
Report To:	Inverclyde Integration Joint Board	Date:	24 March 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJB/64/2025/KP
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Subject:	Enhanced Mental Health Outcome Framework		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of the report is to provide an update to IJBs across NHS Greater Glasgow and Clyde on the revised plans for delivery on programmes funded through the Enhanced Mental Health Outcomes Framework and advise IJBs of the implications across all programmes for financial year 2025/26 following a reduction in the allocation.
- 1.3 In [November 2024](#) the finance report presented to the IJB outlined the new funding arrangements for the Enhanced Mental Health Outcomes Framework for NHS Greater Glasgow and Clyde from 2024/25, bundling together several existing funding allocations into a single funding stream. Scottish Government issued a funding letter on 30th September 2024, and total allocation represented a 5.48% reduction in funding.
- 1.4 IJBs approved the use of earmarked reserves held collectively for the delivery of the associated programmes for 2024/25, to allow time to review programmes and develop plans to deliver within the new financial envelope for 2025/26. The reduction has been applied equally to each of the existing funding streams, and plans have been proposed taking account of risks and mitigation where possible
- 1.5 This report provides an update on the revised plans for delivery on programmes funded through the Enhanced Mental Health Outcomes Framework and advises IJBs of the implications across all programmes for financial year 2025/26 following a reduction in the allocation.

2.0 RECOMMENDATIONS

2.1 The Integration Joint Board is asked to:

- a) Note the contents of this report;
- b) Note the impact of this funding on each of the programmes; and
- c) Approve the proposed funding arrangements to deliver programmes in 2025-26.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 Scottish Government issued a funding letter on 30th September 2024 for the 2024/25 Enhanced Mental Health Outcomes Framework, bundling several existing funding allocations into a single funding stream. Details of the funding streams are provided in the table below.

Mental Health Outcome Framework	Board wide funding allocated to East Dunbartonshire and Glasgow City to deliver: <ul style="list-style-type: none">• Psychological Therapies• Adult and Children’s Eating Disorder• Child and Adolescent Mental Health Services
Perinatal and Infant Mental Health Programme	Board wide funding allocated to East Dunbartonshire and Glasgow City to deliver specialist community perinatal mental health, infant mental health and maternity/neonatal psychological interventions.
School Nursing Service	Board wide funding allocated to all HSCPs to support additional recruitment of 50 School Nurses since 2018/19.
Annual Health Checks for People with a Learning Disability	Board wide funding allocated to all HSCPs to support annual health checks for those individuals with a learning disability. Programme coordinated and delivered by East Renfrewshire.
Action 15	HSCP funding which supports local and board wide programmes to secure delivery of Action 15 of the Governments Mental Health Strategy 2017-2027.

- 3.2 The IJB was provided an update on the financial impact in November 2024, noting that the funding letter represented a 5.48% reduction compared to anticipated funding levels for 2024-25, equating to £1.587m reduction across all programmes.
- 3.3 Greater Glasgow and Clyde IJBs approved the use of collective earmarked reserves to mitigate against the reduction in funding for 2024/25 to afford an opportunity for Chief Officers to develop a revised programme of investment to be delivered within the new financial envelope.
- 3.4 The funding letter indicated that funding within the Enhanced Mental Health Outcomes Framework will be baselined in 2025-26, and this paper assumes allocation at the funding set out in the letter of 30th September 2024. Any further reduction in funding will require additional consideration to the programmes outlined below.

4.0 Impact on Programmes

- 4.1 The financial impact of the reduction in allocation across all programmes is detailed in the tables at **appendix 1**. Impact on delivery of the programmes and outcomes is highlighted throughout the remainder of the report.

5.0 Mental Health Outcomes Framework

The priorities set out by Scottish Government in respect of the Mental Health Outcomes Framework aspect of the funding stream are to:

- Build capacity to deliver the 18-week referral to treatment standard for psychological therapies, improve quality and access to psychological therapies, reduce backlogs of long waits, and implement the national specification for psychological therapies and interventions.
- Build capacity to deliver the 18-week referral to treatment standard for Child and Adolescent Mental Health Services (CAMHS), improve quality and access to mental health services for children and young people, reduce backlogs of long waits, and implement the national CAMHS specification and the national neurodevelopmental specification.
- Improve mental health services for children and adults with eating disorders.
- Deliver improved and innovative approaches to mental health and psychological services, underpinned by nationally agreed standards and specifications for service delivery.

