

**West Dunbartonshire
Health & Social Care Partnership
Strategic Needs Assessment
2018**

Adults & Older People

Summary

21st June 2018

For further information contact

WDHSCP Health Improvement Team

wdhscp@ggc.scot.nhs.uk

01389 776990

1 Acknowledgements

Written by: Health Improvement Team, WDHSCP
Contributions from

Diane Stockton, Head of Evaluation and Scottish Burden of Disease Study, NHS Health Scotland and Grant Wyper, Senior Researcher, NHS National Services Scotland to the Burden of diseases section.

Craig Waugh, Principal Information Analyst NHS ISD Local Intelligence Support Team (LIST) to the diseases section.

With special thanks to:

Colleagues from West Dunbartonshire Council, Housing Strategy and Development Team and the West Dunbartonshire HSCP, Performance and Information Team

Thanks are also due to the many other people in both West Dunbartonshire Council and West Dunbartonshire HSCP who provided valuable comments at key stages of the project.

For further information on the data and statistics used within this document, please contact West Dunbartonshire Health and Social Care Partnership
<http://www.wdhscp.org.uk/>

2 Introduction

Strategic Planning

The Public Bodies (Joint Working) (Scotland) Act 2014 established the need for Integration Authorities to set up a Strategic Planning Group for the purpose of developing, finalising and reviewing their strategic plans, in accordance with section 32 (11) of the Act 2014. Strategic planning is central to the role that Integration Authorities have in commissioning and helping redesign local health and care services (Audit Scotland 2016).

The need to change models of local health and care services is being driven predominantly to meet changing needs. People are living longer and the number of people with long-term conditions such as diabetes, and complex needs, such as multiple long-term conditions, is increasing (Audit Scotland 2016).

A recent report by Audit Scotland (2018) sets out the challenges faced by public services and acknowledges longer term robust planning is even more crucial, this necessitates looking to the future, taking into account factors such as how the landscape is changing and may further change considering not only the demographic changes, but changes to public spending and policy (Audit Scotland 2018).

National Policy Context

The National Health and Social Care Delivery Plan recognises that if Health and Social Care is to be transformed in the next few years, change must be at a pace and emphasises that partnership working is fundamental to this process planning with partners both across and outside of the public sector (Scottish Government 2016a).

The national plan sets out an ambition to work across boundaries to plan and deliver services that will meet the triple aim aspiration of providing better health, better care and better value:

“we will increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention”. (Scottish Government 2016a)

The National Clinical Strategy emphasises the need to fully understand the drivers for change giving a high level perspective on why change is needed & direction that change should take in order to maximise patient value from the available resources. A key area identified is planning and delivery of primary care services around individuals and their communities (Scottish Government 2016b).

The very recent report from Chief Medical Officer (CMO) reaffirms the message that a radical change is required in order to effectively meet the needs of the public and demands of the future (Scottish Government 2018).

The overarching message from the CMO is clear in that it is not only about providing high quality healthcare but importantly and in parallel to this it is about addressing the wider determinants that impact on health; the need to give equal priority to the causes such as socio-economic factors, as to health conditions (Scottish Government 2018).

Epidemiological Approach

This Strategic Needs Assessment (SNA) will take a ‘population view’ by using an epidemiological approach to describe:

- Why some population groups or individuals are at greater risk of disease e.g. socio-economic factors, health behaviours
- Whether the burden of diseases are similar across the population of West Dunbartonshire
- Health & Social Care provision in the community, including the patterns of service use across West Dunbartonshire Health & Social Care Partnership (WDHSCP).

Sections will be structured around Population View, Individual Behaviours and Burden of disease and Health & Social Care provision in the Community.

Trends and projections will be analysed and considerations put forward to provide a broad rationale for planning HSCP services and to anticipate needs for future services. The findings will therefore contribute to WDHSCP strategic planning processes and the forthcoming refresh of the WDHSCP Strategic Plan due April 2019.

The concept of using an epidemiological approach for a 'population view' underpins the discipline of health & care needs assessment (Ben-Shlomo, 2013, Bhopal, 2008). Planning based on demographic changes, risk factors combined with trends in health status and disease patterns over time can strengthen strategic planning processes by predicting future service needs (Ben-Shlomo, 2013, Rose et al, 2009, Bhopal, 2008).

3 Summary Report of Key Findings

Section 1 – Population View

Demographics

Current Population

Figure 1

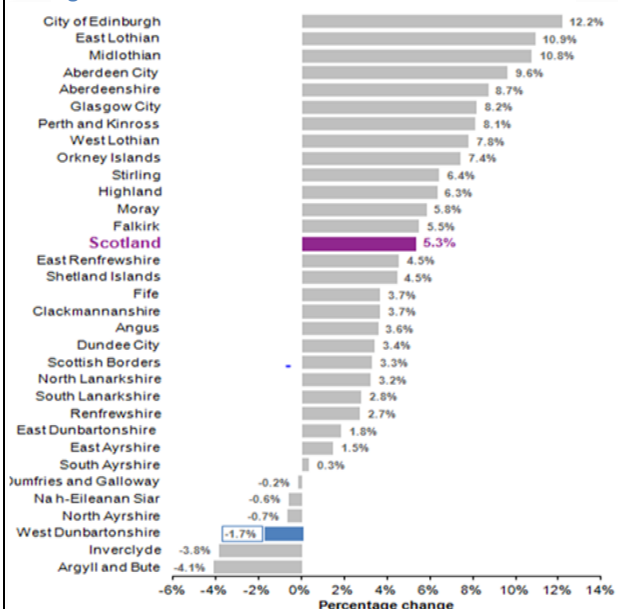
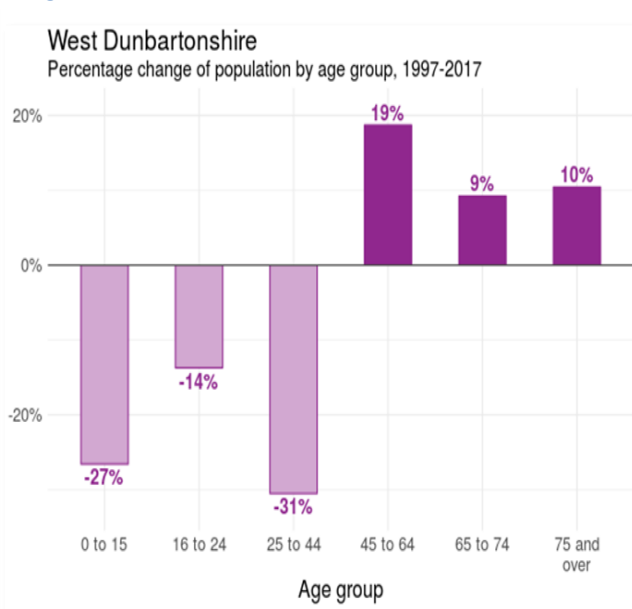


