

Agenda

West Dunbartonshire
Health & Social Care Partnership

Special Meeting of West Dunbartonshire Health & Social Care Partnership Board

Date: Thursday, 28 March 2019

Time: 10:00

Venue: Council Chamber, Clydebank Town Hall, Clydebank

Contact: Nuala Borthwick, Committee Officer
Tel: 01389 737210 Email: nuala.borthwick@west-dunbarton.gov.uk

Dear Member

Please attend a special meeting of the **West Dunbartonshire Health & Social Care Partnership Board** as detailed above.

The business is shown on the attached agenda.

Yours faithfully

BETH CULSHAW

Chief Officer of the
Health & Social Care Partnership

Distribution:-**Voting Members**

Allan Macleod (Chair)
Denis Agnew
Marie McNair
John Mooney
Rona Sweeney
Audrey Thompson

Non-Voting Members

Barbara Barnes
Beth Culshaw
Wilma Hepburn
Chris Jones
John Kerr
Neil Mackay
Diana McCrone
Anne MacDougall
Kim McNabb
Janice Miller
Peter O'Neill
Selina Ross
Julie Slavin
Alison Wilding

Senior Management Team – Health & Social Care Partnership

Date of issue: 22 March 2019

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

THURSDAY, 28 MARCH 2019

AGENDA

1 APOLOGIES

2 DECLARATIONS OF INTEREST

Members are invited to declare if they have an interest in any of the undernoted items of business on this agenda and, if so, state the reasons for such declarations.

3 BUDGET UPDATE AND BUDGET SETTING 2019/2020 5 - 33

Submit report by the Chief Financial Officer providing an update on the anticipated and indicative budget offers from our funding partners and a proposed 2019/20 revenue budget.

4 STRATEGIC PLAN 2019-22 35 - 116

Submit report by the Interim Head of Strategy, Planning & Health presenting a revised version of the Strategic Plan, following a process of consultation with stakeholders and partners.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

28 March 2019

Subject: Budget Update and Budget Setting 2019/20

1. Purpose

- 1.1 To provide the Health and Social Care Partnership Board with an update on the anticipated and indicative budget offers from our funding partners and a proposed 2019/20 revenue budget.

2. Recommendations

2.1 The HSCP Board is asked to:

- i. **Note** the current and projected reserves position and approve the utilisation of transformational earmarked reserves for four fixed term posts;
- ii. **Accept** the 2019/20 revenue budget contribution of £67.813m from West Dunbartonshire Council (WDC); subject to council decision on the 27 March 2019;
- iii. **Note** the recommendations presented to council at the 27 March Budget Setting meeting in relation to increases to charges levied across services, including social care services and the impact on the budget gap if the recommendations are not accepted in full;
- iv. **Note** the update to WDC's 10 Year Capital Plan from 2019/20 to 2028/29 and the programmes linked to the strategic priorities of the HSCP Board;
- v. **Accept** the 2019/20 allocation for Criminal Justice Social Work Services of £2.018m funded by Scottish Government grant via WDC;
- vi. **Accept** the 2019/20 budget allocations for Housing Aids and Adaptations of £0.250m and the Care of Gardens budget of £0.440m, held and managed by WDC's Regeneration, Environment and Growth Directorate on behalf of the HSCP Board;
- vii. **Approve** the recommendation to close the social care funding gap of £0.700m from a proportion of the new investment in integration funding, subject to no change to WDC's budget contribution;
- viii. **Accept** the 2019/20 indicative budget contribution of £91.113m from NHS Greater Glasgow and Clyde (NHSGGC), subject to formal approval by the Health Board on 16 April and any final adjustments to the recurring budgets at month 12;
- ix. **Approve** an indicative 2019/20 Revenue Budget of £158.946m required to deliver the strategic priorities of the HSCP Board; and
- x. **Approve** the 2019/20 Set Aside budget of £18.673m, based on the 2018/19 budget with 2.54% uplift.

3. Background

- 3.1** This report is a continuation of the regular budget reports to the HSCP Board and provides a progress update from the 20 February report and sets out a proposed 2019/20 revenue budget subject to board approval.
- 3.2** The Scottish Government announced their 2019/20 finance settlements to local authorities and health boards on the 12 December 2018. Both settlement letters (presented to the 20 February HSCP Board) contained specific references on funding to be directed to Integration Joint Boards.
- 3.3** The following funding gaps were reported to the February HSCP Board:
- Social Care - £1.810m (assuming full investment of 19/20 integration funding, after allowing for increase to Scottish Living Wage);
 - Health Care -£1.133m (1.8% uplift + pay award allocation).
- 3.4** The Chief Officer and the Chief Financial Officer updated HSCP Board members that the level of the remaining funding gap was still being refined as budget negotiations with partner organisations continued both locally and nationally.
- 3.5** The senior management team had generated a number of management and base budget adjustments and savings options, including increases to charging to contribute to closing the gap. All options have been presented and debated on at a number of budget setting update sessions with members of the HSCP Board, the extended management team, joint trade union representatives and WDC and NHSGGC budget working groups.
- 3.6** A verbal update on the level of both earmarked and general reserves and the potential to apply reserves was also discussed.

Table 1: Extract from 2017/18 Annual Accounts

Reserves Balances as at 1 April 2018	£m
Earmarked Reserves	4.437
Unearmarked (General Reserves)	1.705
Total Reserves	6.142

- 3.7** The HSCP Board's Reserves Policy recommends that its aspiration should be a general reserves level of 2% of its net expenditure (excluding Family Health Services). For 2018/19 this equates to approximately £2.5 million. Therefore the general reserve balance is currently short of this target and has been flagged as a risk to maintaining financial sustainability by our external auditors.

4. HSCP Reserves

- 4.1 The Reserves Policy recommends that as part of the annual budget setting exercise the Chief Financial Officer should review the current level of reserves, estimate the year end position and assess their adequacy in light of the medium term financial outlook.
- 4.2 The current policy recommends a general reserve level of 2% of the net expenditure budget for health and social care. Based on the 2019/20 indicative net budget position (covered fully in section 5) of £158.946m less £24.817m for Family Health Services, this gives a general reserve target of £2.682m.
- 4.3 As detailed in Table 1 above the current general reserve balance is £1.705m, which equates to only 1.28% of the adjusted net budget and is highlighted as a risk to achieving financial sustainability.
- 4.4 The HSCP Board have been made aware in the regular financial performance reports that the current projected overspend (as at 31 December 2018) is £0.228m. While the financial recovery plan has contained the level of overspend the two main risk areas of increased demand for community placements and the cost of short supply on the prescribing budget could still adversely impact this projected position and would require to be funded from general reserves.
- 4.5 At the November 2018 HSCP Board there was a review undertaken of the current level of earmarked reserves and a recommendation that as part of the annual accounts process an element of earmarked reserves would be reviewed. The November review indicated that £0.657m of the £4.437m current balance could be released. While the year end process is yet to commence all efforts will be made to minimise the projected overspend. Therefore based on this current position the general reserve balance could increase to:

	£m
Current balance	1.705
Less: Projected overspend	(0.228)
Add: Transfer from earmarked	<u>0.657</u>
Revised Balance	<u>2.134</u>

- 4.6 As projected position it is still short of the 2% target it and will continue to be highlighted as a financial risk. The HSCP Board's medium term financial plan will consider how to increase the adequacy of this reserve balance, including details on service redesigns that will deliver robust and sustainable proposals to achieve the efficiencies required to close potential future funding gaps.
- 4.7 To support this and the pace of change highlighted by the Scottish Government as being essential to the success of Integrated Joint Boards the Chief Officer has been considering the current structure across the

partnership and the availability of earmarked reserves over a fixed period to support transformational change.

- 4.8** The current earmarked reserves balance (Table 1 above) contains a funding balance of £1.081m for Service Redesign and Transformation. The Chief Officer would ask for approval by the HSCP Board to employ for a fixed term period of two years, three transformational change lead posts (estimated cost £0.180m p.a.) to work across the senior management team driving forward service redesign, service improvements and efficiencies. In addition to this, for a fixed term period of one year employ an additional human resources officer (estimated cost £0.045m) to target services with significant absence levels and ensure that employees and managers are supported to reduce current levels.
- 4.9** It should also be noted that there is likely to be additional allocations (subject to the correct accounting treatment) to earmarked reserves from the slippage on recruitment from the significant investment made to date in Primary Care Improvement Fund, Mental Health Action 15 and Alcohol and Drug Partnership.

Table 2: Scottish Government Funding Streams

POLICY FUNDING	2018/19 £m	2019/20 £m	2020/21 £m	2021/22 £m
Primary Care Improvement Fund				
Scottish Total (incl £7.8m baseline)	45.750	55.000	110.000	155.000
Greater Glasgow & Clyde	10.219	12.285	24.570	34.622
West Dunbartonshire HSCP	0.837	1.037	2.100	2.900
Mental Health Strategy - Action 15				
Scottish Total	11.000	17.000	24.000	32.000
Greater Glasgow & Clyde	2.457	3.797	5.361	7.148
West Dunbartonshire HSCP	0.201	0.311	0.439	0.585
ADP - additional to £53.8m				
Scottish Total	20.000	20.000	20.000	20.000
Greater Glasgow & Clyde	3.797	3.797	3.797	3.797
West Dunbartonshire HSCP	0.311	0.311	0.311	0.311

- 4.10** This additional investment together with the social care fund resources directed to the new Focussed Intervention Team will by the end of 2019/20 result in 48.10fte new posts being created in the partnership across health and social care.

Table 3: Investment in Staffing

FUNDING STREAM	2018/19 FTE	2019/20 FTE
Primary Care Improvement Fund	24.40	4.70
Action 15 – Mental Health	4.00	1.00
ADP Funding	3.00	1.00
Focussed Intervention Team	10.00	0.00
TOTAL	41.40	6.70

5. 2019/20 Budget Setting

5.1 Social Care

5.2 As the Scottish Government's budget progressed through its formal stages, the debate around local authorities funding levels and concerns from COSLA over the "directions" relating to additional investment to Integration Authorities resulted in an additional letter being issued on 31 January (February Board).

5.3 The HSCP Board will recall the main messages from each of these letters and their impact on health and social Care funding and local government funding:

- i. £40 million to support the expansion of Free Personal and Nursing Care for under 65s (FPNC U65s) and implementation of the Carers Act;
- ii. £120 million for in-year for investment in integration, including the delivery of the Living Wage and uprating free personal care, and includes £12 million for school counselling services;
- iii. The total additional funding of £160 million allocated to Health and Social Care and Mental Health is to be additional to each Council's 2018/19 recurrent spending on social care and not substitutional. It means that, when taken together, Local Authority social care budgets for allocation to Integrated Authorities and funding for school counselling services must be £160 million greater than 2018/19 recurrent budgets;
- iv. ...allowing local authorities the flexibility *to offset their adult social care allocations to Integration Authorities in 2019/20 by 2.2% compared to 2018/19, i.e. by up to £50 million* across all local authorities to help them manage their own budgets. This would equate to £0.850m potential reduction to the contribution to the HSCP Board; and
- v. £90 million increase in the 2019/20 local government settlement, with WDC share being £1.576m.

5.4 The February report provided details on the both actual and anticipated distribution levels of this £160m funding. This has been updated based on the latest information released as part of finance circular no. 2/2019 issued on 7 March 2019. The latest information is summarised in Table 4 below:

Table 4: Additional Investment in Health & Social Care 2019/20

Funding	Scotland	Confirmed	Distribution info
Free Personal & Nursing Care Under 65s	£29.5m (was £30m)	£0.485m	Reduced from anticipated £0.540m
Carers Act	£10.5m (was £10m)	£0.186m	Increased from £0.177m
Investment in Integration (including SLW increase)	£108m	£1.907m	No change. Cost of SLW = £0.626m. Balance = £1.281m
School Counselling	£12m	<i>£0.216m</i>	<i>Not yet distributed</i>
TOTAL	£160m	<i>£2.794m</i>	<i>Total anticipated funding</i>

5.5 West Dunbartonshire Council will agree its 2019/20 revenue and capital budget on 27 March, including a final budget offer to the HSCP Board. The Strategic Lead – Resources has laid this contribution out to be £67.813m and it reflects:

- The full allocation of the £2.794m additional funding (Table 4 above); and
- In line with the current policy set within the Long Term Financial Strategy the contribution to the HSCP Board be enhanced by £0.338m to reflect a share of the additional Scottish Government funding received by the council (sect. 5.3(v) above). If approved this will reduce the funding gap presented in sect. 3.3 above.

5.6 The Council will also consider as part of its budget setting process, its current charging policy and the potential to increase current sales, fees and charges as part of its Commercialisation target, laid out in its long term financial strategy. In past financial years, council charging levels have only been subject to an annual inflationary increase.

5.7 Under legislation the statutory responsibility for setting charges for social care services remains with the local authority rather than the HSCP Board. As a result all social care current charges are included within this review and include:

- Community Alarms;
- Meals on Wheels; and
- Day Centres including meals and transport costs.

5.8 As part of this review officers (including HSCP officers) analysed benchmarking information on charges from 24 Scottish Local Authorities (including West Dunbartonshire) produced by Price Waterhouse Coopers in November 2017. In undertaking the review consideration was given to:

- What is the level of budgeted income anticipated?
- Is the charge a statutory charge (i.e. set by legislation, outwith Council control)?
- Is the charge subject to VAT (which would result in the total charge to the service user being greater than the increase of income to the Council, potentially affecting demand)?
- Is the charge likely to be one which affects equalities groups?
- What is the current price charged versus current cost to the Council to provide the service? Is there full cost recovery where this is within the control of the Council?
- What has the historic impact on demand been, following previous price increases?
- What do other local authorities charge for a similar service?
- Is the service low demand with low income levels (resulting in low impact to the Council's financial position, primarily due to the cost of administering being higher than the net benefit of the additional income)?

- 5.9** The review identified that for a number of charges West Dunbartonshire was in the top quartile for charges. However there are a number of charges where, depending on flexibility of demand against price, there is an opportunity to increase charging income based on the cost of service delivery (i.e. for service areas where charges currently do not recover the cost of delivery).
- 5.10** Review and increases to charges was also considered by HSCP Heads of Service as potentially providing an opportunity to help close the projected budget gap for 2019/20 and future years. Over the last few months these options have been presented to HSCP Board members, the extended HSCP management team, the joint staff forum and the council's budget working group.
- 5.11** As detailed with Appendix 1 the recommendations are to increase charges beyond the previously agreed 4% and move to close to full cost recovery for the community alarm service of £5/wk across all service users (including sheltered housing). For day centre services the proposal is move from separate charges for transport and meals to the introduction of a wrap around contribution charge for a day opportunity across all service areas of older people, learning disability and physical disability of £10 per attendance.
- 5.12** Full approval of the options detailed would contribute £0.377m to closing the funding gap. If the council decided on a variation of the options, the amount available to contribute to funding pressures would change. A verbal update will be provided at this special meeting of the HSCP Board on the impact on the budget gap.
- 5.13** As the 2019/20 budget setting process has progressed the on-going financial impact of service demand is constantly refined. The budgetary risks of providing social care services are well documented in the regular financial performance reports to the HSCP Board. In particular the continuing increase in the number of children's community placements has been one of the main budgetary pressures in 2018/19, and is projected to overspend by £1.7 million. Understanding the main drivers for this and minimising the pressure in the short term as well as in the future is a main priority for the Head of Children and Families. Identifying alternative supports will take time, therefore a further £0.400m of additional budget pressure has been included in the 2019/20 projections and will adversely impact the funding gap presented in sect. 3.3 above.
- 5.14** Also as part of this continual budget setting refinement a number of the savings options (presented previously to members, extended management teams and joint trade union representatives) have been further scrutinised by the senior management team and identified as management actions, capturing of the positive impact of some of the recovery plan action as well as current underspends expected to continue into next year and therefore reduce the budget gap by applying to the base budgets they impact on. They include extensive review of existing care packages (required to review annually), to ensure services are modern, flexible, outcome focussed, financial efficient and

take account of service user needs in the context of local and national policy drivers.

- 5.15** The application of the improved budget contribution by WDC (requiring council approval), the recommended increases to social care charging (requiring council approval) and the application of management actions are covered in Appendix 2 and reduce the indicative funding gap to £0.700 million.

Table 5: Summary of Social Care Budget Position

	£000
Funding Gap as at February Board	1,810
Adjustments:	
Additional Contribution WDC	(338)
Additional Income from Charging	(377)
Other Budget Adjustments	(395)
Revised Funding Gap	700

- 5.16** The HSCP Board are asked to consider three options to close this remaining gap, which include:
- Instructing the senior management team to generate new savings options; and/or
 - Re-directing a proportion of the new funding for investment in integration to closing the gap. As stated in sections 3.3 and Table 4 above after securing the funding for the uplift to living wage a balance of £1.281m remains; and/or
 - Using general reserves to provide a one-off benefit in 2019/20 and increase the funding gap for 2020/21 (to be further informed by the production of the medium term financial plan).
- 5.17** Given we are already at the end of March, generating sufficient further savings options, consulting and implementing will impact on the full year impact of any acceptable options; and given the general reserves balance is below the 2% reserves policy target, the recommendation of the CFO would be to cover the £0.700m indicative gap from the additional investment in integration money leaving £0.581m to invest in 2019/20. As requested in sect. 4.8 above, a key objective of the fixed term transformational change posts would be to identify and implement sustainable service efficiencies from better integrated working across the partnership and with external stakeholders.

5.18 Other Integrated Budgets in Scope

5.19 The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services which should be delegated to the IJB and should be considered as an addition to the HSCP's budget allocation of £67.813m for 2019/20.

5.20 As covered within the regular financial performance report, these budgets are currently held within WDC's – Regeneration, Environment and Growth Directorate and are managed on behalf of the HSCP Board. The 2019/20 budgets recommended for approval at Council on 27 March 2019; for Aids and Adaptations it is £0.250m (unchanged) and for Care of Gardens £0.440m, an increase of £0.119m on last year. Since the cessation of trading of Greenlight Environmental the council has agreed deliver this service in-house.

5.21 The Scottish Government new model for Community Justice in Scotland which sees Community Planning Partnerships (CPPs) as central to these arrangements was effective from the 1 April 2017. The 2019/20 allocation letter received on 21 February 2019 (Appendix 3) informed the HSCP grant funding would be set at £2,017,778. This funding is ring-fenced under sections 27A & 27B of the Social Work (Scotland) Act 1968.

