise appears to be materially misstated. No inconsistencies have been identified and we have issued an unmodified opinion in this respect.

Wider reporting powers

Section 101 of the Local Government (Scotland) Act 1973 requires us to give any person interested, the opportunity to question us about the accounting records of the IJB and to consider any objection made to the accounts. We received no such objections to the accounts.

Executive summary (continued)

Qualitative aspects of IJB's accounting practices

We have reviewed IJB's accounting policies and disclosures and conclude that they comply with the Code of Practice on Local Authority Accounting in the United Kingdom 2025-26, appropriately tailored to the IJB's circumstances.

Unaudited accounts were received from the IJB on 26 June 2026 and were of a good quality.

Significant matters discussed with management

During our audit, we did not communicate any significant matters to management:

Other matters of significance

We encountered no significant difficulties during our audit and had no significant disagreements with management. There was effective co-operation and communication between Forvis Mazars, management, and the Audit and Performance committee during our audit. All requested information and explanations were provided to us.

Other matters we are required by ISA (UK) 260 *Communication with Those Charged with Governance* to communicate to you have been set out in Appendix E.

Status of our audit

Status of our audit

Our audit work is substantially complete and there are currently no matters of which we are aware that would require modification of our audit opinion, subject to the satisfactory resolution of the outstanding matters set out below. We have concluded our work on Wider Scope and Best Value. The areas where work remains outstanding are detailed below.

Audit quality control and completion procedures

Our audit work will undergo final stages of review. In addition, there are residual procedures to complete, including updating post balance sheet event considerations to the point of issuing the opinion, obtaining final management representations and agreeing adjustments to the final set of accounts.

Medium

Annual Report and Accounts and letter of representation

We will complete our final review of the annual report and accounts upon receipt of the signed version of the accounts and letter of representation.

Low

Status

- High** - Likely to result in a material adjustment or a significant change to disclosures in the financial statements.
- Medium** - Potential to result in a material adjustment or a significant change to disclosures in the financial statements.
- Low** - Not considered likely to result in a material adjustment or a change to disclosures in the financial statements.
- N/A** - Work on Wider Scope and Best Value arrangements therefore no risk of adjustment to the financial statements.

Audit approach and risk summary

Audit approach and risk summary

Changes to our audit approach

There have been no changes to the audit approach we communicated in our Annual Audit Plan, issued on 3 March 2026.

Materiality

Our provisional materiality at the planning stage of our audit was set at £5,558k using a benchmark of 2% of gross revenue expenditure at surplus/deficit level as per the Annual Audit Plan. Our performance materiality was provisionally set to £4,168k.

The following significant judgements have been made in determining the financial statement materiality amounts:

- that the main users of the financial statements are the Scottish Government, other IJBs, local authorities, regulators, elected members, the local community, and other stakeholders;
- that the primary aggregate that users tend to focus on is gross revenue expenditure, as it reflects the extent of services commissioned by the IJB;
- that the IJB's objective is not to maximise profits, as it has no shareholders. Instead, its focus is on delivering its key priorities. The services provided to the local community are primarily funded by the Scottish Government through the IJB's partner organisations, West Dunbartonshire Council and NHS Greater Glasgow and Clyde.
- that as part of our audit, we have gained an understanding that the IJB has a well established and experienced finance team capable of applying the relevant Accounting Standards. Additionally, the Audit and Performance Committee members demonstrate good ability to scrutinise financial information at a high level.

In determining the performance materiality levels, we made the following significant judgements:

- that we are now in the fourth year of our audit appointment and therefore have a more mature and detailed understanding of the IJB's operations, risks, and financial environment;
- that the financial reporting process does not involve significant journal adjustments, which decreases the risk of misstatement;
- that the IJB has a strong control environment, which reduces the likelihood of pervasive misstatements;
- that the IJB's transactions are neither few nor straightforward;
- that we have not identified significant errors in prior periods; and
- management has demonstrated a willingness to promptly identify, disclose, and correct matters where they arise.

Based on the final financial statement figures and other qualitative factors mentioned above, the final overall materiality we applied was £5,853k (final performance materiality: £4,390k; final clearly trivial threshold: £176k).

Internal audit

As per our Annual Audit Plan, we did not use the work of internal audit during the course of our audit. We did obtain a copy of the reports issued by internal audit relating to the financial period under audit and contacted the Chief Internal Auditor. There are no adverse findings to report.

Audit approach and risk summary (continued)

Significant risks	Fraud risk	Judgement	Error	Substantive audit procedures	Tests of controls	Misstatement identified	Control recommendations	Conclusion	Page ref to finding
Management override of controls	Yes	Yes	No	Yes	No	No	No	Risk is satisfactorily addressed.	14

Significant findings

Significant findings

The significant findings from our audit include our conclusions regarding the significant risks we identified and other key areas of judgement, which are set out in this section.

Significant risks

Management override of controls
Description of risk Management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur, there is a risk of material misstatement due to fraud on all audits. You should assess this risk as part of your oversight of the financial reporting process.
How we addressed this risk We addressed this risk through performing audit work over: • accounting estimates: by evaluating the methods and assumptions used by management to develop the estimate; • journal entries: testing any journals that meet our fraud risk criteria and other adjustments made in preparing the financial statements; and • significant transactions: considering and testing any significant transactions outside the normal course of business or otherwise unusual.
Audit conclusion We have reviewed the bad debt provision and confirmed that the judgements and estimates made by management in determining the provision are reasonable. We did not identify any journal entries posted in preparation of the accounts that met our risk criteria. We have tested and confirmed significant adjustments, including resource transfers between partner bodies, which were included in the preparation of the financial statements. Our work has provided the assurance we sought and has not highlighted any material issues to bring to your attention.

Significant findings (continued)

Wider responsibilities – statutory reporting

The 1973 Act allows any persons interested to inspect the accounts to be audited and the underlying accounting records of the IJB. The act also allows any persons interested to object to the accounts. No such objections have been raised

We are required to notify the Controller of Audit when circumstances indicate that a statutory report may be required.

- Section 102(1) of the 1973 Act allows us to prepare a report to the Commission about the IJB's accounts; matters that have arisen during the audit that should be brought to the attention of the public; or the performance of the IJB in their duties relating to Best Value. We confirm no such reports have been prepared.
- Section 102(3) of the 1973 Act allows us to make a special report to the Commission if an item of account is contrary to law; there has been a failure on someone's part to bring into account a sum which ought to have been brought into account; a loss has been incurred or deficiency caused by the negligence or misconduct of a person, or by the failure of a body to carry out a duty imposed on them by any enactment; or a sum which ought to have been credited or debited to one account of a body has been credited or debited to another account and the body has not taken, or is not taking, steps to remedy the matter. We confirm no such reports have been prepared.
- Section 97A of the 1973 Act allows us to undertake or promote comparative and other studies to make and publish recommendations for the securing by local government bodies of Best Value, improving economy, efficiency and effectiveness in the provision of services by local government bodies and improving the financial or other management of local government bodies. We confirm no such studies or recommendations have been prepared.

05

Summary of misstatements

Summary of misstatements

Adjusted and Unadjusted misstatements

Our overall materiality, performance materiality, and clearly trivial (reporting) threshold were reported in our Annual Audit Plan, issued on 3rd March 2026. Any subsequent changes to those figures are set out in the '*Executive summary*' section of this report.

We have identified no misstatements above our reporting threshold, or that we deem to be material by nature, as at the date of this report.

Disclosure misstatements

We identified the following disclosure misstatements during our audit that have been corrected by management:

- **Note 11 - Related party Transactions**

- The Code requires bodies to disclose related parties that exert significant influence through legislation and grant funding. The IJB has added an additional disclosure in the 2025/26 accounts to include the Scottish Government as one such related party. This is because the Scottish Government can exert significant influence through legislation and funding of the IJB's partner bodies, therefore indirectly influencing the financial and operating policy decisions of the IJB.

There were also adjustments to the annual report and accounts for other minor disclosure, consistency or presentational matters.

We identified the following disclosure misstatements during our audit that have not been corrected by management:

- **Provisions**

- The unaudited accounts included a provision of £546k (24/25: £487k) in the balance sheet for unrecovered charges for specific social care delegated services. We have recommended in prior year audits (2022/23, 2023/24 and 2024/25) that officers amend the short-term debtors balance to show it net of the bad debt provision. Officers decided not to make this adjustment on the basis that by presenting the balance as a provision, the IJB is recognising the uncertainty associated with it and improving visibility to readers of the accounts. The IJB's contribution from the Council is net of income received from levying charges and other income. If any debt is written off, the IJB accounts for the impact. However, ultimately if the IJB cannot cover its costs then the Council would have to account for any deficit in line with the Integration Scheme.
- We have accepted the IJB's accounting treatment because the amount disclosed is not material and an alternative accounting treatment would have no impact on total net assets recorded in the balance sheet.

We will obtain written representations confirming that, after considering the unadjusted disclosure misstatements, both individually and in aggregate, in the context of the annual report and financial statements taken as a whole, no adjustments are required.

Fraud considerations

Fraud considerations

We have a responsibility to plan and perform our audit to obtain reasonable assurance that the financial statements are free from material misstatement, whether due to fraud or error.

Your responsibilities

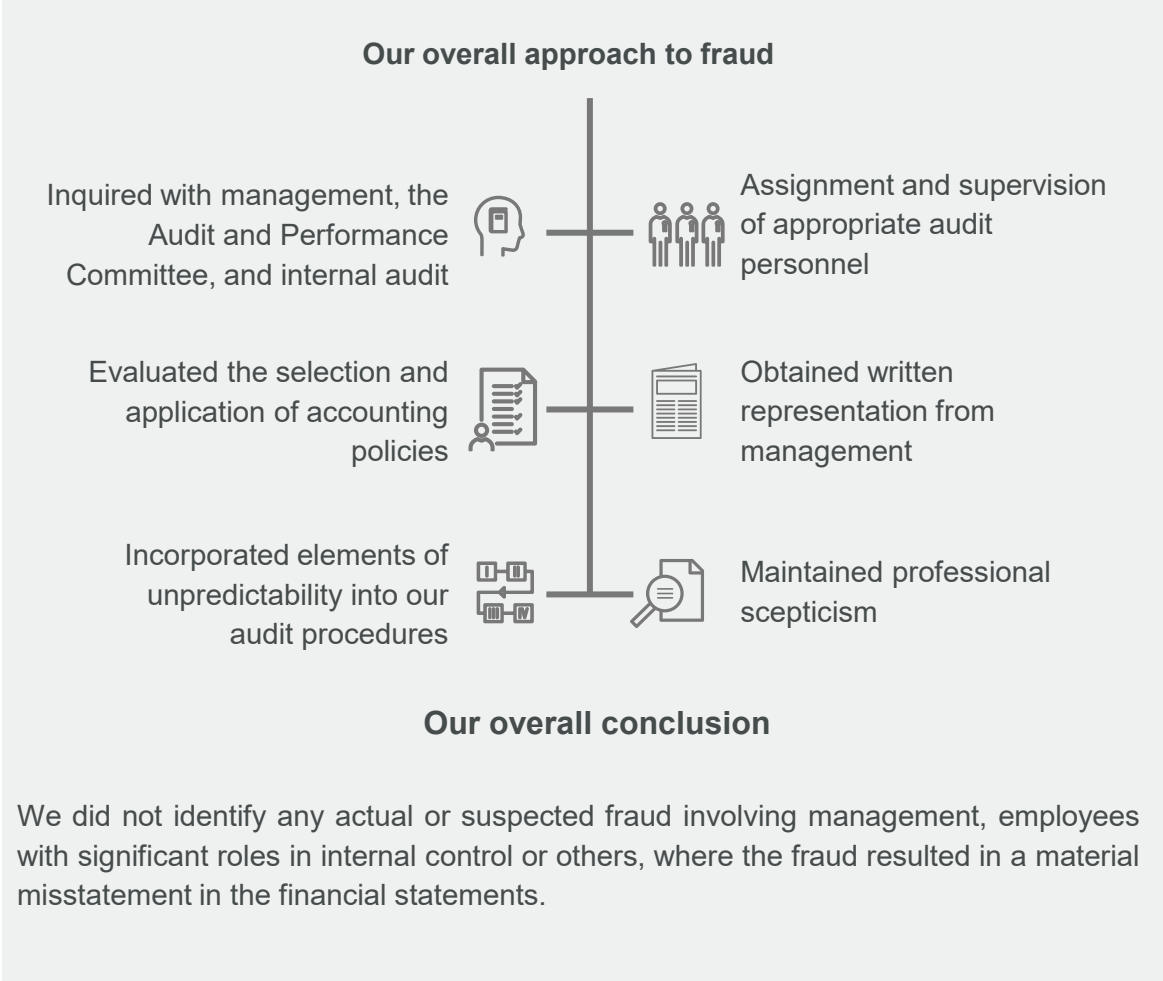
Management has primary responsibility for the prevention and detection of fraud. It is important that management, with your oversight, place a strong emphasis on fraud prevention, which may reduce opportunities for fraud to take place, and fraud deterrence, which could persuade individuals not to commit fraud because of the likelihood of detection and punishment. This involves a commitment to creating a culture of honesty and ethical behaviour which is reinforced by your active oversight.

Our responsibilities

We have a responsibility for obtaining reasonable assurance that the financial statements taken as a whole are free from material misstatement, whether due to fraud or error. The distinguishing factor between fraud and error is whether the underlying action that results in a misstatement is intentional or unintentional. Two types of intentional misstatements are relevant to us – misstatements resulting from fraudulent financial reporting, and misstatements resulting from the misappropriation of assets.

ISA presumed fraud risks

As set out in the ‘*Audit approach and risk summary*’ section, the risks of fraud in management override of controls were identified as significant risks.



07

Wider scope

Commentary on Wider Scope

Overall Summary



Commentary on Wider Scope

Wider Scope summary

As auditors appointed by the Auditor General of Scotland, our Wider Scope responsibilities are set out in the Code of Audit Practice 2021. The Code requirements broaden the scope of the 2025/26 audit and allow us to use a risk-based approach to report on our consideration of the IJB’s performance and make recommendations for improvement and, where appropriate, conclude on the IJB’s performance.

The Code’s Wider Scope framework is categorised into four areas:

- financial management;
- financial sustainability;
- vision, leadership and governance; and
- use of resources to improve outcomes.

Overall summary by reporting criteria

From the satisfactory conclusion of our audit work, we have the following conclusions:

Reporting criteria	Commentary page reference	Possible significant risks?	Significant risks identified?	Other recommendations made?
Financial management	23	No	No	No
Financial sustainability	28	Yes – see risk 1 on page 29	Yes – see recommendation 1 on page 31	No
Vision, leadership and governance	33	No	No	Yes – See recommendation 2 on page 38
Use of resources to improve outcomes	39	No	No	No

Commentary on Wider Scope

Financial management

Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.



Financial management (continued)

Our overall assessment

Area assessed	Our findings	Our judgements	Significant risks identified
Financial management culture	The IJB have established a strong financial management culture supported by a comprehensive framework of procedures, regular financial reporting, and effective governance arrangements. During 2025/26, the control environment was further strengthened through the development of a 'Financial Management Processes and Procedures' Manual in June 2026 along with the introduction of structured budget holder training, responding positively to recommendations arising from the previous year's audit. The implementation of refreshed budget holder training and the new Financial Management Processes and Procedures Manual occurred after the end of the 2025/26 financial year. As a result, the full benefits of these strengthened arrangements were not realised during most of the period under review. The benefits from these will be seen from 2026/27 onwards. Financial planning, monitoring, forecasting and reporting are embedded throughout the organisation, with clearly defined roles and responsibilities for budget holders, finance staff and senior management. Financial management arrangements are supported by an experienced and suitably qualified finance function, led by a Chief Financial Officer operating in accordance with statutory responsibilities. Longer-term financial planning arrangements are well developed, including the Medium-Term Financial Outlook (MTFO) which forecasts income and expenditure and identifies funding gaps for a three year period from 2024/25 to 2027/28, incorporating scenario planning of future cost pressures, funding assumptions, savings requirements and reserve utilisation. Strategic planning arrangements demonstrate clear alignment between financial resources, service priorities and anticipated future demand.	The IJB has effective financial arrangements in place. Financial monitoring, forecasting and longer-term planning arrangements are operating effectively and have contributed to a strong financial performance during 2025/26. While significant future financial sustainability challenges remain, these risks are recognised, transparently reported and actively managed through established financial planning processes.	No significant risks identified

Financial management (continued)

Our overall assessment

Area assessed	Our findings	Our judgements	Significant risks identified
Accountability	Financial Regulations provide a clear framework of responsibilities for the Board, Chief Officer, Chief Financial Officer and budget holders, while documented procedures reinforce expectations regarding budget setting, monitoring and financial reporting. Financial and performance information is reported regularly through established governance structures, including the Board and Audit and Performance Committee. Reporting arrangements provide comprehensive information on budget performance, forecast outturn positions, savings delivery, reserve movements, performance against strategic objectives and key financial risks. Performance reporting is aligned with the Strategic Plan and National Health and Wellbeing Outcomes. Board members receive regular updates on service performance and improvement activity, supported by reporting against a broad range of performance indicators and associated improvement actions. The IJB demonstrated effective budgetary control during the year. Approved savings and service redesign efficiencies of £5.484 million were largely delivered, with 98% achieved or on track for delivery. The IJB reported a surplus on service provision of £4.908 million prior to reserve movements, while unearmarked reserves increased from £3.576 million to £4.773 million, exceeding the target reserve level of 2% by 0.07% of net expenditure.	The IJB's budget monitoring arrangements support financial accountability. Roles, responsibilities and reporting requirements are clearly presented, and members are provided with sufficient information to scrutinise performance, monitor financial risks and oversee delivery of strategic objectives. The IJB has delivered a surplus position and increased reserves in a difficult economic environment.	No significant risks identified

Financial management (continued)

Our overall assessment

Area assessed	Our findings	Our judgements	Significant risks identified
Arrangements to prevent and detect fraud, error and other irregularities, bribery and corruption	The IJB does not maintain its own fraud and corruption policies but relies on the frameworks of its partner bodies, West Dunbartonshire Council (the Council) and NHS Greater Glasgow and Clyde (NHSGGC). Consistent with prior years , the Council and NHSGGC provide comprehensive anti-fraud measures. These include dedicated fraud teams, whistleblowing channels, and regularly reviewed policies. NHSGGC has a Fraud Response Plan and a staff Code of Conduct covering ethical behaviour, gifts, contracts, and whistleblowing. West Dunbartonshire Council also has a Code of Conduct covering these areas. The IJB has adopted its own Code of Conduct for Board members, covering areas such as declarations of interest and lobbying, and its own Local Code of Good Governance. These documents support ethical standards and transparency at Board level. Independent assurance is provided through Internal Audit activity. The Chief Internal Auditor concluded that reasonable assurance could be placed upon the adequacy and effectiveness of governance, risk management and internal control arrangements during 2025/26 and reported no significant control weaknesses.	The IJB has effective arrangements in place to prevent and detect fraud, error and financial irregularity. Financial regulations, internal controls, internal audit assurance and governance oversight collectively provide a strong control environment. No significant weaknesses in internal control arrangements were identified during 2025/26, and ongoing improvements to procedures and training further strengthen the organisation's control framework.	No significant risks identified

Financial management (continued)

Follow up of previously-reported recommendations

In September 2025 we reported one recommendations to the IJB to address risks identified from our Wider Scope audit for financial management. As part of our work in 2025/26, we followed up the progress made by the IJB against the recommendations made, and determined whether the risk remained during the year.

	Financial management finding as previously reported	Management response and implementation timeframe	Work undertaken and judgements made in 2025/26	Conclusions reached
1	Financial Management (Training for budget holders) – Level 3 Training materials are available to support budget holders to scrutinise their budgets. However, the IJB does not provide regular refresher training. There is a risk that budget holders may not consistently apply procedures which could affect the accuracy of budget monitoring and reporting. Recommendation The IJB should ensure refresher training is provided to budget holders to ensure procedures are understood and consistently applied.	Management Response In parallel with the actions agreed by management in response to Internal Audit’s similar recommendation to review the adequacy of refresher training for budget holders, draft training materials will be finalised and rolled out in a phased way throughout the next year. Implementation timescale Training materials finalised by November 2025 and phased roll-out, incorporating feedback throughout 2026.	Progress against the recommendation The IJB has implemented the recommendation. During 2026, management developed and delivered a structured budget holder training programme covering budget holder responsibilities, financial regulations, variance reporting, budget monitoring, savings monitoring and financial governance arrangements. Attendance records and participant feedback confirmed that training was delivered and positively received by participants. Management also introduced a Financial Management Processes and Procedures Manual in June 2026, providing a documented framework covering budget setting, financial monitoring, financial reporting and governance responsibilities. These actions strengthen the financial control environment and promote a more consistent approach to budget management across the organisation. Both the refresher training and the new procedures manual were implemented in June 2026, after the 2025/26 financial year-end and following approval of the 2026/27 budget. Consequently, the benefits of the enhanced arrangements were not available throughout most of the audit period or during the 2026/27 budget-setting process.	Conclusions Complete. The recommendation has been implemented through the introduction of budget holder refresher training and the development of a Financial Management Processes and Procedures Manual. These arrangements address the underlying concern identified in the prior year and strengthen support available to budget holders. No evidence was identified that weaknesses in budget monitoring or financial reporting arose from the prior issue. However, implementation took later than anticipated and therefore the improved arrangements were not in operation for most of 2025/26.

Commentary on Wider Scope

Financial sustainability

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.



Financial sustainability

Significant risks

We have outlined below the significant risk in arrangements that we presented in our Annual Audit Plan, issued on 3 March 2026 and the work undertaken to respond to this.

Significant Risk in Arrangements Identified	Work undertaken and the results of our work
1 Financial sustainability West Dunbartonshire Integration Joint Board (IJB) is forecasting significant budget gaps in future years. Initial budget outlooks project significant funding gap for 2026/27 of ~£12.8million, reduced by using a superannuation reserve allocation to bring budget gap to approximately £9.7million. The IJB is considering budget options for 2026/27 and its partner organisations are still to agree their funding contributions. As in previous years, the IJB expects to use reserves to balance the budget. The IJB's un earmarked reserves were 1.62% of net expenditure at 31 March 2025, which is below the contingency level of 2% in its reserves policy. The scale of the savings the IJB needs to make, in the context of the national pressures facing community health and social care service, put its financial sustainability at risk.	Work undertaken The IJB has established comprehensive financial planning arrangements through its MTFO, annual budget setting process, strategic risk management framework and regular financial performance reporting. The IJB achieved a favourable draft outturn position in 2025/26, reporting an adjusted underspend of £0.400 million in the June 2026 report and delivering approximately 98% (£5.394 million) of planned savings. A reserves strategy remains in place and continues to be applied through the annual budget-setting and financial planning process. As at 31 March 2026, the IJB held unearmarked reserves of £4.773 million, representing approximately 2.07% of net expenditure and therefore marginally exceeding the policy target of 2%. Earmarked reserves totalled £18.542 million, bringing total reserves to £23.315 million. Approximately 62% of earmarked reserves are expected to be utilised during 2026/27. Whilst savings delivery and financial monitoring arrangements are well developed, some of the favourable financial performance achieved during 2025/26 reflects non-recurring factors, including workforce vacancies, recruitment delays and staff turnover. The Annual Report also highlights continuing uncertainty arising from annual funding settlements and the impact this may have on workforce planning, service transformation and delivery of recurring savings. The Strategic Needs Assessment identifies a declining population, projected to fall from approximately 89,120 in 2025 to 77,308 by 2047, alongside an increasingly ageing population and growing prevalence of long-term health conditions. The IJB demonstrates a strong understanding of long-term pressures facing health and social care services. The MTFO includes multi-year financial forecasting and has quantified scenario planning through Best Case, Mid-Range and Worst-Case projections covering the period to 2027/28. These scenarios model variations in key assumptions including pay inflation, demographic pressures, prescribing costs, partner funding, Scottish Living Wage uplifts and wider service demand pressures. Results of our work We have determined that governance arrangements are generally effective. The IJB demonstrates a good understanding of its medium and longer-term financial challenges and has established appropriate governance, monitoring and reporting arrangements to mitigate emerging risks. However, future financial balance is dependent upon successful delivery of recurring savings, workforce plans and transformation programmes and there remains challenges around the planned use of reserves. As such, we have raised a recommendation on page 31.

Financial sustainability (continued)

Our overall assessment

Area assessed	Our findings	Our judgements	Significant risks identified
Financial planning	The Board approved the IJB’s MTFO in November 2024, which provided a three-year financial forecast and high level ten-year projection of financial gaps. In addition to this, management update the budget gap figures on an annual basis. Financial sustainability is recognised as the most significant strategic financial risk facing the organisation and is appropriately reflected as the highest-rated risk within the Strategic Risk Register. During the 2025/26 period the reserves position strengthened significantly with total reserves increasing to £23.315 million, including £18.542 million of earmarked reserves held for clearly defined purposes. Reserve utilisation is subject to governance oversight and is incorporated into medium-term financial planning arrangements. Despite the positive outturn position for 2025/26, significant medium and longer-term financial sustainability challenges remain, which are prevalent across the public sector. The approved 2026/27 budget required £5.136 million of reserve utilisation to achieve financial balance. While this approach is consistent with the Reserves Policy, current plans indicate that approximately 62% of earmarked reserves will be utilised during 2026/27. The IJB is actively monitoring the demographic, operational and service pressures projected to affect future financial sustainability through its Strategic Needs Assessments (SNA). These pressures are reflected within strategic planning and financial assumptions. This ties in with the MTFO which identifies substantial future funding gaps of £8.567 million in 2027/28 and £12.373 million in 2028/29 after planned savings and management actions have been applied.	The IJB are aware of the financial risks in the coming years and are actively monitoring and preparing savings plans to attempt to mitigate the financial impact. The MTFO demonstrates many of the characteristics expected of effective medium-term financial planning and provides a sound basis for strategic decision-making. However, opportunities remain to strengthen quantified sensitivity analysis and scenario planning to improve understanding of the potential impact of changes in key assumptions such as inflation, demand growth, workforce costs, prescribing pressures and future funding settlements.	Financial sustainability – Level 1 There is a risk to the longer-term financial sustainability of the IJB. See page 31 for information on the significant risks identified.

Financial sustainability (continued)

Identified risks in financial sustainability arrangements and recommendations for improvement

As a result of our work we have identified risks in the IJB’s financial sustainability arrangements. These identified risks have been outlined in the table below. We have assigned priority rankings to each of them to reflect the importance that we consider each poses to your organisation and, hence, our recommendation in terms of the urgency of required action; see Appendix F for further details.

	Financial Sustainability significant risks identified	Recommendation for improvement	IJB’s response and implementation timescale
1	Financial sustainability – Level 1 Despite achieving a favourable financial outturn in 2025/26, there remains a financial sustainability risk as the organisation continues to rely on reserve drawdowns to achieve financial balance and faces significant projected budget gaps in future years. The approved 2025/26 budget included a planned drawdown of £3.049 million from earmarked reserves, with total earmarked reserves being drawn down by £3.760 million during the year. This was offset with £7.471 million being added bringing the closing earmarked reserve to £18.542 million as at 31 March 2026. The Medium-Term Financial Outlook identifies remaining budget gaps of £8.567 million in 2027/28 and £12.373 million in 2028/29 after planned mitigation measures. Continued reliance on reserves and non-recurring funding to support financial balance may reduce financial resilience and limit the IJB's ability to respond to future financial pressures.	The IJB should continue to strengthen medium-term financial sustainability by developing and delivering recurring savings and transformation initiatives that reduce reliance on reserves to support financial balance. Progress against planned savings, reserve utilisation and future budget gap mitigation should continue to be regularly reported to the IJB Board and Audit & Performance Committee. Enhanced scenario modelling and quantified sensitivity analysis would support greater transparency over financial risks and strengthen long-term financial sustainability.	Management’s response The IJB recognises financial sustainability as its highest-rated strategic risk and continues to monitor this through established governance, risk management and financial reporting arrangements. Future-year financial gaps, reserve utilisation, savings delivery and emerging financial risks are routinely reported to the IJB and Audit & Performance Committee. Delivery of medium and longer-term financial sustainability will continue to be supported through a range of workstreams including service redesign and transformation programmes, improved use of digital technologies, workforce planning initiatives and the planned and appropriate use of reserves in line with the approved Reserves Policy. These arrangements are intended to support recurring savings, improve efficiency and ensure resources remain aligned to strategic priorities and assessed need. The current Medium-Term Financial Outlook (MTFO) covers the period 2024/25 to 2027/28 and is updated annually through the budget-setting process to reflect revised assumptions, funding positions, demographic pressures and emerging risks. Following approval of the Strategic Plan 2027-2032, scheduled for May 2027, the MTFO will undergo a full refresh to ensure continued alignment between strategic priorities, financial planning, service transformation activity. As part of this refresh, opportunities to further strengthen scenario planning and sensitivity analysis will be considered. Responsible officer Chief Financial Officer Implementation date May 2027

Financial sustainability (continued)

Follow up of previously-reported recommendations

In September 2025 we reported one recommendations to the IJB to address risks identified from our Wider Scope audit for financial sustainability. As part of our work in 2025/26, we followed up the progress made by the IJB against the recommendations made, and determined whether the risk remained during the year.

	Financial sustainability finding as previously reported	Management response and implementation timeframe	Work undertaken and judgements made in 2025/26	Conclusions reached
1	Financial sustainability – Level 2 The MTFO projects a cumulative budget gap of £9.00m in 2026/27, rising to £18.85m by 2027/28. The IJB has agreed a financial plan, which includes achieving savings through prescribing efficiencies, improved workforce management and service redesign. The challenges faced by the IJB put its longer-term financial sustainability at risk. Recommendation The IJB should continue to regularly review and update the MTFO and its financial plan. As part of this process, the IJB should ensure its partners understand the challenges it faces and their collective responsibility to ensure the IJB's finances are secure.	Management Response: The MTFO was fully refreshed in November 2024 and covers the period to 2027/28. This Outlook will be refreshed in line with the production of the IJB's next Strategic Plan effective from 1 April 2026. Implementation timescale: 1 April 2026	Progress against the recommendation The IJB has made progress in responding to the recommendation. Financial planning arrangements continue to be supported by a regularly updated MTFO, annual budget setting process, strategic risk management framework and ongoing Board scrutiny. Financial sustainability remains the highest-rated strategic risk and is subject to regular monitoring and reporting.	Conclusions Complete. The recommendation has been implemented. The IJB has refreshed and maintained its Medium-Term Financial Outlook, updated financial assumptions and continued to monitor financial sustainability through established governance arrangements. However, the risks that gave rise to the original recommendation remain relevant and have been incorporated into the Financial Sustainability Level 1 risk reported on the previous page.

Commentary on Wider Scope

Vision, leadership and governance

Vision, Leadership and Governance is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.



Vision, leadership and governance (continued)

Our overall assessment

Area assessed	Our findings	Our judgements	Significant risks identified
Clarity of plans to implement the vision	The IJB continues to demonstrate a clear and well-articulated vision of “Improving Lives with the People of West Dunbartonshire”, which is supported by a strategic outlook that aligns with national health and wellbeing outcomes and local priorities. A Strategic Needs Assessment (SNA) was completed in 2025 to provide a comprehensive assessment of service demand, workforce pressures and future care requirements. The assessment identifies key long-term challenges, including an ageing population, rising demand for community-based services, child poverty and mental health needs. These assessments provide an insight to support future planning and reinforce the continued relevance of the existing strategic priorities. The Board approved an extension to the current 2023-2026 strategic plan by one-year up to 2027 to allow additional engagement activity and incorporation of the findings from the SNA as part of the consideration of the next Strategic Plan covering 2027-2032. This demonstrates responsiveness and a commitment to ensuring that future strategic priorities are informed by updated evidence, stakeholder engagement and co-production activity with local communities, service users and other stakeholders being involved in the process. Community participation and engagement arrangements are well established and supported through the Participation and Engagement Strategy and Strategic Planning Group. These arrangements provide mechanisms for incorporating stakeholder and service user perspectives into strategic planning. While evidence demonstrates a clear commitment to engagement, there remains an opportunity to strengthen the demonstration of how feedback and engagement outcomes directly influence operational decision-making and measurable service improvements.	The IJB has established clear arrangements for implementing its vision and strategic objectives. The decision to extend the Strategic Plan reflects a measured and appropriate response to changing circumstances and supports the development of a more informed and sustainable future strategy. However, effective delivery of the vision will depend on the successful completion of the new Strategic Plan and ensuring that supporting workforce and service planning arrangements are fully aligned with future priorities.	Strategic Alignment – Level 2 The IJB is finalising its Strategic Plan and ensuring supporting plans are fully aligned and implemented. There is a risk that delays in finalising and embedding the new strategy could reduce clarity over its longer-term priorities, implementation arrangements and alignment between strategic, workforce and financial planning. See page 38 for further information and our recommendations made to the IJB.

Vision, leadership and governance (continued)

Our overall assessment (continued)

Area assessed	Our findings	Our judgements	Significant risks identified
Strategy and priorities	The IJB's Strategic Plan 2023-2026 presents a clear and structured roadmap, built around four strategic outcomes aligned with national health and wellbeing goals. It is supported by the SNA, a Strategic Delivery Plan and the MTFO, ensuring priorities are evidence-based and linked to financial decision-making. Good progress has been made in strengthening the alignment between strategic planning. The former Integrated Workforce Plan has been reframed as the Workforce and Organisational Development Interim Plan 2025-2027, which was extended to align with the development of the next Strategic Plan 2027-2032. The interim plan reflects key findings from the SNA and focuses on workforce sustainability, recruitment and retention, succession planning, leadership development, workforce wellbeing and integrated working. Management has also progressed succession planning activity. It has identified key workforce risks associated with the potential loss of critical skills and leadership capacity. It now maintains a matrix detailing the talent pipeline and readiness to fill roles if they are made vacant. The development of the Strategic Plan 2027-2032 remains on track, supported by stakeholder engagement and ongoing workforce planning activity. However, the longer-term Workforce Plan, Leadership and Talent Framework and supporting succession planning arrangements remain under development and are dependent on completion of the new Strategic Plan. Given the significant workforce and demographic challenges identified in the SNA, successful delivery of these arrangements will be vital to ensure workforce capacity and delivery of the IJB's strategic vision.	The IJB has a coherent strategic framework. Strategic priorities remain relevant and appropriately targeted towards key population and service pressures. Good progress has been made in strengthening succession planning arrangements However, the full benefits of these arrangements will only be realised once the longer-term Workforce Plan and associated succession planning framework are finalised and implemented alongside the Strategic Plan 2027-2032. Continued focus will therefore be required to ensure workforce planning is fully integrated with strategic, financial and service planning arrangements.	Please refer to the risk identified on page 34 regarding Strategic Alignment. See page 38 for our recommendations made to the IJB.

Vision, leadership and governance (continued)

Our overall assessment (continued)

Area assessed	Our findings	Our judgements	Significant risks identified
Governance arrangements	The IJB has well established governance arrangements that provide effective oversight, accountability and assurance in support of strategic objectives and Best Value responsibilities. Governance arrangements are supported by clear decision-making structures, regular Board and Audit & Performance Committee scrutiny, strategic risk management, performance reporting and internal audit assurance. The Annual Governance Statement and Chief Internal Auditor's opinion both conclude that governance, risk management and internal control arrangements remain effective. Governance improvement actions are routinely monitored and reported, and evidence demonstrates that audit findings and self-assessment activity are used to strengthen governance and organisational performance. The Board has maintained oversight of key strategic developments, including extension of the current Strategic Plan, development of the Strategic Plan 2027-2032 and ongoing financial sustainability challenges. Governance arrangements supporting development of the new Strategic Plan have been strengthened through the establishment of a Strategic Planning Project Group which provides challenge, assurance and stakeholder oversight. Progress has also been made in reviewing partnership governance arrangements relating to hosted services. Legal advice has been obtained, a Lead Partnership Governance Group has been established, and a financial due diligence exercise has been completed across the six IJBs. Revised draft Integration Schemes have been prepared and will be refined following the 2026/27 shadow year before progressing through formal approval processes.	The IJB has effective governance arrangements that support transparency, accountability, partnership working and informed decision-making. Strong assurance and scrutiny mechanisms are in place, and good progress has been made in reviewing partnership governance arrangements.	No significant risks identified.

Vision, leadership and governance (continued)

Our overall assessment (continued)

Area assessed	Our findings	Our judgements	Significant risks identified
Financial and performance information	During 2025/26, the Board and Audit & Performance Committee received regular reports covering financial performance, budget monitoring, savings delivery, strategic risks and service performance. This enabled members to monitor delivery of strategic priorities, assess emerging risks and consider the sustainability of services. Performance reporting is structured around the Strategic Plan's four strategic outcomes and the National Health and Wellbeing Outcomes. The Board receives quarterly performance reports and an Annual Performance Report, which for 2025/26 included reporting against 49 performance indicators supported by local and national benchmarking information, trend analysis and narrative commentary. The Audit & Performance Committee receives regular performance, risk and assurance reports throughout the year, including updates on strategic risks, internal and external audit recommendations, governance improvement actions and service performance. Financial reporting includes regular revenue budget monitoring reports, updates on delivery of savings programmes, reserve levels and Medium-Term Financial Outlook assumptions. Financial information is routinely linked to strategic priorities, transformation programmes and strategic risks, supporting informed decision-making regarding service sustainability and resource allocation. The Annual Performance Report, Annual Governance Statement, Annual Accounts and Best Value reporting collectively provide a comprehensive overview of organisational performance, financial stewardship and progress towards strategic objectives. The integration of financial, workforce, performance and risk information provides members with a strong evidence base for scrutiny, challenge and decision-making.	The IJB has effective arrangements for reporting and scrutiny of financial and performance information. Reporting frameworks provide members with sufficient information to support challenge, accountability and decision-making, and there is clear evidence that performance information informs strategic planning and service improvement activity.	No significant risks identified.

Vision, leadership and governance (continued)

Identified risks in vision, leadership and governance arrangements and recommendations for improvement

As a result of our work we have identified risks in the IJB's vision, leadership and governance arrangements. These identified risks have been outlined in the table below. We have assigned priority rankings to each of them to reflect the importance that we consider each poses to your organisation and, hence, our recommendation in terms of the urgency of required action; see Appendix F for further details.

	vision, leadership and governance significant risks identified	Recommendation for improvement	IJB's response and implementation timescale
2	Workforce Planning and Strategic Plan Alignment – Level 2 The IJB has established interim workforce and succession planning arrangements and has made progress in aligning workforce priorities with strategic and financial planning. However, the longer-term Workforce Plan, Leadership and Talent Framework and associated succession planning arrangements are still being developed alongside the Strategic Plan 2027-2032. Whilst the IJB is finalising its Strategic Plan and ensuring supporting plans are fully aligned and implemented. There is a risk that delays in finalising and embedding the new strategy could reduce clarity over its longer-term priorities, implementation arrangements and alignment between strategic, workforce and financial planning.	The IJB should complete development of its longer-term Workforce Plan and Leadership and Talent Framework. Formal milestones should be established and monitored with oversight of those charged with governance. Future workforce planning should demonstrate a clear link between workforce priorities, succession planning arrangements, Strategic Needs Assessment findings and strategic service delivery objectives.	Management's response Interim workforce and succession planning arrangements are already in place through the Workforce and Organisational Development Interim Plan 2025–2027, providing a framework for progressing key workforce priorities while the longer-term Strategic Plan is developed. Work is underway to develop the Workforce and Organisational Development Plan 2027–2032 alongside the Strategic Plan 2027–2032, ensuring that future workforce priorities are directly informed by the Strategic Needs Assessment, anticipated service demand, demographic pressures, financial planning and emerging service delivery priorities. This will include the development of the Leadership and Talent Framework and strengthened succession planning arrangements, with a particular focus on leadership resilience, critical roles, workforce capacity, recruitment and retention, and future skills requirements. Formal milestones will be established to support delivery and provide appropriate governance oversight. Progress will be monitored through the relevant IJB governance arrangements, with alignment between workforce, financial and strategic planning clearly demonstrated within the final plan. The Workforce and Organisational Development Plan 2027–2032 is scheduled to be presented to the IJB for approval in March 2027, aligned with the development and approval of the Strategic Plan 2027–2032. Responsible officer Head of People and Change Implementation date March 2027 with ongoing implementation and monitoring thereafter

Commentary on Wider Scope

Use of resources to improve outcomes

Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities. This includes demonstrating economy, efficiency, and effectiveness through the use of financial and other resources and reporting performance against outcomes.



Use of resources to improve outcomes (continued)

Our overall assessment

Area assessed	Our findings	Our judgements	Significant risks identified
Resources deployed to improve strategic outcomes	The IJB has established comprehensive arrangements to assess and respond to service user needs through strategic planning, performance management and stakeholder engagement. The Board aligns financial resources with strategic outcomes through its Strategic Plan and Delivery Plan. The Board considers financial performance reports tracking progress and spending trends each time it meets (six times a year). The Annual Performance Report and Best Value Statement demonstrate how resources support service delivery and improvement. An example of this good practice is the Learning Disability Service Review which has been informed by analysis of demographic pressures, future demand projections and care package costs. This has helped in supporting consideration of alternative models of support designed to promote independence whilst ensuring resources remain aligned to assessed need and statutory responsibilities. The Children and Families Transformation Programme ("What Would It Take?") represents a further example of resources being redirected towards preventative and early intervention care, with management reporting encouraging feedback at the early stage with both improved outcomes and improved financial performance.	The IJB demonstrates a strong understanding of service user needs and has appropriate mechanisms for incorporating population intelligence, performance evidence and stakeholder views into decision-making. Despite pressure on finances and service demand, the IJB are taking action and are deploying resources within their control.	Please refer to the risk identified on page 34 regarding Strategic Alignment. See page 38 for our recommendations made to the IJB.

Use of resources to improve outcomes (continued)

Our overall assessment (continued)

Area assessed	Our findings	Our judgements	Significant risks identified
Needs of service users being met	There are several arrangements in place to understand and respond to the needs of service users through strategic planning, engagement and performance monitoring. The Participation and Engagement Strategy 2024-2027 promotes co-production having been developed through consultation with service users, carers, community groups, third-sector organisations and partner agencies. The Board's decision to extend the current Strategic Plan to 2027 demonstrates a commitment to ensuring that future priorities are informed by engagement activity and findings from the Strategic Needs Assessment 2025. The strategy also includes actions to strengthen representation from seldom-heard groups, improve feedback mechanisms and increase community involvement in service planning and decision-making. The IJB continues to assess whether service user needs are being met through a performance management framework comprising 49 local and national indicators aligned to strategic priorities and National Health and Wellbeing Outcomes. Of the 49 performance indicators monitored by the IJB, performance in 2025/26 was mixed. While several measures show stable or improving trends, a number of strategically important indicators continue to perform below target, particularly in relation to delayed discharge, waiting times and unscheduled care. The IJB has strengthened performance scrutiny arrangements and introduced targeted recovery actions, with progress monitored through exception reporting and regular Board oversight. This provides assurance that underperformance is being actively managed	The IJB has a clear and effective approach to understanding and involving service users in service planning and evaluation, supported by comprehensive engagement arrangements and transparent performance reporting. Service user needs are considered in decision-making and resource allocation. Steps are being taken to actively address areas of underperformance in relation to the local and national indicators.	No significant risks identified.

Use of resources to improve outcomes (continued)

Our overall assessment (continued)

Area assessed	Our findings	Our judgements	Significant risks identified
Arrangements to deliver continuous improvements in priority services	The IJB has a strong focus on continuous improvement and has implemented a range of structured improvement and transformation programmes designed to address service pressures, improve outcomes and support long-term sustainability. Events in the year highlight that resources have been targeted towards priority areas where demand, performance pressures and sustainability risks are greatest. Significant examples during 2025/26 include the Care at Home Redesign Programme, which was informed by increasing demand from an ageing population, rising complexity of need, workforce pressures and service capacity challenges. The redesign has influenced investment decisions and associated savings proposals intended to support future sustainability whilst maintaining independence and community-based care. Further findings from our review of the IJB's arrangements to deliver continuous improvements in priority services are detailed in Best Value section of this report (Section 8).	The IJB has effective arrangements for driving continuous improvement, with evidence of service redesign, targeted recovery plans and transformation activity focused on priority service areas. Improvement activity is supported by robust governance oversight, and there are emerging positive outcomes from major transformation programmes.	No significant risks identified.

08

Best Value

Commentary on Best Value

Best Value



Best Value

Best Value summary

Under the Code of Audit Practice, the audit of Best Value is fully integrated within our annual audit work. We are required to assess the seven Best Value themes at the IJB over the period of the audit appointment. We have used a risk-based approach that is proportionate to the size and type of the body, to assess whether the IJB has made proper arrangements for securing Best Value and is complying with its community planning duties. We have also followed up on any previously reported Best Value findings, and have assessed the pace and depth of improvement implemented by the IJB.

At the planning stage of the audit, we undertook work to understand the arrangements that the IJB has in place under each of the reporting criteria and we considered whether there were any risks to our audit in those arrangements. We have kept our understanding of arrangements under review and updated our risk assessment throughout the audit to reflect emerging issues that may suggest significant risks in arrangements exist. The following slides outline the work that we have undertaken for each of the seven Best Value themes and any improvements or risks in arrangements that have been identified as part of our assessment.

Overall summary by reporting criteria

From the satisfactory conclusion of our audit work, we have the following conclusions:

Reporting criteria	Commentary page reference	Possible significant risks?	Significant risks identified?	Other recommendations made?	Overall conclusion
Best Value	46	No	No	No	Satisfactory

Best Value (continued)

Significant risks

We have not identified any significant risks in arrangements as part of our continuous planning procedures.

Overall commentary on the Best Value reporting criteria

The IJB has a statutory duty to have arrangements to secure Best Value. To achieve this, IJBs are expected to have effective processes for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account.

The Board of the IJB is the key decision-making body accountable for securing Best Value. Its membership includes six voting members from both partner bodies, being West Dunbartonshire Council and NHS Greater Glasgow and Clyde.

The Board is supported by the Audit and Performance Committee, Project Management Office and Senior Management Team. These arrangements are designed to ensure effective reporting on the outcomes of Best Value arrangements and that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively.

The Board meets six times per year, with regular financial and performance reporting. The IJB publishes all papers and minutes on its website. Complaints from the public are also regularly reported to the Board and investigated. These arrangements demonstrate the IJB's openness and transparency.

The IJB has effective arrangements in place to support delivery of Best Value. Governance, performance, financial and risk management arrangements are well established and integrated, providing clear accountability and oversight. The IJB demonstrates an ability to work alongside its partner bodies, with reserve levels being closely monitored to ensure appropriate levels are maintained, while considering the financial risk across the partnership.

In terms of collaboration with other IJB's, a lead partnership governance group was established in early 2025 and a financial due diligence exercise was undertaken jointly by all six CFOs, with a report presented in June 2026. Roles and responsibilities are clearly defined and there is evidence of constructive challenge, transparency and scrutiny.