Figure 2



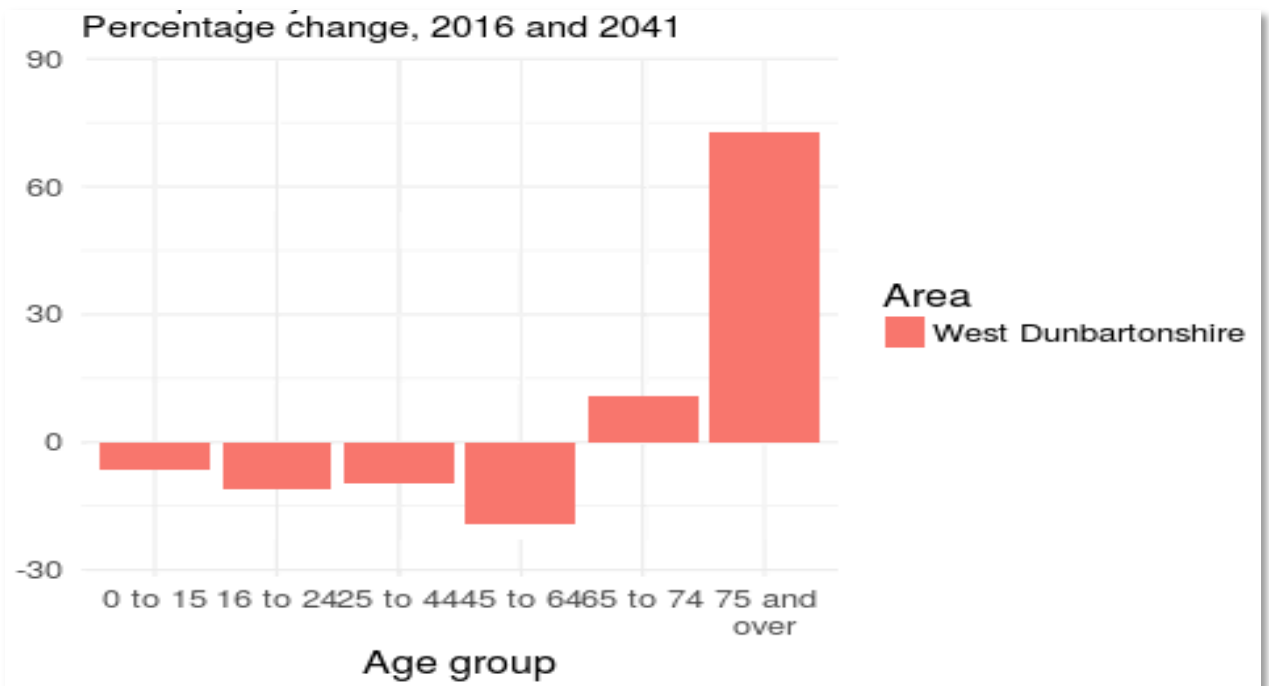
[National Records of Scotland \(2017\)](#)

[National Records of Scotland \(2018\)](#)

- The trend over the last ten years has seen a decreasing population in West Dunbartonshire as illustrated in figure 1.
- There is a declining live birth rate and a decreasing working age population.
- There is an ageing population with an increasing proportion of over 75's – Mid Year 2016 NRS statistics estimate that there are 7051 over 75's.
- The current population gender split widens with increasing age e.g. more females than males from the age of 25 upwards.
- There is a very small minority ethnic population.