5.22 West Dunbartonshire Council will also approve their refreshed ten years Capital Plan at the 27 March budget setting meeting. There is no recommended change to the budget for the new Clydebank Care Home with Day Centre as the funding to complete this project was increased last year to reflect the cost of the contract awarded and construction is on track to deliver the new establishment in April 2020. There is a recommended increase to the Aids, Adaptations and Equipment budget which supports the purchase of stair lifts and a variety of other aids to support older and physically disabled clients at home. The increase to budget over the next 10 years (shown in Table 6 below) is reflective of the demographic pressure within the older people age range.

Table 6: Aids & Adaptations Ten Year Refresh

	Forecast Outturn 2018/19	Updated Budget 2019/20	Budget 2020/21	Budget 2021/22	Budget 2022/23	Budget 2023/24	Budget 2024/25	Budget 2025/26 - 2028/29
	£000		£000	£000	£000	£000	£000	£000
Aids & Adaptations- 2018/19 Capital Plan	709	690	700	710	720	730	740	750
Aids & Adaptations - 2019/20 Capital Plan	709	757	777	802	824	850	875	902

5.23 Health Care

5.24 The key funding messages from the 12 December letter were:

- Health Boards will receive a minimum baseline uplift of 2.5% - NHSGGC uplift identified as 2.54% (not 2.6% as originally stated in letter);
- The Primary Care Fund will increase by £30m to £155m. This increase is reflected in the WD HSCP Primary Care Improvement Plan; and
- To support the Mental Health Strategy a further increase of £14m will be invested to deliver on Action 15 commitments and the transformation of CAMHS. This is additional to funding being at least 1.8% greater than the 2018/19 recurrent budget allocation.

5.25 As covered in previous budget setting update papers the early 2019/20 planning assumptions were changed to reflect the differences between the proposed budget offer from NHSGGC (1.8% & share of pay award) and the actual % uplift (2.6%) reflected in the Scottish Government letter. With the straight uplift of 2.6% being the favoured option for the HSCP Board.

5.26 The actual uplift to NHSGGC is in fact 2.54% (error in SG base figure) and as of 15 March the Director of Finance has indicated that this will form the basis of the offer to the HSCP Board. This increase in the indicative % allocation reduces the funding gap by £0.193m. A confirmed, formal offer will not be received until approved by the health board on 16 April 2019.

5.27 The basis of the offer, including additional recurring budget for continuing care beds (£0.564m indicative), and the expectations around it are set out in the letter attached at Appendix 4. The letter covers the adverse impact on Acute Services budget gap by increasing the offer to HSCP Boards and proposes that the additional funding is spent on improving delayed discharge performance.

5.28 The Chief Officer is considering a response to this conditional offer, however it should be noted that the Ministerial Strategic Group for Health and Community Care – Review of the Progress with Integration of Health and Social Care (February 2019) states:

Sect 4 (i) The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sits wholly with the IJB as a statutory public body.

5.29 The HSCP Board should consider the significant investment made in 2018/19 to the new Focussed Intervention Team and the actions around “Making the Change” within the latest Strategic Plan 2019 – 2022, which aim to prevent an admission wherever possible and have appropriate support in place when a patient is ready for discharge.

5.30 The finalisation of the Set Aside arrangements in 2019/20 will also form part of the response to reducing bed days lost. The letter confirms that the Scottish

Government expects these arrangements to be finalised this year, so while guidance on the mechanism is forthcoming the indicative Set Aside budget for 2019/20 will be the 2018/19 notional budget of £18.210m up-rated by 2.54% to £18.673 million.

- 5.31** Based on this current indicative offer for integrated health services the 2019/20 budget position has been revised from the February position (see Appendix 5) from the position detailed to the Board in February. As detailed above in sect 5.14, there has been significant work undertaken to minimise the projected budget gap.

Table 7: Summary of Health Care Budget Position

	£000
Funding Gap as at February Board	1,133
Adjustments:	
Additional Contribution NHSGGC	(193)
Continuing Care Budget Transfer	(564)
Other Budget Adjustments	(439)
Revised Funding Excess	(63)

- 5.32** After adjusting the original £1.133m funding gap for the amendments covered in sect. 5.26 – 5.27 the shortfall has been covered and still allows for a small funding excess of £0.063m. Given the volatility around prescribing it is recommended that this additional resource is directed to this budget.

6. Budget Summary

- 6.1** In summary the HSCP Board is recommended to approve the 2019/20 indicative revenue budget to deliver on its strategic priorities. Subject to WDC accepting, at its meeting on 27 March, the budget contribution to the HSCP and full increases to non-residential charges; and NHSGGC accepting the Director of Finance's indicative allocation at its meeting on 16 April 2019.

Table 8: 2019/20 Funding Summary

Total Budget Resource HSCP Board 2019/20	£000
WDC Budget Contribution – Appendix 2	67,813
NHSGGC Budget Contribution – Appendix 5	91,133
2019/20 Indicative Revenue Budget for HSCP Board Approval	158,946
Proposed Set Aside Budget for HSCP Board Approval	18,673
Other Funding in Scope	
Criminal Justice 2019/20	2,018
Housing Aids and Adaptations	250
Care of Gardens	440

7. People Implications

- 7.1** Any staffing implications linked to the approval of the 2019/20 budget setting process will be subject to the consultation processes of WDC & NHSGGC, where appropriate.

8. Financial Implications

- 8.1** Other than the financial position noted above, there are no other financial implications known at this time.

9. Professional Implications

- 9.1** The Chief Financial Officer (Sect.95 responsibility) for the HSCP Board must establish a robust annual budget process that ensures financial balance.
- 9.2** The Chief Officer for the HSCP Board must ensure that the Strategic Plan meets the Best Value requirements for economy, efficiency and effectiveness.

10. Locality Implications

- 10.1** None.

11. Risk Analysis

- 11.1** There are a number of risks in relation to the current and future years, including:
- Continuing volatility in demand pressures across the range of services, especially around children's community placements;
 - The full year effect of 2018/19 approved savings options not delivering the projected value;
 - Continued reduction to the level of general reserves or the inability to replace the projected 2018/19 application;
 - External providers not willing to accept the offer to increases to Scottish Living Wage as levels of on-costs and other business costs continue to be debated;
 - Delivery of targets and outcomes such as delayed discharge and waiting times and the expectation that part of the 2019/20 NHSGGC budget uplift should be directed to improving these targets;
 - Managing new demand and the impact of legislative changes e.g. Carers Act and Free Personal Care for under 65s;
 - Implications from consumption of hosted services if current arrangements are revised;
 - A repeat of the short supply prescribing pressures of 2018/19 and inability to deliver on efficiency programmes; and

- Possible impact on staff recruitment cost of consumables (food and supplies), drug prices and drug availability as a consequence of the UK's withdrawal from the European Union.

12. Impact Assessments

- 12.1** Equality impact assessment of potential savings options will be carried out by Heads of Service and be made available to members as part of the background papers when confirmed funding offers are received from our partners.

13. Consultation

- 13.1** The initial budget savings options submitted by the Heads of Service have been presented and considered by the Senior Management Team, HSCP Board voting members, joint trade union representatives and formed part of the consultation programme on numerous events around the drafting of the new Strategic Plan.

- 13.2** This report has been provided to the Health Board Assistant Director of Finance and the Council's Head of Finance and Resources.

14. Strategic Assessment

- 14.1** Proper budgetary control and sound financial practice are cornerstones of good governance and support the Partnership Board and officers to pursue the strategic priorities of the Strategic Plan.

Julie Slavin – Chief Financial Officer

Date: 21 March 2019

Person to Contact: Julie Slavin – Chief Financial Officer, Church Street, Dumbarton G82 1QL Telephone: 01389 737311
E-mail : julie.slavin@ggc.scot.nhs.uk

Appendices: Appendix 1 – Recommended Charging Increases
Appendix 2 – Revised Social Care Budget Position
Appendix 3 – Criminal Justice 2019/20 Grant Letter
Appendix 4 – NHSGGC Indicative Budget Offer Letter
Appendix 5 – Revised Health Care Budget Position

Background Papers: 2019/20 Budget Update Reports – November, December & February HSCP Boards and Audit Committee

						increased income - assuming no change in demand		Recommendation	
External income Stream - external services we currently charge for	income received during 2017/18 for charge	annual usage projected (from 17/18)	total cost of providing the service by unit	Current WDC Price Charged (excluding VAT)	Other considerations, including historic impact on demand following price increases	10% INCREASE BEYOND INFLATIONARY RISE 4%	FULL COST RECOVERY	Recommendation - beyond 4% inflationary	additional income - if no demand reduction
HSCP									
Day Care Charges to Other Councils	£ 7,210	1	£ 94.64	£ 58.09	This is a fixed charge which was set when the charging policy was written and gets inflated each year by the council SFC policy	£ 721	£ 11,747	full cost recovery	£ 11,747
Community Alarms	£ 236,391	2,000	£ 5.12	£ 2.62	Non Means Tested	£ 23,639	£ 295,781	Increase to £5 in line with cost	£ 228,000
NEW CHARGE - sheltered housing (community alarm charge)	£ -	n/a	£ 5.12	£ -	Non Means Tested			To introduce charge (£5) similar to those living outwith sheltered housing (part year impact)	£ 40,000
Meal Charges - Day Centres Learning Disabilities	£ 15,821	16,900	£7.23	£ 2.62	Non Means Tested. Higher cost pu to elderly as staffing levels are higher	£ 1,582	£ 106,366		
Day Care Services Learning Disabilities - Transport - Each Journey	£ 32,239	16,900	£11.66	£ 1.63	Non Means Tested	£ 3,224	£ 164,815		
Day opportunity (LD) - meal/ transport / activities		4,000	current cost for only transport & meals £18.89	£ -	Remove previous charges & implement new all-encompassing charge			£10 per day	£ 40,000
NEW CHARGE: Day opportunity (Physical Disability) - meal/ transport / activities	£ -	1,560	similar to LD costs	£ -	Implement new all-encompassing charge			£10 per day	£ 15,600
Meal Charges - Day Centres Older People	£ 47,739	26,520	£4.61	£ 2.62	Non Means Tested	£ 4,774	£ 74,518		
Day Care Services Older People- Transport - Each Journey	£ 47,433	26,520	£8.68	£ 1.63	Non Means Tested	£ 4,743	£ 182,761		
Day opportunity (older people) - meal/ transport / activities		5,356	current cost for only transport & meals £11.29		Remove previous charges & implement new all-encompassing charge			£10 per day	£ 53,560

External income Stream - external services we currently charge for	income received during 2017/18 for charge	annual usage projected (from 17/18)	total cost of providing the service by unit	Current WDC Price Charged (excluding VAT)	Other considerations, including historic impact on demand following price increases	10% INCREASE BEYOND INFLATIONARY RISE 4%	FULL COST RECOVERY	Recommendation - beyond 4% inflationary	additional income - if no demand reduction
Care at Home / Housing Support	£ 665,506	846,976	£ 17.98	£0 to £63.50	Charge is means tested based upon the amount of home care / housing support provided less any applicable personal care. Maximum charge is £63.50 or cost of service if less. Charge has been capped since the policy was written and inflated by council charges increase. Based upon the COSLA charging guidance using a 50% taper but charge cap also applied in West Dun. Cancellation of the service can occur when a charge is implemented. Income from charges will decrease in 19/20 as personal care will no longer be chargeable for clients under 65. It is anticipated that funding will come from the Scottish Government to compensate the loss.	n/a	n/a	leave at 4% to cover inflationary uplift - caps involved	£ -
Residential Care	£ 4,594,096	51,100	£ 938.46	Full cost of home less any applicable free personal / nursing care rate	Means Tested. If client is assessed as self funder and cannot pay due to assets being tied up in property, Council fund costs and apply for access to funds / security over property and reclaim later.	n/a	n/a	leave at 4% to cover inflationary uplift - full cost recovery	£ -
Respite Charges	£ 62,588	4,007	£148.64 per night	Nightly charges - Age 18-24 - £11.08, Age 25-64 - £13.67, Age 65 and over - £20.93	Fixed charge per night based upon client type, which was set when the policy was written and is inflated each year by 4%. Due to the new carers act we will no longer be able to charge for respite when it is for the carer. We can charge for respite for the cared for person but not the care and it could be argued that all respite is for the carer as the cared for person is in respite to give the carer a break so we may lose all of our income. All the Councils are looking for clarity on this from the Scottish government.	£ 6,259	£ 533,012	leave at 4% to cover inflationary uplift - ongoing issue re changes due to carers act	£ -
HSCP						-£ 44,221	-£ 1,357,253		-£ 377,160

	Report Section	2019/20 Required Budget £000	2019/20 WDC Budget Allocation £000	Funding Gap £000
2018/19 Recurrent Budget		63,390		
As at 20 February HSCP Board		5,940	67,520	
	3.3	69,330	67,520	1,810
Adjustments - Changes since last Board:				
Distribution Adjustment	5.4	(46)	(46)	
Additional Contribution WDC (SG Settlement)	5.5		338	
Additional Income from Increases to Sales, Fees and Charges	5.12	(377)		
Increase in Pressure Children's Community Placements	5.13	400		
Other Minor Budget Changes	5.14	(50)	1	
Review of client support packages	5.14	(280)		
Service Redesign and Realignment	5.14	(163)		
2018/19 Budgetary Control Recovery Plan continuing into 2019/20	5.14	(301)		
Revised Budget Position		68,513	67,813	700
Application of proportion of Investment in Integration Funding	5.17	(700)		
Social Care Budget for Approval 2019/20	2.1	67,813	67,813	0

Justice Directorate
Community Justice Division

T: 0131-244 5476
E: Stephen.Harper@scotland.gsi.gov.uk



Director of Finance
West Dunbartonshire Council

cc: Criminal Justice Social Work Manager

21 February 2019

Dear Director of Finance,

CRIMINAL JUSTICE SOCIAL WORK SERVICES ALLOCATION OF GRANT FOR 2019-20

The draft budget for Criminal Justice Social Work was announced following the Spending Review on 12 December 2018. This budget was subject to formal Parliamentary consideration and approval of the Budget Bill on the 21 February 2019.

I am writing to let you know your provisional grant allocation based on the draft budget and the process for claiming this funding for the delivery and commissioning of Criminal Justice Social Work (CJSW) services for the financial year 2019-20. The allocation of this grant has been determined by using the CJSW funding formula. Applying this formula provides grant funding for your Council of £2,017,778.

This ring-fenced grant is provided under sections 27A and 27B of the Social Work (Scotland) Act 1968 as amended. This funding is being provided to allow your Council to discharge its statutory duties and to work towards preventing and reducing further offending in line with your Community Justice Outcome and Improvement Plans (CJOIPs) as a statutory partner. Accountability for the obligations that the Community Justice (Scotland) Act 2016 places on the various Community Justice Statutory Partners will remain with their respective organisation.

The grant is made up of two elements. Part one is a flexible grant with part two being targeted to specific types of work.

Part one – Flexible grant element

The make-up of part one of this funding, is derived from CJSW workloads, Rurality and the Social and Economic Cost of Crime and is set out in **Annex A**. Each Local Authority has flexibility, working in partnership with other statutory partners and the third sector to direct this funding to meet Community Justice local priorities, but have regards to the key delivery of statutory Criminal Justice Social Work services. LA's in partnership are free to allocate funds as they see fit across their LA in accordance with their Community Justice

Outcome and Improvement Plans (CJOIPs), in the way they see as most appropriate to fulfil their statutory obligations to prevent and reduce further offending.

Outcomes

In exchange for this flexibility, the Scottish Government expects to see progress being made by LAs towards the Scottish Government National Outcomes: We live our lives safe from crime, disorder and danger; We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others; and our public services are high quality, continually improving, efficient and responsive to local people's needs. This links directly to the [Strategy for Justice in Scotland](#) and priorities which include reducing reoffending.

The National Strategy for Community Justice and Outcomes, Performance and Improvement Framework

Local Authorities are, along with others, a statutory community justice partner under the Community Justice (Scotland) Act 2016 and, as such, are required to plan and report against the [National Strategy for Community Justice](#) and the nationally determined outcomes – referred to as common – in the national [Outcomes, Performance and Improvement Framework](#). Criminal Justice Social Work has a key part to play in contributing to the achievement of these outcomes.

Part two - (Non-Discretionary) specific funding for the delivery of key services and programmes

The second part of this funding which makes up the total allocation, includes specific targeted funding for the delivery of Community Sentences, including preparatory funding for PASS and also funding for Women's Services. This is derived from the formula and also includes funding for key programmes and services agreed by Ministers. Flexibility to direct this funding working in partnership still exists for these areas, however the funding identified under **Annex B** should be utilised under the relevant headings. Any underspends should be declared, as this is not service specific delivery funding which falls under flexible resources identified under **Annex A**.

Where a Criminal Justice Social Work Services grant is paid by the Scottish Government, in accordance with Section 27A of the Social Work (Scotland) Act 1968, an LA has no discretion to forward it to a service provider other than a local authority, unless it provides the services following transfer of the functions under the relevant sections of the Management of Offenders etc (Scotland) Act 2005. It is however for LA's to determine the proportion of funding to be allocated in accordance with the priorities identified within the CJOIPs.

Audit Arrangements – accounting for grant funding from 2017/18

Following the disestablishment of Community Justice Authorities, local authorities are not required to keep separate financial accounts for Section 27 funding. Audit arrangements however will continue at a local level, as this funding is ring-fenced and will need to be accounted for separately. In future this funding or spend could be subject to audit, given the nature and specific focus of this funding.

Scottish Government is looking to monitor the commissioning of third sector services and will be looking to capture some additional headline information on this. This information will be collected as part of the normal financial returns outlined in **Annex C Schedule 2**.

Intensive Support Packages (ISPs) and Virement

Each Local Authority will be expected to meet the costs of monitoring individuals on ISPs from within their Section 27 flexible funding allocation. This includes provision for third sector services commissioned, including any initial set-up costs pertaining to the ISP.

LA's should continue to plan and make provision to fund ISPs in their area in the same way as they do currently. In the event that approval for assistance with an ISP is granted by the Scottish Government then the LA will still be expected to meet at least 10 per cent of the cost from the CJSW funding grant identified in **Annex A**.

As is currently the case, LA's will be expected to evidence that they cannot meet more than 10 per cent of the cost of the ISP, prior to any support for assistance with an ISP being sought.

The Director of Finance will be required to sign off the ISP claim to confirm that the Local Authority is unable to meet costs from their Section 27 funding identified under Annex A at the end of the financial year end. This should be submitted with any ISP invoices which confirm costs incurred.

