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**Item No: 8**

**Meeting Date: Wednesday 19<sup>th</sup> March 2025**

## **Glasgow City Integration Joint Board**

**Report By: Margaret Hogg, Interim Chief Officer, Finance and Resources**

**Contact: Margaret Hogg**

**Phone: 0141 287 8838**

### **Integration Joint Board Financial Allocations and Budgets for 2025-26**

**Purpose of Report:**

This report will outline the revenue budget for Glasgow City Integration Joint Board for 2025-26 and the budget available for services commissioned from Glasgow City Council and NHS Greater Glasgow & Clyde.

**Background/Engagement:**

In line with the Integration Scheme, the Chief Officer has fully engaged in Glasgow City Council's budget setting process for 2025-26, which determined the funding allocations delegated to the IJB for 2025-26. The Chief Finance Officer has had discussions with the Assistant Director of Finance in relation to the interim budget offer from NHS Greater Glasgow and Clyde.

**Governance Route:**

The matters contained within this paper have been previously considered by the following group(s) as part of its development.

- HSCP Senior Management Team
- Council Corporate Management Team
- Health Board Corporate Management Team
- Council Committee
- Update requested by IJB
- Other
- Not Applicable

**Recommendations:**

The Integration Joint Board is asked to:

- a) note the contents of this report;

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	<ul style="list-style-type: none"><li>b) note the funding allocation from Glasgow City Council and the assurances provided in relation to the funding for the pressures in asylum;</li><li>c) note the indicative funding allocation from NHS Greater Glasgow and Clyde, subject to confirmation when the out-turn for the 2024-25 financial year has been finalised including totality and distribution of pay awards and other funding have been determined;</li><li>d) agree the balanced budget outlined in section 7 including the savings programme detailed in section 7.12;</li><li>e) agree the transfer of the underspend of £8.250m to general reserves, subject to approval of the final outturn report in June 2026;</li><li>f) refer the proposed increases to non-residential charges to the Glasgow City Council City Administration Committee for approval;</li><li>g) agree the carry forward of Scottish Government funding for Mental Health Officer Capacity and Enhanced Mental Health Outcome funding non-recurringly to support the retention of MHO Officers for 2025/26;</li><li>h) delegate a budget to NHS Greater Glasgow and Clyde of £1,148,240 and direct that this budget is spent in line with the strategic plan of the IJB and the proposals included within this paper at section 7 and as amended per these recommendations; and</li><li>i) delegate a budget to Glasgow City Council of £594,853,900 and direct that this budget is spent in line with the strategic plan of the IJB and the proposals included within this paper at section 7 and as amended per these recommendations.</li></ul>
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**Relevance to Integration Joint Board Strategic Plan:**

This report describes the financial allocation and budgets made available to the Integration Joint Board for 2025-26 by Glasgow City Council and NHS Greater Glasgow and Clyde which can be used in support of delivery of the Strategic Plan.

**Implications for Health and Social Care Partnership:**

**Reference to National Health & Wellbeing Outcome(s):**

The financial framework for the Partnership contributes to the delivery of the 9 national health and wellbeing outcomes that health and social care partners are attempting to achieve through integration.

**Personnel:**

There has been significant investment in the workforce which supports delivery of Health and Social Care over the last six years with an increase of 10.2% in the health workforce and 7.4% increase in the social care workforce.

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	<p>The challenging financial climate has required savings options to be considered which will result in a reduction in staffing. This report highlights savings options which will result in a reduction of 72.9 FTE (1.2%) in Council services and 75.2 FTE (1.6%) in Health services.</p>
<b>Carers:</b>	<p>Supporting carers to sustain them in their caring role remains a strategic priority for the HSCP. All of the budget measures proposed here are informed by that commitment. The proposals here reflect pandemic recovery investment coming to its planned end and a recognition of the mainstreaming of carer assessment and support planning via the revised social work assessment process, which will further enhance the HSCP's KPI performance.</p>
<b>Provider Organisations:</b>	<p>Some savings options will have impact on services which are commissioned from provider organisations. Where possible this has been phased to support transition to new commissioned arrangements.</p>
<b>Equalities:</b>	<p>Within this report there is reference to proposals against which projected savings targets have been applied. The activity to achieve any proposed savings will be carried out with a focus on equalities and the extent to which any subsequent changes to policies and/or services may impact on any stakeholders, but in particular stakeholders with protected characteristics. Proposals have been subject to a minimum of a preliminary Equality Impact Assessment to understand impacts, inform the development of the proposals, and to take steps to mitigate any impacts identified, wherever possible. EQIA's have been undertaken and published, wherever possible, however for those proposals that are still subject to ongoing reviews, preliminary assessments have been done and EQIA's will be undertaken and published in line with the completion of the reviews.</p> <p>The outcome of the equality considerations of the proposals within this report can be accessed on our website. <a href="https://glasgowcity.hscp.scot/equalities-impact-assessments">https://glasgowcity.hscp.scot/equalities-impact-assessments</a></p>
<b>Fairer Scotland Compliance:</b>	<p>Overall, the expenditure on services within this budget supports the delivery of a Fairer Scotland, however some of the equality impact assessments have identified that there is potential for a disproportionate impact on those living in poverty. Mitigations are being planned wherever possible.</p>

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<b>Financial:</b>	Financial implications are detailed throughout this report.
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<b>Legal:</b>	The Chief Finance Officer's duties in Scotland require a balanced budget to be set. This is established in s108(2) of the Local Government (Scotland) Act 1973 and s93(3) of the Local Government Finance Act 1992. Directions are being issued in line with the legislation.
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<b>Economic Impact:</b>	Not applicable at this time.
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<b>Sustainability:</b>	<p>The financial position of the IJB is dependent on the funding allocations received from the Council and the Health Board. The financial pressures facing the IJB is unprecedented and is reflective of both cost and demand pressures. The funding allocations received do not fully meet these pressures.</p> <p>On 31st March 2024 the IJB had a General Reserve of £8.4m. The budget strategy for 2025-26 includes the use of £2.8m to offer a non-recurring funding solution for the shortfall in the national insurance funding for Council services. This leaves a revised balance of £5.6m.</p> <p>If the IJB achieves full recovery in 2024-25 and closes with a break-even position, this will release £9.3m into reserves because of the budget smoothing strategy for superannuation. This will not crystallise until the accounts are prepared in June and audited in September but could result in a revised general reserve of £14.9m (1%).</p> <p>The budget smoothing strategy proposed for superannuation will deliver a further planned underspend in 2025-26 of £8.250m. It is proposed as part of this budget smoothing that this is taken to General Reserves in 2025-26. If this crystallises at the end of the financial year and there is no requirement to access reserves during 2025-26, this has the potential to increase general reserves to £23.1m at the end of 2025-26. This would represent 1.5% compared to the targeted 2% for General Reserves.</p> <p>Holding General Reserves significantly below the 2% target level represents a significant risk to the IJB with concerns already being expressed by external audit. Reserves is a key component of the IJB's funding strategy. General Reserves are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies. It is also important for the long-term financial stability and the sustainability of the IJB that sufficient General Reserves are held in reserve to manage unanticipated pressures from year to year.</p>
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<b>Sustainable Procurement and Article 19:</b>	Not applicable at this time.
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<b>Risk Implications:</b>	<p>Delays in setting the budget will impact on the IJBs ability to achieve financial balance in 2025-26 and will require recovery plans/emergency budget plans to be put in place which will impact on all services.</p> <p>The IJB faces a number of risks which could require access to general reserves to mitigate against these. This covered more fully in section 8.</p> <p>This level of risk will require the IJB to keep its financial strategy under review to ensure services are delivered within the funding available. This financial risk will be monitored during 2025-26 and reported through the financial performance reports to the IJB and IJB Finance, Audit and Scrutiny Committee.</p> <p>The IJB has a statutory duty to deliver a balanced budget within the funding allocations provided by Partner Bodies. To achieve this, decisions are required which will result in a number of services being reduced. It is recognised that this comes with a risk in relation to Partner Bodies being able to meet their statutory obligations. There are no other options available to the IJB given the funding available and the pressures being faced.</p>
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<b>Implications for Glasgow City Council:</b>	The budget is required to be spent in line with the Strategic Plan and the approved directions.
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The budget is required to be spent in line with the Strategic Plan and the approved directions.
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<b>Direction Required to Council, Health Board or Both</b>	
<b>Direction to:</b>	
1. No Direction Required	<input type="checkbox"/>
2. Glasgow City Council	<input type="checkbox"/>
3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
4. Glasgow City Council and NHS Greater Glasgow & Clyde	<input checked="" type="checkbox"/>

**1. Purpose**

- 1.1. This report will outline the revenue budget for Glasgow City Integration Joint Board for 2025-26 and the budget available for services commissioned from Glasgow City Council and NHS Greater Glasgow & Clyde.

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### 2. Background

- 2.1. The Health Board and Local Authority will delegate functions and make payments to the Integration Joint Board (IJB) in respect of those functions as set out in the Integration Scheme. Additionally, the Health Board will also "set aside" an amount in respect of large hospital functions covered by the Integration Scheme.
- 2.2. The IJB will make decisions on integrated services based on the strategic plan and the budget delegated to it. The IJB is also required to publish an Annual Financial Statement setting out the total resources included in the Strategic Plan. The IJB will also give directions and make payment where relevant to the Health Board and Local Authority for delivery of the services in line with the Strategic Plan. This should be completed by 1st April each year.

### 3. IJB and Chief Finance Officer's Responsibility to Set a Balanced Budget

- 3.1. The Chief Finance Officer's duties in Scotland require a balanced budget to be set. This is established in s108(2) of the Local Government (Scotland) Act 1973 and s93(3) of the Local Government Finance Act 1992.
- 3.2. CIPFA produced the statement 'The Role of the Chief Finance Officer in Local Government'. This sets out how the requirement of this legislation and professional standards should be fulfilled by the Chief Finance Officer in carrying out their role as well as the role of the organisation in meeting these requirements.
- 3.3. This statement confirms that the IJB has the following responsibilities:
  - Establish a medium-term business and financial planning process to deliver the organisation's strategic objectives, including:
    - a medium-term financial strategy to ensure sustainable finances
    - a robust annual budget process that ensures financial balance
  - Ensure that professional advice on matters that have financial implications is available and recorded well in advance of decision making and used appropriately.
  - Ensure that those making decisions are provided with information that is fit for purpose – relevant, timely and giving clear explanations of financial issues and their implications.
- 3.4. This statement confirms that the Chief Financial Officer has the following responsibilities:
  - Lead development of a medium-term financial strategy and the annual budgeting process to ensure financial balance and a monitoring process to ensure its delivery.
  - CFO deemed to be holder of the 'red card', the CFO must exercise a professional responsibility to intervene in spending plans in order to

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maintain the balance of resources so that the IJB remains in sound financial health.

- Ensuring that opportunities and risks are fully considered, and decisions are aligned with the overall financial strategy.
- Providing professional advice and objective financial analysis enabling decision makers to take timely and informed business decisions.

### **4. Financial Allocation from Glasgow City Council**

4.1 The Scottish Government wrote to Local Authorities on 4 December 2024 in relation to the Draft Budget for 2025-26 as set out by the Cabinet Secretary for Finance in Parliament that day. The letter is attached in Appendix 1.

4.2 This confirms an additional £10m to support the uprating of Free Personal and Nursing Care rates and an additional funding of £125m to deliver £12.60 per hour minimum pay settlement for adult social care workers in commissioned services via agreed contract uplifts. It also confirmed an additional £13.1m to deliver £12.60 per hour minimum pay settlement for children social care workers in commissioned services via agreed contract uplifts.

4.3 The letter to COSLA Leaders confirms that this additional funding for free personal and nursing care and Scottish living wage in adult services allocated to Integration Authorities should be additional and not substitutional to each Council's 2024-25 recurring budgets for adult social care services that are delegated.

4.4 This letter provided no provision for the planned increases to employer National Insurance contributions. However, after this the Cabinet Secretary has announced that she will provide Local Government with an additional £144m in funding, this represents 60% of direct staffing costs. A commitment was also given that should more funding be forthcoming than anticipated from UK Government for this it would be passed on.

4.5 On 20 February 2025, the Council agreed its budget for 2025-26. The Council offer letter is attached in Appendix 2. This letter confirms funding of £594.854m. This letter reflects Glasgow's share of the funding outlined at section 4.2 and 4.4 which has been issued to the Council. This offer is compliant with the conditions outlined at section 4.3.

4.6 The letter confirms the Council's commitment to underpin the continuing pressure in relation to asylum and that funding plans are in place based on current forecasts. This funding will be additional to the £594.854m referenced in section 4.5. The Council will continue to work with us to support these costs and to access any available external funding.

### **5. Financial Allocation from NHS Greater Glasgow and Clyde Health Board**

5.1 The Scottish Government wrote to Health Boards on 4 December 2024 in relation to the Draft Budget for 2025-26 as set out by the Cabinet Secretary for Finance in Parliament that day. The letter is attached in Appendix 3. This letter confirms a funding uplift of 3% for Health Boards. This is to meet the expected costs of the 2025-26 pay deal in line with public sector pay policy with pay

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remaining fully funded and provides a 3% uplift for non-pay to support inflationary pressures. The letter confirms that this uplift must be passed onto the IJBs for community health functions delegated to them.

- 5.2 NHS Greater Glasgow and Clyde Health Board have provided the IJB with an indicative offer for 2025-26 of £1,148.240m, inclusive of £271.484m for set aside. This is subject to confirmation when the out-turn for the 2024-25 financial year has been finalised including totality and distribution of pay awards and other funding have been determined. The interim budget offer is attached in Appendix 4 and represents a 3% uplift reflecting the board uplift from the Scottish Government.
- 5.3 Similar to Local Government, Scottish Government will fund 60% of planned increase to employer National Insurance contributions for Health. In addition, the letter confirms that a sustainability payment will be made available which must be ringfenced and used to assist with the pressures arising from the shortfall in funding for national insurance. This budget assumes that full provision will be made across these two funding streams.
- 5.4 The set aside budget included within the 2025-26 indicative offer letter continues to be notional budget based on estimated actual usage of in scope. This will continue to be a notional allocation.