The IJB prepares a Best Value Statement which is reviewed and updated on an annual basis. Officers presented the latest report to the June 2026 Audit and Performance Committee. This statement considers the IJB position in relation to ten key Best Value prompts, prepared by Audit Scotland.

The questions cover:

- consideration of the responsible parties for securing Best Value;
- how delivery assurances are measured;
- whether there is sufficient partner buy-in on the longer-term vision of the IJB;
- how value for money is demonstrated in decision making;
- whether there is a culture of continuous improvement;
- whether identified improvements actions which have been prioritised are those that are likely to have the greatest impact.;
- whether improvement actions have been identified and prioritised in terms of those likely to have the greatest impact;
- steps are taken to ensure that quality of care and service provided is not compromised due to cost saving measures;
- whether performance information reported to the Board is of sufficient detail to enable value for money to be assessed; and
- how the IJB ensure that management of resources (e.g. finances and workforce) is effective and sustainable.

Best Value (continued)

Overall commentary on the Best Value reporting criteria (continued)

The IJB, through its Best Value Statement, can evidence that resources are being directed towards priority service areas and service redesign activity. The IJB continues to demonstrate a commitment to improvement through a range of transformation and redesign programmes, including:

- Care at Home and Learning Disability service redesign;
- Children's Services Improvement Programme;
- digital transformation including transition to Digital Telecare alarms;
- prescribing efficiency initiatives; and
- wider sustainability reviews.

The IJB's Strategic Needs Assessment 2025 is a strategic assessment of current and future population needs within West Dunbartonshire that has strengthened the IJBs forward planning. This assessment has allowed the IJB to assess the demographic, health and social challenges and feed this into planning future priorities.

The extension of the 2023-2026 Strategic Plan by an additional year to 2027. This provides a further opportunity to enhance stakeholder engagement and co-production with stakeholders including service users, communities, staff, providers and partner organisations. The extension was approved by the Board to allow additional engagement activity and incorporation of the findings from the Strategic Needs Assessment as part of the consideration of the next Strategic Plan covering 2027-2032.

The IJB's pace of improvement is generally good; however, progress is constrained by financial pressures, workforce challenges and increasing service demand. Continued delivery of transformation activity, such as those mentioned above, will be necessary to achieve intended long-term benefits and support sustainability.

The IJB demonstrates evidence of continues improvement in several areas. Its strategic

planning has been strengthened through the Strategic Needs Assessment and greater integration between performance, risk and financial reporting. Its financial performance improved during 2025/26, with a favourable outturn, strong savings delivery and an improved reserves position. The organisation has progressed several significant transformation and service redesign programmes.

- The IJB continued implementation of its Care at Home redesign programme during 2025/26, including the introduction of a redesigned staffing model and standardised rota arrangements. The programme is intended to improve service responsiveness, workforce utilisation and long-term sustainability.
- The IJB continued to deliver improvement activity across Children's Services, including initiatives to strengthen mental health and wellbeing support and expand early intervention services. The programme aims to improve outcomes for children, young people and families through preventative approaches, earlier support and improved access to community-based services.
- The IJB completed the transition from analogue to digital telecare during 2025/26, ahead of the national implementation deadline. The programme supported more than 1,600 residents and improved the resilience, reliability and long-term sustainability of telecare services, helping people to live independently within their communities.

Our wider scope work has not identified any significant weaknesses in the governance and accountability of the IJB or its use of resources.

The IJB has assessed its Best Value arrangements and identified areas for improvement which it is working to address. For example, it has identified an opportunity to further strengthen the integration of performance and financial reporting. Greater alignment between key performance indicators and financial information would provide the Board with a clearer understanding of how resource allocation contributes to service outcomes. This would support more informed decision-making, enhanced transparency and stronger evidence of value for money.



Appendices

- A: Internal control conclusions
- B: Draft management representation letter
- C: Draft audit report
- D: Confirmation of our independence
- E: Other communications
- F: Wider scope ratings

Appendix A: Internal control conclusions

Other deficiencies in internal control

A deficiency in internal control exists if:

- A control is designed, implemented, or operated in such a way that it is unable to prevent, detect, and/ or correct potential misstatements in the financial statements; or
- A control that is necessary to prevent, detect, and/ or correct misstatements in the financial statements on a timely basis is missing.

The purpose of our audit was to express an opinion on the financial statements. As part of our audit, we have considered the West Dunbartonshire Integration Joint Board's internal controls relevant to the preparation of the financial statements to design audit procedures to allow us to express an opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the West Dunbartonshire Integration Joint Board's internal controls or to identify any significant deficiencies in their design or operation.

The matters reported in Appendix A are limited to those deficiencies and other control recommendations that we have identified during our normal audit procedures and which we consider to be of sufficient importance to merit being reported. If we had performed more extensive procedures on internal control, we might have identified more deficiencies to report or concluded that some of the reported deficiencies need not in fact have been reported. Our comments in Appendix A should not be regarded as a comprehensive record of all deficiencies that may exist or improvements that could be made.

This Appendix sets out the internal control observations that we have identified as at the date of this report. These control observations are not, in our view, significant control deficiencies but have been reported to management directly and are included in this report for your information. In our view, there is a need to address the deficiencies in internal control set out in this section to strengthen internal control or enhance business efficiency. Our recommendations should be actioned by management in the near future.

Appendix A: Internal control conclusions (continued)

Other deficiencies in internal control

Review of related party transactions

Description of deficiency

Three Board members' annual declarations of interest were submitted after the unaudited annual report and accounts were approved for issue. This included one which was omitted because the individual left during the year. This meant that officers were unable to review members' declarations and ensure any identified related party transactions were appropriately disclosed in the unaudited accounts. We also identified this deficiency during our 2024/25 audit and included a control recommendation in our 2024/25 Annual Audit Report.

We subsequently reviewed the declarations of interest against the IJB's transactions listings and did not identify any undisclosed related party transactions.

Potential effects

Officers may not be fully aware of Board member's interests leading to incorrect or incomplete disclosure of related party transactions in the annual accounts.

Recommendation

Officers should ensure annual declarations, for all members who have served in year, are received in suitable time for a full review to be carried out prior to issuing the unaudited accounts.

Management response

The Standards Commission for Scotland is very clear that responsibility for registering and declaring interests rests with the individual IJB member. The CFO and Standards Officer will issue a reminder to members to update register entries in sufficient time for entries to be considered in advance of the preparation of unaudited accounts.

Responsible Officer Standards officer

Implementation date April 2027

Appendix B: Draft management representation letter

Forvis Mazars
100 Queen Street
Glasgow
G1 3DN

XX September 2025

Tom Reid,

West Dunbartonshire Integration Joint Board - Audit for Year Ended 31 March 2026

This representation letter is provided in connection with your audit of the financial statements of West Dunbartonshire Integration Joint Board (the IJB) for the year ended 31 March 2026 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26 (the Code), and applicable law.

I confirm that the following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience (and, where appropriate, inspection of supporting documentation) sufficient to satisfy myself that I can properly make each of the following representations to you.

My responsibility for the financial statements and accounting information

I believe that I have fulfilled my responsibilities for the true and fair presentation and preparation of the financial statements in accordance with the Code, as amended by applicable law.

My responsibility to provide and disclose relevant information

I have provided you with:

- access to all information of which I am aware that is relevant to the preparation of the financial statements such as records, documentation and other material;
- additional information that you have requested from us for the purpose of the audit; and
- unrestricted access to individuals within the IJB you determined it was necessary to contact in order to obtain audit evidence.

I confirm as the Chief Financial Officer that I have taken all the necessary steps to make me aware of any relevant audit information and to establish that you, as auditors, are aware of this information.

As far as I am aware there is no relevant audit information of which you, as auditors, are unaware.

I confirm that there is no information provided to you as part of the audit that I consider legally privileged.

Appendix B: Draft management representation letter

Accounting records

I confirm that all transactions that have a material effect on the financial statements have been recorded in the accounting records and are reflected in the financial statements. All other records and related information, including minutes of all Board and committee meetings, have been made available to you.

Accounting policies

I confirm that I have reviewed the accounting policies applied during the year in accordance with International Accounting Standard 8 and consider these policies to faithfully represent the effects of transactions, other events or conditions on the IJB's financial position, financial performance and cash flows.

Accounting estimates, including those measured at fair value

I confirm that the methods, significant assumptions and the data used by the IJB in making the accounting estimates, including those measured at fair value, are appropriate to achieve recognition, measurement or disclosure that is in accordance with the applicable financial reporting framework.

Contingencies

There are no material contingent losses including pending or potential litigation that should be accrued where:

- information presently available indicates that it is probable that an asset has been impaired or a liability had been incurred at the balance sheet date; and
- the amount of the loss can be reasonably estimated.

There are no material contingent losses that should be disclosed where, although either or both the conditions specified above are not met, there is a reasonable possibility that a loss, or a loss greater than that accrued, may have been incurred at the balance sheet date.

There are no contingent gains which should be disclosed.

All material matters, including unasserted claims, that may result in litigation against the IJB have been brought to your attention. All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to you and accounted for and disclosed in accordance with the Code, as amended by applicable law.

Appendix B: Draft management representation letter

Laws and regulations

I confirm that I have disclosed to you all those events of which I am aware which involve known or suspected non-compliance with laws and regulations, together with the actual or contingent consequences which may arise therefrom.

The IJB has complied with all aspects of contractual agreements that would have a material effect on the accounts in the event of non-compliance.

Fraud and error

I acknowledge my responsibility as Chief Financial Officer for the design, implementation and maintenance of internal control to prevent and detect fraud and error and I believe I have appropriately fulfilled those responsibilities.

I have disclosed to you:

- all the results of my assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- all knowledge of fraud or suspected fraud affecting the IJB involving:
 - management and those charged with governance;
 - employees who have significant roles in internal control; and
 - others where fraud could have a material effect on the financial statements.

I have disclosed to you all information in relation to any allegations of fraud, or suspected fraud, affecting the IJB's financial statements communicated by employees, former employees, analysts, regulators or others.

Related party transactions

I confirm that all related party relationships, transactions and balances, have been appropriately accounted for and disclosed in accordance with the requirements of the Code, as amended applicable law.

I have disclosed to you the identity of the IJB's related parties and all related party relationships and transactions of which I am aware.

Charges on assets

All the IJB's assets are free from any charges exercisable by third parties except as disclosed within the financial statements.

Appendix B: Draft management representation letter

Future commitments

The IJB has no plans, intentions or commitments that may materially affect the carrying value or classification of assets and liabilities or give rise to additional liabilities.

Subsequent events

I confirm all events subsequent to the date of the financial statements and for which the Code, as amended by applicable law, require adjustment or disclosure have been adjusted or disclosed.

Should further material events occur after the date of this letter which may necessitate revision of the figures included in the financial statements or inclusion of a note thereto, I will advise you accordingly.

Impacts of Russian Forces entering Ukraine

I confirm that I have carried out an assessment of the potential impact of Russian Forces entering Ukraine on the IJB, including the impact of mitigation measures and uncertainties, and that the disclosure in the management commentary and the Events after the Reporting period note 5 to the financial statements fairly reflects that assessment

Tariffs

I confirm that I have carried out an assessment of the potential impact of changes in US trade policy in respect of tariffs, including the impact of reciprocal tariffs by other countries, including the impact of mitigation measures and uncertainties, and that the disclosure in the management commentary and the Events after the Reporting period note 5 to the financial statements fairly reflects that assessment.

Going concern

To the best of my knowledge there is nothing to indicate that the IJB will not continue as a going concern in the foreseeable future. The period to which I have paid particular attention in assessing the appropriateness of the going concern basis is not less than twelve months from the date of approval of the accounts.

Appendix B: Draft management representation letter

Annual Governance Statement

I am satisfied that the Annual Governance Statement (AGS) fairly reflects the IJB's risk assurance and governance framework and I confirm that I am not aware of any significant risks that are not disclosed within the AGS.

Management Commentary

The disclosures within the Management Commentary fairly reflect my understanding of the IJB's financial and operating performance over the period covered by the financial statements.

Remuneration Report

The disclosures within the Remuneration Report fairly reflect my understanding of the IJB's remuneration of officers over the period covered by the financial statements.

Unadjusted misstatements

I confirm that the effects of the uncorrected misstatements are immaterial, both individually and in aggregate, to the financial statements as a whole. A list of the uncorrected misstatements is attached to this letter as an Appendix.

Wider scope and best value arrangements

I confirm that I have disclosed to you all findings and correspondence from regulators for previous and ongoing inspections of which I am aware. In addition, I have disclosed to you any other information that would be considered relevant to your work on wider scope and best value arrangements.

Yours faithfully,

Chief Financial Officer: XXXX

Date: XXXX

Appendix B: Draft management representation letter

Appendix

Schedule of unadjusted misstatements

We identified the following disclosure misstatements during our audit that have not been corrected by management:

- **Provisions**

- The unaudited accounts included a provision of £546k (24/25: £487k) in the balance sheet for unrecovered charges for specific social care delegated services. We have recommended in prior year audits (2022/23, 2023/24 and 2024/25) that officers amend the short-term debtors balance to show it net of the bad debt provision. Officers decided not to make this adjustment on the basis that by presenting the balance as a provision, the IJB is recognising the uncertainty associated with it and improving visibility to readers of the accounts. The IJB's contribution from the Council is net of income received from levying charges and other income. If any debt is written off, the IJB accounts for the impact. However, ultimately if the IJB cannot cover its costs then the Council would have to account for any deficit in line with the Integration Scheme.
- We have accepted the IJB's accounting treatment because the amount disclosed is not material and an alternative accounting treatment would have no impact on total net assets recorded in the balance sheet.

Appendix C: Draft audit report

Independent auditor's report to the members of West Dunbartonshire Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on the financial statements

We certify that we have audited the financial statements in the annual accounts of West Dunbartonshire Integration Joint Board ("the IJB") for the year ended 31 March 2026 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, the Movement in Reserves Statement, the Balance Sheet and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2025/26 (the 2025/26 Code).

In our opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the IJB as at 31 March 2026 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2025/26 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 18 May 2022. Our period of appointment is five years, covering 2022/23 to 2026/27. We are independent of the IJB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the IJB. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Appendix C: Draft audit report

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the IJB's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the IJB's current or future financial sustainability. However, we report on the IJB's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland Website](#).

Risks of material misstatement

We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

Responsibilities of the Chief Financial Officer and the Audit and Performance Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements, that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing each year the IJB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the IJB operations.

The Audit and Performance Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Appendix C: Draft audit report

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using our understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the IJB;
- inquiring of the Chief Financial Officer and the Chief Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the IJB;
- inquiring of the Chief Financial Officer and the Chief Officer concerning the IJB's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the IJB's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Appendix C: Draft audit report

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

We have audited the parts of the Remuneration Report described as audited. In our opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Appendix C: Draft audit report

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

[signature]

Tom Reid, Director
For and on behalf of Forvis Mazars LLP

100 Queen Street
Glasgow – G1 3DN
XX September 2026

Appendix D: Confirmation of our independence

We communicate any matters which we believe may have a bearing on the independence or the objectivity of Forvis Mazars LLP and the audit team. As part of our ongoing risk assessment, we monitor our relationships with you to identify any new actual or perceived threats to our independence within the regulatory or professional requirements governing us as your auditors.

We remain available to the Audit and Performance Committee to discuss any matters relating to our independence, should such a discussion be required.

Confirmation of independence

We confirm that the firm, Forvis Mazars LLP, and all covered persons remain independent of West Dunbartonshire Integration Joint Board in accordance with the requirements of the FRC Ethical Standard.

Relationships disclosure

A review of relationships between the firm, covered persons, and West Dunbartonshire Integration Joint Board, including its directors, senior management, affiliates, and connected parties, has identified no matters that bear on our integrity, objectivity, or independence during the engagement period.

Appendix D: Confirmation of our independence

Fees for work as the IJB’s auditor

We reported our proposed fees for the delivery of our work under the Code of Audit Practice in our Annual Audit Plan presented to the Audit and Performance Committee in March 2026. Having completed our work for the 2025/26 financial year, we can confirm that our fees are as follows:

Area of work	2025/26 fees	2024/25 fees
Auditor remuneration	£38,560	£37,150
Pooled costs	£1,330	£930
Contribution to PABV costs	£7,180	£7,130
Sectoral cap adjustment	(£11,590)	(£11,200)
Total fees	£35,480	£34,000

Non-audit and additional services

The firm has not provided any non-audit or additional services to West Dunbartonshire Integration Joint Board or its affiliates during the relevant period, and no fees have been charged in respect of such services.

Use of component auditors

We have not made arrangements for any of our activities as auditor to be conducted by another firm that is not a Forvis Mazars’ member firm.

Use of experts

We have not used the work of external experts.

Appendix E: Other communications

Other communication	Response
 Compliance with Laws and Regulations	We have not identified any significant matters involving actual or suspected non-compliance with laws and regulations. We will obtain written representations from management that all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements have been disclosed.
 External confirmations	We did not experience any issues with respect to obtaining external confirmations.
 Related parties	We did not identify any significant matters relating to the audit of related parties. We will obtain written representations from management confirming that: a. they have disclosed to us the identity of related parties and all the related party relationships and transactions of which they are aware; and b. they have appropriately accounted for and disclosed such relationships and transactions in accordance with the requirements of the applicable financial reporting framework.
 Going Concern	We have not identified any evidence to cause us to disagree with the Chief Financial Officer that West Dunbartonshire Integration Joint Board will be a going concern, and therefore we have not identified any evidence to cause us to consider that the use of the going concern assumption in preparation of the financial statements is not appropriate.

Appendix E: Other communications (continued)

Other communication	Response
 Subsequent events	We are required to obtain evidence about whether events occurring between the date of the financial statements and the date of the auditor's report that require adjustment of, or disclosure in, the financial statements are appropriately reflected in those financial statements in accordance with the applicable financial reporting framework. We will obtain written representations from management that all events occurring subsequent to the date of the financial statements and for which the applicable financial reporting framework requires adjustment or disclosure have been adjusted or disclosed.
 Matters related to fraud	Our audit was designed to obtain reasonable assurance whether the financial statements as a whole are free from material misstatement due to fraud. Please refer to the section titled '<i>Fraud considerations</i>' for our fraud considerations and conclusion. We will obtain written representations from management and, where appropriate, the Audit and Performance Committee, confirming that - they acknowledge their responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud; - they have disclosed to the auditor the results of management's assessment of the risk that the financial statements may be materially misstated as a result of fraud; - they have disclosed to the auditor their knowledge of fraud or suspected fraud affecting the entity involving: - management; - employees who have significant roles in internal control; or - others where the fraud could have a material effect on the financial statements; and - they have disclosed to the auditor their knowledge of any allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators or others.

Appendix E: Other communications (continued)

Other communication	Response
 System of Quality Management	To address the requirements of ISQM (UK) 1, our firm’s System of Quality Management team completes, as part of an ongoing and iterative process, a number of key steps to assess and conclude on our firm’s System of Quality Management, including: • Ensuring there is an appropriate assignment of responsibilities under ISQM (UK) 1 and across Leadership • Establishing and reviewing quality objectives each year, ensuring ISQM (UK) 1 objectives align with our firm's strategies and priorities • Identifying, reviewing, and updating quality risks each quarter, taking into consideration a number of input sources (such as FRC / ICAEW review findings, internal monitoring findings, findings from our firm’s root cause analysis and remediation functions, etc.) • Identifying, designing, and implementing responses as part of the process to strengthen our firm's internal control environment and overall quality • Evaluating responses and remediating control gaps or deficiencies We perform an evaluation of our system of quality management on an annual basis. Our latest evaluation was performed as of 31 August 2025. Details of that assessment and our conclusion are set out in our 2024/2025 Transparency Report, which is available on our website here.

Appendix F: Wider scope ratings

We need to gather sufficient evidence to support our commentary on the the IJB’s arrangements and to identify and report on any risks. We will carry out more detailed work where we identify significant risks. Where significant risks are identified we will report these to the IJB and make recommendations for improvement. In addition to local risks, we consider challenges that are impacting the public sector as a whole.

We have assigned priority rankings to each of the risks identified to reflect the importance that we consider each poses to your organisation and, hence, our recommendation in terms of the urgency of required action. The table below describes the meaning behind each rating that we have awarded to each wider scope area based on the work we have performed.

Rating	Description
Level 1	The identified risk and/or significant deficiency is critical to the business processes or the achievement of business strategic objectives. There is potential for financial loss, damage to reputation or loss of information. The recommendation should be taken into consideration by management immediately.
Level 2	The identified risk and/or significant deficiency may impact on individual objectives or business processes. The audited body should implement the recommendation to strengthen internal controls or enhance business efficiency. The recommendations should be actioned in the near future.
Level 3	The identified risk and/or significant deficiency is an area for improvement or less significant. In our view, the audited body should action the recommendation, but management do not need to prioritise.

Contact

Forvis Mazars

Tom Reid

Director

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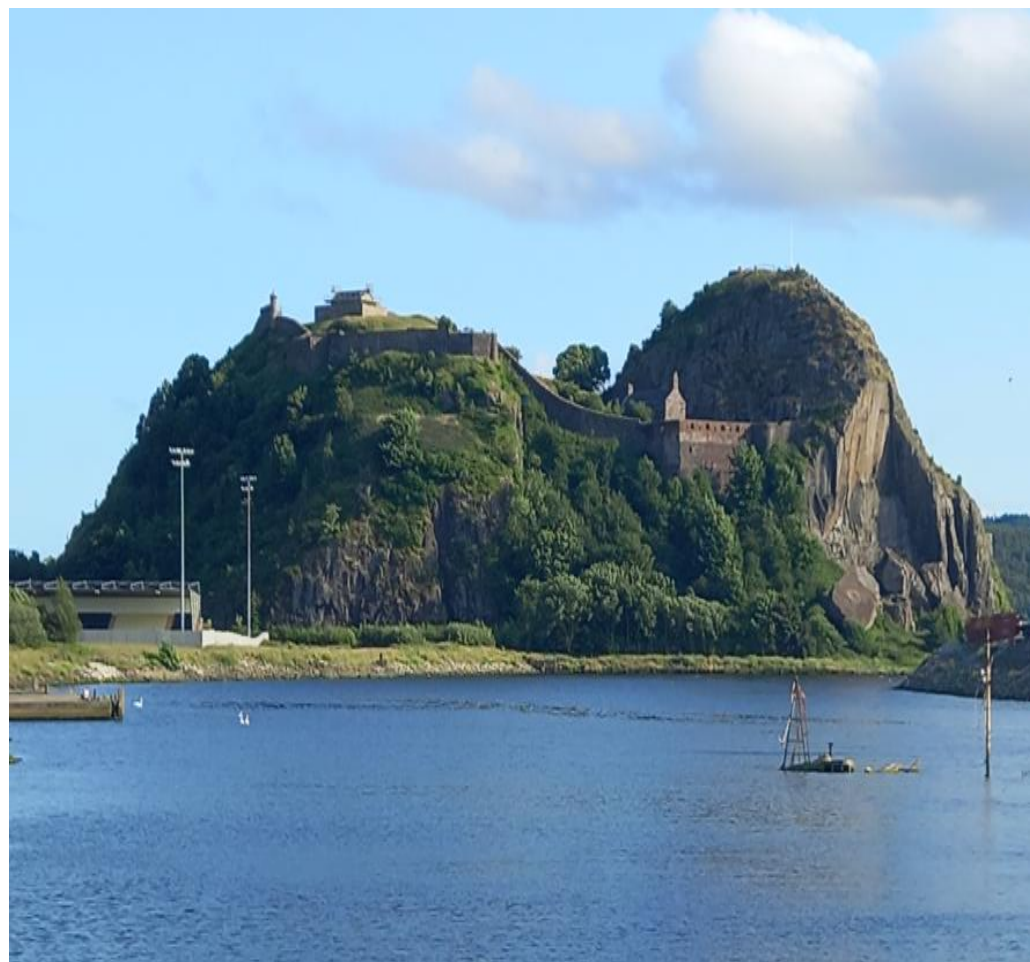
West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Integration Joint Board

Commonly known as
West Dunbartonshire
Health and Social Care Partnership Board

Audited Annual Report and Accounts for the Year Ended 31 March 2026

www.wdhscp.org.uk



Contents

Introduction	3
Management Commentary	5
Introduction	6
West Dunbartonshire HSCP Board Remit and Vision	7
West Dunbartonshire HSCP Board's Strategy and Business Model	8
Strategic Planning for our Population	12
Climate Change	25
Performance Reporting 2025/26	28
Financial Performance 2025/26	42
Medium Term Financial Outlook	54
Conclusion	59
Statement of Responsibilities	60
Remuneration Report	63
Annual Governance Statement	68
Executive Summary	69
Scope of Responsibility	70
Our Governance Framework	70
Our Assessment of Effectiveness	71
Compliance with Best Practice	73
Where our Governance Needs to Improve	73
How we Have Improved our Governance Arrangements in 2025/26	75
Forward Look on Governance	77
Conclusion and Opinion on Assurance	78
Assurance and Certification	78
Comprehensive Income and Expenditure	79
Movement in Reserves	81
Balance Sheet	83
Notes to the Financial Statements	85
Independent Auditors Opinion	100
Appendix 1: List of Website Links	106

Introduction



Welcome to the West Dunbartonshire Integration Joint Board's (IJB), hereafter known as the Health and Social Care Partnership Board (HSCP Board), Annual Report and Accounts for the year ended 31 March 2026.

The purpose of this publication is to report on the financial position of the HSCP Board through a suite of financial statements, supported by information on service performance and to provide assurance that there is appropriate governance in place regarding the use of public funds.



**West Dunbartonshire Health and Social Care Partnership
formally established 1st July 2015**



**2025/26 Integrated Budget
of £227m**

Management Commentary



Introduction

The Management Commentary aims to provide an overview of the key messages in relation to the HSCP Board's financial planning and performance for the 2025/26 financial year and how this has supported the delivery of its strategic outcomes as laid out in the Strategic Plan. The commentary also outlines future challenges and risks which influence the financial plans of the HSCP Board as it directs the delivery of high-quality health and social care services to the people of West Dunbartonshire.



Delivering health and social care services to support the people of West Dunbartonshire:

Population 89,120 (1.6% of Scotland's population)



2,095 health and social care staff are employed by our partners (NHS Greater Glasgow and Clyde and West Dunbartonshire Council) across Adult, Children's and Justice services (1,691 FTE)

The Management Commentary discusses our:

- Remit and Vision;
- Strategy and Business Model;
- Strategic Planning for Our Population;
- Climate Change;
- Performance Reporting, including individual service summaries for 2025/26;
- Financial Performance for 2025/26; and
- Medium Term Financial Outlook.

West Dunbartonshire HSCP Board Remit and Vision

The Public Bodies (Joint Working) Act (Scotland) 2014 sets out the arrangements for the integration of health and social care across the country. The West Dunbartonshire Integration Joint Board (IJB), commonly known as the HSCP Board was established as a “body corporate” by Scottish Ministers’ Parliamentary Order on 1st July 2015.

The Integration Scheme sets out the partnership arrangements by which NHS Greater Glasgow and Clyde Health Board (the Health Board) and West Dunbartonshire Council (the Council) agreed to formally delegate all community health and social care services provided to children, adults and older people, criminal justice social work services and some housing functions. West Dunbartonshire HSCP Board also hosts the MSK Physiotherapy Service on behalf of all six Glasgow IJBs and the Diabetic Retinal Screening Service on behalf of the Health Board. This way of working is referred to as “Health and Social Care Integration”. The full scheme can be viewed [here](#) (see Appendix 1, 1).

The HSCP Board directs the Health Board and the Council to work together in partnership to deliver delegated services. Here in West Dunbartonshire, the Health Board and Council deliver these services through the West Dunbartonshire Health and Social Care Partnership, often shortened to the HSCP. The HSCP is essentially the staff from both organisations working in partnership to plan and deliver the services under the direction of the HSCP Board.

Exhibit 1: West Dunbartonshire HSCP Board Delegated Services

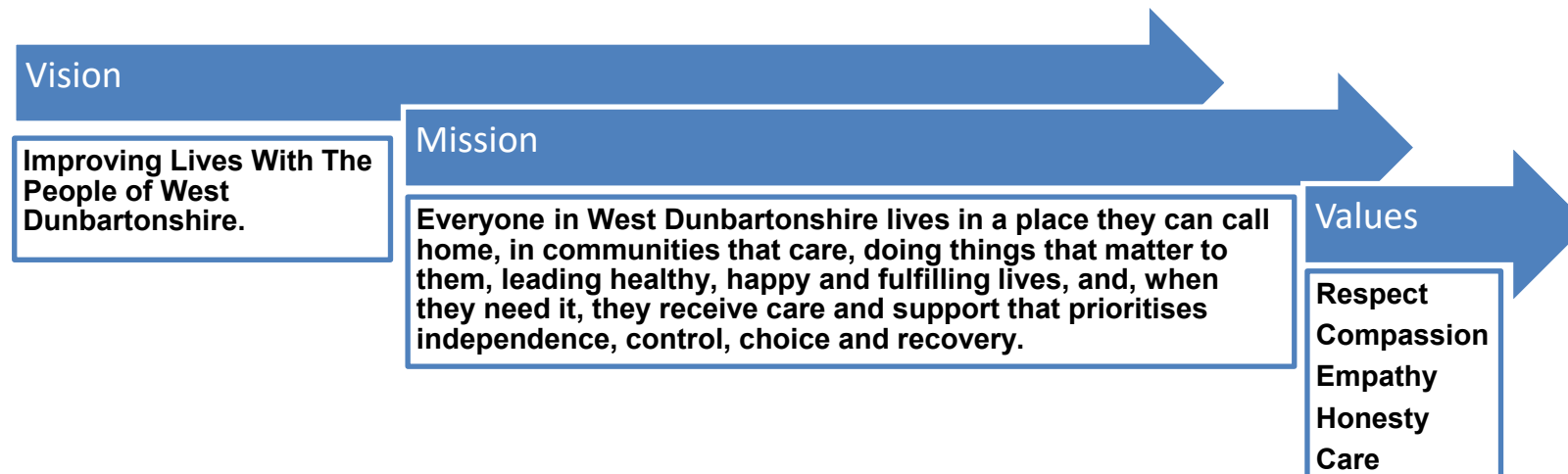


The 2014 Act requires that Integration Schemes undergo review within five years of establishment, unless by earlier request of the Council or the Health Board. This review was undertaken jointly by all 6 HSCPs in the Greater Glasgow and Clyde area. The group co-developed updated versions of the Schemes for their respective HSCPs within Greater Glasgow and Clyde based on the principle of achieving general consistency in structure and content and reflecting changes in arrangements since publication of the first Schemes. The review is still ongoing and has been delayed due to receipt of legal advice relating to the treatment of Board-wide hosted services. The review is expected to be completed during 2026/27. In the meantime, the current Integration Scheme remains in force.

West Dunbartonshire HSCP Board's Strategy and Business Model

The HSCP Board approved its **Strategic Plan 2023 – 2026 “Improving Lives Together”** on 15 March 2023. The Strategic Plan contains four strategic outcomes which were designed to reflect the HSCP Vision of **“Improving Lives with the People of West Dunbartonshire”**. The full plan can be viewed [here](#) (see Appendix 1, 2).

Exhibit 2: HSCP Vision, Mission and Values



The HSCP Board's over-arching priority is to support sustained and transformational change in the way health and social care services are planned and delivered, emphasising the importance of integrating services around the needs of individuals, their carers, and other family members over the medium to long term.

The delivery of our vision is structured around four strategic outcomes.

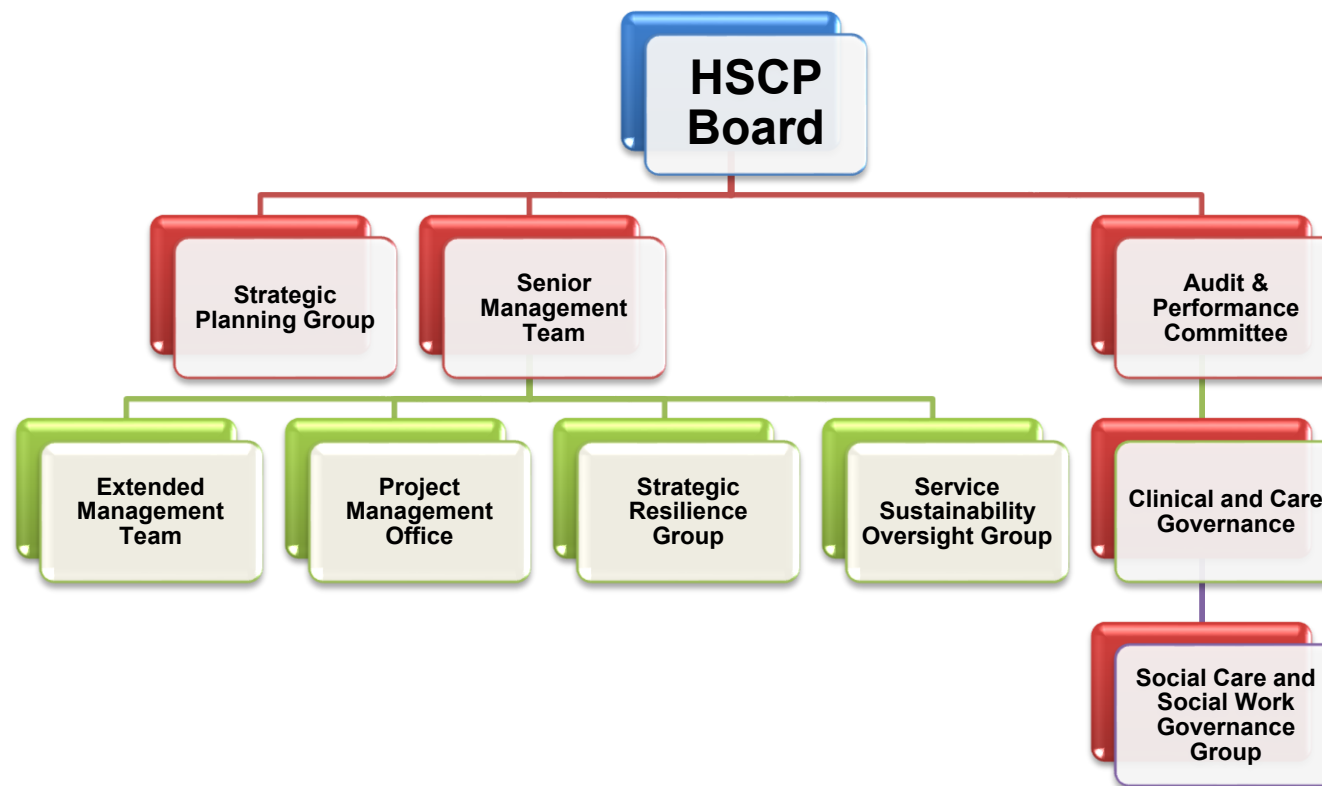
Exhibit 3: Strategic Outcomes



As set-out above, the HSCP Board is responsible for the strategic planning of integrated services as set out within Exhibit 1. The Board is also responsible for the operational oversight of the Health and Social Care Partnership (HSCP), which delivers integrated services; and through the Chief Officer, is responsible for the operational management of the HSCP.

The business of the HSCP Board is managed through a structure of strategic and financial management core leadership groups that ensure strong integrated working as shown in Exhibit 4 below.

Exhibit 4: High Level Overview of Structure



The HSCP Board membership consists of six voting members with each partner organisation nominating one member to assume the roles of Chair and Vice Chair.

The Council appoints three elected members, while the Health Board designates three non-executive members.

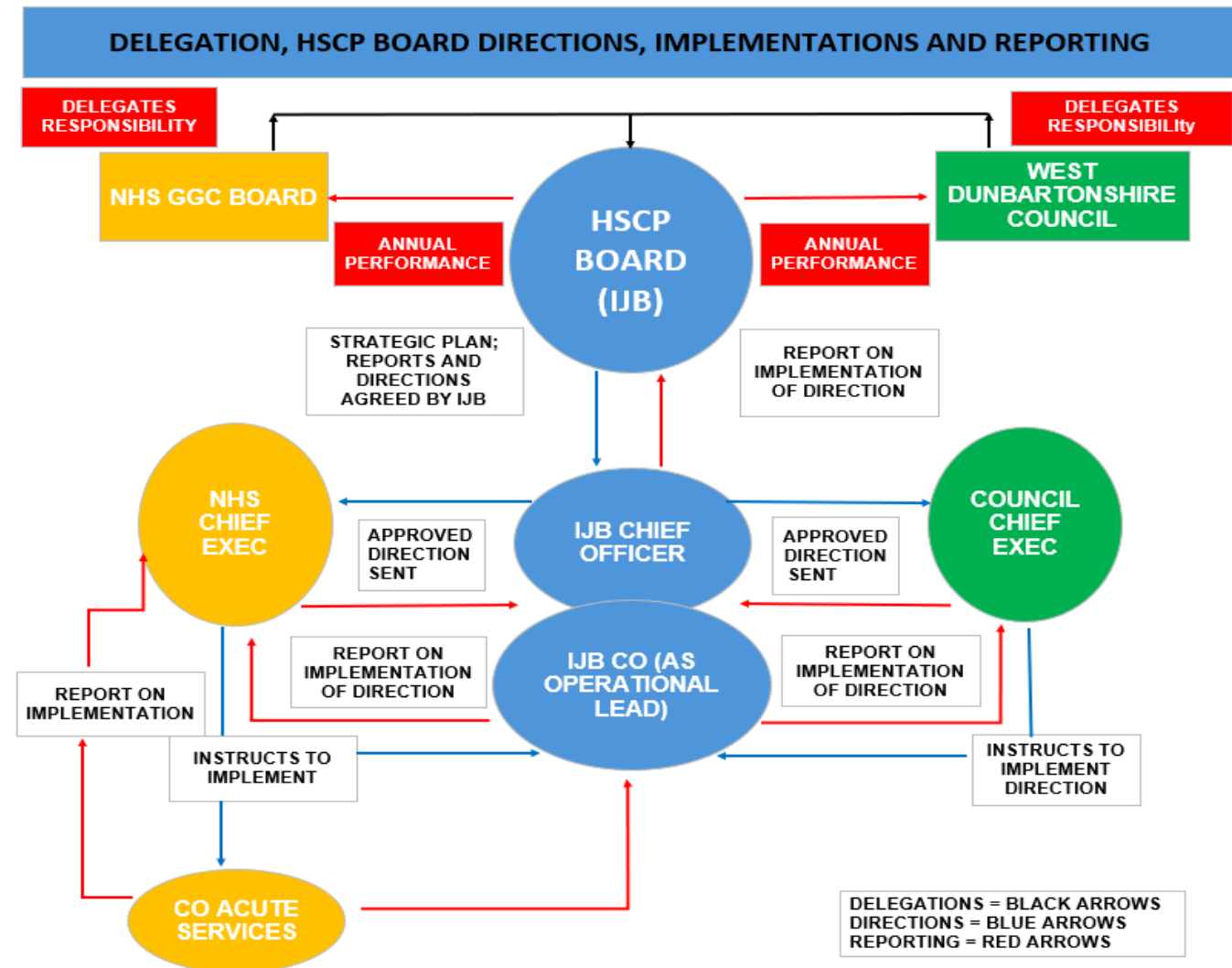
The HSCP Board also includes several non-voting professional and stakeholder members.

The HSCP Board and the Audit and Performance Committee meets six times and four times a year respectively.

Exhibit 5: Integration Arrangements via Directions

Directions from the HSCP Board to the Council and Health Board govern front-line service delivery in as much as they outline:

- What the HSCP Board requires both Council and Health Board to do;
- The budget allocated to this function(s); and
- The mechanism(s) through which the Council or Health Board's performance in delivering those directions will be monitored.



Strategic Planning for Our Population

West Dunbartonshire lies north of the River Clyde encompassing around 98 square miles of urban and rural communities across the two localities of Clydebank and Dumbarton & Alexandria.

The area has a rich past, shaped by its world-famous shipyards along the Clyde, and has significant sights of natural beauty and heritage from Loch Lomond to the iconic Titan Crane as well as good transport links to Glasgow.

It has a population of 89,120 which accounts for approximately 1.6% of the Scottish population.

Exhibit 6: Map of West Dunbartonshire



The HSCP Board's primary purpose is to set the strategic direction for the delegated functions through its strategic plan. Our fourth strategic plan 'Improving Lives Together' was approved on 15 March 2023, covering the three-year period 2023 to 2026, and describes how we will use our resources to continue to integrate services in pursuit of national and local outcomes and is supported by a strategic delivery plan.

There are nine [national health and wellbeing outcomes](#) (see Exhibit 7 below) which provide the strategic framework for the planning and delivery of integrated health and social care services.

Exhibit 7: National Health and Wellbeing Outcomes



Exhibit 8: Cross Match of HSCP Strategic Outcomes with the National Health and Wellbeing Outcomes

Each of the HSCP Strategic Outcomes have been cross matched to the National Health and Wellbeing Outcomes as detailed below.

Caring Communities

- 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5. Health and social care services contribute to reducing health inequalities.
- 6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.
- 7. People who use health and social care services are safe from harm.
- 8. 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.
- 9. Resources are used effectively and efficiently in the provision of health and social care services.

Safe and Thriving Communities

- 1. People are able to look after, improve their own health and wellbeing, and live in good health longer.
- 2. 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.
- 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5. Health and social care services contribute to reducing health inequalities.
- 7. People who use health and social care services are safe from harm.
- 9. Resources are used effectively and efficiently in the provision of health and social care services.

Healthy Communities

- 1. People are able to look after, improve their own health and wellbeing, and live in good health longer.
- 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5. Health and social care services contribute to reducing health inequalities.
- 9. Resources are used effectively and efficiently in the provision of health and social care services.

Equal Communities

- 1. People are able to look after, improve their own health and wellbeing, and live in good health longer.
- 2. 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.
- 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5. Health and social care services contribute to reducing health inequalities.
- 7. People who use health and social care services are safe from harm.
- 8. 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.
- 9. Resources are used effectively and efficiently in the provision of health and social care services.

West Dunbartonshire's demographic profile is well documented within the strategic plan. The plan clearly sets out the scale of the challenge around effective delivery of health and social care services in West Dunbartonshire in particular tackling multi-morbidity, poverty, addiction, domestic violence, and mental health. A key part in updating the Strategic Plan was the development of a Strategic Needs Assessment to enable the HSCP to continue to respond positively and plan for effective models of service delivery.

An updated West Dunbartonshire HSCP [Strategic Needs Assessment 2025](#) (see Appendix 1, 3) was developed during 2025/26 and considered by the West Dunbartonshire Strategic Planning Group, HSCP Senior Management and the Carers Development Group in October and November 2025 respectively.

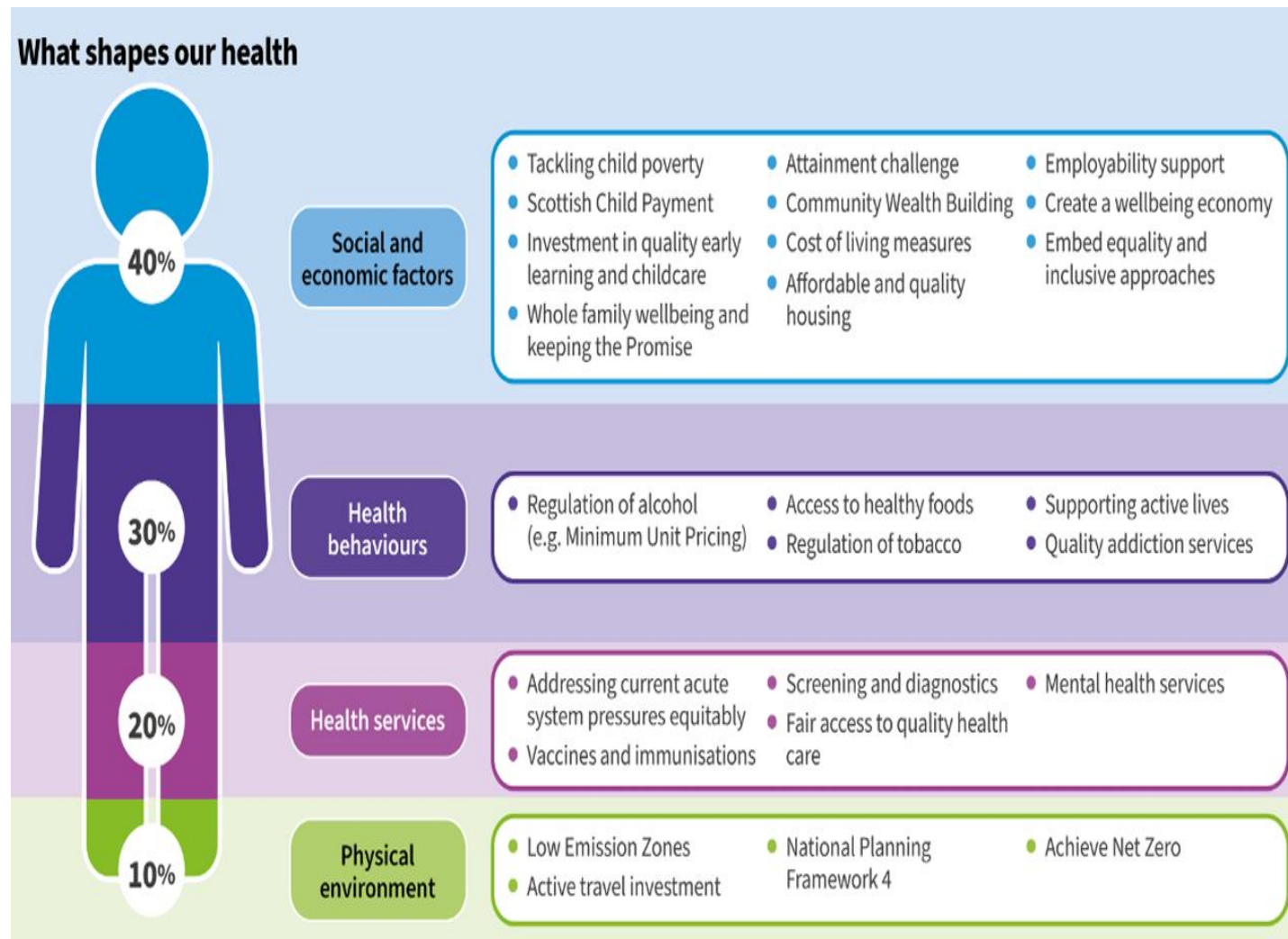
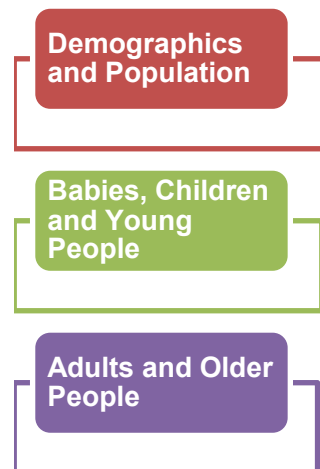
Key points highlighted during these considerations was the importance of community conversations, a focus on co-production and the impact of the SNA on not only strategic planning but also on service planning going forward.