- 5.1 Specialist Children's Services are hosted in East Dunbartonshire. CAMHS increased their Tier 3 workforce across teams from 155 WTE in September 2021 to 216 WTE in September 2024. The waiting list backlog was subsequently addressed, with NHSGGC now meeting the 18 week referral to treatment standard. The reduction in funding of £517K equates to 9.4 WTE staff and the service are targeting vacancies and fixed term posts to deliver on the reduced allocation. It is intended that the reduction will be applied to Tier 4 services on an NRAC basis to ensure that areas are not disproportionately affected. Health care support workers were introduced with the Mental Health Recovery and Renewal allocation, which was subsequently bundled into the Mental Health Outcomes Framework. These roles were developed to support the Unscheduled Care responses to children and young people, and there will be a reduction in these posts.
- 5.2 CAMHS have developed a neurodevelopmental pathway however the backlog for assessment is extensive in terms of numbers waiting and waiting times. Specialist Children's Services are exploring digital solutions to support the assessment timescales and are considering a realistic medicine approach to supporting families.
- 5.3 It is anticipated that CAMHS will be able to maintain the 18- week referral to treatment standard, with a continuing focus on allocations lists. The impact of a reduction in Health Care Support Worker posts should be minimal as nursing staff will cover all acute sites where young people present out of hours. A helpline service has also been established to improve advice to emergency services, which is reducing the number of face-to-face assessments required.
- 5.4 The National Specification for the Care and Treatment of Eating Disorders was published by Scottish Government in November 2024, embedded into the Core Mental Health Standards. CAMHS are currently benchmarking against the 9 Outcomes that services are expected to deliver, and staffing will reflect this work.
- 5.5 A reduction in staffing across CAMHS will impact further on the neurodevelopmental waiting lists, with longer waiting times, and as highlighted above, different approaches are being explored to mitigate the increasing backlog.
- 5.6 Mental Health Outcomes Framework allocation also funded a significant investment in the delivery of psychological therapies across adult mental health services, totalling £4,401,937. Additional resource has supported the reduction in waiting times and NHSGGC's capacity to meet the 18-week referral to treatment standard. The reduction in allocation of £270,428 for adult mental health will be applied to psychological therapies staffing across NHSGGC and remove 6.2 WTE Assistant Psychologists and Clinical Associate in Applied Psychology (CAAP)/Counselling Psychologist posts that are currently vacant. The removal of these posts will be spread across the board so as not to disproportionately affect any one area.

- 5.7 Further work is required to reduce spend across Psychological Therapies as previous funding through Mental Health Recovery and Renewal funding is no longer available. It is proposed that a number of teams will be prioritised - primary care mental health teams (PCMHTs), community mental health teams (CMHTs), cCBT and group programmes. The PCMHTs, cCBT and Group programmes support NHSGGC to meet the 18-week referral to treatment standard by delivering on group programmes that have the capacity to offer therapies to a high volume of patients and deliver on early intervention to prevent unnecessary escalation to tier 3 and 4 services, whilst CMHTs ensure that people with the highest level of acuity will be offered psychological therapies. Nevertheless, it is likely that the decrease in overall psychology staffing will impact on future performance in respect to meeting the referral to treatment standard.
- 5.8 The NHSGGC Adult Eating Disorder service (AEDS), hosted in Glasgow City, will receive no reduction to their £563,167 allocation. To date, the increase in funding has been used to fund fixed term posts to test out different models, as well as offering additional sessions to existing staff. The current service model is being reviewed following the publication of the National Specification for the Care and Treatment of Eating Disorders in November 2024, and Glasgow City IJB required commitment from Scottish Government in respect of a recurring allocation in order to progress plans. The new specification requires AEDS to ensure that the service offers equitable and flexible access, is responsive to individual need, is inclusive of physical risk management, accounts for safe transitioning for young people into the adult service and delivers appropriate training to all staff involved in the care of adults with an eating disorder. The proposed staffing model includes an increase in occupational therapy, senior nurses, dietician, psychology assistant, psychologist and administrative support, as well as the introduction of a transitions worker to support young people transferring from CAMHS, health care support workers to support the development of an outreach approach such as meal planning and physical health checks at home and a peer support worker to work with people in their own community.
- 5.9 The AEDS review will explore the benefits of a flexible day service programme as a means of preventing admission to hospital, and as a step down from hospital to the community, and the additional staff outlined above could support such a model if required. The service remains committed to developing a specialist adult eating disorder ward as part of the Mental Health strategy and inpatient bed realignment.
- 5.10 Perinatal and Infant Mental Health**
- The funding stream for these services was introduced following commitment made by Scottish Government in 2019 to improve access to, and quality of, perinatal and infant mental health services, as a key commitment in mental health service delivery. Infant Mental Health (IMH) and Maternity and Neonatal Psychological Therapies (MNPI) are delivered by CAMHS, hosted by East Dunbartonshire. The NHSGGC community Perinatal team (CPMHT) is hosted by Glasgow City alongside other specialist mental health services.
- 5.11 As noted in the table at section 3.1, the reduction in funding is equally split between specialist children's services and adult mental health.
- 5.12 There has been significant investment in the CPMHT over recent years, alongside the Mother and Baby Unit inpatient service, with an increase in psychology and psychiatry resource and the development of parent-infant therapy, nursery nurse and peer support role, in order to meet the recommendations of the Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services (2019).
- 5.13 Scottish Government subsequently published guidance to NHS boards, HSCPs and IJBs in 2020, with respect to developing specialist community perinatal mental health teams (CPMHTs). The guidance outlines a range of core CPMHT functions, and the service were awaiting confirmation of funding before committing to the resource required to deliver fully on the recommendations. The