Specific funding (Non-Discretionary)

The new CJSW funding formula will see the bulk of funding distributed in accordance with each LA share of reported workloads, rurality and social and economic cost of crime, however as outlined Annex B there may be specific funding for over sight or delivery for:

- Community Sentencing funding, including preparatory funding for the Presumption Against Short-term Sentences (PASS) of less than 12 months introduced 2018-19
- Women Services funding

If any specific funding for those services or programmes identified above is not utilised, then LA's remain accountable, and the Scottish Government will initiate discussions about whether the same amount of funding should continue to be provided for that purpose. We would expect the mature relationship that the Scottish Government and LA's have enjoyed to date to continue, and that LA's will approach us and let us know when this specific funding is not being fully utilised and is no longer required. In instances where the LA are acting as a funding route only for passing funding on from the Scottish Government to a third party, such as a third sector provider, then they will be expected to pass these sums on in their entirety, and the Scottish Government will hold the LA's responsible for their allocation decisions and will if necessary make consequential adjustments to retention or future funding allocations if the allocations are not made.

Community Sentencing funding and capacity building for PASS

The LA share of funding totalling £5.5m, is to support the provision of community sentences, which includes the additional £1.5m, which was introduced from 2018-19 to support capacity building and preparations in advance of the extension to the Presumption of Short-term Sentences (PASS) of less than 12 months.

Confidence in community sentences is a priority and information from local authorities on use of the funding on community sentences and preparations for extending the presumption will inform planning for implementation locally and nationally.

Women Services funding

The local authority share of funding totalling £1.5m, which was new funding introduced 2017-18 for bail support for women with a view to reducing remand numbers. This is specific funding to support the provision of bail support and a further update from local authorities may be required to inform Scottish Ministers of how this funding has been utilised particularly over the last 12 months as we focus efforts to reduce the reliance on remand. The Justice Committee Inquiry into the Use of Remand in Scotland last year which highlighted that the proportion of remand prisoners as a share of the total prison population in Scotland is high, particularly amongst female prisoners.

Arrangements for payment of grant

Grant funding for Section 27 will be paid in monthly instalments from April 2019. The funding will be paid by the 10th working day of each calendar month.

The Director of Finance will be required to report actual expenditure of the grant at the end of each quarter, by providing a quarterly return as outlined in the Conditions of Grant letter in **Annex C**.

In April 2020, the final monthly grant payment will be released following examination of the final quarterly report which will confirm spend to date and any underspend/overpayments. The Director of Finance will be required to confirm that the terms and conditions of grant have been complied with, identify any underspend of grant, and repay any amounts to the Scottish Government.

Please contact Heather Ettles (heather.ettles@gov.scot /tel: 0131 244 5439) if you have any queries.

Yours sincerely



STEPHEN HARPER

Local Authority – West Dunbartonshire Council

Part 1 – (Flexible grant) - Funding for delivering Statutory Criminal Justice Social Work services

Section 27 Criminal Justice Social Work (CJSW)	
CJSW grant funding derived from formula (without adjustment)	£1,894,789
Workload (excluding Rural element)	£1,134,970
Workload Rural Element	£4,447
Social & Economic Cost of Crime	£755,372
Part 1: Total of adjusted CJSW grant¹.	<u>£1,866,677</u>

¹ The Adjusted Grant represents the **Total Grant Payable under Part 1** – including a formula adjustment.

² The funding includes provision for commissioning third sector services, aimed at reducing reoffending.

Note: Funding adjustments will be implemented over a 5 year period from 2017/18, and will be subject to reported CJSW workloads by LA and/or changes to the economic and social cost of crime statistics reported.

Local Authority – West Dunbartonshire Council

Part 2 (Non-Discretionary) - Specific targeted funding for Community Sentences and Women's Services including key programmes and services agreed by Ministers.

Section 27 Criminal Justice Social Work (CJSW)	
Specifically targeted funding	
Community Sentencing Funding (this includes preparatory funding for the extension of PASS)	£118,722
Women Services Funding (bail support for women with a view to reducing remand numbers.)	£32,379
Part 2: Total of specifically targeted funding	<u>£151,101</u>

Total funding Parts 1 & Part 2 combined

Section 27 Funding for CJSW Services	2019-2020
As notified on 13 December 2018.	<u>£2,017,778</u>

¹ The funding includes provision for commissioning third sector services, aimed at reducing reoffending.

Greater Glasgow and Clyde NHS Board

JB Russell House
Garthavel Royal Hospital
1055 Great Western Road
GLASGOW
G12 0XH
Tel. 0141-201-4444
www.nhsggc.org.uk

Date:
Our Ref: MW/JH

Enquiries to: Mark White
Direct Line: 0141-201-4470
E-mail: Mark.White@ggc.scot.nhs.uk

Dear Beth

2019/20 Indicative Financial Allocation to West Dunbartonshire Health and Social Care Partnership

Further to my and James Hobson's initial informal discussions with Chief Officers and Chief Finance Officers, I am writing to you with an indicative budget proposal for 2019/20. An update to this letter formally confirming your allocation for 2019/20 will be issued on behalf of the Board after the Board's financial plan has been approved at the 16 April board meeting.

Annual uplift to NHSGGC

The annual general uplift is provided by the Scottish Government to support Boards in meeting expected additional costs related to pay, supplies (which includes prescribing growth and utilities charges) and capital charges. The Board's uplift for 2019/20 is 2.54% totalling £55.6m.

As outlined in the Budget announced on 12 December 2018, there are two components to the general uplift;

- A baseline uplift of 1.8% to deliver a real-terms uplift in baseline funding (£39.3m); and
- An additional amount to help meet the costs of the 2019/20 public sector pay policy (£16.3m).

The HSCP Settlement

The Scottish Government's funding allocation letter issued on 12 December 2018 states that *"In 2019-20, NHS payments to Integration Authorities for delegated health functions must deliver a real terms uplift in baseline funding, before provision of funding for pay awards, over 2018-19 cash levels"*.

As such, this instruction translates as;

- The real terms uplift is 1.8% on each HSCPs base recurring budgets. This is £14.6m.
- The HSCPs share of the Boards £16.3m allocation for the pay award. This share would be calculated on each HSCPs actual FTE cost. This is £3.3m.

Hence the total allocation uplift to all six HSCPs should be £17.9m.

However, following initial discussions with HSCPs, their expectation is the Board pass through the full proportionate share of the Board's uplift of 2.54%. This equates to £20.6m

The Boards Initial 2019/20 Finance Outlook and Performance Improvements

The Boards initial financial outlook for 2019/20 indicates a savings requirement of £71m, with significant pressures around Acute prescribing and improving performance. At the current planning stage, the Acute Division are facing savings of 6-7%, with HSCPs facing savings of 1-2%.

As such, to achieve improvements in patient care and ensure the overall financial balance of the organisation, reducing demand and improving patient flow within the Acute Division remains a priority.

One of the fundamental objectives of HSCPs was to improve delayed discharges within acute care. Progress within NHSGGC has been good, with performance amongst the best in Scotland.

However, 2018/19 performance has slipped in some areas and delayed discharges continue to represent a significant additional cost to the Board. Days lost are currently 776 days per month higher than the 2017/18 average and 1,007 days higher than the target. This represents an additional cost of £4.1m and £5.3m respectively per annum.

As such, the Board is proposing to allocate the full 2.54% uplift to the HSCPs (£20.6m), with a proviso the £2.7m is spent improving delayed discharge performance closer to target levels or maintaining current performance in the higher performing areas, thereby reducing the overall level of bed days lost, and reducing demand in relation to ED attendances in line with the Board's Corporate Objectives. Progress will be monitored as part of the ongoing organisational performance review process.

The uplift will be applied to the recurring rollover budgets on 1 April 2019 and adjusted for agreed realignments including the transfer of continuing care budgets from the Acute Division. Non recurring allocations that are specifically intended for HSCPs will be passed across when these are confirmed in the monthly allocation letters from Scottish Government.

An indicative allocation based on month 11 figures is included in **Appendix 1**.

Set Aside Budget

The 2019/20 Set Aside Budget for unscheduled care services consumed by your HSCP in Acute hospitals will initially remain at the same value as for 2018/19 but will be uplifted by 2.54% based on the notional arrangements that have applied in recent years. Scottish Government has indicated that it is expected that the Set Aside arrangements will be fully implemented during 2019/20 and the Board is currently awaiting guidance on the mechanism for implementation. The actual budgets and costs of unscheduled care services have been identified and when these have been validated and finalised an updated Set Aside allocation will be formally issued to HSCPs.

Recharges to HSCPs

The following items will continue to be charged to the HSCP during 2019/20:

- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost; and
- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17.

I hope this now enables the HSCP to finalise its financial plans for 2019/20.

Yours sincerely

Mark White

Director of Finance

NHS Greater Glasgow and Clyde

Appendix 1 – Financial Allocation (based on month 11 figures)

Spend Categories		West Dunbartonshire HSCP
		£000s
Family Health Services *		25,789
Fhs Income*		(972)
Family Health Services Budget (Net)		24,817
Prescribing & Drugs		19,507
Non Pay Supplies		3,984
Pay		25,988
Other Non Pay & Savings		17,856
Other Income		(3,212)
Budget - HCH incl Prescribing		64,123
Total Rollover budget - NET		88,940
Adjustments:		
Non Recurring budget allocated to base		
Budget Eligible for HCH & Prescribing uplift		64,123
<u>Uplifts</u>		
Scottish Government allocation	2.54%	1,629
Revised Budget		90,569
Set Aside Budget for 2018/19		18,210
Uplift @ 2.54%		463
Set Aside Budget 2019/20		18,673

WEST DUNBARTONSHIRE HSCP 2019/20 BUDGET
HEALTH CARE - BUDGET BASED ON NHSGGC INDICATIVE ALLOCATION

APPENDIX 5

	Report Section	2019/20 Required Budget £000	2019/20 GGC Budget Allocation £000	Funding Gap £000
2018/19 Recurrent Budget				
As at 20 February HSCP Board		88,573		
		2,569	90,009	
	3.3	91,142	90,009	1,133
Adjustments - Changes since last Board:				
Recurrent Budget Adjustments Month 10 & 11		367	367	
Additional Contribution GGC (if approved 16 April by Health Board)		5.26	193	
Continuing Care Transfer (to be confirmed)		5.27	564	
Service Redesign and Realignment		(164)		
2018/19 Budgetary Control Recovery Plan continuing into 2019/20		(275)		
Revised Budget Position		91,070	91,133	(63)
Add to Prescribing as additional resource due to volatile nature		5.32	63	
Health Care Budget for Approval 2019/20		2.1	91,133	0

WESTDUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Health and Social Care Partnership: 28th March 2019

Subject: Strategic Plan 2019 - 2022

1. Purpose

- 1.1** To present the Partnership Board with a revised version of the Strategic Plan 2019 – 2022, following a process of consultation with stakeholders and partners.

2. Recommendations

- 2.1** The Partnership Board is recommended:
- to note the process of consultation with all partners and stakeholders on the draft Health and Social Care Partnership Strategic Plan 2019 – 2022;
 - agree the final draft of the Strategic Plan being presented to the Board;
 - agree a process of development for a Commissioning Plan based on the priorities within the Plan to be presented at a future Board meeting.

3. Background

- 3.1** The Public Bodies (Joint Working) (Scotland) Act 2014 states that in order for responsibilities and resources to be formally delegated in practice to an integration joint board, a local Strategic plan must first be prepared and approved by the Board.
- 3.2** At the July 2015 meeting, the Health and Social Care Partnership Board approved its first Strategic Plan for 2015 – 2016 and the 17th August 2016 HSCP Partnership Board meeting agreeing the second Strategic Plan 2016 – 2019.
- 3.3** In 2018, the development of a new Strategic Plan for 2019 – 2022 was tasked by the HSCP Partnership Board to HSCP officers; with a requirement for the draft to be presented and the proposed priorities to undergo a process of consultation with citizens, staff, partners and wider stakeholders.

4. Main Issues

- 4.1** The current draft Strategic Plan describes the priorities for the next three years 2019 – 2022; as well as providing the integrated performance framework for the HSCP Annual Performance Report. The Strategic Planning Group has reviewed the Strategic Needs Assessment, which is based on modelling linked to the national burden of disease work, and forms the basis of the Strategic Plan in terms of prioritisation of activities.

- 4.2** The development of the third Strategic Plan reflects the on-going, participative and community planning approach endorsed by the Partnership Board at its July 2015 and August 2018 meetings. Throughout 2018 – 2019 events and sessions with staff and partners have been undertaken to review the vision for the Health and Social Care Partnership and develop the programme of transformation linked to whole systems change as required by demographics presented and described in the Burden of Disease Strategic Needs Assessment.
- 4.3** Considerable engagement with stakeholders and partners has been underpinned by Health and Social Care Partnership's senior leadership across the community planning structures including the Independent Delivery and Improvement Group; the Nurtured Delivery and Improvement Group; the Alcohol and Drug Partnership; Local Engagement Network as well as the Strategic Planning Group. In addition, there was engagement with partners with service specific work streams linked to Primary Care Improvement Plan; Mental Health Improvement Plan, NHS Greater Glasgow and Clyde Whole System Planning, Unscheduled Care and Winter Planning and the delivery of the Community Justice Partnership.
- 4.4** The membership of the Delivery and Improvement groups and wider stakeholder groups have been able to take forward key local programmes of work; whilst the Strategic Planning Group more broadly incorporates the entire statutory stakeholder consultees specified for the Strategic Plan. These complimentary structures ensure a robust and ongoing engagement and involvement process for the Health and Social Care Partnership's across the whole system in West Dunbartonshire.
- 4.5** The Scottish Government guidance highlights that there is a need within strategic commissioning plans to specify the total resources available across health and social care to deliver the outcomes and objectives articulated within said strategic plans. Given the budget setting processes of the partner organisations, the Strategic Plan is necessarily high level in scope to reflect the uncertainties regarding the financial allocations that will be made to the Partnership Board over each of the financial years.
- 4.6** Having developed a draft Strategic Plan; a process of detailed consultation has been undertake over the past few weeks which have focused on the detail of the Strategic Plan. Sessions were delivered to staff groups from across all HSCP teams and areas of service; more than 200 staff from all service areas attended sessions.
- 4.7** There was a dedicated Strategic Planning Group held to focus on the detail of the draft Strategic Plan including the role of each partners in the delivery of the priorities as described within the Plan. Members from across the whole health and social care sector as well as key partners including Joint Trade Unions had the opportunity to critique the document and the delivery model.

- 4.8** Open meetings were held to encourage public participation which were hosted by the Chief Officer. These public events supported a joint approach with the Moving Forward Together Team at NHS Greater Glasgow and Clyde and focused on “the future of health and social care services”. More than thirty local voluntary organisations invited HSCP Officers to their meetings to talk about the future of health and social care services with their members and provide feedback on the Strategic Plan.
- 4.9** Additionally all interested parties had the opportunity to participate through an on-line survey which was hosted within the HSCP website.
- 4.10** Specific partners provided detailed feedback on the Strategic Plan, including West Dunbartonshire CVS, Scottish Care, the Scottish Health Council and the Care Inspectorate. The Senior Management Team and strategic commissioning partners hosted these events, and participants gave an opportunity to influence the priorities within the Plan as well as gaining an insight into the breadth of work already underway and that planned for the next three years.
- 4.11** Following this detailed consultation process, partners and interested individuals have offered broad agreement of the focus of the five priorities and the planned work streams which are associated with delivering the priorities. Acknowledging the challenging financial climate and the need to provide support and services differently. Participants agreed that services cannot continue to be planned and delivered in the same way; the current situation is neither desirable in terms of optimising wellbeing, nor financially viable.
- 4.12** Another key theme from the consultation process has been the need for a detailed commissioning plan to sit alongside the Strategic Plan. This resonates with the views of the HSCP SMT, as well as wider partners, to provide an articulation of a detailed approach to market place commissioning and robust procurement reflected within a locally agreed approach. The proposed plan would ensure the operationalisation of the five key priorities set within a local marketplace alongside a robust funding framework. For example, the commissioning plan would provide detail on the redesign and transformation of local services including learning disability, advocacy and care at home alongside a developing market place and focused on the output from the strategic needs assessment and aligned to realistic funding models.
- 4.13** The development of a Commissioning Plan could be undertaken as an action following agreement of the draft Strategic Plan by the HSCP Board and would be presented for agreement at the August Board meeting. This aligns to work already underway to review the Charging Policy, the review of Procurement pipeline, commitment to Best Value and the refreshed approach to Self Directed Support as part of improved and person centred contract management processes within operational services.
- 4.14** As the Scottish Government guidance on strategic plan describes : *the focus should be less about how it is done now and more about how it should be*

done in future. This might mean, through a robust option appraisal process, that the Integration Authority makes decisions about disinvesting in current provision of services in order to reinvest in other services and supports that are required to meet on-going and changing demand.

- 4.15** In a time of rising demand for services, growing public expectation and increasing financial constraint, it is essential that the Partnership ensures social care, primary care, community health and acute hospital services work well together and with other partners in a truly integrated way. The process for the development of a Commissioning Plan would ensure that all partners are included in the development and delivery of the Commissioning Plan.
- 4.16** The Commissioning Plan will provide the opportunity, with partners, to describe the commissioning and decommissioning of less effective under-utilised or outdated service models across the sector, and the commissioning and delivery of person centred, more outcome based services.
- 4.17** The process of development for a joint Commissioning Plan will ensure a transparent and clear processes to ensure best use of our available resources as to deliver as efficiently and effectively as possible, whilst continuing to obtain Best Value. This approach recognises that the HSCP cannot transform health and social care services in isolation and requires robust and honest partnership working.

5. People Implications

- 5.1** No specific implications associated with this report.

6. Financial and Procurement Implications

- 6.1** The Strategic Plan includes a dedicated section pertaining to this.

7. Risk Analysis

- 7.1** The HSCP Partnership Board has a duty to implement Best Value, i.e. to make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost. Within the context of the Chief Financial Officer's 2018/19 Annual Revenue Budget Report, the Partnership Board should have regard to economy, efficiency, effectiveness, the equal opportunities requirements, and contributing to the achievement of sustainable development in taking forward the commissioning priorities articulated within the Strategic Plan 2019 – 2022.

8. Equalities Impact Assessment (EIA)

- 8.1** An Equalities Impact Assessment is underway for the attached Strategic C Plan as part of the development of the new plan 2019 – 2022.

