West Dunbartonshire
Health & Social Care Partnership

Strategic Plan

2016 - 2019

The West Dunbartonshire Health and Social Care Partnership Board's:

- Mission is to improve the health and wellbeing of West Dunbartonshire.
- Purpose is to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.
- Core values are protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion.

ACKNOWLEDGEMENTS

The Chief Officer and the Senior Management Team would like to thank everyone who contributed to the development of this Strategic Plan; and all those staff and colleagues who continue to work so hard to deliver high quality services to the communities of West Dunbartonshire.

Please send any feedback on this Strategic Plan to:
Mr Soumen Sengupta, Head of Strategy, Planning & Health Improvement
West Dunbartonshire Health & Social Care Partnership
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An electronic version of this Strategic Plan – alongside further information about the work of the Health & Social Care Partnership and its Board – can be accessed at: www.wdhscp.org.uk

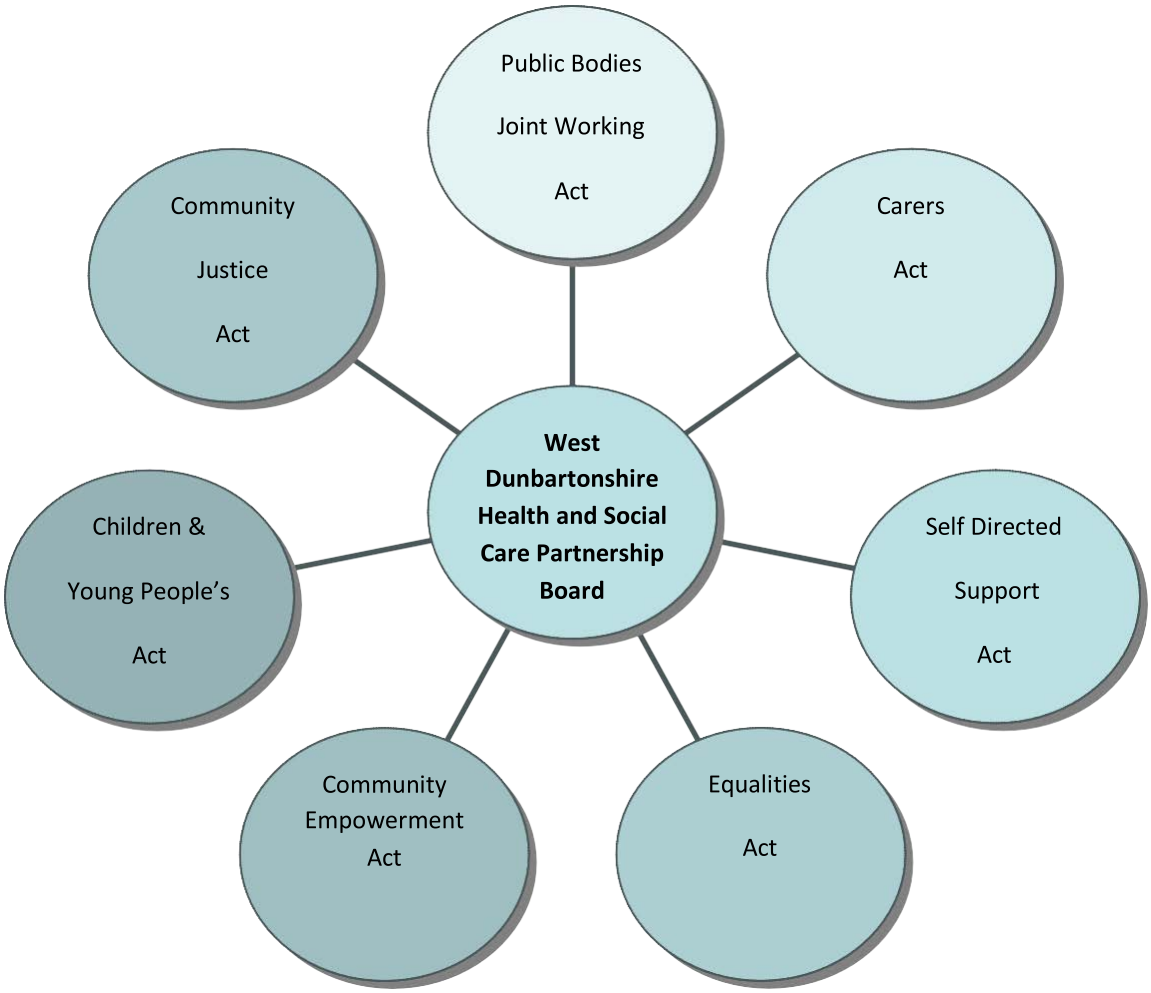
Welcome

Keith Redpath, Chief Officer

West Dunbartonshire Health & Social Care Partnership Board was established on the 1st July 2015 as the Integration Authority for West Dunbartonshire. It is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (which are described in full within its approved Integration Scheme).

The Council and the Health Board discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as West Dunbartonshire Health & Social Care Partnership. The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership (HSCP).

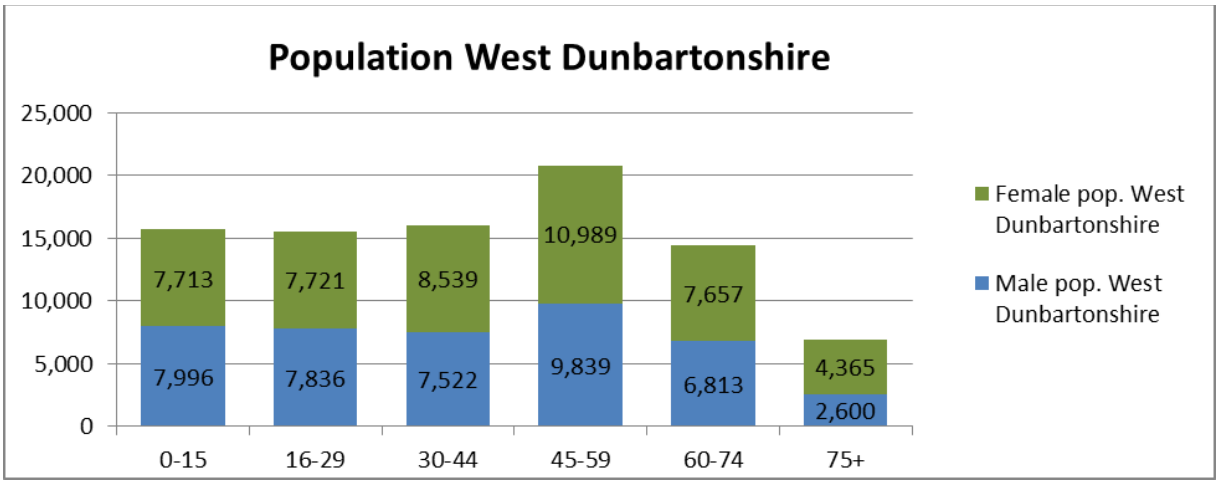
This high-level strategic plan sets out our commissioning priorities for the next three years – with a clear commitment to the delivery of effective clinical and care governance and Best Value. It has been shaped by our well-received Annual Performance Report for 2015/16; our strategic needs assessment, which illustrates the growing complexity of need and demand within our diverse local communities; our active engagement with stakeholders at locality, community planning and national levels; and our understanding of the broader policy and legislative context.



The improved outcomes that flow from the commissioning priorities set out within this Strategic Plan will only be deliverable if sustainable finances are secured for the delegated services detailed within the Partnership Board's Integration Scheme. This then demands recognition amongst all stakeholders of the significant pressures that local services are already facing; the unprecedented demand and financial challenges ahead; the imperative for continuous quality improvement across all areas of activity; and the need for updated service delivery models in response to all of those drivers. In responding to these challenges, we will continue to be committed to the expectations of both the principles that will shape the new National Care Standards (Appendix); and of the National Framework for Clinical and Care Governance: i.e. that the work of Integration Authorities, Health Boards and local authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care.

Strategic Needs Assessment

West Dunbartonshire lies north of the River Clyde encompassing urban and rural communities. According to the National Records for Scotland, the 2015 population for West Dunbartonshire is 89,590; a decrease of 0.1 per cent from 89,710 in 2014. The population of West Dunbartonshire accounts for 1.7 per cent of the total population of Scotland.

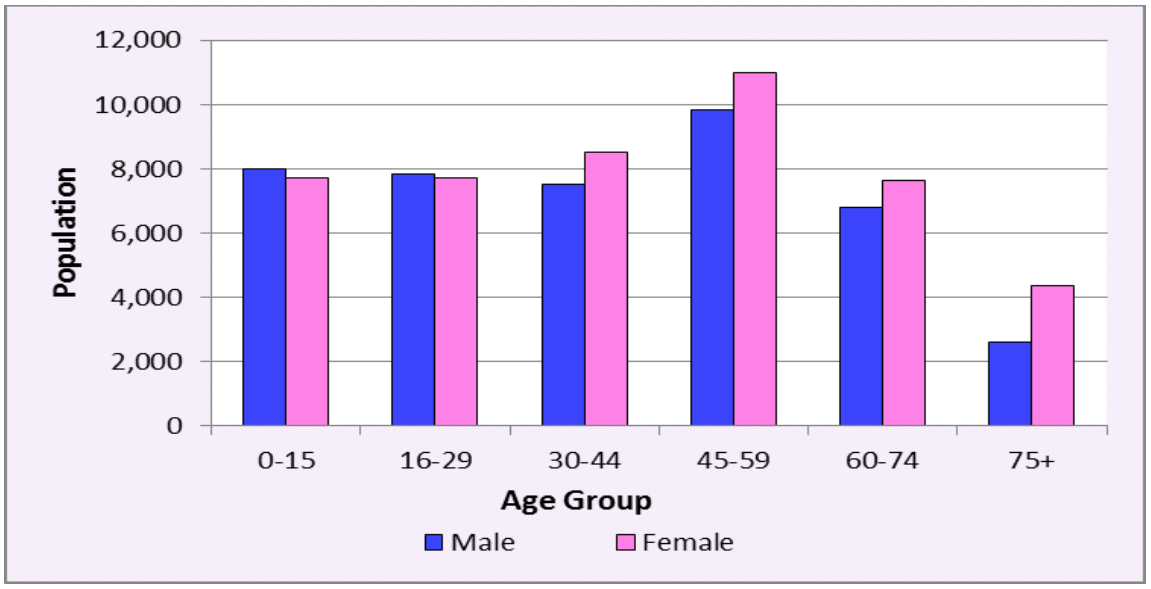


Age Group	Male pop. Scotland	Female pop. Scotland	Total pop. of Scotland	% of total pop. of Scotland
0-15	466,470	445,792	912,262	17.0%
16-29	490,588	488,361	978,949	18.2%
30-44	497,625	520,237	1,017,862	18.9%
45-59	565,858	598,073	1,163,931	21.7%
60-74	413,656	448,623	862,279	16.0%
75+	176,272	261,445	437,717	8.1%
All ages	2,610,469	2,762,531	5,373,000	100.0%