reduction in funding has led to a re-adjustment to plans and removes the capacity to backfill the 1 WTE Nurse Consultant whilst undertaking the regional aspect of the role. However, the commitment to recurring funding will allow for an increase in nursing to address the current waiting list, increase delivery of low intensity psychological therapies and develop group work programmes, a health care support worker to support individual and group sessions, an increase in Occupational Therapist resource, and continue the peer support worker role which has been successful as a fixed term opportunity. Cover arrangements will also be in place with the mental health Nurse Consultant to respond to any urgent issues. These roles will ensure that the service is able to meet all requirements outlined by Scottish Government.

5.14 The funding allocation into Specialist Children’s Services supported the expansion of the MNPI service from 2021, investing in additional psychology posts and introducing specialist midwifery roles. A standalone multidisciplinary IMT was introduced in November 2021 to provide specialist parent-infant advice and consultation to families and professionals.

5.15 The reduction in funding has been achieved with the removal of a research assistant role and a project manager, both of which were in place to support the establishment and development of the teams. The Maternity and Neonatal Psychological Interventions and Infant Mental Health teams are not impacted significantly by the removal of these posts as their purpose was to establish the teams and research. The teams will continue to operate in accordance with the service specifications.

5.16 **School Nursing Service**

In 2019, a Programme for Government commitment was made to increase the number of School Nurses across Scotland by 200 WTE, in order to meet the requirement to focus on children’s physical and emotional health and wellbeing.

NHSGGC’s allocation equated to an uplift of 56.07 WTE school nurses by December 2023. The reduction in funding of £143,420 has reduced this commitment to 50 WTE across NHSGGC. The Enhanced Mental Health Outcomes Framework allocation letter outlines the expectation that funding will support boards to maintain school nursing at current levels as full recruitment had not been achieved.

5.17 East Dunbartonshire, East Renfrewshire and Inverclyde are over their funded staffing number, either in post or in training and will work with other areas to realign staff if necessary when training is complete. Glasgow City, Renfrewshire and West Dunbartonshire still require to train an additional 7 WTE school nurses (5, 1.6 and 0.4 WTE respectively) to reach their funded allocation, as per table below.

Revised School Nursing Distribution Based on 50WTE

HSCP	Funded WTE	Recruited or in Training	Funded WTE difference
Glasgow City	27.00	22.00	-5.00
East Dunbartonshire	4.20	5.20	+1.00
East Renfrewshire	3.60	4.00	+0.40
Inverclyde	3.60	4.00	+0.40
Renfrewshire	7.60	6.00	-1.60
West Dunbartonshire	4.00	3.60	-0.40
Total	50.00	44.80	5.20

5.18 The University of West of Scotland, who have been the Higher Education Institution provider to date, withdrew their SCPHN School Nurse course following announcement by Scottish Government that the funding was reduced. Queen Margaret University Edinburgh is offering a part time distance learning course, and this is being explored as a viable option to the HSCPs who have not secured the full cohort of school nurses.

5.19 **Annual Health Checks for People with Learning Disabilities**

In 2022, the Scottish Government committed to annual funding of £2million for NHS Boards to offer annual health checks to all adults with learning disabilities known to services, to address health inequalities and ensure that health issues are identified and treated as quickly as possible.

5.20 Although the allocation and reduction is noted in the table above by HSCP area, the planning for the delivery of annual health checks is managed by East Renfrewshire as the host area for NHSGGC learning disability services.

5.21 All health boards across the country have highlighted to Scottish Government that the original funding envelope was insufficient to deliver on the aim to offer annual health checks to all people with a learning disability, and an alternative model prioritising the people most in need was agreed, with a commitment to consider future requirements. A reduction in the funding therefore further compromises the capacity to offer regular health checks as this equates to a reduction in staffing. A modest reserve will fund the existing staffing over the next year to allow a review of the staffing model to reshape the workforce.