9. Environmental Sustainability

9.1 It has been confirmed that there is no requirement for a Strategic Environmental Assessment.

10. Consultation

10.1 Both on-going engagement and formal consultation is being undertaken in support of the development of the Strategic Plan 2019 – 2022 through processes outlined above and this reflects ongoing participation and engagement to update activities and programmes of work.

11. Strategic Assessment

11.1 The Strategic Plan 2019 – 2022 sets out how the Partnership Board does and will plan and deliver services for the West Dunbartonshire area using the integrated budgets under its control.

Author: Wendy Jack – Interim Head of Strategy, Planning & Health Improvement, West Dunbartonshire Health & Social Care Partnership

Date: 21st March 2019

Person to Contact: Wendy Jack
wendy.jack@west-dunbarton.gov.uk
01389 776864

Designation Interim Head of Strategy, Planning & Health Improvement, Aurora House, Clydebank

Appendices: Health and Social Care Partnership Strategic Plan 2019 - 2022.

Background Papers:

Wards Affected: All council Wards.

**Our vision:
Improving lives with the people of
West Dunbartonshire**

**Strategic Plan
2019 – 2022**

Foreword

Welcome to the third West Dunbartonshire Health and Social Care Strategic Plan 2019 – 2022.

This Strategic Plan builds on the second Plan, approved by the Health and Social Care Partnership Board on 17 August 2016 for the period 2016 – 2019; this new Plan outlines our vision for the delivery of integrated health and social care services.

The Plan contains a three year strategic planning framework for 2019 – 2022 which sets out the priorities for the Partnership.

The Plan describes how we will use our resources to continue to integrate services in pursuit of national and local outcomes as agreed by the Health and Social Care Partnership Board.

We continue to focus on the needs of our citizens and as such this is a time of exciting and transformational change for the Health and Social Care Partnership with a new strategic leadership group in place.

We are committed to the principles of Best Value and ensuring we are delivering high quality services in an environment of robust clinical and care governance. Our Annual Performance reports note the progress we have been able to make against our performance indicators and we have used case studies to bring to life what this means to our citizens.

And importantly, we are committed to working with the people of West Dunbartonshire to improve their health and well-being.

Beth Culshaw
Chief Officer
Health and Social Care Partnership



Allan McLeod Chair
Health and Social Care
Partnership Board



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Introduction

Our vision

Improving lives with the people of West Dunbartonshire

Our vision and our desire is to ensure that our citizens have access to the right care at the right time, and in the right place. It involves a range of activities, centred around a continuous cycle of “analyse, plan, do and review” and is iterative and dynamic to support collaborative system change across health and social care and all partners working in our communities.

Our commitment to our communities

Our Plan has been developed in partnership with the Strategic Planning Group (SPG) which has the formal statutory role to prepare and monitor our strategic commissioning plan. The membership consists of an extensive range of stakeholder groups, engaging with people using services, carers, professionals and clinicians, along with the third, independent and housing sectors. Through the Local Engagement Network the relationship with the wider public continues to be developed and deepened to ensure we reflect and consider the views of the people of West Dunbartonshire.

Our Strategic Outcomes

Our commitment to:

- Children and young people reflected in Getting It Right for Every Child.
- Continual transformation in the delivery of services for adults and older people as reflected within our approach to integrated care.
- The safety and protection of the most vulnerable people within our care and within our wider communities.
- Support people to exercise choice and control in the achievement of their personal outcomes.
- Manage resources effectively, making best use of our integrated capacity

Our Key Strategic Priorities

- Early Intervention
- Access
- Resilience
- Assets
- Inequalities

What is the Health and Social Care Partnership Board

West Dunbartonshire Health and Social Care Partnership Board was established on 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 Partnership Board has a duty to agree the Strategic Plan for the integrated functions and budgets that they control, as laid out above.

The Health and Social Care Partnership Board is responsible for allocating the integrated revenue budget for health and social care in accordance with the policy priorities set out in this Strategic Plan.

The Strategic Plan takes account of the governance of joint finances; to ensure resources are used effectively and efficiently to deliver integrated services that meet the needs of the increasing number of people with long term conditions and often complex needs of all ages.

The Partnership Board includes representatives from the Third Sector, staff representatives and others representing the interests of patients, service users and carers. This is to ensure that the Partnership Board is fully engaging strategic partners in the preparation, publication and review of each Strategic Plan.

The Health and Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health and Social Care Partnership. In other words, it is responsible for planning and overseeing the delivery of a full range of community health and social work/ social care services.

Within West Dunbartonshire this is undertaken in a meaningful co-productive way with all partners.

What is the Health and Social Care Partnership

With a continued emphasis on joining up services and focussing on anticipatory and preventative care, our continued approach to integration aims to improve care and support for people who use services, their carers and their families.

The Health and Social Care Partnership has delegated responsibility to deliver services for:

- Adults and Older People's services across all disciplines within integrated community teams
- Children and Young People's Services across all disciplines and in partnership with Education Services
- Criminal Justice Social Work Services
- Community Mental Health, Learning Disability and Addictions across disciplines with integrated community teams and with in-patient services.

West Dunbartonshire has two localities; Alexandria/Dumbarton and Clydebank. The Health and Social Care Partnership's locality group arrangements provide a platform for engaging a wide range of stakeholders; and the opportunity to respond to locality-level feedback. Meetings are kept to a minimum and are structured to make the best use of everyone's time and commitment.

The purpose of locality planning is:

- to jointly assess need, as well as prioritise and plan how all resources, irrespective of their origin, can best be deployed in pursuit of the delivery of National and Local Outcomes; and
- to be the local focus for service delivery and support for organisations from across sectors to the population or communities within the area.

West Dunbartonshire Health and Social Care Partnership hosts the Musculoskeletal (MSK) Physiotherapy Service for the NHS Greater Glasgow and Clyde area. Work is ongoing within the service to ensure the delivery of high quality outcomes for patients whilst striving to meet national waiting time targets.

West Dunbartonshire Health and Social Care Partnership hosts a programme of retinal screening on behalf of NHS Greater Glasgow and Clyde.

The Health and Social Care Partnership leads the Community Planning Partnership Alcohol and Drugs Partnership.

Working with partners

At the heart of this approach to strategic planning is the provision of services and support across sectors, including the Third and Independent Sectors, in a way that meets the needs of particular individuals, communities and localities.

The specific local actions reflect ongoing self-evaluation processes within the Health and Social Care Partnership service areas; engagement within local Community Planning Partnership fora; and dialogue with both service user groups and the wider communities across West Dunbartonshire.

It is underpinned by an appreciation of local health and social care needs (e.g. the area's Strategic Needs Assessment – based on burden of disease); and other relevant sources of evidence.

This approach feeds in to the commitment to improve the quality and consistency of services for patients, carers, service users and their families.

Health and Social Care Partnership Strategic Planning Group

This Strategic Plan is informed by an understanding of perspectives of the strategic planning stakeholders specified by the Joint Bodies Act (including staff side representation and the two localities identified within West Dunbartonshire) and from on-going engagement with our citizens and service users, reflecting the cyclical commissioning process for the review of services.

As such, provides all our partners who were involved in the development of the Integration Scheme, and are party to our integrated arrangements, to be involved in the development of each Strategic Plan.

A key principle of the Partnership's planning process is a co-productive approach that is equitable and transparent, and therefore open to influence from all stakeholders via an on-going dialogue with people who use services, their carers and providers.

The Strategic Planning Group has had a key role in developing and finalising the Strategic Plan and to review progress, measured against the statutory outcomes for health and wellbeing, and associated indicators.

This third Plan has been developed alongside the Strategic Needs Assessment, with different partners from across the public, third and independent sectors in a way which will help to achieve the best services for the population.

The Health and Social Care Partnership understands that providers and service users bring knowledge and experience of services. With every partner having a role in strategic commissioning, they will have a key role in developing a robust Commissioning Plan.

The Health and Social Care Partnership recognises the extent of the third sector's and Third Sector Interface's knowledge and expertise; both in relation to communities and the sector itself,

Clinicians and care professionals from each Locality have an opportunity to play a key role in ensuring that local needs are understood, and that they inform the overall priorities.

Our partners involved in the planning process have had the opportunity to develop their skills by working with a range of partners along with service users and their carers to build and implement the strategic priorities.

The Health and Social Care Partnership has well developed local arrangements, including the Strategic Planning Group and wider Community Planning Partnership which have promoted mature relationships and constructive dialogue. This promotes an environment for all parties to work with trust and mutual respect.

Community Planning West Dunbartonshire

Local Outcome Improvement Plan

Community Planning West Dunbartonshire aims to ensure that people and communities are genuinely engaged in the decisions made on public services which affect them: supported by a commitment from organisations to work together to provide better public services, including health and social care services.

Community Planning West Dunbartonshire ensures that activity is co-ordinated and focused on the value of working in partnership:

- realising the added value of working in partnership
- enabling existing and new partnership working to deliver outcomes across a range of service led and community led priorities
- providing a strategic overview which acknowledges interfaces and dependencies; and
- mitigating the shifting social and financial impact of decisions upon partners.

Both West Dunbartonshire Council and NHS Greater Glasgow and Clyde reflect in their own policy commitments the principles and outcomes that are at the heart of planning for the population and to embed a person centred approaches across the totality of the population.

West Dunbartonshire Council Strategic Plan

At its core, West Dunbartonshire Council is a commitment to reduce inequality and tackle root causes of poverty. The strategic priorities adopted are focused on improving the lives of the people of West Dunbartonshire, by promoting equality for all. Underpinning the strategic priorities are key cross cutting principles, which inform all the work undertaken.

As a Council, there is a desire for every employee to have PRIDE in the services they deliver:

**Personal
Responsibility
In
Delivering
Excellence**

The Council's priorities underpins our commitment to the values we have adopted as a Council to ACHIEVE:

**Ambition
Confidence
Honesty
Innovation
Efficiency
Vibrancy
Excellence**

NHS Greater Glasgow and Clyde Moving Forward Together

Moving Forward Together (MFT) describes a tiered model of services where people receive care as near home as possible, travelling to specialist centres only when expertise in specific areas is required. MFT explores the potential of using digital technology to a far greater extent and promotes maximising the utilisation of all resources, with a drive to ensure all practitioners are working to the top of their professional abilities. It recommends supported self care and better links between primary and secondary care.

The key elements of which the Moving Forward Together Programme has been based are:

- Aligned to the national strategic direction
- Consistent with the West of Scotland Programme
- Reflect a whole system programme across health and social care
- Use the knowledge and experience of our wide network of expert service delivery and management teams
- Involve our service users, patients and carers from the outset
- Engage with, and listen to, our staff and working in partnership
- Embrace new technology and the opportunities of eHealth
- Affordable and sustainable.

The Health and Social Care Partnership will continue to provide leadership on the **Children Services Plan** across community planning partners. The Children's Services Plan incorporates key strategic priorities and outcomes for children and young people as set out in West Dunbartonshire's Local Outcome Improvement Actions 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 principles; to the delivery of corporate parenting responsibilities; and to improving outcomes for looked after children and young people.

The Health and Social Care Partnership is working with West Dunbartonshire Council and the wider Housing Sector 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. This is described in more detail within the **Housing Contribution Statement**.

The Health and 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. This approach is informed by and within the principles as set out within the Partnership's Clinical and Care Governance Framework.

The Health and Social Care Partnership is working with partners to address the concerns linked to the levels of domestic abuse in West Dunbartonshire; creating a **Domestic Abuse Strategic Leaders Forum** and working with the Scottish Leaders Forum to create awareness as well as dedicated service interventions. Working

within a system wide response, we are able to provide a patchwork of timeous supports and services alongside aspiring an approach which seeks to address generational behavioural change by creating an environment where citizens and professionals are confident to challenge and take responsibility for the notion that domestic abuse is either acceptable or inevitable.

The Health and Social Care Partnership, with partners, is committed to addressing within an early intervention model linked to childhood experiences, both positive and negative, which have a impact on future violence, victimisation and perpetration, and lifelong health and opportunity. We recognise that early experiences are an important public health issue and are using the foundational research in this area which has been referred to as **Adverse Childhood Experiences** (ACEs) to inform practice and developments.

To develop and deliver clear, seamless and accessible pathways of care and support for people affected by cancer, West Dunbartonshire is delivering **Improving the Cancer Journey**, supporting timeously and appropriately accessible support across organisational and professional boundaries, based upon a holistic assessment of need and available from the point of diagnosis.

From the description of the activity above it is clear that the Health and Social Care Partnership is working well with partners to the complex picture of need across West Dunbartonshire.

The Partnership must continue to work with our partners and communities to consider how services can be focused on not only early intervention and prevention but on how to we are able to support people to maintain their independence and to be as independent as possible. With our partners, we need to ensure that support and services interact with local communities and how we can better support ad embed capacity building within communities.

Case for Change

The recent reports by Audit Scotland; NHS in Scotland (October 2018) and Local Government in Scotland: Financial overview 2017/18 (November 2018) set out the challenges faced by public services and acknowledge 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.

The need to change models of local health and care services is being driven predominantly to meet changing needs. Demographic studies show that people are living to an older age often with complex co-morbid conditions such as diabetes (Audit Scotland 2016).

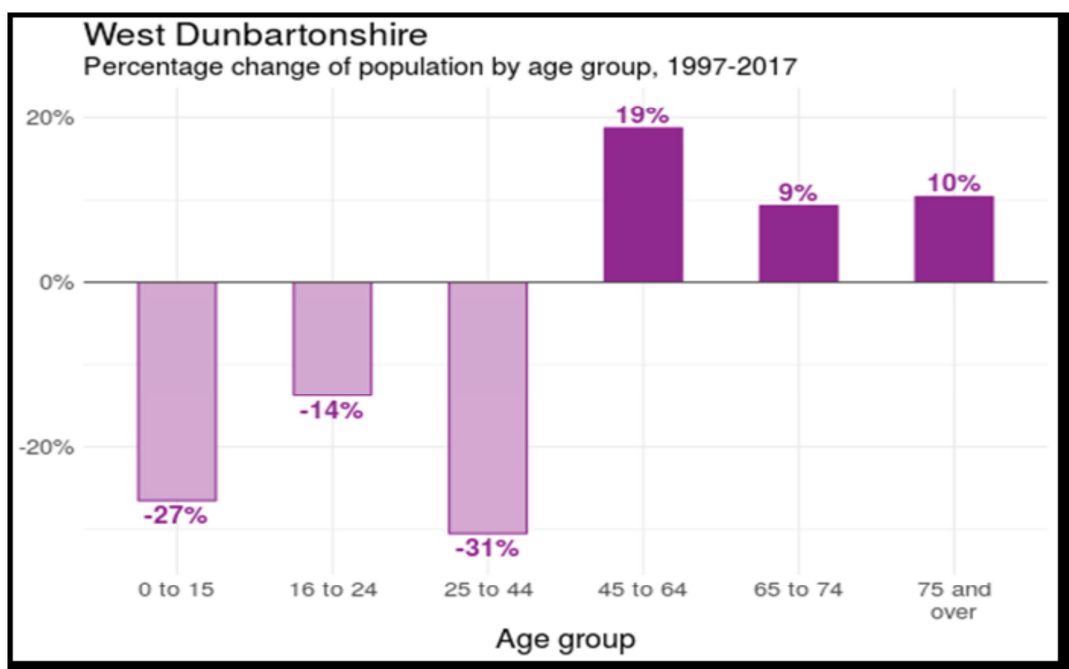
Change is necessary as demand is rising significantly whilst, in real terms, available public spending is falling. This makes it challenging to give all children the best start in life, to meet the needs of a population which is ageing significantly and which requires increasing levels of care to keep local people safe, well and content at home in their local communities.

Our Strategic Needs Assessment takes 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 and;
- health & social care provision in the community, including the patterns of service use across West Dunbartonshire Health & Social Care Partnership.

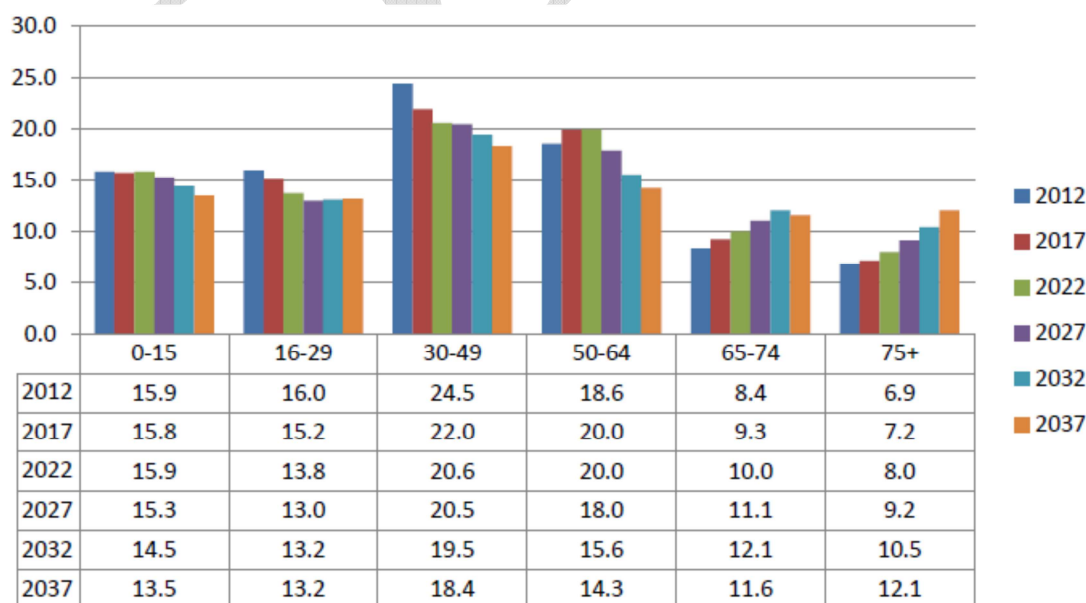
The population of West Dunbartonshire accounts for 1.7% of the total population of Scotland. The population mid-year estimate for 2017 was 89 610, a decrease of 0.3% from the 2016 estimate of 89 860 and the trend over the last 10 years has seen a decrease from 91 370 a change of - 1.9%.

As of 2017 the gender split of the population was 47.7% for males and 52.3% for females.



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

West Dunbartonshire population projections indicate that the age groups 65+ and 75+ will increase up to 2037 with other age bands decreasing. This will have an overall impact on the dependency ratio. The dependency ratio is a measure of the proportion of the population seen as economically 'dependant' upon the working age population. The definition generally used in Scotland is: 'those aged under 16 or of state pensionable age, per 100 working age population.



