East Dunbartonshire
Health & Social Care
Partnership

Annual Performance Report

2025/26

sustainable thriving achieving
East Dunbartonshire Council
www.eastdunbarton.gov.uk

NHS
Greater Glasgow
and Clyde

Contents

Foreword

This Annual Performance Report sets out how East Dunbartonshire Health and Social Care Partnership performed during 2025/26 and the progress made in delivering our statutory responsibilities and strategic priorities during the first year of our Strategic Plan 2025-30.

The year has been characterised by a combination of genuine achievement and honest challenge. Staff and partners across health, social work, social care and the third and independent sectors have continued to work with commitment and professionalism in a demanding environment shaped by sustained financial pressure, increasing complexity of need and an evolving national policy context. Highlights of the year included the opening of the Bishopbriggs Community Treatment and Care Centre, the achievement of green status across all ten Medication Assisted Treatment Standards for the first time, and the delivery of savings of £6.7m in 2025/26, with further savings to be realised as implementation progresses. Where delivery did not meet the ambitions we set, we have been transparent about the reasons and actions taken forward into 2026/27.

Looking ahead, the financial challenge facing the HSCP remains significant. The current Medium-Term Financial Strategy identifies a potential financial gap of between £46.0m and £88.9m over the next five years, with the most likely scenario indicating a gap of £48.9m. Closing that gap will require continued transformation, difficult decisions about service levels and models, and sustained focus on prevention and early intervention to manage demand. The Integration Joint Board (IJB) remains committed to transparent governance, honest reporting and continuous improvement, ensuring that decisions are informed by evidence, engagement and a clear focus on outcomes for the people of East Dunbartonshire.

We would like to thank everyone who has contributed to delivering services during the year, including staff, partners, carers, volunteers and people with lived experience. Their contribution is central to the continued improvement of health and social care services in East Dunbartonshire.

Libby Cairns

Chair

East Dunbartonshire HSCP Board

Derrick Pearce

Chief Officer

East Dunbartonshire HSCP

2025/26 at a glance

2025/26 was the first year of delivery under the East Dunbartonshire HSCP Strategic Plan 2025-30. The year focused on maintaining safe and effective statutory services, progressing a substantial programme of service review and redesign, and establishing the foundations for delivery across the five-year plan, in the context of sustained demand, financial constraint and workforce pressures.

What we achieved

- The overall financial transformation programme delivered savings of £6.7m in 2025/26 through a combination of approved service reviews and organisational redesign, maintaining safe staffing and protecting statutory functions throughout.
- Bishopbriggs Community Treatment and Care Centre opened in December 2025, increasing planned clinical capacity from 22 to 40 sessions in a modern community setting.
- Medication Assisted Treatment Standards achieved green across all ten standards for the first time, providing strong assurance of access and quality in alcohol and drug recovery services.
- HSCP Digital Strategy 2025-30 approved, setting the strategic direction for digital and technology-enabled service delivery.
- HSCP Workforce Plan 2025-30 approved alongside workforce plans for Specialist Children's Services and the Oral Health Directorate.
- John Street House progressed from Weak to Good across all five Care Inspectorate key questions within a single year.
- UNICEF Baby Friendly Initiative Gold Award revalidated, providing independent assurance of quality across community children's services.
- Over £0.5m secured through the national Gambling Levy to deliver a three-year prevention-focused programme addressing gambling-related harm.
- Health Information Hubs established in every local library in East Dunbartonshire, improving community access to health information and signposting.
- The majority of regulated services continue to be graded good or better (see Annex 8).
- CAMHS referral-to-treatment performance maintained above national standards, reaching 100% in February and March 2026.

Where delivery was delayed or partially achieved

- Care at Home reablement expansion postponed to 2026/27.
- Medium-Term Financial Strategy refresh deferred to align with 2026/27 budget setting.
- West of Scotland Adolescent IPCU and Forensic CAMHS regional planning advanced but not fully operationalised within 2025/26.
- Public protection function review scoped but not progressed within the year.
- Service user and carer communication and engagement plans partially achieved, with Learning Disability Services and Social Work Mental Health Services carrying forward to 2026/27.
- Property development for West Locality and Woodlands paused pending NHS Capital Planning decisions.

Looking ahead to 2026/27

The 2026/27 Annual Delivery Plan will build on the foundations established during this baseline year, with a continued focus on service transformation, prevention and early intervention, and delivering on the commitments of the Strategic Plan 2025-30 within the financial envelope available. Closing the medium-term financial gap will require further recurring savings, continued service redesign and sustained focus on shifting the balance of care towards community-based support and prevention.

About this report

This Annual Performance Report sets out how East Dunbartonshire Health and Social Care Partnership (HSCP) performed during 2025/26 in delivering its statutory responsibilities and strategic priorities.

The report is published in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and associated statutory guidance. It reports on progress towards the nine National Health and Wellbeing Outcomes, delivery of the Annual Delivery Plan 2025/26, locality planning and improvement, quality and safety, and the effective use of resources including Best Value.

As the first year of reporting under the Strategic Plan 2025-30, this report also establishes a baseline for measuring progress over the lifetime of the plan. It presents an honest account of what was achieved, what was partially achieved and where delivery was delayed, with explanations provided for each. Where actions were not completed within the year, these are carried forward as confirmed priorities in the Annual Delivery Plan 2026/27.

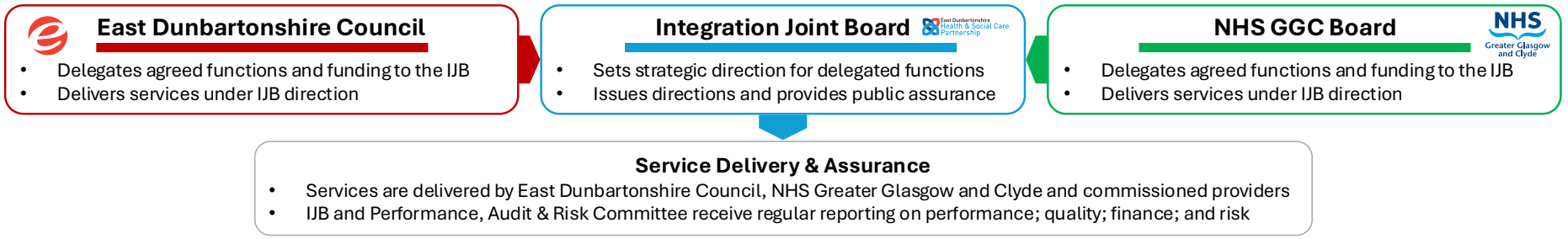
Detailed performance data, inspection findings and methodological notes are provided in the annexes to support transparency and scrutiny. Full inspection reports are available on the Care Inspectorate website and further information on national indicator methodology is available from Public Health Scotland.

Section 1: Who we are and the context we serve

Our role and responsibilities

East Dunbartonshire Health and Social Care Partnership is responsible for planning and delivering a wide range of integrated community health, social work and social care services for the local population. These responsibilities are exercised through the East Dunbartonshire Integration Joint Board, which brings together East Dunbartonshire Council and NHS Greater Glasgow and Clyde under the Public Bodies (Joint Working) (Scotland) Act 2014.

The IJB has responsibility for strategic planning, oversight and direction of delegated functions, while operational delivery is carried out by East Dunbartonshire Council, NHS Greater Glasgow and Clyde, and commissioned partners acting on the IJB's behalf. Delegated services include adult and children's community health services, social work and social care services, criminal justice social work, and a range of associated functions supporting prevention, early intervention, protection and recovery.

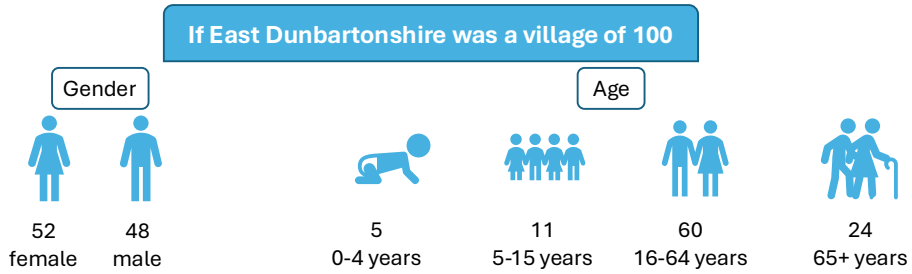


The HSCP operates within a complex and evolving environment, shaped by demographic change, increasing demand, workforce pressures and ongoing financial constraint. In this context, the HSCP is required to balance delivery of statutory duties with longer-term improvement and transformation, ensuring that services remain safe, effective and sustainable.

The IJB is accountable for setting strategic direction through the Strategic Plan, agreeing priorities and allocating resources, and for providing assurance on performance, quality, finance and risk. Governance and scrutiny are supported through established committee arrangements and performance management frameworks, ensuring transparency, accountability and continuous improvement.

Our population and needs

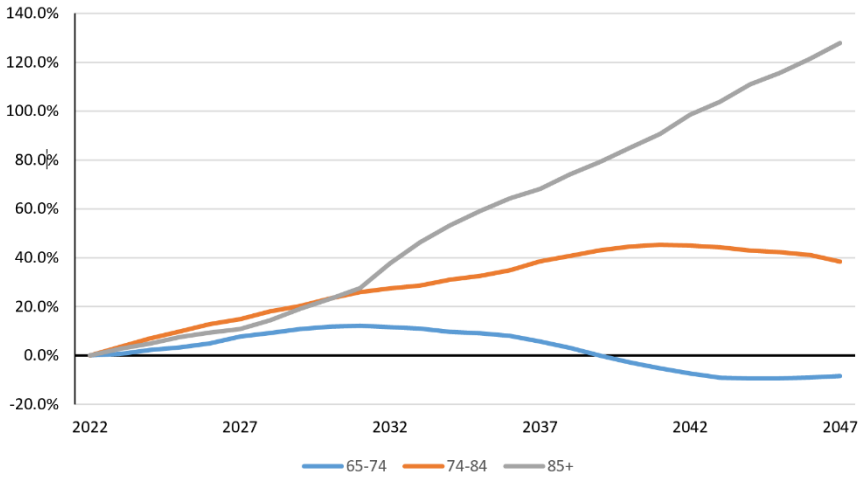
East Dunbartonshire HSCP serves a diverse population with a growing proportion of older people and increasing levels of long-term conditions and complexity of need. These demographic trends continue to place pressure on community health, social work and social care services, particularly those supporting people to remain independent and living at home.



Alongside demographic change, levels of demand are shaped by wider social and economic factors, including inequality, housing pressures and cost-of-living challenges. While East Dunbartonshire performs well against a number of national indicators, there remain inequalities in outcomes and access to services for some population groups, requiring targeted and preventative approaches.

Understanding population needs is central to effective planning and prioritisation. The HSCP uses a range of data sources, including national and local performance indicators, locality profiles and service intelligence, to inform decision-making and to support a focus on prevention, early intervention and reducing avoidable demand on statutory services.

For a comprehensive breakdown of East Dunbartonshire's population profiles and projected demographic changes, please refer to our Joint Strategic Needs Assessments, available at https://health.eastdunbarton.gov.uk/about/performance-governance-and-finance/performance-and-demographics/.

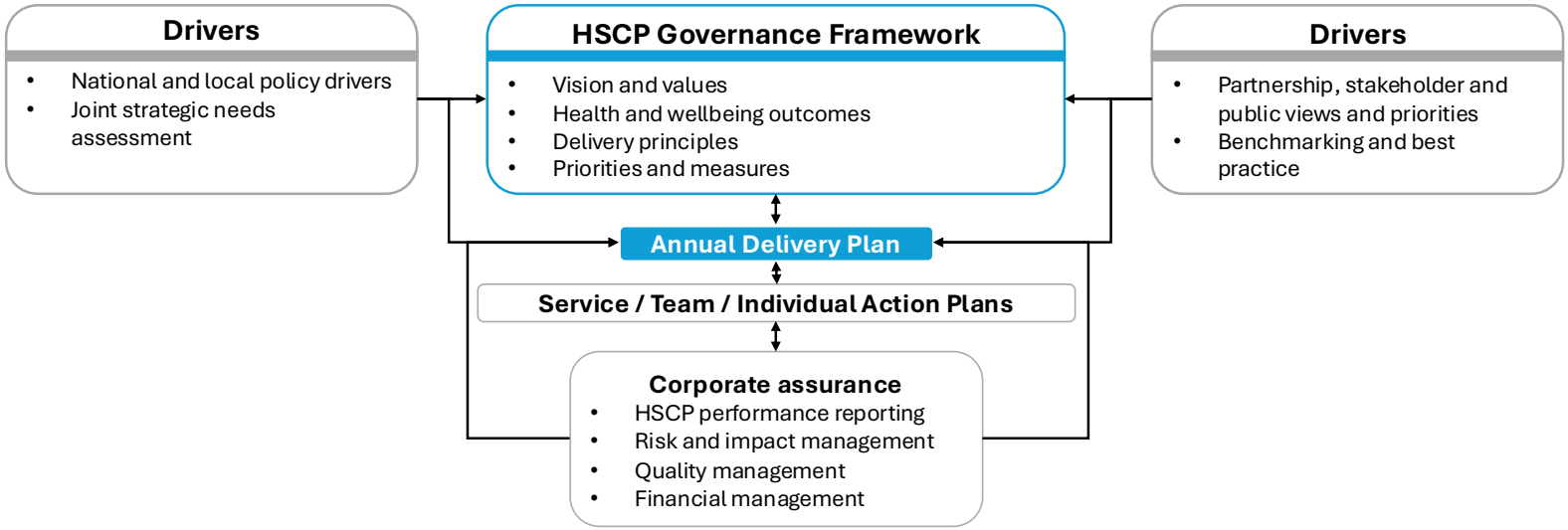


East Dunbartonshire population change projection % by age group 2022-2047

Strategic planning and governance framework

The HSCP's strategic direction is set out in the Strategic Plan 2025-30, approved by the Integration Joint Board in March 2025. The Strategic Plan establishes the HSCP's priorities and enablers, aligned to the National Health and Wellbeing Outcomes, and provides the framework for service planning, improvement and resource allocation.

Delivery of the Strategic Plan is supported through annual delivery planning, locality planning and service level plans, which translate strategic priorities into specific actions. Performance against these plans is monitored throughout the year using the HSCP Performance Management Framework, enabling scrutiny of progress, risks and improvement actions.



The Integration Joint Board is responsible for governance, oversight and assurance, supported by established committee arrangements and partnership governance structures. These arrangements ensure that performance, quality, finance and risk are considered in the round, and that learning from inspection, audit and engagement informs continuous improvement and future planning.

The illustration that follows provides an overview of the Strategic Plan and shows the relationship between the strategic priorities and enablers that have guided delivery during 2025/26.

Strategic Plan on a Page

Strategic objectives and commitments

Empowering People
People are enabled to have power and control over their own lives, ensuring that they can get the support they need that is right for them at that time.

Empowering and connecting communities
Community members will be empowered to support their communities and be involved, and participate in, the ongoing sustainable development of their community. Community members will have access to information, advice and resources to enable them to live independently and without formal intervention.

Prevention and early intervention
Facilitate and enable prevention, and the identification and provision of early support, to improve outcomes for individuals and prevent, stop or slow the progression of need, to safely enable risk and to minimise harm.

Public protection
Prioritising key public protection statutory duties.

Supporting carers and families
Carers and their families will be supported and valued in their caring roles.

Improving mental health and recovery
The mental health services people receive will meet national requirements, support local needs and continue to help people with their mental health and recovery.

Strategic enablers and commitments

Collaborative commissioning
Increase the opportunities for collaborative working across our commissioned service providers with the aim of improving services, outcomes for service users, processes and efficiency

Infrastructure and technology
Maximise the use and development of our infrastructure and technology to help people to self-manage their own health and social wellbeing, as well as supporting our staff in the delivery of services.

Maximising operational integration
Strengthen collaboration, and encourage continuous improvement, amongst staff groups from both partner organisations.

Medium-term financial and strategic planning
Develop and implement a Medium-Term Financial Strategy which ensures financial sustainability for the IJB and the delivery of strategic planning priorities within the financial envelope available, in the context of demand and cost pressures and challenging financial settlements.