The Strategic Plan was scheduled to be refreshed in 2026, however following consideration by the above groups the HSCP Board agreed on 27 January 2026 to extend the lifespan of the current strategic plan for one additional financial year until 2027 to allow time for a focused period of stakeholder engagement and consultation with the aim of co-producing a strategic plan for 2027 to 2032 along with focus on renewed one year delivery plans for 2026/27, capturing data from, among other sources, the updated SNA.

Strategic Needs Assessment 2025

The 2025 SNA examines the factors that shape an individual's health.

The main sections are structured around:

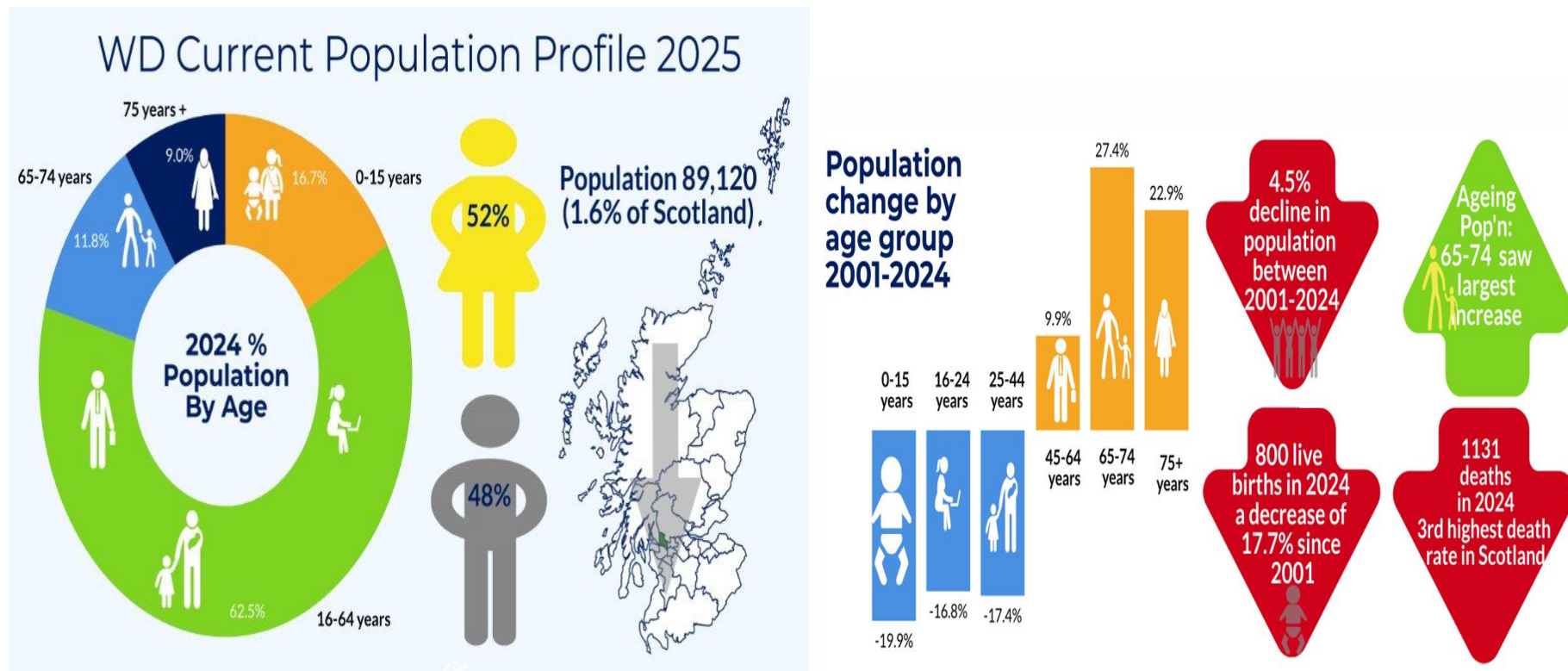


Source: Strategic Needs Assessment 2025

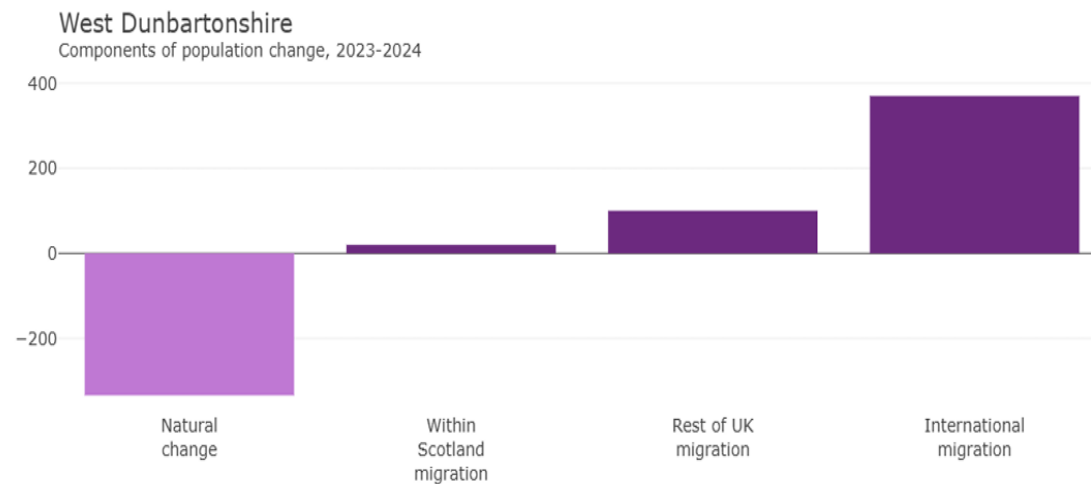
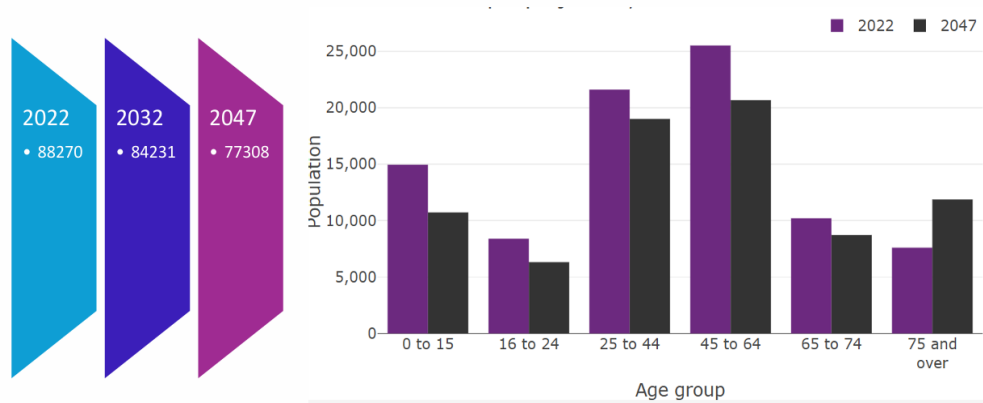
An extract of some of the key statistics is provided below within Exhibit 9.

Exhibit 9: Extract from [Strategic Needs Assessment 2025](#) (see Appendix 1, 3)

Demographics

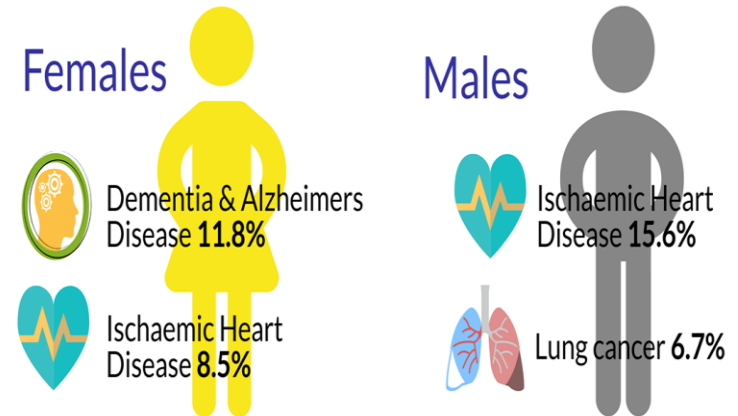


West Dunbartonshire Population projections to 2047



Leading causes of death 2023

Note: cancer would be the leading cause of death if all cancers were grouped together

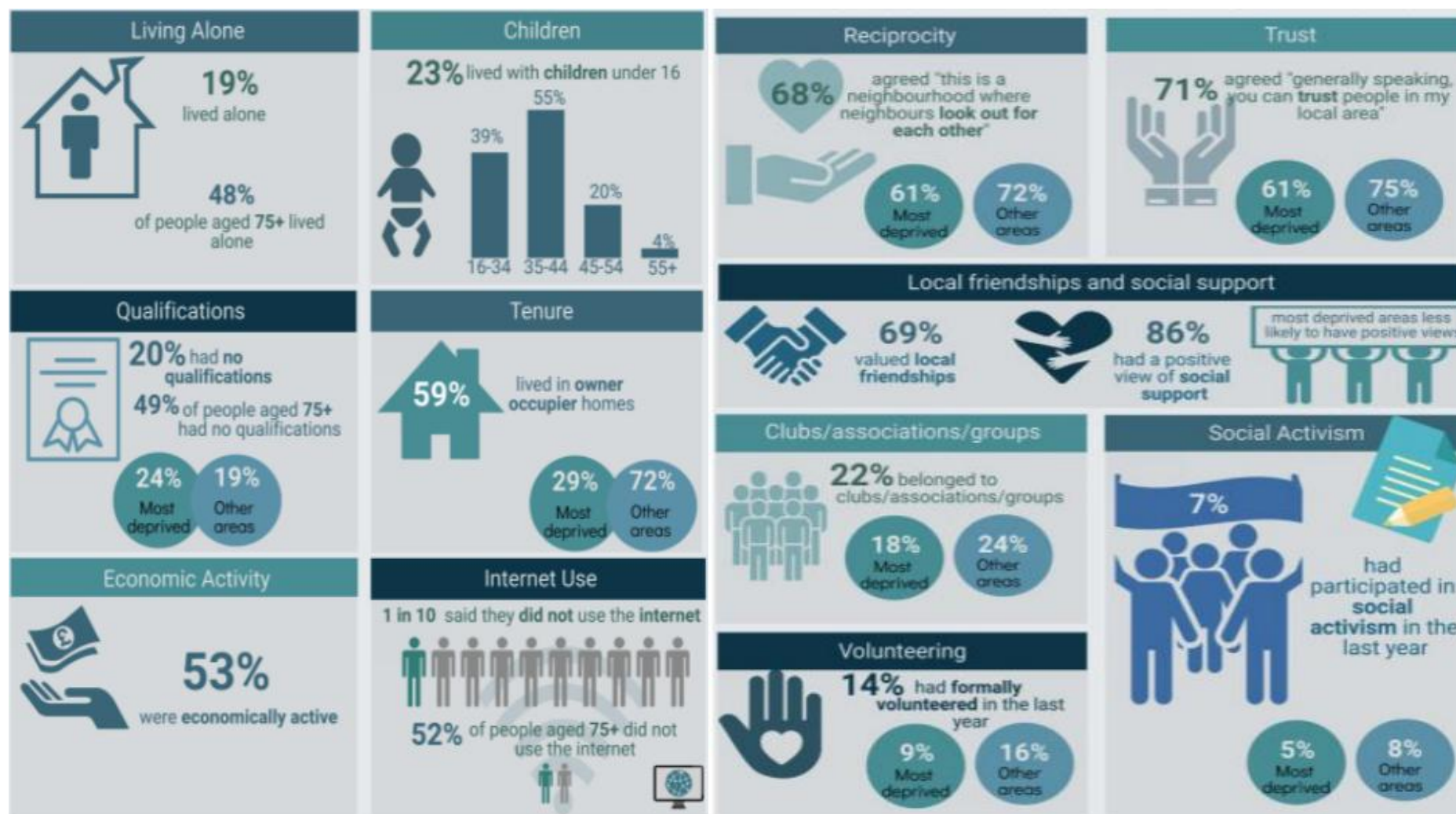


The population of West Dunbartonshire is projected to reduce to 77.308 by 2047;

It is an ageing population which is becoming more ethnically, religiously and culturally diverse; and

The percentage of the population with long term conditions has increased.

Population Characteristics

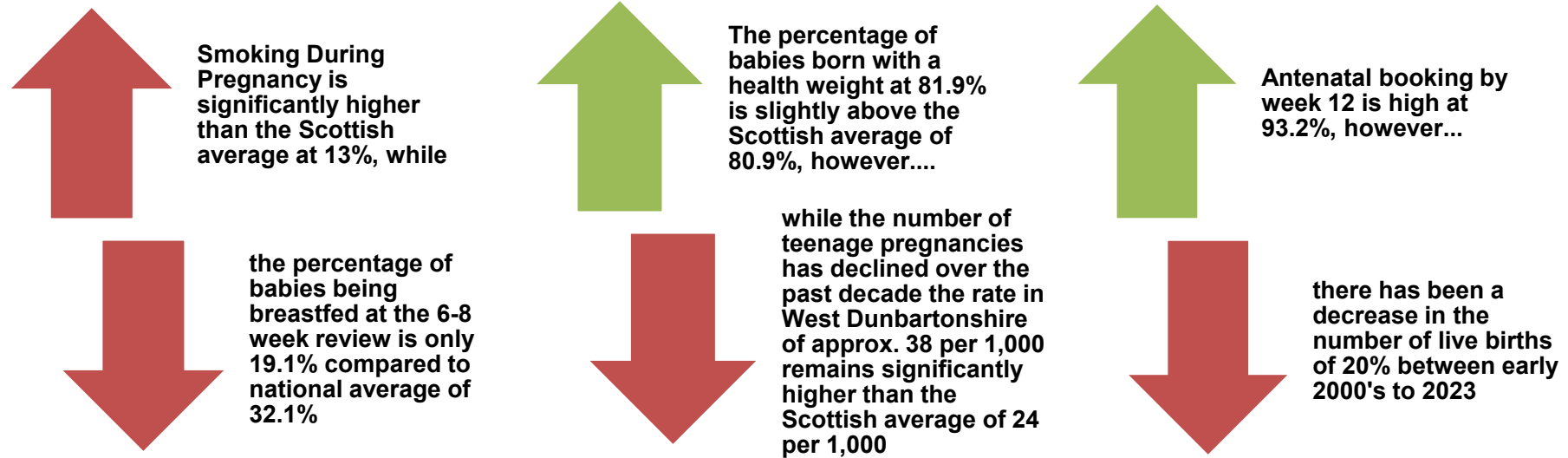


Babies, Children and Young People



Maternity and Early Years

The data shows several key challenges where outcomes are poorer than the national average requiring targeted action to support mothers, babies and families

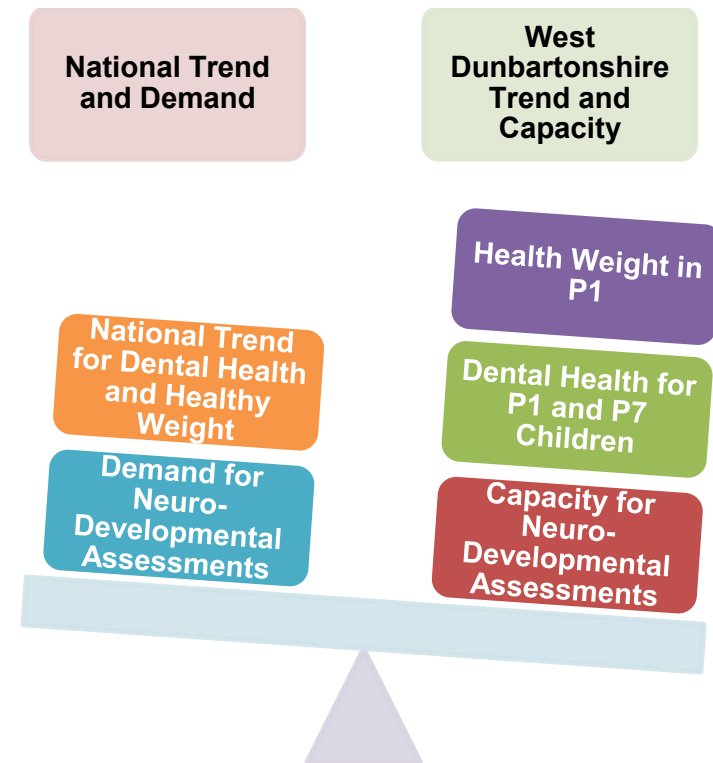
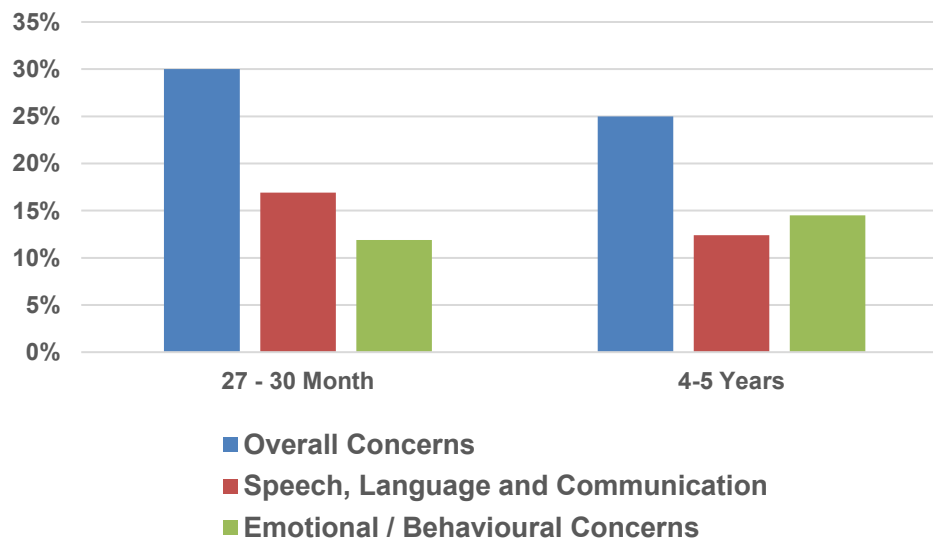


Developmental Concerns and School Age Health

The data shows that at the 27-30-month review children from the most deprived areas are significantly more likely to have a developmental concern recorded compared to those in the least deprived areas.



Developmental Concerns



The imbalance of the above indicates the extent of the ongoing public health challenges with demand for neuro developmental assessments far outstripping capacity.

Youth Behaviours

There are notable gender differences in Wellbeing with young females less likely than males to:

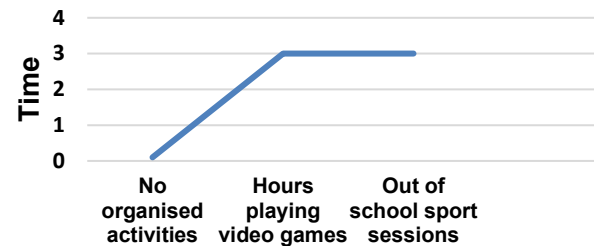
- Report “Very Good” mental health;
- Feel happy with their lives; or
- Get 8+ hours of sleep on average



Self-Harm Statistics



Leisure and Activities



A = Overall number of young people who have reported harmed themselves on purpose at some point, of which

B = Females who have attempted suicide

C = Males who have attempted suicide

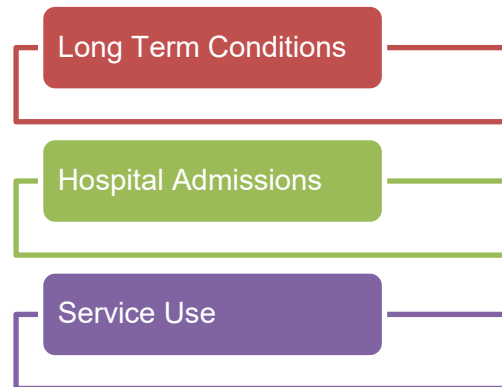
High percentage feel safe at home

Strong parental disapproval of drunkenness. **HOWEVER** young people report feeling peer pressure to drink, smoke, etc.

Most find it easy to get warmth/caring from parents



Adults and Older People

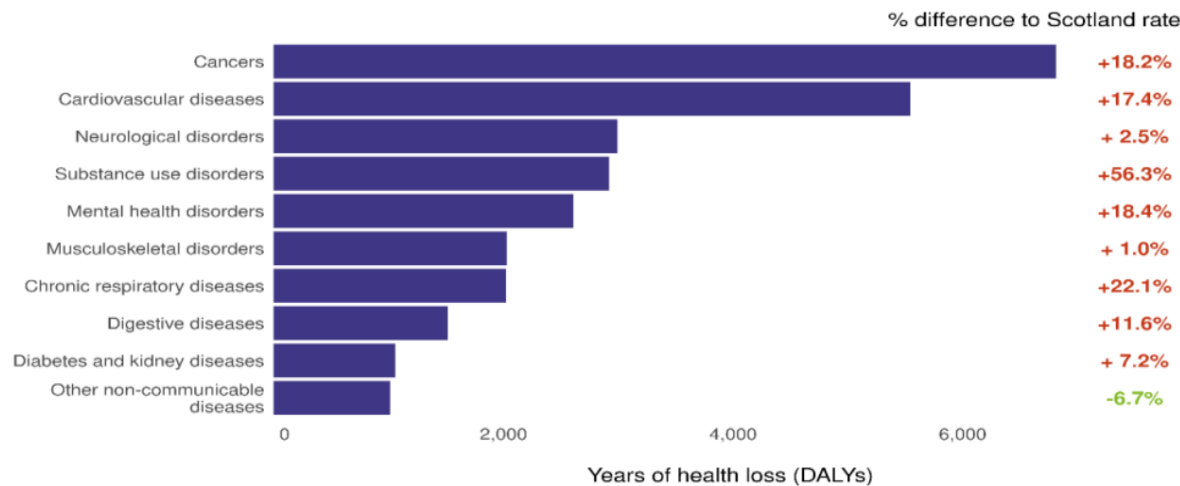


The top three grouped causes of ill-health and early death in West Dunbartonshire account for 47% of the total burden of health loss.

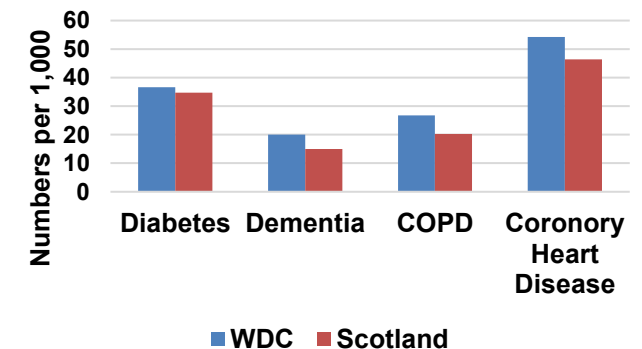
Largest differences in burden – compared to Scotland – occur due to:

- Substance use disorders;
- Chronic respiratory diseases; and
- Mental health disorders

Burden of Disease



Long Term Condition Comparisons



Climate Change

Scotland details climate change as a top government priority through its [Scotland's Climate Change Plan: 2026–2040](#). Published in March 2026 this plan outlines policies, targets and actions to achieve net zero emissions while supporting economic growth and local communities.

While the Climate Change Plan addresses mitigation over the long term the third Scottish National Adaption Plan (SNAP3) published in September 2024 covers the period 2024 to 2029 and focuses on adaptation and building resilience to the ongoing and future impacts of climate change.

This represents Scotland's most ambitious climate adaption programme to date. It responds to the latest UK Climate Change Risk Assessment and the Climate Change Committee's guidance, aiming to foster resilience across society, economy, ecosystems and public services and is structured around five long term outcomes

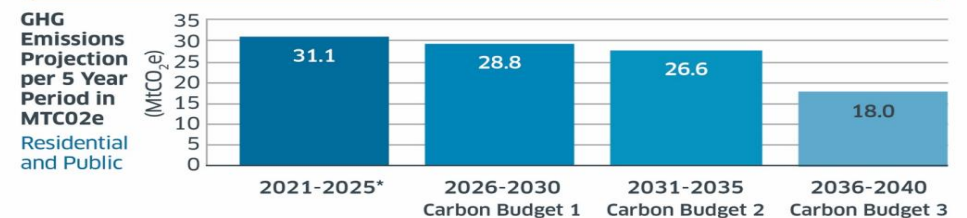
Among these outcomes, "Public services are collaborating in effective and inclusive adaptation action" is particularly relevant to the Integration Joint Boards as it oversees the delivery of health and social care services.

The Climate Change Plan identifies a number of key policies across a range of sectors to meet carbon budgets. The relevance of some of these key sectors to Integration Joint Boards is detailed in Exhibit 10.

SNAP3 requires public service bodies, including IJB's, to integrate climate resilience into their planning and operations ensuring healthcare delivery, social care and community wellbeing are safeguarded against extreme weather and climate-related disruptions.

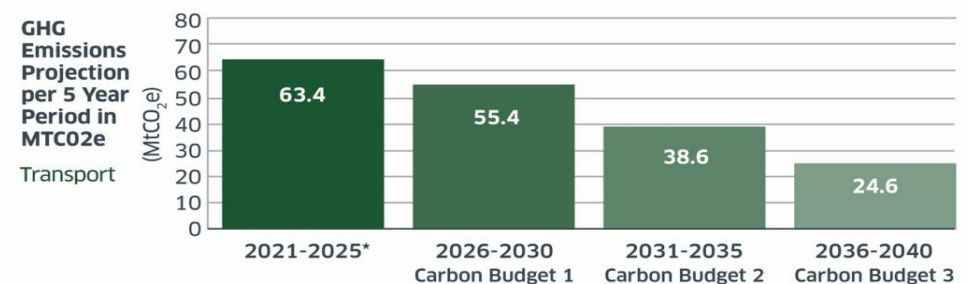
Exhibit 10: Extracts from [Scotland's Climate Change Plan: 2026-2040](#) (see Appendix 1, 4)

Buildings (Residential and Public)



Improved public health and wellbeing from moving to clean heating systems, including improved air quality. Warmer, less damp homes can lead to improved health outcomes and quality of life. Targeted energy efficiency improvements will lower energy demand and bills, helping to lift households out of fuel poverty.

Transport (including Aviation and Shipping)



In relation to climate change Integration Joint Boards are required to:

- Produce an annual Climate Change Report under the Climate Change (Scotland) Act 2009, as amended by the Climate Change (Emissions Reduction Targets) (Scotland) Act 2019.
- Demonstrate compliance with the Public Bodies Climate Change Duties, which include:
 - Reducing greenhouse gas emissions.
 - Adapting to climate change impacts.
 - Acting sustainably in the delivery of their functions

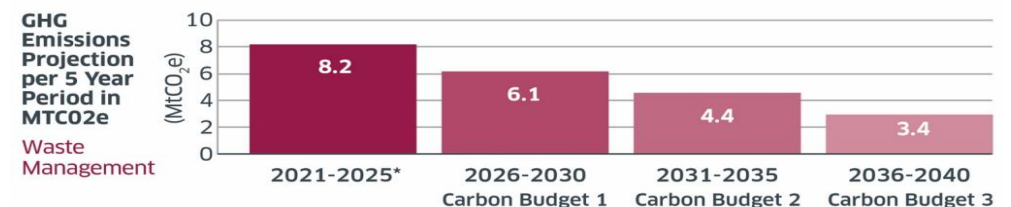
These duties are reinforced by guidance from the Scottish Government and Audit Scotland, which emphasise the need for IJBs to embed climate considerations into strategic planning and operational delivery.

The Strategic Plan 2023–2026, "Improving Lives Together," acknowledges the context in which the HSCP operates and outlines its role in supporting the Health Board and the Council's sustainability goals.

Over £6.6 billion worth of co-benefits between 2026-2040, including improved health outcomes through increased levels of exercise and reductions in noise pollution, as well as reduced road congestion and improved road safety.

Lower emissions contribute to better air quality, which can lead to improved public health outcomes, particularly in communities near industrial sites.

Waste Management



The shift to sustainable resource use will also see **less litter** on our streets and in our local environment, which will help to **improve and strengthen communities**, and could lead to **long-term public health benefits**.

Extract from Strategic Plan 2023 – 2026 “Improving Lives Together”

“The update to Scotland’s Climate Change Plan 2018–2032 recognises that the global pandemic has had a negative impact on our ability to meet statutory targets for net-zero emissions. This plan recognises climate change as a human rights issue and the transition to net zero as an opportunity to tackle inequalities. West Dunbartonshire HSCP and its partners must do all that they can to support vulnerable people through these challenges and make every effort to reduce their own carbon footprint.”

There has been no current or expected material impact to be reported within this year’s financial statements, however demand for services delegated to the HSCP Board are driven by demographics and socio-economic factors of which climate change will impact at some point.

Given the scale of GP Prescribing in cost and volume we have a focus on reducing medicines waste as one strand of our efficiency programmes.

Medicines waste costs more than **£100,000 every day** which is enough to pay the daily wages of more than **700 nurses** – As part of Glasgow Climate Week in May 2026 NHSGGC held a public interactive event as part of a campaign to reduce medicines waste – for the good of people’s health, to support NHS services and to help the environment.

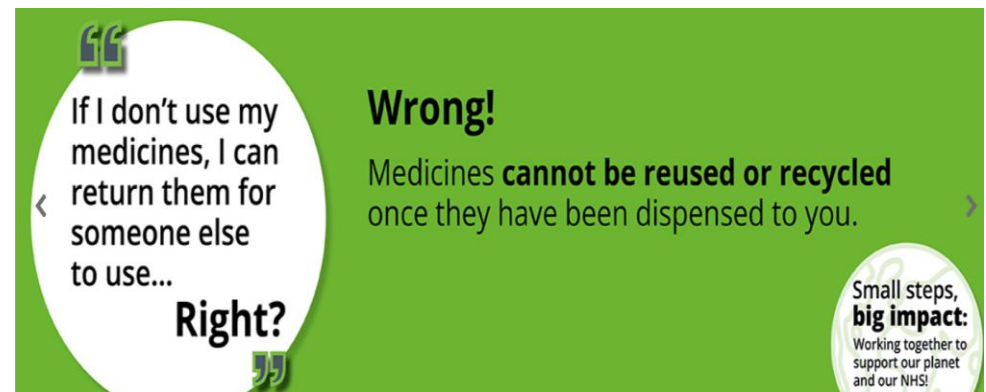
The HSCP is reviewing its property strategy in partnership with the Council and Health Board which will reflect the embedded flexible working policy that will rationalise the use of buildings and reduce staff travel, i.e. positive impact on reducing carbon emissions.

Did you know:

Medicines account for **25%** of the carbon footprint of NHSGGC.

While the volume of medicines burned daily in Scotland is equivalent to the **weight of a small car**.

The event aimed to dispel some common misconceptions around medicines.



Performance Reporting 2025/26

The HSCP Audit and Performance Committee receives a Quarterly Public Performance Report at each meeting, which provides an update on progress in respect of key performance indicators and commitments. These can be viewed [here](#) (see Appendix 1, 5).

The Joint Bodies Act also requires all IJBs to produce an Annual Performance Report (APR), by the 31 July. The report content is governed by the 2014 Act and must cover the HSCP Board's performance against the 9 national outcomes and 23 national indicators.

The 2025/26 APR was presented to the Audit and Performance Committee on 23 June 2026 to grant the Chief Officer delegated authority to publish in line with the legislative timescale of 31 July 2026 and subsequently presented to the HSCP Board for approval on 18 August 2026. The report can be viewed [here](#) (see Appendix 1, 6).

The performance report includes 49 indicators with ambitious targets and progress measured against:

- 19 local benchmarks;
- 14 national benchmarks; and
- 16 monitoring indicators shown for data purposes only with no targets set.

These indicators help assess how well the HSCP Board is advancing integration objectives, particularly in supporting people to live independently in their communities and are assessed across the 4 Strategic Plan priorities.

The indicators also demonstrate how the HSCP Board delivers best value through strong governance, effective resource management, and a commitment to continuous improvement to achieve the best outcomes for the public. The Senior Management Team annually reviews Best Value arrangements for Audit and Performance Committee consideration in support of the annual accounts.

Performance continued to be influenced by complex factors, with changing activity and demand remaining key drivers in 2025/26. Monitoring arrangements are being refined to strengthen scrutiny and accountability.

A summary of overall strategic plan performance analysis, covering key performance indicators, action plan progress and strategic enablers, is provided in Exhibit 11 below with the detail contained within the June 2026 APR. Analysis on key performance indicators reported for monitoring purposes only have been excluded due to the subjective interpretation of RAG status.

Exhibit 11: Overall Strategic Plan Performance Analysis

Overall Strategic Plan Performance Analysis	19 Local Targets				14 National Targets			
	R	A	G	B	R	A	G	B

Key Performance Indicators

Caring Communities	0	1	1	0	1	0	3	1
Safe and Thriving Communities	2	4	2	0	2	1	0	0
Equal Communities	0	2	0	0	2	1	0	0
Healthy Communities	3	4	0	0	1	1	1	0

	Target missed by 15% or more
	Target narrowly missed
	Target achieved
	Data not yet available

Targets missed by 15% or more relate to:

- Psychological Therapies
- MSK waiting times
- Delayed discharges and unscheduled care
- Adult support and protection risk assessments
- Criminal Justice reporting and unpaid work timescales
- Hospital emergency admissions

New reserves to support West Dunbartonshire HSCP to improve waiting times and other performance targets in the delivery of its Musculoskeletal service and unscheduled care service will be utilised over the next two financial years.

The Annual Performance Report provides significant detail on improvement actions

Overall Strategic Plan Performance Analysis	60 Actions		
	R	A	G

Strategic Action Plan Progress

Caring Communities	0	8	17
Safe and Thriving Communities	0	6	11
Equal Communities	0	4	10
Healthy Communities	0	0	4

	Overdue
	Not yet due
	Due date achieved

Overall Strategic Plan Performance Analysis	27 Actions		
	R	A	G

Strategic Enablers

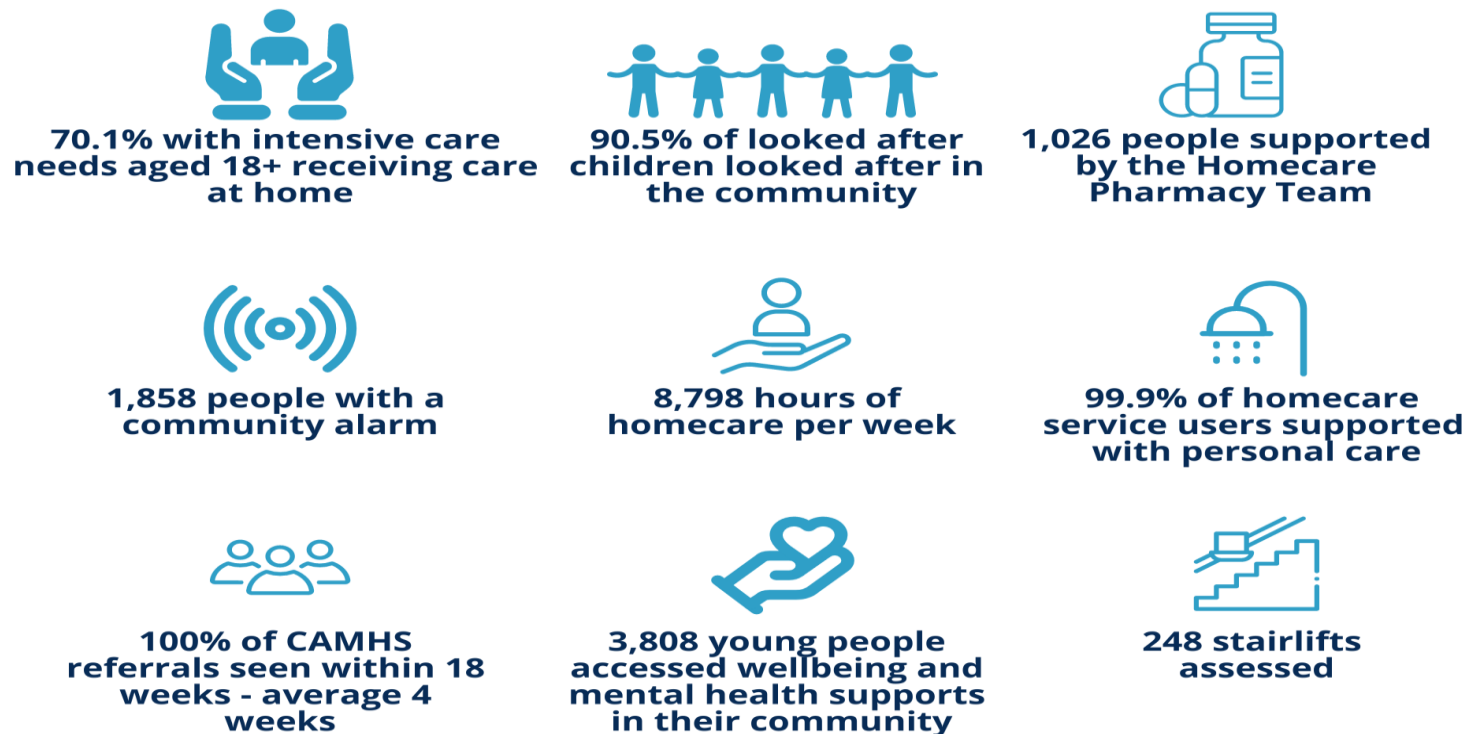
Workforce	0	5	3
Finance	0	1	2
Technology	0	5	1
Partnerships	0	2	4
Infrastructure	0	2	2

	Overdue
	Not yet due
	Due date achieved

Performance Highlights 2025/26

The following graphic presents a pictorial view of some high level performance highlights with more extensive detailed service narrative following thereafter.

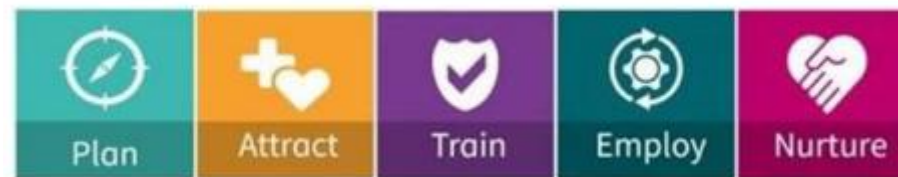
Exhibit 12: Pictorial View of Performance Highlights



Service Updates 2025/26

Our Workforce

Workforce sustainability remains a strategic priority and a recognised risk across West Dunbartonshire HSCP. Ensuring we have the right people, in the right roles, at the right time is essential to delivering safe, high-quality, person-centred care. A one-year Workforce Plan for 2025/26 was presented to the HSCP Board on 25 November 2025, and serves as an interim measure and is designed to align with the development of the HSCP Boards next strategic plan. The intention is to return to a longer-term planning horizon from 2026 onwards, ensuring continuity and strategic alignment across service delivery and workforce priorities.



During 2025/26, West Dunbartonshire HSCP continued to place a strong emphasis on recognising staff contribution, supporting wellbeing and sustaining a positive organisational culture.

Our people are at the heart of everything we do. The Staff Excellence Awards remained an important mechanism for celebrating the commitment and impact of the workforce, with nominations increasing by 56% compared to the previous year, reflecting growing staff engagement and a strong culture of appreciation across the partnership. The introduction of the Chief Officer's Award further reinforced the HSCP's commitment to kindness and compassionate leadership by recognising individuals who consistently demonstrate positive and respectful behaviours in the workplace.

- Leader of the Year: Derek Dolan, Senior Charge Nurse, Glenarn Ward, Dumbarton Joint Hospital
- Employee of the Year: Mikey Quinn, MSK Physiotherapist
- Team of the Year: West Dunbartonshire HSCP Justice Services Team
- Innovation of the Year: Crosslet & Queens Quay Catering Teams
- Volunteer of the Year – Jamie MacLeod, Mentor Scotland
- Chief Officer's Award: Karen Glass, Practice Development Physiotherapist

Wider wellbeing and culture activity also continued throughout the year, supported by access to initiatives such as the NHSGGC Active Staff programme and participation in national and local campaigns including Civility Saves Lives and World Kindness Day. A growing network of Civility Champions has helped to promote positive behaviours across services, complemented by professional recognition days that celebrate kindness, professionalism and the contribution of staff. The HSCP also continued to support staff experience and professional development through structured engagement and targeted workforce initiatives.

The annual iMatter Staff Experience Survey remained a key mechanism for capturing staff feedback and supporting team-based improvement, with participation increasing slightly to 55%. Overall staff experience and employee engagement scores remained stable, suggesting a broadly sustained staff experience during a particularly challenging period, with more areas showing improvement than decline. Alongside this, support for Newly Qualified Social Workers continued to be strengthened through the SSSC Supported Year, which has been in place since October 2024. The programme provides a structured and supportive transition into professional practice through peer support, mentoring, shadowing and mandatory learning aligned to SSSC Continuous Professional Learning requirements and local workforce priorities.

We are committed to creating the conditions for success: where leaders work together toward a shared vision, staff are supported to grow in their careers, and training and development opportunities are accessible to all. This approach not only strengthens service delivery but also builds the capacity and capability needed to transform for the future.

Central to this vision is the wellbeing of our workforce. Through regular campaigns and resources delivered in partnership with the Council and Health Board, we continue to promote physical and mental wellbeing.

HSCP Digital Strategy

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 stakeholders. As we move towards the final year of our HSCP Digital Strategy 2024 to 2027, the HSCP is able to reflect on areas where progress has been made, areas which still need some focus, and will soon start the process of developing a new Digital Strategy which will be linked to the development of a new HSCP Strategic Plan, ensuring Digital is considered as one of the main strategic priorities

- ❖ West Dunbartonshire Health and Social Care Partnership (WDHSCP) achieved a major milestone by completing the transition from analogue to digital Telecare alarms well ahead of the national deadline. More than 1,600 vulnerable residents now benefit from a safer, more resilient digital service powered by Chiptech “SEVEN” alarms and supported through the National Shared Alarm Receiving Centre provided by East Dunbartonshire Council. This success reflects exceptional teamwork, a strong and long-standing partnership with East Dunbartonshire Council, and invaluable guidance from the Scottish Digital Office. Delivered within budget and using WDHSCP’s own

Telecare team, the project showcases what can be achieved through collaboration, commitment, and a clear focus on protecting residents.

- ❖ The HSCP supports the implementation of new digital applications which will further support our teams. Along with West Dunbartonshire Council colleagues, work is underway on the implementation of OneDrive and SharePoint which will support greater collaboration utilising digital technologies and with specific apps having been rolled out to support change. The introduction of modern applications will drive organic improvements in digital capabilities as employees gain practical experience with modern tools.
- ❖ Care Opinion for the HSCP has also been launched, 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.

Our Services

Care Homes

The Crosslet & Queens Quay Catering Teams have transformed mealtimes through creativity, passion and a real drive to make life better for the Care Home residents. Their innovative approach to nutritious, enjoyable food has earned them national recognition, including becoming the first Care Homes in Scotland to achieve the Food for Life Bronze Award. Always thinking differently, they have introduced new ways to support health and wellbeing — from tailored menus to projects that reduce reliance on costly supplements, whilst improving residents' outcomes.

Their themed events, celebrations and genuine care bring joy, comfort and connection to daily life. Through their imagination and commitment, the teams have made a lasting difference to quality of care, resident wellbeing and the way resources are used across both homes.

Care at Home

The Care at Home service continues to face significant challenges, particularly as demographic demands grow faster than available financial resources. In response, a comprehensive redesign is underway to improve service delivery and ensure high standards of care. Phase 3 of the re-design has now been implemented, with approximately 92% of the workforce transitioned to a new standard rota, supporting fairer workforce distribution and improved efficiency across all areas.

A full Care Inspectorate inspection in April 2025 highlighted progress, particularly in leadership and care planning. The service continues to work through an agreed improvement plan, with ongoing support from the Care Inspectorate to drive further enhancements. To

strengthen oversight, reporting tools continue to be used to track overtime, agency use, absence rates, service user reviews, and visit compliance. These reports support regular supervision and informed decision-making by team leads.

Absence levels continue to be a key area for improvement despite updated operational guidance being rolled out to ensure staff are well supported on return to work and that attendance management processes are consistently applied.

Unscheduled Care

West Dunbartonshire HSCP continues to face **sustained and complex pressures** in relation to delayed discharge, with performance remaining out with national and regional indicators despite ongoing improvement activity. Delays are driven by a combination of rising acuity and complexity of need, workforce capacity constraints, legal processes associated with Adults with Incapacity and Guardianship, and limitations in Care at Home and care home market capacity, many of which are outside the direct control of the HSCP. Prolonged hospital stays adversely affect individual outcomes, particularly for older people, increasing the risk of deconditioning and often resulting in higher levels and cost of care being required on discharge, while also leading to significant acute bed days lost and reduced hospital flow. These challenges have material financial implications, placing pressure on Care at Home budgets and external commissioning due to increasing complexity and reliance on higher-cost care.

In response, the HSCP has progressed a programme of whole-system improvement actions, including earlier and more proactive discharge planning, strengthened joint working through the Community Hospital Discharge Team, enhanced performance intelligence and oversight via system dashboards, stabilisation and recruitment within key workforces, expansion of intermediate care capacity, targeted action to reduce avoidable legal delays, and strengthened partnership working with acute and community partners.

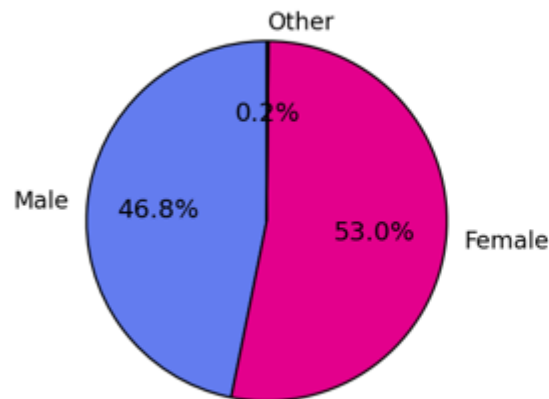
While these actions have improved planning, coordination and governance, the scale and persistence of delayed discharge underline the need for continued, coordinated system-wide action to achieve sustained improvement.