5.22 **Action 15**

Action 15 of the Mental Health Strategy 2017-27 committed to increasing the mental health workforce, to provide access to specialist mental health assessment and treatment for acute Emergency Departments, Primary Care, Police station custody suites and Prisons. The Mental Health Strategy seeks to ensure that people who require it have access to high quality, specialist mental health care in a timely manner, as well as addressing health needs at an early stage to reduce the need for secondary care.

5.23 Each area across NHSGGC contribute to boardwide programmes that are reported into, and governed by, the boardwide Mental Health Strategy Board:

- **Adult Mental Health Liaison Service (AMHLS)** – Investment funds nursing and psychiatry staff to deliver mental health assessment and diagnostic care & treatment to all acute hospital settings across NHSGGC.
- **Mental Health Assessment Units** – Investment funds nursing, health care support workers, psychiatry and admin staff across two units based at Stobhill hospital and Leverndale hospital to provide immediate response to mental health crisis in and out of hours to acute hospitals, emergency services, GPs, NHS24 and Emergency Social Work Services, and provide an alternative and more appropriate setting for patients away from Emergency Departments.
- **Police Custody** – Investment funds 4 WTE mental health nurses to support the police custody hub model across NHSGGC and supports the formation of a multi-disciplinary team approach to the delivery of police custody services.
- **Psychological Interventions in Prisons** – Investment funds 13.4 WTE staff to deliver low and high intensity psychological therapies across three prisons within NHSGGC. The focus of the intervention is to improve transitions for people from prison to community, and to improve support for long term prisoners.
- **Borderline Personality Disorder (BPD) service** – Investment funds 10.4 WTE staff across psychology and psychotherapy to implement an evidence-based framework of care for people with borderline personality problems, ensuring access to a co-ordinated

programme of clinical care including Dialectical Behavioural Therapy (DBT) and Mentalisation Based Therapy (MBT) where indicated. Each area currently has access to either DBT or MBT practitioners, and NHSGGC plan to increase investment as part of the Mental Health Strategy implementation. The investment also funds a small training resource to upskill all inpatient and community staff to support people with personality disorder, assisted by the BPD Dialogues (lived experience) group.

5.24 Financial commitment to each programme is detailed below and it is recommended that investment in these areas continue as they are critical to the NHSGGC Mental Health strategy. Previous boardwide investment in Recovery has been withdrawn with work in each area underway to implement local recovery approaches, and any future vacancies that arise in the prison psychology service will be considered by Heads of Service collectively to determine impact of reduction against local pressures.

Boardwide A15 investment per area

	East Dun	East Ren	Glasgow	Inverclyde	Renfrewshire	West Dun
	£216,537	£184,769	£1,393,349	£185,608	£395,072	£205,191
BPD	£51,477	£43,877	£332,249	£44,616	£94,031	£49,170
MHAU (OOH CPNs)	£20,580	£17,567	£132,300	£17,567	£37,537	£19,453
Liaison	£63,336	£54,062	£407,160	£54,062	£115,513	£59,868
Police Custody	£24,780	£21,152	£159,300	£21,252	£45,194	£23,423
Psychological Interventions in Prisons	£56,364	£48,111	£362,340	£48,111	£102,797	£53,277

5.25 Each area across NHSGGC have invested the remainder of Action 15 allocation in local priorities, and reduction in funding will be realised through discontinuing tests of change or fixed term posts, and/or not progressing with planned programmes:

- Inverclyde HSCP have removed a vacant Improvement Advisor post, which presented least risk and impact.
- Renfrewshire HSCP have removed 2 inpatient in-reach nursing posts, 5 community wellbeing nurses and a transitions worker, all of which were fixed term posts. It had been intended to secure some of these posts on a permanent basis given their success in supporting transitions from hospital and CAMHS, as well as delivering a preventative wellbeing approach. 3 of the community wellbeing nurses have been retained using core funding.
- East Dunbartonshire HSCP, East Renfrewshire HSCP, Glasgow HSCP and West Dunbartonshire HSCP had discontinued test of change programmes in 2023/24, in preparation for investment in a boardwide neurodevelopmental pathway. Renfrewshire and Inverclyde HSCPs had also intended to contribute. An unprecedented increase in referrals over the past 4 years to Adult Community Mental Health Teams for ADHD assessment has amounted to 700% excess referrals. All areas except West Dunbartonshire HSCP have a waiting list initiative, established to manage referrals until a substantive neurodevelopmental service could be developed. Currently there is a total of 6474 patients on ADHD waiting lists Boardwide, with an average longest wait of 2.4 years. There has also been a continued increase in referrals to the Adult Autism team (ASD) over the past 10 years, with a total of 1050 on the ASD waiting list. The plan to implement a specialist service was predicated on availability of funding, and the reduction in A15 allocation of over £508K means that this is no longer viable. Options to manage the referrals and waiting lists are currently being explored but additional resource cannot be provided in the absence of additional funding.