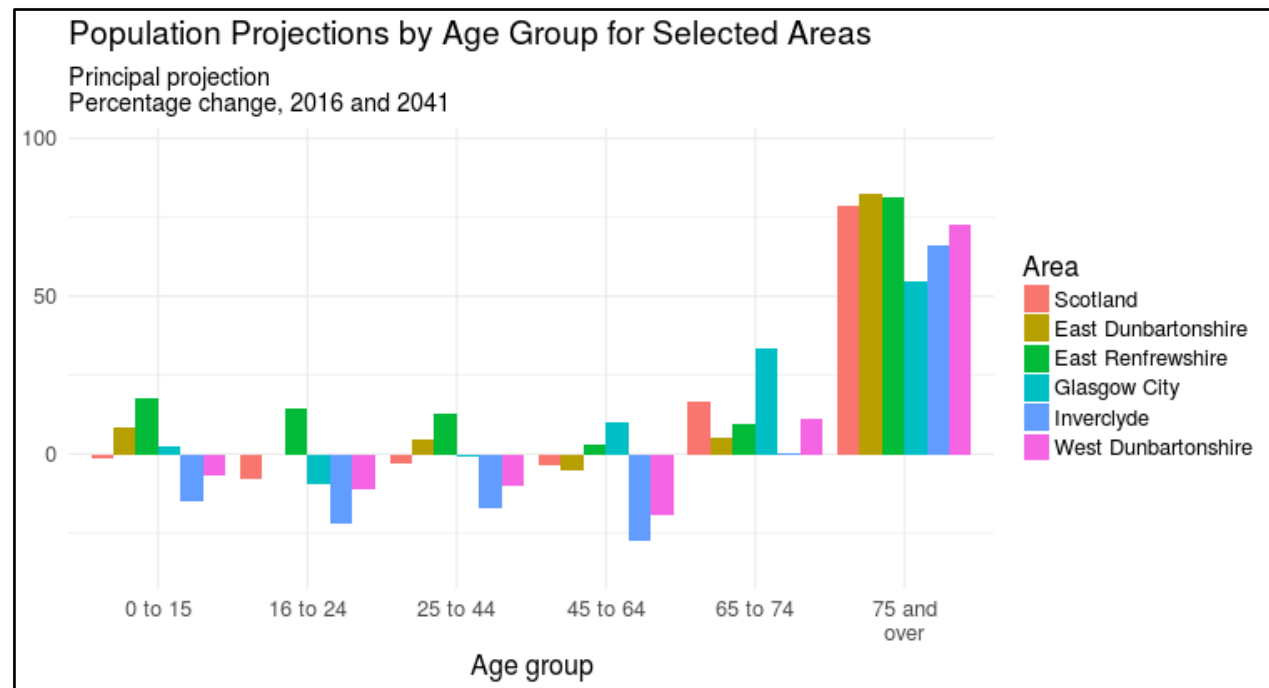
Projected Population

Figure 3



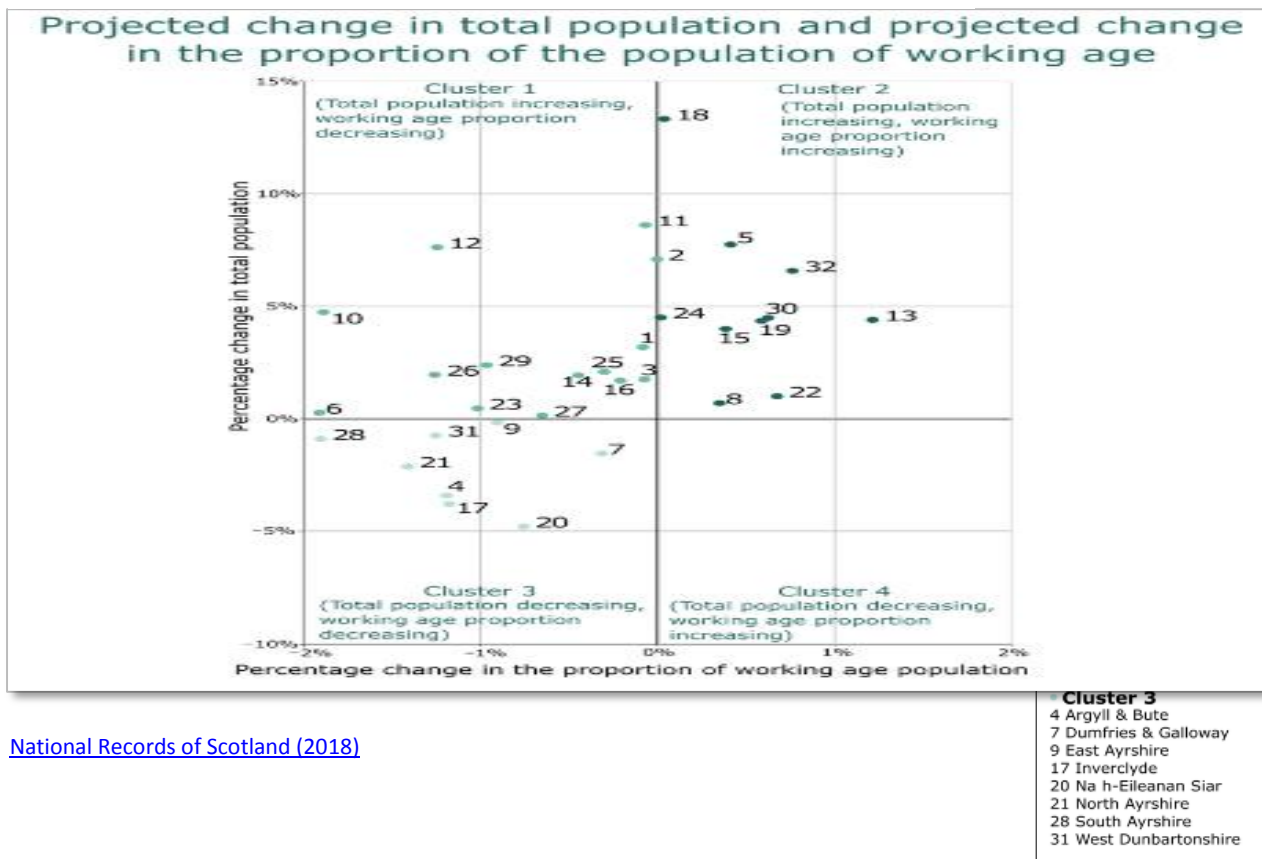
[National Records of Scotland \(2018\)](#)

Figure 4



[National Records of Scotland \(2018\)](#)

Figure 5



[National Records of Scotland \(2018\)](#)

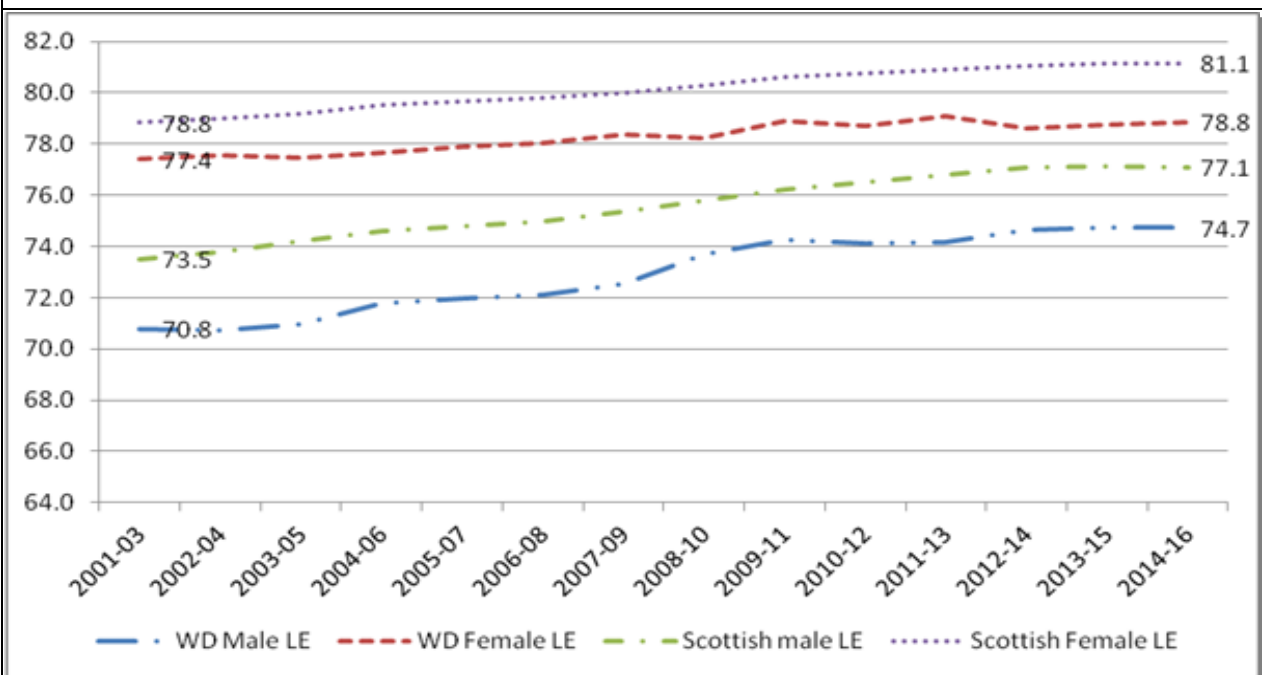
- Overall the population projections indicate changes to the three key life stages of children, adults and older people. For example there is a decrease in the projected proportion of children and working age group and an increase in the proportion of people for pensionable age.
- There are only eight local authorities in this position as Figure 5 illustrates with one other in NHSGGC, which is Inverclyde.

Considerations

- The HSCP need to consider the current and projected demographic changes in order to develop current services and anticipate future service demands. This has implications for both the costs of services and revenue generated.
- The HSCP need to consider how the public spending funding formula will reflect future policy and demographic changes.
- The HSCP need to shift from silo planning to whole system approach to planning in order to reflect the totality of the financial envelope and to target resources effectively.

Life Expectancy

Figure 6



Scotpho

- Overall life expectancy in West Dunbartonshire is poor in comparison with Scotland as a whole.
- Female life expectancy ranks the worst in Scotland at 78.8 years.
- Male life expectancy is third lowest behind Glasgow City and Dundee City at age 74.7 years.
- Healthy Life Expectancy is lower in comparison to Scotland and is second lowest for both males and females.
- West Dunbartonshire ranks second bottom for mortality rates compared to Scotland as a whole.
- The main cause of death in West Dunbartonshire is cancer, followed by circulatory disease.