Children's Services

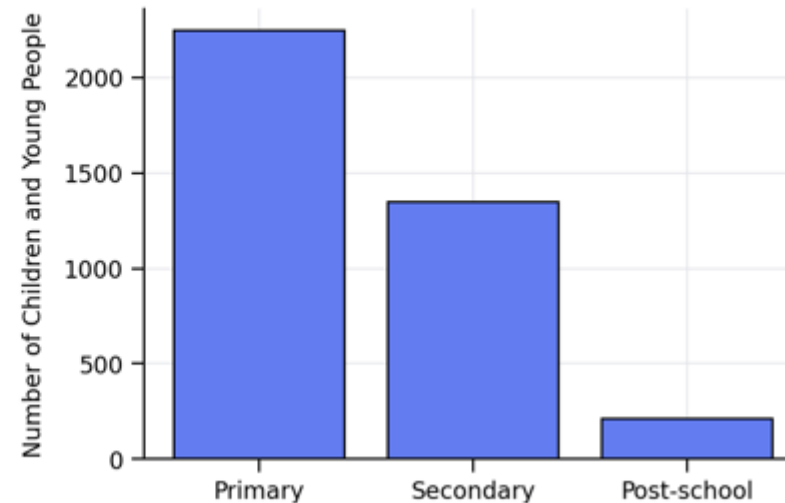
- ❖ **Community Mental Health and Wellbeing Activity.** The Children and Young Peoples Community Mental Health and Wellbeing activity has supported 3808 young people in 2025/26 to access wellbeing and mental health supports in their community. The services have also provided support via resources and training to 54 parents and carers with an overview of community mental health supports provided in Exhibit 13 below.

Exhibit 13: Overview of Community Mental Health Supports provided in 2025/26

Children and Young People by Gender



Children and Young People by Age Group



- ❖ **Distress Brief Intervention Service.** The young person distress service continues to expand its patient pathways, with more third sector organisations becoming referrers for 14- and 15-year-olds. The service was extended to include all adults in January 2026, which also saw an increase in referrals for young adults (up to 25 years). Support has been offered by our service provider, Scottish Action for Mental Health (SAMH) to frontline staff groups particularly in Primary Care.

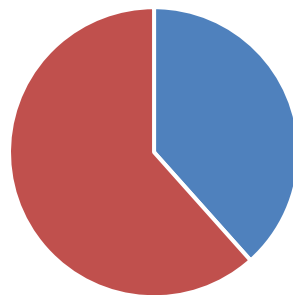
By the end of the year, Primary Care referral numbers exceeded those accessing via the education pathway. Access via the Primary Care pathway has been strengthened by an electronic referral via SCI Gateway. A total of 486 onward referrals or signposting took place, showing that many young people needed help with more than one issue.

The outcome measures of closed cases for 2025/26 indicate an improvement of 5 rating points for median distress rating between level 1 (at referral) and level 2 (at service provider).

Service demographics provided by SAMH for West Dunbartonshire are provided in Exhibit 14 below.

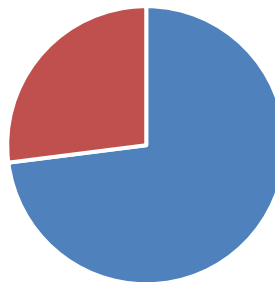
Exhibit 14: Distress Brief Service Demographics

Service Demographics



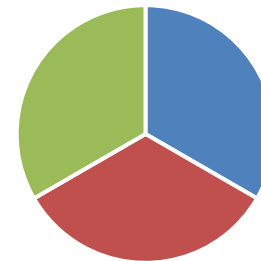
■ Age 14-15 ■ Age 16-24

Gender Split



■ Female ■ Male

Top 3 Reasons



■ Stress/Anxiety ■ Self-Harm ■ Suicidal Thoughts

Note: The upper age limit was extended to 26 for young people with experience of care

- ❖ **Suicide Prevention.** During 2025/26, a comprehensive programme of mental health and suicide prevention training was delivered across West Dunbartonshire in partnership with statutory and third sector organisations. A total of 196 training places were booked, with 130 participants attending, reflecting good overall engagement despite some non-attendance. Participation spanned a wide range of professional groups, including health and social care, education, policing, housing, third sector and community-based services. The programme combined awareness-raising and skills-based provision, with What's the Harm? the most frequently accessed course, followed by Scottish Mental Health First Aid and ASIST, which support the identification of mental distress and suicide risk. Shorter courses, including Ask, Tell, Save a Life and Introduction to Self-Harm, complemented this offer by supporting early intervention and extending reach across frontline and non-clinical staff groups.
- ❖ **Early Intervention.** Y Sort It (the Planet Youth Community Delivery partner) continues to implement the learning from the Planet Youth Approach in West Dunbartonshire that recognises the need for early intervention for a young person's wellbeing. A key time in a young person's life is the transition from Primary to High school.

Y Sort it increased capacity to support young people during their transition to secondary school by creating play, learning and wellbeing activities for those aged 8-12 years. These activities were delivered throughout 2025/2026 including supporting our current youth club and holiday provision.

- ❖ **Planet Youth Prevention Approach.** The Planet Youth approach in West Dunbartonshire continues to provide a strong evidence base for upstream prevention work addressing the wellbeing of young people. Based on the Icelandic Prevention Model, Planet Youth focus on strengthening protective factors within families, schools and communities while using regular, high-quality local data to inform action. West Dunbartonshire has been involved in Planet Youth since 2019 as one of six Scottish pilot areas.

Prescribing

Drug pricing remains highly complex, influenced by factors such as UK and global inflation, interest rates, currency fluctuations, and national contract arrangements between NHS Scotland and Community Pharmacy Scotland (CPS). Locally, the HSCP's Prescribing Group—chaired by the Clinical Director—focuses on safe, effective prescribing aligned with the principles of Realistic Medicine.

Prescribing is the HSCP's largest area of discretionary spend after staffing, carrying significant financial risk. In 2025/26, the prescribing budget absorbed a £3.602m (16.6%) increase over the previous year, reflecting rising costs and demand. To mitigate this, a challenging efficiency programme of £1.130m was implemented across multiple initiatives.

In 2025/26 the HSCP achieved 119% of its prescribing efficiency targets with overall savings of £1.350m, compared to 101% and £14m for NHS GGC. Notable achievements include:

- ❖ Polypharmacy reviews: 97% of target achieved (highest HSCP) with > 2,300 review delivered and 100% increase on 2024/25; and
- ❖ Care Home savings: 209% of target achieved
- ❖ PIIGlets: 664% of target achieved¹
- ❖ Various switches: overall 134% of target achieved

¹ PIIGlets are Prescribing Initiative Implementation Guides which support the prescribing team in actioning centrally co-ordinated switches and changes to prescriptions that focus on selecting the most cost-effective options available e.g. brand-generic switch, switch to formulary choice preparation, switch to cost-effective formulation, dose optimisation, deprescribing of non-evidenced based medicines.

These results reflect strong local leadership, data-driven decision-making, and a collaborative commitment to delivering value while maintaining safe, person-centred care.

Learning Disability

- ❖ **Individuals with a Learning Disability are recognised as being less physically active than the general population.** Updated WHO guidance (2022) recommends 30 minutes of physical activity per day for people with a Learning Disability; however, existing programmes such as Live Active were not designed to meet their needs and did not offer the reasonable adjustments required for full participation. To address this gap, Healthcare Support Workers (HCSWs), supported by Physiotherapy, developed and implemented a weekly exercise class specifically designed for people with a Learning Disability, the aim of which was to provide an inclusive, accessible, and person-centred weekly exercise class tailored specifically for individuals with a Learning Disability, promoting improved physical health, mobility, and sustained engagement in physical activity.

The introduction of the adapted exercise class has achieved several positive outcomes: The class provides a supportive, inclusive environment designed around individual mobility and health needs; individuals who previously faced barriers to attending mainstream programmes can now engage in regular physical activity; and the class promotes healthier lifestyles, improved fitness, and greater confidence, encouraging long-term participation.

- ❖ **Community connections aim to deliver person-centred care,** they treat everyone with respect and compassion, acknowledging unique life experiences. Involving people in care decisions fosters independence and wellbeing, while strengthening therapeutic relationships and enhancing quality of care. Providing person-centred care leads to positive emotional, physical, and social outcomes, aligns with best practices, and reflects our commitment to compassionate, holistic support.

This approach has benefited service users and their families, a success reflected in a recent inspection where the Care Inspectorate awarded Community Connections a grade 6 for supporting wellbeing. Grade 6 is generally awarded in circumstances where services are sector leading.

NHSGGC Musculoskeletal (MSK) Physiotherapy

Musculoskeletal (MSK) conditions continue to have a major impact on people's lives. It is one of the leading causes of absence from work and more years are lived with an MSK disability than any other condition.

The MSK Physiotherapy Service continues to provide a person-centred approach, where each person is individually assessed and their bespoke care is focused on symptom management, movement, exercise and supported self- management.

NHS Greater Glasgow and Clyde's MSK Physiotherapy Service is hosted within West Dunbartonshire HSCP who manage activity across the health board area. There have been five projects within the MSK service this year as illustrated within Exhibit 15.

Exhibit 15: Priority Objectives 2025/26

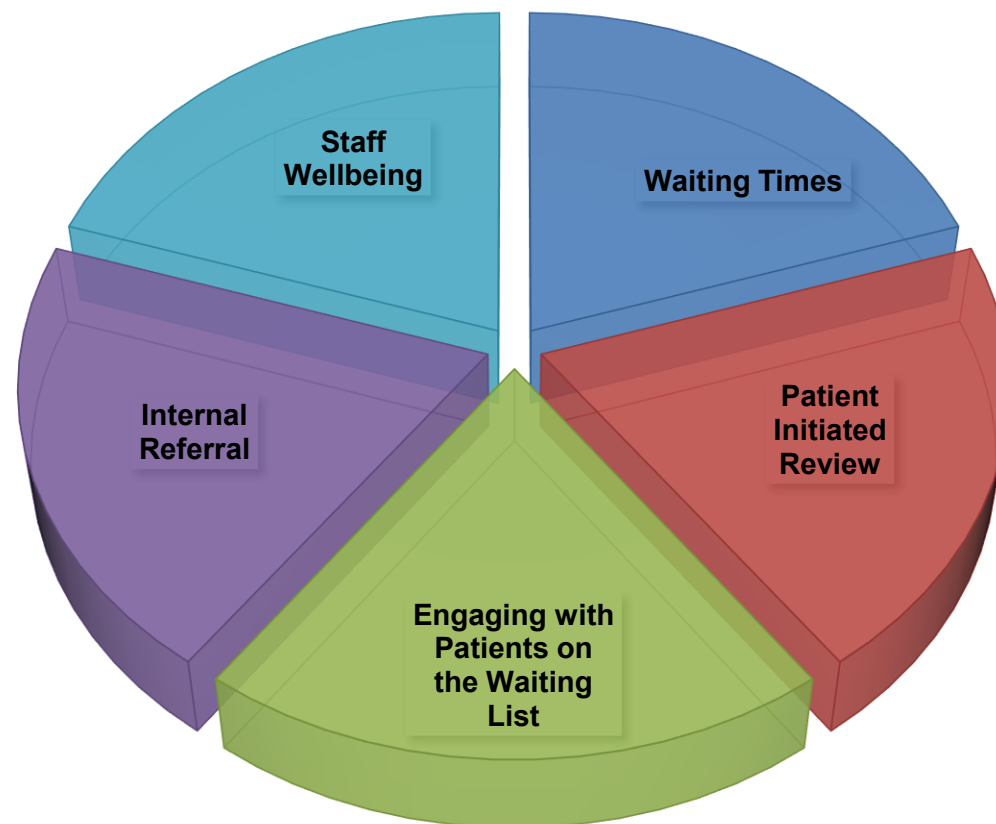
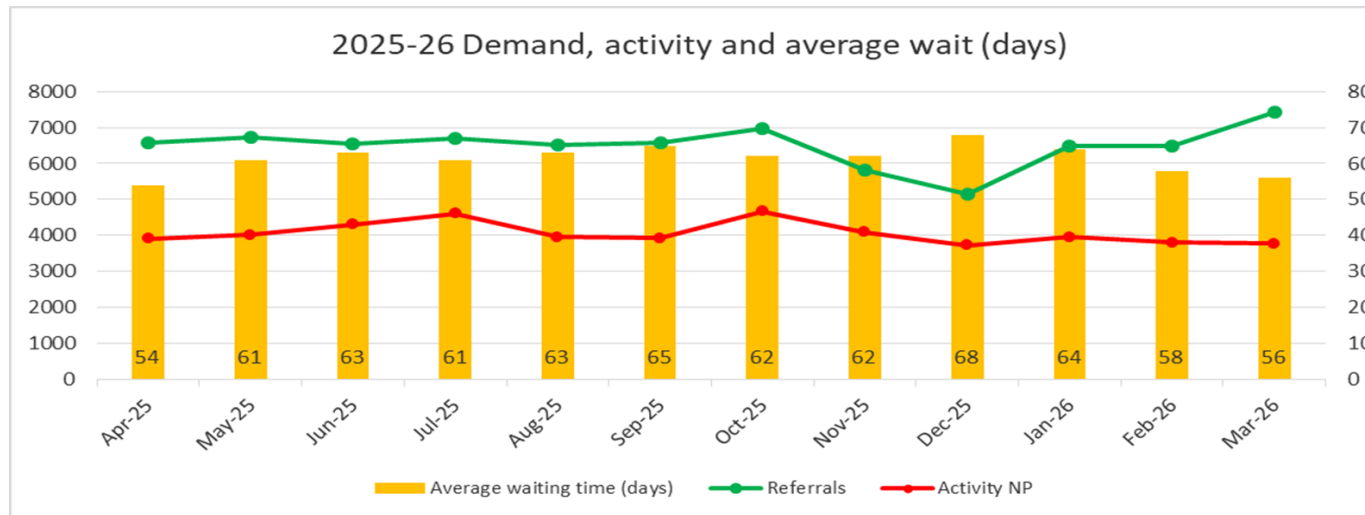


Exhibit 16: Demand, Activity and Waiting Time



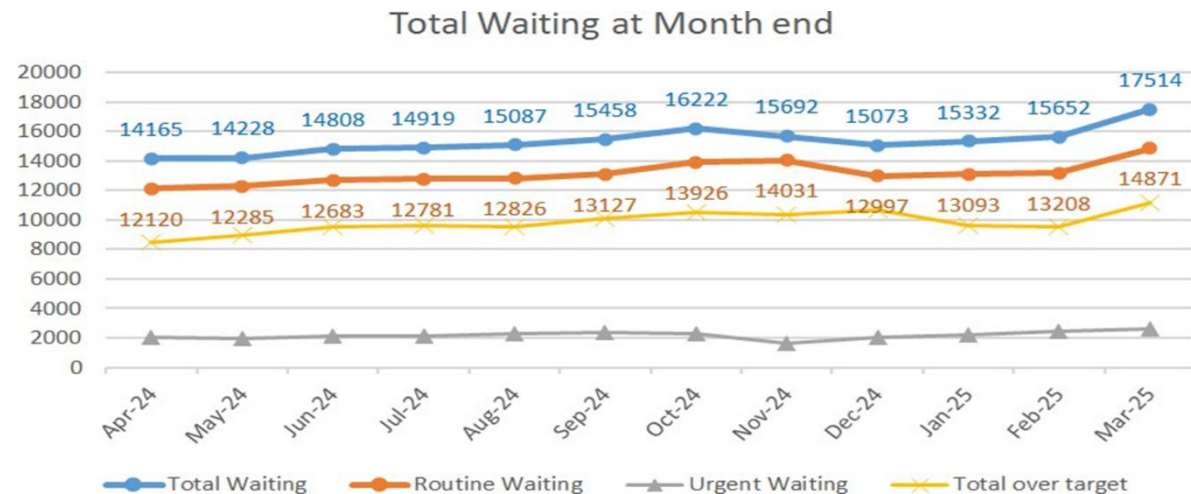
Demand for the MSK Physiotherapy Service has remained static in 2025/26 compared to the two previous years (with demand rising 6.8% on top of a 13.3% rise the previous year).

The service received a total of 78,498 referrals, averaging between 6,000 and 7,000 per month with referrals peaking at over 7,000 in October 2025 and March 2026 as illustrated in Exhibit 16.

While recruitment for MSK vacancies has improved, with more applicants than in previous years. Staff turnover remains high due to the service size, as many employees move to promoted roles. This leads to ongoing challenges with service capacity and activity when posts are vacant, both during the vacancy and when others absorb the caseload. In addition, sickness absence averaged 7.3%, consistently above the 4% target.

As a result, the number of patients waiting for appointments across NHS Greater Glasgow and Clyde increased throughout the year, as shown in Exhibit 17.

Exhibit 17: Total Waiting at Month End



Primary Care

- ❖ **GP Clusters across West Dunbartonshire continue to collaborate through Practice Quality Leads, supported by the Health Board's Quality Improvement Team and LIST analysts.** Cluster-led projects are tailored to local population needs, with 2025/26 initiatives including:
 - Clydebank Cluster carried out a Quality Improvement Project looking at uptake and referrals into the local **smoking cessation service Quit Your Way**. This was based on evidence which shows a reduction in rates of lung cancer with smoking cessations v's smoking reduction. While annual figures for 2025/26 are not yet available, the number of referrals by the end of Quarter 3 were comparable to the full year 2024/25.
 - The **Topiramate Pregnancy Prevention Programme** began in 2024. Topiramate is used for epilepsy and migraine prevention. The mandatory programme targets women of childbearing age taking topiramate to reduce risks of birth defects and developmental issues from exposure during pregnancy, requiring annual risk assessments, contraceptive education, and ongoing monitoring. West Dunbartonshire HSCP practices completed patient reviews, provided counselling, and set up annual recalls.
 - All practices across the HSCP have participated in the **Cardiovascular Direct Enhanced Service (DES)** which looks to manage and treat any risk factors for development of cardiovascular disease in a subgroup of patients aged 35-60. To support this work around cardiovascular disease prevention the HSCP organised Community days held in the Vale Centre for Health and Care and Clydebank Health Centre to share the local services which can support patients in health and wellbeing including Live Active, Quit Your Way, Alcohol services, Health Improvement, Dieticians, CVS walking groups. The Cardiovascular DES will continue to run in 2026/27 and the HSCP will look to support uptake of health and wellbeing services with the aim of improving cardiovascular health in the population.

Financial Performance 2025/26

The Statement of Accounts contains the financial statements of the HSCP Board for the year ended 31 March 2026 and has been prepared in accordance with The Code of Practice on Local Authority Accounting in the United Kingdom (the Code).

Financial performance is an integral element of the HSCP Board's overall performance management framework, with regular reporting and scrutiny of financial performance at each meeting of the HSCP Board.

The full year financial position for the HSCP Board can be summarised as follows:

Table 1: Summary Financial Position 2025/26

1 April 2025 to 31 March 2026	West Dunbartonshire Council £000	Greater Glasgow & Clyde Heath Board £000	Total £000
Funds Received from Partners	(94,182)	(181,807)	(275,989)
Funds Spent with Partners	96,277	174,804	271,081
Deficit/(Surplus) in Year 2025/26	2,095	(7,003)	(4,908)

Note: Totals may not add due to rounding

The Comprehensive Income and Expenditure Statement (CIES) on page 80 details the cost of providing services for the year to 31 March 2026 for all health and care services delegated or hosted by the HSCP Board.

The total cost of delivering services amounted to £271.081m against funding contributions of £275.989m, both amounts including notional spend and funding agreed for Set Aside of £49.337m, (see Note 7 "Taxation and Non-Specific Grant Income" page 92). This therefore leaves the HSCP Board with an overall surplus on the provision of services of £4.908m prior to planned transfers to and from reserves, the composition of which is detailed within Note 12 "Usable Reserve: General Fund" pages 97 to 98.

The HSCP Board's 2025/26 Financial Year

The HSCP Board approved the 2025/26 revenue budget on 24 March 2025. The report, set out the funding offers from our partners (the Health Board and the Council) as well as specific funding streams from the Scottish Government totalling £3.898m for support related to increases to Employers National Insurance Contributions, Scottish Living Wage for adults and children, Free Personal Care uplifts, Children and Young Person's Community Mental Health funding and Scottish Disability funding.

The Board approved a total indicative net revenue budget of £210.334m (excluding Set Aside estimated budget of £46.348m).

This was supplemented with an allocation from earmarked reserves of £3.049m to close the gap between funding and estimated cost of services, resulting in a total opening budget of £213.383m.

Throughout 2025/26 there were a significant number of budget adjustments to account for additional Scottish Government funding on both a recurring and non-recurring basis.

Table 2: Budget Reconciliations 2025/26

2025/26 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Budget Approved on 24 March 2025	117,937	95,446	213,383
Rollover Budget Adjustments	2,011	0	2,011
Primary Care	(5)	0	(5)
Adult and Older People Services	1,410	112	1,522
Children's Services	5	(24)	(19)
Prescribing	(265)	0	(265)
Family Health Services	1,261	0	1,261
Other	11,388	346	11,734
Reported Budget 2025/26	133,742	95,880	229,622
Funded from Earmarked Reserves	(1,272)	(1,777)	(3,049)
Funded from Partner Organisations	132,470	94,103	226,573

Note: Totals may not add due to rounding

Final Outturn Position 2025/26

The latest Financial Performance Report, which can be found [here](#) (see Appendix 1, 7), was issued to the HSCP Board on 26 May 2026 and projected a gross underspend of £4.729m (0.02%) for the financial year ended 31 March 2026 prior to planned transfers to/from earmarked reserves (including the drawdown of reserves approved to balance the budget) to leave a net underspend of £0.092m to be added to un-earmarked reserves.

The 2025/26 Financial Performance Reports included appendices detailing budget transfers, key variances, savings progress, and earmarked reserves. Approved savings and service redesign efficiencies totalled £5.484m, with 98% (£5.394m) achieved or on track to be delivered as planned and the remainder at risk but covered by service underspends.

These financial statements finalise the outturn position for 2025/26 as at 31 March 2026.

Prior to planned transfers to/from earmarked reserves and after accounting for all known adjustments, the position is a gross underspend of £4.908m and a net underspend of £0.400m which are movements of £0.179m and £0.308m respectively from the May position.

Table 3 provides highlights of the main movements, while Tables 4 and 5 provides a high-level summary of the final outturn position by service area and by subjective analysis.

Table 3: Movement from May 2026 Projected Outturn

Reconciliation of Movements in Reported Position between Final Outturn and May 2026 HSCP Board Report	Final / Forecast Full Year £000	(Drawdown) / Transfer to Earmarked Reserves £000	(Drawdown) / Transfer to Unearmarked Reserves £000
Final Favourable Variance Reported - Impact on Reserves	4,908	4,508	400
May 2026 Favourable Variance Reported - Impact on Reserves	4,729	4,637	92
Movement since May 2026 Draft Outturn Report	179	(129)	308
Represented By:			
Additional Alzheimers Accrual	(29)	0	(29)
Earmarking temp admin post for ASP	0	40	(40)
Revision of decision to accrue costs for OOA Client Transfer	209	0	209
Drawdown of TEC reserves	0	(30)	30
Underspend re Contingency Budget	0	(135)	135
Drawdown of Health Improvement spend from planning reserve	0	(3)	3
Roundings	(1)	(1)	0
Movement since May 2026 Draft Outturn Report	179	(129)	308
Proposed Reallocation of Earmarked Reserves	0	(797)	797
Movement since May 2026 Draft Outturn Report to Final Reserves	179	(926)	1,105

Note: Totals may not add due to rounding

Table 4: Final Outturn against Budget 2025/26 by Service Area

West Dunbartonshire Integration Joint Board	2025/26 Annual Budget	2025/26 Expenditure	2025/26 Net Underspend/ (Overspend)	2025/26 Reserves Adjustment	2025/26 Underspend/ (Overspend)
Consolidated Health & Social Care	£000	£000	£000	£000	£000
Older People, Health and Community Care	59,776	59,787	(11)	(286)	275
Physical Disability	3,789	3,832	(43)	41	(84)
Children and Families	33,073	34,261	(1,188)	(148)	(1,040)
Mental Health Services	14,708	15,104	(396)	(564)	168
Addictions	4,207	4,133	74	(60)	134
Learning Disabilities	22,225	21,882	343	(180)	523
Strategy, Planning and Health Improvement	2,223	1,955	268	127	141
Family Health Services (FHS)	40,098	40,241	(143)	0	(143)
GP Prescribing	22,857	21,388	1,469	744	725
Hosted Services - MSK Physio	8,847	8,806	41	0	41
Hosted Services - Retinal Screening	937	911	26	0	26
Justice	154	(11)	165	80	85
HSCP Corporate and Other Services	13,296	8,993	4,303	4,754	(451)
IJB Operational Costs	383	383	0	0	0
Cost of Services Directly Managed by West Dunbartonshire HSCP	226,573	221,665	4,908	4,508	400
Set aside for delegated services provided in large hospitals	49,337	49,337	0	0	0
Assisted garden maintenance and Aids and Adaptions	79	79	0	0	0
Total Cost of Services to West Dunbartonshire HSCP	275,989	271,081	4,908	4,508	400

Note: Totals may not add due to rounding

Table 5: Final Outturn against Budget 2025/26 by Subjective Analysis

West Dunbartonshire Integration Joint Board	2025/26 Annual Budget	2025/26 Net Underspend/ Expenditure (Overspend)	2025/26 Reserves Underspend/ Adjustment (Overspend)	2025/26 Underspend/ (Overspend)
Consolidated Health & Social Care	£000	£000	£000	£000
Employee	97,869	96,088	1,781	1,121
Property	1,243	1,254	(11)	(11)
Transport and Plant	1,384	1,334	50	50
Supplies, Services and Admin	9,808	4,188	5,620	5,077
Payment to Other Bodies	70,603	74,713	(4,110)	(1,259)
Family Health Services	41,627	41,818	(191)	(191)
GP Prescribing	22,858	21,388	1,470	744
Other	2,934	2,450	484	0
Gross Expenditure	248,326	243,233	5,093	5,683
Income	(21,753)	(21,568)	(185)	(1,175)
Net Expenditure	226,573	221,665	4,908	4,508

Note: Totals may not add due to rounding

The Comprehensive Income and Expenditure Statement (CIES) on page 80 is required to show the surplus or deficit on services and the impact on both general and earmarked reserves. The final position for 2025/26 was an overall surplus of £4.908m with £4.508m and £0.400m added to earmarked and un-earmarked reserves respectively. Earmarked reserves are detailed in Note 12 of these accounts on pages 97 to 98 coupled with some additional information detailed below in the “key messages”.

While the CIES provides actual expenditure and income values for services in 2025/26 and their comparison to the previous financial year, it does not highlight the reported budget variations as the HSCP Board would consider them. Therefore, the tables above are presented to provide additional detail and context to the key financial messages listed below.

The key explanations and analysis of budget performance against actual costs for individual service areas are detailed below:

- **Older People, Health, and Community Care** – this service grouping covers older people’s residential accommodation and day care, care at home, community health operations and other community health services with analysis as follows:
 - Older People Residential accommodation realised a net underspend of £0.648m mainly due to a reduction in residential placements due to deaths and discharges and an increase in property income due to a revision in the calculation methodology partially offset by the cost of agency spend arising from recruitment challenges;
 - Older People Non-Residential Care realised a net overspend of £0.668m due to an overspend in the cost of non-residential external care packages previously budgeted and charged to Care at Home;
 - The Care at Home Service realised an overspend of £0.439m with the areas of largest cost pressure sitting within staffing and relates to the continued use of agency staff and payment of premium rate overtime;
 - Adult Community Services and Community Health Operations realised a net underspend of £0.594m due to staffing vacancies; and
 - Sheltered Housing and Other Older People services realised a net underspend of £0.140m due to staff turnover.
- **Physical Disabilities** – net overspend of £0.084m mainly due to a significant fee uplift for one provider.
- **Children and Families** – net overspend of £1.040m mainly due to an increase in the number of young people being supported within children with disabilities and external accommodation on a care only basis.
- **Mental Health** – net underspend of £0.168m mainly due to high levels of staff turnover and unplanned recruitment delays partially offset by increased and extended contract cover for medical vacancies.
- **Addictions** – net underspend of £0.134m mainly due to budgeted rehabilitation not required.
- **Learning Disabilities** – net underspend of £0.523m mainly due to staffing vacancies and client service reviews.
- **Strategy Planning and Health Improvement** – net underspend of £0.141m mainly due to staff vacancies.
- **GP Prescribing** – Net underspend of £0.725m primarily driven by reductions in the cost of Dapagliflozin and lower prescribing volumes.
- **Family Health Services (FHS)** – Net overspend of £0.143m within General Medical Services primarily driven by the cost of Superannuation contributions, Locum cover, and premises cost.
- **HSCP Corporate and Other Services** – net overspend of £0.299m mainly due to staffing restructure costs and unallocated administrative and turnover savings.
- The **Set Aside** outturn position is shown as a nil variance as remains a notional budget to the HSCP Board. While the actual activity or consumption of set aside resources for the West Dunbartonshire population is detailed above, there is no formal cash budget transfer by NHSGGC. The actual expenditure share related to our HSCP for 2025/26 was calculated as £49.337m. This figure includes expenditure related to staff costs, increased bed activity, changes to pathways, cleaning, testing, equipment, and PPE, all fully funded by the Scottish Government.

In addition to the above the key explanations and analysis of budget performance against actual costs by subjective analysis are detailed below:

- **Employee Costs** – The net underspend is related to higher than budgeted levels of staff turnover and ongoing recruitment challenges.
- **Payment to Other Bodies** – The net overspend is mainly related to financial pressures within Children and Families.
- **Income** – The net over-recovery of income has mainly arisen within Older People Residential Care and is due to client contributions and property income being substantially more than budgeted.

Key Risks, Uncertainties and Financial Outlook

The HSCP Board Financial Regulations confirms the responsibility of the Chief Officer to develop a local risk strategy and policy for approval by the Partnership Board. The HSCP Board Financial Regulations can be viewed [here](#) (See Appendix 1, 8)

The HSCP Board's Risk Management Strategy and Policy is supplemented with a Risk Appetite Statement. The most recent risk appetite statement was approved in August 2025, at which time the then Head of Strategy and Transformation reviewed the risk management policy and concluded that no material changes were required. The current risk strategy and policy documents can be viewed [here](#) on pages 33 to 57 (see Appendix 1, 9).

The risk appetite statement is based on the matrix within the guidance document [Risk Appetite Matrix for Health and Social Care Partnership | Good Governance \(good-governance.org.uk\)](#) and the latest review can be viewed [here](#) on pages 353 to 369 (See Appendix 1, 10) and will be reviewed annually.

Risk Appetite Levels are defined as follows:

- **Avoid:** Avoidance of risk and uncertainty is a key organisational objective.
- **Minimalist:** Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
- **Cautious:** Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
- **Open:** Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).
- **Seek:** Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk

Risks are assessed using a matrix as detailed in Exhibit 18.

The risk matrix assesses each risk based on the cause of the risk and the controls currently in place and in progress to reduce the likelihood and impact of the risk.

There are twenty-two key strategic risks as summarised in Table 6 below.

Exhibit 18 – Risk Matrix

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

Table 6: Key Strategic Risks

Area of Risk	RAG Status	Current Score	Target Score
Strategy, Planning and Health Improvement			
Review and scrutiny of performance management information		12	8
Commissioning, procurement and monitoring of externally commissioned services		12	8
Risk of provider failure across all sectors		15	15
Failure to secure an alternative case management system		15	1
Inability to secure effective and sufficient support services including business support		8	8
Ability to effectively respond to a major emergency incident		12	12
Workforce			
Inability to develop and deliver sufficient workforce capacity to deliver strategic objectives		9	9
Risk of inability to cover planned or unplanned absence from existing workforce and wider HSCP services		12	2

Financial Sustainability			
Risk to financial sustainability within the short to medium term		20	9
Chief Social Work Officer			
Failure to ensure users of adult and children services receive an assessment of Individual Care Plans		16	8
Staff training and management: risk assessment and risk management across child, adult and public protection		16	8
Failure to meet legislative duties in relation to child and adult protection		12	8
Failure to ensure effective reporting and oversight to the CSWO through Clinical Care Governance sub group		16	8
Failure to meet legislative duties in relation to multi-agency public protection arrangements (MAPPA)		16	8
Failure to respond appropriately within required timeline to the National Historic Abuse Inquiry		12	9
Waiting Times			
Failure to meet waiting times in relation to Psychological Therapies		12	2
Failure to meet waiting times in relation to MSK Physiotherapy		12	2
Older People Services			
Failure to deliver the Care at Home service within budget while negotiating priority improvement workstreams		16	9
Failure to manage staffing resource within the Speech and Language Therapy service		9	2
Failing to ensure availability as required within Residential and Nursing Care Homes		9	4
Risk of pressures on Acute sites due to failure to reduce admissions and discharge timeously		12	6
A significant incident renders Dumbarton Health Centre partially or fully unusable.		16	4

Financial sustainability has been assessed as high arising from the risk of the West Dunbartonshire HSCP Board (IJB) being unable to achieve and maintain financial sustainability within the approved budget in the short to medium term due, however there are a number of controls already in place with further controls progressing to mitigate the risks identified and reduce the risk level from red to yellow.

A full review of the Strategic Risk Register is undertaken every six months with the latest review being presented to the 23 June 2026 HSCP Audit and Performance Committee for comment which can be viewed [here](#) (see Appendix 1, 11). Following consideration of the updated Strategic Risk Register by the Audit and Performance Committee, it was agreed that Senior Management would undertake a review to refresh and re-baseline the Partnership's approach to strategic risk management. The review will assess the balance between strategic and operational

risks, consider risks recorded within Heads of Service operational risk registers for potential escalation to the Strategic Risk Register, identify and reduce duplication and overlap, and review the structure, format and numbering of risks to improve clarity and governance oversight. The review will be informed by input from Internal Audit and the NHS Greater Glasgow and Clyde Risk Lead to ensure alignment with good practice and provide independent challenge. A revised Strategic Risk Register will be presented to the Audit and Performance Committee on 22 September 2026.

To further support the HSCP Board's assurance processes around the management of risk the Chief Internal Auditor's prepares an "Internal Audit Annual Strategy and Plan" which sets out the internal audit approach to annual audit planning as risk-based and aligns it to the HSCP Board's strategic planning processes and management's own risk assessment.

Reserves

The HSCP Board has the statutory right to hold Reserves under the same legal status as a local authority, i.e. *"A section 106 body under the Local Government (Scotland) Act 1973 Act and is classified as a local government body for accounts purposes..., it is able to hold reserves which should be accounted for in the financial accounts and records of the Partnership Board"*. Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies; and
- provide a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

Reserves are a vital part of the HSCP Board's funding strategy, enabling financial stability and supporting delivery of national priorities. They also allow the Scottish Government to provide advance funding for known policy commitments.

The HSCP Board's Reserves Policy, which can be viewed [here](#) (Appendix 1, 12) recommends that its aspiration should be a un-earmarked reserves level of 2% of its net expenditure (excluding Family Health Services) which would equate to approximately £4.615m, and for 2025/26 the final position is £4.773m (see Note 12: Usable Reserve: General Fund) which equates to a reserves level of 2.07%.

Our overall movement in reserves is covered above in the "2025/26 Final Outturn against Budget" section. Detailed analysis of the movements in earmarked reserves is available at Note 12 Useable Reserves – General Fund.

Several commitments made in 2025/26 in relation to local and national priorities will not complete until future years (£8.599m) and is reflective of the scale and timing of funding received and the complexity of ongoing projects. These include national funding for Mental Health Recovery and Renewal and Alcohol and Drug Partnerships, and local funding for mental health transitional programmes, the “What Would It Take” Children and Families five-year strategy, ongoing work related to Unscheduled Care, investment in MSK, development and implementation of a Property Strategy, Carers funding, costs to implement the final phase of the agenda for change pay reform and underwriting the Cost of Complex Care Packages.

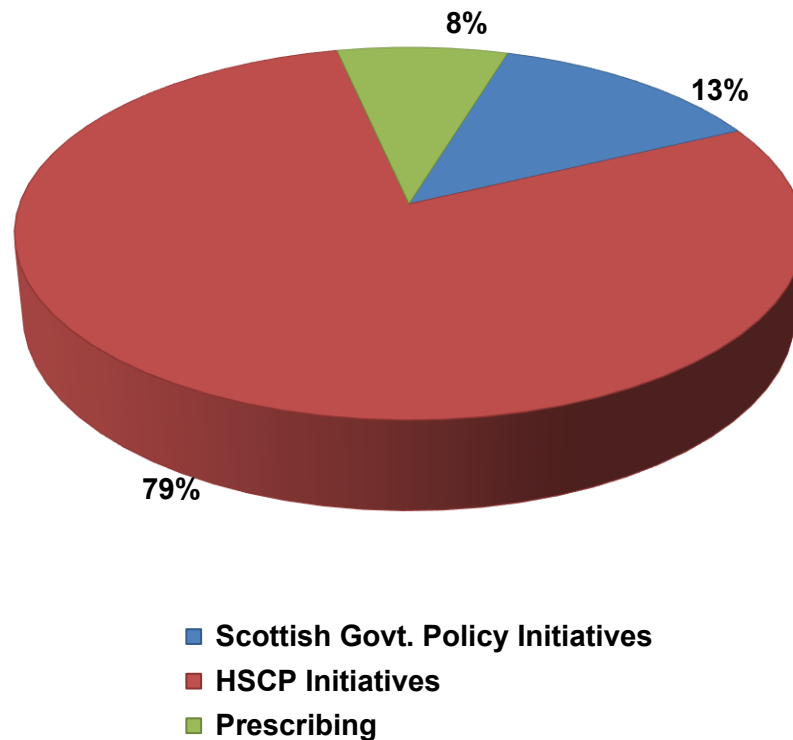
We started the year with £14.831m earmarked reserves and during the year a total of £3.760m was drawn down as detailed below:

- £1.216m (Social Care only) approved in March 2025 to balance the 2025/26 budget;
- £1.747m was drawn down to cover planned expenditure for addictions, learning disabilities, mental health, children and family priorities, participatory budgeting, digital developments, hosted services, and the cost of complex care packages; and
- £0.797m of earmarked reserves have been reallocated to reflect known pressures following a robust review of all reserves undertaken to ensure that all earmarked reserves are appropriate and fully committed.

We also added £7.471m to earmarked reserves throughout the year with £3.350m being an increase to existing reserves (mainly for alcohol and drugs partnerships, planning and health improvement projects, underwriting of prescribing pressures and Local Authority employers’ superannuation future commitments) and £4.121m for the creation of new reserves (mainly due a transfer of significant non-recurring health funding to support West Dunbartonshire HSCP in the delivery of its Musculoskeletal service, support unscheduled care pressures and advance funding provided in relation to the anticipated costs of implementing the final phase of the reduced working week and ongoing agenda for change reform).

The final balance on earmarked reserves is £18.542m and a profile of the 2025/26 earmarked closing balance is detailed in Figure 1.

Figure 1: Profile of Earmarked Reserves

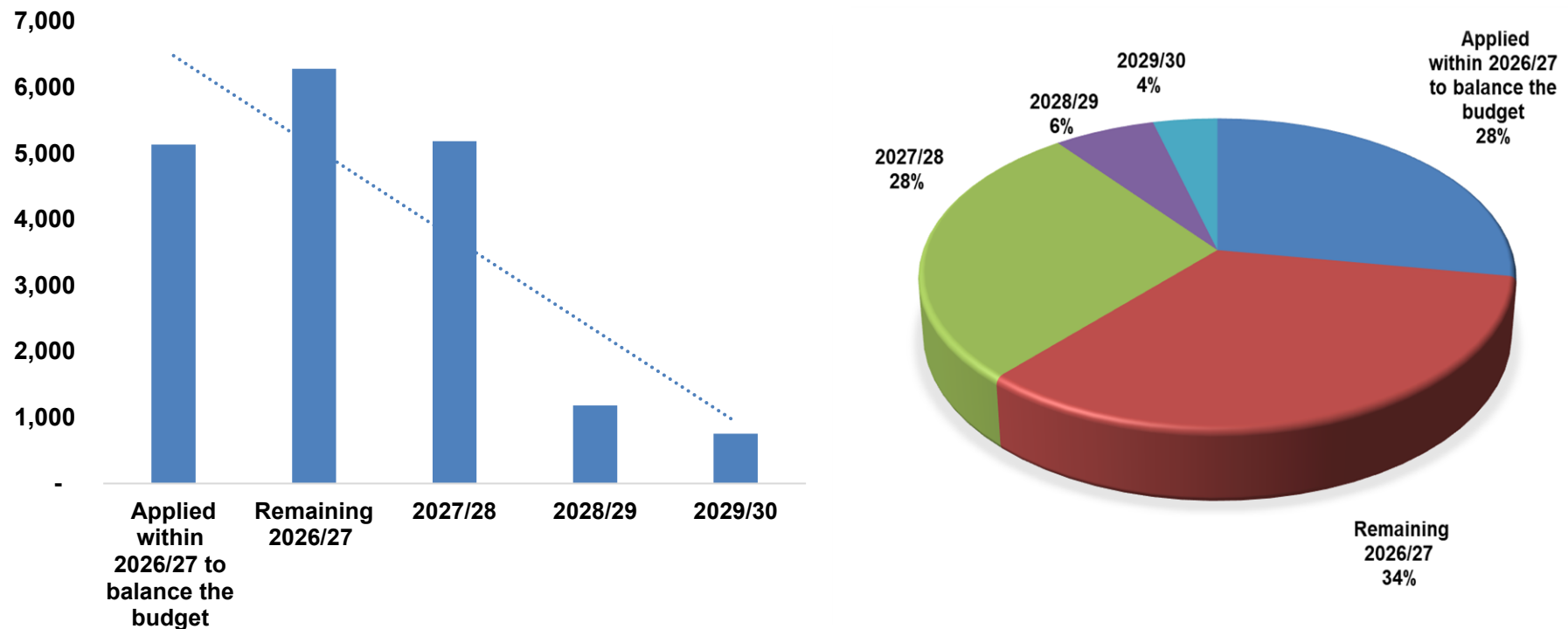


The analysis shows that:

- 13% of reserves support Scottish Government policy commitments such as Unpaid Carers, Mental Health, Alcohol and Drugs Partnership, and Winter Pressures. Some funding flows depend on regular reporting of activity and costs;
- 79% relate to HSCP initiatives to support service redesign and transformation, service improvements (such as property investment, investment in the Musculoskeletal service and support for unscheduled care pressures) and future employer liabilities; and
- 8% relates to reserves held for prescribing to mitigate potential volatility in pricing and short supply issues.

The review also included an analysis of the anticipated spend profile of earmarked reserves as summarised below and shows that approximately 62% of all earmarked reserves are anticipated to be drawn down in 2026/27 with 28% applied as part of the annual budget setting report to balance the budget.

Figure 2: Anticipated Spend Profile of Earmarked Reserves



The final balance of un-earmarked reserves is £4.773m which equates to approximately 2.07% of net expenditure (excluding Family Health Services). This is slightly above the 2% target detailed within the HSCP Board's Reserves Policy and is a result of ongoing work to replenish un-earmarked reserves which has been an ongoing priority during 2025/26.

Medium Term Financial Outlook

The HSCP Board approved the indicative 2026/27 Revenue Budget on the 24 March 2026. The identified budget gaps and actions taken to close these gaps, to present a balanced budget, considered current levels of service. The full report can be viewed [here](#) (Appendix 1, 13).

For 2026/27 the Council maintained at least a flat cash position from 2025/26, with additional allocations for the Scottish Living Wage, Free Personal Care and Local Government pressures, as reflected by increases in some social care grant aided expenditure indicators. The Health Board applied a 2% uplift, with a commitment to pass on any further funding linked 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. This was transferred from the Health Board as part of a late non-recurring package of financial support as detailed within the “Reserves” section above.

The [Scotland's fiscal outlook: medium-term financial strategy](#) (MTFS) 2025 (Appendix 1, 14) committed to multi-year funding settlements, particularly through the introduction of the 2026/27 to 2028/29 multi-year [Scottish Spending Review 2026](#) (Appendix 1, 15) published alongside the Budget in January 2026. This is essential to enable Councils, Health Boards, and Integration Authorities to strengthen their medium-term financial planning and to allow sufficient time for meaningful engagement with local communities, however despite this commitment multi-year funding settlements are not guaranteed, and funding projections continue to be subject to updates, assumptions, and approval processes.

The Accounts Commission's Integration Joint Boards Finance Bulletins and wider Finance and Performance reports highlight a continued deterioration in financial sustainability across Scotland, with rising demand, significant savings requirements and reducing reserves. This remains relevant to West Dunbartonshire, although the HSCP currently retains a comparatively stronger reserve position than that seen nationally. The [Integration Joint Boards: Finance and performance 2024 | Audit Scotland](#) report (Appendix 1,16) was presented to the West Dunbartonshire HSCP Board in September 2024 and discussed at HSCP Board members sessions on budget setting and performance reporting measures.

As highlighted under “Reserves” un-earmarked reserves increased by £1.197m during the year to 2.07% of net expenditure, slightly above the HSCP's 2% policy target, providing limited short-term resilience. Earmarked reserves also increased by £3.711m, with 62% planned for use in 2026/27 to support specific cost pressures and maintain financial balance. The increase in reserves largely reflects non-recurring health funding and is aligned to specific, time-limited priorities, including MSK investment, unscheduled care, and the implementation of reduced working week and Agenda for Change reform. This funding was both welcome and important, supporting delivery of key services, however it does not support recurring cost pressures.

The HSCP Board supported by the Medium-Term Financial Outlook has utilised reserves support in a planned and managed way to both mitigate residual budget gaps and address in-year budget gaps. However, in line with the Accounts Commission's [Local government budgets 2026/27 | Audit Scotland](#) report (Appendix 1, 17), it highlights that funding is not keeping pace with demand and identifies a significant national budget gap. There remains a material risk that underlying financial pressures in health and social care will continue. This will require ongoing service redesign and sustained partnership working with West Dunbartonshire Council and NHS Greater Glasgow and Clyde to ensure longer-term financial sustainability.

The HSCP Board remains committed to safeguarding core services amid mounting financial pressures across the short, medium, and long term. The Strategic Plan 2023–2026: *Improving Lives Together* outlines an ambitious vision to meet the evolving needs of the population. However, it also recognises the significant challenge posed by funding levels that do not keep pace with inflation or demographic change.

A continued reliance on single-year funding settlements from the Scottish Government exacerbates financial uncertainty. This presents two critical risks: instability in workforce planning and a potential decline in service quality. Without greater funding predictability, the ability to deliver sustainable, high-quality care is increasingly compromised.

The HSCP Board approved its own Medium-Term Financial Outlook (MTFO) 2024/25 to 2027/28 on the 19 November 2024 and can be viewed [here](#) (Appendix 1, 18). The MTFO sets out the broad key themes on how we will work towards minimising future pressures and support financially sustainability. These themes are:

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

As of the end of 2024/25, the **National Care Service (NCS) Bill** had completed Stage 2 of its legislative journey. During this stage, the Bill underwent substantial amendments, most notably the removal of Part 1, which originally proposed the establishment of the National Care Service and the reform of Integration Authorities. Reflecting these changes, the legislation was retitled the Care Reform (Scotland) Bill.