Workforce and organisational development
Strengthen our focus on supporting our staff's mental health and wellbeing, the recruitment and retention of staff and ensure that our staff have the necessary skills and training to carry out their job.

Section 2: Delivery against our strategic priorities

Each year, the HSCP agrees an Annual Delivery Plan which sets out the actions to be progressed in support of the Strategic Plan. These actions are informed by service level plans, locality planning and commissioning activity, and together describe how the strategic priorities and enablers will be taken forward during the year.

During 2025/26, the IJB monitored progress against the Annual Delivery Plan through established governance arrangements, including the Strategic Planning Oversight Group and the Performance, Audit and Risk Committee. This provided ongoing oversight of delivery, risks and dependencies, and supported proportionate scrutiny of progress throughout the year.

The 2025/26 plan included a programme of 29 actions spanning multiple strategic priorities and enablers. Over the course of the year, 21 actions were completed as planned, 6 were partially achieved with elements continuing into 2026/27, 1 was delayed and carried forward in full, and 1 action was cancelled. A summary of Annual Delivery Plan actions and their status is provided in Annex 5.

The sections below summarise progress during 2025/26 by strategic priority. Some strategic priorities are phased across the life of the Strategic Plan. Where specific delivery actions were not included in the 2025/26 Annual Delivery Plan, this report describes the foundational activity undertaken during the year and how this positions the HSCP for future delivery.

2.1 Empowering people

What we aimed to achieve

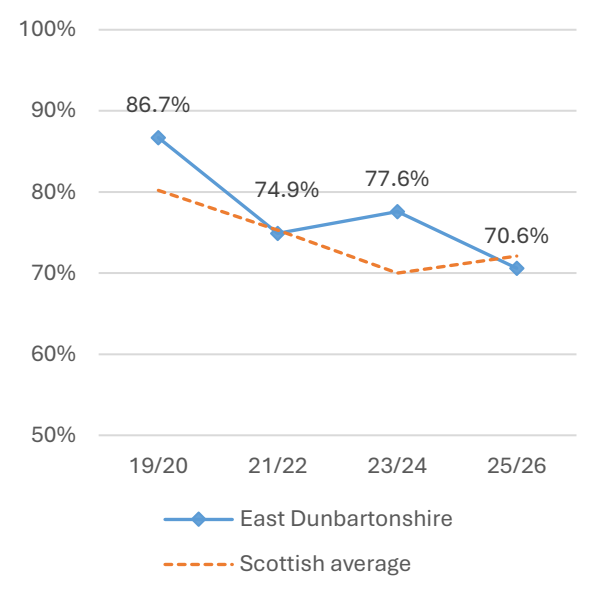
During 2025/26, the first year of delivery under the Strategic Plan 2025-30, the HSCP set out to strengthen the conditions in which people can exercise genuine power and control over their own health and wellbeing. This meant improving the quality, accessibility and relevance of information available to the public, so that people are better equipped to navigate services and manage their own needs without unnecessary formal intervention. It also meant progressing Year 1 of the East Dunbartonshire Public Health Framework, a programme designed to build prevention capacity across the HSCP, address inequalities in health outcomes, and ensure that local activity is grounded in evidence and coordinated across community planning partners. Alongside these commitments, the HSCP continued to develop the structures and culture through which service users and carers can meaningfully influence how services are shaped and delivered, supporting a shift towards genuine co-production and rights-based practice.

Delivery highlights

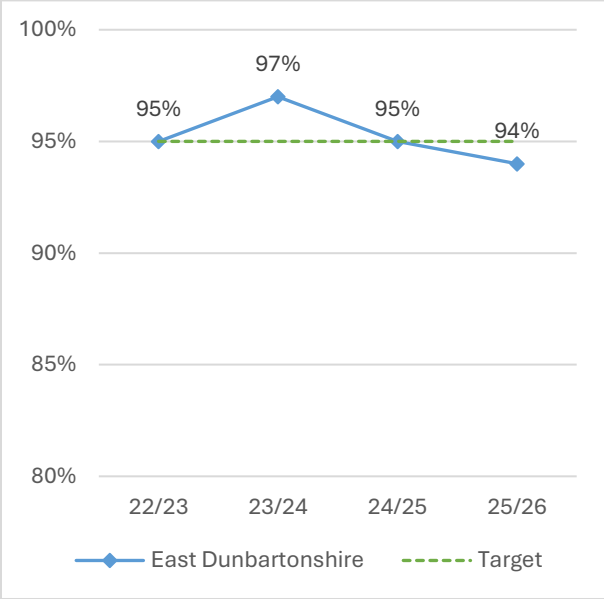
- Completed Year 1 of the East Dunbartonshire Public Health Framework, including partner engagement, programme mapping across life course themes, and capacity-building sessions for HSCP and community planning partners.
- Strengthened the HSCP website through a short-life working group, improving content quality and governance arrangements to support public access and self-management.
- Enhanced service user and carer representation arrangements in HSCP governance, with clearer induction and support structures for planning and oversight group members.
- Developed service user and carer communication and engagement plans across Alcohol and Drug Recovery Services (ADRS), the Community Mental Health Team (CMHT) and the Primary Care Mental Health Team (PCMHT), with plans for Learning Disability Services and Social Work Mental Health Services carrying forward to 2026/27.

Performance snapshot

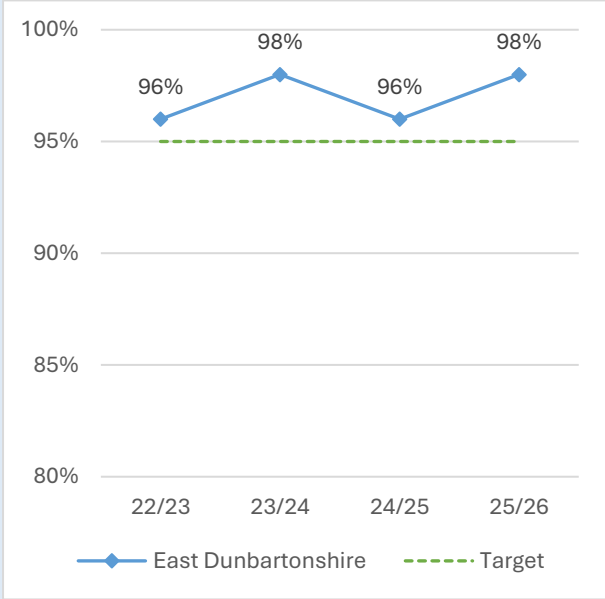
Total percentage of adults receiving any care or support who rated it as excellent or good



Percentage of people 65+ indicating satisfaction with their social interaction opportunities



Percentage of service users satisfied with their involvement in the design of their care packages



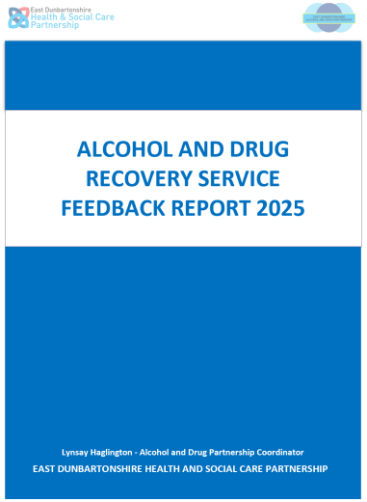
Performance across the three measures presents a mixed but generally positive picture. Service user satisfaction with involvement in the design of care packages reached 98% in 2025/26, above the 95% target and matching the highest result across the period shown. Satisfaction among people aged 65 and over with their social interaction opportunities reached 94% in 2025/26, marginally below the 95% target but broadly stable, indicating generally positive outcomes for this group. While the overall percentage of adults receiving care or support who rated it as excellent or good has declined over the longer term, local performance remains broadly comparable with the Scottish average. These results support a picture of strong person-centred practice in care planning and delivery, with continued effort required to sustain and build on this performance across all service areas.

Summary

Delivery in 2025/26 made measurable progress in strengthening the conditions for people to access information, engage with services on their own terms, and participate in shaping how support is provided. Both planned actions were achieved: Year 1 of the Public Health Framework was delivered and the HSCP website was reviewed through a short-life working group. Service user and carer communication and engagement plans were partially achieved, with plans established across ADRS, CMHT and PCMHT, and completion for Learning Disability Services and Social Work Mental Health Services carried forward to 2026/27. Performance data indicates strong involvement of service users in care planning and broadly positive satisfaction levels, and 2026/27 will build on this foundation through continued prevention activity and co-production development.

Spotlight on good practice

Alcohol and Drug Recovery Service: "Have Your Say" survey and service improvement priorities



During 2025/26, the Alcohol and Drug Recovery Service strengthened how people's views shape service improvement through its "Have Your Say" survey. Participation increased compared with the previous year, reflecting more proactive approaches to supporting people to share feedback during their engagement with services. This increase in participation is itself significant, indicating that people using the service feel more confident and supported in sharing their experiences and that the conditions for meaningful engagement are improving. Feedback highlighted the importance of compassionate, trauma-informed practice and consistent communication, with respondents reporting that support helped build confidence and hope. People also identified practical improvement priorities, including accessibility, flexibility and options for quicker routes into support. Critically, these findings were not treated as passive information but were used directly to inform service planning and improvement actions, supporting a clearer focus on what matters most to people using the service. This approach to embedding lived experience in service development reflects the HSCP's broader commitment to co-production and rights-based practice. It demonstrates that meaningful involvement is not a standalone activity but is integrated into how the service continuously learns and improves, ensuring that the people most affected by decisions about alcohol and drug recovery services have a genuine voice in shaping them.

2.2 Empowering and connecting communities

What we aimed to achieve

Empowering and connecting communities is a long-term priority that recognises the essential role of community capacity, local assets and partnership working in supporting prevention, resilience and wellbeing. The Strategic Plan acknowledges that the greatest gains in population health and independence will come not from formal services alone, but from enabling people, families and communities to draw on their own strengths and the resources around them. No specific actions for this priority were included in the 2025/26 Annual Delivery Plan, reflecting the foundational nature of this work and its dependence on sustained investment across the lifetime of the Strategic Plan. Activity during the year focused on maintaining and developing community-connected approaches and partnerships that support this longer-term ambition, with more targeted delivery planned from 2026/27 onwards through the refreshed locality planning framework.

Delivery highlights

- Continued implementation of the Children's House Project model, providing relationship-based support for young people leaving care, with a focus on building confidence, practical skills and connections to community resources.
- Progressed Whole Family Wellbeing engagement activity, creating opportunities for families to access information and connect with local services, with feedback describing improved access and confidence in navigating support.
- Established a refreshed locality planning framework through the Locality Planning Action Group, piloting community-focused activity in two localities to strengthen local partnership working and inform future delivery aligned to the Strategic Plan

Outcomes for this priority are primarily evidenced through qualitative feedback, engagement activity and locality-based intelligence rather than quantitative indicators. Available evidence from 2025/26 points to improved access to information, stronger connections to local services and increased confidence among people engaging with community-based support. More structured measurement of community empowerment outcomes will be developed through the locality planning framework in 2026/27.

Summary

Outcomes for this priority are primarily evidenced through qualitative feedback, engagement activity and locality-based intelligence rather than quantitative indicators. Available evidence from 2025/26 points to improved access to information, stronger connections to local services and increased confidence among people engaging with community-based support. More structured measurement of community empowerment outcomes will be developed through the locality planning framework in 2026/27.

Spotlight on good practice

Whole Family Wellbeing Engagement

During 2025/26, the HSCP progressed Whole Family Wellbeing engagement activity, bringing together families and services to improve access to information and local support. Feedback from participants highlighted the value of being able to access information and speak with services in one place, describing the experience as making a practical and meaningful difference to their ability to navigate support. This approach reflects the HSCP's commitment to reducing barriers to access and enabling people to connect with community resources without the need for formal referral pathways.

Health Information Hubs in local libraries

During 2025/26, the HSCP worked in partnership with East Dunbartonshire Leisure and Culture Trust to develop Health Information Hubs across every local library in East Dunbartonshire. Each hub provides residents with access to trusted health and wellbeing information and clear signposting to local services, creating a low-barrier, community-based route to support that does not require a clinical referral or formal contact with services. The hubs reach people who may not actively seek out health services, including those less confident in navigating formal care pathways, reflecting the HSCP's commitment to enabling informed decision-making and self-management before need escalates.

2.3 Prevention and early intervention

What we aimed to achieve

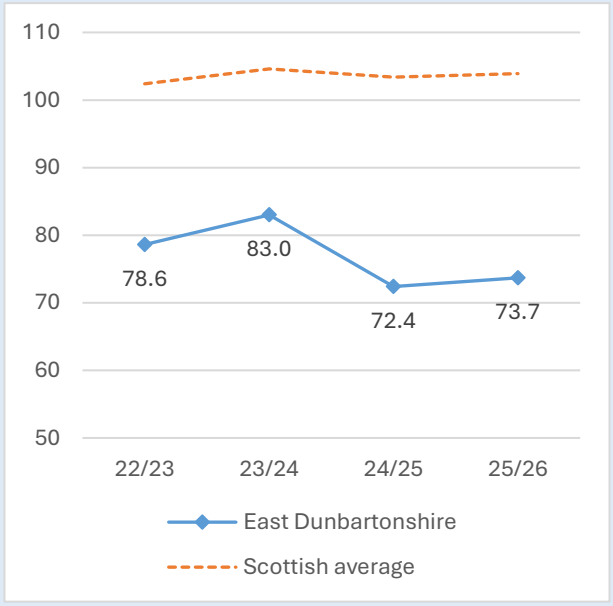
During 2025/26, the HSCP aimed to strengthen prevention and early intervention by ensuring people receive timely, effective support that prevents, reduces or delays the escalation of need. This meant embedding reablement approaches within community services to sustain independence, improving access to planned clinical care closer to home, and undertaking review activity to inform future delivery models for community occupational therapy and sensory impairment services. Alongside these specific actions, the HSCP continued to progress its wider focus on early identification of frailty and proactive support for older people, recognising that investment in prevention at the right time reduces avoidable escalation and improves outcomes for individuals and for the system as a whole.

Delivery highlights

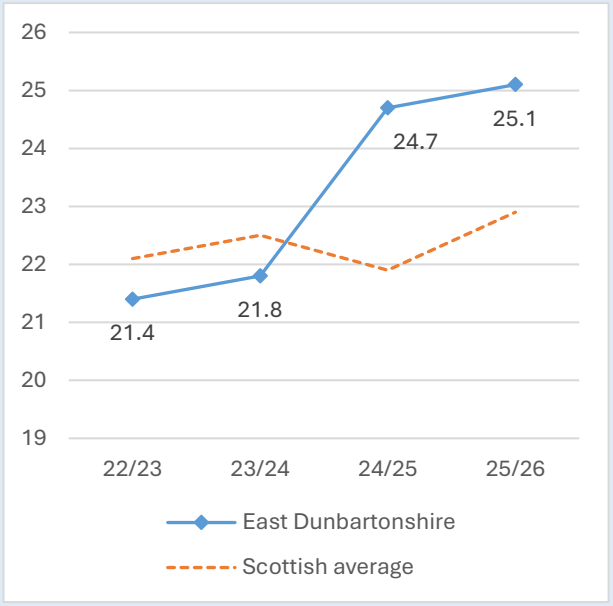
- Completed the review of the Social Work Community Occupational Therapy Service as part of the wider Adult Social Work Services review, securing governance approval and progressing into implementation, supporting timely access to advice, aids and adaptations and contributing to a more sustainable community response to demand.
- Opened the Bishopbriggs Community Treatment and Care Centre in December 2025, expanding access to planned clinical treatments in a community setting and increasing capacity from 22 to 40 clinical sessions. The service reduces the need for people to attend GP practices or acute settings for routine care, supporting earlier intervention and improved system flow.
- Progressed frailty identification and management through development of integrated locality-based working, with increased frequency of frailty huddles and closer collaboration across community health and care teams.
- Maintained strong performance in the timely delivery of community care support for older people, with 100% of customers aged 65 and over receiving services within six weeks of completion of their community care assessment in 2025/26, exceeding the 95% target.
- The planned review and expansion of Care at Home reablement services was not progressed within 2025/26. Initial project documentation was developed but full review activity was postponed, with the work formally rescheduled to 2026/27.