## 6. Financial Strategy

- 6.1 It has been recognised for a number of years that funding settlements are not keeping pace with the demand and inflationary pressures which are being faced within the health and social care system. This is borne out by the IJBs updated medium term financial outlook, which is the subject of a separate paper to the IJB and forecasts a funding deficit of £120m over the next three years.
- 6.2 A financial framework is required to be approved through the budget which is prudent and ensures that financial commitments are managed within the available resources. This will require the IJB to take difficult, yet proportionate decisions, to ensure that services are sustainable both in terms of meeting the demands of the population of Glasgow City but also be sustainable within the financial envelope which is available.
- 6.3 The financial strategy has been developed within this context. The scale of the financial challenge in 25/26 is significant and it has required a nuanced response which deliver the least worst proposals which in some cases may not be attractive but is the best of the available options. The overriding principle will be to protect core services which deliver care and protection to those who are assessed as requiring it and uphold our statutory responsibilities wherever possible. We recognise the challenges in approving a budget where service delivery and statutory obligations will be difficult to fully achieve however the risk of not approving 25/26 savings plan will significantly increase this risk.

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- 6.4 The scale of the financial challenge in future years is such that a more fundamental review of service provision is required so that decisions can be taken on what the future shape of service provision looks like. This work will commence during 2025-26 and will be the subject of future updates to the IJB.

## 7. Proposed Budget for 2025-26

### Budget Pressures and Funding Offer

- 7.1 The IJB has £82.865m which require to be funded in 2025-26 and these are detailed in the table below. The funding offered from Partners and anticipated funds from Scottish Government are detailed below and total £40.382m. This results in a funding shortfall of £42.483m.

<b>Pressures</b>	<b>Total £millions</b>
<b>24/25 Budget Strategy</b>	
24/25 Pressure Funded Non-Recurrently Through Turnover	13.000
Superannuation: Budget Smoothing	8.250
<b>25/26 Pressures including SG Commitments</b>	
Pay Inflation 23/24 and 24/25 - funding gap from SG	1.260
Pay Inflation - 25/26 Award - Council and Health Services	16.389
Pay Inflation - Changes to Employer NI Thresholds and Rates - Council Services - anticipated shortfall in funding	2.800
Cost Pressure: Prescribing 24/25 Cost Pressure and 25/26 - 2.4% growth in price, 2.5% Volumes	16.608
Cost Pressure: Health and Social Care Connect (removal of transition funding)	1.000
Cost Pressure: Inflation (Contractual and Economic)	3.737
Kinship Carers: Impact of Introduction of Universal Credits	1.800
Scottish Government Funding: Adult and Children and Families - Scottish Living Wage	16.203
Scottish Government Funding: Free Personal Care	0.387
Scottish Government Funding: Children and Young People Community Health	1.843
Scottish Government Funding: Mental Health Renewal and Recovery Officers	-0.412
<b>Total Pressures</b>	<b>82.865</b>

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<b>Funding</b>	<b>Total £millions</b>
NHS Funding Offer: 3% Uplift	-18.361
Council Funding Offer: Uplift	-4.000
Scottish Government Funding: Adult and Children and Families Scottish Living Wage	-16.203
Scottish Government Funding: Free Personal Care	-0.387
Scottish Government Funding: Children and Young People Community Health	-1.843
Scottish Government Funding Reduction: Mental Health Renewal and Recovery Officers	0.412
<b>Total Funding</b>	<b>-40.382</b>

<b>Funding Gap</b>	<b>42.483</b>
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- 7.2 This budget includes the budget smoothing strategy agreed last year to smooth the impact of Strathclyde Pension Fund employer contributions increasing from 6.5% to 17.5% from 2026/27. This strategy is illustrated in the table below.

<b>Budget Smoothing</b>	<b>24/25 £millions</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>	<b>Total £millions</b>
Cost Pressure: Superannuation Increases from 6.5% to 17.5%			27.463	27.463
Additional Recurring Savings Identified to Meet Shortfall in 26/27	-9.331	-8.250	-9.882	-27.463
<b>Total Budget Smoothing</b>	<b>-9.331</b>	<b>-8.250</b>	<b>17.581</b>	<b>0.000</b>

- 7.3 The Scottish Government pay settlement for Local Government for 2023-24 and 2024-25 was not sufficient to meet the actual costs of the pay award in Glasgow as our average pay increase, which was 7.08% for Social Work is greater than the national estimate of 6.95%. This has resulted in a shortfall of funding for Social Work Services of £1.260m in 2025-26 due to the non-recurring nature of an element of the funding provided from Scottish Government.

- 7.4 The Scottish Government have revised the Free Personal and Nursing Care rates, uplifting them by 2.4%. From 1 April 2025 these rates will increase from £248.70 to £254.60 per week for personal care and from £111.90 per week to £114.55 per week for nursing care, subject to Parliamentary approval. The cost of this uplift will be £0.387m and will be funded from the additional monies provided by the Scottish Government to IJBs in 2025-26.

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- 7.5 The DWP are in the process of managing the migration of those still in receipt of legacy benefits over to Universal Credit. This migration will take some kinship carers out of eligibility for some of the current benefits which apply and in the main relates to Child Tax Credits. We are required to pay Kinship Carers on parity with Foster Carers and therefore any reductions in benefits will require an increase in payments by us to ensure this parity continues.
- 7.6 The Scottish Government settlement confirms that the funding received non-recurringly for Children and Young People Community Health will be baselined as recurring. This will be the subject of a future report to the IJB.
- 7.7 The Scottish Government had provided temporary funding over the last four years to increase Mental Health Officer (MHO) capacity at a national level. In Glasgow City we used this funding to recruit 5.7 MHO's. This funding will now end in 2025/26. MHOs are essential in ensuring that individuals with mental health issues receive the care, support, and protection they need whilst safeguarding their rights. Any reduction in MHOs would have a severe impact on the Council's capacity to meet its statutory obligations, particularly relating to the Adult with Incapacity (Scotland) Act 2000 (AWI), designed to protect the welfare, property, and finances of adults who lack the capacity to make decisions for themselves; and the Mental Health (Care and Treatment) (Scotland) Act 2003, which governs compulsory detentions and community treatment orders. There would be significant risk to the organisation if MHOs were unavailable for emergency detentions, with the Mental Welfare Commission previously raising concerns around the lack of involvement and new processes being implemented across NHS GGC to ensure that medical staff contact MHOs timeously, with an agreed timeframe to respond. The AWI work and MHO functions are crucial to our ability to manage discharges from acute hospital, and reduced capacity to assess people would result in an increase in delayed discharges.
- 7.8 The Scottish Government has offered temporary funding in 2024/25 of £0.234m to support MHO capacity. It is proposed to carry forward this funding to offer a temporary funding solution in 2025/26. In addition, it is estimated that an underspend in Enhanced Mental Health Outcome funding can be used to non-recurringly to bridge the remaining gap of £0.178m. If agreed this will support these posts for 2025-26 to enable an alternative funding source to be identified.
- 7.9 The full year impact of the acceleration of Home Office decision making is estimated to be £45.3m. Glasgow City Council has confirmed the Council's commitment to underpin the continuing pressure in relation to asylum and that funding plans are in place based on current forecasts. This budget assumes that full funding will be put in place to meet these costs by Glasgow City Council.

### **Funding Gap**

- 7.10 The funding gap is £42.483m excluding the impact of accelerated home office decisions. The IJB has a statutory responsibility to deliver a balanced budget each year. Similar to last year a hybrid approach to the IJBs financial strategy has been required to be adopted to deliver financial balance. This will include:

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- Savings proposals identified within this report for approval.
- Pressures which will require to be managed within existing budgets.
- Proposals to use the budget smoothing strategy to increase general reserves.
- Use of general reserves to fund shortfall in national insurance funding until final funding offer in relation to national insurance can be confirmed.

7.11 As part of the 2024-25 Budget the IJB agreed savings which would generate part year savings in 2024-25 with a balance of £1.737m programmed for delivery in 2025-26. In addition, on 27<sup>th</sup> November 2024 the IJB agreed £3.428m of savings as part of recovery planning to secure some early delivery in 2024-25. Approved savings to date total £5.165m, leaving a balance of £37.318m required to be considered in this report.

### **Savings Proposed**

7.12 The table below highlights £37.318m of savings and other measures which have been developed so far as part of this strategy.

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<b>Savings Proposals - Efficiency and Income Maximisation</b>	<b>25-26 Total £millions</b>	<b>26-27 Total £millions</b>	<b>25/26 Council FTE</b>	<b>25/26 Health FTE</b>
Review of Linguistic Service - Result of New Tender	0.112		0.0	0.0
Increase Charges to Service Users by 5% 25/26	0.080		0.0	0.0
Income Maximisation	0.093		0.0	0.0
Increase to Equipu Management Fee	0.004		0.0	0.0
HR Training Income Generation	0.040		0.0	0.0
Support Services: Budget Realignment Following Review of Budget and Establishment and Staff Turnover Application	0.292		0.0	0.0
Realigning Future Care Planning Work	0.056		0.0	1.3
Continance Products Spend	0.200		0.0	0.0
Maximisation of Funding Sources Available for Treatment Rooms and Pharmacy Staff	0.370		0.0	0.0
Review of Commissioned Services Teams	0.085		1.0	0.0
Prescribing Efficiency Programme (including full year impact of 24-25)	4.592		0.0	0.0
Maximisation on Income from Third Party Organisations	0.100		0.0	0.0
<b>Total Savings Proposals - Efficiency and Income Maximisation</b>	<b>6.024</b>	<b>0.000</b>	<b>1.0</b>	<b>1.3</b>

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	25-26 Total £millions	26-27 Total £millions	25/26 Council FTE	25/26 Health FTE
<b>Savings Proposals - Service Reform and Innovation</b>				
Review of Support to Carer and Integration of Carers Service within Localities	0.604		8.0	4.8
<b>Total Savings Proposals - Service Reform and Innovation</b>	<b>0.604</b>	<b>0.000</b>	<b>8.0</b>	<b>4.8</b>
	25-26 Total £millions	26-27 Total £millions	25/26 Council FTE	25/26 Health FTE
<b>Savings Proposals - Service Prioritisation and Reduction</b>				
Review of Commissioned Services In Adult Mental Health Services	0.175		0.0	0.0
Review of Commissioned Services in Alcohol and Drug Recovery Services	0.400	0.200	0.0	0.0
Reduction in Complex Needs Service	0.200		0.0	2.2
Termination of Test of Change of Scottish Ambulance Service Triage Car Operation in Mental Health Assessment Unit	0.165		0.0	3.0
Review of Psychotherapy Service	0.500		0.0	7.6
Reduction in Trauma Service, Aligned to Review Outcomes	0.200		0.0	5.0
Reduction in Primary Care Mental Health Service	0.600		0.0	7.5
Reduction in Mental Health Employability Commissioned Services	0.221		0.0	0.0
Consolidation of Crisis and Outreach Services	0.200		0.0	3.0
Reduction in Alcohol and Drug Partnership Programmes	0.200		0.0	0.0

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	<b>25-26 Total £millions</b>	<b>26-27 Total £millions</b>	<b>25/26 Council FTE</b>	<b>25/26 Health FTE</b>
<b>Savings Proposals - Service Prioritisation and Reduction</b>				
Removal of Counselling Service current sitting within Sandyford Sexual Health Service	0.200		0.0	5.0
Removal of Vacant Posts in Learning Disability	0.159		0.0	3.0
Maximising Independence/Access to Social Care - Reduction to SDS/Purchased Services Budgets	1.791		0.0	0.0
Cessation of Funding of Care and Repair Service	0.088	0.030	0.0	0.0
Closure of Dementia Resource Centre	0.038		0.0	0.0
Removing the provision of a Supported Living Service within Glasgow HSCP Care at Home Services	2.823		60.0	0.0
Cease funding of Independent Sector Lead Funding - Scottish Care	0.031	0.010	0.0	0.0
Reduction in Aids and Adaptation Equipment Spend	0.354		0.0	0.0
Older People Community Mental Health Team - Removal of Vacant OT Post	0.055		0.0	1.0
Reduction to non-pay budgets	0.688		0.0	0.0
Older People Mental Health - Removal of Vacant Psychology Post	0.044		0.0	0.5
Cessation of Wellbeing for Longer Fund	0.487	0.163	0.0	0.0
Home First Response Service	0.033		0.0	1.0
Cessation of Huntington's Service	0.046	0.046	0.0	0.0
Reduction in Post Diagnostic Support Link Workers	0.137		0.0	0.0
Removal of Practice Development Nursing Post	0.044		0.0	0.8
Review of Commissioned Services in Homelessness	1.000		0.0	0.0
Cease Financial Advice Patient Referral Service	0.190		0.0	0.0
Reduction in GP Engagement Budgets	0.016		0.0	0.0
Review of Health Improvement Services	1.057		0.0	13.4

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	25-26 Total £millions	26-27 Total £millions	25/26 Council FTE	25/26 Health FTE
<b>Savings Proposals - Service Prioritisation and Reduction</b>				
Review of Support Services	0.330		3.9	0.6
Reduction in Health Visiting Service	0.530		0.0	7.8
Review of Central Parenting Team	0.388		0.0	7.8
<b>Total Savings Proposals - Service Prioritisation and Reduction</b>	<b>13.390</b>	<b>0.449</b>	<b>63.9</b>	<b>69.2</b>
<b>Other Measures</b>				
All Health Services - Non-Recurring Turnover Savings to be Delivered Through Vacancy Management Processes	11.000		0.0	0.0
New Additional 2.3% Turnover Savings for Council (6.8%)	3.500		0.0	0.0
Use of General Reserves	2.800		0.0	0.0
<b>Total Other Measures</b>	<b>17.300</b>	<b>0.000</b>	<b>0.0</b>	<b>0.0</b>
<b>Total NEW Savings Proposals Including Use of General Reserves</b>	<b>37.318</b>	<b>0.449</b>	<b>72.9</b>	<b>75.2</b>