Source: National Records for Scotland (2018) Population Projections

The population in Scotland is projected to increase by 3% (170,000 people) by 2024 and by 7% (350,000 people) by 2039. In contrast, West Dunbartonshire will decrease by 7.1%. The under 16 population will reduce by 12%; working age by 15% yet the pensionable age will increase by 24% by 2039.

Overall the population projections indicate changes to the three key life stages of children, adults and older people. There is a decrease in the projected proportion of children and working age groups and an increase in the proportion of people who will be of pensionable age.

West Dunbartonshire ranks **second bottom for mortality rates** compared to Scotland as a whole and the main cause of death in West Dunbartonshire is cancer, followed by circulatory disease. Life expectancy is an indicator of underlying inequalities not limited to health. Issues such as poverty, unemployment, access to services, home environment and education are all intrinsically linked and must be addressed in a coordinated way in order to make significant improvements in life expectancy.

In areas with relatively high levels of socio-economic deprivation action to 'close the long term gap' needs to involve a **combination of initiatives** that address the fundamental causes of health inequalities including education, poverty and employment with preventative action in the early years.

Overall **life expectancy** in West Dunbartonshire is poor in comparison with Scotland as a whole.

Women's life expectancy is the poorest in Scotland at 78.8 years and male life expectancy is third lowest behind Glasgow City and Dundee City at age 74.7 years.

In terms of **Healthy Life Expectancy**, for West Dunbartonshire this is lower in comparison to Scotland and is second lowest for both males and females.

- Male HLE is 58.9 years compared to 63.1 years for Scotland
- Female HLE is 60.7 years compared to 65.3 years for Scotland

(Scottish Public Health Observatory (Scotpho) (2016) Healthy Life Expectancy)

To provide a deeper understanding of the population figures, the Health and Social Care Partnership worked with the Scottish Burden of Disease epidemiology study, which 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.

The estimates describe for the first time a clearer picture of the conditions that cause ill-health and mortality in Scotland with projections of disease burdens to 2026. For the purpose of the Strategic Needs Assessment, the national Burden of Disease Team have provided estimates for West Dunbartonshire based on whole population data.

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.
DEPRESSION	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 rate 86.2 per 1000 population higher rate than Alexandria/Dumbarton 80.3 per 1000 population (difference of 5.9).
SUICIDE RATES	Whilst suicide rates for West Dunbartonshire are lower than Scotland as a whole it remains a significant issue in West Dunbartonshire.
ALCOHOL RELATED HOSPITAL STAYS	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 and alcohol related death rates are slowly decreasing however this masks an increase in deaths in the 45 - 59 years and 60 - 74 years age groups. West Dunbartonshire rate of alcohol related mortality 27.4 per 100,000 compared to 20.2 per 100,000 nationally. The number of deaths related to alcohol in West Dunbartonshire 2016 was 28.
DRUG RELATED HOSPITAL STAYS	Drug related hospital stays for West Dunbartonshire are higher than the Scottish average.
DRUG RELATED	Drug related deaths in West Dunbartonshire follows the

DEATHS	national trend where nearly 80% of deaths are male. The largest number of deaths are in the 35-44 age group which makes up 42% of West Dunbartonshire service users as recorded on the Scottish Drugs Misuse Database.
CORONARY HEART DISEASE	Coronary Heart Disease , also known as Ischaemic Heart Disease, is a preventable disease which kills over 8,000 people in Scotland every year. CHD is a priority in Scotland where prevalence of the associated risk factors such as smoking, diet and physical inactivity is high. The snapshot extract from GP registers shows that the rate of CHD in West Dunbartonshire (45.1 per 1000) higher than the Scottish rate (39.8 per 1000).
STROKE	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).
HYPERTENSION	Hypertension prevalence in West Dunbartonshire has a rate of 148.6 per 1000 population and is higher than national prevalence of 138.1 per 1000 population. Dumbarton/Alexandria locality has a rate of 150.0 per 1000 population, which is higher than Clydebank rate of 146.9 per 1000 population.
SMOKING	Smoking prevalence in adults (16+) currently stands at 25.6 %. Although the smoking prevalence has decreased from 2012 by 7.8 % from 33.4% to 25.6%, West Dunbartonshire smoking prevalence still remains higher than the current Scottish average of 20.7%.
ALCOHOL CONSUMPTION	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. Between 2013 and 2015 the percentage who drink alcohol reduced in regeneration areas from 72% in 2013 – 60% in 2015. 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).
PHYSICAL ACTIVITY	40% of over 60s do not take part in any physical activity Active travel such as cycling and walking remains 5% lower than the Scottish average of 14.9%.

The focus of the Strategic Needs Assessment was intentionally linked to the burden of disease information as the West Dunbartonshire Council Demographic profile describes the population in terms of equality, social and economic deprivation, housing profile, regeneration, educational attainment and community safety.

Taking a burden of disease alongside the population information lays out the challenge for West Dunbartonshire and demonstrates the scale of what needs to change. This provides a clear imperative for major transformational change across the existing health and social care system.

Housing and Households 2014 – 2039

The total number of households in West Dunbartonshire is projected to change from 42,106 in 2012 to 42,543 in 2037, which is an increase of 1 %. In Scotland, the projected number of households is set to increase by 17 % over the same 25 year period.

Percentage of households by age group is increasing for the 65yrs and over and decreasing for younger age groups, in line with population trends.

Percentage of households of 75+yrs will increase from 12 % in 2014 to 20% in 2039.

There are opportunities for preventative, population wide, public health as a large proportion of the disease that leads to illness and early death is preventable.

By using all datasets we can conclude that if levels of health in Scotland matched our least deprived populations, we would have one of the lowest health loss of any developed country as such there is an opportunity to continue to support our most deprived populations.

Alongside Community Planning West Dunbartonshire we are already focused on addressing the wider determinants of health linked to employment, income, place and education.

We have the opportunity using existing policies and already agreed actions linked to substances that harm health; alcohol, poor diet, cigarettes, drugs to focus on cost, availability and acceptability across our communities to have a significant impact.

In addition, the self-management of conditions, through the effective use of technology to slow progress of disease, is also essential to reduce burden on health and care services (e.g. for COPD, heart conditions, diabetes and hypertension).

Programme for Change

It is clear that the traditional approaches to the provision of health and social care services, across all sectors and across all age ranges, will not deliver the required improvements for our population.

The Health and Social Care Partnership Board is committed to a programme of change based on robust evidence of population demographics, current financial resources, more effective commissioning and national and local policy drivers for change.

A key objective of the reform programme advocated by the **Christie Commission** was that public services had to be built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience.

Since 2016, work has been underway across Scotland to integrate health and social care services in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. By integrating the planning and provision of care, partners in the public, third and independent sectors are improving people's experience of care along with its quality and sustainability.

The **National Health and Social Care Delivery Plan** recognised that if health and social care is to be transformed in the next few years, then change must be undertaken at pace and that there is continued emphasis on partnership working which is fundamental to this process, planning with partners both across and outside of the public sector (Scottish Government 2016).

This National Health and Social Care Delivery Plan set 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 2016)

Setting out a significant list of objectives, including a focus on regional and national planning of services where appropriate. It draws on earlier strategies and sets out the direction of travel and expectations of a modern health and care system.

In addition, the Plan committed to the delivery of the Public Health Review findings and subsequent Public Health Reform Programme; the 2016 Health and Social Care Delivery Plan confirmed Scottish Government and COSLA's commitment to develop

a set of public health priorities for Scotland by early 2018. These priorities reflected the ambition for effective 'whole system' working to improve the public's health and reduce health inequalities with national shared Public Health Priorities developed with the key aim of supporting the collaborative work deemed necessary if these are to be delivered across the whole system e.g. whether working in health and social care services, housing, education or employment.

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

The recent report from **Chief Medical Officer** 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 Chief Medical Officer 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.

The **Audit Scotland report on integration** that was published in November 2018 provides important evidence for changes that are needed to deliver integration well and highlights a series of challenges that nonetheless need to be addressed, in terms particularly of financial planning, governance and strategic planning arrangements and leadership capacity. It is however acknowledged that Partnership's are operating in an extremely challenging environment and there is much more to be done to tackle the challenges within health and social care across the whole sector..

The new **Care Inspectorate inspection framework** is changing the way it carries out of regulatory inspection; starting with the inspection of care homes for older people. These new inspections reflect the new Health and Social Care Standards, published in 2017, and set out what people should experience from care and support in Scotland. A new quality framework to use on inspections has been developed, with the Care Inspectorate starting this new approach in care homes for older people during July 2018.

The approach is based on a human rights approach within a health and social care framework; which alongside **Self-Directed Support** allows individuals, their carers and their families to make informed choices on what their social care support looks like and how it is delivered, as such making it possible to meet agreed personal outcomes. The Social Care (Self-directed Support) (Scotland) Act 2013 allows people to choose how their support is provided, and gives them as much control as they want of their individual social care budget.

In accordance with the expectations of the **Carers (Scotland) Act 2016**, the Health and Social Care Partnership and partner organisations are committed to ensuring better and more consistent support for carers and young carers so that they can continue to care, if they wish, in better health and to have a life alongside their caring commitments.

The Community Empowerment (Scotland) Act 2015, the Public Bodies (Joint Working) (Scotland) Act 2014, the Equality Act 2010, and Chief Executive Letter (CEL) 4 (2010) Informing, Engaging and Consulting People in Developing Health and Community Care Services set out legal duties and **good practice in engaging communities**. The Health and Social Care Partnership Board has in place public engagement arrangements based on the National Standards for Community Engagement to meet their statutory duties. These arrangements support a flexible approach providing individuals with a range of opportunities to engage and be part of the planning, review and development of support and services.

A new national strategy '**A Connected Scotland**' has been developed to tackle loneliness and isolation to ensure those at risk of becoming lonely or isolated have access to the right support networks. Social isolation and loneliness can affect anyone at all ages and stages of life. There is increasing recognition of social isolation and loneliness as major public health issues that can have a significant impact on a person's physical and mental health.

Partnership working across **Community Planning West Dunbartonshire** affords opportunities to extend and co-ordinate reach into local communities and neighbourhoods. This link to community planning ensures that health and social care is not isolated from wider and highly relevant agendas that include transport, leisure and recreation, education, economic development, housing, policing, and fire and rescue services.

The **National Eligibility Framework** for services for adults and older people employs a four criteria approach, categorising risk as being critical, substantial, moderate or low.

- **Critical Risk:** Indicates that there are major risks to an individual's independent living or health and well-being and likely to call for the immediate or imminent provision of social care services.
- **Substantial Risk:** Indicates that there are significant risks to an individual's independence or health and wellbeing and likely to call for the immediate or imminent provision of social care services.
- **Moderate Risk:** Indicates that there are some risks to an individual's independence or health and wellbeing. These may call for the provision of some social care services managed and prioritised on an on-going basis or they may simply be manageable over the foreseeable future without service provision, with appropriate arrangements for review.
- **Low Risk:** Indicates that there may be some quality of life issues, but low risks to an individual's independence or health and wellbeing with very limited, if any, requirement for the provision of social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term.

In these definitions, the risks do not refer only to an individual's current independence, health and wellbeing, but also to the risk that she or he may not be able to gain these outcomes without support. Additionally workforce and services should be proportionate to need, and this varies by condition.

National Health and Well-being Outcomes; and subsequent guidance framework (Scottish Government February 2015) provide a strategic framework for the planning and delivery of health and social care services. This suite of outcomes together focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for adults and older people.

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 well-being

People who use health and social care services are safe from harm

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Resources are used effectively and efficiently in the provision of health and social care services

National outcomes for children form part of the fifteen National Outcomes describing what the Government wants to achieve over the next ten years, articulating more fully the government's focus. The outcomes help to sharpen the focus of government, enable the priorities to be clearly understood and provide a clear structure for delivery. By achieving these outcomes at all levels, the Scottish Government aims to make Scotland a better place to live and a more prosperous and successful country. For children and young people this means:

Improved life chances for children, young people and families at risk
Young people are successful learners, confident individuals, effective contributors and responsible citizens
Children have the best start in life and are ready to succeed

During 2018, Scottish Government published a digital maturity assessment and NHS Greater Glasgow and Clyde launched their **Digital Strategy 2018-2022**. The strategy is key to delivering the Board's vision outlined in **Moving Forward Together** and the **Council's Be the Best** programme. The health and social care sector is embracing technological change and is creating an environment which supports the development of digital solutions which make a difference to people's lives.

Scotland's Digital Health and Care Strategy states: “ *The issue is not whether digital technology has a role to play in addressing the challenges we face in health and social care and in improving health and wellbeing: the issue is that it must be central, integral and underpin the necessary transformational change in services in order to improve outcomes for citizens. Over the next decade digital services will become not only the first point of contact with health and care services for many people, but also how they choose to engage with health and care services on an on-going basis*”.

The recent release of Scottish Government's **Drug Strategy- Rights, Respect and Recovery**, and the Alcohol Framework – Preventing Harm, both identify key themes which inform the direction of travel for local services planning and delivering Recovery Orientated Systems of Care. This creates a human rights based approach to supporting those affected by addiction issues and will be the framework for the local Alcohol and Drug Partnership Improvement Plan.

The Chief Officers of the six Health and Social Care Partnerships within Greater Glasgow and Clyde, and in partnership with NHS Greater Glasgow and Clyde commissioned and developed '**The Five-year Strategy for Adult Mental Health Services in Greater Glasgow & Clyde: 2018-23**'.

The priorities for the Plan are:

Unscheduled care	crisis responses, home treatment, and acute mental health inpatient care
Recovery-oriented care	inpatient provision and a range of community-based services, including local authority and third sector provision
Well-being-orientated care	including working with children's services to promote strong relational development in childhood, protecting children from harm and enabling children to have the best start.
Productivity	initiatives in community services to enhance capacity while maintaining quality of care
Prevention	medium-long term planning for prevention of mental health problems
Bed modelling	short stay mental health beds: underpinning the first three strands is the need to estimate the number and type of hospital beds that the system needs to provide in order to deliver effective care
Shifting the Balance of Care – Rehabilitation and Long Stay Beds	moving away from hospital wards to community alternatives for people requiring longer term, 24/7 care, with residual mental health rehabilitation hospital beds working to a consistent, recovery-focussed model.

Improving health and wellbeing, building individual and community confidence and resilience, improving access to quality housing and other services, strengthening our response to offending behaviour and supporting the most vulnerable, such as young people leaving care will all help to create the conditions in which we can achieve a more resilient and confident community in West Dunbartonshire.

Working in partnership the Health and Social Care Partnership is creating an opportunity, by releasing the talents of all, which will in turn contribute to achieving our outcomes, through lowering the scale and burden of poverty, antisocial behaviour, crime and health and other inequalities. There is already local evidence is emerging of good progress linked to the impact of partnership working and integrated services within the local systems.

The programme for change is evident and complex within the current policy landscape, as such the Health and Social Care Partnership Board has set out the overarching priorities within the next sections of the Plan which will deliver the Health and Social Care Partnership vision.

Improving lives with the people of West Dunbartonshire

Financial framework

National Health and Well-being outcome

- **Resources are used effectively and efficiently in the provision of health and social care services.**

The three year planning period 2019 -2022 will be extremely challenging for the Health and Social Care Partnership Board as it seeks to balance increasing demands and costs against public sector spending constraints.

The Health and Social Care Partnership has experienced exceptional demand for services over the last three years, especially in the delivery of supporting children and young people and supporting our older and frailer residents.

This increasing demand has had to be considered within limited financial resources and the requirement for the Health and Social Care Partnership Board to agree on a programme of savings across both health and social care budgets.

The Health and Social Care Partnership Board is responsible for the **financial governance** of the budgets delegated to it by our partners West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board.

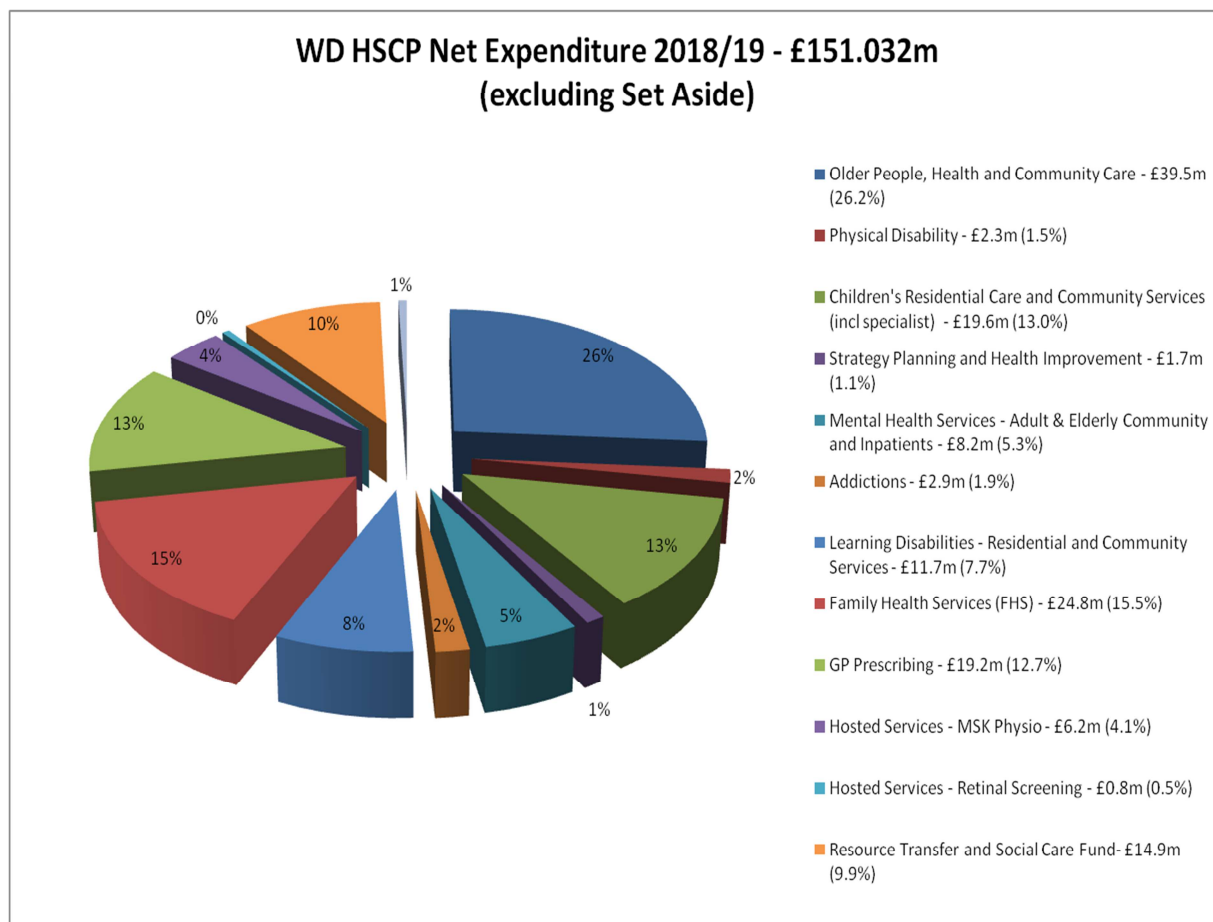
The Health and Social Care Partnership Board receive regular financial performance reports which allow members to scrutinise how public money is being used and to ensure that financial resources are being directed to services that will deliver on local and national outcomes defined in this Strategic Plan's five strategic priorities.