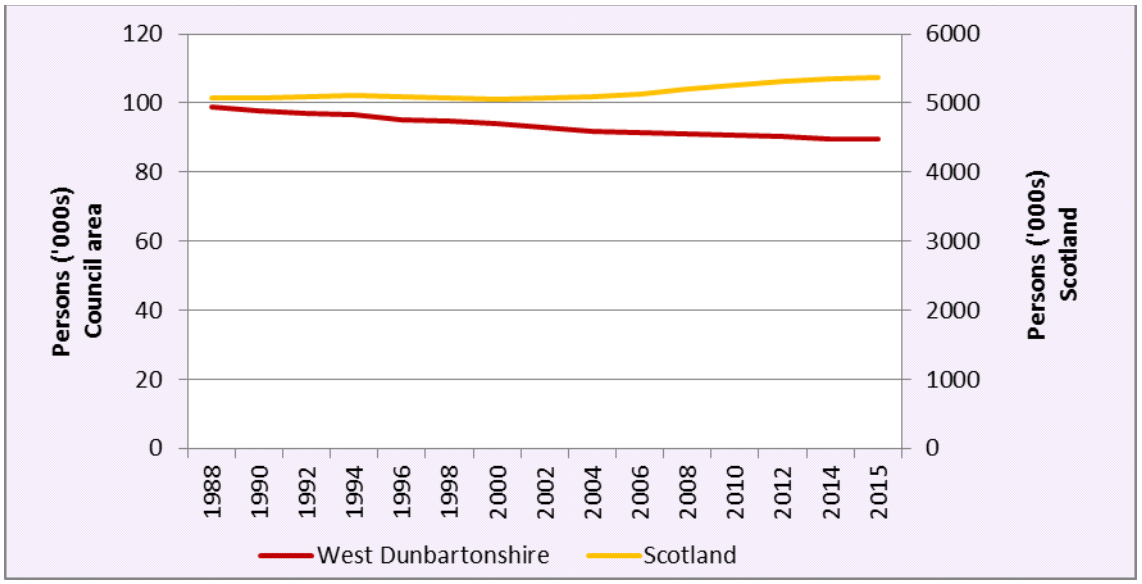
In West Dunbartonshire, 17.4 per cent of the population are aged 16 to 29 years. This is smaller than Scotland where 18.2 per cent are aged 16 to 29 years. Persons aged 60 and over make up 23.9 per cent of West Dunbartonshire. This is smaller than Scotland where 24.2 per cent are aged 60 and over.

National evidence indicates that the population of West Dunbartonshire is aging due to a combination of factors; that the number of births within the area is dropping; the number of people migrating to other council areas within the 15 – 44 age group is increasing; and the number of deaths registered annually is falling.

Estimated population of West Dunbartonshire by age and sex, Mid Year Population 2015

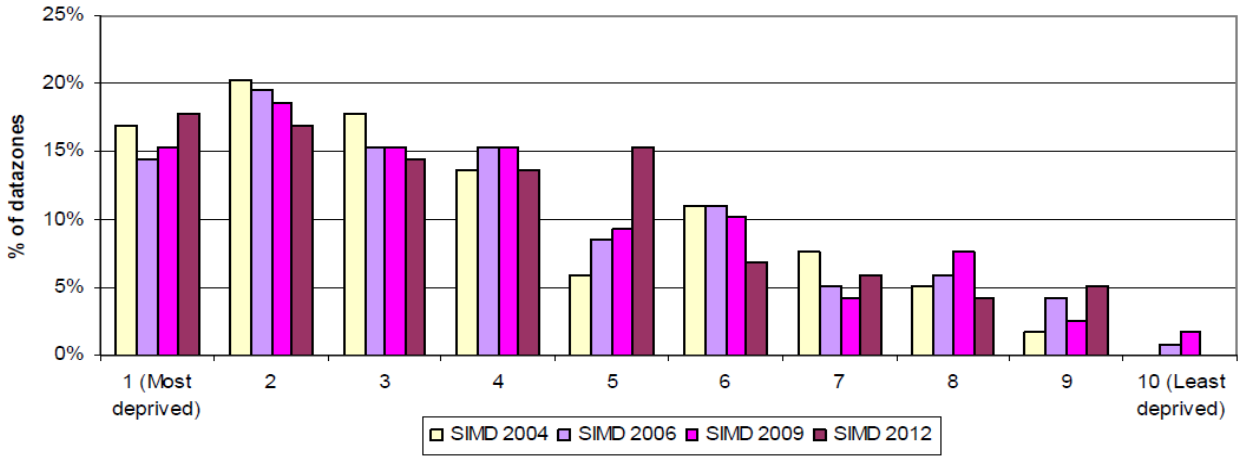


Estimated population of West Dunbartonshire and Scotland, 1988-2015



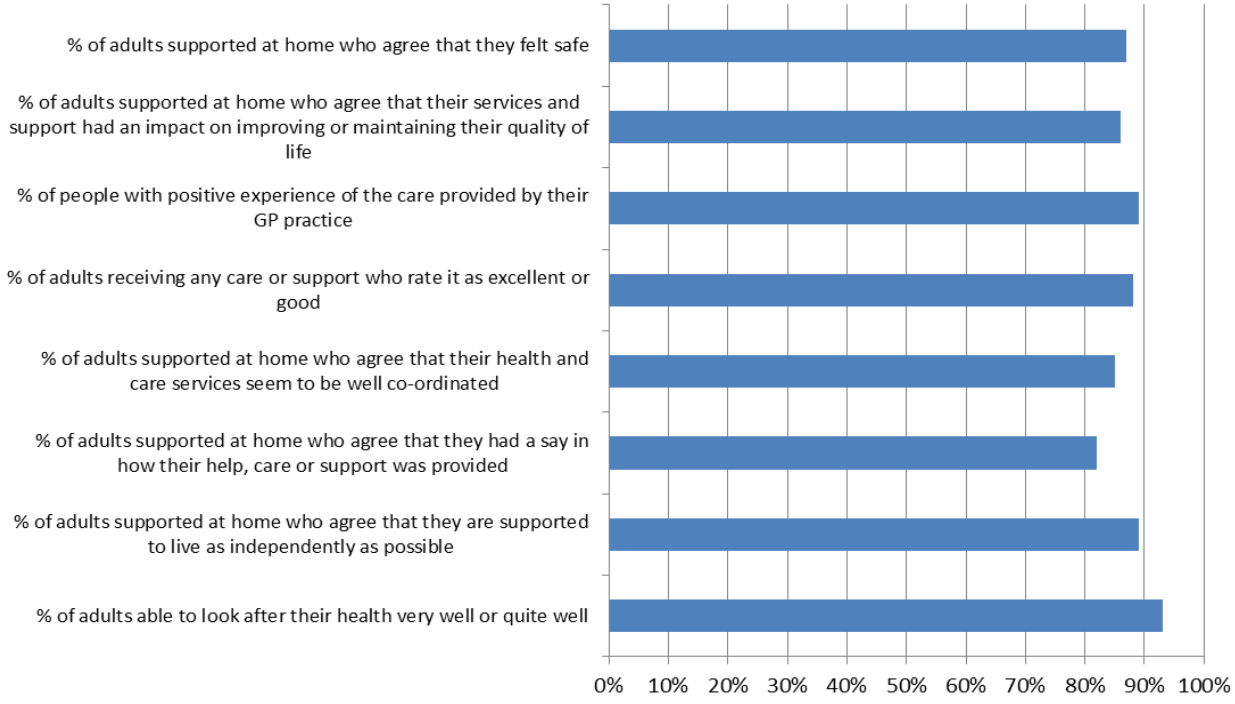
Since 1988, West Dunbartonshire's total population has fallen overall. Scotland's population has risen over this period.

The map below shows the levels of deprivation in West Dunbartonshire based on the most recent Scottish Index of Multiple Deprivation (SIMD 2012) published on 18 December 2012. The decile graph below shows what percentage of West Dunbartonshire's data zones are found in each of the SIMD deciles.



However within this context we are still demonstrating high levels of satisfaction with services as described in the table below.

Scottish Health & Care Experience Survey 2015/16 - May 2016



Most of West Dunbartonshire's datazones are found in the more deprived deciles in SIMD 2012. This is similar to the pattern observed for SIMD 2009. The most recent Health and Wellbeing Profile for West Dunbartonshire is summarised overleaf.

ScotPHO
Period: 2014

Health & Wellbeing Profiles (West Dunbartonshire)