Scottish Index of Multiple Deprivation (SIMD)

West Dunbartonshire is

- The third highest in Scotland with a local share of the datazones in the 20% most deprived datazones in Scotland.
- The second highest in Scotland with a local share of the datazones in the 20% most income deprived datazones in Scotland.
- The second highest in Scotland with a local share of the datazones in the 20% most employment deprived datazones in Scotland.

Considerations

- The HSCP needs to continue to drive forward with community planning partners the local Community Planning determinants oriented approach to address the fundamental causes of health inequalities in line with legislation e.g. the [Community Empowerment Act](#) and the [Fairer Scotland Duty](#).
- The HSCP along with WDC Education, Attainment and Learning and WDC Housing and Employability need to continue their focus on early years, poverty, domestic abuse and public protection.
- The transformation of primary care services should reflect the distribution of the most deprived SIMD areas within West Dunbartonshire.as part of prioritisation of activity.

Housing

In West Dunbartonshire

- Projected figures show that that one in five household Heads will be 75+ in 2039.
- The number of single adult dwellings has increased with the number of households predicted to continue to increase up to the year 2034.
- Percentage of dwellings in A-C Council tax bandings is higher than the Scottish average.
- There is a higher percentage of Social rented housing than the Scottish Average (36% compared to 23%).
- The number of applications assessed as homeless increased by 10% on the previous year in 2016/17 compared to a Scottish decrease.

Considerations

- The HSCP needs to continue to work with the WDC Housing and Communities Strategic Area and Registered Social landlords through the review of the Housing Contribution Statement to support individuals to stay within their own homes.
- The HSCP need to continue to work in partnership with the WDC Housing and Communities Strategic Area to support appropriate allocations, shared capital programme build through the Strategic Housing Investment Plan (SHIP) and Joint medical assessments via dedicated Housing Occupational Therapists.
- The HSCP need to consider the structure and age of households specifically the increase in 75 + households.
- The HSCP need to continue to maximise the roll out of tele-health and tele-care given the number of single adult dwellings.

Equalities

Physical Disability

- Levels of physical disabilities within West Dunbartonshire are similar to national levels.
- Physical disabilities increase with age.
- Sensory impairment is more prevalent amongst people aged over 60, with the number projected to increase.

Learning Disability and Autism

- Life expectancy is increasing for people with learning disabilities; however it still remains shorter by 20 years when compared to the general population.
- West Dunbartonshire has a learning disability population of 7.2 per 1,000 of the population which is the 7th highest across all Scottish local authority areas.
- There are 530 individuals known to specialist learning disability services, with more males than females, the 21-34 years age range is the largest group (180 individuals).

Domestic Abuse

- In West Dunbartonshire the reported rate of domestic abuse to the Police has remained consistently among the highest in Scotland with the latest rates (2016/17) placing West Dunbartonshire at the top.

Considerations

The HSCP as a public sector body has a duty to meet the responsibilities of the Equality Act 2010. The HSCP has to consider the differing needs of people with the nine “protected characteristics” of age; disability; gender; race; religion and belief; sexual orientation; gender reassignment; pregnancy and maternity; and marriage and civil partnership.

- The HSCP and WDC, through the assessment of need for and the provision of aids and adaptations, should continue to support the increased focus on providing care at home.
- The HSCP should ensure the transition from children’s to adult services is person centred and managed efficiently and effectively.
- The HSCP should ensure local information on sensory health is accessible and includes prevention and self-care elements.
- The HSCP should consider carers needs reflecting the growing number of individuals with a physical and learning disability and ensure that the information on available support services is appropriate and accessible.
- The impacts of domestic abuse are far reaching across public services; as such the HSCP needs to continue to co-ordinate the domestic abuse task force across community planning partners and the implementation of the recommendations of the [NHSGGC Director of Public Health](#) report on gender based violence in West Dunbartonshire.

Section 2 - Individual Behaviours

- Smoking prevalence rates are the highest in Scotland (25.5%).
- Accurate alcohol consumption data for West Dunbartonshire is difficult to obtain. The Citizens' Panel Survey data showed that in 2007, the majority of Panel members (81%) stated they drank alcohol. This declined slightly in 2010, 2012 and 2013 and in the 2015 survey 75% report drinking alcohol. However, the 2015 findings also show that there are a higher proportion of Panel members from the rest of West Dunbartonshire who drink (85%, compared to 60% in the regeneration areas), (Hexagon Research and Consulting, 2015).
- 40% of over 60s do not take part in any physical activity.
- Active travel for cycling and walking remains lower than the Scottish average by 5%.
- NHSGGC rates for overweight and obesity are lower than the Scottish average, however being overweight and obese increases with age.

Considerations

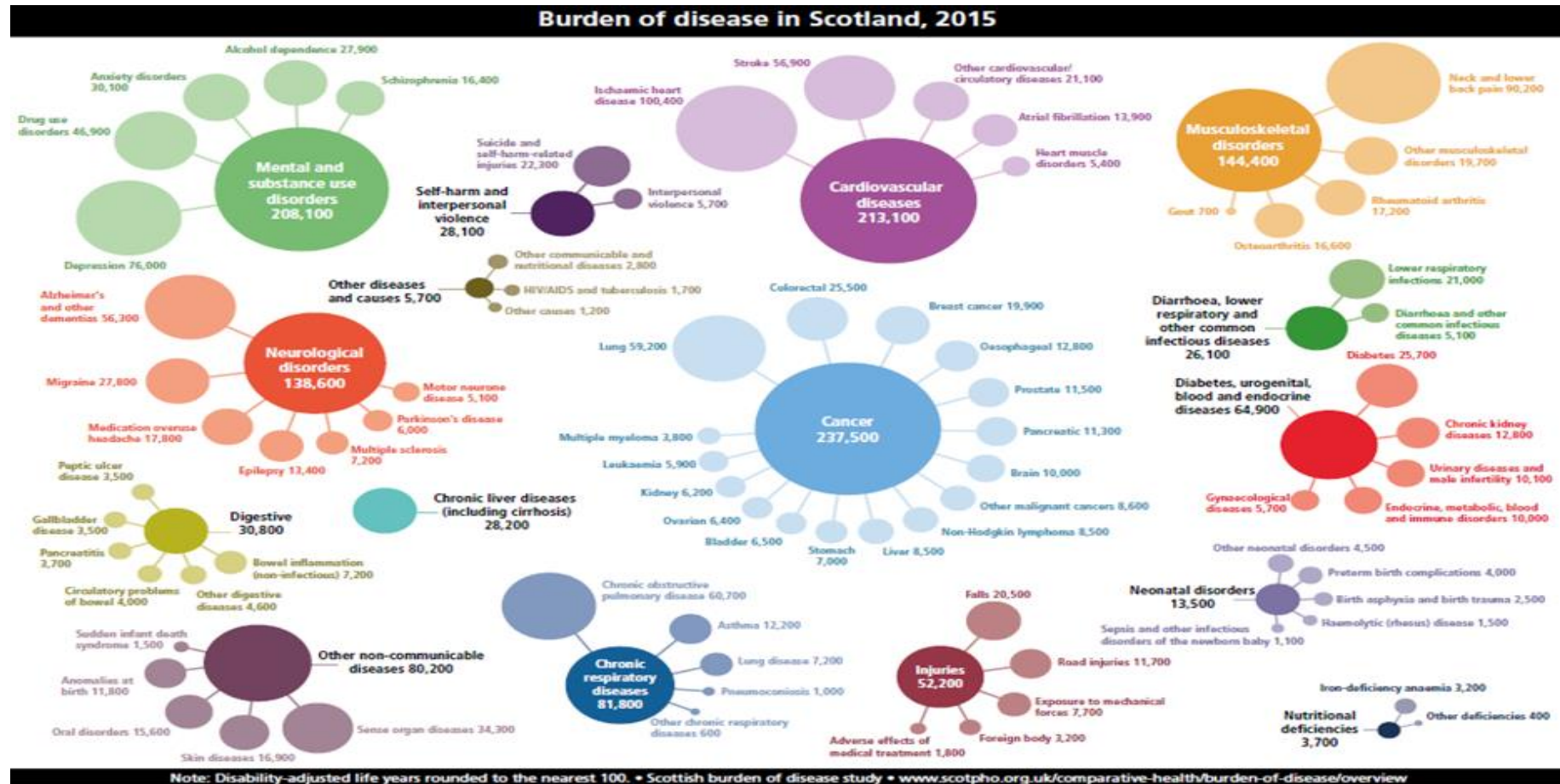
- The HSCP need to continue to build partnerships with NHSGGC [Quit your Way](#) smoking cessation services and contribute to the implementation of the national [Tobacco Control Strategy \(2018\)](#).
- The HSCP continues to lead on Ministerial priorities of substance misuse prevention, treatment and recovery via Community Planning West Dunbartonshire Alcohol and Drug Partnership, co-ordinating and delivering through the Improvement Plan
- The HSCP need to continue to promote across CPP positive health behaviour change as integral part of self care and self management e.g. promoting the [NHS inform](#) local social prescribing information and support platform.
- The HSCP needs to work across the CPP alongside third sector partners to implement the forthcoming Diet and Obesity Strategy due out in 2018, in particular addressing the obesity risk factors for cancer and type 2 diabetes as described in the earlier section.
- The HSCP needs to continue to work alongside [WD leisure](#) and [WDC Working 4 U](#). to support lifestyle changes