Performance snapshot

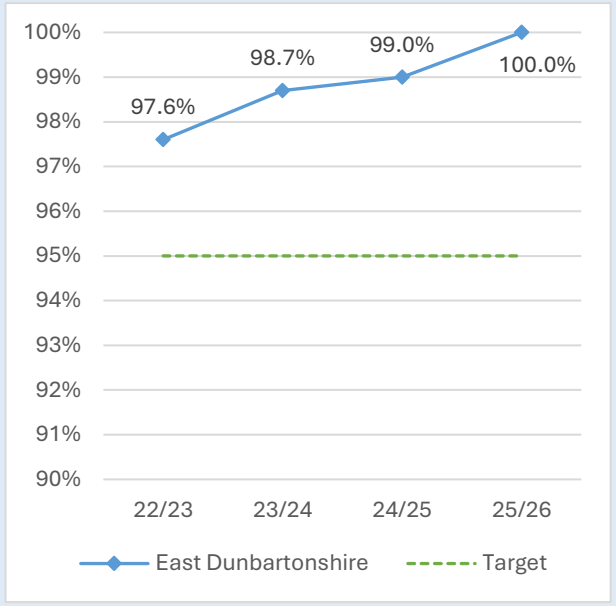
Readmission to hospital within 28 days for adults per 1,000 population



Falls rate per 1,000 population aged 65+



Percentage of customers (65+) meeting the target of 6 weeks from completion of community care assessment to service delivery



Performance across the three measures is generally positive, although the falls rate has deteriorated over the past two years. The proportion of customers aged 65 and over receiving services within six weeks of community care assessment improved year on year, reaching 100% in 2025/26 and consistently exceeding the 95% target. This reflects strong and sustained performance in ensuring timely access to community services. Readmission rates within 28 days have remained relatively stable and continue to compare favourably with the Scottish average. However, the falls rate per 1,000 population aged 65 and over increased significantly over the past two years and, at 25.1 in 2025/26, remains above the Scottish average, indicating a deterioration in performance compared with previous years.

Summary

Delivery in 2025/26 strengthened prevention and early intervention through the opening of the Bishopbriggs Community Treatment and Care Centre, completion of the community occupational therapy review, and sustained strong performance in timely community care delivery. The planned expansion of Care at Home reablement services was not achieved within the year and has been carried forward to 2026/27, where it remains a priority action. Progress on frailty identification and integrated locality working provides a further foundation for prevention-focused delivery in future years. Performance data indicates broadly stable outcomes across key indicators, with continued focus required on shifting care closer to home and reducing avoidable escalation.

Spotlight on good practice

Bishopbriggs Community Treatment and Care Centre and NHSGGC Chair's Award for Innovation

The opening of the Bishopbriggs Community Treatment and Care Centre in December 2025 marked a significant milestone in the HSCP's commitment to delivering planned clinical care closer to home. The service provides a range of nursing-led interventions from a modern, purpose-built community setting, increasing clinical capacity from 22 to 40 sessions and offering greater flexibility in appointment times than was previously available through GP practice accommodation. Early feedback from patients highlighted the accessibility and quality of the environment, with people valuing consistency of staffing and improved convenience of access.

The Community Treatment and Care Service team also received the NHSGGC Chair's Award for Innovation during 2025/26, recognising their work in supporting the self-administration of vitamin B12 by patients. This initiative enables people to manage their own treatment at home rather than attending a clinical setting for each injection, reducing unnecessary contact with services and supporting greater independence and self-management. The award provides independent external recognition of the team's commitment to person-centred, innovative practice and reflects the broader principle that prevention and early intervention are most effective when people are empowered to take an active role in managing their own health.

2.4 Public protection

What we aimed to achieve

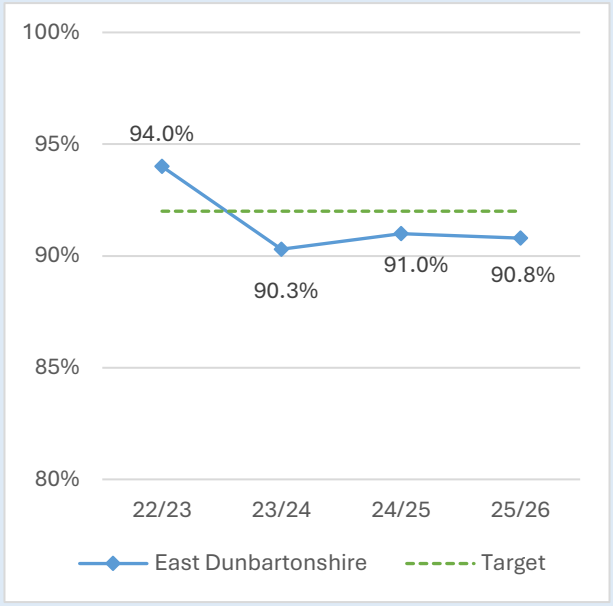
During 2025/26, the HSCP prioritised its statutory public protection duties, with a focus on ensuring consistently high standards in identifying and responding to risk to vulnerable children and adults. This included implementing improvement actions arising from the Joint Adult Support and Protection Inspection, maintaining robust child protection processes and timescales, and strengthening the capacity, training and support arrangements for the public protection workforce. The HSCP also continued to develop trauma-informed approaches across services, recognising the role that safe, person-centred environments play in supporting people who have experienced harm.

Delivery highlights

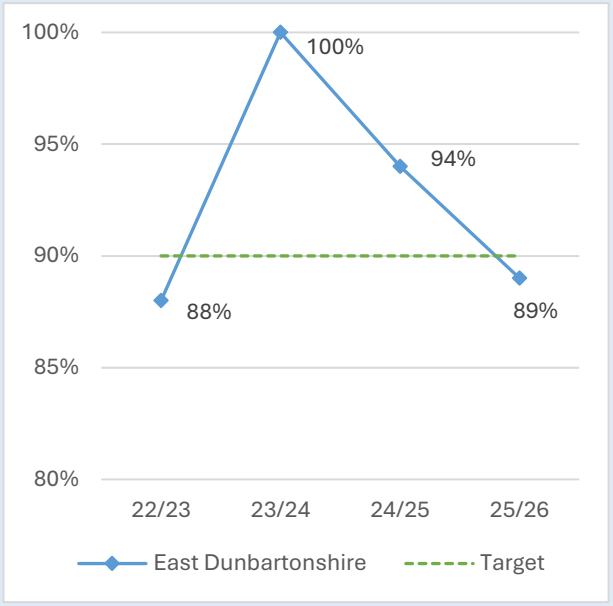
- Progressed implementation of the improvement plan arising from the Joint Adult Support and Protection Inspection, with actions overseen through the Adult Support and Protection (ASP) Committee Delivery Group meeting on a six-weekly basis, providing structured governance and accountability for improvement.
- Strengthened the Public Protection Service workforce model, including updates to administrative roles and skill mix changes to support service delivery, digital improvements and more consistent recording practice.
- Maintained a structured programme of learning and development across child protection and adult support and protection, including Level 3 training sessions delivered remotely and promoted through the public protection learning calendar.
- Progressed trauma-informed practice development, including engagement with staff and service users on how Kirkintilloch Health and Care Centre could become more trauma-informed, and securing endowment funding to improve treatment room environments.
- The planned review of the HSCP public protection function was scoped but not progressed within 2025/26, with the work formally deferred to 2026/27 following prioritisation of other service review activity.

Performance snapshot

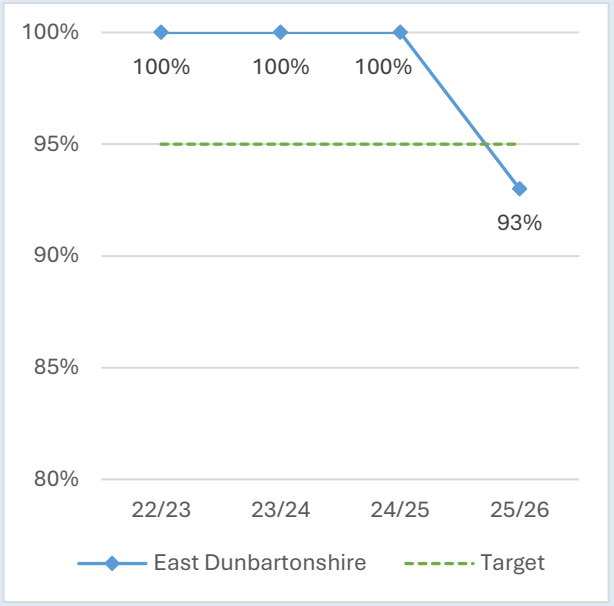
Percentage of Adult Protection cases where the required timescales have been met



Percentage of initial Child Protection Planning Meetings taking place within target timescale



Percentage of first Review Child Protection Planning Meetings taking place within 6 months of registration



Performance across the three measures was mixed during 2025/26. The proportion of ASP cases meeting required timescales remained broadly stable but below the 92% target, reflecting a combination of increased demand, workforce vacancies affecting capacity, and administrative pressures. Improvement actions are progressing to address these pressures. Performance against child protection timescales showed variation during the year, with initial Child Protection Planning Meetings achieving 89% against a 90% target and first review meetings achieving 93% against a 95% target. These annual figures were affected by a small number of cases falling outwith timescales in individual quarters, with 100% performance achieved in three of the four quarters for one measure. The small volumes involved mean that individual cases can have a significant impact on annual performance figures. Overall, the results indicate broadly consistent practice, with targeted improvement activity focused on areas of greatest pressure.

Summary

Delivery in 2025/26 maintained the HSCP's focus on public protection as a statutory priority, with continued implementation of the ASP improvement plan, sustained workforce training and development activity, and progress on trauma-informed practice. Performance against key timescale measures remained mixed, with Adult Support and Protection below target and child protection performance broadly maintained but subject to variation. The planned review of the public protection function was not progressed within the year and is carried forward to 2026/27. Improvement actions across adult and child protection processes are being progressed and will continue to be monitored through established governance arrangements.

Spotlight on good practice

Trauma-informed environments and lived-experience partnership working

During 2025/26, the HSCP progressed work to embed trauma-informed practice across services, with a particular focus on the physical environment and the involvement of people with lived experience. A partnership project supported people with lived experience of trauma and recovery to contribute directly to improving the environment at Kirkintilloch Health and Care Centre, with endowment funding secured to enable improvements to treatment room settings. This work reflects a preventative, rights-based approach to public protection, recognising that safe, welcoming environments and meaningful involvement reduce distress and support recovery. The project also generated learning that is informing wider consideration of trauma-informed practice across HSCP settings, demonstrating how locally driven improvement activity can have an impact beyond its immediate context.

2.5 Supporting carers and families

What we aimed to achieve

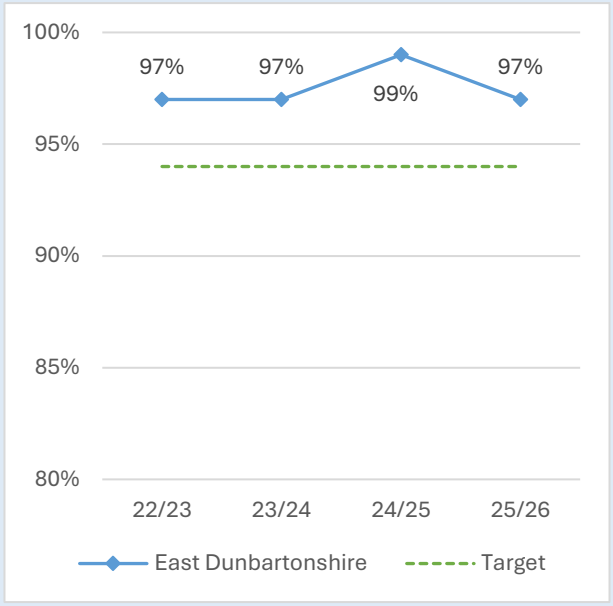
During 2025/26, the HSCP sought to support carers, young carers and families to identify and achieve their personal outcomes, and to ensure that the services supporting people with learning disabilities and their families are sustainable, high quality and fit for purpose. This included progressing a programme of reviews across learning disability services, addressing financial sustainability, reducing high-cost care packages where appropriate, and exploring new models of provision. Alongside this, the HSCP continued to implement its Carers Strategy 2023-26, maintaining focus on carer identification, support planning and access to respite, while also exploring the potential of developing an all-age approach to learning disability social work. Underpinning all of this activity was a commitment to involving people, families and carers meaningfully in decisions about the services they rely on.

Delivery highlights

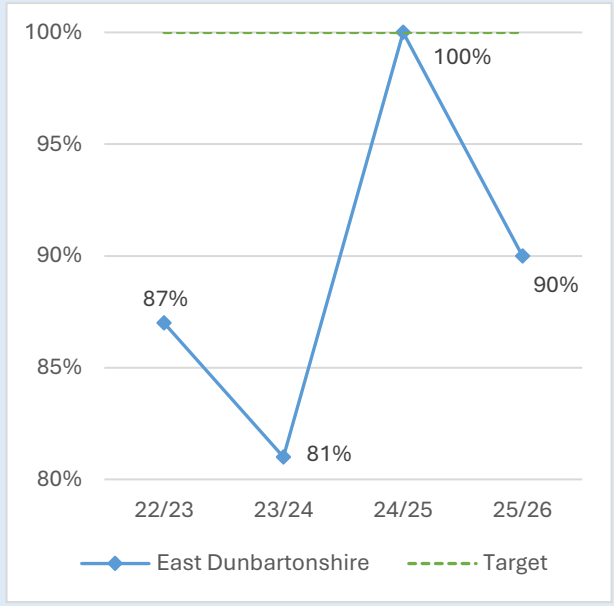
- Progressed multiple strands of the Learning Disability Strategy review, including completing the Pineview Supported Accommodation Service review with the recommended model approved by the IJB, advancing the commissioned respite review through consultation and service specification development, and progressing a programme of individual care package reviews to address high-cost packages.
- Commenced the review of the supported accommodation estate, completing demand analysis, baseline assessment and governance work, establishing the foundation for a Support with Accommodation Strategy with priorities identified for 2026/27.
- Progressed the review of John Street House Care Home Service, with the service achieving Good grades across all five Care Inspectorate key questions by July 2025 following targeted improvement activity throughout the year.
- Completed the exploration of developing an all-age learning disability function, securing governance approval following option appraisal and stakeholder engagement, with the project transitioning to implementation planning in 2026/27.
- Continued implementation of the Carers Strategy 2023-26, with Young Carer ID cards introduced in schools during 2025/26 and increased uptake of Adult Carer Support Plans and Young Carer Statements across the year.
- Continued implementation of the Children's House Project model, providing relationship-based support for young people leaving care and contributing to the HSCP's commitment to delivering on The Promise.

Performance snapshot

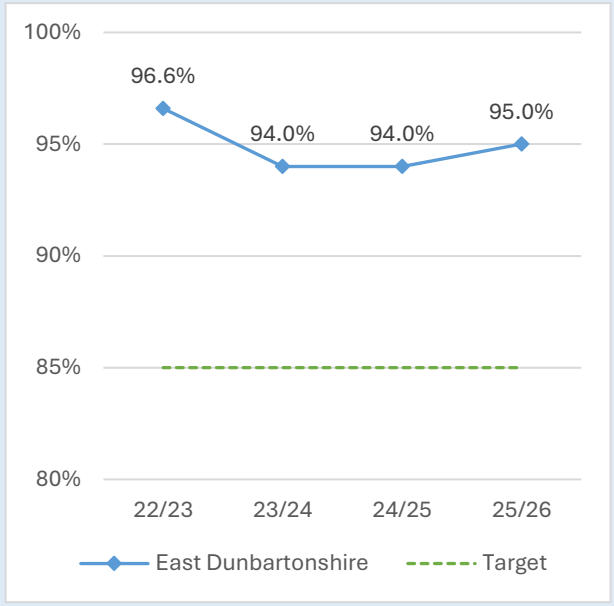
Percentage of carers who feel supported to continue in their caring role



Percentage of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated



Percentage of children receiving 27-30 months assessment



Performance across the three measures shows a mixed but generally positive picture. The proportion of first Looked After and Accommodated reviews taking place within four weeks of a child being accommodated was 90% in 2025/26, below the 100% target, with one review of ten taking place outwith timescale. The proportion of children receiving their 27 to 30 month assessment reached 95%, above the 85% target, reflecting strong performance in early identification of additional developmental needs. Locally reported data indicates that 97% of carers felt supported to continue in their caring role, based on 179 reviews where a caring role was identified. This local measure is not directly comparable with the national Core Integration Indicator on carer support, which reflects the broader experience of unpaid carers across the general population including those with no contact with formal HSCP services, and the two figures should be read accordingly.