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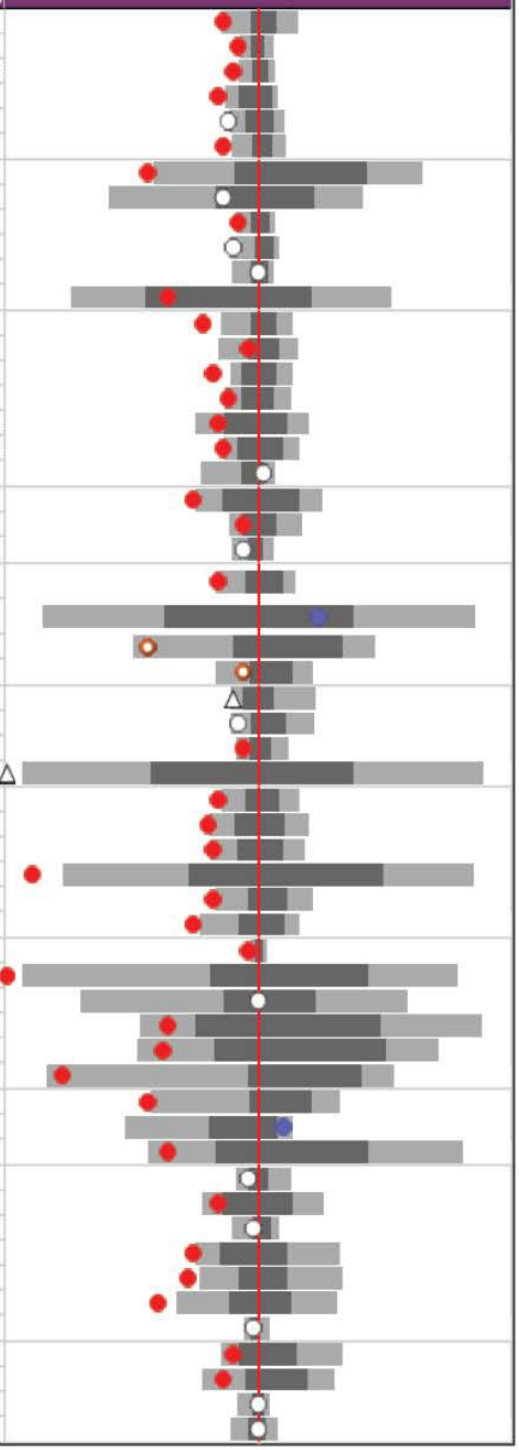
Domain		Indicator	Period	Number	Measure	Type	National Average
Life Expectancy & Mortality	1	Male life expectancy [18]	2011	n/a	74.1	yrs	76.6
	2	Female life expectancy [18]	2011	n/a	78.7	yrs	80.8
	3	Deaths all ages [12]	2013	1,061	1,380.7	sr4	1,169.8
	4	All-cause mortality among the 15-44 year olds. [12]	2013	44	139.1	sr4	100.5
	5	Early deaths from CHD (<75) [12]	2014	54	70.4	sr4	54.2
	6	Early deaths from cancer (<75) [12]	2013	162	210.2	sr4	170.0
Behaviours	7	Estimated smoking attributable deaths [3,13,16]	2014	201	441.7	sr4	366.8
	8	Smoking prevalence (adults 16+) [3,14]	2014	61	21.9	%	20.2
	9	Alcohol-related hospital stays [15]	2014	805	946.2	sr4	671.7
	10	Deaths from alcohol conditions [17]	2012	29	33.3	sr4	23.1
	11	Drug-related hospital stays [12,15]	2013	112	130.1	sr4	122.0
	12	Active travel to work [3,14]	2013	23	11.0	%	16.0
Ill Health & Injury	13	New cancer registrations [12,19]	2013	610	758.0	sr4	644.3
	14	Patients hospitalised with chronic obstructive pulmonary disease (COPD) [12,15]	2013	597	733.1	sr4	661.9
	15	Patients hospitalised with coronary heart disease [12]	2012	445	553.8	sr4	440.3
	16	Patients hospitalised with asthma [12]	2013	107	115.8	sr4	89.3
	17	Patients with emergency hospitalisations [12]	2012	7,438	8,653.4	sr4	7,500.2
	18	Patients (65+) with multiple emergency hospitalisations [12]	2012	904	6,142.6	sr4	5,159.5
	19	Road traffic accident casualties [12]	2013	46	53.7	sr4	58.9
Mental Health	20	Population prescribed drugs for anxiety/depression/psychosis	2014	18,291	20.4	%	17.4
	21	Patients with a psychiatric hospitalisation [12]	2013	285	331.6	sr4	286.2
	22	Deaths from suicide [17]	2012	15	16.8	sr4	14.2
Social Care & Housing	23	Adults claiming incapacity benefit/severe disability allowance/ employment and support allowance	2014	6,365	7.1	%	5.1
	24	People aged 65 and over with high levels of care needs who are cared for at home [3]	2014	359	39.3	%	35.6
	25	Children looked after by local authority [3]	2014	385	20.5	cr2	14.0
	26	Single adult dwellings	2014	17,632	39.4	%	37.5
Education	27	Average tariff score of all pupils on the S4 roll [13]	2012	n/a	182.0	mean	193.0
	28	Primary school attendance	2010	6,227	94.4	%	94.8
	29	Secondary school attendance	2010	5,075	90.1	%	91.1
	30	Working age adults with low or no educational qualifications [3]	2013	10,500	18.6	%	12.6
Economy	31	Population income deprived	2014	17,310	19.3	%	13.1
	32	Working age population employment deprived	2014	10,165	17.4	%	12.2
	33	Working age population claiming Out of Work benefits	2014	10,135	17.4	%	12.0
	34	Young people not in employment, education or training (NEET). [3]	2014	400	9.5	%	6.5
	35	Children Living in Poverty	2012	4,645	22.8	%	15.3
	36	People claiming pension credits (aged 60+)	2014	2,270	10.7	%	6.9
Crime	37	Crime rate	2014	5,208	58.0	cr2	40.4
	38	Prisoner population [3]	2014	204	292.3	sr4	161.9
	39	Referrals to Children's Reporter for violence-related offences [3]	2013	16	2.1	cr2	2.1
	40	Domestic Abuse [3]	2014	1,220	136.0	cr9	112.0
	41	Violent crimes recorded [3]	2014	143	15.9	cr9	11.9
	42	Drug crimes recorded [3]	2014	1,203	134.1	cr9	68.9
Environment	43	Population within 500 metres of a derelict site	2013	54,800	60.7	%	29.7
	44	People living in 15% most 'access deprived' areas	2014	5,042	5.6	%	15.0
	45	Adults rating neighbourhood as 'a very good place to live' [3,14]	2014	n/a	46.4	%	55.8
Women's & Children's Health	46	Teenage pregnancies [12]	2012	125	46.6	cr2	41.1
	47	Mothers smoking during pregnancy [12]	2013	208	22.7	%	18.5
	48	Low birth weight [12]	2013	18	2.1	%	2.0
	49	Babies exclusively breastfed at 6-8 weeks [12]	2013	133	14.8	%	26.8
	50	Child dental health in primary 1	2014	549	59.5	%	69.5
	51	Child dental health in primary 7	2014	264	30.8	%	51.6
	52	Child obesity in primary 1	2014	96	10.3	%	9.8
Immunisations and Screening	53	Breast screening uptake [12]	2011	2,799	69.3	%	72.5
	54	Bowel screening uptake [12]	2012	7,833	52.5	%	56.0
	55	Immunisation uptake at 24 months - 5 in 1 [12]	2014	1,012	98.0	%	98.1
	56	Immunisation uptake at 24 months - MMR [12]	2014	984	95.3	%	95.5



Notes:

3. Data available down to council (local authority) area only.
12. Three-year average number, and 3-year average annual measure.
13. Indicator based on HB boundaries prior to April 2014.
14. Two-year combined number, and 2-year average annual measure.
15. All 6 diagnosis codes used in the analysis; please see the technical report for more information.
16. Two-year average number, and 2-year average annual measure
17. Five-year average number, and 5-year average annual measure
18. Three year average for health boards, local authorities and Scotland. Five year average intermediate geographies
19. Note that the definition has changed since last update

Spine Chart Key:

% -percent
cr2 -crude rate per 1,000 population
cr9 -crude rate per 10,000 population
mean-average
sr4 -age-sex standardised rate per 100,000 population to ESP2013. Please see Appendix I in the technical report.
yrs -years

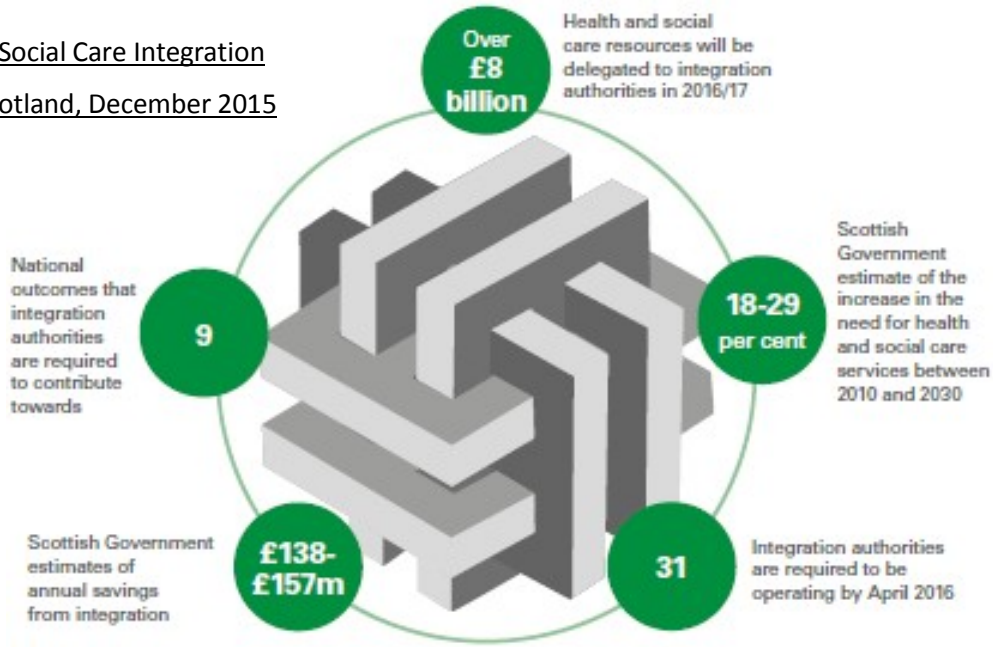
Spine Chart Key:

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average
- Statistically significant difference compared to National average
- No significance can be calculated