Section 3 Burden of disease

Figure 7

This infographic illustrates what conditions we are living with, and dying from, in Scotland. The size of each “bubble” is proportionate to the rate of death and disability caused by that condition. You can view the image in more detail at:

<http://www.scotpho.org.uk/media/1450/sbod2015-bubbles.pdf>



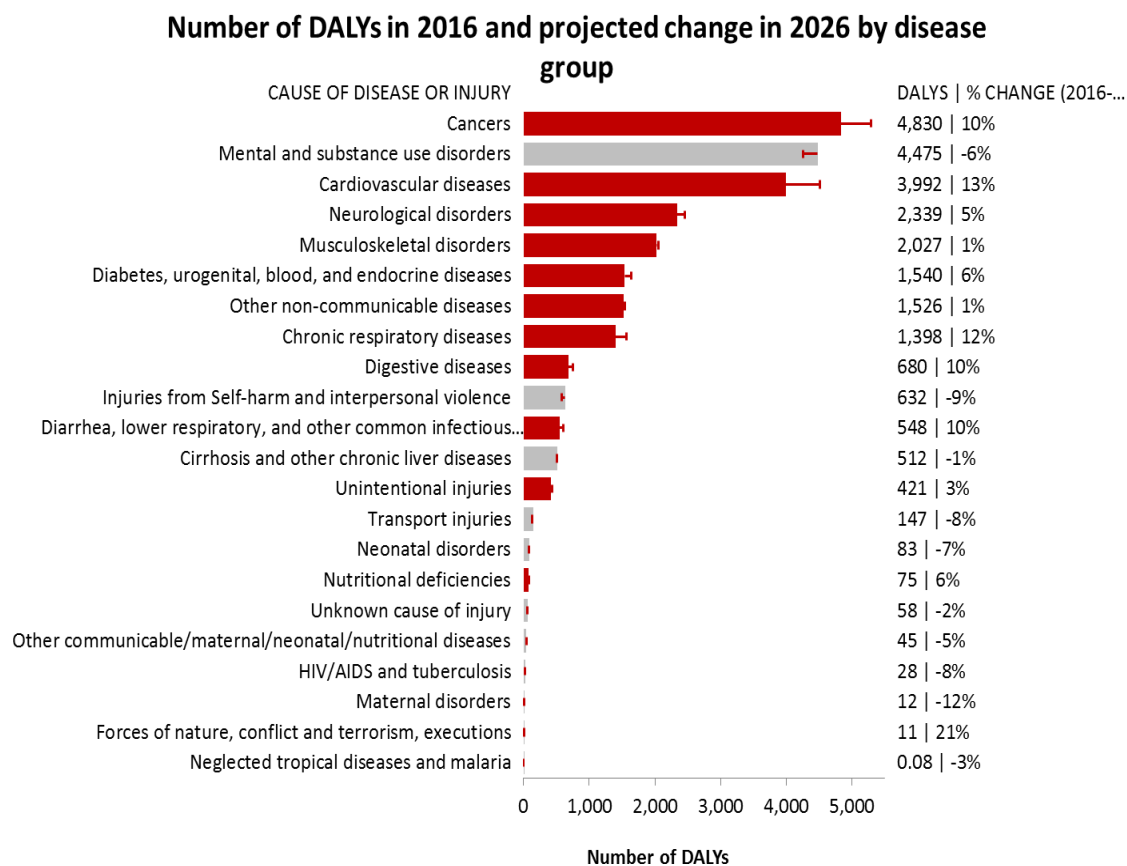
The Scottish Burden of disease epidemiology study is based on an internationally recognised approach used to quantify the difference between the ideal of living to old age in good health and the situation where healthy life is shortened by illness, injury, disability and early death. These estimates for the first time provide a clearer picture of the conditions that cause ill-health and mortality in Scotland with projections of disease burdens to 2026. These estimates can support planners around decisions on where prevention and service activity should be focused and demands likely to face services in the future.