Summary

Delivery in 2025/26 was substantial across this priority, with multiple strands of the Learning Disability Strategy review progressed alongside implementation of the Carers Strategy, which was extended to March 2027. The John Street House improvement journey is a particular highlight, demonstrating the capacity for rapid and sustained improvement when governance, leadership and practice are aligned. Work on Care at Home reablement expansion was delayed and is carried forward to 2026/27, alongside implementation of review recommendations across supported accommodation, respite and the all-age learning disability function.

Spotlight on good practice

Care at Home customer experience survey

During June and July 2025, the HSCP surveyed all in-house Care at Home service users, receiving 174 responses representing a 43.3% response rate. Overall feedback was strongly positive, with 95.4% of respondents rating their experience as Excellent, Very Good or Good and no responses indicating Weak or Unsatisfactory. Where concerns were raised, follow-up engagement took place to understand issues and identify improvements. Feedback highlighted consistency of carers and reliability of visit times as priorities for ongoing service development, and these findings are informing continued improvement activity.

Rating	%
Excellent	47.2%
Very Good	36.8%
Good	11.4%
Adequate	4.6%
Weak/ Unsatisfactory	0%

John Street House: improvement through governance, leadership and practice

John Street House was subject to an unannounced Care Inspectorate inspection in March 2025 which identified significant improvement needs, particularly in relation to infection prevention and control and care planning. The HSCP responded with targeted improvement activity supported by strengthened leadership and quality assurance arrangements. A follow-up inspection in May 2025 confirmed that the infection prevention and control requirement had been met within timescales. A further inspection in July 2025 found the service achieving Good grades across all five Care Inspectorate key questions, with inspectors noting a warm and welcoming environment, positive outcomes associated with changes to the management team, and evidence of active, individualised lifestyles for residents. The trajectory from Weak to Good across all key questions within a single year reflects the commitment of staff and leadership to rapid and sustained improvement.

2.6 Improving mental health and recovery

What we aimed to achieve

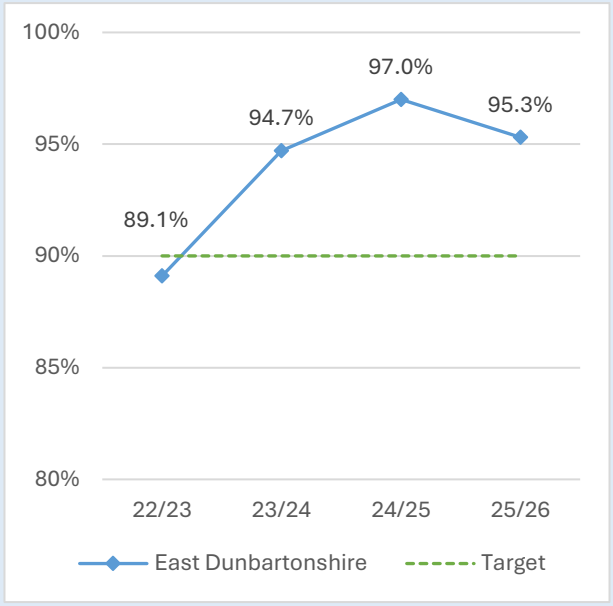
During 2025/26, the HSCP aimed to progress the redesign and delivery of mental health and alcohol and drug recovery services to ensure they are responsive to local need, recovery-focused and aligned with national and regional priorities. This included completing formal service reviews of community mental health provision, resolving cross-boundary service arrangements, strengthening access to timely treatment, and working in partnership to advance regional specialist provision for children and young people. Underpinning all of this activity was a commitment to sustaining performance against national standards while progressing the longer-term transformation of services towards more community-based, person-centred and financially sustainable models of care.

Delivery highlights

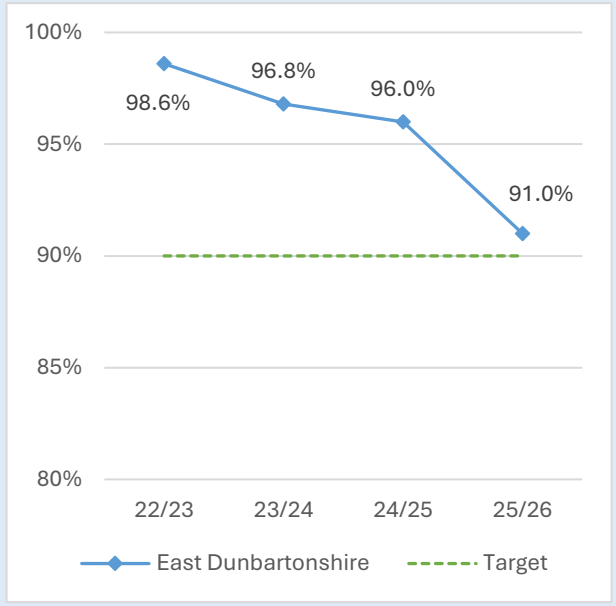
- Completed the Strategic Review of Mental Health and Alcohol and Drug Recovery Services, securing governance approval and progressing implementation through provider engagement and revised contract arrangements.
- Completed the Community Mental Health Team and Older People's Community Mental Health Team Service Review, delivering recurring savings of £132,492 per annum through role redesign and revised skill mix while maintaining safe staffing.
- Achieved green status across all Medication Assisted Treatment Standards for the first time, providing strong assurance of access, quality and person-centred approaches across alcohol and drug recovery services.
- Maintained strong performance against national waiting time standards for drug and alcohol treatment, psychological therapies and Child and Adolescent Mental Health Services (CAMHS), and recovered post-diagnostic dementia support to 98% in 2025/26 following a period of reduced performance.
- Advanced regional planning for the West of Scotland Adolescent Intensive Psychiatric Care Unit (IPCU) and West of Scotland Forensic and Secure CAMHS, with both projects progressed but not fully operationalised within 2025/26 and carried forward.
- Resolved the North Lanarkshire Corridor Service Level Agreement, concluding cross-boundary service and governance arrangements with agreed continuation of provision.
- Launched an 8-week digital Cognitive Behavioural Therapy group programme through the Primary Care Mental Health Team, with patient feedback indicating 100% satisfaction and 100% reporting improvement in symptoms.

Performance snapshot

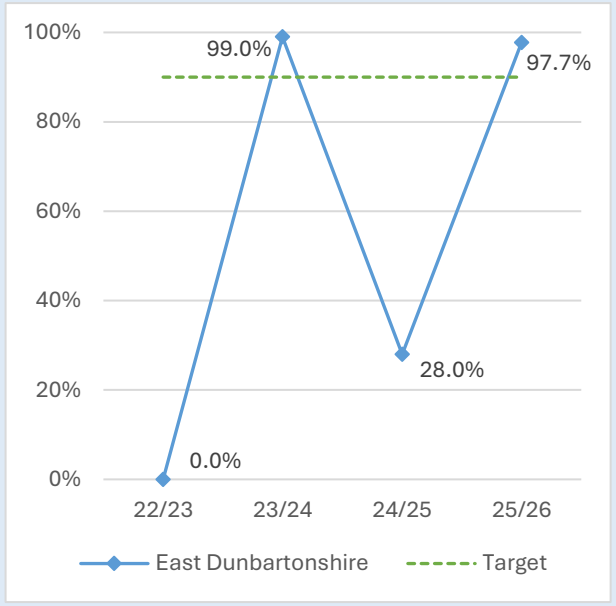
Percentage of People Waiting less than 3 weeks for Drug & Alcohol Treatment



Percentage of people waiting less than 18 weeks to start treatment for psychological therapies



Percentage of people newly diagnosed with dementia receiving Post Diagnostic Support within 12 weeks



Performance during 2025/26 highlights sustained strength in access to alcohol and drug treatment. The proportion of people waiting less than three weeks to start treatment was 95.3%, continuing a pattern of performance above the 90% national standard and representing a marked improvement from 89.1% in 2022/23. Access to psychological therapies remained strong, with the 18-week national standard maintained at 91%, although the downward trend compared with previous years will require continued monitoring. Post-diagnostic support for people newly diagnosed with dementia improved significantly in 2025/26, reaching 98% against a 90% target following a period of reduced performance in 2024/25. This recovery represents a substantial improvement and provides assurance that access to post-diagnostic support has been restored.

Summary

Delivery in 2025/26 represented significant progress, with two formal service reviews concluded and approved, cross-boundary service arrangements resolved, and MAT Standards achieved green across all ten measures for the first time. Performance against national waiting time standards was broadly sustained, with dementia post-diagnostic support recovering strongly after a difficult 2024/25. Regional planning for specialist CAMHS provision advanced during the year but full operationalisation of the West of Scotland Adolescent IPCU and Forensic CAMHS services was not achieved within 2025/26 and remains a priority for 2026/27. The HSCP also secured over £0.5m through the national Gambling Levy to deliver a three-year prevention-focused programme addressing gambling-related harm, providing a significant platform for early intervention in the years ahead.

Spotlight on good practice

Medication Assisted Treatment (MAT) Standards

During 2025/26, the HSCP's Alcohol and Drug Recovery Service, working closely with the Alcohol and Drug Partnership, achieved green status across all ten MAT Standards, as assessed by Public Health Scotland and published in June 2025. This was the first time all ten standards had been rated green, representing a sustained programme of improvement since the standards were introduced in 2022. The standards span access, treatment, harm reduction, psychosocial support and person-centred care, and achieving green status across all ten provides strong independent assurance that people accessing alcohol and drug recovery services in East Dunbartonshire receive consistent, high-quality treatment in line with national expectations.

Primary Care Mental Health: digital and peer-supported approaches

During 2025/26, the Primary Care Mental Health Team launched an 8-week digital Cognitive Behavioural Therapy group programme, delivered via Microsoft Teams in partnership with the Renfrewshire Doing Well Service. The programme combined psychoeducation, interactive group exercises and structured between-session work across core CBT strategies. Between August and November, the team received 561 referrals and delivered 1,281 individual sessions, with patient feedback indicating 100% satisfaction, with 100% reporting improvement in symptoms and 95.2% reporting improved day-to-day functioning. Planning is under way for a rolling 2026 programme with consideration being given to evening sessions to improve access for people of working age and those with caring responsibilities.

Section 3: Strategic enablers

Delivery during 2025/26 was supported by a range of strategic enablers set out in the Strategic Plan and reflected in the Annual Delivery Plan. These enablers underpin progress across multiple priorities, supporting service redesign, efficiency and improvement. This section summarises how the key enablers contributed to delivery during the year, recognising that progress varied across areas and that some activity remains developmental and foundational in nature.

3.1 Collaborative commissioning

What we aimed to achieve

During 2025/26, the HSCP aimed to strengthen collaborative commissioning and contracting approaches to better align resources with strategic priorities, improve the use of data and analysis to inform commissioning decisions, and support service redesign to improve outcomes, efficiency and long-term sustainability.

Delivery highlights & Summary

- Progressed reviews of adult and children's commissioned services, providing an evidence base to inform future commissioning intentions and support alignment with Strategic Plan priorities.
- Undertook analysis of commissioned spend across service areas, including investment in the voluntary sector, to improve understanding of resource allocation and inform future financial and commissioning decisions.
- Advanced work to develop more consistent and strategic approaches to commissioning and contracting, including strengthening governance and planning arrangements to support service modernisation and efficiency.
- Supported wider service redesign and transformation activity through commissioning input, ensuring that commissioned services are aligned to emerging models of care and delivery priorities.

Activity in 2025/26 strengthened the analytical and governance foundations for collaborative commissioning, providing a clearer evidence base for future commissioning decisions and improving alignment between commissioned services and Strategic Plan priorities. More targeted commissioning reform will be progressed in 2026/27, building on the review activity undertaken during the year.

3.2 Infrastructure and technology

What we aimed to achieve

The HSCP aimed to maximise the use and development of infrastructure and technology to support high-quality, community-based service delivery, enable self-management, and improve efficiency through modern facilities and digital solutions.

Delivery highlights

- Completed the Bishopbriggs Community Treatment and Care Centre development, with the service opening on 1 December 2025, increasing clinical capacity from 22 to 40 sessions and providing modern, fit-for-purpose community-based facilities. Early patient feedback was positive, with people valuing consistency of staffing, improved appointment flexibility and the quality of the new environment.
- Progressed feasibility and planning work for the West Locality premises in Milngavie, with further development paused pending NHS Capital Planning decisions, and officers continuing to work with NHSGGC Capital Planning on longer-term requirements.
- Reviewed summary business cases for Woodlands and Milngavie Clinic, with outputs informing future estate planning and service delivery decisions.
- Developed, approved and published the HSCP Digital Strategy 2025-30 at the November 2025 IJB, providing a clear strategic framework for digital and technology-enabled service delivery over the life of the Strategic Plan.
- Progressed implementation of the digital telecare project, supporting modernisation of telecare services across sheltered housing and community settings.
- Equalities Mainstreaming and Outcomes Progress Report (2023–2025) approved, providing assurance on delivery of Equality Outcomes and compliance with statutory duties.

Summary

Infrastructure and technology delivery in 2025/26 was anchored by two significant achievements: the opening of the Bishopbriggs Community Treatment and Care Centre and the approval of the Digital Strategy 2025-30. Together these provide both immediate improvements in community-based service capacity and a clear strategic direction for digital enablement across the HSCP. Property development activity progressed where capital planning allowed, with West Locality and Woodlands work continuing into 2026/27 subject to NHS Capital Planning decisions. The approval of the Equalities Mainstreaming and Outcomes Progress Report (2023–2025) provides assurance that equality considerations are embedded in service planning, decision-making and delivery, supported by the routine application of Equality Impact Assessments.

Spotlight on good practice

HSCP Digital Strategy 2025-30

During 2025/26, the HSCP developed, approved and published its Digital Strategy 2025-30, setting out how digital and technology-enabled approaches will support delivery of the Strategic Plan. The Strategy was developed through established governance arrangements including the Digital Health and Care Strategy Board, with input from clinical, operational and partner representatives to ensure alignment with local priorities and national policy. It positions digital as a key enabler for integrated, person-centred services, supporting improved access to information, more joined-up working across health and social care, and more efficient use of resources. Its publication provides assurance that the HSCP has a clear and agreed approach to digital development, with appropriate governance and a focus on enabling sustainable service improvement over the life of the Strategic Plan.

3.3 Maximising operational integration

What we aimed to achieve

The HSCP aimed to strengthen collaboration across health, social work and social care through more integrated pathways and whole-system approaches, improving coordination across services, reducing avoidable escalation and supporting more effective joined-up community-based care.

Delivery highlights

- Completed the review of the Care Home Support Team, delivering recurring savings of £64,240 per annum through deletion of two posts and introduction of a Social Work Assistant role, while maintaining the multidisciplinary model and statutory functions.
- Completed a test of change to pilot enhanced multidisciplinary working across health and community care, with learning informing the development of more integrated working approaches across services and contributing to future locality-based delivery models.
- Delivery of the East Dunbartonshire components of the GGC Unscheduled Care Joint Commissioning Plan was not progressed within 2025/26, as the overarching regional plan was not ratified during the year. Local actions were progressed through the frailty workstream and locality-based working, and will be aligned to the regional plan when finalised.

Summary

Operational integration activity in 2025/26 delivered tangible improvements through the Care Home Support Team review and the multidisciplinary working test of change, both of which are evidenced achievements with clear outcomes. The GGC Unscheduled Care Joint Commissioning Plan was not progressed as planned due to the regional plan not being ratified, and this remains an area of focus for 2026/27. The locality planning framework established during the year provides a stronger foundation for whole-system working in future years.

3.4 Medium-term financial and strategic planning

What we aimed to achieve

During 2025/26, the HSCP aimed to strengthen medium-term financial and strategic planning to support sustainability, affordability and delivery of strategic priorities within a challenging financial environment characterised by increasing demand and constrained resources. A central component of this was the Towards Sustainability programme, a structured programme of service reviews and redesign activity designed to identify savings and ensure organisational structures are fit for purpose.