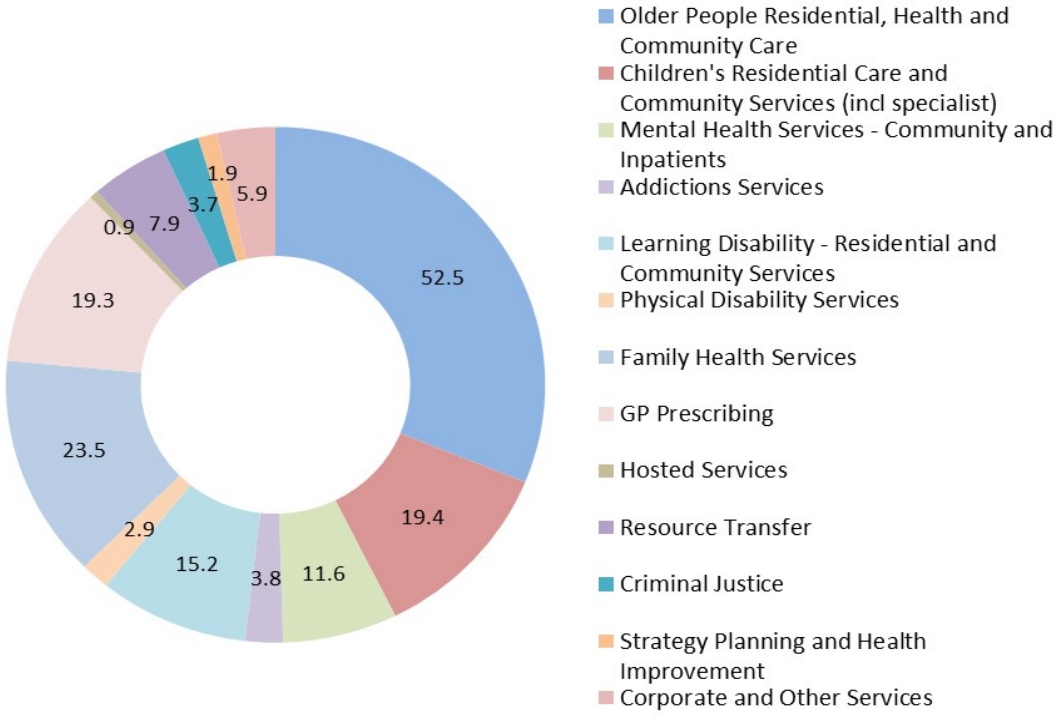
Strategic Financial Framework

Health & Social Care Integration

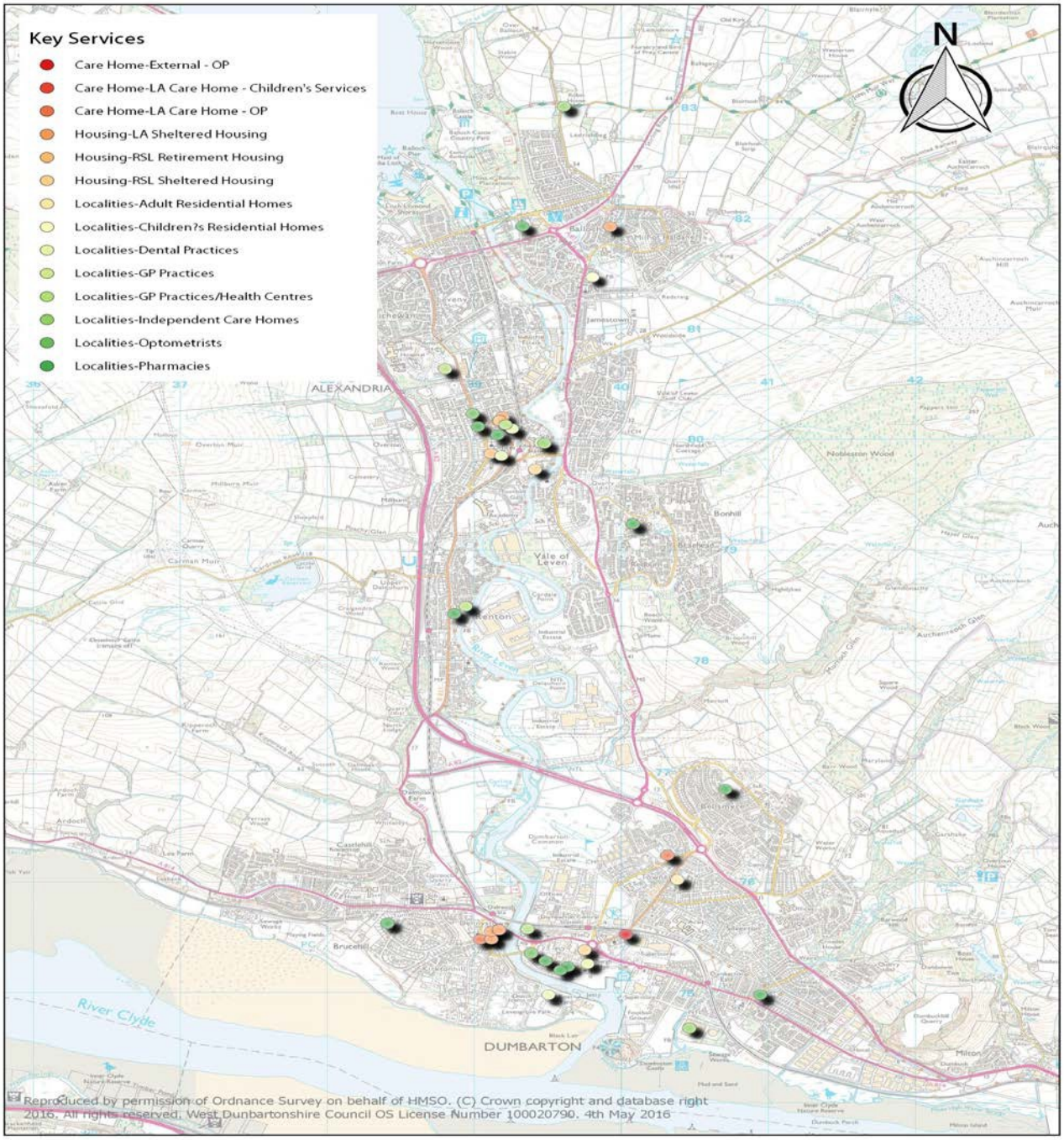
- Audit Scotland, December 2015

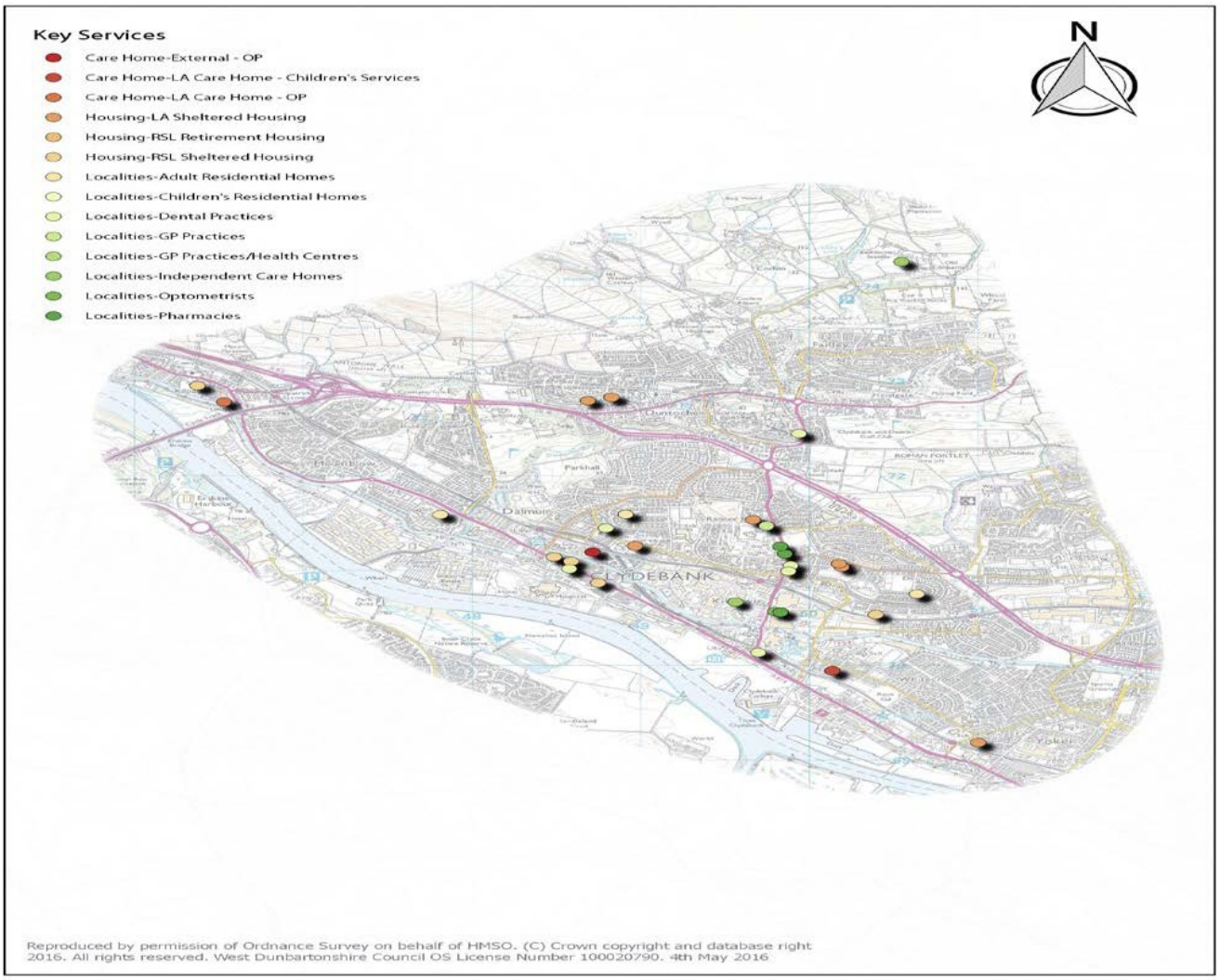


How do we spend the money? - Partnership budget £Ms



The above spend can be linked to how services are organised to support communities within our two localities: Clydebank and Dumbarton & Alexandria.





Having finished 2015/16 in-balance, the budget for 2016/17 then provides the starting point for the medium term financial strategy to support the delivery of this Strategic Plan. The approved budget to the Partnership Board for 2016/17 from West Dunbartonshire Council and from NHS Greater Glasgow & Clyde has been finalised. The Council's 2016/17 budget was approved on February 2016, and the Health Board's 2016/17 financial plan was approved on June 2016.

2016/17 Revenue Budget Contributions from NHS Greater Glasgow Clyde Health Board and West Dunbartonshire Council (£000s)

Care Group Services	Health Board (£000)	Council (£000)	Total (£000)
Older People Residential, Health and Community Care	12,889	26,022	38,921
Homecare	-	13,542	13,542
Physical Disability	-	2,858	2,858
Children's Residential Care and Community Services (inc. specialist)	4,005	15,442	19,447
Mental Health Services - Community and Inpatients	8,041	3,519	11,560
Addictions Services	1,953	1,914	3,867
Learning Disability - Residential and Community Services	277	14,943	15,220
Family Health Services	23,476	-	23,476
GP Prescribing	19,327	-	19,327
Hosted Services	878	-	878
Criminal Justice	-	3,574	3,674
Strategy Planning and Health Improvement	832	1,065	1,897
Resource Transfer	7,907	-	7,907
HSCP Corporate and Other Services	5,978	106	5,872
Gross Expenditure	**85,573**	**82,873**	**168,446**
Income	(4,239)	(21,334)	(25,573)
Total Net Expenditure	**£81,335**	**£61, 539**	**£142,874**

Expenditure Type	Health Board (£000)	Council (£000)	Total (£000)
Employee Salaries	25,960	40,106	66,066
Other Employee Costs	8,228	2,328	10,556
Supplies, Services and Administration	-	1,405	1,405
Payments to other bodies including Resource Transfer and Family Health Services	51,385	37,422	88,807
Other	-	1,612	1,612
Gross Expenditure	**85, 573**	**82, 873**	**168, 446**
Income	(4,239)	(21,334)	(25,573)
Total Net Expenditure	**£81,335**	**£61,539**	**£142,874**

Given the above 2016/17 and the anticipated subsequent funding allocations from the Health Board and Council to the Partnership Board, there is a responsible requirement for this Strategic Plan to be supported by the development of, engagement on and implementation of separately agreed efficiency and savings proposals on an annual basis to mitigate the considerable risk of recurrent imbalance.

The set aside, or notional budget, for large hospital services is included in integration authority total resources for 2016/17. At the time of writing this Strategic Plan the notional budget from the Health Board was not yet formally notified to the Partnership Board. However for indicative budget setting purposes this has been included based on the latest 2015/16 service consumption costs and includes a 1% uplift to reflect an average of £17.5m in addition to the resources in the above table. During 2016/17 the Health Board will continue to work with the six integration authorities within its area to finalise an agreed methodology to calculate the appropriate budget to represent consumption of unscheduled care services by residents of each integration authority area.