For the purpose of this Strategic Needs Assessment the national Burden of disease team have provided estimates for West Dunbartonshire based on the methodology below:

1. Years Lost to Disability (YLD) represents the estimated expected health loss suffered due to disability in 2016 (or 2026) only. YLD is a population-level summary metric of the average disability suffered (graded between 0 to 1) for individuals suffering from a given condition.
2. Years of Life Lost (YLL) represents the estimated expected health loss due to premature death in 2016 (or 2016) only. YLL is a population-level summary metric of the number of potential years of life lost by summing the differences between the remaining life expectancy at each residents age of death.
3. YLL results are based upon an average of the YLL across the years 2014 to 2016 of death registrations of individual's living in West Dunbartonshire. These records were obtained using NRS deaths data. A three-year average was used to smooth out any inconsistencies in a given year so that any unusual spikes in increased/decreased mortality for individual conditions were not carried forward in projections.
4. YLD was firstly estimated at Scotland level for each 5-year sex-specific age-group across each of the SIMD deciles. This was estimated for each individual condition. For example YLD was estimated for conditions such as stroke, ischemic heart disease, diabetes and lower respiratory infections. For purpose of display and small numbers these were aggregated to higher disease groups. Expected YLD has been calculated for each of these age-sex-SIMD specific groups based on the relative size of the 5-year age-sex-SIMD decile population of the region compared to that of the Scotland equivalent. Therefore all YLD estimates take into account differences in deprivation, age and gender in West Dunbartonshire.
5. All projections were made assuming that YLD rates and YLL rates remained constant. Therefore the projected scenario is based upon changes to the population only.
6. NRS population estimates for 2016 and projected population estimates for 2026 were used to estimate the population of West Dunbartonshire.

The figure below illustrates the West Dunbartonshire Burden of disease Projected changes ranked according to the biggest burden. When looking at the broad group of diseases, in rank order cancer causes the biggest burden, followed by Mental health & substance misuse, and Cardiovascular disease. These three groups cover the largest overall burden with projected 2026 changes of 10% for cancers and 13% for cardiovascular disease as illustrated.

Figure 8



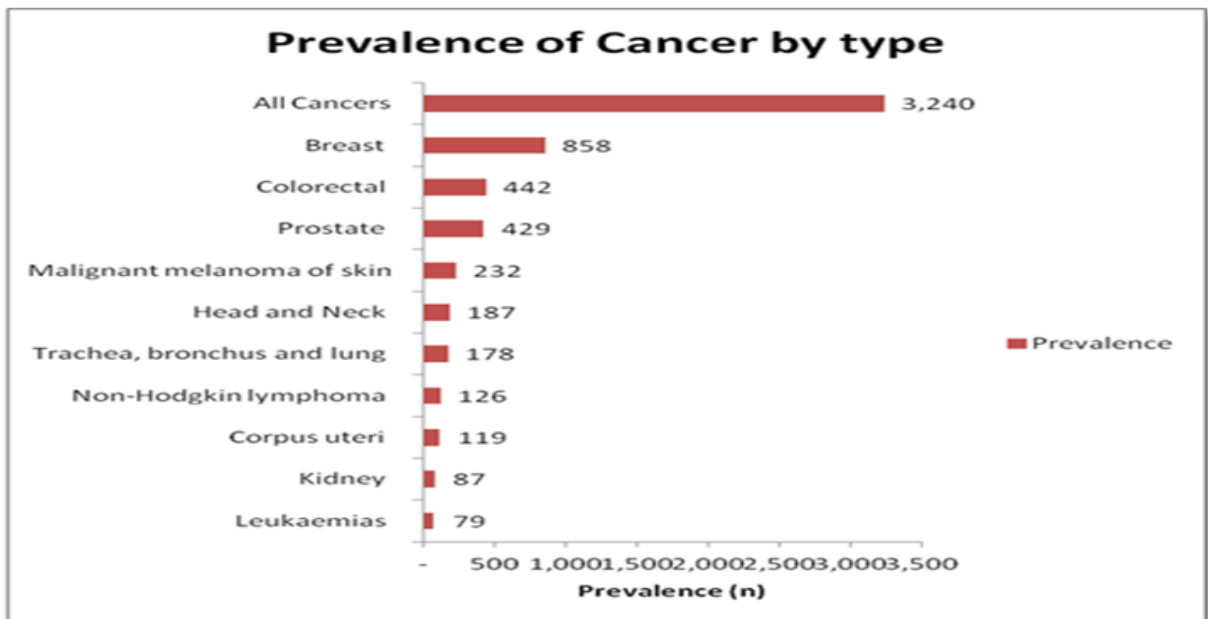
Health Scotland/ISD Burden of disease Team (2018)

For the purpose of this Strategic Needs Assessment the following section on diseases will be structured under the Burden of disease categories and ranked according to the overall burden.

Additional Note regarding GP data referenced below

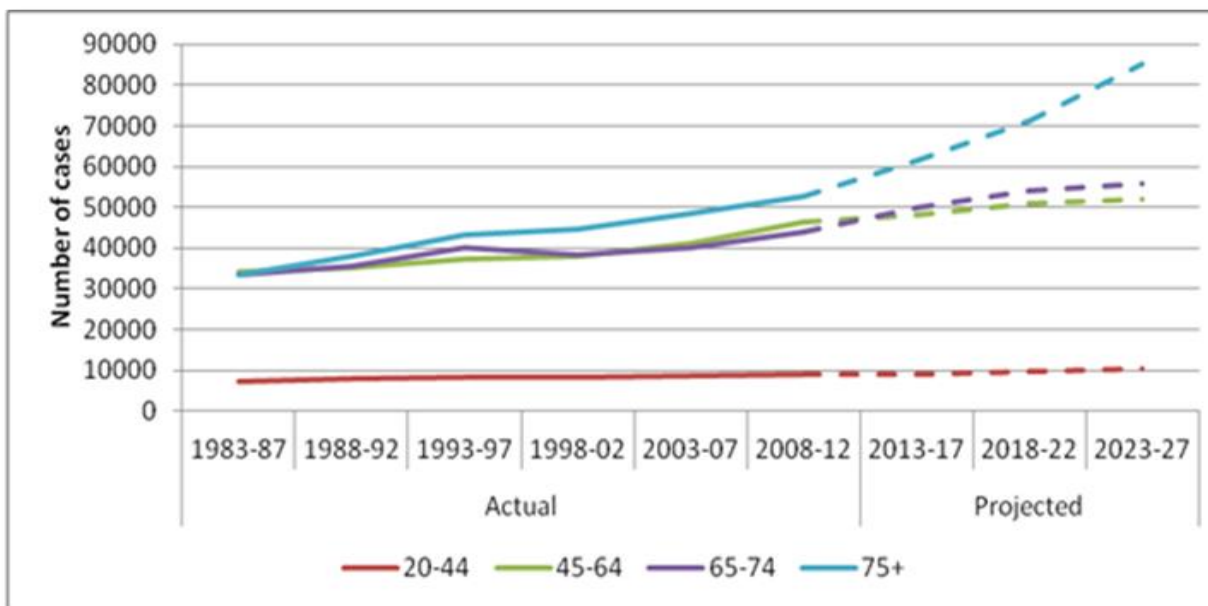
It should be noted that the GP data used in the sections below is snapshot data at a specific time period. In particular it should be noted that the “[rule of halves](#)” in relation to long term conditions states that among those with a chronic disease, like hypertension, half are diagnosed, half of those diagnosed are treated, and half of those treated are treated adequately. Therefore the data should be used with caution.

Figure 9



ISD Scottish Cancer Registry

Figure 10



[ISD Scotland \(2015\)](#)

- The main cause of death in West Dunbartonshire is cancer.
- Cancer is ranked as the top Burden of disease nationally and ranked top within the Burden of disease estimates for West Dunbartonshire with a projected 10% increase by 2026.
- The top 3 types of cancer prevalent in West Dunbartonshire are breast, colorectal and prostate.
- The incidence (new cases) of all cancers by age is projected to increase nationally by 33.5% by 2027.