Delivery highlights

- Completed the Operating Model and Senior Leadership Review, launched in April 2025 and concluded in October 2025, with the new structure approved at the November 2025 IJB. The review delivered savings of £100,860, meeting the target set at the outset, and established a revised senior leadership structure organised around three functional service groups to support whole-system working and strategic delivery.
- Completed the Adult Social Work Services Review, delivering savings of £124,167 per annum through enhanced skill mix and role redesign, while protecting statutory functions and avoiding compulsory redundancies.
- Completed the Community Mental Health Team and Older People's Community Mental Health Team Service Review, delivering savings of £132,492 p/a through role redesign and revised skill mix while maintaining safe staffing arrangements.
- Completed the Business Support Service Review, with the recommended option approved in March, delivering a target saving of £50,000 in 2025/26, an expected in-year saving of £60,794 in 2026/27 and a recurring saving of £160,794 from 2027/28.
- Completed the Care Home Support Team Review, delivering savings of £64,240 per annum as noted under Section 3.3.
- Delivered a focused programme of de-prescribing and realistic medicine activity across GP practices, contributing to more appropriate use of resources and supporting person-centred approaches to long-term condition management.
- The refresh of the Medium-Term Financial Strategy was not completed within 2025/26. Initial review and stakeholder engagement work was undertaken but the full refresh was deferred to align with the 2026/27 Annual Delivery Plan and budget setting process.

Summary

The Towards Sustainability programme delivered substantial and evidenced savings during 2025/26, with five service reviews concluded and approved through governance, generating confirmed savings of over £0.5m per annum across the programme. In addition, further savings have been identified through management actions and efficiency measures. This represents a significant achievement in the context of the financial pressures facing the HSCP and provides a stronger recurring baseline for future years. The Medium-Term Financial Strategy refresh was not completed within the year and remains a priority for 2026/27, where it will inform future savings requirements and service redesign priorities across the life of the Strategic Plan.

3.5 Workforce and organisational development

What we aimed to achieve

The HSCP aimed to strengthen workforce planning, recruitment, retention and wellbeing, ensuring staff have the capacity, skills and support required to deliver high-quality services now and in the future.

Delivery highlights

- Developed and approved the HSCP Workforce Plan 2025-2030, aligned to the Strategic Plan and developed using the six-step methodology for integrated workforce planning, with the action plan subject to six-monthly review.
- Approved the Specialist Children's Services Workforce Plan 2025-2030 and the Oral Health Directorate Workforce Plan at the January 2026 IJB, providing workforce planning frameworks across all three service areas hosted or delivered by the HSCP.
- Reviewed supervision policies and practices within Specialist Children's Services, developing standards aligned to the values of empowerment, self-management, shared decision-making and co-production, with a monitoring strategy in development.
- Achieved revalidation of the UNICEF UK Baby Friendly Initiative Gold Award in October 2025, providing independent assurance of high standards of infant feeding support and staff culture across community children's services.
- Progressed reviews of management structures and organisational design through the Towards Sustainability programme, supporting improved alignment with service delivery priorities and more effective deployment of workforce capacity.

Summary

Workforce and organisational development activity in 2025/26 delivered a comprehensive suite of workforce planning frameworks across the HSCP, Specialist Children's Services and the Oral Health Directorate, providing a clear baseline for future workforce development and sustainability. The UNICEF Baby Friendly Initiative Gold revalidation provides external assurance of quality and staff culture in a key service area. Looking ahead, implementation of the workforce plan action plans and progression of recruitment and retention priorities will be central to ensuring the HSCP has the workforce capacity needed to deliver the Strategic Plan.

Spotlight on good practice

UNICEF Baby Friendly Initiative – Gold revalidation

In October 2025, the HSCP successfully achieved revalidation of its UNICEF UK Baby Friendly Initiative Gold Award, confirming that high standards of infant feeding support and care continue to be embedded across community children's services. The revalidation process recognised strong leadership, a positive and supportive staff culture, effective monitoring and audit arrangements, and clear evidence of continuous improvement and integrated working. The HSCP was highly commended for the quality of evidence submitted and for the way Baby Friendly standards are sustained and developed in practice. This revalidation provides independent assurance of the HSCP's approach to quality improvement, staff engagement and governance, and demonstrates how national standards can be embedded and maintained over time to support improved outcomes for families.

Section 4: Hosted services

Health and Social Care Partnerships operate within a statutory framework that allows services and functions to be delegated to an Integration Joint Board (IJB). While most delegated services are planned and delivered locally, some specialist services are not suited to local division due to the need for scale, consistency or specialist expertise. In these circumstances, it is agreed that one IJB will host services on behalf of some or all the IJBs across NHS Greater Glasgow and Clyde.

Hosting arrangements support efficient delivery while maintaining clear governance and accountability. East Dunbartonshire HSCP hosts two services on behalf of the wider family of IJBs within NHS Greater Glasgow and Clyde: Specialist Children's Services and Oral Health Services. The summaries below highlight key developments and priorities for each hosted service, with full updates provided in Annex 6 (Specialist Children's Services) and Annex 7 (Oral Health Directorate).

4.1 Specialist Children's Services

Specialist Children's Services deliver specialist health and wellbeing services for children and young people across NHS Greater Glasgow and Clyde, including CAMHS, specialist community paediatrics, neurodevelopmental pathways and Tier 4 services including inpatient provision.

Key developments during 2025/26 included: maintaining CAMHS referral to treatment performance above the national standard, with 100% achieved in both February and March 2026; targeted work to reduce waits between first or assessment appointments and subsequent appointments, supported by £1m of reserves and reducing the median wait from 50.9 weeks in July 2025 to 21 weeks in March 2026; continued service improvement work in eating disorders including Scottish Government audit tool priorities, data and training improvements; development of MyApp: My Mental Health content informed by school-based feedback; and ongoing regional Tier 4 review and scrutiny activity including Healthcare Improvement Scotland and Mental Welfare Commission inspection reports and an invited review of Skye House.

Priorities for 2026/27 include: strengthening parent and family involvement in Skye House; implementing the Intensivised CAMHS model and actions from national work on adolescent inpatient care; progressing Year 2 actions of the SCS Workforce Plan including recruitment and wellbeing priorities; further MyApp resource development and dissemination; improving completeness of the CAPTND dataset; and sharing and piloting learning from the CAMHS engagement study to support improved attendance and engagement.

4.2 Oral Health Services

The Oral Health Directorate (OHD) is hosted within East Dunbartonshire HSCP and is responsible and accountable for Primary Care Dental services across NHS Greater Glasgow and Clyde. This includes General Dental Services, the Public Dental Service, Oral Health Improvement, Secondary Care Dental Services and Dental Public Health.

Key developments during 2025/26 included: updating and approval of the OHD Workforce Plan; the Mobile Dental Unit becoming fully operational in October 2025, supporting dental care for vulnerable and socially excluded individuals where delivery from fixed estate is not practicable; appointment of a permanent Project Manager and progress in establishing the Directorate Strategic and Operational Plan; and continued action to address access challenges to NHS dentistry, particularly in Inverclyde, including support for Scottish Dental Access Initiative activity. The new Public Dental Service department at Parkhead Hub became fully operational in August 2025, expanding capacity across priority and vulnerable groups and supporting training and workforce development. A suite of Lifelong Smiles animations was also developed to help children, adults and carers prepare for dental appointments.

Priorities for 2026/27 include: monitoring de-registrations to identify emerging access issues; formal launch activity for the Mobile Dental Unit; progressing recruitment of a temporary Consultant in Dental Public Health; finalising the Oral Health Needs Assessment and progressing recommendations; continued work with Inverclyde HSCP on access solutions; continued development of the Directorate Strategic and Operational Plan; and completing key service reviews and pathway improvements including waiting list management.

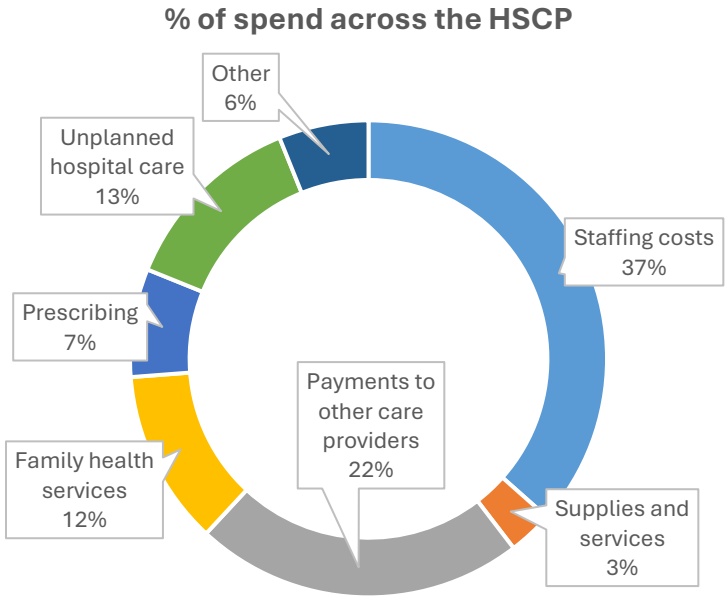
Section 5: Financial performance and Best Value

5.1 Financial context

The IJB is responsible for stewardship of public funds delegated for integrated health and social care services by East Dunbartonshire Council and NHS Greater Glasgow and Clyde. The IJB is required to set a balanced budget and report on financial planning and performance and Best Value as part of its annual performance reporting duties.

For 2025/26, the IJB approved a total original net budget of £287.347m, including £42.474m set aside for acute hospital services. Following in-year changes agreed through governance, the annual budget increased to £308.720m (a net increase of £21.373m). These changes reflected finalisation of rollover budgets, additional Scottish Government allocations for policy initiatives (including Primary Care Improvement Programme, Alcohol and Drug Partnership, Dementia, Hospital at Home, and Unscheduled Care), and additional funding to meet pay uplift pressures above baseline assumptions.

Overall, financial planning continued to be shaped by sustained demand and rising costs, including pay and contractual pressures, demographic change and increasing complexity of need, and volatility in specific areas such as prescribing. Where funding is non-recurring or time-limited, this increases the importance of recurring efficiencies and service redesign to maintain financial sustainability over the medium term.



5.2 Financial performance during 2025/26

Financial performance was monitored throughout 2025/26 through regular budget reporting to the IJB, reflecting both the underlying cost pressures facing the HSCP and the management action taken in-year to maintain financial balance. The final outturn position (inclusive of hosted services) showed an underspend of £9.972m.

After accounting for planned in-year use of reserves and movements to earmarked reserves (including movements relating to specific policy initiatives, hosted services and the proposed earmarking of prescribing underspend), the final position reduced to an underspend on operational service delivery of £1.576m.

Care Group / Service Area	Annual budget (£m)	Actual spend (£m)	Proportion of total spend	Year-end variance (£m)	Reserves adjustment (£m)	Operational year-end variance (£m)
Strategic & Resources	5.412	2.802	0.94%	2.610	(1.650)	0.960
Older People & Adult Community Services	66.251	62.795	21.02%	3.456	(3.430)	0.026
Physical Disability	5.296	5.125	1.72%	0.171	0	0.171
Learning Disability	26.706	26.298	8.80%	0.408	0	0.408
Mental Health	5.097	4.864	1.63%	0.233	0	0.233
Addictions	2.182	3.034	1.02%	(0.852)	0.707	(0.145)
Planning & Health Improvement	0.616	0.471	0.15%	0.145	(0.004)	0.141
Children's & Criminal Justice Services	18.471	18.962	6.34%	(0.491)	(0.042)	(0.533)
Other Non-Social Work Services	1.890	1.457	0.49%	0.433	0	0.433
Family Health Services	40.749	40.900	13.69%	(0.151)	0	(0.151)
Prescribing	24.329	23.598	7.90%	0.731	(0.731)	0
Oral Health Services	14.010	13.437	4.50%	0.573	(0.573)	0
Specialist Children's Services	51.674	48.968	16.39%	2.706	(2.673)	0.033
Set Aside	46.037	46.037	15.41%	0	0	0
TOTAL	**308.720**	**298.748**	**100%**	**9.972**	**(8.396)**	**1.576**

The final position also highlighted offsetting pressures across delegated services. Delegated health services were underspent by £1.649m, while delegated social work and social care services were overspent by £0.073m. Overall, the final position reflects planned reserve movements and other non-recurring measures, alongside ongoing action to manage underlying pressures and deliver the agreed savings and transformation programme.

To comply with statutory requirements, the HSCP expenditure is also categorised into the following national service groupings.

National Service Groupings	Actual spend (£m)	Proportion of total spend
Emergency Care (including hospital set aside)	46.037	15.41%
Inpatient care	3.901	1.31%
Community health	164.400	55.03%
Social care	81.441	27.26%
Self-directed support	2.969	0.99%
TOTAL	**298.748**	**100%**

While the HSCP plans and delivers services operationally across its localities, the integrated budget is managed, monitored, and reported as a single budget for the whole of East Dunbartonshire. Consequently, financial performance and expenditure are not disaggregated into individual locality budgets for this reporting period. The opportunity to do so going forward will be reviewed.

5.3 Reserves position and financial resilience

The IJB's reserves are an important indicator of financial resilience and provide flexibility to manage volatility, support transformation and respond to unplanned pressures. The IJB's reserves policy identifies a prudent minimum level for general reserves of 2% of net expenditure excluding set aside funding (approximately £5.0m). At 31 March 2026, general reserves stood at £3.955m, equivalent to 1.6% of net expenditure excluding set aside, and therefore below the policy benchmark. In addition to general reserves, the HSCP holds earmarked reserves for specific purposes, including policy commitments, service developments and planned investment. At the year end, earmarked reserves totalled £28.473m. The IJB has agreed proposals to review and re-designate elements of these reserves to support future financial resilience and budget management. While the use of earmarked reserves can assist in managing short-term

financial pressures, reliance on reserves is not a sustainable long-term solution and reduces flexibility to support future transformation and service improvement activity.

5.4 Best Value service delivery

Statutory guidance requires the HSCP to assess whether Best Value has been achieved in planning and delivering services, including identifying opportunities for further efficiencies where appropriate. In 2025/26, the HSCP progressed a programme of service review and redesign activity to support sustainability and affordability, alongside management action to mitigate cost pressures. Several reviews approved through governance during the year identified recurring efficiencies through redesign and revised skill mix, while aiming to protect statutory delivery and safe staffing. For example:

- The Adult Social Work Services Review recommended option achieved a recurring saving of £124,167 per annum, largely through redesign and reconfiguration using vacant posts and new role profiles intended to release qualified staff time for statutory functions.
- The Community Mental Health Team & Older People's Community Mental Health Team Service Review recommended options achieved recurring savings of £132,492, primarily through use of vacancies and role redesign, while maintaining safe staffing arrangements and avoiding adverse impact on existing staff.
- The Business Support Service Review set out a redesigned model aligned to the HSCP operating model, with longer-term recurring savings identified (including a recurring saving of £160,794 in 2027/28 under the recommended option), alongside interim savings expectations across the implementation period.

Looking ahead, achieving Best Value will continue to require a focus on recurring savings and service redesign, recognising that difficult decisions may be required on service levels and delivery models to remain within available resources.

5.5 Forward look: affordability and medium-term financial sustainability

The HSCP's current Medium-Term Financial Strategy (MTFS) for 2022–2027 describes a range of potential scenarios for future cost increases and funding settlements. On that basis, the estimated savings requirement over the next five years is £46.0m to £88.9m, with the most likely scenario indicating a financial gap of £48.9m. The MTFS makes clear that the scale of the challenge is such that the HSCP cannot assume it will continue to deliver the same range and levels of service without significant change, and that closing the gap

will require a programme of recurring efficiencies, service redesign and transformation. Key future risks include the combined impact of pay awards, inflation, demand and economic volatility, and workforce capacity, all of which can materially affect cost projections and the deliverability of savings plans.

Looking ahead, workforce-related pressures include the reduction in the Agenda for Change working week from April 2026, which may have service capacity and/or cost implications depending on how any lost hours are covered. Additional board funding was made available to the HSCP which was prioritised to directly patient-facing services to mitigate the impact of the reduced working week. A refresh of the MTFS is underway and will inform future priorities, including the development of recurring savings proposals and service redesign activity, supported by planned stakeholder engagement.