In line with the Health Board's Clinical Services Strategy and the national Clinical Strategy, the ambition is to both shift resources away from intensive large hospital-

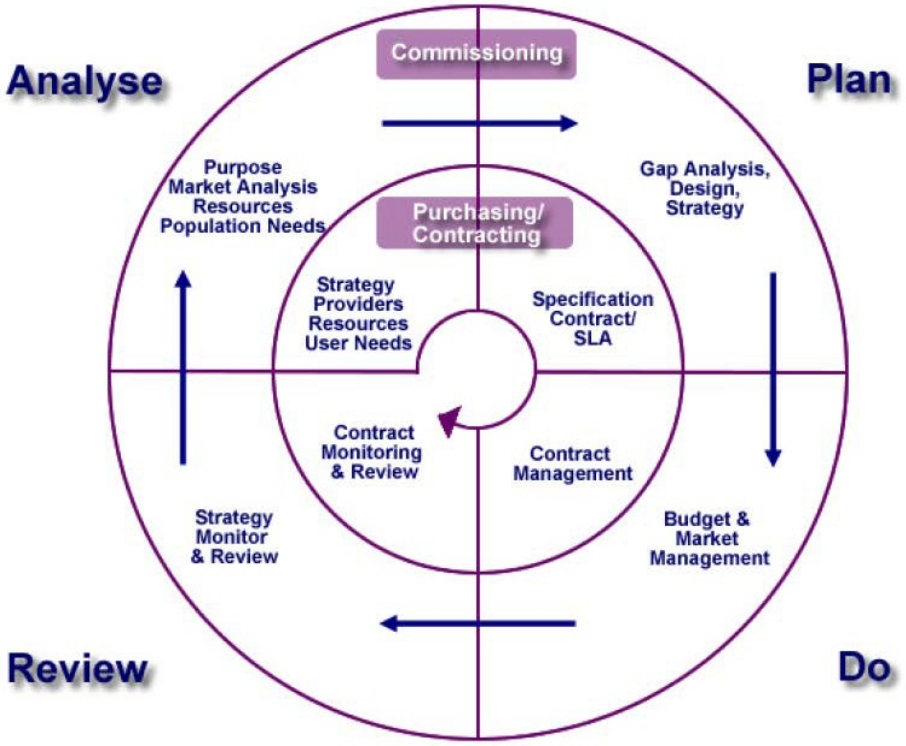
based services to achieve the required shift in the balance of care to within local communities; and stabilise the current deficit challenges in public spending required to meet the growing need.

Within West Dunbartonshire Council there will be significant challenges for 2017/18. In taking into account this forecast position and assuming appropriate action is taken to balance the 2016/17 budget, through a combination of efficiencies, balances and council tax, the indicative budget forecasts a funding gap of £2.500m is estimated in financial years 2017/18 and £7.321m in 2018/19 budget. The Health & Social Care Partnership share of the forecast funding gap is under review.

The Health Board funding contribution will be equally as challenging, particularly due to the scale of the financial challenge and the recurring financial imbalance. The Health Board have stated that a transformation programme will be required to deliver a step change in the size and scale of recurring savings and efficiencies needed in 2017/18 and beyond. This will include the Health Board devising a three-to-five year strategic plan, drafted in conjunction with the six Integration Authorities within its areas, to ensure a model of affordable service delivery and quality patient care up to, and beyond, 2020.

Strategic Commissioning Framework

This Strategic Plan has been developed with regards to the strategic commissioning process advocated by Audit Scotland, and benefitting from on-going engagement with a full range of local stakeholders as described within the Health & Social Care Partnership Participation and Engagement Strategy.

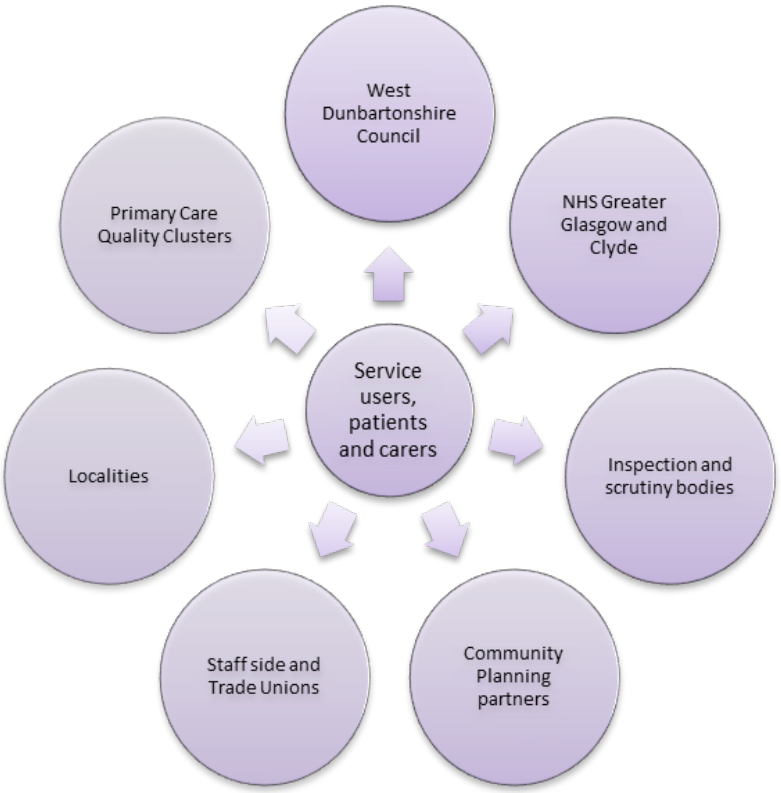


Transformational Change in Practice:

Our leadership of community planning early years activity engages with representatives of mother and toddler groups, child care providers, family support organisations, youth organisations and uniformed organisations together with an additional cohort who, whilst not having a direct involvement in the activity, have an interest based on a broader remit e.g. Development Trusts.

This second Strategic Plan has been built on our strategic needs assessment to reflect the growing complexity in the nature of the needs within the population; and the growing expectations concerning how best to provide quality care, including quality requirements from external regulators and new legislation. Within an increasingly challenging financial envelope across the public sector we are committed to a continual process of reviewing the best value achieved by and relative merits of investments across all partners – increasingly mapped to an analysis of spend and linked to outcomes for patients and clients - as part of our overall strategic commissioning process. The connectivity between workstreams allows us to support a co-production approach across all our communities.

As committed to within our Integration Scheme and based on local engagement and feedback, the Health & Social Care Partnership Participation and Engagement Strategy sets out the key principles and high level ways-of-working that the Health & Social Care Partnership will continue to apply in all its relationships with stakeholders as an integral element of its mainstream planning and operational service delivery activities. As reflected in the Community Empowerment (Scotland) Act, this approach promotes effective, local services, planned in conjunction with local people.



Whilst the Health Board is responsible for overall planning of acute services, it is obliged to work with integration authorities within its area on the planning of acute services, particularly unscheduled care and including forward financial planning; on the shaping of the primary care and community services; and early patient and public engagement. The Health Board's Clinical Services Strategy has two key aims that particularly align with the commissioning priorities within this Strategic Plan, i.e.

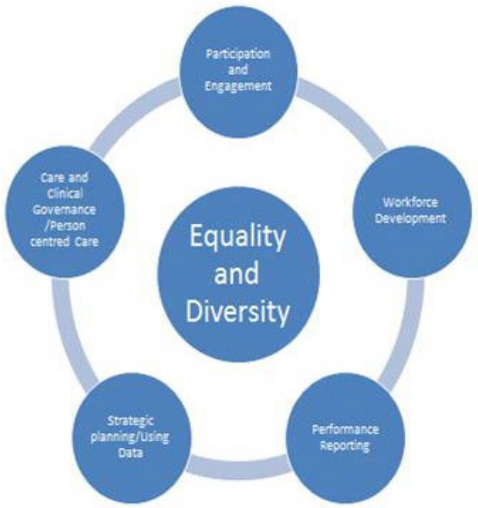
- Care is patient focused with clinical expertise focused on providing care in the most effective way possible at the earliest opportunity within the care pathway.
- The pressures on hospital, primary care and community services are addressed.

The National Clinical Strategy for Scotland sets out proposals for the direction of planning and delivery of primary care services and hospital networks at a national, regional or local level, with a focus on proportionate, effective and sustainable healthcare, including investment in e-health and technological advances. Importantly, it recognises that the health and social care system is embedded in a network that extends beyond traditional boundaries; and embraces the idea of co-produced health and wellbeing in partnership with individuals, families, and communities.

Our locality areas - Clydebank and Dumbarton & Alexandria - reflect natural communities in West Dunbartonshire and feel "right" to the people living and working in the area. We are committed to the principles of collaborative working and a shared vision for service delivery. Robust communication and engagement methods will continue to be applied to assure the effectiveness of our locality arrangements. We will support GPs to play a central role in providing and co-ordinating care to local communities; and, by working more closely with their colleagues within wider community teams, NHS acute care, and the third and independent sector, to help improve outcomes for local people.

We will continue to develop our locality arrangements – in tandem with our support for the development of local primary care quality clusters - to provide forums for professionals, communities and individuals to inform service redesign, transformational change and improvement. This will include continuing to engage with carers, patients, service users and their families in developing our Local Engagement Networks (LENs) for each locality area. We will also continue to work with West Dunbartonshire Community and Voluntary Service (CVS) to increase the representation and diversity of those involved.

We are committed to continuing to integrate – i.e. mainstream – our obligations in respect of the equality duties into our approach to strategic planning and performance management; and into the day-to-day operational activities of WDHSCP. The intent of the Equality Act to protect groups from discrimination, harassment or victimisation readily fits with the over-arching priorities and commitments set out within this Strategic Plan to the delivery of quality person centred supports and services. This reflects local recognition of the fact that the requirements of the Equality Act dovetail with – and so should sensibly be addressed through - the national Integration Planning Principles, and the need to take account of the particular needs, characteristics and circumstances of different service users. This can be represented by an on-going approach to mainstreaming across five core inter-related and inter-overlapping dimensions of organisational activity - illustrated above and as detailed within our Equalities Mainstreaming Report. Through our mission, purpose and values (which themselves fit well with the inclusive nature of equalities responsibilities), we will continue to further integrate our approach to the equalities duties – and promote diversity - into our core business in line with the intentions and expectations of the Equalities and Human Rights Commission.



Public Protection provides a range of measures which can be used together to 'protect our people'. This includes protection from harm for children and young people, vulnerable adults and the effective and robust management of High Risk Offenders through our Multi-Agency Public Protection Arrangements (MAPPA) and serious violent offenders. As such public protection is integral to the delivery of all adult and children's services within the Health & Social Care Partnership; and a key element of clinical and care governance locally.

Our Housing Contribution Statement acts as the 'bridge' between this Strategic Plan and the Local Housing Strategy for West Dunbartonshire (which at the time of writing the Strategic Plan was being developed for finalisation in November 2016). We will continue to work closely with the local housing sector to develop and implement the refreshed Local Housing Strategy 2016 – 2019. This will build upon existing robust and effective mechanisms for engagement, working together closely across many service areas on issues of joint interest. There is a shared recognition that the wider housing sector must be involved in supporting the delivery of the health and social care integration agenda. We will continue to emphasise the key role that housing associations have to play in the delivery of affordable and adaptable homes.

The third sector operating within West Dunbartonshire is a diverse community of over 900 organisations, varying in size and scale from small self-help groups through to national social enterprises providing directed procured and contracted services. We will continue to work with the local third sector interface (TSI) - West Dunbartonshire CVS – to apply its Engagement Dashboard to help positively manage constructive and effective engagement across the sector.

We will continue to work in partnership with West Dunbartonshire CVS as the local TSI and Scottish Care to develop our local Market Facilitation Consortium model of commissioning across older people, adult, and children's services – with the shared emphasis on improving quality and outcomes. This reinforces the expectations of the national clinical and care governance framework in relation to co-ordination across a range of services - including procured services - so as to place people and communities at the centre of all activity relating to the governance of clinical and care services; and the principles that will shape the new National Care Standards (Appendix).

Within West Dunbartonshire – as is true across Scotland - there are significant differences in health, access, experience and outcomes of health care between different groups depending on their age, gender, race, disability, sexual orientation, income and social class. The primary determinants of health are well recognised as being economic, social and environmental.