Considerations

- The HSCP should continue to support interventions focused on risk factors for cancer e.g. tobacco use, obesity, poor diet and lack of physical activity in line with the [six public health priorities for Scotland](#).
- The HSCP should continue to ensure the uptake of national screening programmes for breast and bowel cancer and continue to raise awareness of the [National Detecting Cancer Early programme](#).
- The HSCP should maximise the benefits of the forthcoming [Macmillan Patient Cancer Journey](#) programme co-ordinated locally by WDC Housing and Communities Strategic Area to ensure all those living with cancer are holistically supported.
- The HSCP should ensure the future needs of carers are considered reflecting projections and Burden of disease estimates.
- The HSCP needs to plan for increased demand on services from individuals with complex health and care needs who may be at varying stages of the disease and consider this as part of the transformation of primary care services.

Mental Health and Substance Misuse Disorders

Mental Health

- The snapshot extract from GP registers shows that the rate of depression in West Dunbartonshire (82.9 per 1000) is higher than the Scottish rate (73 per 1000). There are locality differences with Clydebank having a higher rate than Alexandria/Dumbarton (difference of 5.9).
- Although suicide rates for West Dunbartonshire are lower than Scotland as a whole suicide remains a significant issue in West Dunbartonshire.

Substance Misuse Disorders

- Alcohol hospital related stays for West Dunbartonshire are higher than the Scottish average and increasing which is in contrast to the Scottish position.
- Alcohol liver disease is increasing.
- Alcohol related death rates are slowly decreasing however this masks an increase in deaths in the 45 plus age group.
- Drug related hospital stays for West Dunbartonshire are higher than the Scottish average.
- Drug related deaths in West Dunbartonshire follow the national trend with the largest number of deaths for males aged 35-44.

Considerations

- The HSCP should deliver on areas of responsibility outlined in newly developed 5-year NHSGGC Mental Health Improvement Plan.
- Suicide prevention activities should continue to be promoted across CPP alongside the Public Protection infrastructure in line with CPP Safe thematic group's local outcomes and the forthcoming National Suicide Prevention Plan.
- The HSCP needs to continue to lead and co-ordinate work with partners to deliver on the ADP Ministerial priorities set out around prevention, treatment and recovery.

Cardiovascular Disease

Figure 11

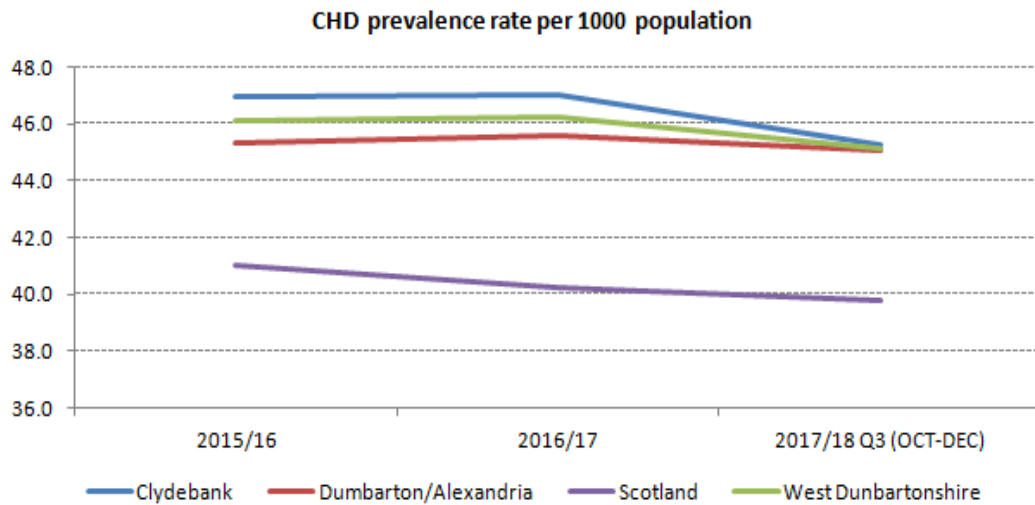


Figure 12

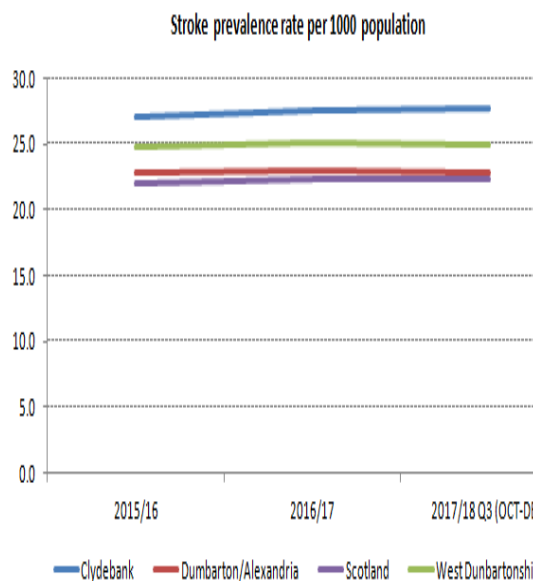
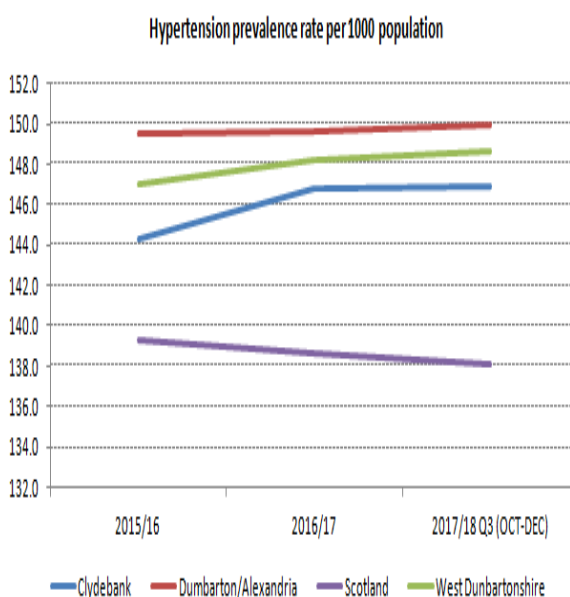


Figure 13



In West Dunbartonshire

- The snapshot extract from GP registers shows that the rate of CHD in West Dunbartonshire (45.1 per 1000) is higher than the Scottish rate (39.8 per 1000).
- The snapshot extract from GP registers shows that the prevalence of Stroke in Clydebank (27.8 per 1000) is higher than the Alexandria/Dumbarton rate (22.8 per 1000) with a difference of 5 per 1000.
- Hypertension prevalence in West Dunbartonshire is higher in Dumbarton/Alexandria locality than Clydebank.
- Nationally there is a predicted rapid growth in Hypertension with a faster rate in

males.