The original agreed budget for 2018/19 to deliver our strategic priorities was £151.032m, excluding set aside. The Health and Social Care Partnership Board choose to **consult** with the West Dunbartonshire wider community in April 2018 on a range of savings options which will impact on the available budget over the next three financial years. The Health and Social Care Partnership Board considered the responses to the consultation and agreed to savings totalling: £1.216m in 2018/19, increasing to £1.831m and £2.321m in 2019/20 and 2020/21 respectively.

The **set aside budget** was approved later in the year at £18.210m and is West Dunbartonshire's share of the NHS Greater Glasgow and Clyde resource to meet the costs of unscheduled care or emergency admissions to hospital.

While the **set aside** budget is part of the Health and Social Care Partnership's total financial resource, the acute hospital sector delivers the care and spends the money. Successful delivery of the strategic priorities will reduce demand in unscheduled care allowing savings to be re-invested in community based services.

The chart below details how this funding is allocated across the main care groups.



The Scottish Government has through its **Health and Social Care Delivery Plan** set out key reform programmes including how health and social care integration will have a focus on prevention, early intervention and supported self-management. This was followed in October 2018 with its **Medium Term Health and Social Care Financial Framework**.

This sets out the government's spending commitments including additional funding dedicated to primary care (including GP services) and mental health as well as the re-investment of shifting the balance of care, meaning that a greater proportion of care is provided in a setting close to a person's home rather than in hospital.

The Health and Social Care Partnership has in 2018/19 received additional funds, to those detailed above, to help deliver on these commitments. This funding is committed to continue over the period of this Strategic Plan.

Additional Investment

Scottish Government Funding	2018/19	2019/20	2020/21	2021/22
	£m	£m	£m	£m
Primary Care Improvement Fund	0.837	1.037	2.100	2.900
Mental Health – Action 15	0.201	0.311	0.439	0.585

It is anticipated that the public sector in Scotland will continue to face a very uncertain medium to long term financial outlook. The three year financial planning period 2019 – 2022 will be extremely challenging for the Health and Social Care Partnership Board as it seeks to balance increasing demand against diminishing resources, and new developments within the additional investment received.

While future funding settlements are uncertain, both of our partners West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board have set out the anticipated scale of their funding challenges in the medium to long term, including savings targets for the Health and Social Care Partnership Board. This coupled with increasing demand for services will require careful assessment, but early scenario planning would suggest the scale of the savings challenge could range from 3% to 5% of the Health and Social Care Partnership Board's current resources.

A **medium term Financial Strategy** will be developed centred on financial sustainability and service redesign. In order to understand the scale of the financial challenge a detailed analysis of costs and demands is required including:

- Pay inflation and pension costs – uncertainty around pay settlements for public sector workers and additional investment in pension schemes;
- Demographics – reflecting the increases in over 65+ and over 75+ years population often coping with a range of health conditions against a challenging social and economic climate;
- Contractual price increases – commitment to adhering to the National Care Home Contract and to deliver Scottish Living Wage to adult social care workers employed by our third sector and private providers;
- Prescribing Costs – inflationary increases, short supply issues and treatment of complex health conditions.

With growing costs and demands the Financial Strategy will reflect how we can work with the people of West Dunbartonshire by focussing on some key themes including:

- Better ways of working – integrating and streamlining teams to deliver services more efficiently will release financial savings and protect front line services;
- Prioritise our services – local engagement and partnership working are key strengths of the Health and Social Care Partnership. We must think and do things differently and find new solutions to providing support to those who need it;
- Service redesign and transformation – build on the work already underway redesigning support to people to remain or return to their own homes or a homely setting for as long as possible. This will be across all care groups including older people, learning, physical and mental disabilities and children and families, in partnership with housing sector, third sector and local providers.

The priorities for the Health and Social Care Partnership as described below, form the basis for the commissioning of services; and are informed by the strategic needs assessment and integrated performance framework of the Health and Social Care Partnership.

In partnership with West Dunbartonshire CVS, as the local Third Sector Interface and Scottish Care, our independent sector partner, we developed a model of local market facilitation consortium across older people, adults, 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. The Consortium provides a framework for all partners; with clarity of roles, responsibilities, expectations and opportunities for each sector partner described within the context of market facilitation. This approach alongside the Strategic Needs Assessment and Financial Plan will form the basis of the Commissioning Plan.

To ensure a more measurable approach, a Contract Management Framework is being developed; further clarifying the responsibilities and roles of strategic commissioning and contract management within the entire Health and Social Care Partnership across all services alongside the Council's Procurement Team.

The approach will be embedded with Service Managers supporting a streamlined and consistent contract monitoring approach across the Health and Social Care Partnership and wider partners. This aligns more clearly to the direction of travel for the Care Inspectorate inspection processes in terms of a self evaluation quality improvement framework aligned to quality measures as well as robust commissioning within a context of clinical and care governance.

Making the Change – adults and older people

The Health and Social Care Partnership has agreed, alongside partners, five key strategic priorities for the next three years; these are based on consultation with staff groups and with our communities.

1. Early Intervention
2. Access
3. Resilience
4. Assets
5. Inequalities

These priorities align to the National Health and Wellbeing Outcomes as high-level commitments relating to the actions the Health and Social Care Partnership is endeavouring to achieve through integration and ultimately through the pursuit of quality improvement across health and social care sectors.

Health and social care services focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community.

Key to this is people's experience of health and social care services and that the impact of support and services is positive for individuals both as outcomes as well as within a clinical and care governance context. People are enabled to shape the care and support that they receive; and that those using services, whether health or social care, can expect a quality service regardless of where they live.

This is all underpinned by a robust approach to quality assurance as well as governance arrangements overseen by the Chief Social Work Officer, Lead Nurse and Lead Allied Health Professional aligned to the Partnership.

The format of this Plan outlines how the Health and Social Care Partnership priorities will meet the overarching strategic priorities of the Plan and to help to inform how services are planned across the whole pathway of care, to ensure a focus on individuals, and also the practice changes within integrated multidisciplinary teams, that will make a difference to the care people receive.

1. Early Intervention

Adults and older people will have access to more opportunities to engage in meaningful activities within care homes and day services; and the Health and Social Care Partnership is committed to ensuring greater use of and a greater variety of **day service activities** available across a range of community settings.

We will provide preventative interventions to ensure people are supported to remain active and enjoy life by rolling out the use of the **Rockwood Frailty tool** to support the early identification of people who are becoming increasingly frail.

We aim to create a **clear pathway to support** individuals and develop a range of interventions to support people at home, as they become more frail and work with the **voluntary sector** to create opportunities for older people to volunteer and to be supported by volunteers.

With the support of the third sector and the Leisure Trust, we are able to promote self-management and independence within care homes and within communities to support **rehabilitation and re-ablement**, using strength and balance and access to appropriate exercise opportunities. Exercise regimes promoted are based on academic evidence of impact for older people or those with additional needs.

Social prescribing is an approach for connecting people with non-medical sources of support or resources within the community which are likely to help with the health problems they are experiencing as well as the wider circumstances that affect an individual's health and wellbeing. Community Link practitioners will become part of primary care teams as part of integrated multi-disciplinary teams in West Dunbartonshire throughout the lifetime of the plan.

We will continue to work in partnership with Carers of West Dunbartonshire to ensure **carers** have easy access to support, advice and information at each stage of their caring journey and support for carers in their caring role will be consolidated in all our service areas.

We will, with partners, provide **community access opportunities** for access the arts, physical activity, learning, volunteering, social support, mutual aid, befriending, self-help as well as support with benefits, debt, legal advice and parenting.

Anticipatory Care Planning has been adopted across many GP practices and community teams; this ensures multi-disciplinary working focusing on the development of robust care plans for individual patients. Plans, which have the person's wishes at the centre, will be developed which will help maintain individuals within their own homes; through a coordinated community response to any

deterioration in their health and care needs. this approach has already been incorporated into the refreshed self directed support person centred assessment tool.

Given the age profile of the population of West Dunbartonshire the prevalence of Dementia is greater than that for Scotland as a whole. The Partnership continues to support **Dementia Friendly Communities** across the 22 neighbourhoods of West Dunbartonshire and is preparing a local Dementia Implementation Plan for the whole area which is aligned to the priorities within the national dementia strategy.

All individuals accessing community addiction services will continue to be offered testing and subsequent treatment locally for **blood borne viruses** via the multi-award winning testing and treatment service; this ensures continuous growth of local treatment rates for Hepatitis C. In the coming year there will be a continuation of assertive outreach in an attempt to maximise those completing treatment across all our communities.

Community addiction services will continue to work with partners and Police Scotland in the multi agency task group to identify individuals who are potentially vulnerable and at risk in order to create a joint care pathway which will reduce their **episodes of distress** and multi agency contact; we will be putting in place a process to ensure that we are able to identify those who are known to us however are presenting repeatedly to emergency departments. This will ensure a multi disciplinary care review to ensure that any additional needs are identified and support maximised timeously and in a community setting.

Our commitment to the most vulnerable and at risk in our community is a key priority; a partnership with Police Scotland, health and social care community services from addictions and adult care has come together to offer coordinated care and support to West Dunbartonshire residents who have complex needs and struggle to work with services. This can lead to people being in a cycle of presentations to a range of different Health and Social Care Partnership services, Police Scotland and emergency departments but being unable to access the right support or achieve meaningful outcomes.

2. Access

The agreed **Primary Care Improvement Plan** creates the opportunity to improve the delivery of these community based services and ensures those accessing support and their carers are at the heart of how these are designed, planned and provided.

The Health and Social Care Partnership is committed to respond quickly when people experience crisis or are suffering from increased frailty. By creating a circle of support, we are able to help people remain safely at home or in a homely setting through a newly developing **Focussed Intervention Team**. The Team will be focussing on frailty and complex needs and providing appropriate and timeous support.

The newly agreed **Mental Health Action 15 Development Plan** was developed with partners and lays out the commitments of the Health and Social Care Partnership to support people with long term and enduring mental health as well as creating a community and on-line self management support service for those living in West Dunbartonshire.

The new **Self Directed Services Assessment Tool** and refreshed **Self Directed Support Care Manager Guidance** reflects our approach to anticipatory care planning and person centred planning as well as access to all four self directed support options within one streamlined process. The newly refreshed Guidance and Assessment Tool will be rolled out beside a programme of refreshed awareness of the legislation over the first year of this Plan.

The new **Health and Care Centre for the people of Clydebank** has received full planning permission and once complete, will be in a state of the art centre ensuring that integrated community based teams and services can be accessed in one single place. Based on the significant demographic challenges for West Dunbartonshire, the creation of a state of the art centre will additionally provide support in the form of health promoting community services and access to a range of third sector support, advice and information.

The **Single Point of Access** for adult and older people community health and care services will continue to be delivered and developed across services in West Dunbartonshire for all integrated community teams to ensure those using services can easily and effectively find the right support.

The **Keys to Life**, the national strategy for learning disability, provides a local framework for the delivery of support services for people with a learning disability and working in close partnership with those who use our services; and those who

provide services and their carers. With a focus on enhancing the technology enabled care currently available to enable access to effective, risk free and non-intrusive support.

The Health and Social Care Partnership, following consultation with carers and carer organisations, published West Dunbartonshire **Carers Eligibility Criteria** in 2017. The Eligibility Criteria states that all carers will have access to support to continue their caring role; the impact of this approach will be reviewed over the next year alongside carers and carers' representatives. This aligns to the new Carers Strategy for West Dunbartonshire, developed with carers and local carer organisations.

By continuing to focus on **Recovery Orientated Systems of Care**, we are able to bring together partners from welfare rights, prisons and justice, employability, housing and homeless, Police Scotland and third sector to effectively plan services that will support individuals in recovery to fully develop a sense of citizenship and become valued in their community. Key to this is reducing stigma and maximising opportunities for development and growth.

A validated patient reported experience measure (**CARE**) used in the MSK Physiotherapy Service seeks feedback from patients on their experience of the therapeutic interaction. The average score was 48.4 out of 50 demonstrating the empathy and interpersonal effectiveness of our excellent clinicians.

Easy and timeous access to advice and support is key to ensuring all our citizens have access to the right support at the right time; supporting well-evidenced outcomes which are achievable with early intervention.

3. Resilience

The Health and Social Care Partnership is committed to ensuring that those who use our services are confident that the care delivered by all parts of primary and community care is **safe, effective and person centred**. The Health and Social Care Partnership, alongside key stakeholders is creating a culture of ongoing review of decisions taken, and interventions made, whilst encouraging comment and input from service users, carers and the wider public.

There will be agreed care pathways to assist both staff and service users to understand and achieve the best approaches for care which is safe, person centred and clinically and cost effective. It is recognised that the combination of **targeted action within primary and community care**, and both informing and empowering the individual to manage well with a long term condition, will improve their sense of wellbeing and avoid repeated admissions to hospital.

The Health and Social Care Partnership will continue to support **people who live in care homes** who need to go to hospital to access the right level and type of care and to be able to return home as soon as is possible and appropriate. Continuing to work with partners as part of the Providers Forum and Commissioning Consortium.

My Home Life is a social movement that aims to enhance the quality of life for all who live, die, visit and work in care homes through transformational change and encourages partnership working through appreciative relationship centred practice. The Health and Social Care Partnership has been pleased to support this programme which has been delivered by staff from the University of the West of Scotland and demonstrates a strong partnership arrangement between these bodies and Scottish Care, the representative body for Independent Care Providers.

Recovery groups and cafes will continue to be developed, to enhance those already in Clydebank and Dumbarton. They offer peer support, social activities and a way back to mainstream community activities for those affected by issues associated with addictions. New family and carer support services are being developed in West Dunbartonshire, offering vital peer-based support for families affected by someone else's substance use. These activities reduce social isolation and stigma, provide information and advice, and promote self-management.

There will be a review of the local **alcohol treatment pathway**, allowing us to explore how we can more effectively engage with those longer term drinkers who do not identify abstinence as their goal, in particular where there are concerns in regard to vulnerability and cognitive impairment. Ensuring those already receiving other services are offered specialist support appropriate to their needs.

The Health and Social Care Partnership's community addiction services, alongside partners, will be reviewing the clinic model of service delivery particularly for **Opiate Replacement Therapy**. By conducting tests of change, we will be able to test a more assertive outreach approach, with individuals being seen at home to support a family inclusive approach.

Local protocols will be developed in response to perceived gaps as a result of reflective practice for example **Benzodiazepine prescribing guidance**. As previously mentioned there will be a focus going forward on harm reduction and assertive outreach which will ensure that we are engaging with those most at risk in our communities, alongside community planning partners.

Locally we will implement the recommendations from The NHS Education Scotland Report (June 2018) in the delivery of a matched approach to the delivery of **psychological interventions in trauma informed substance misuse services**. We look forward to the recruitment of a Clinical Psychologist and we will support staff to improve their skill and knowledge in the area of ACES and trauma informed

approaches; which also aligns to our approach to addressing behaviours linked to domestic abuse.

Mental health services continue to integrate with partners to give rapid access to a range of supports and treatments which meet the needs of local residents. By building community resilience, we aim to reduce delays in getting access to the correct care and treatment through new investment in partnership working within local health and care centres. We aim to provide a range of self-management supports, developed in partnership with patients, to help citizens build their own resilience around their mental health and well-being.

By working with the third sector and other partners, we are seeking to develop **public access e-health resources** and self-help and condition management packages for individuals to access. This will be aligned to the investment in a **Wellbeing Nurse** who will work with GPs offering access to support for people with common mental health problems and emotional distress.

Well-being is a priority within our communities but also within our staff group and moving forward the Health and Social Care Partnership continues to support the **well-being and resilience of our own staff** through making training, awareness and support opportunities available.

The Health and Social Care Partnership, alongside community planning partners have agreed a partnership approach to **addressing domestic abuse**; which focuses on primary prevention within schools, workplaces, organisations and communities across West Dunbartonshire. This emphasis is on behavioural change building the knowledge and skills of individuals across all sectors and communities; and delivering a progressive shift in the structural, cultural and societal contexts in which violence occurs. By prioritising primary prevention, we are able to challenge the notion that domestic abuse is inevitable or acceptable.

As a Health and Social Care Partnership, we have recognised the historical low numbers of people over the age of 65 with **functional mental illnesses** that are in treatment. As a result, we are investing in cognitive behavioural therapy within the community provided by community nurse specialists. We expect people to have a diagnosis of dementia at an earlier stage which will help improve their outcomes and live independently for longer within the community. .

The Health and Social Care Partnership is committed to ensuring carers have access to support to continue in their caring role by working with Carers of West Dunbartonshire, Y Sort it and carers to ensure **carers** are included within the assessment and care planning processes for those they care for and ensure that all carers are offered assessment and support as carers and that their voice is heard.

The newly refreshed Care Manager **Guidance for Self Directed Services** places those who use our services at the centred of the assessment and care planning process; creating a person centred ethos of delivery of care to meet individual care needs. This supports individuals to maintain independence and access a range of appropriate support at the right time to meet their identified outcomes.

The Health and Social Care Partnership continues to be committed to the long established **Local Engagement Networks**, chaired by local people. Aware that time is precious; the Local Engagement Networks have been developed as a dynamic forum for local people to engage, share their experiences and support operational services to ensure that every user can gain the maximum benefit from the services provided by the Health and Social Care Partnership. Each Network meeting has operational service managers present to listen to people and to review issues around distinct community health and social care services; people have an opportunity to feedback on how services could be improved across the local area.

4. Assets

Our staff are our most valuable asset and the Health and Social Care Partnership is committed to providing **ongoing support and training to all staff** to ensure they are working effectively and are well-prepared to deliver services in a complex system.