One common definition of health inequalities is that they are those systematic and avoidable differences in health between population groups which result from the unequal distribution of resources within populations; and the associated accumulation and interaction of multiple risk factors.

Health inequalities are an example of a wicked issue: i.e. one that by definition involves complex, messy and often intractable challenges; where the causes are complicated, ambiguous and often interconnected; and where there are no clear solutions. The highly regarded Marmot Review (Fair Society, Healthy Lives; 2010) argued that while traditional government policies have focused resources only on some segments of society, in order to improve health for all of us and to reduce unfair and unjust inequalities in health, action is needed across the social gradient. We will continue our commitment to a determinants-based approach to health inequalities, with our local- term goal being to have tackled population-level health inequalities as a result of our having collectively addressed its root causes through the local Community Planning Partnership – by stimulating sustainable economic growth and employment; promoting educational attainment and aspiration; and supporting community cohesion and self- confidence. We will continue to provide clear leadership in championing this progressive and evidence-based approach to addressing health inequalities in a streamlined and integrated manner.

Importantly, an effective and coherent suite of early years interventions is a key element of any serious attempt to tackle (health) inequalities – whilst avoiding placing unrealistic expectations on any given programme to address health inequalities in itself (particularly in the short-to-medium term).

Our Integrated Children's Services Plan expresses our collective commitment to the principles of early intervention and prevention as part of Getting It Right For Every Child (GIRFEC), i.e. that our children and young people are safe, healthy, active, nurtured, achieving, respected, responsible and included. Similarly, neighbourhood-level asset-based initiatives that promote community cohesion are (hopefully) part of a solution – but only if they are energised within a strategic, long-term and determinants-based effort across partners.

Strategic Commissioning Outcomes

This Strategic Plan has been structured to reflect our commitment to integration being community planning in practice, with our Strategic commissioning outcomes articulated with respect to the three local Community Planning Single Outcome Agreement priorities that we have a key leadership role in:

- Supporting Children and Families.
- Supporting Older People.
- Supporting Safe, Strong and Involved Communities.

The fourth Community Planning Single Outcome Agreement priority is that of Supporting Employability and Economic Growth - which directly links to the determinants based approach to addressing health inequalities through Community Planning that we are committed to encouraging and promoting.

Our integrated approach to delivering our Strategic commissioning outcomes reflects a collective commitment to:

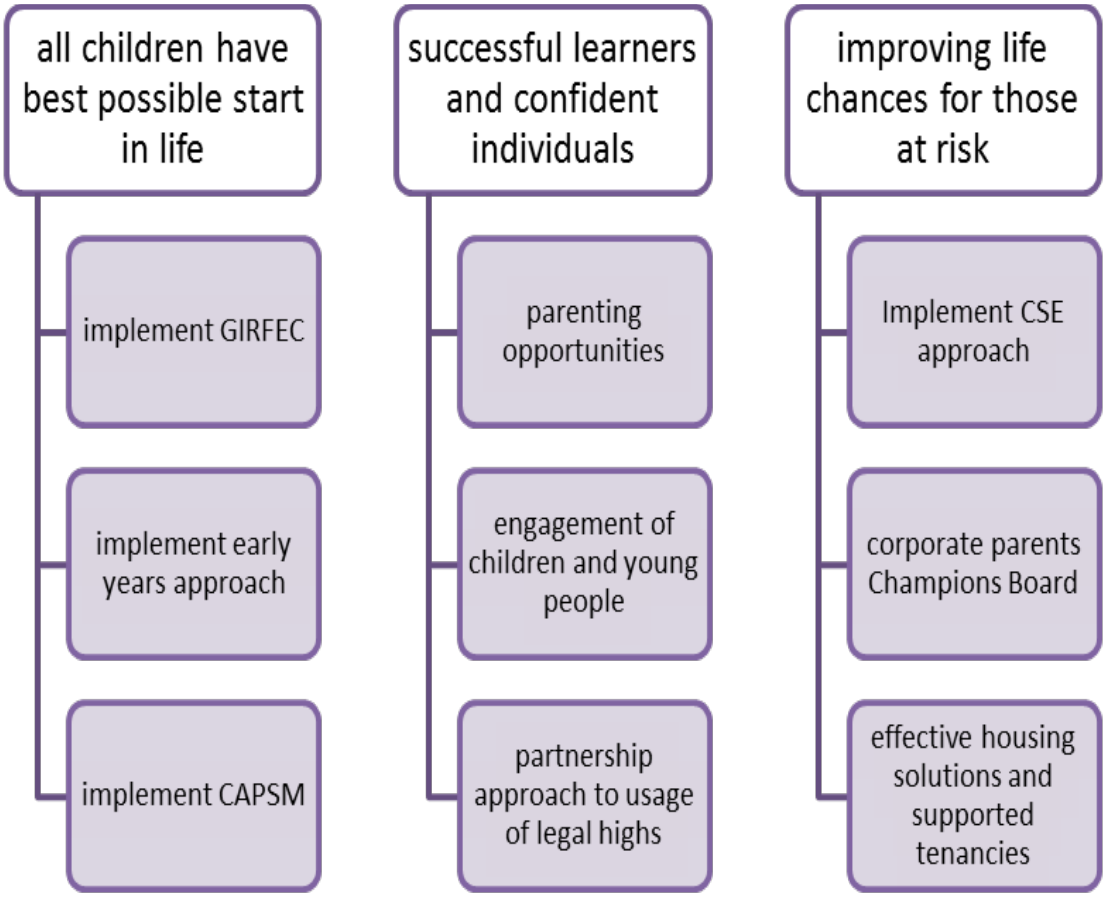
- A client-centred and equalities-sensitive approach appropriate to individual needs through an emphasis on informed self-care, co-production and personalisation of services.
- Effective and safe services that draw upon the best available evidence and local feedback from service users.
- Acceptable levels of service provision informed through constructive engagement with local stakeholders – including staff, community groups and elected representatives.
- Affordable and efficient services that continue to be reflective of the relative demands across the West Dunbartonshire population as a whole.

Strategic Commissioning Outcomes: Children and Young People

Our strategic commissioning outcomes for children and young people in West Dunbartonshire reflect our commitment to Getting It Right For Every Child (GIRFEC).

We lead on the strategic outcome of Supporting Children and Young People across Community Planning Partners, primarily through the vehicle of the local Integrated Children's Services Plan (ICSP). The ICSP describes the key strategic priorities and outcomes for children and young people in West Dunbartonshire.

Our strategic commissioning priorities for the next three years are as follows:



Whilst the overall proportion and number of children in the population has fallen, a greater number of children are living with increasingly complex health and care needs, and are requiring care whilst living in the community. Children and young people living with high levels of risk are and will have to be increasingly supported in the community, with increased commitment to reducing the numbers looked after and accommodated, and living out with their communities. However, a small number of children and young people will inevitably require residential care and secure accommodation.

The Health & Social Care Partnership will continue to provide leadership on the ICSP across community planning partners. The ICSP incorporates key strategic priorities and outcomes for children and young people as set out in West Dunbartonshire's Single Outcome Agreement and a suite of agreed strategic outcomes across all services where children and young people are affected. At the heart of this joined up approach is the shared commitment of partners to GIRFEC; to the delivery of corporate parenting responsibilities; and to improving outcomes for looked after children and young people. The following groups are specifically identified as benefiting from additional support from across community planning partners:

- Vulnerable pregnancies.
- Children with and affected by disabilities.
- Children in need/vulnerable children, including young carers.
- Children and young people where safety and well-being is an issue.
- Children and young people affected by issues such as domestic abuse, mental health and substance misuse.
- Children who are looked after and looked after and accommodated.
- Young people leaving care.

Transformational Change in Practice:

In February 2016, the Child Protection Register had a total of 45 primary school age children and 38 of secondary school age affected by issues of domestic abuse, neglect, emotional abuse and/or drug, alcohol or physical abuse. Keeping children safe and the wider public protection of our communities is not only a statutory function but a key foundation for the delivery of all Health & Social Care Partnership services to all ages and sectors of our community.

Recognising the increased risk from a range of social media and apps as well as young people's behaviours online we are creating universal and targeted interventions across our communities. A suite of operational guidance is continually developing that recognises the increasing risks to all, and specifically vulnerable, children and young people, posed by online contacts and participation in the vast array of social media.

Our Internet and New Technology Guidance for Staff provides services with information about recognising behaviours and advice about "what to do next".

Online safety is only one of the responses within the Child Sexual Exploitation (CSE) local delivery plan; to recognise and prevent CSE within a joined up approach to keeping our children safe that is in line with national guidance.

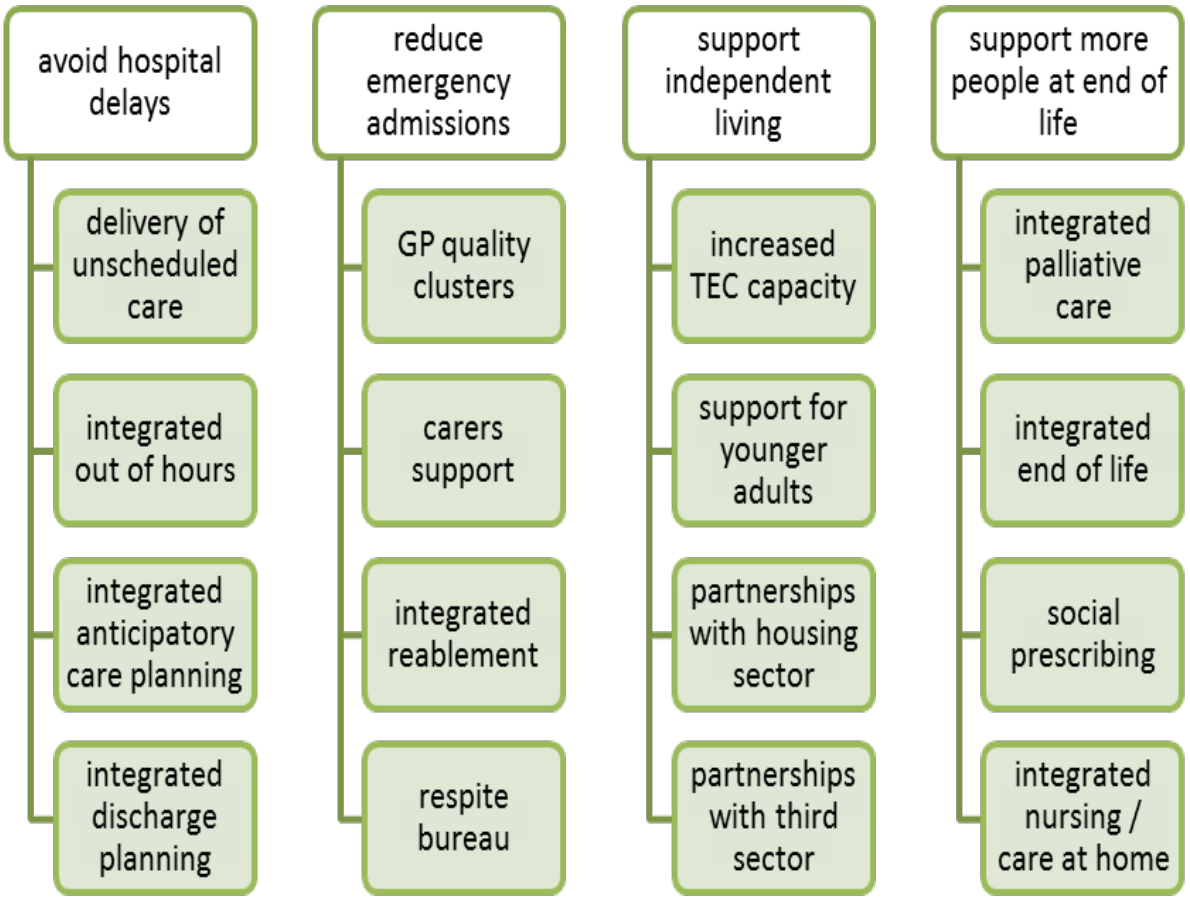
All Health & Social Care Partnership Children's Homes have focused resources to support young people to continue to have access to digital and social media but with additional levels of safety and monitoring. Additionally, West Dunbartonshire is part of the 'Aye Mind' a Digital 99 pilot being delivered across NHSGGC: the programme aims to create a more appropriate safe based internet provision for children and young people.

