



Supplementary Agenda

Requisitioned Meeting of West Dunbartonshire Council

Date: Wednesday, 11 February 2026

Time: 16:00

Format: Hybrid meeting

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

Dear Member

REPORT RELATING TO ITEM 5

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

Yours faithfully

PETER HESSETT

Chief Executive

Note referred to:-

5 'CARE AT HOME' REDESIGN

3 – 8

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

Distribution:-

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

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

Chief Executive
Chief Officers

Date of issue: 10 February 2026

WEST DUNBARTONSHIRE COUNCIL**Report by Chief Officer – Health and Social Care Partnership****Council: 11 February 2026**

Subject: Care at Home Redesign**1. Purpose**

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

2. Recommendations

- 2.1 It is recommended that the Council note:

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

3. Background

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

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

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

4. Main Issues

Governance, consultation and phased implementation

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

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

Workforce impact and appeal outcomes

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

Appeals summary by phase

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

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

Detriment and protections

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

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

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

5. People Implications

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

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

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

6. Financial and Procurement Implications

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

6.2 There are no procurement implications.

7. Risk Analysis

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

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

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

8. Equalities Impact Assessment (EIA)

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

9. Consultation

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

10. Strategic Assessment

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

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

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

Person to Contact: Fiona Taylor, Head of Health and Community Care
Email: fiona.taylor21@nhs.scot

Appendices: None

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