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- 7.13 Appendix 5 provides high level details of these savings proposals for reference. EQIA assessments are included at the link below:  
<https://glasgowcity.hscp.scot/equalities-impact-assessments>
- 7.14 In line with governance structures the Integration Transformation Board (ITB) will continue to oversee the development, implementation and financial scrutiny of transformation programs across the HSCP including the savings programs outlined above. This meeting is chaired by the Chief Finance Officer and comprises the Chief Officer, Assistant Chief Officers and other staff as required and relevant to the programs being developed / implemented including the relevant chair of program boards which are in place to oversee major programs of transformation. Updates on delivery of programs are included in each budget monitoring report presented to IJB and IJB Finance, Audit and Scrutiny. In addition to the savings outlined above the current workplan also includes the following areas of work:
- a review of day care services in learning disability and older people services
  - a review of business administration
  - a review of the staffing model for residential services in children and families and older people
  - monitoring actions in mental health inpatient services in relation to spending pressures
  - delivery of the MH Strategy
- 7.15 The savings proposals outlined in section 7.12 include a proposal to increase non-residential services to reflect the increased cost of delivery. Most charges will see a 5% uplift other than Hot Meals at 13% to reflect increased food costs. There are no increases to aids and adaptations or blue badge administration. Charges for the transition from analogue to digital telecare have also been reviewed with the differential between the anticipated costs and actual costs not being as high as originally anticipated. It is proposed to hold the existing Community Alarm unit cost at the same level for everyone transitioning to digital telecare for 2025/26 at £4.15. This unit cost will be reviewed for 2026/27 to ensure future cost recovery. These changes will require a change to the Council's charging policy. The IJB does not have the legal powers to introduce or change charges. This legal power lies with the Council. If approved by the IJB, Glasgow City Council will require to be directed to revise their charging policy to secure the additional income which these savings will generate.
- 7.16 The savings above will result in a reduction of 72.9 FTE across a range of council services, which is a reduction of 1.2%. A range of options will be used to minimise the impact on employees including the non-filling of vacancies, the use of natural attrition and redeployment of staff where appropriate. Where delivery cannot be delivered through these options, voluntary redundancies/early retirements may be required, and these will be considered on a case-by-case basis.

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- 7.17 The savings above will result in a reduction of 75.2 FTE across a range of health services, which is a reduction of 1.6%. A range of options will be used to minimise the impact on employees including the non-filling of vacancies, the use of natural attrition and redeployment of staff where appropriate. The NHS does not have a voluntary redundancy/early retirement scheme and therefore is not an option unless something is developed nationally. It is recognised that time will be required to work through options with employees and where required additional turnover savings will be taken to manage within the overall budget set.

### Summary of Proposed Budget

- 7.18 The above proposals deliver a balanced budget for the IJB, and this is summarised below:

Summary Proposed Strategy	£millions
Funding Gap	42.483
Savings Previously Approved by the IJB	-5.165
Savings Proposed Within This Report	-34.518
Use of General Reserves	-2.800
<b>Balanced Budget</b>	<b>0.000</b>

## 8. Reserves and Risks to be Managed

- 8.1 On 31<sup>st</sup> March 2024 the IJB had a General Reserve of £8.4m. The budget strategy for 2025-26 includes the use of £2.8m to offer a non-recurring funding solution for the shortfall in the national insurance funding for Council services. This leaves a revised balance of £5.6m.
- 8.2 If the IJB achieves full recovery in 2024-25 and closes with a break-even position, this will release £9.3m into reserves because of the budget smoothing strategy for superannuation. This will not crystallise until the accounts are prepared in June and audited in September but could result in a revised general reserve of £14.9m (1%).
- 8.3 The budget smoothing strategy proposed for superannuation will deliver a further planned underspend in 2025-26 of £8.250m. It is proposed as part of this budget smoothing that this is taken to General Reserves in 2025-26. If this crystallises at the end of the financial year and there is no requirement to access reserves during 2025-26, this has the potential to increase general reserves to £23.1m at the end of 2025-26. This would represent 1.5% compared to the targeted 2% for General Reserves.
- 8.4 Holding General Reserves significantly below the 2% target level represents a significant risk to the IJB with concerns already being expressed by external audit. Reserves is a key component of the IJB's funding strategy. General Reserves are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies. It is also important

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for the long-term financial stability and the sustainability of the IJB that sufficient General Reserves are held in reserve to manage unanticipated pressures from year to year.

- 8.5 When setting the budget for 2025-26 the IJB recognises that there are a number of risks which may require access to general reserves to mitigate against these during 2025-26. These include:
- The 2025/26 budget includes a savings programme of £40m for delivery. This will be challenging to delivery fully in one year and may require reserves to smooth implementation. A 10% non-delivery represents a risk of £4m.
  - It is estimated that £5.7m of savings will remain outstanding for delivery at the end of the financial year.
  - At this stage planning assumptions are that full funding from Scottish Government for the changes to national insurance rates and thresholds will be in place for Community Health Services. If funding is capped at 60% this will represent a shortfall of £2.3m.
  - At this stage there is no provision made for the cost of changes to national insurance rates and threshold for commission services. Scottish Government are still pursuing funding from the UK Government. Failure to secure this funding represents a risk of £8m to Glasgow City IJB.
  - Prescribing budgets remain volatile especially in relation to pricing. Every 1% pressure on this budget represents a risk to the IJB of £1.7m.
  - There has been no scope to fund demographic/demand pressures within this budget. Services will be asked to manage this within existing budgets. This risk is estimated at £5m.
  - Planning assumptions for pay awards have been made in line with the public sector pay policy. Every 1% above this assumption would represent a cost of £5.5m.
- 8.6 General Reserves at 1% are considered low, however given the cost pressures and the funding offered by Partners, there is no other option to increase these further as part of this funding strategy. However, it would be prudent to consider options to increase this and as is normal practice a full review of earmarked reserves will be undertaken as part of the outturn reporting to the IJB to determine if any can be re-allocated to General Reserves to increase the provision available to support the IJB over the medium term.
- 9. Statement from Chief Social Work Officer**
- 9.1 £17.4m of new savings have been identified in Social Work Services as part of this budget, of which £9.8m will be generated from efficiency measures, income generation, transformation programme and other measures. The balance of £7.6m will be delivered through service prioritisation and reduction.
- 9.2 It is the responsibility of the Chief Social Work Officer to ensure adherence to the Council's legislative requirements and professional standards, and I am confident that the ability to meet statutory responsibilities across all services has been prioritised within the budget. Robust governance arrangements are in

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place to ensure that social work services are delivered in compliance with legal standards, policies and procedures; and identify, assess and manage risk.

- 9.3 Whilst savings will impact on the capacity to meet new demand for Social Work Services and individuals may wait longer for some services, allocation of resources will continue to focus on meeting the needs of our most vulnerable populations across children, adult and older people's services. This will be delivered through transformational programs, assessments and care packages that are proportionate and flexible, and by optimising integrated and partnership working.
- 9.4 The IJB continue to invest in a range of prevention and early intervention services that support individuals, families and carers to reduce long-term costs and improve outcomes and ensure that statutory services deliver on their public protection and legislative responsibilities.
- 9.5 As Chief Social Work Officer, I believe that it is imperative to highlight that the risks associated with not approving a budget is significant and would result in an ability to prioritise those people with the highest level of need. The budget presented has involved a great deal of consideration to minimise and mitigate impact of reductions, as far as is possible, and a move away from this approach would undoubtedly lead to limited access to Social Work Services for new demand and an inability to meet statutory responsibilities across services, which would lead to increased and unmanaged risk in communities.

## 10. Implications of Not Setting a Balanced Budget

- 10.1 If the IJB does not approve a balanced budget this will require a recovery plan to be put in place immediately to ensure that the IJB remains in financial balance and does not enter into expenditure which cannot be met from the funding which is available. This would result in a freeze on all new expenditure until financial balance is secured and would impact on all services delegated to the IJB. This would impact on all expenditure including recruitment and approval of care packages. The recommendation of the Chief Officer and the Chief Finance Officer is the budget strategy which has been summarised at section 7.18.

## 11. Criminal Justice

- 11.1 The funding for Community Justice Authorities comes to IJB's from Scottish Government and continues to be ring-fenced solely for the provision of criminal justice social work services.
- 11.2 A letter was received from Scottish Government on 5<sup>th</sup> March 2025 which confirms an allocation of £24,533,503. Plans will now be developed to manage this service within the funding available.

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### 12 Recommendations

12.1 The Integration Joint Board is asked to:

- a) note the contents of this report;
- b) note the funding allocation from Glasgow City Council and the assurances provided in relation to the funding for the pressures in asylum;
- c) note the indicative funding allocation from NHS Greater Glasgow and Clyde, subject to confirmation when the out-turn for the 2024-25 financial year has been finalised including totality and distribution of pay awards and other funding have been determined;
- d) agree the balanced budget outlined in section 7 including the savings programme detailed in section 7.12;
- e) agree the transfer of the underspend of £8.250m to general reserves, subject to approval of the final outturn report in June 2026;
- f) refer the proposed increases to non-residential charges to the Glasgow City Council City Administration Committee for approval;
- g) delegate a budget to NHS Greater Glasgow and Clyde of £1,148,240,000 and direct that this budget is spent in line with the strategic plan of the IJB and the proposals included within this paper at section 7 and as amended per these recommendations;
- h) agree the carry forward of Scottish Government funding for Mental Health Officer Capacity and Enhanced Mental Health Outcome funding non-recurringly to support the retention of MHO Officers for 2025/26; and
- i) delegate a budget to Glasgow City Council of £594,853,900 and direct that this budget is spent in line with the strategic plan of the IJB and the proposals included within this paper at section 7 and as amended per these recommendations.

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## Direction from the Glasgow City Integration Joint Board

1	<b>Reference number</b>	190325-8
2	<b>Report Title</b>	Integration Joint Board Financial Allocations and Budgets for 2025-26
3	<b>Date direction issued by Integration Joint Board</b>	19 March 2025
4	<b>Date from which direction takes effect</b>	19 March 2025
5	<b>Direction to:</b>	Glasgow City Council and NHS Greater Glasgow and Clyde jointly
6	<b>Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)</b>	No
7	<b>Functions covered by direction</b>	Budget 2025-26
8	<b>Full text of direction</b>	<p>Glasgow City Council is directed to spend the delegated net budget of £594,853,900 in line with the Strategic Plan and the budget outlined within this report. This includes the proposal to increase non-residential services to reflect the increased cost of delivery as outlined in section 7.</p> <p>NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £1,148,240,000 in line with the Strategic Plan and the budget outlined within this report.</p>
9	<b>Budget allocated by Integration Joint Board to carry out direction</b>	The budget delegated to NHS Greater Glasgow and Clyde is £1,148,240,000 and Glasgow City Council is £594,853,900 as per the report.
10	<b>Performance monitoring arrangements</b>	The budget will be monitored through standard budget monitoring arrangements.
11	<b>Date direction will be reviewed</b>	1 April 2026

Cabinet Secretary for Finance and Local Government  
Shona Robison MSP



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Councillor Steven Heddle  
The Leaders and Chief Executives of all Scottish  
local authorities

4 December 2024

## LOCAL GOVERNMENT SETTLEMENT 2025-26

Today I formally set out the Scottish Government's proposed Budget for 2025-26 to the Scottish Parliament. Further to my budget statement, here are the details of the Local Government Finance Settlement for 2025-26. As previously agreed by the Settlement and Distribution Group, council by council allocations will follow on 12 December 2024 following the publication of the Summary Statistics for Schools in Scotland 2024.

The Budget builds upon the investments we have already made as a Government and ensures we focus resources on the four priorities set out in the Programme for Government:

- eradicating child poverty
- growing our economy
- tackling the climate emergency
- improving public services

The First Minister committed, in line with the Verity House Agreement, at the COSLA Conference that there would be substantive engagement between the Scottish Government and Local Government prior to the setting of the Budget. I have welcomed the open and transparent dialogue which has taken place.

Over recent weeks the First Minister has led negotiations with COSLA and Group Leaders to resolve key issues on education and social care policies. The Budget I have set out today is designed to support the way forward which has emerged from that dialogue, much of which you will recognise and agree with.

On the basis of the funding envelope and broader package set out below, I invite you to agree at your meeting on 6 December to the approach set out on education and social care in Annex A.

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As a result of the political engagement, and especially the intense engagement among officials and officers, we all now have a better shared understanding of the fiscal environment facing both spheres of government in Scotland and I very much welcome that.

That better understanding includes the open book analysis of the UK Budget which confirmed that the increased funding announced at the Autumn Budget, whilst welcome, was largely in line with internal planning assumptions. Consequently, the 2025-26 block grant only represents an increase in resource of around 1% in real terms against our 2024-25 allocation.

The Settlement I outline today does not make provision for the UK Government's increases to employer National Insurance Contributions. I remain committed to working constructively with COSLA to ensure that the UK Government provide the funding necessary to support public services in Scotland. There have been communications that indicate we will receive a further £300 million from the UK Government to support the impact of its decision to raise employer National Insurance Contributions on the public sector. However, it is clear that the impact on Scotland's public sector, including local government, as well as commissioned services and third sector organisations which provide statutory services, could be well in excess of £700 million. When the final additional amount is confirmed, I will respond in a way which is fair to all of our valued and proportionally larger public sector in Scotland.

However, I do think we should all continue to press the UK Treasury for additional funding so that the increase in these contributions is fully reimbursed for us all. I would very much welcome a joint initiative, working constructively with COSLA to ensure that the UK Government provide the funding necessary to support public services in Scotland.

Despite the ongoing challenges of fiscal constraint, I am pleased to set out a strong and fair settlement for Local Government.