Strategic Commissioning Outcomes: Adults and Older People

Our strategic commissioning outcomes reflect the need for transformational change in the delivery of services for adults and older people as reflected within our approach to integrated care.

WDHSCP leads on the strategic outcomes of Supporting Older People across Community Planning Partners, primarily through the vehicle of the local Integrated Care Fund Plan (ICF). The ICF describes the key strategic priorities and outcomes to support all adults to live as independently as possible and safely within a homely setting for as long as possible. It is further supported by operational unscheduled care planning with a particular focus on the winter period as per the National Preparing for Winter Guidance.

Our strategic commissioning priorities for the next three years are as follows:



As the population of older people and those with long term conditions continues to increase and in keeping with the strategic approach of the Health & Social Care Partnership as a whole, the delivery of the outcomes of the ICF is based on investment for change within services rather than project based workstreams, so as to ensure that practice changes are sustainable and future proof as far as possible.

The Health & Social Care Partnership leads on the strategic priority of Supporting Older People across Community Planning Partners, primarily through the vehicle of the local integrated transformation fund. This transformational change programme describes the key strategic priorities and outcomes to support all adults to live as independently as possible and safely within a homely setting for as long as possible. We will continue to ensure that the offer of Self- Directed Support (SDS) options is embedded in the assessment process.

With regards to addressing particular housing needs, the Health & Social Care Partnership is working with the Council to deliver the Local Housing Strategy which has three underpinning principles which impact on the needs of those with additional housing support needs; forward planning; future proofing housing; and housing support to take account of how people's social and physical needs change.

West Dunbartonshire Health & Social Care Partnership hosts the Musculoskeletal (MSK) Physiotherapy Service for the Greater Glasgow and Clyde area. Work will continue to ensure the delivery of high quality outcomes for patients alongside striving to meet extremely challenging national waiting time targets.

Transformational Change in Practice:

West Dunbartonshire currently has 3,000 people who are Chronic Obstructive Pulmonary Disease (COPD) patients. In July 2016, the Health & Social Care Partnership agreed to develop a distinct new service to support people with COPD more effectively within the community. 250 patients have been identified as failing to engage and manage their own conditions. These patients are risking exacerbation of their COPD; which may result in additional medical attention and subsequently unnecessary hospital admission.

We invited the community to provide an insight for our nurses of wider service user experiences of managing COPD at home as a patient and as a carer.

Both locality groups have created distinct local workstreams linked to issues of COPD; working groups with representation from clinicians, prescribers and nurses developing and implementing a workplan of clear activities.

In practice we will be delivering to people with COPD who do not attend appointments the “Florence” system and Digital Community Alarms under our new Technology Enabled Care programme.

Using Technology Enabled Care provides us with the opportunity to provide and support person centred care within a broader range of support and care services with the focus shifting from the technology (the means) to the care outcomes (the ends).

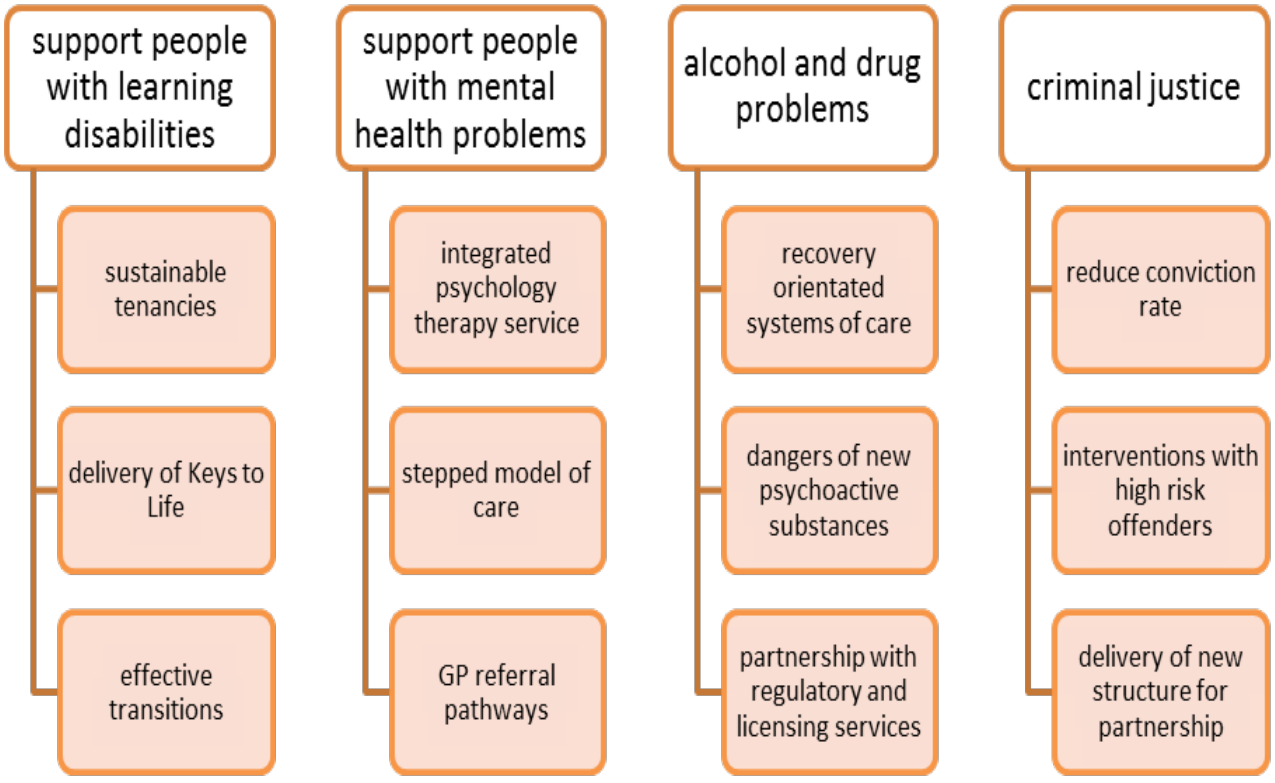
Our approach will support the focus on preventative and anticipatory care, recognising that while Technology Enabled Care can be appropriate at all levels of need there is greatest scope to make an impact at the high volume, lower care needs level.

Strategic Commissioning Outcomes:
Safe, Strong and Involved Communities

Our strategic commissioning outcomes reflect our commitment to the safety and protection of the most vulnerable people within our care and within our wider communities.

Our integrated approach to service delivery across community health and care - as well as third sector providers - supports the delivery of effective and targeted specialist services to support safe, strong and involved communities.

Our strategic commissioning priorities for the next three years are as follows:



The delivery of mental health services and learning disability services rely on a network of community health and social care services across West Dunbartonshire, delivered by statutory, third and independent sector providers. We will continue to work with them all to support those with severe and enduring mental health problems; those living with learning disabilities; and their carers.

The Health & Social Care Partnership will continue to lead the Community Planning Partnership Alcohol and Drugs Partnership (ADP). This will include participating in and responding to the feedback from a supported Validated Self- Assessment process with colleagues from the Care Inspectorate and partners.

West Dunbartonshire Health & Social Care Partnership currently hosts the Criminal Justice Partnership, on behalf of the community planning partners in West Dunbartonshire and for East Dunbartonshire and Argyll and Bute Council areas. Our Partnership Area Plan is set against a backdrop of the restructuring of community justice services and we are committed to ensuring that the implementation of the necessary changes that flow from the Community Justice Act goes smoothly and with no disruption to service provision.

The Health & Social Care Partnership has a significant role within the Public Protection Chief Officers Group (PPCOG). Both the Chief Officer and Chief Social Work Officer will continue to provide the necessary leadership, scrutiny and accountability for public protection matters affecting West Dunbartonshire - including the management of high risk offenders; assuring that each of the services in place for child and adult protection are performing well; and keeping the citizens of West Dunbartonshire safe.

Transformational Change in Practice:

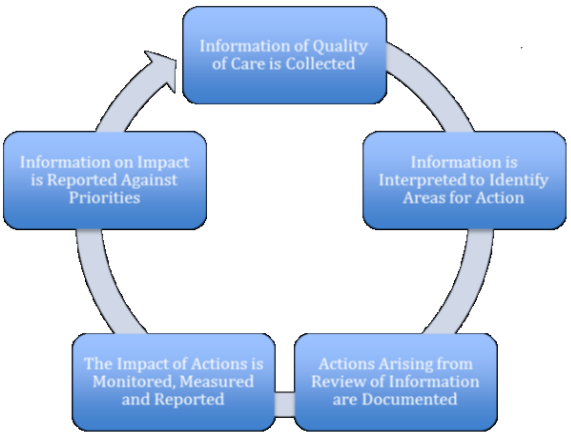
Historically, residents of West Dunbartonshire had to attend Gartnavel General Hospital for Blood Borne Virus (BBV) treatment. However, only around 20% of these appointments were attended. Distance, travel times and reliance on public transport represent significant barriers to access treatment for a patient group with concurrent medical, social and psychological pressures (including addiction issues, mental health and social deprivation). Re-engagement of previously diagnosed Hepatitis C positive patients, who have failed to engage in the assessment/treatment process, is a very important role for the nursing team.

West Dunbartonshire Health & Social Care Partnership operates the only community based Addictions' Blood Bourne viruses (BBV) team in the Greater Glasgow and Clyde area that provides community based treatment to people with Hepatitis C (Hep C). The team provides six weekly nurse-led clinics across West Dunbartonshire, with an attendance rate of over 70%. Last year this involved the team of nurses offering 700 return patient appointments.

The service has developed to provide a range of treatment options and provision that is tailored to its client group. It provides a local service that reflects local needs, understanding that this is a good opportunity to also provide preventative care and treatment for some of our most at risk adults. The service includes preventative measures such as education around transmission routes of BBVs, liver inflammation and rates of progression; vaccinations for Hepatitis B; and Flu vaccinations. Often the team work with patients for several months prior to individuals commencing anti-viral therapy. The assessment/treatment process in itself can be a very stressful time for patients. It is an essential part of the nurse's role to build a therapeutic relationship throughout the assessment/ treatment process to ensure successful treatment outcome.