The **Care Reform (Scotland) Act 2025**, which was passed by the Scottish Parliament on 10 June 2025 and received Royal Assent on 22 July 2025, is now fully enacted introducing significant reforms to social care.

The Act focusses on the rights and support of care recipients, unpaid carers and social care workers.

The overall objectives of the Act detailed below with the key provisions listed in Exhibit 19:

- Strengthen the rights to people in care homes;
- Support unpaid carers and social care workers;
- Improve the **consistency and quality** of care across Scotland; and
- Promote **fair work, ethical commissioning, and sectoral bargaining** to enhance workforce conditions

Exhibit 19: Key Provisions of the Care Reform (Scotland) Act 2025

Key Provisions

- Digital Care Records
- Support for Unpaid Carers
- Care Homes
- Integration and Commissioning
- Regulation of Social Services
- Protection of Adults at Risk
- Advocacy, Information and Advice
- Monitoring and Oversight
- National Social Work Agency
- Delivery of Care

The HSCP Board is clear that it needs to be as financially well placed as possible to plan for and deliver services in a difficult financial climate, whilst maintaining enough flexibility to adapt and invest where needed to redesign and remodel service delivery moving forward depending on the funding available in future years.

While the overall context of the November 2024 MTFO remains unchanged the indicative budget gaps are revised annually to reflect most recent approved funding offers from each funding partner and updated future years funding and cost projections.

Projections include the future year impact of 2026/27 partner funding offers, demographic growth and pay / non-pay inflationary assumptions as well as roll forward of approved savings, management adjustments (e.g. turnover targets, service reviews).

Updated budget gaps for the period 2026/27 to 2028/29 are detailed in Table 7 and illustrate the scale of the risk.

Through 2026/27 the Financial Performance Reports will continue to reflect all quantifiable variations against the approved budget as well as anticipating and reporting on any material changes or risks including any financial implications arising from the enactment of The Care Reform (Scotland) Act 2025.

Table 7: Indicative Budget Gaps

Budget Gap Analysis	2026/27 £000	2027/28 £000	2028/29 £000
Social Care	108,161	112,619	119,003
Health Care	122,100	125,009	128,042
Set Aside	48,139	48,139	48,139
Total Indicative Spend	278,400	285,767	295,184
West Dunbartonshire Council	98,404	101,807	105,209
NHSGCC	121,730	123,025	125,230
Set Aside	48,139	48,139	48,139
Total Resources	268,273	272,970	278,578
Indicative Budget Gap	10,127	12,796	16,607
Management Adjustments	4,049	3,288	3,288
Savings Options	941	941	941
Application of Reserves	5,136	0	0
Measures to Balance the Budget	10,127	4,229	4,229
Indicative Budget Gap	0	8,567	12,377

Note: Totals may not add due to rounding

One material risk that has increased for since the 2026/27 budget was approved in March relates to General Medical Service (GMS) costs within Family Health Services. The GMS contract has consistently overspent in previous years with each deficit increasing year on year. Early forecasting for 2026-27 indicates a potential overspend of £3.1m, which would be shared with each HSCP based on their percentage of actual expenditure. A high-level estimate of our share is approximately £0.250 million. The main cost drivers for this are; the cost of Superannuation contributions, Locum cover, and premises cost. Superannuation is an emerging risk due to the introduction of workforce capacity funding from 2026/27. Without an appropriate uplift in GMS Board Admin allocations for this financial year, the above-mentioned overspend is a real possibility. This position is being monitored closely.

Conclusion

Throughout 2025/26, West Dunbartonshire HSCP Board remained focused on delivering its strategic priorities while continuing to adapt and enhance services to meet evolving needs.

Our commitment to strong financial governance is reflected in our performance reporting and this annual report. The planned use of reserves has helped to stabilise our short- and medium-term financial position. While challenges remain, we are well-positioned to address them through robust governance and informed decision-making.

Looking ahead to 2026/27, we will build on our strong foundations—strengthening governance, deepening stakeholder engagement, managing risk proactively, and investing in our workforce and communities to ensure sustainable, high-quality services.

Michelle Wailes
HSCP Board Chair

Date: 29 September 2026

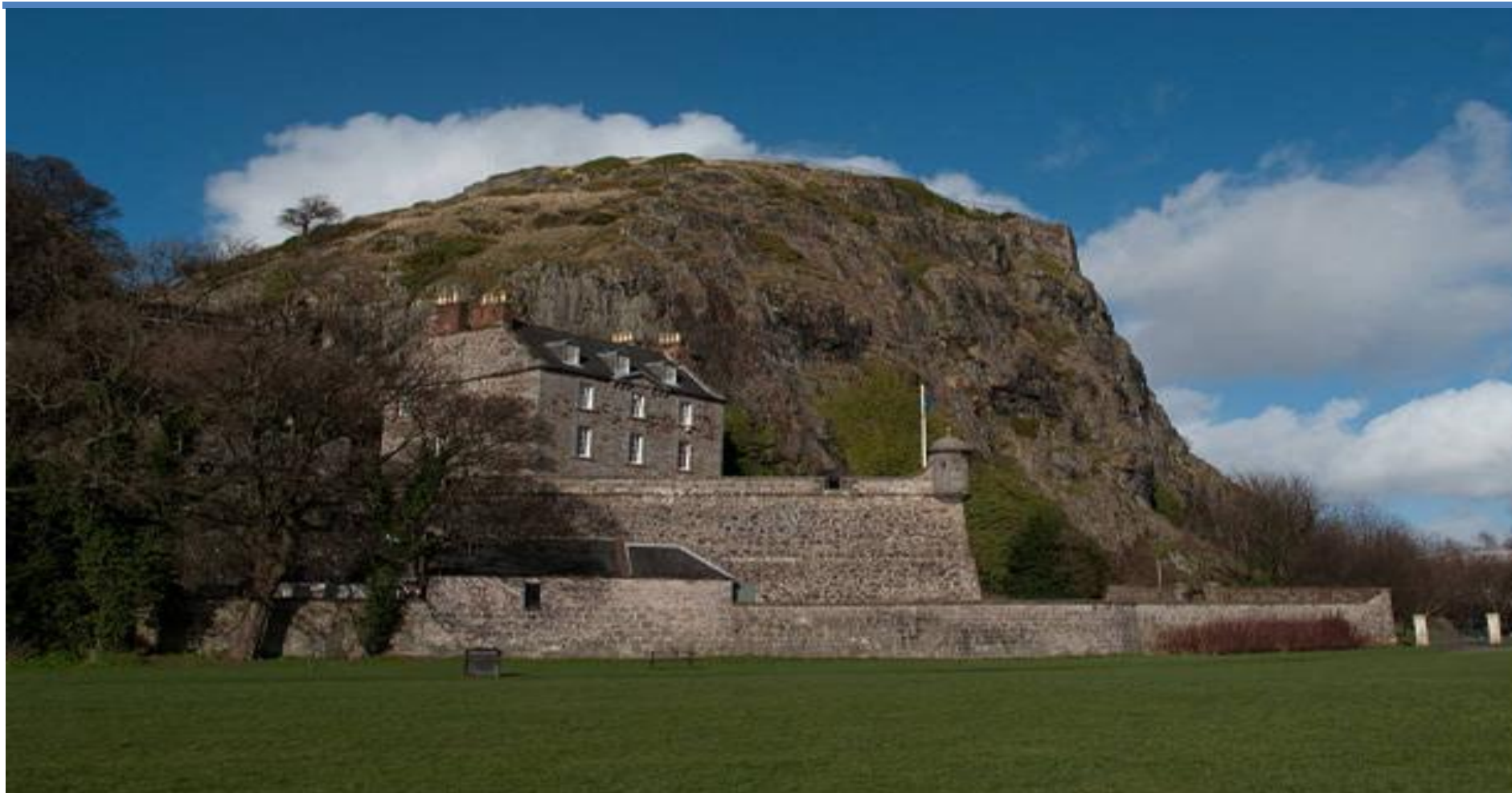
Beth Culshaw
Chief Officer

Date: 29 September 2026

Julie Slavin
Chief Financial Officer

Date: 29 September 2026

Statement of Responsibilities



Responsibilities of the Health and Social Care Partnership Board

The Health and Social Care Partnership Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this partnership, that officer is the Chief Financial Officer.
- Manage its affairs to secure economic, efficient, and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts.

I confirm that these Unaudited Annual Accounts were approved at a meeting of the Audit and Performance Committee on 23 June 2026.

Signed on behalf of the West Dunbartonshire Health & Social Care Partnership Board.

Michelle Wailes
HSCP Board Chair

Date: 29 September 2026

Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the HSCP Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Financial Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Financial Officer has also:

- kept proper accounting records which were up to date; and
- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the West Dunbartonshire Health and Social Care Partnership Board as at 31 March 2026 and the transactions for the year then ended.

Julie Slavin CPFA
Chief Financial Officer

Date: 29 September 2026

Remuneration Report



Introduction

The Local Authority Accounts (Scotland) Regulations 2014 (SSI No. 2014/200) require local authorities and IJB's in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.

It discloses information relating to the remuneration and pension benefits of specified HSCP Board members and staff. The information in the tables below is subject to external audit.

Health and Social Care Partnership Board

The six voting members of the HSCP Board were appointed, in equal numbers, through nomination by Greater Glasgow and Clyde Health Board and West Dunbartonshire Council. Nomination of the HSCP Board Chair and Vice Chair post holder's alternates, every 3 years, between a Councillor from WDC and a NHSGGC Health Board representative.

Table 8: Voting Board Members from 1 April 2025 to 31 March 2026

Voting Board Members 2025/26	Position	Dates	Organisation
Michelle Wailes	Chair	1 April 2025 to 31 March 2026	NHS Greater Glasgow & Clyde Health Board
Fiona Hennebry	Vice Chair	1 April 2025 to 19 January 2026	West Dunbartonshire Council
Fiona Hennebry	Voting Member	20 January 2026 to 18 March 2026	West Dunbartonshire Council
Michelle McGinty	Voting Member	1 April 2025 to 19 January 2026	West Dunbartonshire Council
Michelle McGinty	Vice Chair	20 January 2026 to 31 March 2026	West Dunbartonshire Council
Lesley MacDonald	Voting Member	1 April 2025 to 31 March 2026	NHS Greater Glasgow & Clyde Health Board
Libby Cairns	Voting Member	1 April 2025 to 31 March 2026	NHS Greater Glasgow & Clyde Health Board
Martin Rooney	Voting Member	1 April 2024 to 31 March 2025	West Dunbartonshire Council

Fiona Hennebry resigned from the HSCP Board on 18 March 2026 and as at 31 March 2026 the position remained unfilled resulting in West Dunbartonshire Council having only two voting members.

The HSCP Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration Policy

The HSCP Board's Financial Regulations set out the arrangements for remuneration of board members.

Payment of voting board members allowances, including travel and subsistence expenses will be the responsibility of the members' individual Council (West Dunbartonshire Council) or Health Board (NHS Greater Glasgow and Clyde Health Board), and will be made in accordance with their own schemes.

Non-voting members of the Board will be entitled to the payment of reasonable travel and subsistence expenses relating to approved duties.

For 2025/26 no taxable expenses were claimed by members of the HSCP board.

Senior Officers

The HSCP Board does not directly employ any staff. However, specific post-holding officers are non-voting members of the HSCP Board.

All staff working within the HSCP are employed through either the Health Board or the Council; and remuneration for senior staff is reported through those bodies. These posts are funded equally by both partner bodies.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the HSCP Board must be appointed and the employing partner must formally second the officer to the HSCP Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the HSCP Board.

Other Officers

No other staff are appointed by the HSCP Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in Table 9 below.

Table 9: Remuneration

Total Earnings Senior Officers 2024/25		Salary, Fees & Allowance	Compensation for Loss of Office	Total Earnings 2025/26
£		£	£	£
135,734	B Culshaw (Chief Officer)	141,103	0	141,103
103,795	J Slavin (Chief Financial Officer)	108,367	0	108,367

The HSCP Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the HSCP Board. The following table shows the HSCP Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the HSCP Board balance sheet for the Chief Officer or any other officers.

Table 10: Pension Benefits

		In Year Pension Contributions		Accrued Pension Benefits	
Senior Officers	Position at 31/03/26	For Year to 31/03/2025	For Year to 31/03/2026	For Year to 31/03/2026	Difference from 31/03/2025
		£	£	£000	£000
B Culshaw	Chief Officer	8,823	9,171	25	3
J Slavin	Chief Financial Officer	23,354	24,383	21	3

The officers detailed above are all members of the NHS Superannuation Scheme (Scotland) or Local Government Scheme. The pension figures shown relate to the benefits that the person has accrued because of their total public sector service, and not just their current appointment. The contractual liability for employer pension contributions rests with the Health Board and the Council. On this basis there is no pension liability reflected on the HSCP Board balance sheet.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Table 11: Pay Bands

Remuneration Band	Number of Employees 31/03/2025	Number of Employees 31/03/2026
£100,000 - £104,999	1	
£105,000 - £109,999		1
£135,000 - £139,999	1	
£140,000 - £144,999		1

Michelle Wailes
HSCP Board Chair

Date: 29 September 2026

Beth Culshaw
Chief Officer

Date: 29 September 2026

Annual Governance Statement



Executive Summary

This Annual Governance Statement describes how the HSCP Board has ensured effective governance, risk management and internal control during the 2025/26 financial year and presents the results of the annual review of their effectiveness and whether our governance arrangements were fit for purpose.

Our annual review was conducted in accordance with the CIPFA/Solace Delivering Good Governance in Local Government: Framework (2016) and the accompanying CIPFA Addendum (May 2025).

Based on the review undertaken and subject to the detail provided below, we are satisfied that our governance arrangements were operating effectively during 2025/26 and were fit for purpose, supporting the delivery of our strategic objectives and duty to deliver on Best Value. This overall opinion is supported by multiple assurances, notably the Chief Internal Auditor's annual opinion, which provides reasonable assurance on the adequacy and effectiveness of the HSCP's governance, risk management and internal control systems.

Key improvements delivered in 2025/26 include the embedding of business continuity planning and external inspection reporting into Board assurance processes. The review has also identified targeted areas for further improvement in the coming year, notably: strengthening risk management arrangements; continuing to embed a more structured self-evaluation framework; aligning workforce planning with the Board's strategic planning cycle; and reviewing the Audit & Performance Committee's terms of reference and membership. An Improvement Action Plan for 2026 has been prepared to address these areas, and the Board is committed to implementing these actions and monitoring progress through its governance structures.

Looking ahead, the HSCP Board recognises the significant system pressures and future risks facing health and social care. These include continuing financial sustainability challenges, pressures on workforce capacity, rising service demand, and the need for transformational change to meet future needs within constrained resources. The Board's governance arrangements will be further strengthened and adapted to ensure continued resilience and effective oversight amid these challenges, with a focus on robust financial planning, risk management, partner collaboration, and transparent performance monitoring.

Michelle Wailes
Chair of the HSCP Board

Beth Culshaw
Chief Officer

Scope of Responsibility

The HSCP Board operates under a formal Integration Scheme and is accountable for ensuring that its governance arrangements are fit for purpose, supporting the achievement of its strategic objectives and the delivery of Best Value. In doing so, the Board is committed to conducting its business in accordance with relevant laws, regulations and appropriate standards, and to ensuring that public funds are safeguarded, properly accounted for and used economically, efficiently and effectively.

The Board has established robust governance arrangements, including effective systems of internal control and risk management, to support the delivery of outcomes and to provide assurance that its responsibilities are being discharged appropriately. These arrangements seek to promote a culture of continuous improvement and support effective decision-making based on sound information, risk awareness and transparency. In line with the requirements of the Local Authority Accounts (Scotland) Regulations 2014, this Statement sets out the HSCP Board's governance arrangements for 2025/26 and presents the outcome of the annual review of their effectiveness. It identifies areas where governance arrangements require improvement, outlines the actions to address these, and provides a forward-looking outlook on governance.

Our Governance Framework

The HSCP Board's governance framework comprises the core structures, processes and values by which it is directed and controlled and how it engages with, and accounts to, its stakeholders and the public. At the heart of this framework is the Local Code of Good Governance which can be found [here](#) (see Appendix 1, 19), which was updated and reviewed during 2025/26. The Local Code is explicitly aligned to the seven principles of good governance defined in the CIPFA/SOLACE Framework namely:

- A. Behaving with integrity, demonstrating strong commitment to ethical values and representing the rule of law.
- B. Ensuring openness and comprehensive stakeholder engagement,
- C. Defining outcomes in terms of sustainable economic, social and environmental benefits.
- D. Determining the interventions necessary to optimise the achievement of intended outcomes.
- E. Developing the entity's capacity, including the capability of its leadership and the individuals within it.
- F. Managing risk and performance through robust internal control and strong public financial management.
- G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability.

Key components of the governance framework are set out in detail within the Sources of Assurance document which can be found [here](#) (see Appendix 1, 20) and include:

- **Formal governance documents** – e.g. the Integration Scheme, Standing Orders, Financial Regulations, and the Performance & Audit Committee's Terms of Reference. These define the HSCP Board's governance structure, decision-making processes, and financial management arrangements.
- **Policy and control environment** – including the Members' Code of Conduct, risk management strategy and Strategic Risk Register, complaints handling processes, information governance and data protection arrangements, and compliance with partner policies for whistleblowing, anti-fraud and staff conduct (as the HSCP Board itself does not directly employ staff).
- **Clear roles and responsibilities** – including statutory roles such as the Chief Officer, the Chief Financial Officer (as section 95 Officer) responsible for financial stewardship, and key professional advisors (e.g. Chief Social Work Officer, Chief Internal Auditor, Clinical Director and Chief Nurse) who support the Board and its committees.
- **Decision-making, scrutiny and transparency** – Regular meetings of the HSCP Board and its Audit and Performance Committee are held in public, with papers and minutes published on the HSCP website. Board and Committee meetings include standing items for declarations of interest and are subject to clear Standing Orders and procedures to ensure transparency and accountability.
- **Internal and external audit arrangements** – The HSCP Board's internal audit function is delivered by the Council's Internal Audit service under a formal agreement, with input from the Health Board's internal auditors as appropriate. Both internal audit services operate in conformance with professional standards (Public Sector Internal Audit Standards, transitioning to the new Global Internal Audit Standards as of April 2025). The HSCP Board also receives assurance from the **external auditors** appointed to audit its accounts, as well as from external inspection agencies (e.g. the Care Inspectorate and Audit Scotland) in relation to services delivered by the HSCP or its partners.

The governance framework enables the HSCP Board to monitor the achievement of its strategic objectives, ensure the quality and value for money of services, and fulfill its statutory accountability obligations. The HSCP Board's framework is designed to manage risk to a reasonable level – it cannot eliminate all risk of failure to achieve policies, aims and objectives, but it seeks to provide a reasonable degree of assurance that significant risks are mitigated.

Our Assessment of Effectiveness

This statement has been prepared in accordance with the CIPFA/SOLACE Delivering Good Governance in Local Government Framework (2016) and the May 2025 [Addendum](#). The Addendum requires the Annual Governance Statement to provide an honest assessment of effectiveness, identify improvement areas and explain how the overall opinion has been determined.

The review concluded that governance arrangements continue to provide a sound framework of governance, risk management and internal control, supported by assurance from internal audit, senior officers and partner organisations. Key elements of the review included:

- **Self-assessment against the Local Code (Principles A–G)** by senior officers, evaluating how well current governance arrangements operate in practice, and identifying any improvement areas. The self-assessment confirmed that the HSCP Board's core governance arrangements are in place and operating largely as intended (with no areas assessed as fundamentally non-compliant), while highlighting some opportunities for further enhancement (detailed later in this Statement).
- **Assurances from management and statutory officers** – including annual governance certificates of assurance and checklists from HSCP Heads of Service (covering internal controls and compliance in their areas of responsibility) and input from the HSCP Board's standards officer and legal advisors. This helps ensure all relevant laws, regulations and policies are being complied with and that any emerging issues are identified.
- **Internal audit** – The Chief Internal Auditor's Annual Report and Opinion was considered as a key part of the review. The internal audit work for 2025/26 included delivery of the approved Internal Audit Plan and regular progress reports to the Audit and Performance Committee.
 - The Chief Internal Auditor's Annual Assurance Statement has concluded that **“reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control” within the HSCP Board (and the partner Council and Health Board) for the year to 31 March 2026**
- **External audit and inspection** – The HSCP Board also took into account external sources of assurance. External audit reports for West Dunbartonshire Council and NHS Greater Glasgow & Clyde were reviewed by the Chief Internal Auditor and provided additional evidence on the wider control environment in which the HSCP operates.
- **External Inspection** - Inspection findings (e.g. from the Care Inspectorate) were regularly reported to and scrutinised by the Audit and Performance Committee, ensuring that any issues identified through external regulatory oversight are addressed and monitored.
- **Oversight by those charged with governance** – The HSCP Board's Audit and Performance Committee has actively overseen and contributed to the governance review. In June 2026, the Committee considered reports on the annual Local Code review and this draft Annual Governance Statement, and Committee members (those charged with governance) provided formal written assurances to the Board and external auditors on key governance and audit matters. These assurances confirmed, for example, the Committee's satisfaction with management's processes to manage fraud risk and internal control, and no significant internal control breaches or fraud incidents have been identified within HSCP activities during 2025/26.



Chair
Michelle Wailes
Non-Exec Member



Vice Chair (to Jan. 2026)
Fiona Hennebry
Councillor



Voting Member
Lesley MacDonald
Non-Exec Member



Vice Chair (from Jan. 2026)
Michelle McGinty
Councillor



Voting Member
Libby Cairns
Non-Exe Member



Voting Member
Martin Rooney
Councillor

Compliance with Best Practice

The HSCP Board's financial management arrangements conform to the CIPFA Financial Management Code, a series of financial management standards designed to support local authority bodies meet their fiduciary duties.

The HSCP Board's financial management arrangements conform to the governance requirements of the CIPFA statement "*The Role of the Chief Financial Officer in Local Government (2016)*". To deliver these responsibilities the Chief Financial Officer (Section 95 Officer) must be professionally qualified and suitably experienced and lead and direct a finance function that is resourced and fit for purpose.

The HSCP Board complies with the requirements of the CIPFA Statement on "*The Role of the Head of Internal Audit in Public Organisations 2019*". The HSCP Board's appointed Chief Internal Auditor has responsibility for the internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service operates in accordance with CIPFA "*Public Sector Internal Audit Standards 2017*". From 1 April 2025 the new Global Internal Audit Standards came into effect for the UK Public Sector and a transition plan is in place to ensure the Internal Audit service is compliant with the requirements by 31 March 2026.

Where our Governance Needs to Improve

The 2025/26 self-assessment against the Local Code as referenced above was considered by the Audit and Performance Committee on 23 June 2026. A copy of the report is available [here](#) (See Appendix 1, 21).

Whilst areas for improvement have been identified, these are not material and do not undermine the overall effectiveness of the governance framework; four new improvement actions have therefore been agreed, alongside updated reporting on previously agreed actions, including the closure of completed actions and the progression of ongoing and new actions to further strengthen the control environment.

Table 12: New Improvement Actions

Improvement Action	Lead Officer(s)	Target Date
Principle C: Defining outcomes – Identifying and managing risks to the achievement of outcomes Principle F: Managing risks and performance through robust internal control and strong public financial management – Ensuring responsibilities for managing individual risks are clearly allocated <u>Action</u> Full review of Strategic and Operational Risk Registers to strengthen definition of strategic and operational risks, consistency of scoring and tracking delivery of mitigating actions	Chief Officer supported NHSGGC Chief Risk Officer	September 2026
Principle C: Defining outcomes – Sustainable economic, social and environmental benefits Principle F: Managing risks and performance through robust internal control and strong public financial management – Regular reporting on Strategic Plan and progress towards outcome achievement <u>Action</u> Development of the new strategic plan will be led by a refreshed Strategic Planning Group and shaped by extensive stakeholder engagement and participation to determine priorities and making the best use of the resources available. Membership of the Strategic Planning Group will be reviewed to strengthen effectiveness on driving forward agreed strategic priorities.	Chief Officer supported by Heads of Service	March 2027

Improvement Action	Lead Officer(s)	Target Date
Principle D: Determining interventions – Ensuring the capacity exists to generate the information required to review service quality regularly Action Finalise business case for replacement to Carefirst Social Work Case Management System and review capacity of the Systems, Digital and Information Team	Chief Officer and Head of Human Resources	March 2027
Principle F: Managing risks and performance through robust internal control and strong public financial management - Ensuring an audit committee or equivalent group or function which is independent of the executive and accountable to the IJB Action Aligned to improvement actions agreed following 2 members self-assessment sessions against CIPFA: Audit Committees – Practical Guidance. Audit and Performance Committee review of Terms of Reference and recommendation to review voting membership	Chief Financial Officer and Chief Internal Auditor	September 2026

How We Have Improved Our Governance Arrangements in 2025/26

The table below provides an update on the progress of previously agreed improvement actions and their progress in 2025/26. In addition to these actions there has been self-assessment work undertaken with members of the Audit and Performance Committee to strengthen the HSCP Board's governance framework.

The HSCP Board's Audit and Performance Committee operates in accordance with CIPFA's "*Audit Committee Principles in Local Authorities in Scotland*" and "*Audit Committees: Practical Guidance for Local Authorities and Police (2022)*". Following a self-assessment of compliance in January 2025, a further self-assessment session was held with members of the Audit and Performance Committee on 12 May 2026 on Evaluating the impact and effectiveness of the Audit and Performance Committee. The session focused on assessing the Committee's effectiveness against the CIPFA self-assessment framework. The self-assessment was balanced but positive, identifying strengths and areas for improvement across HSCP members, senior management and audit partners. The full report can be viewed [here](#). (See Appendix 1, 21)

Table 13: Update on Previously Agreed Actions

Improvement Action	June 2026 Review
Principle E: Developing the entity's capacity, including the capability of its leadership and the individuals within it Action Align more clearly the Strategic Plan to the Integrated Workforce Plan (IWP) to support the delivery of the approved strategic outcomes. The current IWP covers a 3 year period and this work will be undertaken in Year 2.	ONGOING On 25 November the HSCP Board a one year Workforce Plan as an interim measure to allow development of a longer term plan alongside the next strategic plan which will cover 2027 – 2032. The intention is to return to a longer-term planning horizon, ensuring continuity and strategic alignment across service delivery and workforce priorities.
Principle D: Determining the interventions necessary to optimise the achievement of the intended Action Development of Business Impact Analysis documentation across the HSCP to support key Business Continuity Plans	COMPLETE Business Impact Analysis has been embedded into Business Continuity Plans.
Principle E: Developing the entity's capacity, including the capability of its leadership and the individuals within it Action Enhance current monitoring of improvement actions arising from external inspections to provide assurance to the HSCP Board that actions are robust and can be embedded	COMPLETE The Audit and Performance Committee receive detailed updates on all external inspection activity, including services commissioned that support service users outwith West Dunbartonshire boundaries.
Principle C: Defining outcomes – Identifying and managing risks to the achievement of outcomes Principle G: Implementing good practices in transparency, reporting, and audit to deliver effective accountability Action Develop a more structured approach to self-evaluation	ONGOING Whilst progress has been made to scope and develop the improvements needed for self-evaluation, over the coming year efforts will be made to embed this in practice.

Forward Look on Governance

The HSCP Board recognises that it operates in a dynamic environment and that its governance arrangements must remain resilient and adaptable to future challenges. Key system pressures and strategic risks on the horizon include:

- **Financial sustainability** – Ongoing funding constraints, inflationary pressures and rising costs of care will require continued strong financial governance, medium- to long-term planning, and prioritisation of resources. The Medium Term Financial Outlook is regularly refreshed, and a balanced 2026/27 budget has been agreed. However, future years will require further transformation, underpinned by disciplined Best Value review, robust option appraisal and oversight of change programmes.
- **Workforce capacity and sustainability** – Like many health and care systems, the Partnership faces challenges in recruitment, retention and workforce planning. The Board will maintain a focus on strategic workforce planning (Integrated Workforce Plan), staff wellbeing and development, absence management and organisation design to ensure the capacity and capabilities needed for high-quality service delivery into the future.
- **Service demand and demographic pressures** – Demand continues to grow due to an ageing population and increasingly complex needs. The Board will strengthen commissioning and performance management arrangements to target resources effectively and engage with stakeholders on priorities and service models.
- **Legislative and policy changes** – The Board will monitor and prepare for relevant national policy developments (for example, any reforms to health and social care governance frameworks) to ensure that its own governance structures remain compliant with any new statutory requirements and best practice guidance.
- **Technology and data** – The growing role of digital innovation (such as new case management systems or data analytics) will require governance considerations around information governance, cyber security, and effective use of data to inform decision-making. The Board will work with partners to ensure appropriate internal controls and skills are in place for these advancements.
- **Climate and sustainability** – The Board will consider governance implications of climate commitments and net-zero targets, aligning with Council and Health Board strategies.

In facing these challenges, the HSCP Board is committed to maintaining high standards of governance to support innovation and service transformation while safeguarding public funds and ensuring accountability. The annual governance review process will increasingly focus on future resilience (e.g. scenario planning for emerging risks, stress-testing governance against new challenges) as encouraged by CIPFA. The HSCP Board will continue to adapt its governance arrangements to ensure it remains responsive, effective and trusted by the public.

Conclusion and Opinion on Assurance

Overall, the Chief Internal Auditor's evaluation of the control environment concluded that; based on the audit work undertaken, the assurances provided by the Chief Officers of the HSCP Board, West Dunbartonshire Council and Greater Glasgow and Clyde Health Board, the review of the local code and knowledge of the HSCP Board's governance, risk management and performance monitoring arrangements:

"It is my opinion, based on the above, that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2026 within the Council and the Health Board from which the Health and Social Care Partnership Board requires to receive assurances and within the Health and Social Care Partnership Board itself."

Assurance and Certification

Whilst recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the HSCP Board's governance arrangements.

We consider the internal control environment provides reasonable and objective assurance that any significant risks impacting on our principal objectives will be identified and actions taken to mitigate their impact and deliver improvement.

Systems are in place to regularly review and improve the internal control environment and the implementation of the action plan will be monitored by the HSCP Senior Management Team throughout the year.

Michelle Wailes
HSCP Board Chair

Date: 29 September 2026

Beth Culshaw
Chief Officer

Date: 29 September 2026

Comprehensive Income and Expenditure



Comprehensive Income and Expenditure Statement for the year ended 31 March 2026

This statement shows the cost of providing services for the year according to accepted accounting practices.

2024/25 Gross Expenditure £000	2024/25 Gross Income £000	2024/25 Net Expenditure £000	West Dunbartonshire Integrated Joint Board - Health & Social Care Partnership	Notes	2025/26 Gross Expenditure £000	2025/26 Gross Income £000	2025/26 Net Expenditure £000
67,397	(9,153)	58,244	Older People Services		69,351	(9,564)	59,787
3,794	(237)	3,557	Physical Disability		4,108	(276)	3,832
33,797	(2,181)	31,616	Children and Families		35,586	(1,325)	34,261
16,809	(3,182)	13,627	Mental Health Services		18,493	(3,389)	15,104
4,291	(190)	4,101	Addictions		4,398	(265)	4,133
21,733	(664)	21,069	Learning Disabilities Services		22,424	(542)	21,882
36,670	(1,496)	35,174	Family Health Services (FHS)		42,031	(1,790)	40,241
22,626	0	22,626	GP Prescribing		21,388	0	21,388
8,375	(267)	8,108	Hosted Services - MSK Physio		9,024	(218)	8,806
865	0	865	Hosted Services - Retinal Screening		911	0	911
3,129	(3,032)	97	Criminal Justice		3,172	(3,183)	(11)
11,942	(1,207)	10,735	Other Services		11,964	(1,016)	10,948
363	0	363	IJB Operational Costs		383	0	383
231,791	(21,609)	210,182	Cost of Services Directly Managed by West Dunbartonshire HSCP		243,233	(21,568)	221,665
45,781	0	45,781	Set aside for delegated services provided in large hospitals		49,337	0	49,337
303	0	303	Assisted garden maintenance and Aids and Adaptions		79	0	79
277,875	(21,609)	256,266	Total Cost of Services to West Dunbartonshire HSCP		292,649	(21,568)	271,081
0	(256,019)	(256,019)	Taxation & Non-Specific Grant Income (contribution from partners)	7	0	(275,989)	(275,989)
277,875	(277,628)	247	(Surplus) or Deficit on Provisions of Services and Total Comprehensive (Income) and Expenditure		292,649	(297,557)	(4,908)

Note: Totals may not add due to rounding

Movement in Reserves Statement



Movement in Reserves Statement as at 31 March 2026

This statement shows the movement in the year on the HSCP Board's reserves with 2024/25 provided for comparison purposes. Any movement which may arise due to statutory adjustments which affect general fund balances are reflected by the partner bodies, West Dunbartonshire Council and/or NHS Greater Glasgow and Clyde Health Board within their own annual accounts. They are excluded from the HSCP Board's annual accounts as they do not form part of the delegated budget for which these financial statements relate to. A detailed breakdown of the movement in reserves can be found in note 12 on pages 97 to 98.

2025/26 Movement in Reserves

Movement in Reserves During 2025/26	Unearmarked Reserves	Earmarked Reserves	Total General Fund Reserves
	£000	£000	£000
Opening Balance as at 31st March 2025	(3,576)	(14,831)	(18,407)
Total Comprehensive Income and Expenditure (Increase)/Decrease 2025/26	(1,197)	(3,711)	(4,908)
(Increase)/Decrease in 2025/26	(1,197)	(3,711)	(4,908)
Closing Balance as at 31st March 2026	(4,773)	(18,542)	(23,315)

Note: Totals may not add due to rounding

2024/25 Movement in Reserves

Movement in Reserves During 2024/25	Unearmarked Reserves	Earmarked Reserves	Total General Fund Reserves
	£000	£000	£000
Opening Balance as at 31st March 2024	(3,504)	(15,150)	(18,654)
Total Comprehensive Income and Expenditure (Increase)/Decrease 2024/25	(72)	319	247
(Increase)/Decrease in 2024/25	(72)	319	247
Closing Balance as at 31st March 2025	(3,576)	(14,831)	(18,407)

Note: Totals may not add due to rounding

Balance Sheet



Balance Sheet as at 31 March 2026

The Balance Sheet shows the value of the HSCP Board's assets and liabilities as at the balance sheet date. The net assets are matched by the reserves held by the HSCP Board.

HSCP Board Balance Sheet

2024/25 £000	BALANCE SHEET	Notes	2025/26 £000
18,894	Short Term Debtors	9	23,861
18,894	Current Assets		23,861
0	Short Term Creditors		0
(487)	Provisions	10	(546)
(487)	Current Liabilities		(546)
18,407	Net Assets		23,315
(3,576)	Usable Reserves: General Fund	12	(4,773)
(14,831)	Usable Reserves: Earmarked	12	(18,542)
(18,407)	Total Reserves		(23,315)

Note: Totals may not add due to rounding

The audited accounts were issued on 29 September 2026.

Julie Slavin CPFA
Chief Financial Officer

Date: 29 September 2026

Notes to the Financial Statements



1. Material Accounting Policies

1.1 General Principles

The Financial Statements summarises the HSCP Board's transactions for the 2025/26 financial year and its position at the year-end of 31 March 2026.

The HSCP Board was established under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a joint venture between West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board.

The HSCP Board is a specified Section 106 body under the Local Government (Scotland) Act 1973 and as such is required to prepare their financial statements in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2025/26, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received, and their benefits are used by the HSCP Board.
- Income is recognised when the HSCP Board has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

1.3 Going Concern

The accounts are prepared on a going concern basis, which assumes that the HSCP Board will continue in operational existence for the foreseeable future.

The HSCP Board is required to prepare its financial statements on a going concern basis unless informed by the relevant national body of the intention for dissolution without transfer of services or function to another entity and these accounts are prepared on the assumption that the services of the HSCP will continue in operational existence for the foreseeable future.

We outline within our management commentary that like 2024/25 demographic pressures in 2025/26 have resulted in significant financial challenges within Children and Families (community placements and external residential care packages) and Older People Services (care at home), however robust financial management across the remainder of the services delegated to the HSCP has largely mitigated this pressure.

The HSCP Board's funding from, and commissioning of services to, partners has been confirmed for 2026/27. The medium-term financial outlook for the period to March 2028 was approved in November 2024 and initially identified mid-range budget gaps of £9.6m and £11.2m for 2026/27 and 2027/28 respectively, not allowing for any additional funding that may offset this. The March 2026 budget report presented a balanced budget for 2026/27, updated the mid-range budget estimates for 2027/28 to £8.6m, and identified a mid-range budget gap for 2028/29 of 12.4m. The HSCP Board continues to work within significant financial pressures, and the Integration Scheme outlines the actions required in the event of an overspend which includes the implementation of a recovery plan to recover the overspend. If this is unsuccessful partner bodies can consider making additional funds available. Therefore, the HSCP Board considers there are no material uncertainties around its going concern status in the period up to June 2026.

1.4 Accounting Convention

The accounting convention adopted in the Statement of Accounts is an historic cost basis.

1.5 Funding

The HSCP Board is primarily funded through contributions from the statutory funding partners, WDC and NHSGGC. Expenditure is incurred as the HSCP Board commission's specified health and social care services from the funding partners for the benefit of service recipients in West Dunbartonshire and service recipients in Greater Glasgow and Clyde, for services which are delivered under Hosted arrangements.

1.6 Cash and Cash Equivalents

The HSCP Board does not operate a bank account or hold cash and therefore has not produced a cashflow statement for these annual accounts. Transactions are settled on behalf of the HSCP Board by the funding partners. Consequently, the HSCP Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner, as at 31 March 2026, is represented as a debtor or creditor on the HSCP Board's Balance Sheet.

1.7 Employee Benefits

The HSCP Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The HSCP Board therefore does not present a Pensions Liability on its Balance Sheet.

The HSCP Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March 2026 is accrued, for example in relation to annual leave earned but not yet taken.

Charges from funding partners for other staff are treated as administration costs.

1.8 Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March 2026 due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March 2026, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the HSCP Board's Balance Sheet but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March 2026, whose existence will only be confirmed by later events. A contingent asset is not recognised in the HSCP Board's Balance Sheet but is disclosed in a note only if it is probable to arise and can be reliably measured.

There are no contingent liabilities or assets to disclose.

1.9 Reserves

The HSCP Board's reserves are classified as either Usable or Unusable Reserves.

The HSCP Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2026 shows the extent of resources which the HSCP Board can use in later years to support service provision or for specific projects.

Within usable reserves the HSCP Board holds earmarked funds to meet specific service commitments and take forward service redesigns and reform agendas. The HSCP Board's Reserve Policy recommends the holding of contingency reserves at 2% of net expenditure. Decisions in relation to the earmarking/un-earmarking of funds are made by the HSCP Board, normally as part of the account closure process.

1.10 Indemnity Insurance

The HSCP Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding HSCP Board member and officer responsibilities. Greater Glasgow and Clyde Health Board and West Dunbartonshire Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the HSCP Board does not have any 'shared risk' exposure from participation in CNORIS. The HSCP Board's participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the HSCP Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

1.11 VAT

The VAT treatment of expenditure in the HSCP's accounts depends on which of the partner agencies is providing the services as these agencies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure exclude any amount related to VAT, as all VAT collected is payable to HMRC and all VAT is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from HMRC.

Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid and will seek to recover its full cost as income from the Commissioning HSCP.

2. Prior Year Re-Statement

There are no prior year re-statements.

3. Accounting Standards Issued Not Yet Effective

The Code requires the disclosure of information relating to the expected impact of an accounting change that will be required by a new standard that has been issued but not yet adopted.

The HSCP Board considers that there are no such standards which would have significant impact on its Annual Accounts.

4. Critical Judgements and Estimation Uncertainty

Within Greater Glasgow and Clyde, each IJB has responsibility for services which it hosts on behalf of the other IJB's. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risks and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which West Dunbartonshire's IJB accounts have been prepared and is based on the Code of Practice.

The Annual Accounts contain estimated figures that are based on assumptions made by the HSCP Board about the future or that which are otherwise uncertain. Estimates are made using historical expenditure, current trends, and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates made. In applying these estimations, the HSCP Board has no areas where actual results are expected to be materially different from the estimated used.

5. Events After the Reporting Period

Events after the balance sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the statement of accounts is authorised for issue. Two types of events may be identified:

- those that provide evidence of conditions that existed at the end of the reporting period – the Financial Statements are adjusted to reflect such events; and

- those that are indicative of conditions that arose after the reporting period - the Financial Statements are not adjusted to reflect such events, but where this would have a material effect, the nature and estimated financial impact of such events is disclosed in the notes

The unaudited accounts were authorised for issue by the Chief Financial Officer on 23 June 2026. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing on 31 March 2026, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

6. Expenditure and Income Analysed by Nature

Table 14: Expenditure and Income Analysed by Nature

There are no statutory or presentational adjustments which reflect the WDHSCP Board's application of the funding received from partners.

The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement.

Table 14 provides a summary of Expenditure and Income Analysed by Nature.

2024/25	West Dunbartonshire Integration Joint Board Health & Social Care Partnership Consolidated Health & Social Care Services	2025/26
£000		£000
92,390	Employee Costs	96,088
1,502	Property Costs	1,254
1,538	Transport	1,334
4,848	Supplies and Services	4,188
69,730	Payment to Other Bodies	74,713
22,626	Prescribing	21,388
36,467	Family Health Services	41,818
2,656	Other	2,415
34	Audit Fee	35
303	Assisted Garden Maintenance and Aids and Adaptations	79
45,781	Set Aside for Delegated Services Provided in Large Hospitals	49,337
(21,609)	Income	(21,568)
(256,019)	Taxation and non specific grant income	(275,989)
247	(Surplus)/Deficit on the Provision of Services	(4,908)

Note: Totals may not add due to rounding

7. Taxation and Non-Specific Grant Income

The funding contribution from the NHS Greater Glasgow and Clyde Health Board shown in Table 15 includes £49.337m in respect of 'set aside' resources relating to acute hospital and other resources.

These are provided by the Health Board which retains responsibility for managing the costs of providing the services.

The HSCP Board however has responsibility for the consumption of, and level of demand placed on, these resources.

Table 15: Taxation and Non-Specific Grant Income

2024/25 £000	Taxation and Non-Specific Grant Income	2025/26 £000
(120,102)	NHS Greater Glasgow and Clyde Health Board	(132,470)
(89,833)	West Dunbartonshire Council	(94,103)
(45,781)	NHS GGCHB Set Aside	(49,337)
(303)	Assisted garden maintenance and Aids and Adaptions	(79)
(256,019)	Total	(275,989)

Note: Totals may not add due to rounding

8. Hosted Services

Consideration has been made on the basis of the preparation of the 2025/26 accounts in respect of MSK Physiotherapy and Retinal Screening Services hosted by West Dunbartonshire HSCP Board for other IJBs within the NHSGGC area. The HSCP Board is considered to be acting as a "principal", with the full costs of such services being reflected in the 2025/26 financial statements.

The cost of the hosted services provided by WDHSCP to other IJBs for 2025/26 is detailed in the Table 20 below. Also included within the table is cost incurred by West Dunbartonshire HSCP on behalf of other IJB's within the NHSGCC areas in relation to Old Age Psychiatry. These costs arise solely due to cross boundary bed activity and are not regarded as a true hosted service.

Table 16: Services Hosted by West Dunbartonshire HSCP

2024/25 £000 Net Expenditure by WD HSCP	Host Integrated Joint Board	Service Description	2025/26 £000 Net Expenditure by WD HSCP
7,522	West Dunbartonshire	MSK Physiotherapy	8,176
792	West Dunbartonshire	Retinal Screening	814
32	West Dunbartonshire	Old Age Psychiatry	410
8,346		Cost to GGC IJBs for Services Hosted by WD	9,400

Note: Totals may not add due to rounding

Similarly, other IJBs' within the NHSGGC area act as the lead partnership (or host) for a number of delegated services on behalf of the WD HSCP Board.

Table 17 below, details those services and the cost of providing them to residents of West Dunbartonshire, based on activity levels, referrals and bed days occupied.

Table 17: Services Hosted by Other IJB's

2024/25 £000 Net Expenditure by WD HSCP	Host Integrated Joint Board	Service Description	2025/26 £000 Net Expenditure by WD HSCP
897	East Dunbartonshire	Oral Health	980
4,278	East Dunbartonshire	Specialist Children's Service	4,255
427	East Renfrewshire	Learning Disability	356
16	East Renfrewshire	Augmentative and Alternative Communication	28
462	Glasgow	Continence	527
671	Glasgow	Sexual Health	710
2,195	Glasgow	Mental Health Central Services	2,197
677	Glasgow	Addictions - Alcohol and Drugs	670
970	Glasgow	Prison Healthcare	1,024
221	Glasgow	Health Care Police Custody	312
4,806	Glasgow	General/Old Age Psychiatry	4,462
31	Renfrewshire	General/Old Age Psychiatry	0
4	Inverclyde	General/Old Age Psychiatry	26
547	Renfrewshire	Podiatry	610
322	Renfrewshire	Primary Care Support	332
16,524		Cost to WD for Services Hosted by Other IJBs	16,488

Note: Totals may not add due to rounding

9. Debtors

Table 18: Debtors

2024/25 £000	Short Term Debtors	2025/26 £000
	0 NHS Greater Glasgow and Clyde Health Board	0
	18,894 West Dunbartonshire Council	23,861
	18,894 Total	23,861

Note: Totals may not add due to rounding

10. Provisions

Table 19: Provisions

Bad Debt Provision	£000
Opening Provision as at 1 April 2025	487
Contributions in year	72
Amounts utilised in year	(13)
Unutilised amounts reversed in year	0
Closing Provision as at 31 March 2026	546

Note: Totals may not add due to rounding

Bad Debt Provision - This provision is for the potential write off for sundry debt more than 6 months old and relates to the risk of potential non-payment of invoices raised for specific social care delegated services.

11. Related Party Transactions

The HSCP Board has related party relationships with Greater Glasgow and Clyde Health Board and West Dunbartonshire Council. The nature of the partnership means that both organisations exert significant influence through legislation, delegated functions and Integration Authorities funding mechanism. The HSCP Board may in turn exert influence on each partner through its governance and funding arrangements.

The following transactions and balances included in the HSCP Board's accounts are presented to provide additional information on the relationships. Both NHSGGC and WDC provide a range of support services to the HSCP Board, including legal advice, human resources

support, certain financial services and technical support. Neither organisation levied an additional charge for these services for the year ended 31 March 2026.

Table 20: Transactions with NHSGGC and Balances Due at 31 March 2026

Key management personnel comprise those persons with authority and responsibility for planning, directing and controlling the activities of the HSCP Board.

2024/25 £000	Transactions with NHS Greater Glasgow and Clyde	2025/26 £000
(165,883)	Funding Contributions Received from the NHS Board	(181,807)
163,908	Expenditure on Services Provided by the NHS Board	174,804
(1,975)	Net Transactions with NHS Board	(7,003)

The non-voting Board members employed by WDC and NHSGGC are recharged to the HSCP Board and include the Chief Officer, Chief Financial Officer and Chief Social Work Officer.