The total funding which the Scottish Government will make available to Local Government in 2025-26 through the Settlement will be over £15 billion, including additional funding which has been baselined for the recurring costs of 2024-25 pay deals and teacher employer pensions contributions.

That amounts to an increase on last year's Settlement of £1,008 million, including significant real terms increases in both revenue and capital funding.

The Settlement includes:

- providing real terms protection of the General Revenue Grant through an additional £289 million to support local priorities;
- honouring the commitments made as part of the 2024-25 Scottish Joint Council (SJC) and teachers (SNCT) pay deals by baselining an additional £77.5 million and £43 million of resource respectively, alongside reinstating the £26 million of capital funding for flood risk management schemes and the £5 million capital for nature restoration funding which were redeployed in year to support those deals;
- baselining £86.2 million in lieu of higher employers pension contributions for teachers;
- an additional £125 million and £25.7 million to fund the Real Living Wage uplift for commissioned services across adult social care and early learning and childcare respectively;
- £10 million to support an inflationary uplift in free personal nursing care;

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- directly responding to recent engagement on our shared priorities around education by making available a further £41 million of resource to reflect the costs of maintaining teacher numbers at 2023 levels with an additional £28 million to be made available to enhance additional support for learning services, providing a total of £43 million of dedicated funding for ASL alongside councils' own investment;
- maintaining £4 million of support for our island communities to reflect the higher costs of delivering services in island communities in lieu of the conclusion of the ongoing review of the Special Islands Needs Allowance;
- enhanced revenue support for ferry services operated by councils, now totalling £50.3 million, including funding to support the under-22s inter-island fares programme. We will also provide £20 million one-off capital funding for Orkney Islands Council and Shetland Islands Council to enable them to sustain and improve inter-island connectivity;
- an additional £108.1 million of General Capital Grant beyond 2023-24 levels, equating to a 14.2% real terms increase, as well as reinstating £31 million that was used to support the 2024-25 pay deal;
- an additional £10 million, for a total of £25 million, of funding for play parks to ensure all children have access to quality play in their own community; and
- responding to the clear ambition from COSLA and supporting councils to play their part in tackling the climate emergency, by making available £40 million of one-off capital to support local priorities, and an additional £11 million of capital funding including support for flood risk management and coastal change adaptation. Officials will explore how best to ensure the legacy impacts of this investment are clearly evidenced and understood in communities across the country.

Due to presentational changes in the budget document, the local government budget appears to fall due to the increases applied in the 2024-25 Autumn Budget Revision (ABR) – the equivalent changes for 2025-26 will not come into effect until the 2025-26 ABR.

Table 4.12 in the Budget document sets out clearly that once the 2025-26 budget revisions are processed, the overall Local Government Settlement will have increased by over £1 billion since the 2024-25 Budget was published – in addition to the baselined funding to support the council tax freeze.

While we should, and do, account for the £62.7 million reinstatement to support the Council Tax Freeze, 2024-25 pay deals and teacher pension employer contributions, the Settlement still increases by over £707.7 million – equivalent to a 5.0% increase in cash terms and 2.6% in real terms – and significantly exceeds the notional £392.7 million budget gap estimated by the Accounts Commission.

The resource settlement (excluding pay, teacher pension employer contributions and the £62.7 General Revenue Grant reinstatement) increases by £599.6 million or 4.5% in cash terms and 2.0% in real terms.

The capital settlement increases by £108.1 million or 16.9% in cash terms and 14.2% in real terms relative to the 2024-25 settlement, plus the £31 million reinstated to reflect the reprofiling necessary to secure the 2024-25 SJC pay deal resulting in a total increase of £139.1 million.

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This enhanced envelope, with a £707.7 million net increase in the Settlement, is intended to enable councils to deliver the key services and outcomes upon which our communities rely; support the implementation of the Scottish Local Authorities Remuneration Committee recommendations; and to minimise any proposed increases in Council Tax, given the ongoing cost of living pressures affecting people in our communities.

The Budget baselines a further £244.5 million of resource and, as outlined above, includes a further £125 million of funding for the real living wage and £10 million to support an inflationary uplift in free personal nursing care as General Revenue Grant in 2025-26, rather than being added as an in-year transfer as has been the case in previous years.

I consider that we have achieved real progress in implementing the principles of the Verity House Agreement. However, I hope we will continue to work to further simplify and consolidate the Settlement, while continuing to recognise the need for a robust accountability and assurance framework.

In the interim, the additional funding allocated as General Revenue Grant for Integration Authorities, in support of the real living wage uplift in commissioned services and for Free Personal and Nursing Care should continue to be additional and not substitutional to each Council's 2024-25 recurring budgets for delegated adult social care services.

We have also made good progress in exploring additional ways to raise revenue locally and to provide new sources of funding. Local authorities now have the power to introduce a visitor levy and we will soon be formally consulting on a potential cruise ship levy. We commit to continue exploring opportunities for local empowerment, including through our Joint Working Group on Sources of Local Government Funding.

I have welcomed the UK Government's intent to publish a Spending Review in the Spring – although I am sure you share my concerns at media reports that this might be put back to June 2025. Our 2025 Medium Term Financial Strategy will be accompanied by a five-year fiscal sustainability delivery plan which will outline the specific actions being undertaken to deliver sustainable finances. That delivery plan will support a future Scottish Government spending review which will ideally allow for better multi-year planning and funding.

In my view the Fiscal Framework represents a journey not a destination and it is important that we recognise the progress we have made in developing and implementing that Framework to date. On that basis I propose that we mark that progress by publishing an update alongside the Local Government Settlement, formally setting out the draft provisions which have been developed, and which have been put into practice over the last year.

I consider it important for us to commit to, and to act on the commitment, to explore new ways of working for local government in Scotland. To that end, I can advise that I wish to continue to explore the concept of a Local Authority General Power of Competence and intend to launch a consultation on that in January 2025, but I would note that we will need to be cognisant of the risks resulting from equivalent powers in England.

I also want to welcome the ongoing work through the Housing Investment Taskforce to identify actions to unlock existing and new commitments to investment in housing. This is a shared priority for both spheres of government and in parallel I have requested Scottish Government officials explore other potential avenues to provide funding flexibility, including

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the joint work to consider the statutory accounting arrangements for the Housing Revenue Account in relation to the General Fund.

Ministers are under no illusions about the challenging fiscal environment we face across all of our public services, but we have sought to design a budget which delivers progress for Scotland, by Scotland. We have listened carefully to the people of Scotland, including council leaders, and our budget seeks to deliver on those priorities and on the issues people care about most. It also seeks to lay the foundations for Scotland's future success, putting in place the investment that will help deliver the public services people need and deserve. Local Government is key to these aims and the Settlement reflects that.

In terms of Local Government, the Budget delivers real terms protection in General Revenue Grant with councils having full discretion on how that funding is allocated alongside a further £310.6 million of resource for shared priorities. It reinstates £37.1 million of capital, following a hugely challenging allocation from the UK Government last year, and offers an additional £11 million General Capital Grant and £40 million of capital to respond directly to the climate emergency.

This Settlement also provides full discretion over decisions on council tax, with no freeze and no cap. However, it is intended to enable local authorities to deliver the key services and outcomes upon which our communities rely. I therefore hope this will enable councils to minimise any proposed increases in the council tax, given the ongoing cost of living pressures affecting people in our communities right across Scotland.

All of these decisions respond directly to the key asks emerging from our meaningful engagement with COSLA over the course of the year. Should COSLA agree to the proposals set out in Annex A, the Budget will signify a marked change in our joint aspirations to ensure the sustainability of local services.

I hope this aspiration is shared and I look forward to continuing to work with COSLA in the year ahead to deliver our shared priorities.

Yours sincerely,

**SHONA ROBISON**

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## **Education**

Local Government and the Scottish Government jointly commit to delivering improved outcomes for children and young people, acknowledging the critical importance of delivering excellence and equity in education. Local Government and the Scottish Government recognise the impact of the pandemic on learning, particularly in terms of school attendance, relationships and behaviour in schools, rising additional support needs and the poverty-related attainment gap. Local Government and the Scottish Government acknowledge that the responsibility for driving implementation of GIRFEC, and improvement of ELC and school education as set out in the National Improvement Framework, is a shared statutory responsibility, and requires a range of professional groups to achieve.

Recognising financial constraints and the increasing costs of service delivery have resulted in pressures in 2024-25 and which will continue for future years, as set out in previous correspondence from COSLA, this agreement is intended to agree a focus for delivery in the area of education, and the investment required to deliver that.

To realise this we will establish a joint Education Assurance Board. The Board will drive activity to achieve our shared objectives to improve attainment, attendance and improve relationships and behaviour. The Board will aim to provide assurance that jointly, Local Government and Scottish Government are supporting improvement, and will draw on a range of data and evidence including independent scrutiny bodies such as HM Inspector of Education.

In the next year we need to create stability to create the space for meaningful dialogue and exploration of the evidence about improving outcomes in the long term, particularly mindful of the challenges faced by our schools post pandemic and as a result of the cost of living crisis. This will mean reaching agreement for 2025-26 to maintain teacher numbers, with appropriate funding in place, to freeze learning hours, and invest in improving the additional support for learning provided across the country.

Recognising the importance of the teaching workforce to achieving improved outcomes in education, local authorities will commit to maintaining or restoring teacher numbers to the 2023 baseline in 2025-26. Acknowledging that the funding provided since 2021 for this purpose no longer has the same purchasing power, the budget uprates the value of this funding to £186.5 million from 2025-26. This funding aims to ensure that teacher numbers, set out in the publication *Summary statistics for schools in Scotland 2023*, published on 12 December 2023, being met or exceeded for each council, in the teacher numbers census of September 2025, due for publication in December 2025, noting that there may be exceptional circumstances outwith a council's control which need to be able to taken into account.

Local Government agree that learning hours will not be reduced in the 2025-26 academic year. Longer term, we will work together on proposals to establish a statutory minimum number of learning hours, to understand the definition of a "learning hour" and the impact of this ambition on local authorities currently providing a lower number of learning hours and timelines for implementation.

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Scottish Government and Local Government recognise the importance of teachers having more time to prepare for lessons, raise standards and undertake professional development as part of wider education reform ambitions and acknowledge calls to reduce teacher workload. We agree to develop a meaningful offer for the Scottish Negotiating Committee for Teachers to consider, of a phased reduction in class contact time, within the scope of 2023 levels of teacher numbers, beginning in the 2025-2026 school year.

The Scottish Government will provide additional funding of £28 million from 2025-2026 to develop the Additional Support for Learning (ASL) education workforce along with an enhanced offer in support, spanning all stages of the curriculum from the early years to the end of secondary. The Scottish Government and Local Government will work together to develop a suite of interventions, including additional ASN teachers, other specialist provision and professionals. This will involve engagement with ADES, building on good practice broadly and upon lessons learned regarding enhancing ASL from use of PEF.

There will also be the opportunity to align this with the provision of holistic whole family support. The Scottish Government will progress our commitment to collaboration across the whole family system, working with and through Local Government and other partners to deliver joined up services, with improved outcomes and a simplified funding approach. Existing examples which enhance whole family support through schools, for instance via family link workers and income maximisation officers, and Whole Family Wellbeing Funding, can be built upon as part of this approach.

The Scottish Government and Local Government agree to undertake medium and long-term joint workforce planning to respond to issues including different local needs, recruitment challenges and teacher/subject shortages across Scotland and the trajectory on teacher education intakes, the impact of demographic change on the pupil-teacher ratio, as well as making the Teacher Induction Scheme work better for all parties.

## **Social Care**

Local Government and the Scottish Government agree on the necessity to deliver high quality care across the country to recognised high standards. Both parties are clear that this is a priority, and further action must be taken to drive further and deeper social care reform from the first quarter of 2025. This is underpinned by a firm recognition that both national and local leadership are fundamental to improving and transforming people's experience of care.

Both parties are committed to securing a route to enhanced national oversight of improvement and performance delivery, in order to facilitate the sharing of best local practice, providing support to local areas where required. Scrutiny of local performance should serve genuine purpose in seeking to improve outcomes for people, be proportionate, and should go hand-in-hand with scrutiny of Scotland's national health and care needs and resource requirement.

This must include whole system collaboration, reporting on national integrated health and social care programmes and building on shared experiences such as the creation of the Collaborative Response and Assurance Group and other shared national improvement activities.

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The inclusion of the voice of lived experience is crucial and must be central to our collective plans.

We must also draw more deeply on independent scrutiny and expertise, including from the Care Inspectorate.

Both parties are agreed that leadership and assurance over improvement arrangements and overseeing any support and intervention to systems is necessary to ensure improved outcomes for people.

We must also understand at a national, and local, level, the future of Scotland's health and care needs, including population trajectories and shift, demand for social care support, changing health inequalities, and the level of investment required to fund current and future need. This necessitates mutual, whole system transparency on the allocation and use of funding to deliver these priorities.

We must make rapid progress with whole system financial transparency and accountability to swiftly improve the availability of data to investigate impact, benchmark investment and to demonstrate the effectiveness of funding allocated across the Health and Social Care system. Part of this will be to understand the current level of investment made across health and social care alongside the projected need.

One area where this leadership, assurance and transparency could be demonstrated quickly would be further work to ensure that effective whole system health and social care arrangements are in place in every local partnership area and that these are adequately resourced to minimise the risk of Delayed Discharge in hospitals.

Further work is required to assess progress on the following areas:

- **Performance and Delivery:** Development and oversight of the implementation of a Support and Improvement Framework to ensure a focus on improvement, exposition of the challenges faced across integrated health and social care delivery, earlier support, with national tools required to provide greater system support to realise improved outcomes, and, where necessary, escalation.
- **Rights, Equalities and Participation:** embracing and enabling the participation, and choice and control, of people with lived experience and unpaid carers and the assessment of enablement of Rights.
- **Strategy, Standards and Quality:** commitment to ongoing development of strategy, implementation of standards and improving the quality of provision and broader outcomes. Exploring opportunities for consolidation of strategies and reporting asks for local systems.
- **Fair Work and Ethical commissioning:** progressing the delivery of Fair Work Ethical Commissioning and social services workforce development.
- **Culture, Governance and Finance:** leading the improvement of financial transparency, scrutiny of national and local resource provision for integrated health and

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social care, clarity of governance and accountability and improving integrated approaches.