Financial Year	Total Budget (£m)	Total Spend (£m)	Variance (£m)
2021/22	212.712	198.566	14.146
2022/23	208.479	215.407	(6.928)
2023/24	268.269	265.925	2.344
2024/25	280.704	280.792	(0.088)
2025/26	308.720	298.748	9.972

Section 6: Scrutiny and inspection

This section provides a concise overview of scrutiny and inspection activity during 2025/26, focusing on key findings, requirements and follow-up actions. A full list of Care Inspectorate evaluation grades for relevant services is included in Annex 8.

Care Inspectorate – Home Care Services (Care at Home), Mainstream Team

A full unannounced Care Inspectorate inspection of Home Care Services – Mainstream Team took place on 4th to 7th November 2025. At the time of inspection, the service was supporting 403 people across East Dunbartonshire, including people with physical and mental health conditions, dementia and palliative care needs, and included a small reablement function.

The Care Inspectorate evaluated the service as:

- How well do we support people's wellbeing? – 5 (Very Good)
- How good is our leadership? – 5 (Very Good)
- How good is our staff team? – 4 (Good)
- How well is our care and support planned? – 4 (Good)

Key messages from the inspection highlighted kind, respectful and person-centred care; consistently positive feedback from people and families; supportive leadership and effective quality assurance; and improvements in care planning and medication procedures through training, review and audit activity. The report also confirms that previous requirements relating to personal planning, moving and handling, and medication management were met within required timescales.

One area for improvement was identified in relation to statutory notifications to the Care Inspectorate, noting that some incidents (including medication errors, accidents, incidents, or adult protection concerns) had not always been notified when required, and that strengthening notification processes would support openness and accountability.

Care Inspectorate inspection – John Street House Care Home Service

Initial inspection (March 2025)

A full unannounced Care Inspectorate inspection of John Street House Care Home Service took place on 5th to 7th March 2025. The service is a small care home for 11 adults with learning disabilities and mental health difficulties, operated by East Dunbartonshire Council. Key messages from the inspection recognised positive relationships between people and staff and that people generally enjoyed living at the service, but identified significant improvement needs, particularly in relation to infection prevention and control (IPC) and environmental cleanliness/maintenance, alongside the need for more planned activities, improved staff/management communication, and care planning improvements.

The Care Inspectorate evaluated the service as:

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

The inspection set requirements including action to ensure the environment is well-maintained and supports good IPC by 5 May 2025, and ensuring people have an up-to-date personal plan reviewed at least six-monthly by 8 July 2025.

Follow-up inspection (May 2025)

A subsequent unannounced follow-up inspection was completed on 9th May 2025 and was explicitly undertaken to follow up a requirement from the previous inspection. Inspectors reported improved IPC practice and training, improved cleaning practice, replacement furnishings being purchased (with some further orders pending), and ongoing repairs and maintenance, supported by enhanced quality assurance activity.

At this follow-up, the service was evaluated as:

- How well do we support people's wellbeing? – 3 (Adequate)
- How good is our setting? – 4 (Good)

The report confirms the IPC/environment requirement was met within timescales, noting improvements including staff IPC training, enhanced cleaning systems, repairs completion (including previously outstanding works), and strengthened audit and walkround arrangements. Areas for improvement relating to activities, quality assurance, and staffing assessment were noted as making progress and to be reviewed at the next inspection.

Follow-up inspection (July 2025)

A further unannounced inspection took place on 9th to 14th July 2025. Inspectors reported significant improvement in the home environment (warm, welcoming, well maintained), positive outcomes associated with changes to the senior/management team, improved quality assurance and leadership, and evidence of active, individualised lifestyles for residents.

The Care Inspectorate evaluated the service as Good (Grade 4) across all key questions:

- How well do we support people's wellbeing? – 4 (Good)
- How good is our leadership? – 4 (Good)
- How good is our staff team? – 4 (Good)
- How good is our setting? – 4 (Good)
- How well is our care and support planned? – 4 (Good)

The inspection confirms that the personal planning requirement was met within timescales, with care plans updated to be more person-centred and reviewed in an outcomes-focused way. It also records that the earlier areas for improvement relating to planned activities, quality assurance, and staffing assessment were met, with evidence of improved activity planning and oversight, strengthened audit processes with action planning, and clearer evidence used to inform staffing arrangements (with one individual support issue noted for review and action).

Care Inspectorate – Pineview Housing Support Service

An unannounced Care Inspectorate inspection of Pineview Housing Support Service took place on 18th to 19th June 2025. The service provides housing support and care at home support to adults with learning disabilities living in a shared home and in the community, with capacity to support three people (two people were living at the service at the time of inspection).

The Care Inspectorate reported that people received excellent care and support, with families describing their relatives' quality of life as "very good" and noted a consistent staff team and very high standards of communication with families and key professionals. The service was evaluated as 6 (Excellent) for supporting people's wellbeing and 5 (Very Good) for staff team. No complaints were upheld since the last inspection.

Section 7: Locality planning

East Dunbartonshire is divided into two areas, known as localities, to support operational service delivery and to enable planning to be responsive to local needs. These locality areas relate to the following natural communities: Bearsden and Milngavie in the West and Bishopbriggs, Kirkintilloch, Lennoxtown, Lenzie and Torrance in the East.

The area is also organised into three primary care clusters: Kirkintilloch and the Villages; Bishopbriggs and Auchinairn; and Bearsden and Milngavie. Most community health, social work and social care services are organised into either locality or cluster teams.

As part of a refreshed approach to locality planning in 2025/26, the HSCP established a Locality Planning Action Group (LPAG), which reports to the Strategic Planning Oversight Group (SPOG). The LPAG brings together a broad range of local stakeholders across Health, Social Work and Social Care to progress locality-based priorities aligned to the Strategic Plan, with SPOG providing governance and oversight.

The refreshed approach places an increased emphasis on delivery and learning, with locality planning activity adopting a test-of-change model. The LPAG agreed to pilot locality planning within two communities, one in each locality, to enable more targeted action before wider roll-out. This work is informed by local data, partner insight and lived experience, with a focus on prevention, early intervention, community assets and strengthening early and community-based support, reflecting differing needs across the East and West localities.

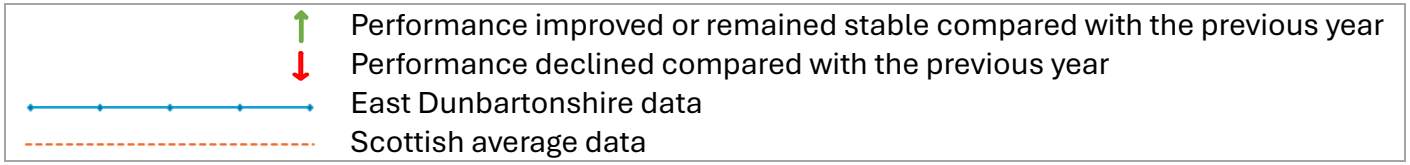
The LPAG provides a collaborative forum through which partners, services and communities can influence locality-level priorities, ensuring alignment with the HSCP Strategic Plan and wider Community Planning Partnership priorities. The HSCP Board is an equal partner in the East Dunbartonshire Community Planning Partnership and has responsibility for leading on key outcomes within the Local Outcome Improvement Plan, as well as contributing to others.

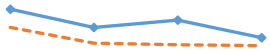
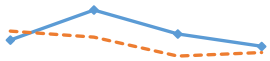
Annex 1: Core Integration Indicators

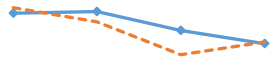
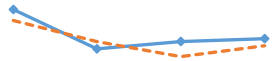
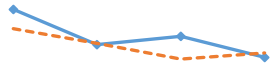
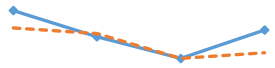
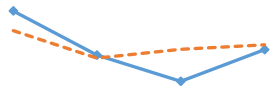
Indicators 1–9 are reported through the national Health and Social Care Experience Survey, which is undertaken every two years. In 2025/26, East Dunbartonshire achieved a response rate of 24%, equating to 1,656 responses, compared with a Scotland-wide response rate of 19%. As with all survey-based measures, local results should be interpreted with caution due to margins of error associated with sample size and response rates. Comparisons over time and between areas should therefore be regarded as indicative rather than definitive. Figures from 2019/20 onwards for indicators 2, 3, 4, 5, 7 and 9 are not directly comparable with earlier years due to changes in survey methodology. More information on the survey is available here: Scottish Government Health Care Experience Survey.

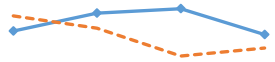
Green and red arrows indicate whether performance has improved relative to the previous year, taking account of the intended direction of travel for each indicator.

Key:

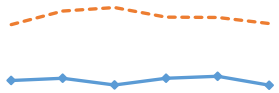


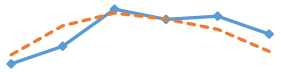
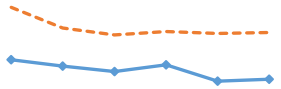
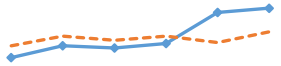
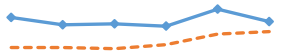
Ref	Description	East Dunbartonshire HSCP				Scottish Average 25/26	National Rank	Trend
		19/20	21/22	23/24	25/26			
C1	Percentage of adults able to look after their health very well or quite well	95.2%	92.9%	93.8%	91.6% ↓	90.6%	17 ↓	
C2	Percentage of adults supported at home who agree that they are supported to live as independently as possible	77.8%	87.9%	79.8%	75.7% ↓	73.6%	19 ↓	

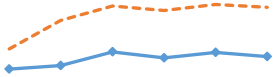
Ref	Description	East Dunbartonshire HSCP				Scottish Average 25/26	National Rank	Trend
		19/20	21/22	23/24	25/26			
C3	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	73.6%	74.1%	67.7%	63.3% ↓	63.9%	17 ↓	
C4	Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	77.2%	64.0%	66.4%	67.4% ↑	65%	12 ↓	
C5	Total percentage of adults receiving any care or support who rated it as excellent or good	86.7%	74.9%	77.6%	70.1% ↓	72.1%	23 ↓	
C6	Percentage of people with positive experience of the care provided by their GP Practice	85.9%	69.1%	69.4%	73.5% ↑	70.7%	15 ↑	
C7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	85.8%	77.0%	69.8%	79.3% ↑	71.7%	5 ↑	
C8	Percentage of carers who feel supported to continue in their caring role	37.6%	30.2%	25.8%	31.1% ↑	31.9%	20 ↑	

Ref	Description	East Dunbartonshire HSCP				Scottish Average 25/26	National Rank	Trend
		19/20	21/22	23/24	25/26			
C9	Percentage of adults supported at home who agree they felt safe	79.0%	83.5%	84.6%	78.1% ↓	74.7%	11 ↓	

Indicators 11-20 are based on nationally collected data sources. In line with Public Health Scotland (PHS) guidance, calendar year 2025 is used as a proxy for 2025/26 for Indicators 12-16, reflecting the most complete national data available at the time of reporting. Indicator 11 (premature mortality) is reported to 2024, as 2025 data is not yet available nationally. Indicator 18 is reported to 2024, as more recent national data was not available at the time of reporting. Indicator 20 is reported to financial year 2019/20 only, in accordance with PHS guidance. Further detail is available in the PHS Core Suite of Integration Indicators – Background and Glossary.

Ref	Description	East Dunbartonshire HSCP						Latest Scottish Average	National Rank	Trend
		20/21	21/22	22/23	23/24	24/25	25/26			
C11	Premature mortality rate for people aged under 75yrs per 100,000 population	299.0	283.4	299.5	303.9	283.3 ↑	Not yet available	426.1	3 ↓	
C12	Emergency admission rate for adults per 100,000 population	9,884	10,731	11,045	11,231	10,897	10,496 ↑	11,462	12 ↑	

Ref	Description	East Dunbartonshire HSCP						Latest Scottish Average	National Rank	Trend
		20/21	21/22	22/23	23/24	24/25	25/26			
C13	Emergency bed day rate for adults per 100,000 population	100,776	108,901	126,144	121,337	122,944	114,539 ↑	106,455	24 ↓	
C14	Readmission to hospital within 28 days for adults per 1,000 population	86.3	82.1	78.6	83.0	72.4	73.7 ↓	103.9	5 ↑	
C15	Proportion of last 6 months of life spent at home or in a community setting	89.7%	88.7%	88.1%	88.3%	89.8%	88.8% ↓	89.3%	12 ↓	
C16	Falls rate per 1,000 population aged 65+	20.5	21.6	21.4	21.8	24.7	25.1 ↓	22.9	25 ↑	
C17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	89.7%	86.2%	86.7%	85.6%	93.5%	87.7% ↓	83.1%	6 ↓	

Ref	Description	East Dunbartonshire HSCP						Latest Scottish Average	National Rank	Trend
		20/21	21/22	22/23	23/24	24/25	25/26			
C18	Percentage of adults with intensive care needs receiving care at home	59.6%	65.2%	65.8%	65.0%	65.5% ↑	Not yet available	64.7%	17 ↓	
C19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	298.2	332.1	457.9	401.3	454.2	416.0 ↑	873.0	4 ↑	
C20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

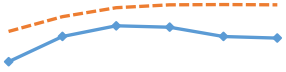
Annex 2: Scottish Government Ministerial Strategic Group Indicators

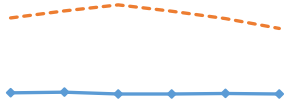
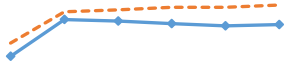
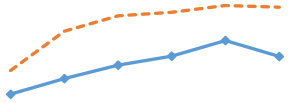
This section provides the HSCP's performance against Scottish Government Ministerial Strategic Group indicators. Data is provided by Public Health Scotland and the latest values for indicators 5 and 6 were unavailable at the time of publication.

Green and red arrows indicate whether performance has improved relative to the previous year, taking account of the intended direction of travel for each indicator.

Key:

↑	Performance improved or remained stable compared with the previous year
↓	Performance declined compared with the previous year
———	East Dunbartonshire data
- - - - -	Scottish average data

Ref	Description	East Dunbartonshire HSCP						Latest Scottish Average	Trend
		20/21	21/22	22/23	23/24	24/25	25/26		
M1a	Emergency admissions (all ages) – rate per 1,000 population	83.1	94.3	99.0	98.4	94.3	93.6 ↑	108.3	
M1b	Unplanned admissions from A&E – rate per 1,000 population	50.0	54.1	54.4	55.1	53.8	54.3 ↓	67.0	
M2a	Unplanned bed days (acute) - rate per 1,000 population	712.5	799.8	917.1	870.5	876.1	878.1 ↓	726.0	

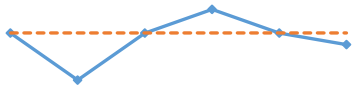
Ref	Description	East Dunbartonshire HSCP						Latest Scottish Average	Trend
		20/21	21/22	22/23	23/24	24/25	25/26		
M2b	Unplanned bed days (geriatric long stay) - rate per 1,000 population	0.5	0.8	0.0	0.0	0.2	0.0 ↑	28.9	
M2c	Unplanned bed days (mental health) - rate per 1,000 population	103.6	97.0	109.0	112.1	116.0	100.0 ↑	177.0	
M3	A&E attendances - rate per 1,000 population	182.7	247.5	244.9	240.5	236.5	238.9 ↓	273.1	
M4	Delayed discharge bed days - rate per 1,000 population	56.8	74.5	89.8	100.1	118.0	99.9 ↑	156.0	
M5	Percentage of last six months of life spent in the community (includes care homes and people living at home)	89.7%	88.7%	88.1%	88.2%	89.8% ↑	Not yet available	89.1%	
M6	Percentage of the population in institutional settings (hospital/ hospice/care home)	0.8%	0.9%	1.0%	1.0%	Not yet available	Not yet available	0.9%	

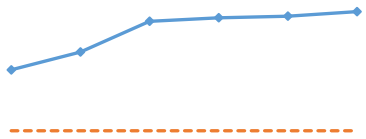
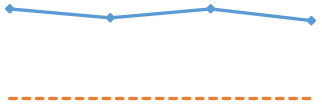
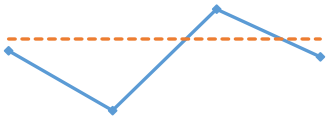
Annex 3: Local Performance Indicators

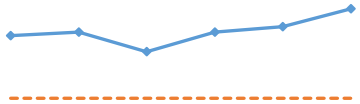
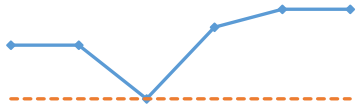
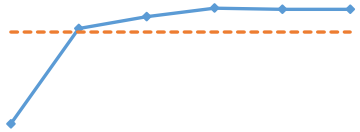
This section sets out the HSCP's performance against other national and local indicators of performance and quality.