2024/25 £000	Balance with NHS Greater Glasgow and Clyde	2025/26 £000
0	Debtor Balances: Amounts due from the NHS Board	0
0	Net Balance with NHS Greater Glasgow and Clyde	0

Note: Totals may not add due to rounding

Table 21: Transactions with West Dunbartonshire Council and Balances Due at 31 March 2026

Other key management personnel include the Head of Planning and Health Improvement and two staff representatives

2024/25 £000	Transactions with West Dunbartonshire Council	2025/26 £000
(90,136)	Funding Contributions Received from the Council	(94,182)
91,995	Expenditure on Services Provided by the Council	95,894
363	Key Management Personnel: Non Voting Members	383
2,222	Net Transactions with West Dunbartonshire Council	2,095

Details of the remuneration for some specific post-holders are provided in the Remuneration Report.

2024/25 £000	Balance with West Dunbartonshire Council	2025/26 £000
18,407	Debtor Balances: Amounts due from West Dunbartonshire Council	23,315
18,407	Net Balance with West Dunbartonshire Council	23,315

Note: Totals may not add due to rounding

Other related party interests

Board members and relevant senior officers are required to complete a Register of Interests in accordance with the HSCP Board's governance arrangements. For 2025/26, these declarations were reviewed against material transactions, including relevant commissioning, grant and funding arrangements, to identify related party transactions requiring disclosure. No material related party transactions requiring separate disclosure were identified other than those set out in this note.

Related parties also include organisations which we may not transact with but can still exert significant influence over our financial and operating policy decisions. The Scottish Government is such a related party of the HSCP Board as it can exert significant influence through legislation and funding of the HSCP Board's Partner Bodies and therefore can indirectly influence the financial and operating policy decisions of the HSCP Board. The value of transactions directly with the Scottish Government in 2025/26 and 2024/25 was nil.

12. Useable Reserve: General Fund

The HSCP Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the HSCP Board's risk management framework.

Table 22 summarises the main movements in earmarked reserves across high-level categories of:

- Scottish Government Policy Initiatives – These are reserves held due to the timing of funds being released by the Scottish Government and the expenditure being incurred by the HSCP. The main initiatives that reserves are held for include mental health recovery and renewal and alcohol and drugs addictions.
- HSCP Initiatives – These are reserves that have been created from prior and in year HSCP underspends to support a number of service redesign and transformational strategic programmes, to underwrite ongoing work in relation to service improvements across several HSCP services and to mitigate future increases in employer liabilities.
- Prescribing – This reserve is held to underwrite the prescribing pressure arising from volatility in demand and price.

Table 22: Summary of Reserves Movements

Balance as at 31 March 2025 £000	Total Reserves	Transfers Out 2025/26 £000	Transfers In 2025/26 £000	Balance as at 31 March 2026 £000
	Scottish Govt. Policy Initiatives			
(2,863)	Adult and Older People Services	1,366	(558)	(2,055)
(69)	Childrens Services	43	(136)	(162)
(189)	Carers Funding	0	0	(189)
0	Other	0	(42)	(42)
	HSCP Initiatives			
(1,614)	Service Redesign / Transformation	0	(85)	(1,700)
(1,323)	Complex Care	742	0	(581)
(4,732)	Service Performance Improvements	966	(3,323)	(7,089)
(1,522)	Employer Liability	0	(2,333)	(3,855)
(1,149)	Other	43	(250)	(1,356)
	Prescribing			
(1,369)	Prescribing	600	(744)	(1,513)
(14,831)	Total Earmarked Reserves	3,760	(7,471)	(18,542)
(3,576)	Total Unearmarked Reserves	0	(1,197)	(4,773)
(18,407)	Total General Fund Reserves	3,760	(8,668)	(23,315)
	Overall Movement			(4,908)

Notes:

1. Recovery / Renewal of Services has been renamed Service Performance Improvements
2. Superannuation has been renamed Employer Liability
3. Totals may not add due to rounding

13. External Audit Costs

In 2025/26 the HSCP Board incurred external audit fees in respect of external audit services undertaken in accordance with the Code of Audit Practice. See Table 23 below:

Table 23: External Audit Fees

2024/25 £000	2025/26 £000
34 Fees Payable	35

Independent Auditor's Report



Independent auditor's report to the members of West Dunbartonshire Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on the financial statements

We certify that we have audited the financial statements in the annual accounts of West Dunbartonshire Integration Joint Board ("the IJB") for the year ended 31 March 2026 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, the Movement in Reserves Statement, the Balance Sheet and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2025/26 (the 2025/26 Code).

In our opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the IJB as at 31 March 2026 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2025/26 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 18 May 2022. Our period of appointment is five years, covering 2022/23 to 2026/27. We are independent of the IJB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the IJB. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the IJB's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the IJB's current or future financial sustainability. However, we report on the IJB's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland Website](#).

Risks of material misstatement

We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

Responsibilities of the Chief Financial Officer and the Audit and Performance Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements, that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing each year the IJB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the IJB operations.

The Audit and Performance Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

using our understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the IJB;

inquiring of the Chief Financial Officer and the Chief Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the IJB;

inquiring of the Chief Financial Officer and the Chief Officer concerning the IJB's policies and procedures regarding compliance with the applicable legal and regulatory framework;
discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and

considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the IJB's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

We have audited the parts of the Remuneration Report described as audited. In our opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or

- we have not received all the information and explanations we require for our audit.

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

[signature]

Tom Reid, Director
For and on behalf of Forvis Mazars LLP

100 Queen Street Glasgow – G1 3DN
29 September 2026

Appendix 1: List of Website Links



List of Website Links

1. [Integration Scheme](#)
2. [West Dunbartonshire Health and Social Care Partnership Strategic Plan 2023–2026: Improving Lives Together](#)
3. [strategic-needs-assessment-2025.pdf](#)
4. [Scotland's Climate Change Plan: 2026–2040](#)
5. [Annual and Quarterly Performance - West Dunbartonshire HSCP](#)
6. [WD HSCP August 2026 Board](#)
7. [WD HSCP Financial Performance Report May-2026](#)
8. [wd-hscp-board-financial-regulations-revised-february-2024.pdf](#)
9. [WD HSCP June 2021 Risk Strategy and Policy Report](#)
10. [WD HSCP August 2025 Board](#)
11. [WD Audit and Performance Committee June 2026](#)
12. [WD HSCP Board's Reserves Policy](#)
13. [WD HSCP March 2026 Board](#)
14. [Scotland's fiscal outlook: medium-term financial strategy](#)
15. [Scottish Spending Review 2026](#)
16. [Integration Joint Boards: Finance and performance 2024 | Audit Scotland](#)
17. [Local government budgets 2026/27 | Audit Scotland](#)
18. [medium-term-financial-outlook-2024.pdf](#)
19. [WD HSCP Board's Local Code of Good Governance](#)
20. [Local Code Annual Review: Sources of Assurance](#)
21. [WD Audit and Performance Committee June 2026](#)

Appendix 3: 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 Executive WDC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: For Action: Direction HSCP0000101JS29092026 from HSCP Board 29 September 2026
Attachment: Refer to Report and Appendix 2

Following the recent Integration Joint 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	HSCP0000101JS29092026
2	Date direction issued by Integration Joint Board	29 September 2026
3	Report Author	Julie Slavin – Chief Financial Officer
4	Direction to:	West Dunbartonshire Council only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes HSCP0000094JS26052026 2025/26 Financial Performance Draft Outturn Report
6	Functions covered by direction	All functions delegated to the HSCP Board
7	Full text and detail of direction	West Dunbartonshire Council is directed to carry forward reserves totalling £23.315m on behalf of the Board, as reported in the 2025/26 Audited Annual Accounts.
8	Specification of those impacted by the change	The closing reserves balances of £23.315m are set-out in Table 1 of the appended report and will be retained in accordance with the Integration Scheme and Reserves Policy to meet local and national priorities.
9	Budget allocated by Integration Joint Board to carry out direction	£23.315m in reserves carried forward.
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Plan – Improving Lives Together 2023 - 2026
11	Strategic Milestones	Ensuring financial sustainability in 2026/27
		30 June 2027

12	Overall Delivery timescales	30 June 2027
13	Performance monitoring arrangements	In line with the agreed Performance Management framework this direction will be monitored and progress reported twice per year.
14	Date direction will be reviewed	30 June 2027

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

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

29 September 2026

Subject: Care at Home – Update on work to meet Care Inspectorate Requirements

1. Purpose

- 1.1 This report outlines progress towards meeting the five Care Inspectorate requirements set out in the June 2026 inspection report.

2. Recommendations

- 2.1 The Board is recommended to note the updates within this report.

3. Background

- 3.1 The Care Inspectorate undertook an unannounced inspection in June 2026. Inspectors noted the three requirements made in January 2026 had not been met, and made two further requirements of the service, bringing the total requirements to five.

4. Main Issues

Requirement 1: Medication

- 4.1 By 10th Oct 2026, we must ensure that people are supported safely with their medication to support their health and wellbeing.
- 4.2 What we are doing:
- New Medication Management SOP now in place.
 - Staff training is being rolled out, focussing initially on carers who visit people who have medication support identified their care plans.
 - Training completed to date and sessions planned are shown in the table below:

Medication Management SOP training (dated 18 th Sep 2026)	
Number of staff (priority) trained	133
Number of staff (priority) with training scheduled	80
Number of staff with recent medication management training (pre implementation of the new SOP) and do not deliver care L3 or L2 meds management.	308

- Implementation of Medication Administration Record (MAR) chart processes is advancing in partnership with central pharmacy colleagues and community pharmacies, supporting safer and more consistent medicines administration. Initial focus is on those currently with medication aids (e.g. dosset boxes).
- Work is also underway to establish sustainable pharmacy support arrangements through a Service Level Agreement.

Requirement 2: Quality Assurance

4.3 By 10 October 2026, we must ensure that there are quality assurance systems and processes in place to support good standards of practice.

4.4 What we are doing:

- Implementation of a formal quality assurance framework, including completion of quality assurance trackers, development of audit tools, and establishment of a year-round audit schedule with monthly audits planned.
- Quality assurance audit using the new audit tool starting 16th September 2026. The audit is expected to take approximately 2.5 days to complete.
- 10% sample of service users will be audited, equating to 115 individuals from a total caseload of 1,158. As a priority, the sample will include the 40 individuals previously identified as requiring Level 3 medication support, ensuring that those at greatest risk are reviewed at the earliest opportunity.
- Developing and implementing a quality assurance feedback loop, including a Standard Operating Procedure (SOP), awareness sessions for team leads, and processes to translate audit findings into service improvements and practice changes.

Requirement 3: Complaints Management

4.5 By 10 October 2026, we must ensure that people can be assured their complaints will be investigated and reported on in line with the provider's complaints policy and procedure.

4.6 What we are doing:

- Strengthening complaints governance and oversight to monitor progress and identify support needs.

- September 2026: No mainstream complaints submitted to date. One Stage 2 complaint ongoing; themes emerging involve continuity of care, standard of service, carers' lack of knowledge of service user's requirements/care.
- Reviewing and auditing complaints processes and records to assess current status, improve recording, ensure complaints are appropriately tracked, and support compliance with complaints handling requirements.
- Developing quality assurance processes to better capture complaints, actions, trends, learning, and service improvements.
- Enhancing organisational complaints management learning and staff capability

Requirement 4: Supervision

4.7 By 5 November 2026, we must establish regular, meaningful supervision for all staff and incorporate competency checks into quality assurance processes.

4.8 What we are doing:

- 25 staff members with supervisory responsibilities have now completed the refresher training programme.
- Implemented a structured supervision framework, including completion of an annual supervision and team meeting matrix to ensure regular, planned supervision for all staff.
- Developing standardised supervision processes and documentation, including a supervision template to promote consistency in recording, quality and approach across services.
- Strengthening links between supervision and quality assurance, with work underway to incorporate competency checks and oversight arrangements into the wider quality assurance framework.

Requirement 5: Personal Plans

4.9 By 5 November 2026, we must ensure that staff, including agency workers, have access to accurate and up-to-date personal plan information for the people they support.

4.10 What we are doing:

- Implementation of the new care and support plan has been scheduled for 21st September 2026.
- Priority service users will be the 40 people identified as requiring Level 3

medication support. This will ensure that those with the highest level of medication-related risk benefit from the improved documentation and planning process at the earliest opportunity

- Plans are visible on phones meaning carers and agency workers have access to accurate and up to date information.

5. People Implications

- 5.1** The priority actions identified to achieve the Requirements need focussed attention from a range of people, and this in turn may impact on concurrent Care at Home work streams.

6. Financial and Procurement Implications

- 6.1** The service must meet the Requirements alongside increasing levels of demand and assessed need whilst continuing to reduce reliance on agency staffing and overtime. Achieving this balance will be dependent on maintaining staffing levels within the approved establishment, maximising the benefits of recent recruitment activity and ensuring available resources are utilised as effectively as possible to deliver sustainable service provision.

7. Risk Analysis

- 7.1** Grades awarded to a registered care service after a Care Inspectorate inspection are an important performance indicator for registered services. For any service assessed by the Care Inspectorate, failure to meet requirements within timescales set out could result in a reduction in grading or enforcement action.

8. Equalities Impact Assessment (EIA)

- 8.1** Not applicable.

9. Environmental Sustainability

- 9.1** Not applicable.

10. Consultation

- 10.1** Not applicable.

11. Strategic Assessment

- 11.1** Not applicable.

12. Directions

- 12.1** No directions are required.

Name: Fiona Taylor
Designation: Head of Health and Community Care
Date: 16th August 2026

Person to Contact: Fiona Taylor
Head of Health and Community Care
West Dunbartonshire HSCP
16 Church Street
Dumbarton
E-mail: Fiona.taylor21@nhs.scot

Appendices: None

Background Papers: All inspection reports can be accessed from
careinspectorate.com

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Val Tierney, Chief Nurse

29 September 2026

**Subject: Annual Health and Care (Staffing) (Scotland) Act 2019 (HCSSA)
Implementation Status and Assurance Report – Health 2025**

1. Purpose

- 1.1** The Health and Care (Staffing) (Scotland) Act 2019 (The Act) took effect on April 1, 2024. The aim of the Act is to provide a statutory basis for the provision of appropriate staffing in health and care services, to enable delivery of safe, high-quality care and improved outcomes for service users.
- 1.2** The Act sets out responsibilities for both integration authorities and health boards.
- 1.3** This report outlines the reporting requirements for health services and confirms current HSCP assurance levels with respect to overall compliance with the duties within the Act (Appendix1).

2. Recommendations

- 2.1** Note that the Act affects Health and Care services differently, with separate reporting requirements and timescales.
- 2.2** Note health services delegated to West Dunbartonshire HSCP report to NHS Greater Glasgow and Clyde (NHSGGC) via Quarterly Internal Assurance Reports which inform NHSGC's Annual Report to Scottish Government. Quarterly Assurance reporting is not required from Care services.
- 2.3** Note the overall level of compliance for delegated health services in West Dunbartonshire HSCP Quarter 1 (2026) Internal Assurance Report is assessed as reasonable (Appendix 1).

3. Background

- 3.1** The Act was passed by the Scottish Parliament in May 2019 and came into force on 1 April 2024. Implementation of the Act supports high-quality care by ensuring access to a competent and effective workforce. It promotes openness and transparency by ensuring staff are informed about staffing decisions and can raise concerns. The Act builds on existing policies and procedures across both health and care services. The Act places a duty to

ensure there are both sufficient staff numbers and an appropriate mix of professional roles.

3.2 Where healthcare is delegated to an integration authority, the duties and requirements of the Act continue to apply. The key requirements are summarised below:

- I. Report to Scottish Ministers on the use of high-cost agency staff.
- II. Identify staffing risks in real time, with procedures to escalate and address risks, including those that are severe or recurring.
- III. Seek and take account of clinical advice on staffing.
- IV. Ensure clinicians who lead teams have sufficient time to fulfil their leadership responsibilities.
- V. Ensure staff receive training appropriate to their role.
- VI. Use the common staffing method where required.

3.2 The Act's Statutory Guidance requires NHSGGC Board Level Clinical Leaders to provide quarterly reports, as a minimum, to Health Board members. These reports should set out their views on compliance with all relevant requirements of the Act for the roles within scope of their leadership, to support appropriate staffing.

3.3 The HSCP Chief Officer is asked to provide a single consolidated submission on assurance levels for their area of responsibility. This should include all health professionals identified within the Act. The HSCP return will be reviewed alongside other submissions and incorporated into a single NHSGGC Board Level report for submission through Board standing committees.

4. Main Issues

4.1 The West Dunbartonshire HSCP Consolidated Health Report Quarter 1 (2026) is included at Appendix 1 and provide and provides evidence to support the assessment of reasonable assurance regarding compliance with the principles and duties enshrined in the Act. It confirms that sound systems of governance, risk management and control are in place.

4.2 The HSCP has established a baseline understanding of current compliance and assurance levels. The gap analysis has informed the 2026/2027 action plan, which will support progress towards substantial assurance by embedding these duties within routine reporting and strengthening care quality, workforce planning, financial management and risk assessment business-as-usual processes. Achieving substantial assurance is contingent on the implementation of Safe Care and e rostering across NHSGGC. West Dunbartonshire is scheduled for implementation in March 2028.

5. Options Appraisal

5.1 Not required

6. People Implications

- 6.1** For Health services the introduction of the Common Staffing Framework and associated mandated staffing level tools (where they exist) represents a changed approach to staffing.
- 6.2** It may be challenging to manage staff expectations following completion of the annual Staffing Level Tool runs (SLT) in those health services where use is mandated by the act.

7. Financial and Procurement Implications

- 7.1** There are potential cost implications for the HSCP because of the changed approach to staffing where completion of staffing level tools and the common staffing method outputs reveal a requirement for investment.

8. Risk Analysis

- 8.1** Recruitment in health and social care render this a difficult environment for the implementation of the Act.
- 8.2** Strategic and Service Risk registers have been reviewed and updated related to the implementation of the Act.
- 8.3** There is a risk of increased staffing costs with the introduction of mandatory use of staffing level tools and the application of the common staffing method.

9. Equalities Impact Assessment (EIA)

- 9.1** Not required

10. Environmental Sustainability

- 10.1** No impact

11. Consultation

- 11.1** Regular progress reports have been shared with West Dunbartonshire HSCP SMT throughout 2025/26.
- 11.2** Quarterly Assurance report submitted to NHSGGC Health Care Staffing Oversight Board.
- 11.3** HSCP staff have been involved in the planning and implementation groups both at HSCP and NHSGGC level.

12. Strategic Assessment

- 12.1** The requirements of the Act are fully aligned with the ambitions of our Strategic delivery plan Improving Lives Together.

13. Directions

- 13.1** No directions issued with this report.

Name Val Tierney

Designation Chief Nurse West Dunbartonshire HSCP

Date 06.07.2026

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

Appendices:

Appendix 1: West Dunbartonshire HSCP Quarter 1 2026 HCSA Assurance Report to NHSGGC

Background Papers - N/A

Guidance

- This template is to be used to identify the key areas of assurance, gather evidence against each of the duties, in conjunction with the HCSSA resources developed such as NHSGGC SOP's and HIS or SG Guidance documents.
- > We encourage an improvement approach to the action section to map out timelines, risk (and mitigations) and responsibilities.
 - > Complete the levels of assurance in the drop down box and encourage regular review to update where the levels are less than substantial.
 - > A number of duties cross map against one another , where possible we have removed duplication so evidence only needs identified once.

- Also identify significant risks or challenges that you may need some support to mitigate or are already in the process of review, we are required to identify examples of each in the annual report.
- > Identify areas of success that may benefit from learning or approach being shared.

- Enactment began on 01 April 2024. Q2 (25-26) Assurance should be built upon and show incremental progression towards the position to be issued in the formal annual report to Scottish Government due April 2026
- >

- This template does not replace the need to complete tools such as Real Time Staffing assessments or Staffing level Tools etc. It is used to complement the application of those tools and any related data and outcomes.
- >

Level of assurance

Substantial assurance

Reasonable assurance

Limited assurance

No assurance

System adequacy

A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.

There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.

Significant gaps, weaknesses or non- compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.

Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

Supporting Resources

<https://www.nhsggc.scot/health-care-staffing-scotland-act-2019/>

On this webpage you will find lots of resources to support understanding and application under Resources and Guidance Section

Controls

Controls are applied continuously or with only minor lapses.

Controls are applied frequently but with evidence of non- compliance.

Controls are applied but with some significant lapses.

Significant breakdown in the application of controls.

Assurance Statement Summary

Requires Director or Chief Officer to complete (or authorised depute)

I am aware that I am required to provide an assurance to the Boards Clinical Leaders in regards to the compliance and assurance levels in relation to the Health and Care (Staffing) (Scotland) Act 2019 to enable them to conclude an internal assurance report for the previous quarter, as part of the legislated reporting for the organisation.

To assist you in that process, I can confirm that I have received and reviewed the required assurances (including associated checklists) from Deputy Directors (or equivalents) within my command

Based on that review, and my own knowledge of matters in my area of responsibility

I can confirm that the assurance levels, evidence and actions identified in this workbook to be accurate.

I would draw your attention to the following matter(s) which should be considered in the preparation of the quarterly assurance statement:

Speech and Language Therapy (Adult & Older People Services HCC) remains an area of particular risk. This has been escalated to the Professional Lead and also to NHSGGC Primary Care Clinical and Care Governance Group for consideration of board wide collaboration to strengthen existing mitigations

Pressure prevail in psychological services, with sickness absence exacerbating challenges - all available mitigations are in place. West Dunbartonshire Community Mental Health Teams are no longer in risk stratification due to staffing pressures.

Musculoskeletal Physiotherapy Services have excellent quality metrics as evidenced via PROMS and PREMS. The service has had challenges around ongoing increased demand for service and staffing challenges which are impacting on performance metrics regarding waiting times - all mitigations and remedial actions are in place to address this within the context of available resources. More recently the service successfully secured funding via NHS GGC operational Improvement planning to recruit additional staffing Main issues still MSK waiting times (max wait decreased one week to 17 weeks). The Board has provided the service with £1.2 million to address waiting times over next 2-3 years (money transferred and added to MSK reserves budget). The service are starting by over recruiting 8 wte to see immediate improvement and allow some time for further waiting list initiative planning

The annual School Nursing Service Level Tool completion is underway. The Common Staffing framework triangulation exercise last year determined a need for significant additional resources, not withstanding the caveat that there were challenges especially around the triangulation and availability of meaningful data the waiting list and risk assessment currently in place indicate that demand exceeds capacity within the service. Investment in the service would prove extremely challenging in the context of financial challenges currently faced by the HSCP. A risk assessment is in place and West Dunbartonshire are placed to participate in a test of change to ensure we align this targeted service to best serve those with the greatest need / risk going forward.

Funding and recruitment of post graduate Student Health Visitors and Student School Nurses [to undertake SCPHN qualification] and Student District Nurses (SPQ) in order to maintain workforce pipeline is an ongoing challenge.

Apart from anything identified above, there are, in my opinion, no other significant matters arising which would require to be raised specifically .

Name Beth Culshaw

Job Title Chief Officer

Date 06.07.2026

Duties	Assurance Levels (Select from Drop Down)
12IA Duty to ensure Appropriate Staffing	Reasonable Assurance

Evidence needs to be able to be obtained should it be requested for Due Diligence or a HIS Info request.

Evidence Source	Summary	Location
Paper to IJB -Draft One Year Workforce Plan	This one-year Workforce Plan has been developed as a holding plan to ensure compliance with the Health and Care (Staffing) (Scotland) Act 2019, which requires workforce plans to be in place. It is intentionally time-limited to allow future workforce planning to align with the HSCP's strategic planning cycle. The plan continues to link to the HSCP's key strategic priorities and will be interwoven with the development of the next HSCP Strategic Plan, ensuring a coherent and forward-looking approach to workforce development.	West Dunbartonshire HSCP Website document-pack-v2-members-hscp-board-25-november-2025.pdf
Care Opinion Reports	Care Opinion commenced September 20025, plans to increase use and promotion of use across HSCP. The Annual Clinical and Care Governance report 2025 reveals the range of services that proactively seek service user feedback and how they use this to drive improvement in services. Public Involvement Lead has returned for absence and priority will be to work with services to improve uptake and use of Care Opinion - This will be reported via CCG onwards to SMT	WDC HSCP Clinical Care Governance WDC HSCP Clinical Care Governance
I matter	This was discussed at last HSCP Workforce HCSA group - Organisational development Manager to remind leaders to need consider and reflect on elements that pertain to HCSA in improvement plans	Shared Drive WDHSCP

Please outline actions to meet 'Substantial Assurance' levels i.e. Key performance Indicators, Improvement methodology, introduction of new tools, recording templates, development of SOPs. This may be a phased plan and if so, how this progresses to Substantial or to Reasonable Assurance, from Limited or No Assurance is encouraged

Checklist for professional or service leads to discuss with their teams to facilitate discussion, find any gaps or identify evidence. - Please Answer Each This section is used for Consistency Checking PLEASE DO NOT OVERWRITE, Additional Actions should be listed in the separate section below

Action(s) Required	Yes*	No or Partial
Defined systems & processes are in place, and utilised, in function and professional groups to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as identified in scope of the Act are working in such numbers as are appropriate for the health, wellbeing and safety of patients; the provision of safe and high-quality health care; and in so far as it affects either, the wellbeing of staff. To Evidence :- > Local Workforce Plans are in place and give reference to the Acts guiding principles and its duties as appropriate and the systems and processes in relation have included clinical advice, are being considered and used > Local Workforce Plans in place determines what constitutes appropriate numbers for (a) the nature of the particular kind of health care provision, (b) the local context in which it is being provided, (c) the number of patients being provided it, (d) the needs of patients being provided it, and (e) appropriate clinical advice. > Local Workforce Plans include ensuring Staff in Roles identified in the Act are suitably qualified and receive required Training to carry out their roles appropriately. > Local Workforce Plans include workforce action plans that are regularly reviewed for progress by SMT or equivalent. > Process for revising W/F plan with output from annual Common Staffing Method for appropriate services / staffing (Dynamic Service review).	Yes	
Systems and Processes are in place and proactively promoted, to gain feedback from patients / services Users to inform and aid Service improvements To Evidence: - > Care Opinion in place and Promoted (or any / and similar patient feedback systems or processes) > where this feedback has informed service improvements or changes > where this feedback has been used to inform staffing decisions	Yes	
Systems and Processes are in place and proactively promoted, to gain feedback from staff to aid and inform Service improvements To Evidence: - > I Matter in place with good level of engagement and active action plans in place and Promoted (or / and any similar staff feedback systems or processes) > where this feedback has informed service improvements or changes > where this feedback has been used to inform staffing decisionsE9E9:G10B8E8:G9E9:H10E9:G10E9:E8:G9	Yes	

MHS NHSGGC	Consultation Helensburgh Ongoing - Board wide mental Health Strategy	Sylvia Chatfield HOS	Any new or revised agreements (SLA's, Contracts or any other agreement for services delivered by others) with other Boards, Independent Contractors, Third Parties from Apr24 give regard to the guiding principles and duties of the act as part of the specification or contractual agreement. To Evidence :- > List any Board to Board SLA's that are new or being revised, that they include the relevant sections drafted for HCSSA > List an New or Revised Contracts that procure or commission service delivery by any professionals as named by the Act, and that the specification was developed outlining appropriate systems & processes that are in in with the Act. > List any other form of agreement that is new or being revised, ensuring they meet the acts intent.		Partial
SMT Minutes . WDHSCP CCG minutes . Quarterly CCG reports to WD IJB Audit and Performance Committee			There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met). To Evidence :- > It is envisaged that this is through regular Senior Management Team Meetings or similar and includes triangulation of all relevant material data, from compliance with other duties listed in other tabs of this assessment. > These meeting would be noted including decision making and action planning.	Yes	
Evidence Section does not need to match checklist line for line, if included in a single process/document			Required * Complete the table to the Left	Required ** Complete the table below	

Areas of Shared Learning or Success to Spotlight
RWW Ongoing success of approach adopted by District Nursing Team
Service areas - professionals encouraged to ensure local BCP reflected requirement for RTS and RE

Areas of Challenge or Concern & Mitigations Required
Sufficient Funding to support robust pipeline of post graduate student SPQ/ SCPHN Sn and HV
implementation of Safe Care
Lack of funding in HSCP to support outcome of CSM triangulation efforts

Action	Time scale #	Lead	Governance	Risks
Promote more Systematic Use of Care Opinion	Mar-27	HST	SMT CCG	
1 Development of three year workforce plan 2026-2029 ensure use 6 step methodology and all service areas reflect implication of HCSA on their workforce planning . Ensure elements of the act with respect to protected learning time and leadership are strengthened.	2027	HOHR	SMT /IJB	
Ensure outputs from Common Staffing Method Triangulation method are discussed at SMT July 2026 and reflected in workforce plan - ongoing (reports prepared for July SMT and will be submitted to NHSGGC as requested by August 2026) Consider in discussion requirement to add to HSCP risk register	Aug-26	VT	SMT / WD HCSA END	Financial
4 Promote Use of Care Opinion (increase number of stories) and enhance reporting via CCG	Mar-27	Alistair Hanley / Cols Young	CCG/SMT	Only one Public Involvement Officer - risk of single point of failure
5 For Quarter 2 Report - we will have identified Champions from each services who will complete quarterly report re RAG rate reflecting implementation of duties - progress and risks to strenghen and ensure a more collobartive approach to reporting each quarter	Septemebr 2026	VT	HCSA/Workf orce group	Non engagment
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Please provide estimated date for action to be completed with Evidence available for due diligence				

Duties	Assurance Levels
12IC Duty to have Realtime Staffing in Place	Reasonable Assurance
12ID Duty to have Risk Escalation in place	Reasonable Assurance
12IE Duty to have arrangements to address severe and recurrent risks	Reasonable Assurance

Evidence needs to be able to be obtained should it be requested for Due Diligence or a HIS Info request.

Evidence Source	Summary	Location
RTS and risk escalation SOP /Staff Briefings	All Nursing service areas have a RTS and risk escalation SOP in place. Staff are encouraged to undertake TURAS learning modules commensurate with their roles. Hosted service MSK Physiotherapy have a RTS and RE SOP . Multidisciplinary Teams (Focussed Intervention Team also uses RTS and RE SOP - Strengthened identification and knowledge of AHP Professional Leads within HSCP should requirement for Professional advice be required.. We have developed a central channel within teams so that all evidence can be located in one place and we retain oversight of review of these documents	General Channel
Record of Team Huddles /Datix Reports to CCG /Service Level Datix Reports	Use of Datix incident reporting remains variable across teams . Team Huddles take place and are recorded at service level RAG rate is included daily and any impact and mitigations . These are reviewed by teams to determine themes and learning and identify recurrent risks emerging	Service Level records - shared drive /Datix reports
RTS & RE	Lead decision makers are clearly developed across nursing structures and MSK Physiotherapy services . Service business continuity plans reflect role of RTS and RE	Shared Drive
RTS	Service level SOPS identify section pathways from practitioner t SMT	General Channel

Please outline actions to meet 'Substantial Assurance' levels i.e. Key performance Indicators, Improvement methodology, introduction of new tools, recording templates, development of SOPs. This may be a phased plan and if so, how this progresses to Substantial or to Reasonable Assurance, from Limited or No Assurance is encouraged

Checklist for professional or service leads to discuss with their teams to facilitate discussion, find any gaps or identify evidence. - Please Answer Each This section is used for Consistency Checking PLEASE DO NOT OVERWRITE, Additional Actions should be listed in the separate section below

Action(s) Required	Yes*	No or Partial**
Defined systems and processes are in place, and utilised, for the real-time assessment of compliance with the duty to ensure appropriate staffing, in all functions and professional groups. Including a means for raising awareness among all staff of the methods for identifying risk, reporting to the individual with lead professional responsibility , mitigation, and seeking and having regard to clinical advice. Including the means to provide training to relevant individuals with lead professional responsibility and other senior decision-makers on how to implement the arrangements in place to comply with this duty. To Evidence > Local level RTS & RE SOPs in place for all services / teams (completing all aspects of Org level SOP Checklist) > Staff are appropriately informed and understand the SOP > Staff are aware of the Time To Lead local SOP and its interrelatedness to Clinical Advice and Risk Escalation?		Partial
The systems and processes include the means for any member of staff to identify any risk caused by staffing levels to the health, well-being and safety of patients; the provision of safe and high-quality health care; or, in so far it affects either of those matters, the wellbeing of staff. To Evidence > Are your team huddles / meetings in place and recorded? > Are the factors for assessing actual and potential staffing concerns in your SOP do you use this in huddles/meetings? > Is Datix incident reporting process within your SOP (or other system if Datix not system in place, i.e. HSCPs)? > Are Staff Wellbeing considerations included in your SOP? > Are staffing concerns and voiced care concerns escalation processes in your SOP for in and out of hours?		Partial
The systems and processes include the means for the initial notification / reporting of that risk to the relevant individual with lead professional responsibility, and for that individual to seek, and have regard to, appropriate clinical advice as necessary. If a decision which conflicts with clinical advice received, any risks caused by that decision are identified and mitigated so far as possible and any person who provided clinical advice on the matter is notified of the decision and the reasons for it and this person is able to record any disagreement with the decision made. To Evidence > Are LPs and senior decision makers clearly defined and identifiable in your SOP? > Are appropriate clinical advice processes included within your local SOP to ensure clarity regarding roles and responsibilities? > Are appropriate mitigations included within the SOP? > Does your Business Continuity Plan consider RTS & RE and can processes still apply, when B/C enacted?		Partial
The systems and processes include means for this onward reporting in to escalate further, as necessary, in order to reach a final decision on a risk, including as appropriate, reporting to members of the relevant organization. To Evidence > Do you have a flow process map in place so this is clearly identified and understood within your SOP?		Partial

RTS		http://www.wdhscp.org.uk/media/2991/document-pack-hscp-audit-and-performance-committee-23-september-2025.pdf
	real time staffing records for each service area capture this information	

Evidence Section does not need to match checklist line for line, if included in a single process/document		
Use of Datix reporting /Use of HR reports t SMT/Brave report	The use of Datix reporting for HCSA incidents is not consistently embedded across all services	
RTS and RE TOC	As of 29th July - the District Nursing Team , treatment Rooms and Diabetes Nurse Specialist and A Local Authority Care Home will complete weekly report that will be pulled through to an SMt report - the plan is to quickly expand this to all Health and care services covered by the act by the ned of 20206	
SMT Agenda /HSCP clinical and Care Governance Agenda	Datix reports are scrutinised at quarterly clinical and care governance meetings and emerging themes identified - exception reports from all HOS and CN/CD/CSWO review and identify any staffing risks with an implications for safe person centred care. This information is triangulated at SMT meetings where risks are reviewed decision making and action planning is captured.	

The systems and processes include means for notification of every decision made following the initial report, and the reasons for that decision, to anyone involved in identifying the risk, attempting to mitigate the risk, escalation of the risk and providing clinical advice. To Evidence > Are local records held and include minimum requirements as outlined in the Organisational level RTS & RE SOP?		Partial
The systems and processes include means for anyone involved in identifying the risk, attempting to mitigate the risk, escalation of the risk and providing clinical advice to record any disagreement with any decision made following the initial identification of a risk and to request a review of the final decision. To Evidence > Does your SOP include LPs/senior decision makers notification to the individual who originally escalated the staffing concern? >Does your SOP set out how staff can record disagreements and formally request a review		Partial
The systems and processes include means for ensuring that individuals with lead professional responsibility and other senior decision-makers receive adequate time and resources to implement the arrangements. >Do you have the interrelated Time To Lead SOP in place for your team? (Evidence SOP in TtL Tab)		Partial
Defined systems and processes are in place, and utilised, in all functions and professional groups, for the collation of information relating to every risk escalated to such a level as the relevant organisation considers appropriate. To identify and address risks that are considered severe and / or liable to materialise frequently and so far as possible, along with a requirement to seek and have regard to appropriate clinical advice in carrying out such mitigation. Also to report or escalate to a more senior decision-maker, including to members of the relevant organisation as appropriate To Evidence >Are you using Datix reports or similar, SSTs reports and local records to systematically identify, analyse, evaluate, mitigate and manage RTS severe and recurrent risks consistently and at an appropriate level? State what these are and where they are for evidence.		Partial
Processes include means for identification of actions to prevent further materialisation of such risks and the process to escalate recurring incidents to a Risk and escalate according to the Boards Risk Policy on Severe and recurring risk? Evidence Required > Is this captured in your RTS & RE process or within other processes? If other process state and link in evidence		Partial
There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met) To Evidence :- > It is envisaged that this is through regular Senior Management Team Meetings or similar and review of all relevant data on recurring incidents, mitigations and requirement for escalation to Risk Register > These meeting would be noted including decision making and action planning.☑		Partial
Do You Have Safe care in use for Real Time Staffing? If so has your local SOP been updated to Reflect this, including escalation, mitigation, disagreement in decision making and resolution? To Evidence > Local SOP which includes Safe Care		No

Required * Complete the table to the Left

Required ** Complete the table below

Areas of Challenge or Concern & Mitigations Required	
Substantial Assurance will only be achieved with the introduction and use of safe care	

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Please provide estimated date for action to be completed with Evidence available for due diligence

Duties	Assurance Levels
12IF Provision of Clinical Advice	Reasonable Assurance
12IH Duty to ensure adequate time given to clinical leaders	Reasonable Assurance

Evidence needs to be able to be obtained should it be requested for Due Diligence or a HIS Info request.

Evidence Source	Summary	Location
Fully implemented across nursing teams with local SOPs in place capture on daily RTS and RE where Team Lead requires to step down into clinical practice as risk mitigation - not assured across all professional groups have local SOP	Fully implemented across nursing teams with local SOPs in place capture on daily RTS and RE where Team Lead requires to step down into clinical practice as risk mitigation - not assured across all professional groups have local SOP	Fully implemented across nursing teams with local SOPs in place capture on daily RTS and RE where Team Lead requires to step down into clinical practice as risk mitigation - not assured across all professional groups have local SOP
Quarterly Assurance Report Submitted to NHGGC	Clinical Leaders contribute via HCSA and Workforce Group established in HSCP - attendance can be variable and absence of Head of HR means meetings have been of reduced frequency. New Head of HR in post since November 2026. A one-year interim workforce plan has been presented to IJB for 2025- 26, with input from all service areas and in line with the Health and Care (Staffing) (Scotland) Act 2019. This was presented to the IJB , in November 2025.The interim plan references the Common Staffing Framework and workload tool outputs, and is supported by regular review and governance processes. This approach allows us to align fully with the strategic planning cycle in 2026, when a comprehensive three-year workforce plan will be produced. Ongoing monitoring, feedback and continuous improvement mechanisms are in place to ensure compliance and support safe, high-quality care.	HSCP Shared Drive
NHSGGC Time to Lead SOP - adapted by local Teams	Well developed local SOP in Nursing families - less evidence for all functions and professional groups	Shared drive

Please outline actions to meet 'Substantial Assurance' levels i.e. Key performance Indicators, Improvement methodology, introduction of new tools, recording templates, development of SOPs. This may be a phased plan and if so, how this progresses to Substantial or to Reasonable Assurance, from Limited or No Assurance is encouraged

Checklist for professional or service leads to discuss with their teams to facilitate discussion, find any gaps or identify evidence. - Please Answer Each

This section is used for Consistency Checking PLEASE DO NOT OVERWRITE, Additional Actions should be listed in the separate section below

Action(s) Required	Yes*	No or Partial**
System and processes are in place, and utilised, in all functions / professional groups, to seek and have regard to appropriate clinical advice in making decisions and putting in place arrangements relating to staffing under sections 12IA to 12IE and 12IH to 12IL and to record and explain decisions which conflict with that advice. Evidence Required > Organisational Level SOP	yes	
Systems and processes include the means for individuals with lead clinical professional responsibility for a particular type of health care to enable and encourage other employees to give views on the operation of section 12IF and to record those views. For these to be considered as part of the reporting process agreed professionally and operationally, to be considered for the reporting and for to the members of the board on at least a quarterly basis about the extent to which they consider the relevant organisation is complying with the duties in 12IA to 12IF and 12IH to 12IL. . Evidence Required > Submission of this assessment from the relevant HSCP/Directorate/Sector on a quarterly basis to enable a consolidated report from the Legislated Board Lead clinicians. > Designated clinical leaders within the relevant HSCP/Directorate/Sector are contributing to the submission on a quarterly basis to enable a consolidated report from the Legislated Board Lead clinicians.	yes	
Systems and processes are in place, that include the means to raise awareness, in all functions and professional groups, to ensure that all individuals with lead clinical professional responsibility for a team of staff receive adequate time and resources to discharge that responsibility and their other professional duties. > There is a local Time To Lead SOP in Place which states local process / people - See Organisational Time to Lead SOP & replicate as required within local teams / services		Partial

Datix Reports / daily Huddle Reports	Clinical Leaders clearly identified in Nursing Teams. Oversight of CCAT and care quality metrics takes place at regular intervals. Quality Improvement Action Plans are in place. Clinical Supervision implemented and evidence this takes place regularly with robust records kept. Where Clinical Leaders require to step down and provide caseload direct care to patients this is being recorded on SSTS/ Datix for District Nursing Services and Children and Family Team Leaders. observation of clinical practice being introduced as part of Health Visiting CCAT process	
SMT/Service Level triangulation Meetings	Chief Nurse, Head of Service Senior Nurse / Service e manager meet undertake common staffing method triangulation meetings following completion of all service level tool runs . RTS and RE supports and all staff cognisant of rostering policy . Team Leads encouraged to attend rostering master classes.	CSM Report s Shared drive
SMT Agenda and Meetings / WD Clinical and Care Governance Meetings Minutes . Via Supervision with managers and 1-1 professional meetings		Shared Drive
SSTS rosters are in Place . NHSGGC Rostering Policy	The nursing rosters were recently reviewed and confirmed . All teams follow PAA as recommended in NHSGGC	SSTS
SSTS rosters are in Place . NHSGGC Rostering Policy	The nursing rosters were recently reviewed and confirmed . All teams follow PAA as recommended in NHSGGC	SSTS

The systems and processes include the means to identify all roles, and therefore individuals, with lead clinical professional responsibility for a team of staff and include time and resources for these individuals to supervise the meeting of the clinical needs of patients in their care; to manage, and support the development of, the staff for whom they are responsible; and to lead the delivery of safe, high-quality and person-centred health care. This includes: - Evidence Required > Clear Definition of Clinical Leader locally (Part of Time to Lead SOP) > Oversight of care delivery including enhancing patient experience > Clinical supervision and observation of clinical practice > Lead on quality improvement and change in a clinical service > Act as a role model for colleagues, and setting standards for care delivery > Direct management of staff (including rostering, appraisals, PDP, recruitment etc > Does your Business Continuity Plan consider Clinical Advice and Time to Lead and can processes still apply, when B/C enacted?	yes	
These systems and processes include the means to determine what constitutes sufficient time and resources for any particular individual. > Emulate the requirements utilising the Organisational Time to Lead SOP as an example for a locally adapted SOP		Partial
These systems and processes include the means for ensuring this duty has been reviewed and considered within the context of job descriptions, job planning and work plans, as appropriate. To Evidence > Reviews of related Job Descriptions have clarity of Leadership aspects aligned to the role > Job Planning clearly outlines time to be aligned to leadership activities > Workplans for individuals have clear leadership activity identified as outlined by this duty		Partial
These systems and processes include the means to consider outputs from activities carried out to meet this duty in order to inform future workforce planning and protect the leadership time required for clinical leaders. > Running the common staffing method (where applicable) > Implementing real-time staffing assessment and risk escalation procedures > Resource management (rostering, procurement, effective use of resources etc)		Partial
There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met) To Evidence :- > It is envisaged that this is through regular Senior Management Team Meetings or similar and review of all relevant data on recurring incidents and mitigations which may show a recurring theme of the lack of adequate leadership time being protected and being assigned to other case holding duties due to staffing issues. > These meeting would be noted including, identifying clinical leaders participating, decision making and action planning.		Partial
Roster Planning is in place, with relevant professional or business rules established across Job Families To Evidence > SSTS Rosters are in place > Roster Policies are identified for Job Families	Yes	

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Evidence Section does not need to match checklist line for line, if included in a single process/document

Areas of Shared Learning or Success to Spotlight

Areas of Challenge or Concern & Mitigations Required
variation in definitions and protected time, this is expected, but hopefully the work discussed in last

Do You Have Safe Care in use for Real Time Staffing (In process of being rolled out organisationally)? If so are you utilising this for recording mitigations in respect to Time to Lead and producing reports? If so, has your local SOP been updated to reflect this?		No
To Evidence > Local TtL SOP which includes recording and reporting from Safe Care		

Required * Complete the table to the Left Required ** Complete the table below

Action	Time scale #	Lead	Governance	Risks
1Map existence of Local Time to Lead SOPs across all Professionals and Teams	End Auge 2026	VT	via HSCP wforce& HCSA group	Lack of capacity to progress
2Ensure all areas / professions have articulated who is a clinical leader and what is sufficient time to Lead - Integrated Teams and Professional Groups	End Auge 2026	VT	via HSCP wforce& HCSA group	Lack of capacity to progress
3Develop means of aggregating and surfacing intelligence coming from Supervision meetings / 1-1's / PDP-Rs in respect to decision making and disagreements in the interim or people being able to maintain their clinical leadership time?	End Aug 20206v	Senior Nurses	HCSA Group /Chief nurse Meeting	
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Please provide estimated date for action to be completed with Evidence available for due diligence

Duties	Assurance Levels
12II Duty to ensure appropriate staffing: training of staff	Substantial Assurance

Evidence needs to be able to be obtained should it be requested for Due Diligence or a HIS Info request.