- **National programmes:** creating deeper national oversight and support for specific priority areas which may include areas like delayed discharge, the Drugs Mission and Coming Home.

Discussions have been positive and both Scottish Government and Local Government are committed to securing an agreement on social care reform.

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## OFFICIAL

Director of Financial and Business Services  
Morag Johnston

Financial Services  
Glasgow City Council  
City Chambers  
George Square  
Glasgow G2 1DU

## Appendix 2

Telephone: 0141 287 3837  
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11th March 2025

[Pat.Togher2@glasgow.gov.uk](mailto:Pat.Togher2@glasgow.gov.uk)  
[Margaret.Hogg@glasgow.gov.uk](mailto:Margaret.Hogg@glasgow.gov.uk)

Dear Pat and Margaret

I write to confirm Glasgow City Council's commitment to the ongoing financial sustainability of the Glasgow City Integrated Joint Board.

Glasgow City Council approved its 2025-26 budget on the 20<sup>th</sup> February 2025 and the commitment to underpin this continuing pressure in relation to asylum was noted within the Budget Report. The forecast costs are beyond the estimated balance in the Budget Support Fund at the end of 2025-26 however the council recognises its responsibility to ensure the financial sustainability of the IJB and this may require the Council to draw on council reserves.

Therefore in light of the forecast increasing pressure, which is reflective of the number of people being accommodated in the City by the Home Office and demand coming from the wider UK, it is essential that we continue to take action to minimise the costs incurred and to access any available external funding to support these costs in order to minimise the impact on council reserves. It is also essential that there is regular monitoring and reporting of the costs during the year to allow joint review and agreement on actions.

I hope that this letter provides further comfort to your Board over the ongoing commitment of Glasgow City Council to ensure the financial stability of Glasgow City IJB.

As a result of the budget approved by Glasgow City Council on 20<sup>th</sup> February 2025 I can confirm that the Council's 2025-26 contribution to the Glasgow City IJB amounts to £594,853,900.

Yours sincerely

**Morag Johnston**  
Director of Financial and Business Services

## OFFICIAL



Directorate for Health and Social Care Finance  
Alan Gray, Director



E: [alan.gray2@gov.scot](mailto:alan.gray2@gov.scot)

04/12/2024

Chief Executives, NHS Scotland

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

***Issued via email***

4 December 2024

Dear Chief Executives

**Scottish Government Budget 2025-26**

Following the announcement of the Scottish Government's Budget for 2025-26 by the Cabinet Secretary for Finance and Local Government in Parliament today, I am writing to provide details of the indicative funding settlement for NHS Boards. A breakdown of the total is provided in **Annex A** to this letter.

This budget provides a platform for the health and social care system to focus on reform and innovation. We must work as a whole system and across organisational boundaries to improve outcomes and deliver the best possible care within our available resources.

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

**Budget Uplift**

NHS Boards will receive a 3% uplift on baseline funding in 2025-26. This is to meet the expected costs of the 2025-26 pay deal in line with public sector pay policy with pay remaining fully funded and provides a 3% uplift for non-pay to support inflationary pressures. In addition to this, recurring funding has been included for 2024-25 pay deals as well as moving appropriate recurring funding into the baseline.

Funding of £55.6 million ensures no Board is further than 0.6% from NRAC parity.

£150 million of funding has been included to support continued implementation of the reforms committed to as part of the 2023-24 Agenda for Change pay deal. This will be issued on an NRAC basis and be recurring. This is less than the £200 million in 2024-25 however, costs remain uncertain moving into 2025-26. This will be kept under review as the year progresses and we have final confirmation of the timeline of moving to the 36-hour working week.

Further discussion will take place in due course on the impact of the changes to National Insurance.

The budget includes a commitment of additional funding to reduce waiting lists and to help support reduction of delayed discharge; as well as a commitment to renew our primary care enhancements, including new core funding to GMS to deliver enhanced frailty, cardiovascular disease and other essential services in General Practice, a critical dental workforce and training package and a community eye care programme to transfer patients from waiting lists. Further details of the allocation of funding will follow and will be linked to delivery plans and commitments to deliver key outcomes.

In 2025-26, NHS payments to Integration Authorities (IA) for delegated health functions must pass on an uplift of 3% over 2024-25 agreed recurring budgets.

## **2025-26 approach to brokerage**

The brokerage requirement of NHS Boards has been increasing sharply in recent years. This is unsustainable and is creating inequity in the system between those Boards who are operating within their statutory responsibility to break-even and those in receipt of brokerage.

Moving into 2025-26, brokerage will no longer be available, and all NHS Boards must work towards break-even. Historic outstanding brokerage balances will be re-paid when the NHS Board returns to financial balance. Further discussions will be held with each Board to review their three-year financial plans and to agree how we can work with you to achieve a position of financial balance. Should financial balance not be achieved this would be shown as an overspend in financial statements, leading to potential qualification of accounts and Section 22 report, as well as consideration of escalation status.

## **Three Year Financial Planning**

A joint letter from myself and the Chief Operating Officer was issued on 29 November setting out our expectation for Board Delivery Plans for 2025-26 and development of robust three-year financial plans. Updated planning assumptions will be shared with colleagues following this budget announcement. In developing savings plans, Boards should continue to undertake the appropriate impact assessments prior to implementation.

In the three-year plans we expect to see clear evidence of proposed service redesign and a stepped change in more joined up, whole system working.

## **Financial Savings**

There are a number of areas of work underway to support NHS Boards and collectively improve the financial position as set out below.

### 15 box grid

The 15 box grid approved by Board Chief Executive on 14 November 2023 sets out 15 areas of focus for Boards to progress. The areas included in this will be revised ahead of 2025-26. National and local data and benchmarking must be used to drive evidence-based decision making to facilitate the ongoing improvement in service design and delivery. There are various national programmes of work supporting implementation of improvement opportunities at a local level.

### Productivity

There will be a renewed focus on productivity and delivering more within the resources we already have. Improving productivity is vital to meet growing demand driven by an aging population, advancements in medical technology, and increasing public expectations, all within limited budgets. The steps Boards are taking to improve productivity should be set out clearly within their Annual Delivery Plans.

Key opportunities to enhance NHS productivity include adopting digital technologies, streamlining care pathways, reducing waste, and fostering collaborative practices across the whole system.

### Value Based Health and Care

Linked to the 15 box grid work we must focus on ensuring that expenditure which is incurred delivers the best value for the investment made and drives improvement in outcomes. Value Based Health and Care (VBHC) emphasises the quality and effectiveness of care. By aligning incentives with measurable outcomes, this approach encourages delivery of more efficient and personalised treatments, reduce unnecessary interventions, and enhancing patient satisfaction. Key components include the use of data analytics to track outcomes, collaboration across the whole system, and a focus on preventive care. VBHC aims to create a sustainable health and care system that delivers high-value care while reducing financial burdens on patients and systems alike. We expect that VBHC will become more prominent in Board plans as a key contribution towards optimising best use of our resources. The Value Based Health and Care Action Plan published in October 2023 sets out specific actions.

## Reform and Medium Term Financial Framework

This budget provides the opportunity to signal a clear intent to progress reform within health and social care. Now is the time to drive forward our vision of a Scotland where people live longer, healthier and more fulfilling lives. This will be reflected in a programme of reform focused on prevention and early intervention, maximising access and improving population health.

The newly formed Scottish Government Reform Executive and NHS Scotland Executive Forum will provide the leadership to deliver long-term planning for fundamental reform and our focus on the use of digital technology and innovation to drive improvements in efficiency and prevent ill-health. During 2025-26, we intend to publish a revised Medium-Term Financial Framework.

## Policy Funding

In addition to the baseline uplift, funding aligned to policy commitments will be allocated to Boards in 2025-26. It is our intention to provide early indication of allocations and to align this to the planning guidance that will be issued in relation to Annual Delivery Plans, setting out the priorities for health and social care in the coming year. We remain committed to reducing the number of in year allocations and ensuring early notice is given on the value of in-year allocations. We are committing to putting out 80% of allocations in the first quarter.

## Health and Social Care Integration

The Health and Social Care Portfolio will transfer additional funding of £140 million to Local Government to support social care and integration for 2025-26, which recognises the recurring commitment to provide the Real Living Wage to adult social care workers in the third and private sectors of £12.60 per hour (£125 million) and inflationary uplift on Free Personal Nursing Care rates (£10 million). Funding from prior year for Real Living Wage (£230 million) and inflationary uplift on FPNC rates (£11.5 million) will also be transferred. We have also prioritised £5.0 million to support the commitment to provide additional voluntary sector short breaks funding for unpaid carers.

The funding allocated to IAs should be additional and not substitutional to each Council's 2024-25 recurring budgets for services delegated to IAs and therefore, Local Authority social care budgets for allocation to IAs must be at least £140 million greater than 2024-25 recurring budgets.

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

## Capital

Boards' formula capital will increase by 5% and all contractual commitments relating to our construction programme, IFRS 16 leases and end of contract PFI termination payments will be funded. Following receipt of Board Business Continuity Plans (BCPs) as required by [DL \(2024\) 02](#), we will undertake a further review of capital requirements and whether further allocation of funding can be made available. The health capital programme will be restarted in line with Whole System Infrastructure Planning, with Board's required to progress to the level Programme Initial Agreements setting out a deliverable, whole-system service and infrastructure change plan for the next 20-30 years. Further guidance in relation to the development of Programme Initial Agreements will be issued in the new year and will be the next stage of implementing in full the requirements of [DL \(2024\) 02](#).

Funding will be allocated to support the further development of the business cases for Monklands Replacement Hospital, Edinburgh Eye Pavilion and Belford Hospital.

## Summary

We have a collective duty and responsibility to ensure that the funding we have been allocated is used effectively and delivers on our key priorities. This must include a stepped change in service redesign and a whole system view of how we can maximise outcomes.

I thank you again for your support to date and your continued engagement moving into the next financial year.  
Yours sincerely,

**Alan Gray**  
Director of Health and Social Finance

## Annex A – Board Funding Uplifts

	2024/25 Allocation	Recurring Allocations*	Updated Allocation	Uplift**	2025/26 Total Allocation	NRAC Funding	Distance from NRAC Parity
	£m		£m	£m	£m	£m	%
<b>NHS Territorial Boards</b>							
Ayrshire and Arran	883.5	91.4	974.9	31.7	1,006.6	2.4	-0.6%
Borders	260.4	27.5	287.9	15.7	303.7	7.1	-0.6%
Dumfries and Galloway	364.7	48.3	413.0	12.4	425.4	0.0	0.9%
Fife	829.2	81.4	910.6	27.3	937.9	0.0	-0.4%
Forth Valley	658.9	65.9	724.8	27.0	751.7	5.2	-0.6%
Grampian	1,176.4	130.4	1,306.8	40.0	1,346.8	0.8	-0.6%
Greater Glasgow and Clyde	2,733.1	299.4	3,032.5	91.0	3,123.5	0.0	1.1%
Highland	807.1	93.2	900.3	39.8	940.2	12.8	-0.6%
Lanarkshire	1,489.0	147.7	1,636.7	76.3	1,713.0	27.2	-0.6%
Lothian	1,825.5	226.0	2,051.4	61.5	2,113.0	0.0	-0.5%
Orkney	63.6	9.1	72.7	2.2	74.9	0.0	3.1%
Shetland	62.4	10.2	72.6	2.2	74.8	0.0	2.1%
Tayside	951.2	111.2	1,062.4	31.9	1,094.3	0.0	-0.1%
Western Isles	92.9	10.8	103.7	3.1	106.8	0.0	12.8%
<b>Territorials Total</b>	<b>12,197.9</b>	<b>1,352.6</b>	<b>13,550.4</b>	<b>462.1</b>	<b>14,012.6</b>	<b>55.6</b>	
<b>NHS National Boards</b>							
National Waiting Times Centre	81.8	13.3	95.2	2.9	98.0		
Scottish Ambulance Service	349.2	75.2	424.4	12.7	437.2		
The State Hospital	44.5	3.1	47.6	1.4	49.0		
NHS 24	91.4	23.4	114.9	3.4	118.3		
NHS Education for Scotland	550.2	79.7	630.0	18.9	648.9		
NHS National Services Scotland	380.3	35.7	416.0	12.5	428.5		
Healthcare Improvement Scotland	33.8	2.7	36.5	1.1	37.6		
Public Health Scotland	57.5	8.3	65.8	2.0	67.8		
<b>Nationals Total</b>	<b>1,588.9</b>	<b>241.5</b>	<b>1,830.4</b>	<b>54.9</b>	<b>1,885.3</b>		
<b>Total NHS Boards</b>	<b>13,786.7</b>	<b>1,594.1</b>	<b>15,380.8</b>	<b>517.0</b>	<b>15,897.9</b>		

\* Includes recurring allocations from 2023-24

\*\* Includes NRAC parity adjustments.

**Greater Glasgow and Clyde NHS Board**

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Our Ref: FMcE

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Dear Pat

**2025/26 Indicative Financial Allocation to Glasgow Health and Social Care Partnership**

Further to initial informal discussions with Chief Officers and Chief Finance Officers, I am writing to you with an indicative budget proposal for 2025/26. An update to this letter formally confirming your final allocation for 2025/26 will be issued on behalf of the Board after the Board's financial plan has been approved at the April board meeting and when the Board's financial out-turn is confirmed along with further clarification on the totality and distribution of the pay awards and other funding allocations have been determined.