Both employing organisations, West Dunbartonshire Council and NHS Greater Glasgow and Clyde, have continuous development as well as supervision and management programmes for staff at all levels. Front-line practitioners continue to have the opportunity to access a range of training and learning resources as well as access to professional forums for all disciplines for reflective practice, case review and learning, peer support and professional discussions.

For those living within care homes, the Health and Social Care Partnership, alongside Scottish Care, will expand opportunities for inter- generational learning; by creating **“enjoy each other’s company”** programmes with local nurseries, early years centres and primary school children visiting care homes.

Using the newest technology available within the new care homes, the Health and Social Care Partnership is creating teenager and older people social activities; by **promoting digital inclusion** for older people and young people providing internet café sessions in all Health and Social Care Partnership care homes.

The **Local Housing Strategy** describes the housing sector's provision of appropriate information and advice to help individuals make informed choices and that older people and those with additional housing needs are assisted to remain in and make best use of existing housing stock.

Additionally the Health and Social Care Partnership is working with the wider housing sector to invest in new housing, the **Strategic Housing Investment Plan**, aims to meet the housing needs of older people and to provide low level preventative support. The significant cohort of younger adults with complex health conditions who also require a strategic approach to their housing needs will be a focus for the Health and Social Care Partnership and housing sector over the life of this Plan.

Within a commitment to the principles of the **Housing Contribution Statement**, the Health and Social Care Partnership alongside the housing sector is developing specialist models of housing; within Dunbritton Harbour Development, St Andrews Housing Development and Haldane Housing Development for people with learning disabilities who are ordinarily resident within West Dunbartonshire and to support them in their aspiration towards independent living.

5. Inequalities

The **Strategic Planning Group** in West Dunbartonshire continues to develop and seeks to ensure leadership from the group in developing the Strategic Commissioning Plan, review of performance and involvement from the members of the group in the wider planning arena. The group will continue to act throughout the lifetime of the Plan to understand and plan for the challenges ahead.

West Dunbartonshire has well established **locality planning** whose role and function is to jointly assess need, prioritise and plan how all resources, irrespective of their origin, can best be deployed in pursuit of the delivery of the National and Local Outcomes; and to be the local focus for service delivery and support by organisations from across the sectors to the population or communities within the area.

The **Locality Groups in Clydebank and Dumbarton/Alexandria** provide local district forums for the partners to promote details of their local initiatives, projects and to seek details of partner programmes to ensure the maximum health gain for the people of West Dunbartonshire.

The Health and Social Care Partnership, alongside Carers of West Dunbartonshire and carers, have been working for two years in preparation for the **enactment of the Carers Act**. This work has produced a programme of activity which continues to be a clear commitment of the Health and Social Care Partnership.

The new Health and Social Care Partnership **Carers Strategy** has been developed alongside carers and carer organisations and describes the key local priorities as identified by carers and in line with the requirements of the Carers Act.

The Health and Social Care Partnership **Short Breaks Statement** has been developed using national and local learning to create innovative and appropriate short breaks and respite opportunities for carers in West Dunbartonshire.

Support for carers continues to be funded and supported by the Health and Social Care Partnership directly and by supporting third sector partners including Carers of West Dunbartonshire. Support for carers, from the Health and Social Care Partnership, can be accessed easily through **Tier 1 Carer Conversation and Tier 2 Self Directed Services Assessment**. Carers have the opportunity to effectively manage their caring role and access support as required and to help them to continue in their caring role.

The Health and Social Care Partnership alongside carers and carer organisations is developing **emergency plans** to ensure the carer for person is always supported and carers can continue to maintain their caring role.

By working in partnership with the Carers of West Dunbartonshire a range of **information, advice and support services for carers** are now in place in West Dunbartonshire. Carers can access face to face and telephone contact, peer group support, health interventions, financial inclusion, short breaks and respite provision for young carers and adult carers.

In addition, **carers support workers** are based within the Health and Social Care Partnership's integrated, multi-disciplinary teams to ensure carers' needs are at the centre of person centred planning for the cared for person and the carer.

The Health and Social Care Partnership is committed to supporting the housing sector to sustain the tenancies of vulnerable households by providing early support and social care interventions; and by working with partners to promote and encourage the payment of rent, signing up for benefits and access to employability support via Working 4U. For those with complex needs, the Health and Social Care Partnership is working with the housing and third sector to seek to develop supported housing solutions for younger adults; ensuring appropriate and person centred **Housing Options**.

Working4U is a Council run service which supports people who are unemployed return to work, providing assistance with benefits and debt, learning, digital literacy and preparation for work; the Health and Social Care Partnership continues its commitment to working in partnership with colleagues in Working4U and third sector partners particularly around the **Child Poverty Action Plan** and benefits maximisation across our communities.

Making the Change – Children and Young People

Disadvantages experienced from birth will impact adversely the life chances of our children. Evidence tells us that by the time children reach their third birthday, those from deprived backgrounds can be as much as a year behind their peers in **cognitive and social development**.

The impact of this disadvantage can be seen throughout an individual's life; manifesting in their poor health, employment opportunities and social outcomes. By **acting swiftly in identifying and dealing with risks** to children, young people and families, we can prevent these risks from becoming long-term problems. The Health and Social Care Partnership, with partners, will continue to build the capacity and resilience of children, young people and families.

We will continue to be focusing on the **health and wellbeing needs** of all children in our community, with recognition that some children, young people and families have additional vulnerability, risk and need.

As such the Health and Social Care Partnership and our partners have agreed that the following groups will benefit from additional support:

Children and young people who are looked after and looked after and accommodated including those looked after 'at home'	Children and young people affected by issues such as domestic abuse, mental health and substance misuse
Children and young people where safety and wellbeing is an issue	Young people leaving care young people involved in offending
Children with or affected by disability	Children in need/vulnerable children
Those at risk due to a vulnerable pregnancy	Children who are young carers

In order to ensure that we fulfil our commitment to supporting children and young people to remain in their communities wherever possible and appropriate, we will commit to a **service review and redesign across children's services** within the Health and Social Care Partnership.

This will consider the means of collectively achieving more efficient and effective **prioritisation and targeting of resources**, and will be undertaken along with inputs

from key partners and stakeholders with the aim of significant and lasting change within a service delivery model for vulnerable children and young people. Improving the outcomes of children and young people is our overarching priority and will guide our service redesign, informed by the voices of our children and young people.

Supported through our engagement with the national **root and branch review of looked after children services**, the Health and Social Care Partnership will ensure that our statutory services have appropriate capacity moving forward to enhance family support and all aspects of care for our looked after children.

This will include our ongoing priority of supporting children and young people to remain in their communities wherever possible and appropriate and a shared multi professional and service user approach to developing an effective, **targeted model of intervention to support children**, young people and their families in West Dunbartonshire.

The over-arching commitment alongside our community planning partners to **Getting It Right for Every Child** puts the needs of all children and young people at the centre of the planning, delivery and review of services.

By recognising connectivity across key priority areas, we will further strengthen links between our identification and interventions.

1. Early Intervention

Health and Social Care Partnership adult services will work to identify parental need and risk with regard to their adult clients who have parenting roles. We will implement our '**Child Wellbeing Assessment**' as an initial stage assessment for adults being offered support through our services, with specific initial emphasis on adults affected by **mental ill health and addiction**. This reflects that parental mental health, addiction and domestic abuse continue to be primary factors in identifying and mitigating risk for children and young people in West Dunbartonshire.

The Health and Social Care Partnership will provide a tiered approach to offending behaviour via our **Whole Systems Approach** to provide early and effective intervention and in targeting more harmful behaviour and risk through more intensive approaches. Focusing on redevelopment of the Whole Systems Approach in considering young people aged up to 18 years, reflecting Getting It Right for Every Child and corporate parenting responsibilities. Children's and Criminal Justice services will maintain a model of proactive discretionary decision making in respect of the best approach to addressing offending and at risk behaviour with young people aged over 16.

Over the next three year, we will prioritise the implementation of the revised **health visitor universal pathway** as a key priority area for children's services, increasing the number of universal visits from three home visits to eleven home visits, eight of which are in the first year of life, and includes one in the antenatal period. This allows the opportunity for the earliest building of therapeutic relationships between health visitors and families, and promotes early intervention and prevention.

The Health and Social Care Partnership, alongside NHS Greater Glasgow and Clyde will work to roll out of financial incentives for **smoking cessation in pregnancy** given the high rates of smoking within West Dunbartonshire.

West Dunbartonshire will maintain its excellent **immunisation uptake** rates for routine childhood immunisations, while implementing and establishing local community immunisation teams, in line with the Primary Care Improvement plan. This service will provide more flexibility to families in clinic attendance in order to promote earlier engagement and further improve immunisation uptake

The **Family Nurse Partnership** service will be based in West Dunbartonshire; this is an intensive, preventive, home-visiting programme for first time young parents that

begins in early pregnancy and ends when the child reaches the age of two. The programme goals are to improve maternal health; improve pregnancy outcomes child health and development; and improve parent economic self-sufficiency. This is a licensed, structured programme delivered by specially trained family nurses who have mainly been drawn from public health nursing/health visiting/midwifery and mental health.

West Dunbartonshire Health and Social Care Partnership will build on the success of achieving the **UNICEF Gold sustainability award**, which recognises the high standard of practice and service for infant feeding within West Dunbartonshire. With focus on families living in the most deprived areas who will be our priority over the next 2 – 3 years, with the aim of increasing breast feeding rates.

2. Access

The Health and Social Care Partnership will support children and young people affected by **disability and issues of mental health**; social work and health care staff within community teams through specialist knowledge, skills and intervention, including a review of commissioning and procurement of services in supporting the best outcomes for all children affected by disabilities in accessing community based supports.

Use learning from **Self Directed Support** to develop further more flexible and person centred approaches to family support. We will use learning from our successful approach in supporting transitions for children with disabilities in receiving proportionate person centred support into adulthood.

We recognise that children can be vulnerable for many reasons, including lack of opportunity, developmental delay, and physical disability. Some will require additional input from **Specialist Children's Services** to ensure that they achieve their full potential. The Community Paediatric Team will continue to provide specialist health support both in health locations and also through staff outreach to schools, nurseries and clients own homes.

The Health and Social Care Partnership will further develop and embed our **Initial Referral Discussion** model across core agencies to ensure early multi agency communication and analysis identifies and addresses children and young people at risk proportionately and timeously, informed by national work to improve this process

We will continue to work closely with our partners across community planning colleagues to ensure that children and young people receive the advice, support and intervention they require to enable them to be as **active and independent** as possible; participating to their potential in education, self-care and leisure activities.

Universal services delivered through community health visiting services includes an ongoing commitment to embedding the **universal health visiting pathway** and the use of the Neglect Toolkit across health and social work to raise awareness across all community planning partners.

In partnership with Centre for Excellence for Looked after Children, the Health and Social Care Partnership is committed to embedding **Permanence and Care Excellence Programme** to review and develop our processes to improve the journey of children through permanence planning and to ensure that children reach a permanency decision more quickly and with less drift, providing improved certainty and clarity, only after all possible options to returning to the birth family have been fully explored. We will be seeking to move children through permanency faster and improve our consideration of returning children home.

The **school nursing service** in West Dunbartonshire is in a period of service development, in line with the national priority areas for school nursing, and reflecting the NHS Greater Glasgow and Clyde three key areas of emotional health and wellbeing, vulnerability and transitions.

The Health and Social Care Partnership will use Scottish Government investment in the **school nurse service** to address the wellbeing needs of children and young people by:

- As part of the development of the school nurse service, Build on the established relationships between the school nursing service and child and adolescent mental health service (CAMHS)
- Provide Tier 2 support for mild to moderate anxiety for children and young people who do not require the specialist intervention of CAMHS.
- Strengthen links between the Looked After Children's (LAC) Nurse and Children and Families social work services by providing a health assessment for children and young people who are looked after at home.

3. Resilience

West Dunbartonshire has also established a clear approach to supporting resilience and trauma informed practice across services, supported through development of the Health and Social Care Partnership **multi-agency Hub**.

The Health and Social Care Partnership will ensure that **trauma informed practice** is at the core of health visiting and school nursing practice, in working with children, young people and families who have experienced **adverse childhood experiences**. We will develop these approaches through training the workforce in trauma informed approaches to identify adverse childhood experiences early, and support and empower families to mitigate against the effects of adversity in childhood. The Health and Social Care Partnership are committed to building on our sector leading progress, through the creation of a **dedicated nurse-led service** committed to supporting the awareness raising and trauma informed approach in adverse childhood experiences.

The Health and Social Care Partnership will support a **systemic family therapeutic** approach to assessment and intervention, particularly to support children and young people returning home and to reduce the risk of breakdown of fostering placements for children and young people.

The Health and Social Care Partnership dental health support worker team focus on improving the **oral health of the pre 5 population**. They now link with all local authority and partnership nurseries within West Dunbartonshire to support tooth brushing programmes in nurseries, as well as following up children who are not registered with a local dentist with the aim of improving oral health and dental registrations in the under 2 population.

Allied Health Professions within West Dunbartonshire have been instrumental in the build and development of **KIDS (Kids Independently Developing Skills)** a digital platform that provides universal and targeted information and resources for children and young people, carers and the wider team around the child. This resource will continue to be widely used in health and education settings and by families themselves to support self-management, without the need for onward referral to specialist children services.

4. Assets

Supported by the Life Changes Trust, our **West Dunbartonshire Champions Board** creates a unique space for care experienced young people to influence service design and delivery in areas which affect them and will be part of all aspects of service redesign. The Champions Board Coordinator and three care experienced workers have been appointed as part of the Champions Board to work alongside the Health and Social Care Partnership and other corporate parents to raise awareness of corporate parenting responsibilities and influence positive change.

This provides a **voice for care-experienced young people** and reflects our commitment to the Scottish Care Leavers Covenant. This will be expanded with continued commitment to focus more strongly on the voices of all our Looked After children and young people and learning from the experience of the Champions Board to shape and improve services.

The Health and Social Care Partnership will build on the success of our **parenting programmes** within West Dunbartonshire, using Incredible Years groups to appropriately support our families to build their children's resilience and their capacity as parents.

The Health and Social Care Partnership will maintain our strong links with **Early Years Education** in West Dunbartonshire, through the development of professional networks and ensuring the transition from home to nursery is supported through our universal services.

5. Inequalities

The Health and Social Care Partnership will further embed our **Kinship Care Strategy** and practice, utilising national and local learning and will work with local Kinship Carers to involve them in strategic planning and to develop opportunities for supports for kinship carers.

For those children and young people who have had to take on a caring role, the Health and Social Care Partnership will ensure that they are recognised by all partners as children and young people first; as such we are committed to assessing

and supporting them within this context. Working with our third sector partners Y Sort It to ensure joined up and appropriate supports are in place for **young carers**.

A range of measures to reduce and address **young people involved in offending** behaviour and continued adoption of ‘Getting it Right for Young People Who Offend’ will reflect young people who offend as children and young people in need, upholding a balance between addressing the individual needs of vulnerable young people and community safety.

The HSCP, with partners, will prioritise **accident prevention** in our under five population. As part of the revised universal pathway, efforts to address the high rates of accidental injury in the pre 5 population will be one of the key priority areas, recognising that accidental injuries are more likely to occur for those living in deprived areas.

The Health and Social Care Partnership will ensure that efforts to address **child poverty** by maximising income and reducing living costs are undertaken and those seeking services can access support easily and timeously. Working with Community Planning West Dunbartonshire to deliver the **Child Poverty Strategy**.

Making the Change – Criminal Justice

Health and Social Care Partnership Criminal Justice services undertake a range of statutory duties concerned with the **assessment and supervision of offenders** subject to community sentences or subject to supervision following a custodial sentence.

The same demographic and financial challenges already referred to in this Strategic Plan are also reflected within the population of West Dunbartonshire of people who offend. It is essential for there to be **joint partnership response** to addressing offending behaviour in our communities and being able to provide effective interventions to reduce the impact of offending behaviour and the likelihood of reoffending.

The national average for reconvictions per individual is 0.47%; East and West Dunbartonshire have combined rates published which reflect the national average. In West Dunbartonshire both the **reconviction rate** and average number of reconvictions per individual have **generally decreased over the past decade**; over the past 10 years, the reconviction rate decreased by 5.4% from 32.4% to 27.0%. This is an encouraging picture, however as an Health and Social Partnership, we are aware of the serious impact that offending has in our communities and also how offending affects the ability of individuals to move on and begin to build a positive, achieving future. As such, the management and delivery of **criminal justice social work services** needs to continue to develop and evolve.

Until March 2017, West Dunbartonshire Health and Social Care Partnership hosted a tripartite Criminal Justice Partnership, on behalf of community planning partners in West Dunbartonshire, East Dunbartonshire and Argyll and Bute Council. The national shift away from Community Justice Authorities, where local authority areas worked together to plan and deliver services has led to a return to single authority accountability, alongside the development of local **Community Justice Partnership** which provide opportunities to improve planning and delivery of services in West Dunbartonshire.

Criminal Justice Social Work Services are measured against a number of **National Outcomes and Standards** and key performance indicators, this joint framework ensures an ability to map progress within our evolving service and measure impact for individuals following interventions.

The role of technology in improving communication with offenders is a key priority and their compliance means that, during the next three years we will:

- maximise the use of our Information Technology including GeoPal and our social work electronic information systems
- develop monthly performance reporting to address any issues with individuals complying with community based disposals.

West Dunbartonshire has agreed a **Community Justice Outcome Improvement Plan 2019-20**; this alongside the national Health and Social Care Standards will guide our work with all our partners to address common issues which make it more difficult for people to live their lives without offending; joint working with services linked to support with addiction, mental and physical health issues are vital as well as supporting the re-integration of offenders to their communities by supporting them to access appropriate housing, employability and other community services.

As with children and young people's services, West Dunbartonshire Criminal Justice Social Work Service provides opportunities for feedback from people who have committed offences. During the lifespan of the Community Justice Outcome Improvement Plan, it will be important for the Health and Social Care Partnership to improve the range of feedback we are seeking and receive both from people who commit offences and those who benefit from our services; for example unpaid work undertaken in the community.

As part of our **person-centred approach to interventions**, the Health and Social Care Partnership recognises the impact that adverse emotional and physical trauma can have on people's risk of offending. As a result, West Dunbartonshire's Criminal Justice Social Work Service, alongside the Community Brain Injury Service, will continue to participate in research by Glasgow University on the prevalence of **head injury amongst people involved within the criminal justice system**.