Evidence Source	Summary	Location
Statutory and Mandat	HCSA training is available and promoted but reports on completion not available. Statutory and mandatory training is routinely reported on to SMT and local teams and managers. Evidence of role specific education and training is in place for some services e.g. health visiting , District Nursing but not visible for all . All nurses must revalidate and have 35 hours minimum learning and development to evidence meeting revalidation standards	HR reports storyboard
Personal Development Planning and Review /Stat Man training Records /local Service Level Records for Profession Specific Training /SMT reports /Board wide induction programme / Local Induction Programmes		TURAS / HR Sory board /Board wide Induction Programme /Local Induction Preceptorship programmes
Review of PAA - allocated and taken - for learning and development	PAA - Reviewed at completion of CSM . Discussed at supervision and PDP planning and review . Cancellation of training recorded on RTS proforma (nursing) . Themes or recurrence escalated to Service Manager and beyond if risk becomes enduring	HR Story board /RTS proformas / Escalations via team Leads /Service managers via risk assessment

Evidence Section does not need to match checklist line for line, if included in a single process/document

Areas of Shared Learning or Success to Spotlight

Areas of Challenge or Concern & Mitigations Required
TURAS module Completion challenging due to lack of reporting - this is being escalated nationally

Please outline actions to meet 'Substantial Assurance' levels i.e. Key performance Indicators, Improvement methodology, introduction of new tools, recording templates, development of SOPs. This may be a phased plan and if so, how this progresses to Substantial or to Reasonable Assurance, from Limited or No Assurance is encouraged

Checklist for professional or service leads to discuss with their teams to facilitate discussion, find any gaps or identify evidence. - Please Answer Each This section is used for Consistency Checking PLEASE DO NOT OVERWRITE, Additional Actions should be listed in the separate section below

Action(s) Required	Yes*	No or Partial**
Systems and processes are in place, and utilised, in all NHS functions and professional groups, to ensure that all relevant employees receive such training as considered appropriate and relevant for the purposes set out in section 12IA(1)(a) and (b) To Evidence: - > Is education and training in place at informed level for all roles in the Act? > Is education and training in place at skilled level on the Act for leadership roles? > Is local education and training in place for all Statutory Mandatory Training across Job Families? (LearnPro & SHaW) > Is Role specific education and training in place as required?	yes	
Systems and processes include means to determine the level of training required, and time and resource to support this, for all relevant employees. To Evidence > Promotion of Turas Modules based on staff roles and responsibilities for HCSSA locally? > How is awareness, and any training required to comply with RTS & RE or TtL SOPs promoted and recorded? > All other professional and process related training to ensure staff can adequately carry out their role is made available on joining and refreshed on a recurring basis as appropriate?	yes	
Systems and processes include the means to ensure all relevant employees receive both time and resources to undertake the training. > Identify how this is recorded, monitored and reviewed, where system / automated reporting is not available?	yes	

Required * Complete the table to the Left

Required ** Complete the table below

Action	Time scale #	Lead	Governance	Risks
1Continue to promote awareness and completion of HCSA TURAS modules Promote the HCSSA Webpage in Professional and Operational structures & encourage staff to look at the resources especially the FAQs, SOP's and Case Studies from varied services	Ongoing	VT/HHHR	WF HCSA Group	Unable to report on TURAS module completion
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Please provide estimated date for action to be completed with Evidence available for due diligence

Duties	Assurance Levels
12IJ Duty to follow common staffing method	Substantial Assurance
12IK Common staffing method: types of health care	Substantial Assurance
12IL Training and consultation of staff	Substantial Assurance

Evidence needs to be able to be obtained should it be requested for Due Diligence or a HIS Info request.

Evidence Source	Summary	Location
CSM Reports to SMT and to END	Common staffing method triangulation meetings take place following the use of the mandated service level tools in all areas in scope .	HSCP Shared Drive
Service level Staff Training Records	All training opportunities advertised widely , staff encouraged to attend and provided with time to do so. NHSGGC predicted absence allowance adhered to as per rostering policy. This is regularly reviewed with service managers and team leaders .	Service Level
Completed Common Staffing Method Reporting Templates -	Reported via SMT with local reports prior to submission to SMT. Common staffing method successfully implemented and informs discussion around workforce requirements and proposed efficiencies / clinical advice being sought systematically in this process and this supported robust transparent decision making	Shared Drive
Service level Feedback /Care Opinion /Complaints /	Quality metrics . Complains and service user and care feedback are used to inform CSM triangulation discussions . Care Opinion introduced in September 2026 . Agreed via CCG that all upheld level 2 complaints will require reflective account and action	Various
Triangulation Meetings	Meetings take place - 3 levels following completion of workload tools and triangulation meetings - fed back via HOS ?Senior Nurse / Manager t team Leads and to Practitioners . I matters completion	Captured and recorded on CSM documentation
Use of Datix risk Module Certain Services	Datix reports / risk assessments and escalation re staffing mitigations - Baseline Cover guidance Health visiting / service business continuity plans / risk stratification mental health .	Service Files SMT reports

Please outline actions to meet 'Substantial Assurance' levels i.e. Key performance Indicators, Improvement methodology, introduction of new tools, recording templates, development of SOPs. This may be a phased plan and if so, how this progresses to Substantial or to Reasonable Assurance, from Limited or No Assurance is encouraged

Checklist for professional or service leads to discuss with their teams to facilitate discussion, find any gaps or identify evidence. - Please Answer Each
This section is used for Consistency Checking PLEASE DO NOT OVERWRITE, Additional Actions should be listed in the separate section below

Action(s) Required	Yes*	No or Partial**
Clearly defined systems and processes are in place to ensure that all employees receive such training as considered appropriate and relevant for the purposes set out in section 12IA(1)(a) and (b) and such time and resources as considered adequate to undertake this training. To Evidence >CSM Reporting Template is utilised	Yes	
These systems and processes include means to determine the level of training required, and time and resource to support this, for all relevant employees and include the means to deliver the agreed level of training to all relevant employees. To Evidence > Training sessions are planned and promoted as required >All relevant staff which this duty applies to are encouraged to attend relevant training sessions and receive time to attend >Predicted absence allowance is applied to relevant job families	Yes	
The Common Staffing Method has been applied on an annual basis over a two week period in the legislated areas of practice and all elements of the Common Staffing Method have been included To Evidence > Awareness of the SLT Timetable and planning for its application > CSM SOP awareness and application > Toolkits utilised > CSM Reporting Template utilised > CSM Local Report produced	Yes	
"These systems and processes include taking into account the effect that decisions about staffing and the use of resources taken for the particular type of health care may have on the provision of other types of health care (particularly those to which the common staffing method does not apply). To Evidence >CSM Local Report produced	Yes	
These systems and processes include taking into account comments by patients and individuals who have a personal interest in their health care, which relate to the duty imposed by section 12IA. To Evidence >CSM Reporting Template utilised	Yes	
These systems and processes include taking into account comments by employees relating to the duty imposed by section 12IA. >CSM Reporting Template	Yes	
These systems and processes include means to identify and take all reasonable steps to mitigate any risks. To Evidence >Datix Risk Module or Converted Risk Report from non Datix Risk System		Partial

Evidence Section does not need to match checklist line for line, if included in a single process/document

Areas of Shared Learning or Success to Spotlight
Areas of Challenge or Concern & Mitigations Required
Funding challenge - HSCP financial constraints - responding to need identified via CSM
Managing expectations of staff - in response to staffing level tool completion
Managing anxieties of those with no staffing level tool that their needs will be assessed and given due

"These systems and processes include means to decide what changes (if any) are needed to the staffing establishment and the way in which health care is provided as a result of following the common staffing method. To Evidence > CSM SOP awareness and application > CSM Reporting Template utilised > CSM Local Report produced	yes	
These systems and processes include means to encourage and support employees to give views on staffing arrangements for the types of health care described in section 12IK. These systems and processes include means for taking into account and using views received to identify best practice and areas for improvement in relation to staffing arrangements To Evidence > CSM SOP awareness and application > CSM Reporting Template utilised	yes	
"Clearly defined systems and processes are in place, and utilised, in all the types of health care, locations and employees listed in section 12IK, for the training and consultation of employees, include training employees (in particular those employees of a type mentioned in section 12IK) who use the common staffing method on how to use it and are given adequate time to use it. To Evidence >CSM SOP awareness and application >CSM Reporting Template utilised > Toolkits utilised >HCCSA Informed / Skilled level Learning promoted and taken >Link to Time to Lead Assurance	Yes	
These systems and processes include providing information to employees engaged in the types of health care mentioned in section 12IK about its use of the common staffing method, including the results from the staffing level tool and professional judgement tool; the steps taken under 12IJ(2)(b), (c) and (d) and the results of the decisions taken under 12IJ(2)(e). To Evidence >CSM SOP awareness and application >CSM Reporting Template utilised	Yes	

Required * Complete the table to the Left Required ** Complete the table below

Action	Time scale #	Lead	Governance	Risks
1Continue to implement CSM - optimise communication around this duty and the impact of completion of CSM	Ongoing	VT	SMT/CCG	Failure to demonstrate impact of staff efforts to complete . Expectations / Financial
2. Ensure where Datix module (or agreed alternative) is being used systematically or consistently record staffing incidents that require escalation. Strengthen assurance from integrated teams - particularly where there are small numbers of Allied Health Professionals within these teams.	End Aug 2026	VT	SMT	There is a small risk that oversight of staffing risks may not be reported and escalated effectively
3				
4				
5				
6				
7				
8				
9				
10				

Please provide estimated date for action to be completed with Evidence available for due diligence

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

Report by Val Tierney, Chief Nurse

29 September 2026

Subject: Health and Care (Staffing) (Scotland) Act 2019 Social Care Annual Report 2025-26

1. Purpose

- 1.1** West Dunbartonshire HSCP (WD HSCP) require to submit a Social Care Annual Report to Scottish Government in order to comply with our obligations under the Health and Care (Staffing) (Scotland) Act 2019 (HCSA).
- 1.2** This report introduces the HCSA Social Care Annual Report for 2025-26 to the HSCP Board for their consideration and approval.
- 1.3** The submission date to Scottish Government for this report is 30 June 2026 and following its submission, WD HSCP is required to make this report publicly available via WD HSCPs website.
- 1.4** A copy of the report is included at Appendix 1 – HCSA Social Care Annual Report 2025-26.

2. Recommendations

- 2.1** The HSCP Board is asked to Approve the content of this report and Appendix 1 – HCSA Social Care Annual Report 2025-26.

3. Background

- 3.1** The Health and Care (Staffing) (Scotland) Act 2019 came into full force and effect on 1 April 2024. WD HSCP submitted its first HCSA Annual Report on 30 June 2025.
- 3.2** The HCSA has distinct reporting requirements and formats for Health and for Social Care Services. Appendix 1 – HCSA Social Care Annual Report 2025-26 has been completed using Scottish Governments reporting template for Social Care Services.
- 3.3** For Social Care Services the Annual Report covers two key areas:
 - What steps are taken by the HSCP in 2025-26 to comply with section

- 3(2) of the Health and Social Care (Staffing) (Scotland) Act 2019; and
- Please detail any ongoing risks that may affect your ability to comply with the duty set out in section 3(2).

3.4 Section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019 states:

“3(2) In planning or securing the provision of a care service from another person under a contract, agreement or other arrangements, every local authority and every integration authority (within the meaning of section 59 of the Public Bodies (Joint Working) (Scotland) Act 2014) must have regard to—

*(a) the guiding principles for health and care staffing, and
(b) the duties relating to staffing imposed on persons who provide care services—*

*(i) by virtue of subsection (1) and sections 7 to 10, and
(ii) by virtue of Chapters 3 and 3A of Part 5 of the Public Services Reform (Scotland) Act 2010.*

4. Main Issues

4.1 The reporting period for the Annual Report is from 1 April 2025 until 31 March 2026. We are required to report on all services that are registered with the Care Inspectorate that were commissioned and procured within that time period.

4.2 The following services are referred to within the Annual Report:

Procurement Process	Service Area	Contract Title	Registered CI Service	CI Service Type
Direct Award	Children's Healthcare & Justice	Edge of Care	Yes	Support Service – Care at Home
Direct Award	Adults - Mental Health	Counselling Services	Yes	Support Service – Not Care at Home
Tender	Adults - Mental Health	Supported Living and Housing Support for those with severe and enduring mental health needs	Yes	Housing Support Service
Direct Award	Adults - Learning Disability	Residential Respite Services	Yes	Care Homes for People with Learning Disabilities
Direct Award	Adults – Mental Health	Distressed Brief Intervention	Yes	Support Service – Not Care at Home

Direct Award	Adults – Mental Health	Brain Health and Dementia Resource Centre	Yes	Support Service – Not Care at Home
Direct Award	Adults – Learning Disability	Day Services	Yes	Support Service
Tender	Adults and Older Adults (Care at Home)	Supporting Community Independence – Care at Home Framework	Yes	Support Service – Care at Home and Housing Support
Direct Award	Older Adults Care Home	Intermediate Care Beds	Yes	Care Homes for Older People.

4.3 The Annual Report details all activities and measures that WD HSCP has in place to comply with its obligations under the Health and Care (Staffing) (Scotland) Act 2019, from a Social Care context. This includes but is not limited to:

- Commissioning approaches;
- Specific contractual clauses within our Terms and Conditions;
- Specific requirements within our Service Specifications; and
- Internal governance and oversight groups.

4.4 WD HSCP has been working with colleagues from across NHS Greater Glasgow and Clyde Health and Social Care Partnerships in relation to these reports. This is to support consistency of reporting whilst maintaining locally derived information and evidence.

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 implications with this report.

8 Risk Analysis

8.1 Appendix 1 – HCSA Social Care Annual Report 2025-26 outlines the risks relating to the Health and Care (Staffing) (Scotland) Act 2019.

8.2 Risks relating to this report are limited, and include failure to make the report publicly available and/or failure to submit the report by 30 June 2026 to Scottish Government.

8.3 WD HSCP are able to mitigate these actions by ensuring that WD HSCP Senior Management Team and the Clinical and Care Governance Group have provided oversight and scrutiny in relation to Appendix 1 - HCSA Social Care Annual Report 2025-26.

9 Equalities Impact Assessment (EIA)

9.1 There are no Equalities Impact Assessments associated with this report.

10 Environmental Sustainability

10.1 Not required for this report.

11 Consultation

11.1 Not required for this report.

12 Strategic Assessment

12.1 The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2023 – 26 priorities are:

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

12.2 The strategic priorities above emphasise the importance of quality assurance amongst providers of care and WD HSCP's commitment to work with providers within an agreed assurance framework.

13. Directions

13.1 Not required for this report.

Name: Val Tierney
Designation: Chief Nurse
Date:

Person to Contact: Neil McKechnie
Contracts, Commissioning & Quality Manager
West Dunbartonshire HSCP
Hartfield Clinic
Latta Street, Dumbarton, G82 2DS
Email: Neil.McKechnie@west-dunbarton.gov.uk

Appendices: Appendix 1 – HCSA Social Care Annual Report 2025-26



West Dunbartonshire

Health & Social Care Partnership

Chief Officer: Beth Culshaw

Declaration

Name of local authority / integration authority: West Dunbartonshire Health and Social Care Partnership Board

Report authorised by:

Name: Val Tierney,

Designation: Chief Nurse

Date: 30th June 2026

Details of where the report will be published: West Dunbartonshire Health & Social Care Partnership Website.

1 Information Required

- 1.1 This section will detail the steps taken by West Dunbartonshire Health and Social Care Partnership Board ("WD HSCP") in 2025/2026 to comply with section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019:

3(2) In planning or securing the provision of a care service from another person under a contract, agreement or other arrangements, every local authority and every integration authority (within the meaning of section 59 of the Public Bodies (Joint Working) (Scotland) Act 2014) must have regard to—

*(a) the guiding principles for health and care staffing, and
(b) the duties relating to staffing imposed on persons who provide care services—*

*(i) by virtue of subsection (1) and sections 7 to 10, and
(ii) by virtue of Chapters 3 and 3A of Part 5 of the Public Services Reform (Scotland) Act 2010.*

- 1.2 WD HSCP ensures that it follows all relevant legislation in relation to discharging its obligations and duties this includes but is not limited to:

- Health and Care (Staffing) (Scotland) Act 2019
- Public Services Reform (Scotland) Act 2010
- Public Bodies (Joint Working) (Scotland) Act 2014
- Social Care (Self-Directed Support) (Scotland) Act 2013
- Equality Act 2010
- Human Rights Act 1998
- Adults with Incapacity (Scotland) Act 2000
- Adult Support and Protection (Scotland) Act 2007
- Children and Young People (Scotland) Act 2014
- Children (Care and Justice) (Scotland) Act 2024



West Dunbartonshire Health & Social Care Partnership

Chief Officer: Beth Culshaw

- Adoption and Children (Scotland) Act 2007
- Community Justice (Scotland) Act 2016
- Care Inspectorate Quality Frameworks
- National Care Standards

1.2 WD HSCP Board is committed to delivering services that are person centred, outcome focused and are underpinned by the principles of Self-Directed Support, this is described fully in our strategic plan – Improving Lives Together, which has been extended until 31 March 2027.

- <http://www.wdhscp.org.uk/media/2666/wd-strategic-plan.pdf>

1.3 WD HSCP's approach to commissioning services also follows key strategic documents and guidance including:

- West Dunbartonshire Council's Sustainable Procurement Strategy:
 - [Sustainable Procurement - West Dunbartonshire Council Procurement Strategy](#)
- NHS Greater Glasgow and Clyde Procurement Strategy 2025-2028:
 - <https://www.nhsggc.scot/downloads/procurement-strategy-2025-2028/>
- Self-directed Support Framework of Standards
 - [Self-directed Support Framework of Standards, Including Standard Descriptor and Practice Statement and Core Components and Practice Guidance \(updated May 2024\)](#)
 - [Social Care \(Self-directed Support\) \(Scotland\) Act 2013: statutory guidance - updated 2025 - gov.scot](#)
- Fair Work First Guidance
 - [Fair Work First: guidance - gov.scot](#)

1.4 All procurement processes carried out on behalf of WD HSCP by West Dunbartonshire Council. All procurements are in line with our Standing Orders in relation to contracts, links to these documents are included below:

- West Dunbartonshire Council Standing Orders: [Document.ashx](#)
- West Dunbartonshire Council Financial Regulations: [Document.ashx](#)

1.5 Under the Integration Scheme, NHS Greater Glasgow and Clyde Health Board and West Dunbartonshire Council have delegated the following social care services to WD HSCP:

- Older Adults care and support (including home care and residential /nursing care home provision).



West Dunbartonshire Health & Social Care Partnership

Chief Officer: Beth Culshaw

- Adult (18 – 65) services including learning disability, mental health, addictions, sensory and cognitive impairment, physical disability, complex needs and residential care home placements.
- Children's services including transitions, disability, fostering and adoption, mental health (including trauma), residential and justice.

1.6 WD HSCP commissions services which are registered with the Care Inspectorate registered services in various ways including:

- In house provision (services delivered by WD HSCP on behalf of West Dunbartonshire Council).
- Purchasing services from third parties including the independent private sector and third sector organisations.
- Utilising national frameworks such as the National Care Home Contract and Scotland Excel Frameworks, such as their Fostering Framework and Children's Residential Framework.

1.7 The following is a list of services commissioned by WD HSCP where contracts have been awarded by its parent body (West Dunbartonshire Council) to deliver services delegated to it in 2025/26.

Procurement Process	Service Area	Contract Title	Registered CI Service	CI Service Type
Direct Award	Children's Healthcare & Justice	Edge of Care	Yes	Support Service – Care at Home
Direct Award	Adults - Mental Health	Counselling Services	Yes	Support Service – Not Care at Home
Tender	Adults - Mental Health	Supported Living and Housing Support for those with severe and enduring mental health needs	Yes	Housing Support Service
Direct Award	Adults - Learning Disability	Residential Respite Services	Yes	Care Homes for People with Learning Disabilities



West Dunbartonshire Health & Social Care Partnership

Chief Officer: [Beth Culshaw](#)

Direct Award	Adults – Mental Health	Distressed Brief Intervention	Yes	Support Service – Not Care at Home
Direct Award	Adults – Mental Health	Brain Health and Dementia Resource Centre	Yes	Support Service – Not Care at Home
Direct Award	Adults – Learning Disability	Day Services	Yes	Support Service
Tender	Adults and Older Adults (Care at Home)	Supporting Community Independence – Care at Home Framework	Yes	Support Service – Care at Home and Housing Support
Direct Award	Older Adults Care Home	Intermediate Care Beds	Yes	Care Homes for Older People.

- 1.8 The above table represents all new commissioning activity where contracts were awarded from 1 April 2025 – 31 March 2026. This does not include individual call off contracts from national frameworks such as the National Care Home Contract and those frameworks operated by Scotland Excel.
- 1.9 The table in section 1.7 considers all commissioning activity completed across all service types that are in scope to be reported on, therefore the following service types have been considered:
- Adults (including addiction services)
 - Children, Young People & Families
 - Early Learning & Childcare
 - Community Justice
- 1.10 As part of any procurement and commissioning exercise, a number of steps are taken which demonstrate that regard was given to the guiding principles of the Health and Care (Staffing) (Scotland) Act 2019. For clarity, these are detailed below:
- Provider must be registered with the Care Inspectorate to deliver the services they are being contracted to.
 - Providers must provide examples of previous experience in delivering similar services.
 - Providers are required to have a minimum grade of 3 in all KQ themes.



Chief Officer: Beth Culshaw

- Providers must have appropriately skilled and qualified staff providing support to the defined user group.
- The Provider must have in place formal written policies and procedures to ensure that a risk assessment, as required under Health and Safety legislation is conducted on all aspects of tasks to be carried out by staff. This must lead to the production of clear safe systems of work for all staff being developed and must form part of their staff induction process.

1.11 Within our Invitation to Tender documentation we have sections on staffing within the technical envelope and service specification; evidence is gathered via the Invitation to Tender process to assess responses and provide assurance to WD HSCP on specific points relating to the guiding principles and spirit of the Act. A summary of these points can be seen below:

- Providers will have in place a comprehensive staff learning and development plan that will meet the needs of the Service, including comprehensive induction and continuous learning pathways.
- Provider shall ensure that Staff have the necessary skills, experience, knowledge, qualifications, registration with professional bodies and aptitude to respond to the needs of people who use the service. Staff providing the Service must hold or be working towards a minimum qualification of SVQ II in the relevant field.
- The Provider shall recruit staff in line with Safer Recruitment and process (including PVG scheme membership).
- Supporting workforce development is a critical part of ensuring a high quality, outcomes focussed service is provided to those receiving services. Providers must outline what their learning and development training pathway will be for this service.
- Providers are required to describe what their approach is to promoting and supporting health and wellbeing within their workforce.

1.12 Our Terms and Conditions have various clauses that relate to safe staffing, recruitment, and Disclosure Scotland requirements, specifically referencing the Protection of Vulnerable Groups Scheme membership.

1.13 WD HSCP have two specific groups focussed on Quality Assurance that include services (delivered both internally and externally commissioned) which require compliance with the requirements of the Health and Care (Staffing) (Scotland) Act 2019; these groups are:

- (i) Social Work and Care Governance Group; and
- (ii) Clinical and Care Governance Group.



Chief Officer: Beth Culshaw

- 1.14 The Social Work and Care Governance Group is an operational group which focusses in on current operational challenges and risks, including matters concerning the Health and Care (Staffing) (Scotland) Act 2019. This group is chaired by our Chief Social Work Officer and is attended by Integrated Operational Managers and Service Managers from across WD HSCP.
- 1.15 The Clinical and Care Governance Group is a strategic group which focusses on relevant areas of WD HSCPs Strategic Risk Register and the mitigation actions. This group is attended by members of our Senior Management Team, including Heads of Service, Chief Social Work Officer, Clinical Director and the Chief Nurse.
- 1.16 Both Groups require the submission of papers relating to key issues requiring assurance, escalation and discussion. They also act as scrutiny and oversight for relevant board papers such as the Regulated Services Report, Annual Performance Report and Clinical Care Report. All of which are quality assurance-based reports which are presented to WD HSCP Board Audit & Performance Committee.
- 1.17 Our Care Home Assurance Team has a key role in its audit of our Care Homes operated by independent private and third sector organisations and our internally operated care homes. They feed into these groups regarding providers audit performance and WD HSCP's performance against clinical and care KPIs and standards, including compliance with the Health and Care (Staffing) (Scotland) Act 2019.
- 1.18 Overall our quality assurance aligns to the requirements of the Health and Care (Staffing) (Scotland) Act 2019. Our Quality Assurance activity continues to evolve ensuring alignment with outcomes and best value. Our approach allows for nuanced reporting, for example dependency models used in Care Homes.
- 1.19 Significant events, including those relating to staffing are required to be reported to WD HSCP. Our Quality Assurance team collate, report and action this information. We also have positive links with the Care Inspectorate and work with them in relation to specific incidents and those that are serious in nature which may result in a Large-Scale Investigation.
2. **Please detail any ongoing risks that may affect your ability to comply with the duty set out in section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019.**
 - 2.1 The current financial context for WD HSCP and the cost pressures facing local commissioned providers (particularly in relation to Employers National Insurance Contributions and cost of living increases) put additional strain on



Chief Officer: Beth Culshaw

services and may hinder the ability to continuously improve due to lack of investment.

- 2.2 The current financial context for WD HSCP has meant that we have and are continuing to review our commissioned services. This has meant redesigning some services and/or changing eligibility criteria and referral pathways. In 2025-26 WD HSCP made limited reductions to commissioned service budgets in order to continue to meet current and future demand. However, this is becoming increasingly difficult to sustain, and we are continuing to review these budgets in 2026-27.
- 2.3 Diminishing budgets make services less sustainable for providers, especially where short term, transactional based contracts are offered. WD HSCP have in certain cases been able to take a different approach and agree revised (reduced) budgets for certain block funded services and offered longer term contracts of up to 5 years plus additional extensions. This demonstrates a commitment from WD HSCP by investing in the service and supports the provider by providing longer term financial security that can also compliment providers strategic approach to implementing Fair Work.
- 2.4 The Scottish Government's policy on the Adult Social Care Pay uplift has been helpful in supporting WD HSCP and its commissioned service providers in delivering sustainable services. However, this year was complicated by a change to the funding at the initial stage, meaning a significant reduction to the overall funding of the uplift. This was eventually rectified by Scottish Government, however, in the interim period there was increased risk of provider hand back due to sustainability reasons, provider rationalisation of staffing groups and subsequent disinvestment in learning and development (amongst others) all of which places the quality-of-service delivery at risk. Had this not been rectified this would have had a profound impact on WD HSCP being able to provide assurance on its obligations in connection with the Health and Care (Staffing) (Scotland) Act 2019, given the fragility of the sector.
- 2.5 Given recruitment and retention challenges within the sector and particularly within West Dunbartonshire, we have seen continued and sustained Recruitment Agency use and there is a risk that lack of continuity of staffing across both internal and externally provided services will lead to challenges regarding quality and consequently impact on outcomes for people requiring support.
- 2.6 The sector has a continued reliance on overseas workers who provide significant support to a number of social care providers. Those organisations that employ overseas workers are required to adhere to the conditions of their Sponsor Licence which is administered through the UK Home Office, this includes submitting a number of returns relating to the overseas workers that they employ. WD HSCP note this as a risk to staffing and see this connected



Chief Officer: Beth Culshaw

to the obligations contained within the Health and Care (Staffing) (Scotland) Act 2019. As part of our mitigation approach to this risk, WD HSCP are currently working with West Dunbartonshire Council's Procurement and Legal teams to include additional due diligence checks on those conditions (including details of any suspensions or licence revocations from connected organisations) in our pre-contract assurance process and terms and conditions for the provision of goods and services.

- 2.7 Given the level of risk relating to staffing and in particular the Health and Care (Staffing) (Scotland) Act 2019, we have recorded a number of risks within our Strategic Risk Register that are aligned to this theme to provide assurance to WD HSCP Board that appropriate controls are in place and/or being developed to manage these risks. Below is an extract from our Strategic Risk Register, please note only the columns concerning Risk Description, Cause and Controls have been included for the purposes of this report.

Risk Description	Cause	Controls
Inability to develop and deliver sufficient workforce capacity to deliver strategic objectives. Insufficient workforce will impact ability to meet service demands, caused by the inability to recruit, retain or deploy the workforce with necessary skills, which could potentially lead to disruption of services. Risk we will not meet our statutory duties related to implementation of the Health and Care (Staffing) (Scotland) Act 2019.	1. Failure to attract and retain people to work for the organisation and the unavailability of labour market. 2. National workforce challenges in Social Work and other professional groups adding to risk in the current system.	<u>Controls In Place:</u> 1. Recruitment stats monitored through workforce team and assessed through vacancy control group. 2. Implementation of the Healthcare Staffing Act. Health currently able to provide reasonable assurance across all duties in the act - quarterly assurance reports submitted to NHSGGC as per HIS requirements. <u>Controls In Progress:</u> 1. Organisational Development plan in place and Workforce Plans are being updated to align to the new strategic plan and reporting cycle. Continued activity to address specific recruitment and retention issues. There continues to be pressures around Social Work vacancies as more requests for assessment are being received, additional FTE have been appointed for a temporary period to progress outstanding reviews. Succession planning processes underway across HSCP in



West Dunbartonshire

Health & Social Care Partnership

Chief Officer: [Beth Culshaw](#)

		the event that management positions are more adversely affected. NQSW Peer Support Forum and programmes for support and development in place. Workforce planning oversight locally. 2. Local recruitment drives ongoing to support delivery of workforce plans and shortage occupational gaps. 3. Progress in use of sessional bank staff across Residential, AHP and Nursing to reduce agency staffing requirement. 4. Action plan in place to move HCSA assurance for health from reasonable to substantial.
Failure to ensure that staff are appropriately trained and adhere to standards for risk assessment and risk management across child, adult and public protection work.	1. Resources to support Learning and development opportunities for staff have not been recruited to (temporary resource funding). 2. Skills passports for council staff are in place and self-serve arrangement to managers are available to ensure compliance on mandatory training	<u>Controls In Place</u> 1. Reporting mechanisms are at early stages to ensure both Training needs analysis of staff and training delivered and attended is both captured and able to be reported within social work and social care. 2. The appointment of two learning and developments officers will ensure this can be effectively progressed. The learning and development officers have been approved with 2-year reserve funding and advertised. A further advert is planned for June 2025. <u>Controls in Progress:</u> 1. On an interim basis training and development opportunities are being promoted through a range of commissioned training and through ilearn modules and scheduled management training. 2. Significant improvements have been made in



West Dunbartonshire

Health & Social Care Partnership

Chief Officer: [Beth Culshaw](#)

		developing reporting for care at home in order to evidence the requirements in relation to staff learning and training with an agency member of staff dedicated to delivering this for the service. This is to support organisers to ensure care plans and review are in place for those receiving care at home services.
Failure to ensure effective reporting and provide the necessary oversight of statutory functions to the CSWO through Clinical Care Governance subgroup. This applies to both in- house and commissioned service	1. Gaps in data oversight of statutory functions. 2. Statutory reviews are not always taking place within required timeframes. Self-evaluation and quality assurance within operational team delivering social work and regulated services requires to be strengthened	<u>Controls In Place:</u> 1. A Quality Assurance Framework has been developed for social work service and is being implemented as part of CSWO governance and oversight which report to Clinical Care Governance. 2. The appointment of Independent Review Officers has significantly strengthened the delivery of statutory reviews in Children's services. This has been manually tracked and now CareFirst has been developed to enable reporting to ensure oversight of the reviews taking place. <u>Controls in Progress:</u> 1. A statutory reviewing team has been developed in Adult Services to ensure all required 6 monthly reviews are taking place for adults in care and in the community. There requires to be further work undertaken to ensure reporting of this data.
Failure to effectively commission, procure and monitor the quality of externally commissioned services in line with the governance frameworks (e.g. Financial Regulations) set out by West Dunbartonshire Council and NHS Greater Glasgow and Clyde	1. Insufficient Needs Assessment: Inadequate understanding of the health and care needs of the population, leading to an inability to effectively commission services to adequately meet population outcomes. 2. Lack of Strategic Planning: Commissioning	<u>Controls In Place:</u> 1. Commissioning Team represented at an appropriate level across the HSCP, this included regular one to one meeting between the Contracts, Commissioning and Quality Manager and HSCP Heads of Service. 2. Established provider networks/forums across all



West Dunbartonshire

Health & Social Care Partnership

Chief Officer: [Beth Culshaw](#)

	without a clear long-term vision or strategic direction. 3. Inadequate Stakeholder Engagement: Failing to involve key stakeholders (such as legal, procurement, finance, patients, carers, and community representatives) in decision-making. 4. Financial Constraints: Budget limitations and financial pressures. 5. Fragmented Systems and Silos: Lack of coordination between health and social care providers, including inadequate record management and technological challenges/gaps. 6. Inadequate Contract Monitoring: Insufficient monitoring of service quality and outcomes. 7. Short-Term Focus: Prioritising immediate needs over long-term sustainability. 8. Skill Development: Insufficient knowledge or expertise in commissioning, procuring and monitoring the quality of externally commissioned services, including a lack of understanding of legislative requirements. 9. No agreed quality framework leading to an inability to identify and address potential risks. 10. Failure to adhere to the governance frameworks set out by West Dunbartonshire Council and NHS Greater Glasgow and Clyde.	HSCP areas which has led to the development of several frameworks and contracts. 3. Collaborative and ethical commissioning principles embedded in all commissioning activity. 4. Strategic Plan "Improving Lives Together" approved by IJB. The development of this robust strategic plan ensures alignment with local and national priorities. 5. Quarterly report to the HSCP Board Audit and Performance Committee on all externally commissioned regulated services (including out of authority placements) and internal regulated services. The format of the report includes a Regulated Services Report, Exception Reports as appendices and a Service Risk Register which is risk rated. 6. Regular meetings with Council Procurement and Legal team to ensure continued compliance with legislation and the Council's Financial Regulations and Standing Orders. 7. Procurement of Commissioned Services Report presented annually to the HSCP Board for governance oversight and transparency purposes. <u>Controls In Progress:</u> 1. CarePay and CareFinance roll out. Although adult services are now complete, we continue to experience challenges in relation to implementation within children and family's services.
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West Dunbartonshire
Health & Social Care Partnership

Chief Officer: [Beth Culshaw](#)

		2. Implementation of a Charging and Payments Team. Work is advanced and progressing towards a conclusion. 3. Development of a new Commissioned Services Quality Assurance Framework quality assurance framework for all commissioned services, focussing on outcomes, highlighting risk and evidencing best value. Work is advancing, Senior Management Team have approved the approach in principle and work is underway with the Social Work and Care Governance group to operationalise, with reports going to the Clinical and Care Governance group for oversight. 4. Review of Scheme of Delegation. Currently an outstanding audit action which requires the support of parent bodies to action and complete.
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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Beth Culshaw, Chief Officer

29 September 2026

Subject: Strategic Risk Register Six-Month Review

1. Purpose

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

2. Recommendations

It is recommended that the HSCP Board:

- 2.1** Agree the Strategic Risk Register (Appendix 1); and
- 2.2** Agree any strategic risks the HSCP Board may wish to consider promoting to either NHS Greater Glasgow and Clyde and West Dunbartonshire Council for inclusion in their respective strategic risk registers.

3. Background

- 3.1** The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board (IJB) must have effective governance arrangements in place, which includes systems for managing strategic risks.
- 3.2** The Integration Scheme confirms that a key element of the required risk management process is the preparation, scrutiny, approval and then annual review of the strategic risk register for the Health and Social Care Partnership.
- 3.3** The Chief Officer is responsible for ensuring that suitable and effective arrangements are in place to manage both strategic and operational risks relating to the Health and Social Care Partnership.
- 3.4** The HSCP Board's Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a West Dunbartonshire Health and Social Care Partnership Risk Management policy and strategy. The current Risk Management Policy and Strategy was approved by the HSCP Board on the 20 September 2021.

4. Main Issues

- 4.1** Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that beneficial and defensible decisions are made.
- 4.2** The attached Strategic Risk Register (Appendix 1) has been prepared in accordance with the Risk Management Policy and Strategy, approved by the HSCP Board on the 20 September 2021. Similarly, in accordance with that Policy and Strategy, standard procedures are applied across all areas of activity within the Health and Social Care Partnership in order to achieve consistent and effective implementation of good risk management.
- 4.3** Strategic risks represent the potential for the HSCP Board to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk. These are distinct from operational risks, which represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Health and Social Care Partnership's activities.
- 4.4** The Chief Officer has responsibility for managing operational risks as those are more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Operational risk registers are maintained by Heads of Service on behalf of the Chief Officer; and are the "building blocks" for the Strategic Risk Register.
- 4.5** Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the HSCP Board.
- 4.6** Following discussion when the Strategic Risk Register was submitted to the Audit and Performance Committee on 23 June 2026 which identified several concerns around duplication, balance of operational and strategic risks and scoring, a full review of the risk register was undertaken by the HSCP Senior Management Team and appropriate Risk Owners.
- 4.7** Following the review, five risks were identified for consolidation within other risks and were deemed suitable for closure. The remaining risks have been refined to take a wider focus. The five closed risks were related to workforce absence, waiting times and legislative duties in relation to Child Protection, Adult Support and Protection and MAPPA.
- 4.8** Following the review, two additional risks were reviewed and agreed for closure. These risks were in relation to effective and sufficient support services and timelines for the national historical abuse inquiry.

- 4.9 Following the review, one risk was reviewed and updated with an increased risk level moving from High to Very High.
- 4.10 A new risk was added to the HSCP Strategic Risk Register concerning Demand and Access for Neurodevelopmental (ND) Assessment Pathways having been identified as a multi-HSCP risk for inclusion in all six NHS GGC area HSCPs registers. This new risk was evaluated as High.
- 4.11 The number of open strategic risks identified by current risk level are as follows: Very High - 2, High - 11, Medium - 3. Overall target risk levels are as follows: High – 2, Medium – 10, Low – 4.

5. Options Appraisal

- 5.1 Not required for this report.

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

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

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

10.1 Not required for this report.

11. Consultation

11.1 The Strategic Risk Register has been reviewed and confirmed by the Health and Social Care Partnership Senior Management Team.

11.2 Relevant Monitoring Officers, including internal auditors, have been consulted in the preparation of this report.

12. Strategic Assessment

12.1 Effective risk management will support local and strategic priorities and national health and wellbeing outcomes. It will prevent or mitigate the effects of loss or harm; and will increase success in delivery of the HSCP Strategic Plan, improving lives with the people of West Dunbartonshire.

13 Directions

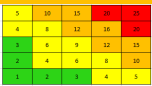
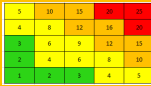
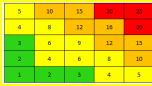
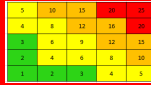
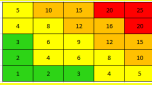
Not required for this report.

Name:	Beth Culshaw
Designation:	Chief Officer
Date:	29 September 2026

Person to Contact:	Alastair Handley Systems, Digital & Information Governance Manager West Dunbartonshire Health and Social Care Partnership 16 Church Street Dumbarton G82 1QL
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Email: alastair.handley@west-dunbarton.gov.uk

Appendices:	Strategic Risk Register (Appendix 1) Strategic Risk Register Dashboard (Appendix 2)
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Ref No	Description	Cause	Risk Level (previous report)	Controls	Risk level (current)	Risk level (Target)	Status
7	Risk Owner: Chief Social Work Officer Failure to have in place strong social work and social care governance in relation to quality of services and care provided, reliable and accessible data to provide assurance, ability to ensure through measures that statutory requirements are met and reported on, and adequate quality assurance and monitoring methods are in place.	1. Gaps in data oversight of statutory functions. 2. Inadequate structures or accountability for validating and analysing performance data 3. Fragmented data systems across health and social care service impact on reporting and analysis, particularly given functional limitations of key systems 4. Limited staff expertise or resource to interpret complex data does not support a performance data driven approach 5. Resistance to transparency for fear of scrutiny. 6. Performance data not reviewed regularly or in enough detail. 7. Reports may lack actionable insights or be misaligned with strategic goals.	3x4 High = 12 	Controls In Place 1. Regular performance reports are presented to the HSCP Chief Officer and Heads of Services. 2. Regular performance reports are presented to the Audit and Performance Committee and HSCP Board. 3. The Senior Management Team reviews performance data at both SMT meetings and via the Programme Management Office. 4. Establishment of governance around system changes which can impact on reporting 5. Regular focused meetings on reporting and data within Children's Services Controls in Progress 1. Roll out of data literacy training. 2. Ongoing development work to enhance the quality of management information reporting in relation to statutory functions including draft report submission to clinical and care governance boards. 3. Establishment of focused meetings across remaining services. 4. Short term work in adult services lead by external consultant with the aim of establishing a core management data set. Challenges remain with the capacity to embed this work in the long term given the pressures on support services. 5. Terms of reference for Social Work and Social Care Governance Subgroup in development.	3x4 High = 12 	2x4 Medium = 8 	Live/Active
9	Risk Owner: Chief Officer Financial Sustainability and the ability to deliver statutory, safe and effective services. There is a risk that West Dunbartonshire HSCP Board is unable to achieve and maintain financial sustainability within the resources available, while continuing to meet statutory duties and deliver safe, effective and sustainable health and social care services. The risk arises from increasing demand, demographic and public-protection pressures, workforce and commissioned service costs, inflation, insufficient or non-recurring funding, and non-delivery of planned savings. This may result in an unplanned overspend, depletion of reserves, reduced financial resilience and the need for further service redesign, prioritisation or reduction.	1. Partner funding allocations do not fully recognise demographic change, deprivation, health inequalities, inflation, workforce costs or the cost of national policy commitments. 2. Demand and complexity continue to increase, including public-protection, secure-care, prescribing and statutory service pressures that cannot always be constrained within existing budgets. 3. Approved recurring savings and service-redesign programmes are not delivered in full or within planned timescales. 4. Workforce pressures, including absence, recruitment, pay costs, temporary staffing and statutory safe-staffing requirements, increase expenditure or limit the pace of redesign. 5. Financial pressures within externally commissioned services increase provider costs, fee demands and the risk of service interruption or provider failure. 6. Insufficient recurring financial capacity and continued reliance on non-recurring savings or reserves reduce the HSCP's ability to respond to future pressures.	5x4 Very High = 20 	Controls in place 1. Annual balanced-budget setting, supported by the Medium-Term Financial Outlook, financial planning assumptions and sensitivity analysis. 2. Monthly budget monitoring and forecasting, with regular reporting to the Senior Management Team and HSCP Board. 3. Regular meetings with budget holders to scrutinise expenditure, forecasts, savings delivery and corrective action. 4. Financial Regulations, Standing Financial Instructions, Procurement Regulations, Partner Scheme of Delegation and Board Directions. 5. Regular engagement with West Dunbartonshire Council and NHS Greater Glasgow and Clyde on funding, financial performance and emerging pressures. 6. Service-redesign and savings programmes subject to Programme Management Office and Senior Management Team oversight. 7. Vacancy-management arrangements that consider financial affordability alongside operational, professional and statutory risk. 8. Area Resource Group and eligibility arrangements supporting consistent, risk-based and best-value decisions on care and support. 9. Reserves Policy and regular monitoring of earmarked and unearmarked reserves. 10. Collaborative working across the six Greater Glasgow and Clyde HSCPs and through relevant regional and national finance and sustainability networks. 11. Regular review of prescribing, commissioned-service and workforce expenditure as material components of the financial position. 12. Equality, legal, clinical, care-governance and public-protection considerations incorporated into significant savings and redesign proposals. 13. Financial sustainability risks affecting service delivery are regularly escalated by the CSWO to ensure senior oversight and timely intervention. Controls in Progress 1. Review financial recovery and sustainability actions, identifying recurring and non-recurring measures, delivery dependencies and service impacts to improve the current 2026/27 projected outturn position. 2. SMT to review all approved savings and redesign programmes, confirming forecast delivery, slippage, mitigating action and accountable lead. 3. Continue to update the Medium-Term Financial Outlook for current partner-funding assumptions, inflation, demand, workforce, prescribing and commissioned-service pressures. 4. Continue to review and revise forecast reserves and confirm actions required to restore or maintain the approved reserves level. 5. Review the ongoing implementation and monitoring of the equivalency model, including agreed rates, financial effect and phasing through reviews. With progression to Price per Point model with testing in early 2027. 6. Continue to refine the explicit assessment of statutory, public-protection, safe-staffing and equality impacts for material savings proposals. 7. Develop a consolidated view of financial exposure arising from externally commissioned services and provider sustainability. Link to Risks No. 28 and 29.	4x5 Very High = 20 	3x3 Medium = 9 	Tolerated