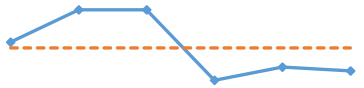
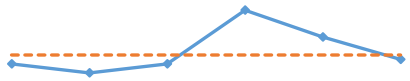
Key:

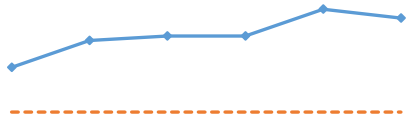
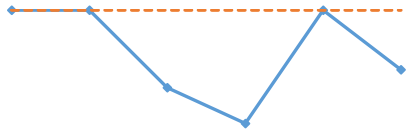
↑	Performance improved or remained stable compared with the previous year
↓	Performance declined compared with the previous year
✓	Performance on or above target
▲	Performance off target (<10%)
✗	Performance off target (≥10%)
———	East Dunbartonshire data
- - -	East Dunbartonshire target

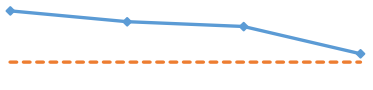
Ref	Description	2024/25	2025/26	Target	Status	Trend	Note
L1	Percentage of people 65+ indicating satisfaction with their social interaction opportunities	95%	94% ↓	95%	▲		2025/26 figure based on a total of 190 reviews. 58 additional reviews took place but were omitted due to no response.
L2	Percentage of service users satisfied with their involvement in the design of their care packages	96%	98% ↑	95%	✓		2025/26 figure based on a total of 257 reviews. 74 additional reviews took place but were omitted due to no response.

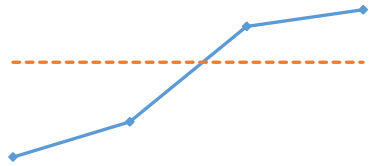
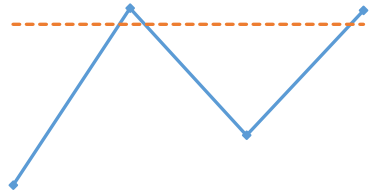
Ref	Description	2024/25	2025/26	Target	Status	Trend	Note
L3	Number of homecare hours per 1,000 population aged 65+	517	522 ↑	389	✓		This is the total hours of care for customers aged 65+ receiving homecare on the last week of the year.
L4	Percentage of adults in receipt of social work / social care services who have had their personal outcomes fully or partially met	100%	98.7% ↓	90%	✓		As a minimum, outcomes should reduce risks from a substantial to a moderate level, but the arranging of informal support may also contribute to improving quality of life.
L5	Smoking quits at 12 weeks post quit in the 40% most deprived areas	26	18 ↓	21	✗		This service is delivered by the NHSGGC Quit Your Way Service and not directly in the HSCP. Data is based on January to December 2025.

Ref	Description	2024/25	2025/26	Target	Status	Trend	Note
L6	% of customers (65+) meeting the target of 6 weeks from completion of community care assessment to service delivery	99%	100% ↑	95%	✓		The national standard is to operate within a six week period from assessment to service delivery, which encourages efficiency and minimises delays for service users.
L7	% of CJSW Reports submitted to court by due date	100%	100% ↑	95%	✓		National Outcomes & Standards (2010) states that the court will receive reports electronically from social work, no later than midday on the day before the court hearing.
L8	The % of individuals beginning a work placement within 7 working days of receiving a Community Payback Order	99%	99% ↑	80%	✓		The criminal justice social work service has responsibility for individuals subject to a Community Payback Order beginning a work placement within 7 days.

Ref	Description	2024/25	2025/26	Target	Status	Trend	Note
L9	% of Court report requests allocated to a Social Worker within 2 Working Days of Receipt	100%	99.8% ↓	100%	▲		During 2025/26 there were 430 requests, with only one allocated outwith timescale due to an administrative error.
L10	Percentage of Adult Protection cases where the required timescales have been met	91.0%	90.8%	92.0%	▲		This measures the speed with which sequential Adult Support and Protection actions are taken against timescales laid out in local social work procedures.
L11	Percentage of initial Child Protection Planning Meetings taking place within target timescale	94%	89% ↓	90%	▲		During 2025/26, 19 meetings were held, with two taking place outwith target timescales.

Ref	Description	2024/25	2025/26	Target	Status	Trend	Note
L12	Percentage of first Review Child Protection Planning Meetings taking place within 6 months of registration	100%	93% ↓	95%	▲		During 2025/26, 15 meetings were held, with one taking place outwith the expected timescale.
L13	Percentage of child care Integrated Comprehensive Assessments for Scottish Children's Reporter Administration (SCRA) completed within target timescales (20 days)	98%	96% ↓	75%	✓		During 2025/26, 49 assessments were completed, with two taking place outwith the expected timescale.
L14	Percentage of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated	100%	90% ↓	100%	✗		During 2025/26, 10 reviews were held, with one taking place outwith the expected timescale.
L15	Balance of Care for looked after children: percentage of children being looked after in the Community	82%	76% ↓	89%	✗		There was a decrease in community placements but an increase in residential placements, leading to a shift in the balance of care.

Ref	Description	2024/25	2025/26	Target	Status	Trend	Note
L16	Percentage of children receiving 27-30 months assessment	94%	95% ↑	85%	✓		This indicator relates to early identification of children with additional developmental needs and can then be referred to specialist services.
L17	Percentage of people waiting less than 18 weeks to start treatment for psychological therapies	96%	91% ↓	90%	✓		This includes the Community, Primary and Older People's Mental Health Teams.
L18	Total number of Alcohol Brief Interventions delivered during the year	433	297 ↓	487	✗		Performance reduced in 2025/26 and remained below target, reflecting capacity pressures and changes in reporting arrangements, with primary care data no longer available.

Ref	Description	2024/25	2025/26	Target	Status	Trend	Note
L19	Percentage of Young People seen or otherwise discharged from the CAMHS waiting list who had experienced a wait of less than 18 weeks	96%	99% ↑	90%	✓		Performance remained strong in 2025/26, with 99% of young people seen within the national 18-week standard.
L20	Percentage of People Waiting less than 3 weeks for Drug & Alcohol Treatment	97.7%	95.3% ↓	90%	✓		Due to routine delays with data finalisation, the figures provided relate to calendar years.
L21	Percentage of people newly diagnosed with dementia receiving Post Diagnostic Support within 12 weeks	28%	98% ↑	90%	✓		Performance has shown variability over recent years, influenced by periods of reduced staffing due to vacancies.

Annex 4: National outcomes

The tables below show the alignment between the National Health and Wellbeing Outcomes and the East Dunbartonshire HSCP Strategic Priorities and Enablers, highlighting the most direct areas of contribution.

HSCP Strategic Priority / Enabler	National Outcome								
	1	2	3	4	5	6	7	8	9
Empowering people	X	X	X	X	X	X	X		X
Empowering and connecting communities	X	X	X	X	X	X			X
Prevention and early intervention	X	X		X	X	X			X
Public Protection				X	X		X		
Supporting carers and families	X	X	X	X	X	X	X		
Improving mental health and recovery	X	X	X	X	X	X	X		
Collaborative commissioning	X	X	X	X	X	X	X	X	X
Infrastructure and technology		X			X		X		
Maximising operational integration			X	X			X	X	X
Medium-term financial and strategic planning	X	X	X	X	X	X	X	X	X
Workforce and organisational development	X	X	X	X	X	X	X	X	X

National outcomes:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

Annex 5: Annual Delivery Plan Progress Tracker

Strategic Priority / Enabler	Action	RAG Status	Progress Summary
Empowering People	Improve quality and relevance of information on HSCP website and maximise the potential of HSCP website to enable people to manage their own health and care needs	Complete ☑	• Established governance and a short life working group to improve structure, consistency and quality of website content. • Ongoing review of website content through short life working group.
	Implement year one of the East Dunbartonshire Public Health Framework	Complete ☑	• Progressed targeted prevention activity aligned to inequality priorities. • Embedded poverty-aware approaches and completed Year 1 delivery, informing priorities for 2026/27.
Prevention and Early Intervention	Review Care at Home services to focus on reablement expansion to mitigate demand growth	Delayed	• Developed initial project documentation; however, full review activity was not progressed within 2025/26. • Project formally delayed, with review activity rescheduled to 2026/27.
	Service Review Social Work Community Occupational Therapy Service	Complete ☑	• Completed Occupational Therapy review as part of wider Adult Social Work service review. • Secured approval through governance processes, progressing into implementation phase.

Strategic Priority / Enabler	Action	RAG Status	Progress Summary
Public Protection	Review of the HSCP public protection function/team	Delayed	• Initial scoping completed but review formally postponed due to prioritisation of other service reviews. • Project deferred to 2026/27 with no further delivery in 2025/26.
Supporting Carers and Families	Complete review of Respite (Commissioned)	Complete	• Completed review activity, including impact assessment, consultation and development of new service specifications. • Progressed commissioning and contractual arrangements, with implementation continuing into 2026/27.
	Commence the Review of the Supported accommodation estate	Complete	• Completed preparatory and governance work, including demand analysis, baseline assessment and project documentation. • Established foundation for a Support with Accommodation Strategy and identified priorities for delivery in 2026/27.
	(Commissioned) Review and implement recommendations to reduce high-cost care packages (LD)	Complete	• Progressed programme of individual care package reviews, including identification of high-cost cases. • Completed planned 2025/26 activity, with continuation of reviews and implementation of changes into 2026/27.

Strategic Priority / Enabler	Action	RAG Status	Progress Summary
	Explore potential of developing an all-age learning disability function	Complete ☑	• Completed service review process, including option appraisal and stakeholder engagement. • Secured approval through governance processes, with the project transitioning to implementation planning in 2026/27.
Improving Mental Health and Recovery	Strategic Review of Mental Health and Alcohol and Drugs Services	Complete ☑	• Completed strategic review, including development of service models, specifications and contractual frameworks. • Secured approval through governance processes and progressed implementation through engagement with providers and contract arrangements.
	Service Review Community Mental Health Team (CMHT) and Older Peoples Community Mental Health Team (OPCMHT)	Complete ☑	• Completed service review of CMHT and OPCMHT, including option appraisal and stakeholder engagement. • Secured approval of recommended approach through governance processes, progressing implementation activity.

Strategic Priority / Enabler	Action	RAG Status	Progress Summary
	Resolution of North Lanarkshire Corridor Service Level Agreement (NHS GGC/NHS Lanarkshire)	Complete	• Secured confirmation of Service Level Agreement arrangements between NHS partners. • Resolved cross-boundary service and governance issues, concluding the project with agreed continuation of arrangements.
	Conclude the planning and operationalisation of the West of Scotland Adolescent Intensive Psychiatric Care Unit	Delayed	• Progressed planning and development activity, including governance and preparatory work. • Project delayed and carried forward due to delivery challenges, with further work required in 2026/27.
	Conclude the planning and operationalisation of a West of Scotland Regional Planning Regional Forensic and Secure Care CAMH services	Delayed	• Progressed regional planning and development work to support establishment of forensic and secure CAMHS provision. • Planning activity advanced during the year, however full operationalisation was not achieved within 2025/26.
Collaborative commissioning	Adult and Children & Families Services Commissioning Review	Cancelled	• Project did not proceed as a discrete workstream during 2025/26. • Related activity was progressed through business as usual delivery and wider strategic review work.

Strategic Priority / Enabler	Action	RAG Status	Progress Summary
Infrastructure and technology	Bishopbriggs Premises - progress approved property redesigns in 2025/26	Complete ☑	• Completed delivery of approved property redesigns at Bishopbriggs, including development and opening of new facilities. • Work has supported improved estate utilisation and service delivery arrangements.
	West Locality Premise Feasibility (Milngavie) - progress approved property redesigns in 2025/26	Delayed	• Significant progress made on feasibility, design and planning work for Milngavie locality premises. • Work remained ongoing at year end, with final delivery extending beyond 2025/26.
	Review summary business cases for Woodlands and Milngavie Clinic	Complete ☑	• Completed review and development of summary business cases for Woodlands and Milngavie Clinic. • Outputs have informed future estate planning and service delivery decisions.
	Refresh Digital Strategy in line with the new Strategic Plan 2025-30	Complete ☑	• Delivered a refreshed Digital Strategy aligned to the HSCP Strategic Plan 2025–2030. • Strategy informed by digital maturity work and sets direction for future digital transformation.

Strategic Priority / Enabler	Action	RAG Status	Progress Summary
Maximising operational integration	Continued delivery of East Dunbartonshire components of the GGC Unscheduled Care Joint Commissioning Plan	Delayed	• Progress was dependent on development of the overarching GGC plan, which was not finalised during 2025/26. Local actions were progressed and will be aligned to the regional plan when finalised.
	Complete the Review of the Care Home Support Team	Complete	• Completed review of the Care Home Support Team, including assessment of current model and identification of improvement opportunities. • Secured agreement on future model through governance processes, supporting strengthened multidisciplinary input.
	Undertake a test of change in relation to enhanced multi-disciplinary working in health and community care	Complete	• Undertook and completed a test of change to enhance multi-disciplinary working across health and community care. • Learning has informed development of integrated working approaches across services.
Medium-term financial and strategic planning	Review and refresh the HSCP Medium-Term Financial Strategy	Delayed	• Initial work undertaken to review and refresh the HSCP Medium-Term Financial Strategy. • Full refresh was not completed within the year and has been carried forward into 2026/27.

Strategic Priority / Enabler	Action	RAG Status	Progress Summary
	Implement focussed programme of de-prescribing and realistic medicine	Complete ☑	• Delivered focused programme activity to support de-prescribing and embed realistic medicine principles. • Work has contributed to improving prescribing practice and supporting person-centred care.
	Review of Business Support Function	Complete ☑	• Completed review of Business Support functions, including assessment of structure, processes and capacity. • Secured approval of recommended approach through governance processes, supporting future implementation and organisational improvement.
	Review of HSCP Management Structure	Complete ☑	• Completed review of HSCP management structure, including assessment of roles, responsibilities and reporting arrangements. • Agreed revised structure through governance processes, supporting alignment with service delivery and strategic priorities.

Strategic Priority / Enabler	Action	RAG Status	Progress Summary
	Service Review of Adult Social Work Services	Complete ☑	• Completed comprehensive review of Adult Social Work Services, including options appraisal and stakeholder engagement. • Outputs are informing implementation of a revised service model.
Workforce and organisational development	Develop the 2025-2030 HSCP Workforce Plan	Complete ☑	• Developed and finalised a Workforce Plan aligned to the HSCP Strategic Plan 2025–2030. • Plan sets out priorities to ensure workforce capacity, capability and sustainability.
	Review supervision policies and practices, and develop standards aligned with values such as empowering people, self-management, shared decision-making, and co-production within Specialist Children's Services	Complete ☑	• Reviewed supervision policies and practices within Specialist Children's Services. • Developed standards aligned to values of empowerment, self-management, shared decision-making and co-production.

Annex 6: Specialist Children's Services 2025/26 Update

Specialist Children's Services (SCS) support the health and wellbeing of children and young people across Greater Glasgow and Clyde. We offer a range of services within Child and Adolescent Mental Health Services (CAMHS), Specialist Community Paediatric Teams (SCPT), Neurodevelopmental Pathway, and Tier 4 Services. SCS has a large workforce based throughout the NHSGGC area. Some of these staff work within the local communities, such as health centres, in hospitals and inpatient units, schools (mainstream and additional support for learning), and within the patient's home, and SCS have many office bases throughout NHSGGC and the six partnership areas.