**Annual uplift to NHSGGC**

The Scottish Government's budget letter issued on 4<sup>th</sup> December 2024 states that "NHS Boards will receive a 3% uplift on baseline funding in 2025-26. This is to meet the expected costs of the 2025-26 pay deal in line with public sector pay policy with pay remaining fully funded and provides a 3% uplift for non-pay to support inflationary pressures. In addition to this, recurring funding has been included for 2024-25 pay deals as well as moving appropriate recurring funding into the baseline."

**The HSCP Settlement**

Baseline funding will be uplifted by the 3% as stated in the budget letter.

Additional funding with regards to the additional elements in relation to the 2023/24 pay award namely band 5-6 and the first 30 mins reduction in working week, is being provided. The impact of the band 5-6 evaluations is still unknown and when clarity has been provided on funding arrangements for these elements this will be communicated and allocated in due course.

Once the pay deal has been negotiated for 2025/26 and if additional funding is agreed this will be passed over to the HSCP if it is over and above the 3% that has already been included in the funding allocation.

An allocation has still to be provided for the 60% of the NI direct pay costs increase, once this allocation has been confirmed, the HSCP share will be included in the financial allocation for 2025/26.

The Board intends to pass over a recurring sustainability payment, this must be ringfenced and used to assist with the pressures arising due to only 60% of the National Insurance direct pay cost increase being funded by Scottish Government. These figures will be confirmed in due course.

An indicative allocation based on Month 9 figures is included in **Appendix 1**.

### **Set Aside Budget**

This is initially based on the estimated set aside budget for 2024/25 and will be revised when the Board's final out-turn is confirmed. This figure represents the estimated actual usage of in scope Acute services. This will continue to be a notional allocation.

### **Recharges to HSCPs**

The following items will continue to be charged to the HSCP during 2025/26:

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

Meetings will be arranged before the end of the financial year to allow us to formalise the funding and processes that are required for 2025/26. In the meantime, this letter enables the HSCP to produce its financial plans for 2025/26.

Yours sincerely

**Fiona McEwan**

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

## Appendix 1 – Financial Allocation 2025/26 (based on month 9 figures)

Spend Categories		Glasgow HSCP
		£000s
Family Health Services		254,614
Fhs Income		(8,263)
<b>Family Health Services Budget (Net)</b>		<b>246,351</b>
Prescribing & Drugs		155,771
Non Pay Supplies		16,190
Pay		286,488
Outstanding Uploads		227
Other Non Pay & Savings		181,135
Other Income		(27,768)
<b>Budget - HCH incl Prescribing</b>		<b>612,044</b>
<b>Total Rollover budget - NET</b>		<b>858,395</b>
<b>Budget Eligible for HCH &amp; Prescribing uplift</b>		<b>612,044</b>
<b><u>Uplifts</u></b>		
Scottish Government allocation 25.26	3.0%	<b>18,361</b>
Sustainability Funding tbc	0.0%	<b>0</b>
SG NI 60% funding tbc	0.0%	<b>0</b>
Total Uplift		<b>18,361</b>
<b>Revised Budget</b>		<b>876,756</b>
<b><u>Set Aside Budget</u></b>		
2024.25 Value (2023.24 final +5.5%)		271,484
<b>2025/26 Set Aside Value</b>		<b>271,484</b>

## Overview of Savings Proposals

Saving Proposal	Description	25/26 £millions	26/27 £millions
Review of Linguistic Service - Result of New Tender <i>(Efficiency and Income Maximisation)</i>	<p>Following a service review the IJB agreed to tender linguistic services. This original tender estimated a saving of £90,000 which has already been removed from the budget. This tender is now complete an additional saving of £112,000 has been generated.</p> <p>This service currently has a budget of £592,000. This saving secures a further 19% reduction in costs.</p>	0.112	
Increase Charges to Service Users by 5% 25/26 <i>(Efficiency and Income Maximisation)</i>	<p>Fees and charges should be subject to annual increases each year to reflect the inflationary increases which are experienced to the cost of delivering services which are subject to charges. It is proposed to increase charging by 5%. Costs of service delivery have been running at higher than inflation and to support cost recovery a 5% increase in charges is recommended.</p> <p>As is normal, these fees and charges will be subject to financial assessment, where this is relevant, and service users will be income maxed to mitigate the impact on service users.</p>	0.080	
Income Maximisation <i>(Efficiency and Income Maximisation)</i>	The HSCP is responsible for financial assessments and income recovery for the IJB. The team responsible for this continues to increase income recovery for service users and for the HSCP. This savings reflects the increase to income recoveries from	0.093	



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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	chargeable services which has been secured across all services for the HSCP.		
Increase to Equipu Management Fee <i>(Efficiency and Income Maximisation)</i>	<p>The Equipu Partnership is delivered by Glasgow City HSCP and is subject to the charge of management fee. This is subject to an annual increase to reflect the increases in costs associated with the management of the service due to payroll inflation.</p> <p>The annual income budget for this is £148,000 and this proposal represents a 3% increase to this income.</p>	0.004	
HR Training Income Generation <i>(Efficiency and Income Maximisation)</i>	<p>The HSCP has a training service which operates training for other Council services and external parties. This training is subject to charge and supports income generation for the team. This saving reflects the additional income which has been generated by the team.</p> <p>The annual income budget for this is £56,000 and this proposal represents a 72% increase to this income.</p>	0.040	
Support Services: Budget Realignment Following Review of Budget and Establishment and Staff Turnover Application <i>(Efficiency and Income Maximisation)</i>	<p>A full review of all Resources budgets has been undertaken and a budget realignment done to identify budget capacity available for release. In addition, the consistent application of turnover has also been applied to this budget.</p> <p>The annual budget is £12.165m and this represents a saving of 2.4%.</p>	0.292	

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
<p>Realigning Future Care Planning Work <i>(Efficiency and Income Maximisation)</i></p>	<p>Future Care Planning refers to a structured process where individuals with degenerative health conditions such as cancer, frailty, dementia or respiratory illness have future care plans mapped out by health and care professionals involved in their care; e.g. GPs, consultants, care home staff. These are live records uploaded to IT systems than be updated in real time.</p> <p>This activity has successfully become embedded with the wider health and care system to the extent that this saving can be taken without detriment.</p> <p>The 1.3 WTE staff will be redeployed.</p>	<p>0.056</p>	
<p>Continence products spend <i>(Efficiency and Income Maximisation)</i></p>	<p>Continence product contracts are procured at a national level by Scottish Government. The most recent contract saw significant cost inflation to HSCPs as the local consumers of those contracts. In response GHSCP as the host of the SPHERE (continence) service for the 6 HSCPs has undertaken an intensive review of where it can deliver efficiencies to offset inflationary factors beyond its control.</p> <p>Specifically that review has focused on ordering practices (over-ordering, automatic repeat ordering), care home stock piling, savings through batch ordering and utilising more cost effective products.</p> <p>The above saving equates to around 10% of the in-scope budget and results in no detriment to patients who continue to receive the support they require to meet their needs.</p>	<p>0.200</p>	

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
<p>Maximisation of Funding Sources Available for Treatment Rooms and Pharmacy Staff <i>(Efficiency and Income Maximisation)</i></p>	<p>This eliminates duplicate budgeting for the same services, principally in relation to treatment rooms and phlebotomy. Some crossover budget provision has been made for these services and by realigning costs across budgets it has provided an opportunity to enable a £250,000 reduction in the core budget. It has been possible to identify these savings without any reduction to service or staffing.</p> <p>We have budgets for prescribing support, management and pharmacotherapy. This will see the £120,000 of the funding for these programmes re-aligned to reflect the balance of work and will enable a reduction in the core budget.</p>	<p align="center">0.370</p>	
<p>Review of Commissioned Services Teams <i>(Income Maximisation and Efficiency)</i></p>	<p>A review and re-design of the Commissioning Section is being undertaken. The aim is to have a more flexible and responsive structure that balances being proactive with being reactive; and that staff have clearer role definitions. The proposed structure allows flexibility for resources to be deployed at critical periods or events; it will also help the HSCP to have a best-in-class commissioning section. A result of this re-design will be the reduction in staffing, allowing us to make a saving in the cost of the Section.</p> <p>The total recurring budget for commissioning is approximately £3.3m per year, therefore this saving would amount to 2.6%.</p>	<p align="center">0.085</p>	

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
<p>Prescribing Efficiency Programme (including full year impact of 24-25) <i>(Efficiency and Income Maximisation)</i></p>	<p>We continue to experience increased prescribing in line with a growing and aging population. Our prescribing teams work to mitigate some of this impact by delivering ongoing prescribing efficiencies. Targets have been identified for the following local programmes:</p> <ul style="list-style-type: none"> <li>• Polypharmacy, Scriptswitch and ad hoc savings</li> <li>• On-going 24/25 programmes with scope to optimise during 25/26 or where Full Year Effects will be seen.</li> <li>• New/Potential Programmes, such as</li> <li>• Further drug Switches to generics, cheaper brands and drugs which we know will come off patent, reducing care home waste.</li> <li>• We will explore the possibilities presented by the Scottish Government's recent guidance on medications of low and no clinical value, to identify potential cost savings.</li> </ul> <p>The annual budget is £150m and this represents a saving of 3.1%.</p>	<p align="center">4.592</p>	
<p>Maximisation on Income From Third Party Organisations <i>(Efficiency and Income Maximisation)</i></p>	<p>Under current arrangements income is recoverable from third party organisations who access services. This in the main relates to other Health Boards. Additional income is being recovered as a result of better recording of activity levels.</p>	<p align="center">0.100</p>	

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
<p>Review of Support to Carer and Integration of Carers Service within Localities <i>(Service Reform and Innovation)</i></p>	<p>Following a highly critical 2006 SWIA inspection report finding, carer support in the city has been on a journey of steady improvement that has seen the consistent delivery of KPIs, including carer satisfaction levels.</p> <p>The carers strategy has integrated health and council resources to achieve this progress, which has included the development of dedicated HSCP carers teams. This model was necessary to deliver the post-2006 improvement but the change in practice, culture and operational arrangements (e.g. Health and Social Care Connect) enables the HSCP to review the carer staffing structure with a view to mainstreaming carer support within the wider staff group and deliver financial efficiencies.</p> <p>These changes will eliminate duplicate activity and increase available capacity within the HSCP's locality carers teams.</p> <p>Changes to the social work assessment will mean carers will automatically have their needs assessed by default rather than rely on a referral to a specialist carers resource. This will result in more carers being assessed and having their support needs planned for.</p> <p>The proposed saving equates to 33% of the in-scope budget. This can be achieved as an efficiency without any negative impact on support to carers.</p>	<p>0.604</p>	

**OFFICIAL**

<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
<p>Review of Commissioned Services In Adult Mental Health Services <i>(Service Prioritisation and Reduction)</i></p>	<p>Services across commissioned services are currently being reviewed in line with the emergence of the Maximising Independence agenda to consider efficiencies and best models of care.</p> <p>This saving will be secured through a targeted review of Residential, Supported Living and Day Services. The commissioning budget in Mental Health for Residential Services, Supported Living and Day Services is £11.560m, this saving represents a reduction of 3% over two years.</p> <p>Services identified include:</p> <ol style="list-style-type: none"> <li>1. Decommissioning Turning Point Scotland Huntingdons Service, a care at home service providing support in the community. The service has limited uptake and all individuals receiving support will be assessed in relation to access to social care packages of care. The EQIA highlights that there is minimum impact on service users, mitigated by assessments of need that will provide access to social care support through Self-Directed Support.</li> <li>2. Deregistration of two Richmond Fellowship Supported Accommodation projects that are currently commissioned, and block funded by the HSCP. Service users' care packages will not be affected, and individuals will remain in their current accommodation, funded through</li> </ol>	<p align="center">0.175</p>	

**OFFICIAL**

<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	Housing Benefit, with support needs met through packages of care.		
<p>Review of Commissioned Services in Alcohol and Drug Recovery Services <i>(Service Prioritisation and Reduction)</i></p>	<p>ADRS currently commission services to meet the needs of people with alcohol and/or drug problems who require additional interventions and support in relation to harm reduction, treatment and care and/or recovery.</p> <p>These services include Residential Services – Stabilisation, Crisis, Abstinence, Move Ons and ARBD specialist units. Each of these services are currently subject to review, led by a Service Manager and Clinical Lead; and Community – Recovery Hubs, Recovery Communities, ARBD outreach, Glasgow Council on Alcohol, Family Support, Geezabreak, Abstinence, Advocacy, Employability and Advocacy, all of which are also currently subject to review.</p> <p>The total budget for all commissioned services is approximately £11.530million and the service reviews could aim to identify up to £200,000 (3.5% over 2 years) savings each year from the current budget allocation. This would likely be targeted mainly towards the ARBD services, and community support services. Duplications across services and opportunities to merge interventions will be considered as part of the reviews. Commissioning colleagues sit across each of the workstreams, and the Service Manager is integral to the ADRS senior management team, where regular</p>	0.400	0.200

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	<p>updates are provided, and cross cutting areas and impact can be discussed.</p> <p>All risks, including clinical risk, would be considered and worked through as part of the service reviews. Whilst the service that manage the highest level of risk of harm (Crisis and Stabilisation) would not be targeted as part of the savings, there may be opportunities to realign and combine services which may in turn achieve savings.</p>		
<p>Reduction in Complex Needs Service <i>(Service Prioritisation and Reduction)</i></p>	<p>The Complex Needs Service provides an assertive outreach model to individuals presenting with multiple and complex health and social care needs who experience difficulties in engaging with mainstream services, providing an interface between homelessness, alcohol and drug, justice and learning disability services. The team is multi-disciplinary and tailors' responses, interventions and care planning to individual need.</p> <p>A desktop review of activity and interventions is currently underway to support a review of the service. The proposed savings will remove vacant posts and target the posts that have most capacity or do not directly impact on patient care.</p> <p>It is unlikely that there will be a significant impact on the core services that the Complex Needs team interface with due to the numbers referred and accepted by individual service areas.</p>	<p align="center">0.200</p>	