10	Risk Owner: Head of HR There is a risk that the HSCP is unable to recruit, retain, develop, deploy and support a sufficient number of suitably qualified and skilled staff to meet current and future service demands. Sustained vacancies, workforce shortages, sickness absence, turnover, workload pressures, gaps in management capacity and limited access to profession-specific learning and development may reduce workforce resilience and the HSCP's ability to deliver safe, effective and sustainable services. This may affect the HSCP's ability to meet its statutory and professional responsibilities, including its duties under the Health and Care (Staffing) (Scotland) Act 2019, and to ensure appropriately trained staff are available to undertake risk assessment, risk management and public-protection functions.	1. National and local shortages within Social Work, Social Care, Nursing, Allied Health Professions and other specialist or hard-to-fill occupations. 2. Difficulties attracting, recruiting and retaining suitably qualified and experienced employees. 3. Sustained sickness absence, workforce turnover and employee wellbeing pressures. 4. Increasing demand, workload pressures, financial constraints and continued service redesign. 5. An ageing workforce, potential loss of organisational knowledge and insufficient succession planning for critical and management roles. 6. Reliance on temporary, bank, sessional or agency staffing to maintain service delivery. 7. Insufficient workforce capacity to release employees for statutory, mandatory and profession-specific learning and development. 8. Inconsistent systems and management information for monitoring vacancies, turnover, absence, skills, training compliance and safe-staffing requirements across Council and NHS-employed staff. 9. Failure to fully embed workforce-planning and assurance requirements under the Health and Care (Staffing) (Scotland) Act 2019, including the Common Staffing Method where applicable	3x3 Medium = 9 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Controls in Place 1. HSCP workforce-planning and governance arrangements monitor workforce capacity, vacancies, recruitment, retention and emerging service pressures. 2. Workforce information is monitored through relevant Council and NHS systems, including vacancy, turnover and sickness-absence reporting. 3. Vacancy-management arrangements assess recruitment requests alongside service need, financial pressures and operational risk. 4. Governance and assurance arrangements oversee implementation of the Health and Care (Staffing) (Scotland) Act 2019, including quarterly NHS assurance reporting. 5. Workload and workforce-planning tools, including the Common Staffing Method, are used where required. 6. Temporary, bank and sessional staffing arrangements support service continuity and reduce agency reliance where possible. 7. Attendance-management policies, procedures and professional HR support are available to managers. 8. Employee wellbeing support, training and resources are available across the partnership. 9. Statutory and mandatory training arrangements are in place, with profession-specific learning and development managed through the relevant services and professional governance structures. 10. Operational staffing pressures are monitored and escalated through service-management arrangements and operational risk registers, with enhanced situation reporting in areas of particular pressure. 11. Recruitment campaigns, newly qualified practitioner support and professional development initiatives are in place for identified shortage occupations. 12. Succession-planning activity is underway for critical, specialist and management roles. Controls in Progress 1. Complete and implement the Workforce and Organisational Development Plan aligned with the new Strategic Plan. 2. Develop integrated workforce reporting that triangulates vacancies, turnover, sickness absence, workforce wellbeing, temporary staffing, skills and service pressures. 3. Strengthen recruitment and retention plans for shortage occupations and hard-to-fill roles. 4. Develop a consistent approach to succession planning and the identification of critical roles. 5. Strengthen assurance reporting under the Health and Care (Staffing) (Scotland) Act 2019. 6. Clarify responsibility for monitoring statutory, mandatory and profession-specific training across Council and NHS-employed workforces. 7. Improve arrangements for identifying and escalating workforce-related risks to service quality, public protection and statutory compliance. 8. Continue targeted work to address persistent absence and workforce pressures within higher-risk services	3x3 Medium = 9 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	2x3 Medium = 6 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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15	Risk Owner: Head of LD, Mental Health and Addictions & Head of MSK Physiotherapy Service Failure to meet waiting times targets - specifically Psychological therapies (waiting times target is 90% of people should commence treatment within 18 weeks of referral) and MSK Physiotherapy Services (AHP MSK waiting times target is that 90% of patients are seen within 4 weeks).	1. Ongoing increased demand on service provision. 2. Capacity impacted by turnover of staff, length of recruitment process to fill vacant posts, sickness absence rates and maternity leave. 3. Demand continues to be greater than capacity.	4x3 High = 12 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Controls in Place Psychological Therapies 1. Full data cleanse has taken place with ongoing admin support around accurate data recording. 2. Continue to maximise staff capacity and use of peripatetic psychology for additional weekly session. 3. Impact has been substantially due to vacancies and absence however staffing position is improving. The data for these services is impacted due the small number of staff and service users. This will continue to be monitored and reporting is board wide. 4. Senior managers meet with staff fortnightly to ensure that allocation is more streamlined and throughput improves. Procedural issue has been identified with how data is entered which is being resolved. This should show an improvement on the data. 5. Improvement plan is in place. Controls in Place MSK Physiotherapy 1. Clinical vetting to ensure all patients are clinically vetted and those identified as having urgent clinical need are seen within 4 week target. 2. Service continues to have a QJ approach to address waiting times as a priority project. 3. Scrutiny monthly by Health Board and monthly reporting. 4. Ongoing filling of vacancies as they arise. 5. Operational SOPs in place to ensure maximum efficiency.	4x3 High = 12 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	1x2 Low = 2 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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17	Risk Owner: Chief Social Work Officer Failure to meet legislative duties in relation to Child Protection, Adult Support & Protection and MAPPA. There is a statutory requirement to ensure users of adult and children's services receive an assessment of their needs, individualised care plans are in place and that these are subject to review as defined in relevant statute. Services where this applies will be subject to external regulation and the impact of not meeting these requirements presents a risk to service users, appropriate service access and more broadly reputational damage to the HSCP.	1. Failure to embed in practice Integrated and Initial Assessments across Adult and Children's Services. 2. Failure to ensure each service user receiving a service has a written and up to date care plan. 3. Failure to ensure every service user has a review of their plan in line with statutory regulation. 4. Rising demand of Multi Agency Public Protection Arrangements (MAPPA) 5. Within Justice Social Work, pay awards for staff have not been passed on to the HSCP in this ringfenced budgeted area causing use of reserves to support operational delivery. 6. Staffing recruitment within Justice has been unable to be progressed at times where budget is projected as insufficient and use of reserves required.	4x4 High = 16 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Controls in Place 1. The Adult Area Resource Group standard operational guide defines the roles and responsibilities across services and ensures there is consistent governance across adult services where new service requirements are made. 2. There have been significant improvement in ensuring that care plans and reviews are in place for service users who receive a care at home service, and these have been key requirements as specified by the Care Inspectorate. Development work has taken place to ensure this is now reportable and management oversight has been strengthened with more to do to ensure all statutory reviews and care plans are in place. 3. In 2023 HSCP agreed with the CSWO recommendation to utilise ring fenced CSWO funding from Scottish Government in the development of an Independent Review Team to support statutory reviews for community packages of support in adult services. The team is now partially in place and a pathway developed. 4. The Children's ARG reviewed and re-implemented in September 2024 with Education now being a core member for all children's care placement considerations. 5. The Independent Review Coordinators in Children's Social Work Services are now permanent posts. A system of regular statutory reviews is in place for all looked after children with their care plans being reviewed in line with statutory requirements. 6. Self-evaluation regarding the quality of the assessment require to be progressed in order activity is required to determine quality beyond implementation and this has been taken forward by Team Leader and practitioner agreed by the Strategy Board for What Would It Take? 7. Close working with Children's reporter in relation to the duty to carry out enquiries is in place with agreed processes and solution being developed to ensure information is shared appropriately with the reporter. 8. Strengthened reporting and recording of Care at Home assessments and care and support plans. This includes Organiser specific reports to target areas with poor performance and implement mitigation processes to ensure risk is managed effectively. 9. Strengthened referral pathways into Care at Home to ensure everyone has a My Life Assessment screening prior to transfer to Care at Home. 10. Residential and Sheltered Housing care residents have 6 monthly reviews completed by managers. 11. West Dunbartonshire is part of the North Strathclyde Partnership and oversight reporting structures (SOG/MOG) meet regularly in relation to all MAPPA activity where reporting of activity and the associated risk register is in place. MAPPA activity forms part of reporting to PPCOG to ensure effective oversight and scrutiny. 12. Meeting with SG Justice Team and communication drafted in respect of Justice Pay award which has not been passed over by local authority in 22/23 & 23/24 with a cumulative impact on available budget. Confirmation of Caledonian Funding to support programmed interventions delivery will ease pressure on budget Controls in Progress 1. The implementation of My Assessment and Plan concluded in July 2023. An evaluation on implementation and quality of assessment concluded early in 2024. 2. The work has started regarding the review of My Life Assessment Framework for Adult service, and aligned to that an Initial Assessment is in place for all access to single service provision in Adult services. As yet there is no reportable data to ensure this development can be effectively monitored. 3. Concern that duty to assess for report requests from the reporter not being fully met due to staffing shortages with required assessment provision not able to be undertaken. Ongoing liaison with SCRA /Panel Chairs in place to implement shared solutions to social background requests. Significant improvement identified earlier in year, however performance has declined in recent months. Active management by Team Leaders promoted and oversight of the reports requested. 4. A number of improvements and actions are identified from the independent evaluation being progressed led by Head of Service in Adults. 5. An action plan is in development and review of the assessment documentation with consultation with practitioners is planned. 6. Evaluation on quality of the assessment part of external review, further self-evaluation required to understand the quality of revised assessment tools. 7. Work is taking place with the Information Team to ensure all children looked after reviews can be reported from CareFirst as this oversight is currently captured on spreadsheet. Implementation of a Signs of Safety approach across social work and partners agencies has started and associated training for managers and practitioners. The current My Assessment and Planning tools will be reviewed and strengthened as part of the implementation of the model. 8. Further development of CareFirst reporting on adult statutory reviews is required. 9. Residential care 6 monthly reviews to be completed also by the Care Home Review Team.	3x4 High = 12 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	2x4 Medium = 8 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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18	Risk Owner: Chief Social Work Officer Failure to ensure all social work staff are appropriately trained and developed, and where required this aligns with SSSC standards, to achieve the standards required across social work services. This should include specific areas such as public protection but is wider in terms of achieving other legislative requirements and best practice standards.	1. Interlinked with Risk Ref 10 the challenges across recruitment and retention further impact on the ability to maintain standards of training and development in line with SSSC standards. 2. Inability to recruit to Learning and Development posts compounded by temporary nature of posts. 3. Operational demands, compounded by recruitment and retention issues, may limit and impact on attendance at learning and development opportunities. 4. Training and development in National child Protection Guidance required	4x4 High = 16 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Controls In Place 1. Reporting mechanisms are at early stages to ensure both Training needs analysis of staff and training delivered and attended is both captured and able to be reported within social work and social care. 2. NHS staff have statutory APC and CPC training modules which are reportable 3. Care at Home has an inhouse trainer who ensures all new starts undergo APC and CPC training. 4. Raising Concerns pathway is in place as a platform to ensure concerns are discussed in a multi disciplinary forum. 5. Skills passports for council staff are in place and self serve arrangement to managers are available to ensure compliance on mandatory training 6. The learning and developments of staff is identified in a number of learning reviews across adult and children services and training is being commissioned , however there remains some gaps . 7. The use of agency staff is in place across service to support service gaps in vacancies and overseen by the Vacancy Panel Chaired by the CO. 8. Learning and Development posts have now been agreed as recurring permanent posts and recruitments is underway to ensure learning and development is in place for social work staff which is currently being commissioned. At this time 1 post has been recruited. Controls in Progress 1. On an interim basis training and development opportunities are being promoted through a range of commissioned training and through ilearn modules and scheduled management training. 2. Significant improvements have been made in developing reporting for care at home in order to evidence the requirements in relation to staff learning and training with an agency member of staff dedicated to delivering this for the service . This is to support organisers to ensure care plans and review are in place for those receiving care at home services. 3. Signs of Safety and Healing implementation within Children's Services. 4. Refreshed Terms of Reference and focus for the Social Work and Social Care Governance Group which will support workforce development.	3x4 High = 12 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	4x2 Medium = 8 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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24	Risk Owner : Head of Health and Community Care Care at home service delivery	1. The 26/27 budget has been agreed based on planned hours of care, workforce required to deliver this with 52% addition (annual leave, travel time, unplanned absences, training). The budget is sufficient for employee costs, but there is a risk of unbudgeted agency and overtime spend relating to high absence rates, and as scheduling is not efficiently managing the available workforce. There is also an unknown cost relating to commissioning external packages of care. 2.The Service must also deliver safe and effective care, meeting Care Inspectorate standards. 3. Standardised rosters commenced on 20th April 2026 and there is ongoing review of FTE to align with planned hours of care. 4. Criteria has been agreed to define those in scope for mainstream Care at Home services. Application of these criteria require budget identification and has workforce implications. This has still to be finalised.	4x4 High = 16 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Controls In Place 1. Weekly reporting to CO / Head of Service inclusive of agency and overtime spend. Controls in Progress 1. Process in development to apply eligibility criteria and align resultant planned hours of care per area with an appropriate FTE. 2. Indicative budget allocation per area. This means Organisers have responsibility to ensure they remain in budget, and will be monitored regularly over the financial year to ensure compliance or flag staffing challenges, which in turn allows managerial oversight and decision making is agency spend is indicated to deliver planned care.	4x4 High = 16 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	3x3 Medium = 9 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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25	Risk Owner : Head of Health and Community Care Speech & Language Therapy Resource	1. The HSCP currently holds responsibility for Speech and Language Therapy (SLT) for in patient adult wards at the Vale of Leven, community referrals Dumbarton and Alexandria, and a service level agreement for Helensburgh and Lochside. 2. Agreement in principle for a whole system review of SLT across NGS GGC led by the AHP Director. 3. Pending redesign, the current risk remains due to WTE capacity versus demand.	3x3 Medium = 9 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Controls In Place 1. Risk raised with SLT leads across GG&C, professional SLT Lead and AHP Director. Leads report no ability to reallocate their resources to support the HSCP during this period of absence. 2. Additional SLT hours offered across SLT workforce, with minimal uptake Resource being targeted to high risk community referrals. 3. No Staff bank SLT resource. Controls in Progress 1. AHP Director reviewing SLT across GG&C. 2. Workload analysis taking place within GG&C led by Alison Gray, SLT Service Manager, to quantify appropriate WTE required for the HSCP service	3x3 Medium = 9 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	1x2 Low = 2 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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26	Risk Owner : Head of Health and Community Care Residential and Nursing Care Home Bed availability.	External factors: 1. Challenges in terms of availability, residential and nursing care home beds within the HSCP. This causes increased delays in discharging people from hospital and also increases risk for these assessed as requiring long term care in the community if no beds are available. 2. In addition, bed availability is also at risk when Homes have moratoriums placed on them if standards of care fall below contractual agreements. When care homes have moratoriums in place or infection prevention control procedures in place e.g. covid outbreak.	3x3 Medium = 9 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Controls In Place External: 1. Daily monitoring of bed availability and interim beds provided pending moves to place of choice to reduce risk of delays. 2. HSCP Care Home Oversight Group and also Care Inspectorate reports to monitor standards of care across all care homes. 3. Contracts Monitoring Officer works in collaboration with Care Home managers to provide support and early identification of emerging issues. 4. 6 monthly HSCP quality assurance visits. Internal: 5. ARG process ensures all placements meet criteria, and that long term care is indicated due to high level of risk of living at home. Approval and authorisation up to £52,000 by an IOM. Over £52K required Head of Service authorisation. 6. Monitoring process in progress for oversight of budget with escalation process if financial regulations will be breached if an emergency placement is indicated but no budget available.	3x3 Medium = 9 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	2x2 Medium = 4 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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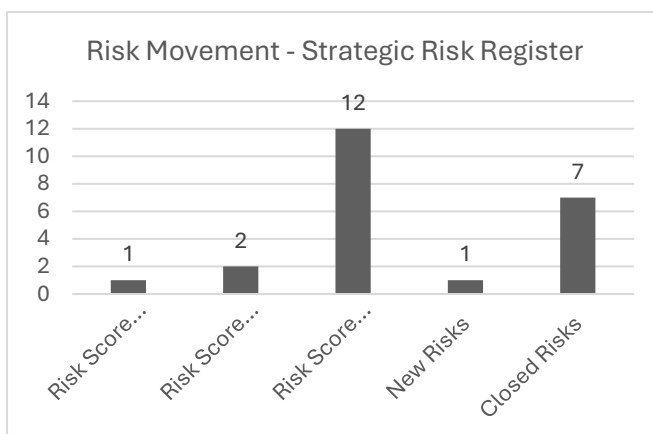
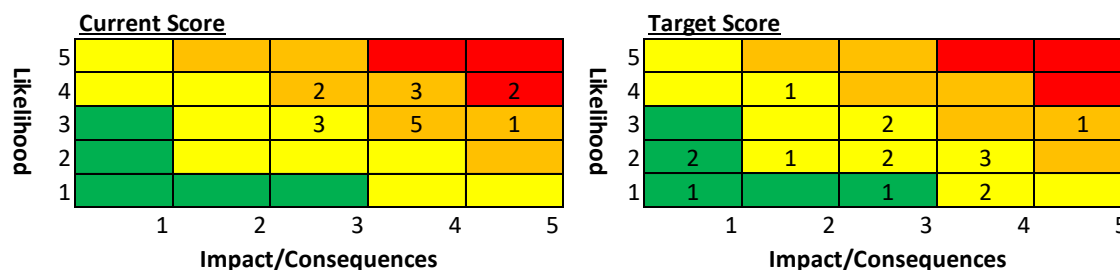
27	Risk Owner : Head of Health and Community Care Risk of failure to discharge timeously leading to increased number of people delayed in being discharged.	1. Workforce capacity to assess timeously to support earlier interventions. This creates risk as earlier interventions could prevent / slow functional and / or social care needs decline. 2. Delayed discharge data remains high, inclusive of people being delayed due to AWI legislation, requiring Guardianship applications before discharges can be implemented. Interdependent with care at home and care home bed availability risk.	4x3 High = 12 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>9</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	9	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Controls In Place 1. Transforming Together workstreams to identify priority areas as a whole system approach to manage flow and prevent unnecessary admissions. Partnership working with Care Homes, the HSCP and Scottish Ambulance Service to reduce admissions from Care Homes. Completion of Future Care Plans. Focused Intervention Team to prevent admissions. Frailty Practitioner and the Home First Response Service. Non Medical Prescribing to allow early treatment e.g. antibiotics for cellulitis / UTI's. 2. POA initiative with Citizens Advice in Dumbarton and Alexandria. Improved processes within the discharge team to ensure fast assessments through to discharge. Controls In Progress 1. Review of community hospital discharge social work workforce and standard operating procedures to enhance flow and target effective use of resources. 2. Front Door redesign will improve flow, link with the FNC+, and ensure timeous and appropriate health and social care interventions.	4x3 High = 12 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>9</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	9	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	2x3 Medium = 6 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>9</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	9	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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28	Risk Owner: Chief Financial Officer Failure to commission, procure and assure the quality and value of externally commissioned services effectively. There is a risk that the HSCP does not commission, procure, contract-manage and quality-assure externally commissioned services effectively and in accordance with the governance requirements of HSCP Board, West Dunbartonshire Council and NHS Greater Glasgow and Clyde. This may result in services that do not meet assessed need, agreed outcomes, quality standards, statutory requirements or value-for-money expectations, leading to harm or poorer outcomes for individuals, service disruption, financial loss, contractual or regulatory non-compliance and reputational damage.	1. Commissioning plans and service specifications are not sufficiently informed by needs, outcomes, equality, demand, market and financial analysis. 2. Responsibilities across commissioning, operational services, finance, legal, procurement and quality assurance are unclear or fragmented. 3. Contracts, variations, extensions and delegated approvals are not managed consistently or within applicable governance frameworks. 4. Contract monitoring is inconsistent or is not supported by reliable performance, financial and quality information. 5. The HSCP does not have a fully embedded, risk-based quality assurance framework covering regulated, non-regulated and other commissioned services. 6. Workforce capacity, skills, systems and records are insufficient to support effective strategic commissioning and contract management. 7. Operational intelligence, inspections, complaints, incidents, safeguarding activity and provider financial information are not triangulated and escalated consistently. 8. Short-term operational or financial pressures result in reactive rather than strategic commissioning decisions.	3x4 High = 12 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>9</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	9	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Controls in place 1. Strategic commissioning arrangements aligned to the HSCP Board Strategic Plan. 2. Commissioning governance and agreed senior-management oversight. 3. Provider forums and engagement arrangements. 4. Partnership working with service areas, finance, legal and procurement colleagues in relevant commissioning and contracting activity. 5. Contract register and operational monitoring arrangements. 6. Quarterly reporting on externally commissioned regulated services to HSCP Board Audit and Performance Committee. 7. Annual procurement of commissioned services report. 8. Quality monitoring through Care Inspectorate and other external inspection or regulatory intelligence. 9. Established safeguarding, complaints and incident-escalation arrangements. 10. Care-home oversight, provider liaison and contracts-monitoring arrangements. 11. Workforce planning oversight applicable to commissioned services. 12. Existing financial authorisation, procurement and contract-governance requirements. Controls in Progress 1. Approve and implement the HSCP-wide quality-assurance framework, defining minimum standards, evidence requirements, escalation thresholds and reporting routes. 2. Complete the Scheme of Delegation review, clarifying authority and accountability for commissioning, procurement, contract variation and contract management. 3. Validate the contract register, confirming ownership, value, term, expiry, procurement route, monitoring category and risk rating for each material contract. 4. Introduce a risk matrix for externally commissioned service providers, with monitoring intensity proportionate to each providers risk status. 5. Develop an exception-reporting dashboard that triangulates quality, performance, safeguarding, complaints, regulatory and provider sustainability intelligence. 6. Complete CarePay and CareFinance implementation within children and families services. 7. Review the commissioning and contract-management skills and capacity required across the HSCP, not solely within the central commissioning team.	3x4 High = 12 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>9</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	9	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	2x4 Medium = 8 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>9</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	9	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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29	Risk Owner: Chief Financial Officer Failure or withdrawal of an externally commissioned care and/or support provider. There is a risk that one or more externally commissioned providers becomes financially, operationally or regulatorily unsustainable, withdraws from the market, or is unable to continue delivering services at the required capacity or quality. This could lead to interruption or loss of care and support, risk of harm or distress to individuals and carers, emergency re-provision, workforce displacement, increased costs, reduced market capacity and significant operational, financial and reputational consequences for the HSCP.	1. Workforce shortages, high turnover, sickness absence and competition for suitably skilled employees. 2. Loss, suspension or restriction of sponsorship licences and reliance on overseas recruitment. 3. Pay, National Insurance, utilities, insurance, property, food and other operating-cost pressures. 4. Provider fees or national contract settlements that do not reflect the sustainable cost of delivery. 5. Limited access to reserves, borrowing or working capital. 6. Increasing complexity of need, regulatory requirements and safe-staffing expectations. 7. Quality concerns, enforcement action, moratoriums or loss of registration. 8. Reliance on a small number of providers, limited alternative capacity or concentration within particular service sectors. 9. Wider provider-group failure affecting more than one service or local authority area. 10. Required service redesign or savings reducing certainty over future demand or income.	3x5 High = 15 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>9</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	9	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Controls in place 1. Regular provider forums and direct engagement across high value and high volume commissioned services. 2. Quality assurance activities informed by provider risk profile, allowing a targeted approach to monitoring arrangements, taking cognisance of the small team structure. 3. Care Inspectorate and other regulatory intelligence. 4. Escalation of provider concerns through operational and senior-management governance. 5. Engagement with providers on annual uplifts and material commissioning changes. 6. Collaborative intelligence sharing across Greater Glasgow and Clyde HSCPs and relevant national networks. 7. Business-continuity and emergency response arrangements. 8. Monitoring of care-home capacity, moratoriums and emerging operational concerns. 9. Strategic commissioning intended to support a diverse and sustainable provider market. 10. Existing safeguarding and service-user review arrangements. Controls in Progress 1. Complete a risk assessment relating to provider-sustainability for all Heads of Service, identifying providers of concern and the basis for concern. 2. Explore the possibility of an early warning framework for externally commissioned service providers using indicators and themes aligned to the risk matrix ensuring a consistent approach to managing and monitoring risk. 3. Identify critical providers and services where loss would have the greatest service-user or continuity impact. 4. Develop proportionate contingency plans for each critical provider or service category, including communication, service-user information, workforce, records, payments and alternative capacity. 5. Through existing provider forums, tender documentation and ongoing monitoring arrangements, review where possible exposure to sponsorship-licence changes and overseas recruitment dependency within externally commissioned services. 6. Report provider sustainability by exception to SMT and agree immediate actions.	3x5 High = 15 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>9</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	9	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	3x5 High = 15 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>9</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	9	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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30	Risk Owner: Head of HR CareFirst is the HSCP's principal social-work case-management system and supports the recording and management of sensitive service-user information, statutory activity and provider financial payments. The HSCP has been informed that supplier support for CareFirst will cease after 2028. There is a risk that the HSCP and West Dunbartonshire Council do not select, fund, procure, configure and implement a suitable replacement system, and safely migrate the required data, before the existing system is no longer supported. Failure to complete the transition within the required timescale could result in continued reliance on an unsupported system, increased system vulnerability, loss or disruption of essential functionality, an inability to access reliable service-user information, interruption to statutory processes and provider payments, and significant operational, financial, information-governance and reputational consequences.	1. The requirement to identify and implement a replacement within a fixed timescale before support ends after 2028. 2. The need for Council prioritisation and approval within its capital-planning and digital-governance arrangements. 3. The absence of confirmed capital and revenue funding for procurement, implementation, migration, licensing and ongoing support. 4. Competing organisational priorities and limited capacity across the HSCP and Council digital, procurement, finance and operational teams. 5. The complexity of procuring and implementing a system supporting social-work case management, statutory recording and provider financial payments. 6. The volume, quality and complexity of existing data requiring cleansing, retention, archiving and migration. 7. Integration requirements with other Council, NHS and third-party systems. 8. The need to redesign existing processes, train users and manage significant organisational change. 9. Potential delays arising from procurement, governance, technical assurance, information governance or supplier implementation capacity.	3x5 High = 15 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Controls In Place 1. Formal notification has been received that supplier support for CareFirst will cease after 2028. 2. A project lead is in place to coordinate development of the replacement approach and supporting business case. 3. An options appraisal is underway to consider available replacement systems, procurement routes and implementation requirements. 4. Engagement is taking place with relevant Council colleagues, including Digital, Procurement, Finance and senior leadership. 5. The current system continues to be supported pending replacement, with existing operational and information-governance controls remaining in place. 6. Current governance arrangements provide oversight of system issues, risks and required developments. 7. Initial consideration has been given to the data, reporting, integration and service requirements that a replacement system will need to meet.	4x5 Very High = 20 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	1x1 Low = 1 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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32	Risk Owner: Chief Officer Ability to effectively respond to a major emergency incident, for example a Black Start event or a major cyber security failure.	Major response failures in health and social care during incidents like a Black Start or cyber security attack can be caused by several factors: for example, a lack of training; poor planning; ineffective communication channels; insufficient resources; staff fatigue; decision making failures; system failures and cybersecurity vulnerabilities.	3x4 High = 12 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Controls In Place 1. HSCP essential services list developed and agreed. 2. Support provided by the relevant civil contingencies services within both NHS and local authority. 3. Senior Management participation in desk top training exercises. 4. Cyber security and data protection training embedded across all teams. 5. System back ups in place. 6. Cyber Incident Response Plans in place with our partner bodies. 7. Strategic Resilience Group (SRG) approach embedded within HSCP SMT meeting structure. Controls In Progress 1. Business continuity plans under development or review in all service areas. 2. Identification and sharing of training opportunities to support skills development. 3. Business Impact Assessments in progress.	3x4 High = 12 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	3x4 High = 12 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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34	Risk Owner: Chief Officer A significant incident, such as structural failure, fire, flooding, contamination, renders Dumbarton Health Centre partially or fully unusable. If the outage extends beyond short-term business continuity assumptions, the organisation may be unable to sustain essential clinical and administrative services at required capacity. This would significantly disrupt patient access, service delivery, workforce stability, and operational performance across the Dumbarton area.	1. Severe weather incidents (storms, flooding, high winds) 2. Fire or smoke damage 3. Structural issues, ageing infrastructure, or accelerated building degradation 4. Burst pipes, major plumbing failures, or water ingress 5. Electrical Faults 6. Hazardous material contamination (e.g., asbestos disturbance, mould) 7. Security incidents rendering the site unsafe 8. No identified medium or long term alternative premises 9. Limited capacity in partner sites to absorb displaced services 10. Insufficient clinical space/equipment for sustained relocation 11. Over reliance on digital access without contingency for increased demand	4x4 High = 16 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Controls In Place 1. Regular building inspections and maintenance 2. Fire safety systems and alarms 3. Backup power for critical systems 4. Emergency Response procedures 5. Business Continuity Plan (BCP) with short term relocation options 6. Agreements with nearby facilities for temporary service relocation 7. Remote working capability for administrative staff 8. Remote access to critical systems 9. Mutual aid arrangements 10. Emergency Communication procedures Controls In Progress 1. Identification and pre approval of medium term alternative accommodation options 2. Formal agreements with local NHS sites, community facilities, or modular building providers 3. Development of scalable relocation plans for 1 week, 1 month, and 3+ months 4. Maintaining an inventory of portable clinical equipment for rapid deployment 5. Periodic scenario testing and BCP validation 6. Continued building resilience improvements 7. Feasibility study underway to progress roof replacement 8. Workshop in planning stages to maximise space utilisation with all practices and services	4x4 High = 16 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	1x4 Medium = 4 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
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35	Risk Owner: Sylvia Chatfield Demand and Access for Neurodevelopmental (ND) Assessment Pathways. There is a risk that increasing demand for neurodevelopmental (ND) assessment, including Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) will exceed available service capacity, resulting in the inability to assess, prioritise and treat both ND and patients referred to core services within clinically appropriate timescales.	1. Specialist mental health services have seen an unprecedented increase in referrals for individuals seeking assessment for attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD). This represents new work for Community Mental Health (CMHTs), the board-wide Adult Autism (AAT) Team and GPs / Primary Care. For children and young people's services this also includes Learning Disability, Foetal Alcohol Spectrum Disorder and other conditions under NDD umbrella. The Adult Community Mental Health Team (CMHT) core specification, for example, includes assessing for ADHD only where ADHD is linked to more complex clinical need, significant impact on day-to-day functioning, or cognitive disability. It does not include ADHD-only assessment.	New Risk	Controls in Place 1. Supportive online resources have been developed for individuals who will not meet National Autism implementation Team (NAIT) level 4 for CMHT input; including NHSGGC MyApp: My Mental Health - ADHD available as an app and on the NHS Scotland Right Decision Service website, Autism Spectrum Disorder and general Mental Health and Wellbeing support on the NHSGGC website, and ADHD / ASD specific information and Service Directory signposting (more specifically for ADHD) to multiple resources available across Scotland on the NHS Inform website. 2. A project to trial remote monitoring of, and more self management by, stable patients on the existing CMHT caseload with the aim of releasing clinical capacity will commence August 2026 however this will have no impact on demand.	4x4 High = 16 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	1x3 Low = 3 <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	New
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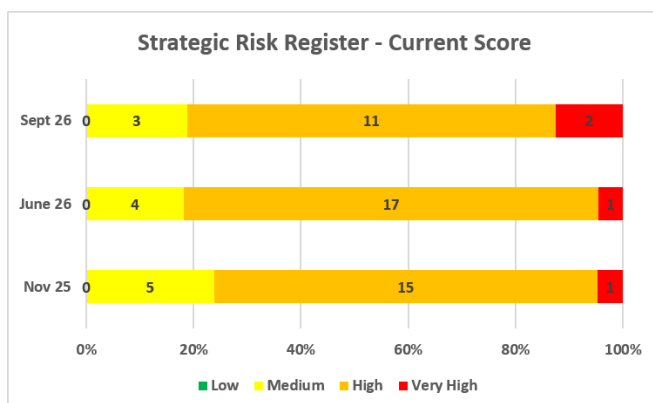
West Dunbartonshire HSCP – Strategic Risk Dashboard Sept 2026

The Strategic Risk Register currently comprises of 16 risks.



Commentary

The latest review of the Strategic Risk Register maintained the Risk Scoring Levels on 12 risks, increased 1 Risk Score, decreased 2 Risk Scores and added 1 new risk. 7 Risks were closed following review.



Commentary

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



Strategic Risk Summary

Area of Risk	RAG Status	Current Score	Target Score
People and Change			
There is a risk that the HSCP is unable to recruit, retain, develop, deploy and support a sufficient number of suitably qualified and skilled staff to meet current and future service demands.		9	6
Failure to secure an alternative case management system		20	1
Finance and Commissioning			
Financial Sustainability and the ability to deliver statutory, safe and effective services.		20	9
Failure to commission, procure and assure the quality and value of externally commissioned services effectively.		12	8
Failure or withdrawal of an externally commissioned care and/or support provider.		15	15
Chief Social Work Officer			
Failure to have in place strong social work and social care governance in relation to quality of services and care provided		12	8
Failure to meet legislative duties in relation to Child Protection, Adult Support and Protection and MAPPA.		12	8
Failure to ensure all social work staff are appropriately trained and developed, and where required this aligns with SSSC standards, to achieve the standards required across social work services.		12	8
Waiting Times			
Failure to meet waiting times targets		12	2
Demand and Access for Neurodevelopmental (ND) Assessment Pathways.		16	3
Older People Services			
Care at Home Service Delivery		16	9
Failure to manage staffing resource within the Speech and Language Therapy service		9	2
Residential and Nursing Care Home bed availability		9	4
Risk of failure to discharge timeously leading to increased number of people delayed in being discharged.		12	6
Resilience			
A significant incident renders Dumbarton Health Centre partially or fully unusable.		16	4
Ability to effectively respond to a major emergency incident		12	12

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Report by Chief Officer – Regulatory and Regeneration****29 September 2026**

Subject: HSCP Board Membership – Extension to Voting Rights**1. Purpose**

- 1.1** The purpose of this report is to update the Health and Social Care Partnership Board on the implementation of the Public Bodies Joint Working (Integration Joint Boards) (Scotland) Amendment Order 2025 which makes changes to the voting membership of the integration joint board and associated governance requirements.
- 1.2** In particular, this Order extends voting rights for three categories of previously non-voting members of the Board, referred to by the Scottish Government and the Standards Commission for Scotland as ‘lived experience’ members.

2. Recommendations

- 2.1** It is recommended that the Health and Social Care Partnership Board agree to:
- i. note the implementation of the Public Bodies Joint Working (Integration Joint Boards) (Scotland) Amendment Order 2025;
 - ii. note that this Order implements voting rights for three categories of previously non-voting members of the Board;
 - iii. note the appointment of Selina Ross as a voting member of the Board in the category of ‘third sector bodies which carry out health or social care-related functions in the area of the Board’;
 - iii. appoint voting members of the Board in the categories of:
 - (a) service users in the area of the local authority party
 - (b) persons providing unpaid care in the area of the local authority; and
 - iv. note the amendments to the Board’s standing orders set out within this report, and that a further report on any consequential changes to standing orders will be brought back to a future meeting of the Board.

3. Background

- 3.1** The Health and Social Care Partnership Board (‘the Board’) was established in terms of the Public Bodies (Joint Working) (Scotland) Act 2014 (‘the 2014 Act’), with the Integration Scheme (‘the Scheme’) agreed between West Dunbartonshire Council and NHS Greater Glasgow and Clyde setting out arrangements for the functioning of the Partnership and the Board.

- 3.2** Councillor and NHS Board member representation on the Health and Social Care Partnership Board is agreed within the Scheme, with minimum membership having been set by the terms of the 2014 Act. The Scheme provides for each of the parties to the Scheme to appoint three voting members to the Board.
- 3.3** The Public Bodies Joint Working (Integration Joint Boards) (Scotland) Order 2014 provided for non-voting membership of the Board to include professional membership representing a range of service providing and administrative functions within the organisations party to the Scheme, and further that, once an Integration Board was established, it was required to appoint at least one member falling within each of the categories of:
- Staff of the parties who work in services provided under the integrated functions;
 - Third sector bodies which carry out health or social care-related functions in the area of the Board;
 - Service users in the area of the local authority party; and
 - Persons providing unpaid care in the area of the local authority.
- 3.4** The Public Bodies Joint Working (Integration Joint Boards) (Scotland) Amendment Order 2025 ('the 2025 Order') came into effect on 1 September 2026.
- 3.5** The 2025 Order extends the previous voting membership of the Board to include members appointed in the categories of:
- Third sector bodies which carry out health or social care-related functions in the area of the Board;
 - Service users in the area of the local authority party; and
 - Persons providing unpaid care in the area of the local authority.
- 3.6** Accordingly, any persons holding a non-voting member position who was appointed by the Board as representing one of the listed positions noted at paragraph 3.4, above, is now empowered to exercise voting rights on the Board.
- 3.7** Voting rights on the Board are not afforded to members appointed within the category of staff of the parties who work in services provided under the integrated functions.
- 3.8** The 2025 Order further makes provision for voting members representing one of the listed positions who are unable to attend meetings of the Board to arrange for a suitably experienced proxy to attend the meeting in the place of that member.

4. Main Issues

Board Membership

- 4.1** The Board considered a report on 7 July 2015 which proposed initial membership of the Board.
- 4.2** At that time, the Board recognised the categories of membership noted at paragraph 3.4, above. In agreeing to appoint non-voting members as recommended in the relevant report, the Board did not specify the categories of membership for which they were appointed. The report recognises individual positions which are held by named persons, but does not align those with the categories of membership as noted at paragraph 3.4, above.
- 4.3** Most recently, on 19 August 2025, the Board considered membership within a report which recommended the appointment of non-voting members to fill vacancies at that time. Within the body of that report, three non-voting members are listed as ‘stakeholder members’. One member (Selina Ross) is noted as representing the third sector interface, which is considered to be within the category of ‘third sector bodies’. An ‘unpaid carers representative’ is listed.
- 4.4** The report of 19 August 2025 does not specify whether any of the ‘stakeholder members’ of the Board are representing any categories of membership noted at paragraph 3.4, above. It is also understood that the listed ‘unpaid carers representative’ has now withdrawn from the Board and that position is now vacant.
- 4.5** In the absence of clear alignment between some non-voting members and the categories of member afforded voting rights by the 2025 Order, it is not possible for clear and unambiguous decision-making to take place on the Board. It is particularly relevant that the 2014 Order specifies at paragraph 11 that ‘each question put to a meeting of an integration joint board is to be decided by a majority of the votes of the voting members attending and entitled to vote on the question’. Clarity as to voting entitlement amongst those present at meetings of the Board is required to enable competent decision making.
- 4.6** It is recommended that the Board undertake a recruitment and appointment process to satisfy the requirements of the 2014 Order, as amended by the 2025 Order, to appoint to the Board members within the categories of:
- Service users in the area of the local authority party; and
 - Persons providing unpaid care in the area of the local authority.
- 4.7** Membership of the Board should be recorded in the Board’s constitutional documents and on the Board’s public-facing documents in a manner which reflects the requirements of the legislation and provides clear information for readers as to the roles and powers of each member.

Proxies

- 4.8** The 2025 Order provides for voting members representing third sector bodies, service users, and persons providing unpaid care to arrange for a suitably experienced proxy to attend the meeting in the place of that member when they are unable to attend a meeting of the Board. Proxy arrangements for Council and Health Board members remain unchanged.
- 4.9** To ensure that it is clear to those involved in meetings of the Board, and to any persons engaging in the work of the Board, who is involved in decision-making, and further that those persons are suitably experienced to undertake those functions, it is recommended that in appointing any members under the process noted at paragraph 4.6, above, or any equivalent future recruitment and appointment process, the Board confirm the proxy who will be enabled to exercise the voting rights of the member. It is also recommended that a specified proxy be identified for voting member representing the 'third sector bodies' category.

Standing Orders

- 4.10** The Standing Orders for the Board will require to be updated to take account of the 2025 Order. This report sets out below the changes which are expected to be required to be made to the Board's standing orders. It is recommended that a further report be brought back to the Board to seek confirmation of any further consequential changes.
- 4.11** Standing Order 3 will require to be amended to specify the voting and non-voting membership of the Board in accordance with the provisions of the 2025 Order.
- 4.12** Standing Order 17.2 will require to be amended to provide for those who are appointed to the categories noted at paragraph 3.4, above, to be entitled to vote.
- 4.13** Standing Order 18 will require to be amended to reflect that proxy arrangements for voting members will differ depending upon whether the voting member represents a party to the Scheme or represents a membership category noted at paragraph 3.4, above.
- 4.14** Further amendments may be required to fully implement the terms of the 2025 Order in the Board's Standing Orders, and officers will take these forward along with the HSCP Chief Officer and staff, and report these for confirmation to a future meeting of the Board.

Standards Commission for Scotland

- 4.15** The Standards Commission for Scotland has updated its Advice Note for Members of Health and Social Care Integration Joint Boards. All members of

the Board are subject to the requirements of the Code of Conduct as they apply to those members, with local authority members and Health Board members subject also to the Codes of Conduct relevant to those roles.

- 4.16** The Advice Note now includes guidance from the Commission for those appointed to categories set out at paragraph 3.4, above, and referred to by the Commission as 'lived experience' members, reflecting terminology adopted by the Scottish Government.
- 4.17** The Commission has also produced a Card for Lived Experience Members on Health and Social Care Integration Joint Boards which is aimed at helping 'lived experience' members manage the expectations of others in respect of what the member can and cannot do while acting as a member of the Board.

5. People Implications

- 5.1** Not applicable.

6. Financial and Procurement Implications

- 6.1** No procurement implications are identified as arising from this report. There may, however, be a requirement to consider arrangements for reimbursing reasonable expenses incurred by the new voting members in carrying out their Board responsibilities. Current arrangements provide for partner bodies to reimburse existing voting members for reasonable expenses incurred in their capacity as either elected members of the Council or non-executive members of the Health Board.

7. Risk Analysis

- 7.1** This report provides an update for the Board on changes in legislation. No specific risks are identified as resulting from this update.

8. Equalities Impact Assessment (EIA)

- 8.1** This report provides an update for the Board on changes in legislation. No direct equalities impacts are identified in the recommendations in the report. No EIA has been carried out

9. Consultation

- 9.1** This report provides an update for the Board on changes in legislation. No consultation has been carried out.

10. Strategic Assessment

- 10.1** This report provides an update for the Board on changes in legislation. Strategic alignment is seen most strongly with 'meaningful community engagement with active empowered and informed citizens who feel safe and

engaged' as the legislation strengthens the formal role of community representatives in guiding the delivery of services, and with 'open, accountable and accessible local government', as the recommendations within the report are designed to support clear decision-making arrangements on the Health and Social Care Partnership Board.

11. Directions

11.1 Not applicable

Alan Douglas

Chief Officer – Regulatory and Regeneration; HSCP Standards Officer

Date: 22 September 2026

Person to Contact:	Graeme B. Forrester – Graeme.forrester@west-dunbarton.gov.uk , 07903 010 404
Appendices:	None
Background Papers:	Standards Commission for Scotland Advice Note for Members of Health and Social Care Integration Joint Boards, 2026 v1 - 1787059941260812AdviceNoteMembersofIJBs.pdf Standards Commission for Scotland Card for Lived Experience Members on Health and Social Care Integration Joint Boards - 1786544576260812LivedExperienceMembersonIJBsCard.pdf
Wards Affected:	N/A

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: Meeting of Joint Staff Forum

Date: 30 July 2026 at 10am

Venue: Brock Meeting Room, 1st Floor, Church Street

Present: Andrew McCready, (Chair); Beth Culshaw; Karyn Wood; Michelle McAloon; Moira Wilson; Ian Stevenson GMB; Clare Wilson; Ali McCulloch, Unison; Connor Farmer Unite; Joyce Habo (Minutes)

Apologies: Sylvia Chatfield; Davy Scott GMB; Fiona Taylor; Val Tierney; Lesley Kinloch; Leanne Galasso; Helen Little; Julie Slavin

Item	Description	Action
1.	Welcome, Introduction, Apologies	Chair
2.	Standing Agenda Items	
	a) Minutes of Last Meeting	Chair
	Agreed as an accurate record of meeting.	
	b) Rolling Action List	Chair
	RAL Updated.	
3.	Chief Officer Update	BC
	Caroline Sinclair has been appointed as Chief Officer, with a formal announcement to follow. Start date 19 October, and Julie Slavin will provide cover from the end of September until then. This was welcomed as positive news, particularly given Caroline's existing knowledge of the HSCP.	
	Clare Wilson has joined SMT this week as Head of Children's Health Care and Justice and Chief Social Work Officer.	
	The IJB meeting on 18 August will include general updates on finance, delivery plans, workforce, and the OD Interim Plan.	
	Andrew McCreadie noted Beth's forthcoming retirement and acknowledged her significant contribution and longstanding service as Chief Officer.	
	Finance Update	
	Beth advised Julie is unable to attend today due to attending a	

member of the finance team's retirement presentation after 45 years' service. Andrew acknowledged and thanked this staff member for their lengthy service.

Beth provided an update; the Month 3 financial position has not yet been published. Heads of Service are currently developing savings proposals to ensure when Caroline Sinclair takes up post, the savings agenda can be progressed.

3. HR & OD Update

MM/LG

Michelle noted absence has increased since May, we had been the second lowest within the partnerships. Main reasons for absence were anxiety, stress, depression. There has been an increase in the number of staff who have had more than four episodes of absence.

KSF – progress has decreased and we are now at 65%. HR are currently reviewing a plan to focus on specific areas with a low compliance rate. Michelle attends bi-monthly KSF Leads meetings.

Discussion regarding a survey to managers and staff to query how many people require an update at the same time as this is causing a significant dip in stats during certain months rather than numbers being staggered throughout the year.

Statutory and Mandatory training is at 92% within the NHS, with a target of 90% which is very positive.

Fire safety has also improved and is at 96%

Fraud Awareness training is at 75% but there are still a few months left to complete this.

NHS - new staff – 4 and leavers 7

WDC – new staff – 2 and leavers 16

Training: public protection and adult protection training is available and dates have been circulated. Equality and Diversity training is available at QEUH.

Council absence has improved since May and is at 9.29%

Andrew highlighted the importance of KSF training for managers to support meaningful conversations and ensure the Turas element is completed properly. Michelle agreed and via the questionnaire being devised she will gather feedback and would be keen to offer support and training where required.

Andrew suggested contacting other parts of the organisation to understand how they manage KSF compliance. It was also

suggested that managers complete a small number of reviews each month, rather than having a high volume due in one month.

Michelle will amend the final sentence in Part 4 of the Statutory and Mandatory Training section to reflect an increase rather than a decrease.

c) **OD Update**

MW

Moira advised iMatter continues in the action planning phase and concludes in August – currently at 24% upload which is low and suggested that all staff encourage their teams to complete and upload this.

The Senior Adaptive Leadership Academy is a regional version of the national Leading for the Future programme. The programme is delivered in person, with facilitators drawn from OD leads across the West of Scotland. Uptake was good last year and Moira advised she had shadowed and delivered elements of the programme.

Applications will launch on 17 August, and enquiries have already been received. The programme requires a significant commitment, consisting of ten meetings, five modules, masterclasses, and skills development workshops. It was noted that there is particular benefit from the in-person delivery model.

There are fifteen spaces allocated, there is a selection panel, and it is HOS endorsed, it is a details process. We had two applications last year. Karyn noted that SMT receive a lot of ad hoc training requests some are internal some external and these need to be coordinated. It was agreed at SMT that training with no cost attached can be signed off by heads of service, however where there is a cost we will request applications to ensure we are reviewing succession planning and a framework in place to support this.

Andrew suggested that participants who attend the Senior Adaptive Leadership Academy should be invited back to the Joint Staff Forum to provide a brief update on their experience, including whether the course was informative and what it involved. **Action - Moira will follow this up.**

Beth agreed this would be useful, noting that it would help share learning and provide a way to measure the success and value of the investment. It was also noted that feedback from participants would help services understand whether the programme is beneficial.

4. Combined Updates (Services and TU's)

All

a) TU/Staff side Update

There were no updates from Unite, Unison or GMB

b) Karyn – Update on Workforce and OD Plan

The Workforce and OD Plan was discussed. The previous plan covered 2023–2025, Michelle produced a plan that was taken to IJB but was not formally signed off as it was considered a holding plan.

Karyn has reviewed the plan and discussed priorities with Heads of Service. A two-year holding plan will now be taken to IJB in August, covering the period to 2027. This will focus on immediate opportunities and priorities across services between now and April, rather than being a large strategic document.

The plan will be structured around key themes and service areas, including care at home restructure, children and families, adult services, Finance, absence, learning and development, and succession planning. It will also support alignment with the longer-term 2027–2032 Workforce and OD Plan and the wider Strategic Plan.

Feedback from Board members suggested the plan should be more consolidated, avoid duplication across services, and be broken down by service area and theme. Karyn noted the importance of being realistic about available resources and what can be delivered.

Connor felt it would be helpful to see the plan; Karyn is waiting for updated financial information with projections but assured that trade union colleagues will be involved.

5. Key Elements

HR report – KSF, Statutory and Mandatory training - noting need for improvement.

Training and succession planning, feedback from development training

New CO and new CSWO

5. AOCB

Andrew highlighted that JSF meetings require a larger HOS

presence to ensure all services are represented

Discussion re moving JSF to quarterly meetings – it was agreed this decision would be discussed when Caroline Sinclair joins the team.

Beth suggested a JSF development session.

Discussion regarding national guidance on advertising senior posts, Andrew advised this guidance came from Scottish Government and is being enforced from Band 8C and above. Where an exception applies within services, this would be expedited.

It was noted that Trade Union support would be helpful in progressing this through Staff Side. Beth advised that some other partnerships have made hopeful progress in this area and asked that any issues be raised with Andrew.

6. Papers for Information were circulated.

Papers noted for information.

Dates of Future Meetings 2026

10 September – Denny, Church Street

19 November – Room 2, Clydebank HC