- Nationally there is a predicted accelerated growth in heart failure with a notably faster rate in males.

Considerations

- Without considerable changes in risk factors, such as smoking, diet and physical inactivity, the ageing population will result in a sizeable increase in cardiovascular disease.
- The HSCP need to plan for the future age related health and care demands of the projected increase in cardiovascular disease patients.
- Consideration needs to be given to preventing risk factors where there is a predicted rapid growth such as hypertension, for males.

Neurological Disorders

Dementia

- The prevalence of dementia in West Dunbartonshire reflects the Scottish rate (8 per 1000 population).
- Clydebank prevalence (9.2 per 1000 population) is higher than Dumbarton/Alexandria (7.1 per 1000 population).
- Nationally there is projected increase for individuals diagnosed with dementia (17% by 2020), with and projected accelerated growth in the 70+ age group.

Considerations

- The HSCP need to continue to ensure that people's dementia care needs are better anticipated so that fewer people are inappropriately admitted to hospital or long-term social care.
- Early diagnoses and a patient centred approach to self-care, self-management should be delivered in line with WD Dementia Improvement Plan.
- The HSCP need to consider carers needs reflecting the national projected increase in dementia diagnosis.

Diabetes

- The prevalence of diabetes (type 1 and 2) is higher in West Dunbartonshire (56 per 1000 population) than the Scottish average (50.9 per 1000 population).
- Nationally there is a projected steady rapid growth in type 1 diabetes, which is higher for males.
- NHSGGC projections indicate an increase by almost 40% for type 2 diabetes.

Considerations

- The HSCP need to consider the projections within the transformation of primary care services and promote initiatives that support healthy lifestyle choices e.g. [Live Active Scheme](#); evidence shows three in five cases of Type 2 diabetes can be prevented or delayed with healthy lifestyle change, risk factors include: obesity, lack of physical activity, poor diet and stress.

Chronic Respiratory Diseases

- The asthma prevalence rate in West Dunbartonshire (63.3 per 1000 population) remains lower than the Scottish rate (63.9 per 1000 population) however there is a steady upward trend in West Dunbartonshire.
- COPD prevalence in West Dunbartonshire (29.6 per 1000 population) remains above the Scottish rate 23.8 per 1000 population). Clydebank (32.3 per 1000 population) prevalence is higher than that of Dumbarton/Alexandria (27.5 per 1000 population).
- There is a national predicted steady, rapid growth for COPD with female prevalence higher and growing faster than males.

Considerations

- The HSCP should continue to commit to the COPD nurse programme as part of the transformation of primary care services
- The HSCP should continue to signpost into [NHSGGC Quit your way](#) smoking cessation services, [WDCVS Link Up](#) and the forthcoming primary care Link worker programme.

Section 4 Health and Social Care provision in the Community
End of Life Care
In 2016/17 87.9% of patients receiving end of life care spent the last 6 months of life in the community.
Considerations
<ul style="list-style-type: none"> • In line with the Implementation of the Strategic Framework for Action on Palliative and End of Life Care (Scottish Government, 2015) commitments, continue to work with HSCP staff groups to improve their identification and care co-ordination of those who can benefit from palliative and end of life care through ongoing educational training • The HSCP should ensure that the capacity of palliative care community services is resourced appropriately to meet the expected increased demand and also meet the needs of end of life care patients. • Staff Groups continue to use tools such as the Gold Standards Framework (GSF) Palliative Care Prognostic Indicator tool to highlight patients for consideration for the Palliative Care. • Work to raise both community and individual awareness of the discussion of bereavement, death, dying and care at the end of life. • Work with the ISD LIST Team to support improvements in the collection, analysis, interpretation and dissemination of data and evidence relating to needs, provision, activity, indicators and outcomes in respect of palliative and end of life care.
Carers
<ul style="list-style-type: none"> • In West Dunbartonshire there are a higher proportion of adults who provide unpaid care (21.4%) in comparison to Scotland as a whole (18.5%).
Considerations
<ul style="list-style-type: none"> • The HSCP will revise and implement the West Dunbartonshire Carers Strategy, in partnership with carers, the third and independent sector to ensure the strategy is realistic, achievable and linked to local needs of carers. • Continue to raise awareness with staff as to what it means to be a carer as an adult and as a young person and work with our communities to help them to understand the support available to carers, particularly vulnerable carers. • Continue to raise awareness with staff, stakeholders and partners to the needs of carers as adults and young people. • Implement the new Tier 1 (Carer Conversations) and Tier 2 (Adult Carer Support Plans) to ensure all carers are able to identify and describe their needs. • Implement Young Carer Statements across partner agencies working with young people. • Refresh current mapping of carers support available across communities and identify gaps. • Continue to raise awareness of single point of access across adults and older people's services and continue to review the information, advice and signposting available to carers. • Continue to work with carers and their representatives within the review, planning and delivery of local services. • Continue to seek opportunities to work with carers and their representatives on specific and targeted programmes e.g. hospital discharge and addictions issues. • Develop a robust financial framework linked to additional and existing funding available for carers.

High Health Gain

- 'High Health Gain Individuals' account for 50% of the HSCP total resource consumption and use a disproportionately high level of health and social care services.

Considerations

- The HSCP should continue to use data to help identify High Health Gain patients, to facilitate anticipatory care planning and additional preventative support measures in line with the new GP contract and the transformation of primary care services.
- The HSCP and Primary Care need to continue to understand the complexities around High Health Gain Individuals and maximise the range of intelligence and data available through ISD Scotland, and the NHS ISD Local Intelligence Support Team (LIST).

Unscheduled Care - A&E Attendances, Emergency Admissions

In West Dunbartonshire

- In 2016/17 30,792 West Dunbartonshire residents attended A&E services, 57% from the 16 – 64 age range and 21.5% were from the 65+ age range. There was a higher attendance rate (33.4 per 1000 population) from Dumbarton/Alexandria compared to Clydebank (24.7 per 1000 population).
- Across all age ranges West Dunbartonshire has a higher emergency admission rate compared to Scotland.
- West Dunbartonshire consistently has a higher rate of multiple emergency admissions for the 85+ age group compared to Scotland.
- West Dunbartonshire has a higher rate of Emergency bed days (across all age ranges) compared with Scotland but the overall rate for West Dunbartonshire has been declining since 2012/13.

Considerations

- The HSCP needs to continue to work with all partnerships across NHSGGC as well as acute to look at pathways for a range of conditions across primary and secondary care to prevent unnecessary A and E attendances.
- The HSCP needs to continue to closely review and report on unscheduled care in line with the six integration indicators being tracked by [Ministerial Strategic Group for Health and Community Care Group](#) (MSG) nationally.
- The HSCP needs to continue to scrutinise figures and usage of beds and bed days lost to ensure that, in line with the vision for [Moving Forward Together](#) that the right care is provided at the right time, every time.
- The HSCP needs to continue with the transformation of [primary care services](#) to focus on multidisciplinary team working, to reduce pressures on services and ensure improved outcomes for patients with access to the right professional