**OFFICIAL**

<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	This savings target represents 12% of the Complex Needs Service net expenditure budget (£1.671m)		
Termination of test of Change of Scottish Ambulance Service Triage Car Operation in Mental Health Assessment Unit <i>(Service Prioritisation and Reduction)</i>	<p>There are two Mental Health Assessment Units (MHAU) operating on Leverndale and Stobhill in patient sites.</p> <p>In 2022, Glasgow HSCP agreed to fund a test of change model whereby 3 MHAU nursing staff were recruited to attend emergency calls relating to mental health alongside paramedic colleagues, to deliver assessment and/or treatment at home. The triage car model was introduced in line with the national Redesign of Urgent Care, and Scottish Government funded Scottish Ambulance Service (SAS) to implement the model , although no further funding was provided to HSCPs.</p> <p>The triage car test of change has been unsuccessful in delivery as it is not operating regularly, and nursing staff have been reluctant to attend emergency calls due to governance issues. Ongoing discussions are taking place with SAS in order to continue support in the absence of nursing staff attending calls, with paramedics based within the MHAUs</p> <p>There will be no impact on the MHAU operational delivery or pathways, and they will continue to respond timeously to referrals from Police Scotland, Emergency Departments, SAS, NHS24 and GPs. Patients will continue to be transported directly to the</p>	0.165	

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	<p>MHAU where a mental health assessment is required, to remove the need to attend at an acute hospital Emergency Department. Nursing staff will continue to visit patients at home when requested by referrers.</p> <p>This saving represents 4% of the MHAU net expenditure budget and was additional staffing to deliver a new model that has been unsuccessful.</p>		
<p>Review of Psychotherapy Service <i>(Service Prioritisation and Reduction)</i></p>	<p>Psychotherapy services are provided through small specialist teams across GG&amp;C and managed within HSCPs. They are comprised of highly qualified medical, nursing and other staff who have the appropriate qualifications in psychotherapy. The services use a range of therapies in both individual and group format. People accessing psychotherapy usually have longstanding and complex psychological problems and treatments can be intensive and long term. Often psychotherapy is a last option for patients who have not responded to other services and supports. The patient group supported are often highly vulnerable with frequent presentations of complex trauma, with therapy lasting a number of years.</p> <p>Psychotherapists are extensively involved in the treatment of patients with a range of personality disorders (though other service also support this patient group).</p>	<p align="center">0.500</p>	

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	<p>This proposal aims to reduce and/or centralise the team function to prioritise Mentalisation Behavioural Therapy, an evidence-based therapy specifically to treat people with borderline personality disorder, funded by Enhanced Mental Health Outcomes Framework, and treatment for a small cohort of patients who do not respond to other psychological therapies or medical intervention. Psychotherapy training is also mandatory for psychiatrists and therefore a training resource is required.</p> <p>Psychotherapy is not offered in all board areas across Scotland and instead is offered as a private treatment only in some areas. Psychotherapy is a specialist therapy model that can treat smaller numbers of individuals with specific need. There are currently 213 patients currently accessing psychotherapy across 16.67 staff. Staffing includes nurses, psychiatrists and psychotherapists and the above caseload includes patients accessing individual therapies and others accessing group therapies.</p> <p>Patients who are no longer able to access psychotherapy would receive treatment through Community Mental Health Teams, which may place additional pressure on the psychological therapies waiting lists. However, work is ongoing to maximise group therapy and digital therapy options to increase capacity.</p>		

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	<p>The proposed saving represents 28% of the Psychotherapy net expenditure budget.</p> <p>An EQIA is being developed to reflect the impact on the patient group. A current review, due to report in March 25, will recommend a model which will be considered in line with proposed savings to develop new criteria and referral pathways for those patients continuing to access psychotherapy.</p>		
<p>Reduction in Trauma Service, Aligned to Review Outcomes <i>(Service Prioritisation and Reduction)</i></p>	<p>A current review, due to report in March 25, will recommend a model which will be considered in line with proposed savings to develop new criteria and referral pathways for those patients continuing to present with a need for a specialist Trauma service. This will not impact on specific funding received from Scottish Government to deliver on national contracts.</p> <p>The proposed represents a 22% saving against the Anchor service net expenditure budget (£0.900m excluding SG funding).</p> <p>Reduction in service may impact on the community mental health teams across NHSGGC, who will be required to manage referrals no longer moving to the specialist service. Any changes will be aligned to the recommendations from the Review of service and may include reduction in service and/or a modification to the service model and specification.</p>	<p align="center">0.200</p>	

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
<p>Reduction in Primary Care Mental Health Service <i>(Service Prioritisation and Reduction)</i></p>	<p>Primary Care Mental Health Teams offer brief one to one and group psychological therapies to people experiencing common mental health problems such as anxiety, depression and emotional difficulties.</p> <p>A current review, due to report in March 25, will recommend a model which will considered in line with proposed savings. This may result in a reduction in the number of teams delivering primary care mental health in the City, a change in the staffing profile and/or a change to the interventions offered through these teams.</p> <p>There is a risk that a reduction in primary care mental health teams will lead to an increase in referrals to community mental health teams. However, the review work has highlighted that PCMHT services are inconsistent in their criteria and some patients may be directed to third sector distress and wellbeing services, as is the case in other HSCPS in NHSGGC, in order to create capacity and ensure that distress is managed appropriate to need, and patients are not escalated unnecessarily to community mental health teams. Additional investment in third sector wellbeing provision can be incorporated in the saving proposal where there is a reduction in PCMHTs. Where a review of the staffing profile and skill mix is identified as the most appropriate option, to align with other primary care mental health teams across NHSGGC, this would not lead to a reduction in capacity.</p>	<p align="center">0.600</p>	

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	Proposed saving represents a 21.5% saving, which includes £150K third sector investment, against the PCMH net expenditure budget (£2.792m)		
Reduction in Mental Health Employability Commissioned Services <i>(Service Prioritisation and Reduction)</i>	<p>Restart service offers structured day activity and recovery for patients with severe/enduring mental health problems.</p> <p>The service had undergone a full review with final report to be presented to the Adult Core Leadership in February 2025.</p> <p>The service also commissions two external contracts. Part of the review has recognised that these current contracts are no longer fit for purpose and were extended for a further three months to enable the review to be finalised. Both contracts are due for renewal in June 2025. The current combined costs of these contracts is £452,000.</p> <p>Further work has started with ADRS service to look at the potential to offer a combined commissioned service across both ADRS and MH from 2026</p> <p>This proposal will result in a saving of £326,000 by ending the Meaningful Activity contract and reducing the IPS contract by 25% and represents a saving of 72% on these two contracts.</p>	0.221	

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
<p>Consolidation of Crisis and Outreach Services <i>(Service Prioritisation and Reduction)</i></p>	<p>A desktop review of crisis services is currently underway, considering current pathways, duplication, referral routes and activity, interventions and responses, workforce and skill mix, and operational hours. A review will thereafter consider models of service delivery to maximise effectiveness, current and future resource and improvements to the patient/service user journey.</p> <p>A new service model should provide an opportunity to review and consolidate the overall service provision across the harm reduction, crisis and outreach responses to people who use drugs and alcohol and are not in treatment with the alcohol and drug recovery services.</p> <p>The recent investment in Alcohol and Drug Recovery Services to upskill and increase the workforce has incorporated capacity to respond to people assertively in their own communities, and both the Crisis Outreach Service and the Safer Drug Consumption Facility staffing includes a multi-disciplinary workforce that are skilled in responding to wider psychosocial needs.</p> <p>This saving represents a 19% reduction across all of the services in scope (£4million).</p>	<p align="center">0.200</p>	
<p>Reduction to non-pay budgets <i>(Service Prioritisation and Reduction)</i></p>	<p>The non-pays budget covers all non-staff related expenditure. There has been forensic review of this spend budget line by budget line to identify where savings can safely be applied with minimum impact on end service delivery. Most of these individual budget</p>	<p align="center">0.152</p>	

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	<p>line savings are relatively small, ranging from a few hundred pounds and include spends on items like stationery, catering and staff travel.</p> <p>The saving equates to 0.72% of the total in-scope budget in Adults and 2% in Older People services and has been identified as a direct alternative to staff savings.</p>		
<p>Reduction in Alcohol and Drug Partnership Programmes <i>(Service Prioritisation and Reduction)</i></p>	<p>Budget realignment following review of ADP investments, specifically in relation to non-recurring commitments.</p> <p>This represents a 6% saving against the ADP net expenditure budget (£3.458m) and there is no significant impact.</p>	0.200	
<p>Removal of Counselling Service current sitting within Sandyford Sexual Health Service <i>(Service Prioritisation and Reduction)</i></p>	<p>This service currently offers a service across sexual assault, trauma, historical childhood sexual abuse, sexual orientation and identity, termination of pregnancy, risky sexual behaviours and young people aged 13 – 17.</p> <p>A short life working group was established to review the current evidence base for interventions routinely offered by SCASS counselling service and a review of other comparable service provision across statutory and third sector areas, local and national.</p> <p>This review concluded that:</p>	0.200	



**OFFICIAL**

<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	<ul style="list-style-type: none"> <li>• there are no comparable services in the UK or more specifically within Scotland.</li> <li>• there is a substantial waiting list and hidden need that is being missed from a mental health perspective.</li> <li>• evidence gathered across the interventions offered by counselling service confirmed that there is no reportable benefit to this for the patients who received it.</li> </ul> <p>The only exception is TOPAR and high-risk behaviours. However, high risk behaviours can be delivered by the third sector in line with other HSCPs across Scotland. TOPAR counselling can be delivered by Sexual Health nurses who can be trained in this. Savings already agreed and achieved total £150,000 for 24/25. It is proposed to deliver a further £200,000 for 25/26. This 68% of the Counselling net expenditure budget (£294k).</p>		
<p>Removal of Vacant Posts in Learning Disability <i>(Service Prioritisation and Reduction)</i></p>	<p>The Learning Disability Service has been working on the current structure and now has:</p> <ul style="list-style-type: none"> <li>• an integrated management structure.</li> <li>• clinical and care governance structure within Glasgow city that aligns and reports to the Board wide group.</li> <li>• locality structures in place for integrated service delivery.</li> <li>• test of change led by South which uses an MDT approach to transitions covering health, social</li> </ul>	<p align="center">0.159</p>	

**OFFICIAL**

<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	<ul style="list-style-type: none"> <li>• work, children’s, LD, MH, PD and education to allow the screening of all referrals.</li> <li>• bimonthly integrated SMT meetings.</li> </ul> <p>These revised integrated structures and workstreams have supported a more consistent approach to service delivery across the three localities. This has also ensured that staffing complement is consistent across the city. This saving is equal to 3 x B5 posts which have been vacant for some time while this work was completed and will not impact on service delivery.</p> <p>This represents 3.5% of the LD net expenditure budget (£4.2m).</p>		
<p>Maximising Independence/Access to Social Care – Self Directed Support/Purchased Services Budget <i>(Service Prioritisation and Reduction)</i></p>	<p>This is a major change in social work practice and culture that was subject to a discrete report to the IJB in August 2024.</p> <p>From April 2025 this will see the practical application of the ‘fair shares according to need’ principle applied to all newly referred service users being assessed for Self-Directed Support (SDS) and who meet the substantial or critical eligibility criteria. All support plans proposed by assessors will be benchmarked according to expected resource levels under the SDS resource allocation system (RAS).</p> <p>Benchmarks are specific to each care group; e.g. proposed Learning Disability support levels will be benchmarked against other Learning Disability support</p>	<p align="center">1.791</p>	

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	<p>levels, likewise Mental Health, Physical Disability and Older People.</p> <p>Where the benchmarking red flags any deviation from the expected resource level the plan will be escalated for management review.</p> <p>Via this process the expectation is that fair shares of available resource will be delivered.</p> <p>Existing service users will be subject to the same approach as their annual reviews fall due.</p> <p>This saving equates to 1.2% of the in-scope Self-Directed Support and Purchased Services budget.</p> <p>Section 4.2 of the August IJB report details the anticipated impact for service users, with the expectation that this will primarily impact at the margins of the service user population, i.e. those with the highest and lowest levels of support packages, with the majority of existing service users not experiencing any reduction in support.</p>		
<p>Cessation of Funding of Care and Repair Service <i>(Service Prioritisation and Reduction)</i></p>	<p>The HSCP along with NRS jointly funds Southside Housing Association to provide a care and repair service with a particular focus on individuals being discharged home from hospital. The majority of the service input relates to the provision of key safes.</p>	<p align="center">0.088</p>	<p align="center">0.030</p>

**OFFICIAL**

<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	<p>This saving proposes the discontinuation of 100% of annual HSCP funding to Southside HA for this service. This is because the service is not core statutory social work activity.</p> <p>The HSCP will put in place alternative arrangements for the provision of key safes, with priority continuing to be attached to hospital discharges. There is no expectation that this funding decision will negatively impact on hospital discharges.</p> <p>Dialogue with NRS continues to ensure it can make a fully informed decision about its own future funding of the Care and Repair Service.</p>		
<p>Closure of Dementia Resource Centre <i>(Service Prioritisation and Reduction)</i></p>	<p>Alzheimer’s Scotland is seeking withdraw from its currently commissioned model of support delivered through the Oxford St Dementia Resource Centre. As their proposed service redesign is not considered a suitable successor model then the current HSCP funding to Alzheimer’s Scotland to run the Resource centre will be freed up to be taken as a saving with existing service users being supported through wider Dementia services</p>	<p>0.038</p>	
<p>Removing the provision of a Supported Living Service within Glasgow HSCP Care at Home Services <i>(Service Prioritisation and Reduction)</i></p>	<p>The HSCP directly provided Supported Living Service is a registered care at home service. It offers a flexible, person-centred approach which includes social care support (non-personal care). These tasks are not provided in mainstream home care as the profile of the service users are frail elderly (39 currently) who are all</p>	<p>2.823</p>	