6.0 PROPOSALS

- 6.1 The paper outlines the impact of reduction in funding allocation and associated risks across the existing programmes of psychological therapies, adult eating disorders, specialist children's services, perinatal, infant mental health and maternity and neonatal psychological therapies, school nursing, annual health checks for people with a learning disability, and Action 15.
- 6.2 This report proposes revised plans for the programmes delivered through the Enhanced Mental Health Outcomes Framework funding allocation, taking into account the 5.48% reduction and outlines impact against delivery of expected outcomes.
- 6.3 The Integration Joint Board is asked to:
- Note the contents of this report;
 - Note the impact of this funding on each of the programmes; and
 - Approve the proposed funding arrangements to deliver programmes in 2025-26.

7.0 IMPLICATIONS

- 7.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial	X	
Legal/Risk		X
Human Resources		X
Strategic Plan Priorities	X	
Equalities, Fairer Scotland Duty & Children and Young People	X	
Clinical or Care Governance	X	
National Wellbeing Outcomes	X	
Environmental & Sustainability		X
Data Protection		X

7.2 Finance

As detailed in contents of paper
One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments

7.3 Legal/Risk

N/A

7.4 Human Resources

N/A

7.5 Strategic Plan Priorities

This report aligns with Strategic Plan Priority – Improve support for mental health, wellbeing and recovery. The service noted provide specialist mental health care and treatment

7.6 Equalities

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	x
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	x
Inverclyde’s most vulnerable and often excluded people are supported to be active and respected members of their community.	x
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	x

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report’s recommendations reduce inequalities of outcome?

x	YES – The expenditure on services supports the delivery a Fairer Scotland.
	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) Children and Young People

Has a Children’s Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children’s rights.

7.7 Clinical or Care Governance

This report provides information on services delivered on a board wide basis, delivering key interventions for some of our most vulnerable people. It ensures ongoing clinical and care governance commitments are retained for the people of Inverclyde and each of the services provide regular reports on referrals, treatment options and ongoing input to the Inverclyde population

7.8 National Wellbeing Outcomes

How does this report support delivery of the National Wellbeing Outcomes?

The Enhanced Mental Health Outcomes Framework allocation letter outlines the outcomes required to be delivered for each programme aligned to the national health and wellbeing outcomes.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	x
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	x
People who use health and social care services have positive experiences of those services, and have their dignity respected.	x
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	x
Health and social care services contribute to reducing health inequalities.	x
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	x
People using health and social care services are safe from harm.	x
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.	x
Resources are used effectively in the provision of health and social care services.	x

7.9 Environmental/Sustainability

Not Applicable

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

7.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

8.0 DIRECTIONS

8.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	x
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

Monies Received per Programme

Programme	East Dun	East Ren	Glasgow	Inverclyde	Renfrewshire	West Dun	Total Received
MH Outcomes Framework	8,986,452		4,694,676				13,681,128
Perinatal & Infant MH	1,067,308		1,067,308				2,134,615
School Nursing Service	208,147	177,522	1,344,240	180,510	380,440	198,935	2,489,794
LD Health Checks	35,065	29,905	226,453	30,409	64,089	33,513	419,434
Action 15	639,508	544,405	4,633,172	689,218	1,705,337	610,080	8,821,720
	10,936,480	751,832	11,965,848	900,137	2,149,867	842,528	27,546,692

Reduction per Programme

Programme	East Dun	East Ren	Glasgow	Inverclyde	Renfrewshire	West Dun	Total Reduction
MH Outcomes Framework	- 517,649		- 270,428				- 788,077
Perinatal & Infant MH	- 61,480		- 61,480				- 122,961
School Nursing Service	- 11,990	- 10,226	- 77,432	- 10,398	- 21,915	- 11,459	- 143,420
LD Health Checks	- 2,020	- 1,723	- 13,044	- 1,752	- 3,692	- 1,930	- 24,161
Action 15	- 36,838	- 31,359	- 266,885	- 39,701	- 98,233	- 35,143	- 508,159
	- 629,977	- 43,308	- 689,270	- 51,851	- 123,839	- 48,532	- 1,586,777