Strategic Performance Framework

The National Framework for Clinical & Care Governance – as affirmed within the Integration Scheme for West Dunbartonshire - states that all aspects of the work of Integration Authorities, Health Boards and local authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care.



In scrutinising the development and delivery of this Strategic Plan, we will build on our experience – and the very positive feedback to - our first Annual Performance Report 2015/16. This reflected the national Guidance for Health and Social Care Integration Partnership Performance Reports; and our commitment to clinical and care governance as well as the principles underpinning the new National Care Standards (Appendix).

The Annual Performance Report also set out the arrangements we had developed and adopted for the governance of our activities, having taken on board the general advice articulated by Audit Scotland (December 2015) that integration authorities be clear about what might be "confusing lines of accountability and potential conflicts of interest" for integration authority members and staff within health and social care partnerships. Future Annual Performance Reports will detail progress on delivering upon our strategic commissioning priorities, including reporting on the key strategic performance indicators provided here. This will be augmented by data on a variety of monitoring indicators, including our equality outcome indicators as committed to within our Equalities Mainstreaming Report.

Our strategic performance framework for this Strategic Plan – and the key strategic performance indicators that are set out overleaf - then reflect all of the above as summarised by two key principles articulated within the National Framework for Clinical and Care Governance:

- Values of openness and accountability are promoted and demonstrated through actions.
- All actions are focused on the provision of high quality, safe, effective and person-centred services.

National Health and Wellbeing Outcomes for Adults												
	2015/16 Value	2015/16 Target	2015/16 Status	**2016/17 Target**	People are able to look after and improve their own health and wellbeing and live in good health for longer	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	People who use health and social care services have positive experiences of those services, and have their dignity respected	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	Health and social care services contribute to reducing health inequalities	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	People using health and social care services are safe from harm	Resources are used effectively and efficiently in the provision of health and social care services
No people will wait more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2015	3	0	🛑	**0**		X	X					
Number of acute bed days lost to delayed discharges (including AWI)	3,345	3,819	✅	**3,210**		X	X					
Number of acute bed days lost to delayed discharges for Adults with Incapacity	1,617	466	🛑	**466**		X	X					
Number of patients in anticipatory care programmes	1,821	1,442	✅	**1,400**	X	X	X	X	X		X	
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services	57% within 9 weeks	90% within 9 weeks	🛑	**90%**	X	X	X	X	X			X
Percentage of carers who feel supported to continue in their caring role	80.2%	88%	⚠	**90%**						X	X	
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	94.2%*	90%	✅	**90%**	X		X	X	X		X	X
Primary Care Mental Health Team waiting times from referral to 1st appointment offered within 4 weeks	84%*	90%	⚠	**90%**	X		X	X	X		X	X

✅ Target achieved or exceeded ⚠ Target narrowly missed 🛑 Target missed by 15% or more

National Health and Wellbeing Outcomes for Adults												
	2015/16 Value	2015/16 Target	2015/16 Status	**2016/17 Target**	People are able to look after and improve their own health and wellbeing and live in good health for longer	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	People who use health and social care services have positive experiences of those services, and have their dignity respected	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	Health and social care services contribute to reducing health inequalities	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	People using health and social care services are safe from harm	Resources are used effectively and efficiently in the provision of health and social care services
Primary Care Mental Health Team waiting times from assessment to 1st treatment appointment offered within 9 weeks	46%*	90%	🛑	**90%**	X		X	X	X		X	X
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	94.7%*	91.5%	✅	**90%**			X	X	X		X	X
Rates of attendance at A&E per 100,000 population	1,517	2,908	✅	**1,750**	X	X						
Percentage of total deaths which occur in hospital 65+	41.3%	45.9%	✅	**45.9%**		X	X	X				
Percentage of total deaths which occur in hospital 75+	39.3%	45.9%	✅	**45.9%**		X	X	X				
Prescribing cost per weighted patient (£Annualised)	£172	£151	⚠	**GGC average**								X
Percentage of patients achieved 48 hour access to appropriate GP practice team	93%	95%	⚠	**90%**	X	X	X	X	X			X
Percentage of patients advanced booking to an appropriate member of GP Practice Teams	77.2%	90%	⚠	**90%**	X	X	X	X	X			X

✅ Target achieved or exceeded ⚠ Target narrowly missed 🛑 Target missed by 15% or more

National Health and Wellbeing Outcomes for Adults												
	2015/16 Value	2015/16 Target	2015/16 Status	**2016/17 Target**	People are able to look after and improve their own health and wellbeing and live in good health for longer	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	People who use health and social care services have positive experiences of those services, and have their dignity respected	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	Health and social care services contribute to reducing health inequalities	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	People using health and social care services are safe from harm	Resources are used effectively and efficiently in the provision of health and social care services
Number of non-elective inpatient episodes/spells (Rolling Year)	N/A	N/A	N/A	**23,000 (new)**	X	X		X	X			
Compliance with Formulary Preferred List	N/A	N/A	N/A	**78% (new)**								X
Percentage of people newly diagnosed with dementia who receive a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan	N/A	N/A	N/A	**100% (new)**	X	X		X	X		X	
Unplanned acute bed days (aged 65+) as a rate per 1,000 population	2,610	2,899	✅	**2,831**	X	X						
Emergency admissions aged 65+ as a rate per 1,000 population	250	252	✅	**236**	X	X						
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	97.8%	97%	✅	**98%**	X	X		X	X		X	

✅ Target achieved or exceeded ⚠ Target narrowly missed 🛑 Target missed by 15% or more

National Health and Wellbeing Outcomes for Adults												
	2015/16 Value	2015/16 Target	2015/16 Status	**2016/17 Target**	People are able to look after and improve their own health and wellbeing and live in good health for longer	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	People who use health and social care services have positive experiences of those services, and have their dignity respected	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	Health and social care services contribute to reducing health inequalities	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	People using health and social care services are safe from harm	Resources are used effectively and efficiently in the provision of health and social care services
Percentage of adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes	61.5%	60%	✅	**65%**	X	X		X	X			
Percentage of people aged 65 or over with intensive needs receiving care at home	36.1%	40%	⚠	**37%†**	X	X		X	X		X	
Total number of homecare hours provided as a rate per 1,000 population aged 65+	548.7	600	⚠	**550†**		X		X	X		X	
Percentage of homecare clients aged 65+ receiving personal care	90.3%	83%	✅	**90%**		X		X	X			
Percentage of people aged 65 and over who receive 20 or more interventions per week	28%	45.5%	🛑	**30%†**		X		X	X			
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	23,304	22,816	✅	**23,670**	X	X		X	X		X	
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	35%	30%	🛑	**30%**		X		X				

✅ Target achieved or exceeded ⚠ Target narrowly missed 🛑 Target missed by 15% or more

National Health and Wellbeing Outcomes for Adults												
	2015/16 Value	2015/16 Target	2015/16 Status	**2016/17 Target**	People are able to look after and improve their own health and wellbeing and live in good health for longer	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	People who use health and social care services have positive experiences of those services, and have their dignity respected	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	Health and social care services contribute to reducing health inequalities	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	People using health and social care services are safe from harm	Resources are used effectively and efficiently in the provision of health and social care services
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	42%	35%		**35%**		X		X				
Rate of emergency bed days per 100,000 population for adults	N/A	N/A	N/A	**82,000 (new)**		X		X			X	
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	35.8%	40%		**40%**	X	X	X	X	X		X	X
Total number of respite weeks provided to all client groups	6,729	6,558		**6,730**	X	X		X		X	X	
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%		**100%**		X					X	
Number of clients 65+ receiving a reablement intervention	542	547		**545**		X		X			X	
Number of clients receiving Home Care Pharmacy Team support	815	250		**600**	X	X		X			X	

 Target achieved or exceeded  Target narrowly missed  Target missed by 15% or more

National Outcomes for Children							
	2015/16 Value	2015/16 Target	2015/16 Status	**2016/17 Target**	Our children have the best possible start in life and are ready to succeed	Our young people are successful learners, confident individuals, effective contributors and responsible citizens	We have improved the life chances for children, young people and families at risk
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	97.1%*	95%	✅	**95%**	X		
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	95.3%*	97%	⚠	**95%**	X		
Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review - Early Years Collaborative Stretch Aim	77.4%	80%	⚠	**85%**	X		X
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	100%	✅	**90%**	X	X	X
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	6.25	18	✅	**18**	X	X	X
Percentage of child protection investigations to case conference within 21 days	83%	95%	⚠	**95%**			X
Percentage of all children aged 0-18 years with an identified "named person" as defined within the Children's and Young People's Act	93.3%	100%	⚠	**100%**	X		X
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	62%	69%	⚠	**73%**		X	X
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	✅	**100%**	X		X
Rate per 1,000 of children/young people aged 0- 18 who are referred to the Reporter on non-offence grounds	19.6‡	28	✅	**28**	X		X
Balance of Care for looked after children: % of children being looked after in the Community	90.6%	89%	✅	**90%**	X		X

✅ Target achieved or exceeded ⚠ Target narrowly missed 🛑 Target missed by 15% or more

National Outcomes for Criminal Justice							
	2015/16 Value	2015/16 Target	2015/16 Status	**2016/17 Target**	Community safety and public protection	The reduction of re-offending through implementation of the Whole Systems Approach to youth offending	Social inclusion and interventions to support desistance from offending
Rate per 1,000 of children/young people aged 8- 18 who are referred to the Reporter on offence-related grounds	4.6‡	6.4	✅	**6.4**	X	X	X
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling	97%	98%	⚠	**98%**	X		
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence	82%	80%	✅	**80%**	X		X
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence	69%	90%	🛑	**90%**	X		X

✅ Target achieved or exceeded ⚠ Target narrowly missed 🛑 Target missed by 15% or more

*Provisional figure pending full year data
†Target revised to reflect demand pressures and benchmarking analysis
‡Reporting delay of one year in line with national publication

Appendix 1

PRINCIPLES

Dignity and respect

- My human rights are respected and promoted.
- I am respected and treated with dignity as an individual.
- I am treated fairly and do not experience discrimination.
- My privacy is respected.

Compassion

- I experience warm, compassionate and nurturing care and support.
- My care is provided by people who understand and are sensitive to my needs and my wishes.

Be included

- I receive the right information, at the right time and in a way that I can understand.
- I am supported to make informed choices, so that I can control my care and support.
- I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.
- I am supported to participate fully and actively in my community.

Responsive care and support

- My health and social care needs are assessed and reviewed to ensure I receive the right support and care at the right time.
- My care and support adapts when my needs, choices and decisions change.
- I experience consistency in who provides my care and support and in how it is provided.
- If I make a complaint it is acted on.

Wellbeing

- I am asked about my lifestyle preferences and aspirations, and I am supported to achieve these.
- I am encouraged and helped to achieve my full potential.
- I am supported to make informed choices, even if this means I might be taking personal risks.
- I feel safe and I am protected from neglect, abuse, or avoidable harm.