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	<p>living at home. The service is a city-wide service but capacity has been reduced due to recruitment challenges, and referral levels have reduced from Intermediate Care and from the Hospital Discharge Pathway. The existing service user group would be assessed via our new strength-based assessment approach to ensure their current care and support needs can be met, either from mainstream Care at Home Services or, if their needs exceed care at home, then alternative care and support will need to be considered with the service user and their family to support their individual care needs.</p> <p>There will be no impact on delayed discharges. It is anticipated that a very small cohort of current service users' care needs may be better met in the care home sector due to frailty levels and dementia diagnoses. This has always been the pathway for support as individuals decline in the community and are no longer able to live at home.</p> <p>The Supported Living Service currently employs 59.3 WTE, of which 75 are home carers and 4 are supervisor staff, and 3 SCWs.</p>		
<p>Cease funding of Independent Sector Lead Funding - Scottish Care <i>(Service Prioritisation and Reduction)</i></p>	<p>This is a proposal to discontinue funding provided to Scottish Care as an HSCP contribution towards their Glasgow City support officer.</p> <p>This can be expected to negatively impact Scottish Care's ability to coordinate and support independent</p>	<p>0.031</p>	<p>0.010</p>

**OFFICIAL**

<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	<p>sector care homes in the city, in respect of policy and practice improvement.</p> <p>The sector will continue to be supported by the HSCP's Care Home Review Team, as well as the Care Inspectorate. Scottish Care will require to review its own support to the sector in light of reduced resources.</p> <p>This spend does not meet the criterion of core HSCP activity.</p>		
<p>Reduction in Aids and Adaptation Equipment Spend <i>(Service Prioritisation and Reduction)</i></p>	<p>There has been a continuing operational management focus on aids and equipment spend across health over the past 18 months that has successfully delivered spend reductions at no detriment to the end service user/ patient. The same approach is now being applied within social care and is focused on:</p> <ul style="list-style-type: none"> <li>• higher rates of recycling and where appropriate swapping more costly items for ones that are less expensive (e.g. specialist chairs, beds, mattresses)</li> <li>• improve cost effectiveness of ordering processes with a view to reducing delivery costs</li> <li>• more dynamic budget management, allowing for monitored and proportionate monthly budgets for each individual service</li> <li>• all services will continue to provide aids and adaptations to individuals where clinical need is assessed as being critical; however for items under £50 or with low clinical value. Individuals will</li> </ul>	<p align="center">0.354</p>	

**OFFICIAL**

<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	<ul style="list-style-type: none"> <li>• be encouraged to purchase items themselves or be placed on a waiting list</li> </ul> <p>Exceptions will apply to this final action:</p> <ul style="list-style-type: none"> <li>• It will only apply to low-cost items (less than £50, where commercially available)</li> <li>• Items that have been assessed as having low clinical value by prescribing professionals</li> <li>• Professional assessment and clinical judgement will be a key component of this, and consideration will be given on a case-by-case basis, including any impact or change to an individual's care package or an impact on a person's ability to live independently and prevent an unnecessary hospital admission</li> </ul> <p>The proposed saving equates to 2.8% of the in-scope budget for Council services and 20% for Health services and is not expected to result in any detriment to the end service user/ patient.</p>		
<p>Older People Community Mental Health Team - Removal of Vacant OT Post <i>(Service Prioritisation and Reduction)</i></p>	<p>This post has been vacant for a sufficient period of time that operational management have concluded that it can be removed with no significant detriment to team performance or patient care.</p> <p>This saving equates to 0.21% of the HSCP's OPMH budget.</p>	0.055	
<p>Reduction to non-pay budgets <i>(Service Prioritisation and Reduction)</i></p>	<p>The non-pays budget covers all non-staff related expenditure. There has been forensic review of this</p>	0.688	

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	<p>spend budget line by budget line to identify where savings can safely be applied with minimum impact on end service delivery. Most of these individual budget line savings are relatively small, ranging from a few hundred pounds and include spends on items like stationery, catering and staff travel.</p> <p>The saving equates to 0.72% of the total in-scope budget in Adult services and 2% in Older People services and has been identified as a direct alternative to staff savings.</p>		
<p>Older People Mental Health - Removal of Vacant Psychology Post <i>(Service Prioritisation and Reduction)</i></p>	<p>This relates to the removal of a long-term vacant psychology post within the South OPMH team. The clinical consensus is that this vacancy has not undermined the ability of the wider OPMH team to meet the needs of its patient group and can therefore be taken as a saving without any meaningful detriment to service levels.</p> <p>The saving itself equates to 0.17% of the OPMH budget.</p>	0.044	
<p>Cessation of Wellbeing for Longer Fund <i>(Service Prioritisation and Reduction)</i></p>	<p>The Wellbeing for Longer Fund has provided small funding amounts to a large range of community organisations over the past decade. These organisations have provided a broad range of low-level preventative and early intervention supports to a broad range of people of all ages. This includes a particular focus on mitigating loneliness and social isolation.</p>	0.487	0.163



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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	<p>This proposal is that 100% of this funding is discontinued at the conclusion of the current two-year programme.</p> <p>This will negatively impact on a large number of small community organisations undertaking valued preventative work in communities across the city. However, this proposal is made as a direct alternative to reduction in core HSCP health services.</p>		
<p>Home First Response Service <i>(Service Prioritisation and Reduction)</i></p>	<p>The Home First Response Service is an unscheduled care service with a remit to redirect individuals with frailty from the front door of hospitals to community services wherever possible. This service is funded and operated across the 6 HSCPs in NHSGG&amp;C and has been consistently successful in diverting over 50% of relevant patients from hospital admission since its inception two years ago.</p> <p>This saving relates to a single post and equates to 5.97% of the service budget. The service model is currently subject to review based on the learning from its first two years and operational managers have confidence that this saving can be released without any material detriment to service performance.</p>	<p>0.033</p>	
<p>Cessation of Huntington's Services <i>(Service Reduction and Prioritisation)</i></p>	<p>There is an estimated c90 people in Glasgow currently living with Huntington's Disease (HD). The HSCP currently contracts with the Scottish Huntington's Association (SHA) to provide support to this population. This includes holistic assessment, care planning and coordination, assisting individuals to</p>	<p>0.046</p>	<p>0.046</p>

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	<p>navigate the health and social care system, emotional support and provision of information and advice about HD to patients and those involved in caring for them.</p> <p>The current contract ends on 31 March 2025 and the HSCP has agreed to a 6 month extension from April to October 2025 to enable a transition to the above supports from SHA to in-house HSCP services. The operational view is that this is manageable without any detriment to those receiving support.</p>		
<p>Reduction in Dementia Post-Diagnostic Support Link Workers (<i>Service Prioritisation and Reduction</i>)</p>	<p>The HSCP current contracts with Alzheimer Scotland (AS) to deliver post-diagnostic support to individuals with a new diagnosis of dementia. This support is based around the 5 pillars dementia support model, which includes a focus on future care planning, planning for future decision-making (eg POA), peer support, supporting community connections and understanding the illness and its symptoms.</p> <p>Currently Alzheimer’s Scotland employ 15.4 WTE workers to deliver this within Glasgow HSCP. 6 WTE staff are retained on permanent contracts. 9.4 WTE staff are on temporary contract due to end March 2025. This proposal would be no longer retain these temporary PDS workers into next financial year. 6 WTE will be retained on a permanent contract.</p> <p>The above saving will result in a partial retraction from the expansion of PDS services delivered in the city in recent years. It will mean some people will be waiting</p>	<p>0.137</p>	

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	longer to receive a PDS service than at present, but the general level of support will continue to remain high relative to historical levels.		
Removal of Practice Development Nursing Post <i>(Service Prioritisation and Reduction)</i>	<p>This relates to the removal of 0.8 WTE of an Associate Practice Development Nurse and equates to 21% of the in-scope budget.</p> <p>PDNs' form part of the professional nursing infrastructure and their key responsibilities include governance, professional development of the workforce through provision of education and training and expert professional clinical leadership for all levels of registered and non-registered community nurses across OP Services. This saving has been proposed having been risk assessed against future service delivery by the HSCP's Professional Nurse Lead.</p> <p>This will mean a material reduction in investment in future nursing staff and service development. However, it has been identified as an alternative to core health service delivery.</p>	0.044	
Review of Commissioned Services in Homelessness <i>(Service Prioritisation and Reduction)</i>	A review of a number of homelessness services, in line with Glasgow HSCP's ambitious redesign programme "All in for Glasgow". This will see a shift in the model of care and support in line with the Rapid Rehousing Temporary Plan (RRTP) transitioning away from traditional residential care to supported housing tenancies. The use of residential care homes (3) in homelessness services will be reviewed, as Glasgow	1.000	

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	<p>currently sits as a national outlier with a higher number of building based resettlement services than recommended by the Glasgow Temporary Accommodation Strategy. Any shift in commissioning residential care homes would form part of Phase 2 tendering strategy “All in for Glasgow” (March – June 2025).</p> <p>This saving equates to 3.47% of the in-scope commissioning budget.</p>		
<p>Cease Financial Advice Patient Referral Service <i>(Service Prioritisation and Reduction)</i></p>	<p>This contributed to the funding for the Financial Advice Patient Referral Service for NHS staff (inc. Healthier Wealthier Children). The funding was stopped during 24/25 because of insufficient funding to provide a sustainable package.</p> <p>The total recurring budget for Health Improvement is approximately £7m, therefore this saving represents 2.7% of the budget.</p>	<p align="center">0.190</p>	
<p>Reduction in GP Engagement Budgets <i>(Service Prioritisation and Reduction)</i></p>	<p>Payments are made to enable general practice to attend meetings with HSCP staff as part of the locality working. This engagement facilitates partnership working and 2-way communication between the HSCP and general practice. This will see a reduction in the number of attendances that the HSCP can fund. The move to more on-line meetings and the provision of lunchtime education and awareness sessions will help mitigate some of the reduction in funding for sessions.</p>	<p align="center">0.016</p>	

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	<p>The total budget for GP engagement per year is £0.055m, therefore this reduction represents 30% of the budget.</p>		
<p>Review of Health Improvement Services <i>(Service Prioritisation and Reduction)</i></p>	<p>This will include a reduction of £0.364m in non-pay expenditure, including a reduction in the Health Improvement funding contribution to the Lifelink contract, ceasing the Urban Roots contract and a rationalisation of expenditure on other non-pays across the HI teams.</p> <p>Urban Roots is a community led environmental charity that delivers a range of activities, including food growing, conservation and biodiversity work, and promoting healthier eating. The group work with local people to improve the environment and health of communities. They work with all ages and abilities in schools, community spaces, gardens and woodlands across the Southside of Glasgow. <a href="#">Urban Roots   Communities   Urban Roots, Toryglen Community Base, Prospecthill Circus, Glasgow, UK.</a> The funding from Glasgow City IJB allows the group to provide therapeutic gardening programmes for local people.</p> <p>Additionally, £0.700m will be released from a review and re-design of the health improvement staffing structure. The management team will use a health impact assessment to identify those aspects of the service that will be reduced and to identify those posts which will be removed from the establishment.</p>	<p align="center">1.057</p>	

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	This saving will represent approximately 14% of the health improvement core budget (excluding external funding).		
<p>Review of Support Services <i>(Service Prioritisation and Reduction)</i></p>	<p>A review of a number of support services is proposed. This is to ensure that support services remain proportionate to the size of the organisation and is in recognition of the financial challenges facing the HSCP. This will result in some reductions to services however opportunities for reforming services to deliver integrated support services have also been taken where they are available.</p> <p>Services within scope include are Finance, Business Administration, Welfare Rights, HR, Property and Transport</p> <p>These reductions will be secured through service reviews to minimise impact on the services delivered. However, this cannot be fully avoided and will result in some impact on service. Support in all of these areas will continue to be offered it will simply mean that workloads will require to be prioritised and response times may be impacted as a result.</p> <p>These services have an annual budget of £16.73m, and this saving represents a 1.76% reduction.</p>	0.330	
<p>Reduction in Health Visiting Service <i>(Service Prioritisation and Reduction)</i></p>	The health visiting service supports all families with children under 5 across the City, with the level of support for families determined by a robust	0.530	

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<b>Saving Proposal</b>	<b>Description</b>	<b>25/26 £millions</b>	<b>26/27 £millions</b>
	<p>assessment of need, based on GIRFEC and the professional judgement of qualified Health Visitors.</p> <p>The cut to the Health Visiting Service equates to 7.8FTE posts, which represents 3.13% of the workforce. Currently, there are three workstreams within health visiting focusing on caseload weighting, record keeping and baseline cover and the aim of this work is to review demand and capacity in order to ensure that resource is maximised and distributed across the city according to need. These workstreams will ensure appropriate coverage across the city, based on an in-depth analysis of need, linked to complexity, birth rate and net migration and will also allow us to redistribute resource and monitor the impact of the savings.</p> <p>The savings will be achieved based on natural turnover (through vacancies and retirement).</p>		
<p>Review of Central Parenting Team <i>(Service Prioritisation and Reduction)</i></p>	<p>The Central Parenting Team deliver evidence-based parenting programmes (Triple PPP). The team has recently been expanded to include the Networking Team, funded from the Community Mental Health monies, and this team specialises in supporting families with neurodiverse children. The Triple PPP licenses are funded directly by NHS GG&amp;C and therefore the HSCP cost largely relates to staff salaries and some expenses associated with running group work programmes in the community. This team will be reviewed with a view to achieving savings in order to</p>	<p>0.388</p>	

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Saving Proposal	Description	25/26 £millions	26/27 £millions
	<p>minimise the impact of cuts on the Health Visiting Service.</p> <p>The staffing comprises 1FTE Band 8A Manager, 5.52FTE Band 4 practitioners, 1FTE Band 4 Business Support and 0.28FTE Band 3 Business Support post.</p> <p>There may be scope to redeploy some members of this team into the Networking Team, pending written confirmation, allocation and approval of next year's Community Mental Health budget following the baselining of this funding. The Manager's post would be in scope for redeployment.</p>		