Across Scotland, there is a tiered approach to mental health services in the public sector. Getting It Right for Every Child principles underpin service delivery in each tier, and these are built into service specifications. Tier 1 mental health support is delivered locally and as part of universal services such as Health Visiting and Education. Tier 2 covers mild mental health presentations and is targeted towards those who need it. These services are usually delivered by voluntary and community organisations and offer short term interventions. Tier 3 community CAMHS services are targeted at children and young people with moderate to severe mental health needs who require assessment, intervention and management which is more specialist than that which can be provided by universal services. Tier 4 CAMHS services focus on highly specialist services operating on a GGC level with small numbers of children who require specialist care. GGC CAMHS also host the West of Scotland regional child and adolescent psychiatric in-patient unit at Skye House, and the national children psychiatric in-patient unit for under 12s at the Royal Hospital for Children.

Areas of Development and Progress achieved in 2025/26

CAMHS and ND

- The CAMHS waiting times standard of 90% of children and young people starting treatment within 18 weeks (referral-to-treatment, RTT) has been maintained above the national target since June 2023. In February and March 2026, the RTT was 100 %.
- The national standard reflects waits for initial appointments, however, the number of children and length of wait from first or assessment appointment to subsequent appointment is also a focus for CAMHS. £1m of reserves have been allocated to address this, resulting in a reduction in the median waiting time from first or assessment to subsequent appointment, from 50.9 weeks in July

2025 to 21 weeks in March 2026. This is expected to improve further as the team work to prioritise reducing long waits wherever possible.

- To improve understanding of mental health and support provided by CAMHS, content for young people and families has been set up on MyApp: My Mental Health. To ensure this meets young people's needs, feedback workshops have taken place in schools. This feedback is informing ongoing developments.

Eating Disorders Services

- A comprehensive review of CAMHS eating disorder services was undertaken using the Scottish Government's Audit Tool, resulting in the identification of four key priorities. Work has already commenced on these areas, including efforts to ensure a cohesive approach during the transition to adult mental health services. Progress includes reviewing data collection processes to better align with national standards, joining the National Eating Disorder network for collaboration and sharing of good practice, and engaging with young people to enhance community-based care options. The service has also communicated with NES to address training and development needs and continues to focus on staff training across all service tiers, with particular emphasis on Family-Based Therapy (FBT). A training and development package for mealtime support is nearing completion, and ongoing mapping of service provision is underway.

Regional CAMHS Tier 4

- There are several ongoing reviews concerning adolescent inpatient care. The ongoing tri-regional review of adolescent inpatient units will inform future delivery models in line with the Mental Health Strategy and the Service Renewal Framework. Additional activity includes Healthcare Improvement Scotland (HIS) and Mental Welfare Commission (MWC) inspection reports, recent Scottish Government communication regarding the restrictive practice review led by MWC, and an invited review of Skye House.
- A standard reporting template for Regional Forensic CAMHS was developed, with planned submission to the West of Scotland Alliance via the Regional Planning Team once the service is fully operational. An outline of the spoke clinician role was produced to support other Boards with recruitment and role development. A proposed CPD and training plan was developed, including two New to Forensics sessions and two spoke shadowing sessions with GGC FCAMHS.

Service wide Developments

- Supervision standards for various SCS professions have been compiled and reviewed by professional leads, supported by feedback from staff survey. The monitoring strategy is currently being agreed upon.
- Key data regarding waiting times across SCS has been reviewed, with gaps identified and efforts made to improve data quality. Internal waiting times for paediatric pathways were assessed to inform service reviews. A short Life Working Group completed work on CAMHS, highlighting blockages in flow navigation which will inform workforce planning. Mapping of neurodevelopmental waiting lists is underway.
- The CAMHS engagement study is researching what influences young people's attendance & engagement with mental health services. Data collection, interviews with young people and clinicians, were completed in 2025.
- SCS research included a review of the literature on Social media - its use and impact on mental health and wellbeing on young people, with a focus on self-harm and suicidality. This review has been shared widely within and outside NHSGGC. The review provides an update on the state of knowledge about social media usage and shares insights into its potential for harm and good. It specifically covers the impact of social media on young people with experience of self-harm or suicidality.
- The 2025 SCS Research Conference brought together over 60 academics, health practitioners, and researchers for a vibrant day of learning, collaboration, and innovation. Hosted by the University of Glasgow, the event showcased cutting-edge research and service development across Specialist Children's Services. Another conference is planned for 2026.

Key Priorities in 2026/27

- Refresh parent and family involvement approach in Skye House through development of Skye House Charter and Champions Board.
- Implement Intensivised CAMHS services model and wider actions from the outcome of the national review of adolescent inpatient psychiatric care.
- Improve support and services around Mental Health, Neurodiversity and Learning Disability
- Implement year 2 actions of 2025 - 2030 SCS Workforce Plan. Workforce priorities include reviewing the Tier 3 and Tier 4 workforce, achieving 80% PDP+R compliance, developing a robust recruitment strategy for Specialist Children's Services, and reviewing the Staff Wellbeing Action Plan and Peer Support Network.

- As part of the MyApp: My Mental Health developments, additional materials will be published this year. Dissemination activities for young people, referrers, and local teams are also planned.
- CAMHS is part of the Child, Adolescent and Psychological Therapies National Dataset (CAPTND). During 2026/27, the service will be taking forward an action plan to address technical and clinical practice changes to extend the completeness of the NHSGGC submission. This will include improvements to recording of ethnicity, presenting problem, and treatment intervention, among others.
- Findings from the CAMHS engagement study will be disseminated via publications and in NHSGGC. Within SCS, this will lead to piloting different approaches to improve, for example, how staff help young people to prepare for their CAMHS treatment.

Annex 7: Oral Health Directorate 2025/26 Update

The Oral Health Directorate (OHD) is hosted within East Dunbartonshire Health and Social Care Partnership and has responsibility and accountability for Primary Care Dental services within NHS Greater Glasgow and Clyde (NHSGGC) Health Board. The responsibility and accountability for Secondary Care Dental services sits with the Regional Services Directorate, part of the Acute Sector of NHSGGC.

The OHD structure incorporates:

- General Dental Services, including Greater Glasgow & Clyde Emergency Dental Service
- Public Dental Service
- Oral Health Improvement
- Secondary Care Dental Services
- Dental Public Health

General Dental Services (GDS)

The role of the OHD General Dental Services administration team is to provide a comprehensive administrative support service to 272 practices and over 800 General Dental Practitioners in Greater Glasgow and Clyde in accordance with The National Health Services (General Dental Services) (Scotland) Regulations 2010. The department acts as an enabling function providing practitioners with the necessary support and expertise associated with their terms and conditions obligations. The department supports the organisation by ensuring that its statutory responsibilities are fulfilled in relation to this group of NHS independent contractors.

Public Dental Service (PDS)

The PDS service operates on a board-wide basis across 19 community sites, three prisons, three secure schools, and five secondary care sites. It provides comprehensive dental care and oral health education to priority group patients, including those with additional support needs, adult and paediatric learning disabilities, medically compromised and children who are unable to be seen routinely by GDS (these will include higher levels of treatment complexity and behavioural factors). Treatment is provided in clinics, schools and nurseries, care homes, outpatient daycentres, hospital settings, domiciliary visits, prisons, and undergraduate outreach clinics.

Oral Health Improvement (OHI)

Incorporating strategic and organisational leadership to reduce oral health inequalities, including fulfilling NHSGGC responsibilities in relation to the Oral Health Improvement Plan (2018), delivery of national Oral Health Improvement Programmes (such as Childsmile and Caring for Smiles), local oral health strategy, and for oral health improvement requirements and ambitions across other programmes in NHSGGC.

Secondary Care Dental (SCD) Service

SCD services, also known as Hospital Dental services, are the main referral centre for specialist dental services for NHSGGC and the West of Scotland. SCD services accept patients on referral from medical and dental practitioners as well as tertiary referrals from other areas or specialties, including the Emergency Dental Treatment Centre (EDTC) and the Out of Hours (OOH) service.

Patients can be treated in outpatient clinics or, depending on the treatment required, patients are admitted as inpatients or day cases. Treatment is carried out in the Glasgow Dental Hospital (outpatients) as well as many hospital sites (inpatients/day cases) within the Acute Sector of NHSGGC.

Dental Public Health (DPH)

DPH is the speciality of dentistry that deals with the prevention of oral disease, promotion of oral health, and improvement of quality of life through the organised and collective efforts of society. DPH practitioners also have roles in health protection related to dentistry and provide strategic input to the management of healthcare services. The NHSGGC Consultant in Dental Public Health sits within the OHD and works alongside colleagues in the Public Health Directorate and Health Improvement in the Health Board and HSCPs.

Areas of Development and Progress during 2025/26

Over the last year, development and improvement work has continued within Primary and Secondary Care dental services. Some highlights include:

- The OHD Workforce Plan has been updated, taking account of any impact of the Health and Care Safe Staffing Act and the reduction to 36 hours for all agenda for change staff.
- We took delivery of the Mobile Dental Unit which became fully operational in October 2025. The unit will help to address some service challenges in the PDS, in particular the management of dental care for vulnerable and socially excluded individuals, where delivery of care is not possible or practicable from within fixed estate.
- The Project Manager was appointed within OHD on a permanent basis, he has progressed the creation of the Directorate Strategic and Operational Plan and is also supporting a number of key projects within the Directorate.
- Access to NHS GDS remains a key challenge, particularly within the Inverclyde area. One SDAI application has been approved and the grant offer was issued week commencing 22nd September 2025. The timeline for estimated completion of Capital Works is the end May 2026. In addition, another new formal SDAI application has been received (January 2026) to open a new 2 surgery practice within the Greenock area. The draft grant offer letter was shared with S.G colleagues (4/3/26) with a request seeking confirmation SDAI funds are available prior to formal offer being issued to the applicant. This confirmation has now been received and the letters will be issued to the applicant.
- Lifelong Smiles is a suite of animations designed to support children, adults, and carers when attending dental appointments. The animations explain what to expect and outline available services, including the Mobile Dental Unit. These have been developed over the last year following the Q-Exchange project. There are 11 videos in total. Some animations present the experience from the perspective of carers and/or parents, while others are shown from the child's perspective.
- The new PDS dental department at Parkhead Hub became fully operational in August 2025. The department includes 6 surgeries designed to specifically meet the needs of our various patient groups including:
    - Paediatric services with facilities for general anaesthetic assessment
    - Special Care Dentistry for patients with complex medical, physical, or social needs supported with a special care surgery fitted with a ceiling track hoist
    - Unscheduled dental care for unregistered patients requiring urgent treatment
    - Priority and vulnerable patient group
    - Inhalation sedation services to support anxious or phobic patients
    - Training opportunities, including dental core training, enhancing workforce development and clinical experience

Areas for Focus during 2026/27

- Continue to monitor the number of de-registrations from practices to ensure we have an overview on any other areas where there may be a significant access issue developing.
- Facilitate the formal launch of the Mobile Dental Unit.
- Progress the recruitment of a new temporary Consultant in Dental Public Health.
- Finalise work on the Oral Health Needs Assessment and take forward any recommendations.
- Continue to work with colleagues within Inverclyde HSCP to seek solutions to the limited access to NHS dentistry within the area. Offering support and guidance to any practitioner who wishes to apply for Scottish Dental Access Initiative funding to establish a new NHS dental practice in the Inverclyde area.
- Continue to monitor and update the OHD Strategic and Operational Plan which captures all significant projects and allow us to effectively chart progress against these areas of work.
- Preparations are in the final stages to allow the transfer of the Special Care waiting list to TrakCare. The training was completed in April 2026 and the transfer will take place shortly afterwards. Similar to the Paediatric patient pathway work this will allow us to track/monitor patient progress through the pathway. This ensures we maintain an accurate waiting list, streamline the patient pathway and provide robust data.
- The Oral Health Directorate Management Team will meet with each HSCP to discuss the national refocus of Childsmile and to introduce the draft NHS GG&C Childsmile outcome measures. These measures clarify the key roles and responsibilities, the structure of the Oral Health Directorate, and the core elements of Childsmile programmes. The document is designed to support HSCPs in identifying priorities aligned to the outcome measures, outlining staffing and budget arrangements for the Childsmile programme, and reviewing the current status of the programme within each HSCP sector.
- Continued engagement with Health Board colleagues, PSDS, SG and Sword colleagues to develop a national database for the listing of dentists.
- Conclude the review of the Greater Glasgow & Clyde Emergency Dental Service and action any recommendations.
- Undertake a further review of the Public Dental Service in particular in relation to the current use of the estate.

Annex 8: Care Inspectorate evaluation grades

The Care Inspectorate is the national regulator for care services in Scotland. It inspects services and publishes evaluation grades against key quality themes, reflecting how well services meet expectations set out in the Health and Social Care Standards.

Grades are awarded on a six-point scale: 6 Excellent, 5 Very Good, 4 Good, 3 Adequate, 2 Weak, 1 Unsatisfactory.

The HSCP has a statutory responsibility to provide, or arrange, services to meet assessed needs. Services may be delivered directly by the Council or commissioned from third and independent sector providers. The table below sets out the latest published Care Inspectorate grades available at the time of publication. Full inspection reports are available on the Care Inspectorate website.

Service	Evaluation Date	Wellbeing	Leadership	Staffing	Setting	Care Planning
HSCP / Council in-house services						
Adoption Service	Nov 2023	5	-	-	-	5
Allander Resource Centre*	Feb 2017	5	-	5	-	N/A
Community Support Team for Children and Families	Jan 2025	6	6	6	-	5
Ferndale Care Home for Children & Young People	Jun 2024	Children and young people's rights and wellbeing - 6				
Ferndale Outreach for Children & Young People	Apr 2022	5	-	-	-	6
Fostering Service	Nov 2023	5	-	-	-	4
John Street House	Jul 2025	4	4	4	4	4
Homecare Service	Nov 2025	5	5	4	-	4
Pineview	Jun 2025	6	-	5	-	-
Commissioned – Supported accommodation						
Cornerstone Community Care	Feb 2026	5	-	5	-	-
Key Dunbartonshire	Mar 2025	5	5	5	-	5
Living Ambitions (Glasgow North & West)	May 2025	5	-	5	-	-
Orems Care Services	Sep 2025	5	-	4	-	-

Service	Evaluation Date	Wellbeing	Leadership	Staffing	Setting	Care Planning
Quarriers (Phase 1)	Oct 2025	5	-	5	-	4
Quarriers (Phase 2)	Sep 2025	5	-	5	-	-
Quarriers (Phase 3)	Nov 2025	5	-	5	-	-
Real Life Options East Dunbartonshire Service	Mar 2026	5	-	5	-	-
The Richmond Fellowship East & West Dunbartonshire Support Living Services	Oct 2025	5	-	5	-	-
Independent Care Homes						
Abbotsford House	Jul 2025	5	-	5	-	-
Antonine House	Jul 2025	5	-	-	5	-
Ashfield House	Sep 2025	5	4	5	4	5
Birdston Care Home	Mar 2026	5	-	-	5	-
Boclair Care Home	May 2025	5	-	-	5	-
Buchanan House	Oct 2025	5	-	5	5	-
Buchanan Lodge	May 2025	5	-	-	4	-
Buttercup House	N/A	-	-	-	-	-
Campsie View	Feb 2026	5	5	5	4	4
Lillyburn	Jan 2026	5	-	-	5	-
Mavisbank	Feb 2026	5	-	-	5	-
Milngavie Manor	Oct 2025	5	5	5	5	5
Mugdock House	Feb 2026	6	-	-	5	-
Springvale	Nov 2025	5	-	-	4	-
Westerton	Jan 2026	4	-	4	5	-
Whitefield Lodge	Dec 2025	4	-	-	4	3
Commissioned – Care at Home services						
Bluebird Care	Oct 2025	5	-	5	-	-
Cornerstone	Feb 2026	5	-	5	-	-
Delight Supported Living	Nov 2025	5	4	5	-	-

Service	Evaluation Date	Wellbeing	Leadership	Staffing	Setting	Care Planning
Extended Personal Care	Jun 2025	5	-	5	-	5
Hands-On Homecare	Sep 2025	4	-	4	-	-
Home Instead	Dec 2025	5	-	4	-	-
The Richmond Fellowship – East and West Dunbartonshire	Oct 2025	5	-	5	-	-

*Not yet assessed under current assessment model. Allander Resource Centre assessment relates to previous inspection of Kelvinbank Day Service.