The service will also explore using the '**Justice Star**' **assessment** which could improve our ability to measure change within individuals during supervision in the community which could support an effective, responsive and flexible approach to supporting individuals to move away from offending with improved outcomes.

Moving forward, the Health and Social Care Partnership is undergoing a **Criminal Justice Inspection**; a process which is undertaken by the Care Inspectorate this is an opportunity for reflection and self-evaluation across the Community Justice Partnership as well as shared learning and good practice models from other areas.

Housing Contribution Statement

The joint Housing Contribution Statement sets out the arrangements for carrying out the housing functions delegated to the West Dunbartonshire Health and Social Care Partnership Board under s29(2)(a) of the 2014 Act; and, in accordance with s(29)(2)(c) of the Act, sets out an overarching strategic statement of how the Partnership Board intends to work with housing services (whether delegated to it or not) to deliver its outcomes.

The Housing Contribution Statement sets out the role and contribution of the local Housing Sector – through the offices of West Dunbartonshire Council in its role as a strategic housing authority - in meeting the outcomes and priorities identified within the Strategic Plan.

As such, the Housing Contribution Statement acts as the 'bridge' between the Local Housing Strategy and the Strategic Plan for West Dunbartonshire.

Articulating the role of the local housing sector in the governance arrangements for the integration of health and social care.

Providing an overview of the shared evidence base and key issues identified in relation to housing needs and the link to health and social care.

Set out the shared outcomes and service priorities linking the Strategic Plan and Local Housing Strategy

Set out the current and future resources and investment required to meet these shared outcomes and priorities, and identify where these will be funded from the integrated budget and where they will be funded by other (housing) resources

Provide an overview of the housing-related challenges going forward and improvements required.

Cover key areas such as adaptations, housing support and homelessness, including articulating the housing contribution across a wide range of groups including older people and those with disabilities, mental health and addictions.

Local Housing Strategy Outcome under the Addressing Particular Housing Needs theme reads:

People with particular needs have access to suitable housing with any necessary support to optimise their independence and wellbeing.

The key highlighted areas where the Housing Sector (through the office of the Council as strategic housing authority) and the Health and Social Care Partnership will be working together in the coming period to continue to:

Develop housing support service to enable long term clients to be supported within West Dunbartonshire.	Develop plans for new and refurbished housing.
Develop Services at Points of Transition.	Provide preventative interventions and supports.
Ensure rapid access to assessment, and provision of aids and adaptations.	Seek to develop supported housing solutions for younger adults with complex needs.

Making the change through Partnership Working

Integration and joint strategic commissioning offer real potential for the driving forward of **transformational change in health and care** in Scotland. Key to this is maximising effective cross-sector relationships; ensuring a culture of true partnership, shared language, shared understanding and clear access and engagement routes which bring a level of consistency and make the commissioning landscape easier for all to navigate.

An intelligent **commissioning plan** begins to explore a rights-based approach and prioritises smart investments that not only represent best value but crucially consider the broad impact of investment, across national outcomes and across those outcomes most important to our communities.

Alongside this Plan, there is a commitment to develop a detailed Commissioning Plan which will take account of the detail of the Strategic Needs Assessment, Annual Performance Report and the Financial Strategy to align the spend to the population need across all sectors. This Plan will be developed in a sector wide approach with all partners, including those in the Strategic Planning Group, having a active role in the Plan's development and implementation.

The Scottish Government has recognised the importance of **third sector engagement** in this; further identifying the importance of a coherent and coordinated structure at local authority level.

The third sector in West Dunbartonshire is diverse in scope, size and function. The nature of the sector is complex with West Dunbartonshire CVS (the local Third Sector Interface) providing a valuable 'front door' for the Health and Social Care Partnership, offering opportunities for the third sector to:

Find a route into new and emerging health and social care structures	Become an integral part of the strategic commissioning landscape
Engage and collaborate effectively; make a difference; and enable change as a result	Gain recognition for the quality and outcomes delivered.

Within the partnership structure, the role of the Third Sector Interface is to also represent the interests of the third sector and explicitly capture, codify and convey sector information, experience and perspective. This includes raising the profile of the sector as contributing partners – capturing activity at local level, with evidence to inform outcomes and making visible the assets of the whole system.

Undertaken since 2004, the **annual WDCVS Sector Census**, most recently completed in October 2018, identified 911 active third sector organisations with 20% of organisations engaged directly in health and wellbeing activity and 13% in the field of social care; 48% of organisations identified a key role in reducing social isolation and loneliness.

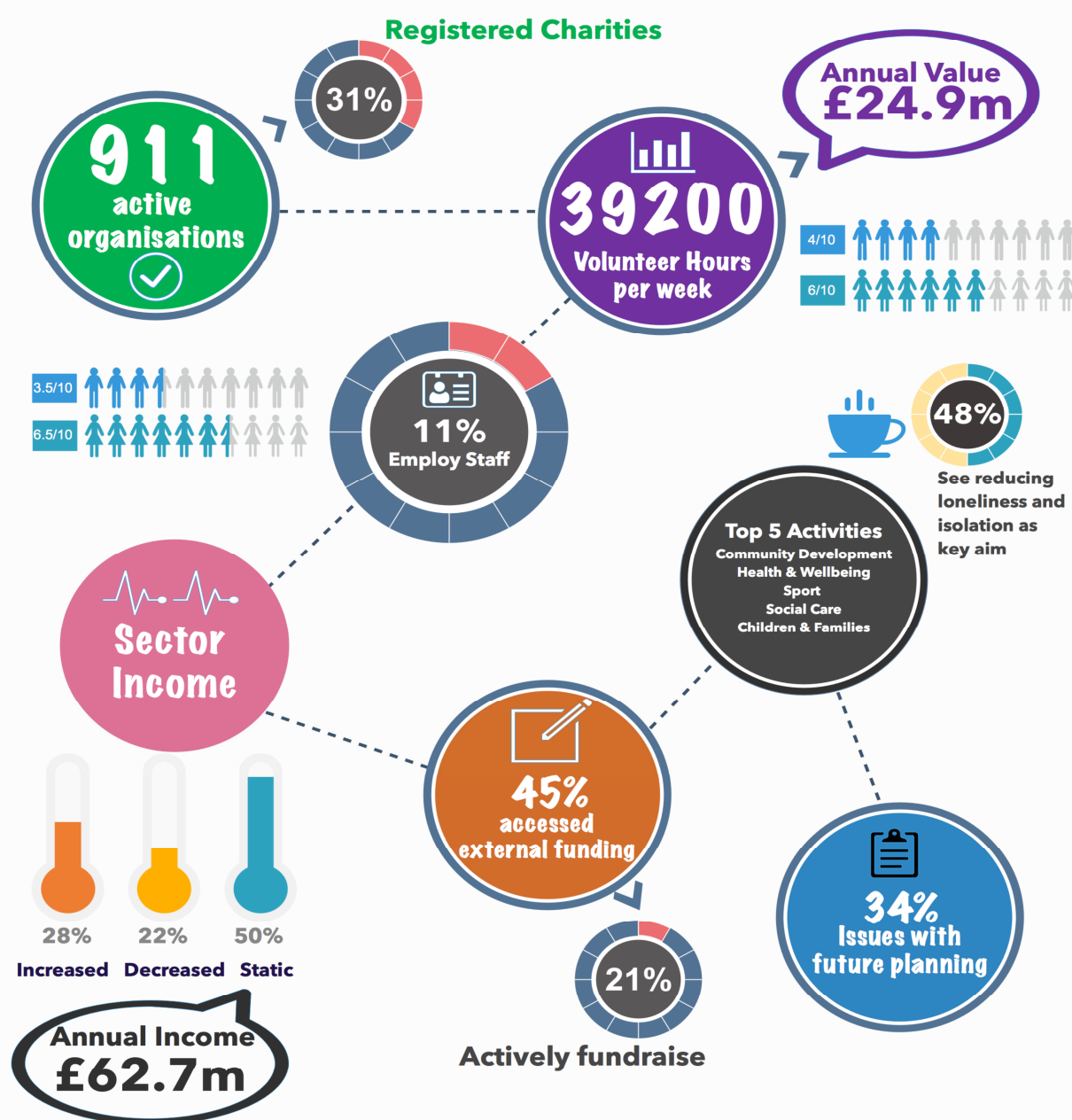
In addition to the capacity impact of the **39,200 volunteer hours** provided by local residents, the adult volunteering rate of 38% represents a strong core of citizenship and cohesion; an important asset base on which to support the development of increasingly confident, resilient communities, co-producing their own solutions as active citizens with a focus on upstream prevention actions.

The census identifies the third sector as a **significant local employer** in the West Dunbartonshire area with a workforce of 977 staff; 68% employed on full time contracts and 64% female. Developing and implementing strategic workforce development across statutory, third and independent sectors providers offers the opportunity to up-skill a whole system workforce and breakdown perception barriers.

85% of direct service organisations in the sector highlight their active use of monitoring and evaluation methodologies – many bespoke in nature due to the diversity of activity undertaken and the inability of the sector to secure partner investment to support certain identified ‘core’ costs such as adopting recognised quality assurance frameworks. Sector concerns around an ongoing focus on output monitoring and time-consuming duplications in reporting requirements, support the development of intelligent commissioning and the development of a common evaluation framework based on realistic deliverables and outcomes.

Our strategic commissioning approach, in partnership with West Dunbartonshire CVS and Scottish Care, will embrace positive ongoing third and independent sector engagement in service planning and ongoing assessment of the impact of commissioning practice on the local supplier base.

West Dunbartonshire Third Sector Census 2018



Measuring Change

Resources are used effectively and efficiently in the provision of health and social care services.

The integrated performance framework includes children's outcomes and criminal justice outcomes as well as the National Health and Wellbeing Outcomes.

The Health and Social Care's Annual Performance Report sets out the arrangements developed and adopted for the governance of local actions and activities within a reporting context.

The Annual Performance Report details progress on delivering upon the strategic commissioning priorities as described within the Making the Change section of this Plan.

The Annual Report includes reporting on the key strategic performance indicators provided here and will be augmented by data on a variety of monitoring indicators, including our equality outcome indicators as committed to within our Equalities Mainstreaming Report.

The 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.

The Health and Social Care Partnership has a well established integrated **Performance Management Framework** to monitor and report performance across all service areas against the National Health and Wellbeing Outcomes, National Outcomes for Children and Young People, National Outcomes for Criminal Justice and the Core Integration Indicators developed by the Scottish Government. This has formed the basis of our previous Annual Performance Reports

National Health and Well-being Outcomes

Number of delayed discharges over 3 days non-complex cases

Number of acute bed days lost to delayed discharges for people aged 65+

Number of acute bed days lost to delayed discharges for Adults with Incapacity aged 65+

Number of emergency admissions for people aged 65+ and as a rate per 1,000 population

Number of unplanned acute bed days for people aged 65+ and as a rate per 1,000 population

Number of emergency admissions for people of all ages

Number of attendances at Accident & Emergency (Emergency Departments & Minor Injuries Units)

Number of people receiving a re-ablement intervention

Percentage of people with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes

Number of people in anticipatory care programmes

Number of people in receipt of Telecare

Number of people receiving Care at Home

Number of Care at Home hours received by people aged 65+ and as a rate per 1,000 population

Percentage of people aged 65+ receiving personal care

Percentage of people aged 65+ assessed with complex needs living at home or in a homely setting (local definition in development)

Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment

Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)

Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)

Percentage of people newly diagnosed with dementia who have received 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

Percentage of people seen within 4 weeks for musculoskeletal physiotherapy services

Number of people receiving Home Care Pharmacy Team support

Prescribing cost per weighted patient

Compliance with Formulary Preferred List

Percentage of people waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery

Percentage of people who started Psychological Therapies treatments within 18 weeks of referral

Percentage of Adult Support and Protection clients who have a current risk assessment and care plan

National Outcomes for Children and Young People

Percentage of children and young people starting treatment from Child and Adolescent Mental Health Service (CAMHS) within 18 weeks of referral

Average number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services

Percentage of Measles, Mumps & Rubella (MMR) immunisations at 24 months

Percentage of Measles, Mumps & Rubella (MMR) immunisations at 5 years

Percentage of looked after children being looked after in the community

Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care

Percentage of all children aged 0-18 years with an identified 'named person' as defined within the Children's and Young People's Act 2014

Percentage of children on the Child Protection Register who have a completed and current risk assessment

Percentage of child protection investigations to case conference within 21 days

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

Number of referrals to the Scottish Children's Reporter on care and welfare grounds.

National Outcomes for Criminal Justice

Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling

Percentage of Community Payback Orders attending an induction session within 5 working days of sentence

Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence

Number of referrals to the Scottish Children's Reporter on offence grounds.

The national outcomes above are further enhanced by feedback from the Care Inspectorate linked to inspection processes both regulatory and strategic; analysis of feedback and complaints and recognition of local good practice shared across the Health and Social Care Partnership to provide a multi-faceted picture of local services.

Workforce Planning for Change

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

As outlined previously within this Plan the increasing population demand and number of policy drivers there is a need to transform services to meet future demand. The first **integrated Workforce and Organisational Development Strategy** and support plan was developed for the lifetime of Strategic Plan for 2015 – 2018.

The intention moving forward is to integrate this into the strategic planning process and develop an annual support plan for lifetime of Strategic Commissioning Plan. A Workforce and **Organisational Development Strategy** will be developed to accompany the Strategic Commissioning Plan.

Effective workforce planning ensures that services and organisations have the necessary information, capability, capacity and skills to plan for current and future workforce requirements. This means planning a sustainable workforce of the right size, with the right skills and competencies, which is responsive to health and social care demand and ensures effective and efficient service delivery across a broad range of services and locations.

Fortunately West Dunbartonshire has had the benefit of a strong local track record in developing a **joined-up workforce planning** across health and social care services, coupled to a clear commitment to the principles of Staff Governance: i.e. that staff should be well informed; appropriately trained; involved in decisions which affect them; treated fairly and consistently; and provided with an improved and safe working environment.

Overview of the Workforce		The split is 69% Council Employees and 31% NHS employees	
The headcount for the Health and Social Care Partnership as of 1 st March 2018 was 2,395, equating to 1,774 whole time equivalent posts		There has been an increase in headcount and reduction in whole time equivalents since 2015 this may be due to staff opting for more flexible working patterns	
There are 85% females and 15% males working for the Health and Social Care Partnership		Council employees make up approximately two-thirds of the Health and Social Care Partnership workforce by headcount, with NHS-employed staff filling the remaining third.	

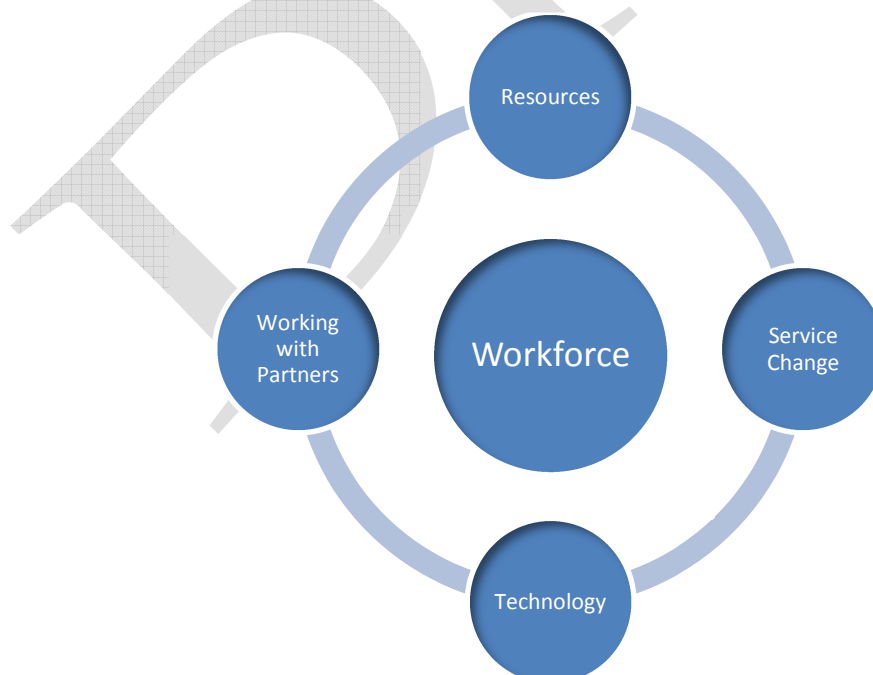
This age profile highlights the Health and Social Care Partnership has an ageing workforce

60% of the workforce are over 46 years of age 30% of staff working in Health and Community Care are over 60 years	45% of the workforce is over 50 years old, with the largest age band falling between 51 and 56 years of age
10% of the workforce are over 60 years old, with some staff working beyond the “historic” retirement age of 65 years; and a small number of mostly council-employed staff working into their seventies	Only 1% of the workforce are under 20 years old

These figures above have remained static since the 2015 workforce plan and may be due to some staff still having preserved benefits under old pension schemes, which means staff are opting to leave early.

To deliver future service delivery there will need to be changes to the workforce to meet future demand. We have developed Health and Social Care Partnership Workforce and Transformation Model which explains how we will do this:

HSCP Workforce Transformational Model



A key component of development of our Workforce and Organisational Development Strategy is aligning our **resources** to our needs and taking into account some of our workforce challenges such as our ageing workforce.

Effective workforce planning will ensure that services have the necessary information, capability, capacity and skills to plan for current and future workforce requirements. This means planning a sustainable workforce of the right size, with the right skills and competences, which is responsive to our needs.

The Health and Social Care Partnership will need to rebalance our people against demands so we can deliver for the future. This will be achieved by **redesigned roles and services**, for example our Focussed Intervention Team and the review of children's service, learning disability services and care at home services.

Health and social care services across Scotland are, and will, have to continue to manage rising demands, not least related to demographic change, increasing entitlements, changing public expectations and extremely challenging finances.

Audit Scotland have stated that public bodies need to think differently about what they deliver - prioritising activities, redesigning services and re-shaping their workforces. Some changes will be nationally driven and others locally determined. This is certainly the case in West Dunbartonshire, and just as true for the Health and Social Care Partnership as it is for other areas of public service.

The Health and Social Care Partnership has an excellent foundation of working with partners through community planning structures; **focussing on strong partnerships** and supporting development of collaborative culture that will continue to embrace new ways to redesign health and social care .

Clinical and care governance

People who use health and social care services are safe from harm.

The Health and Social Care Partnership has established clinical and care governance structures and processes by which accountability for the quality of health and social care is monitored and assured, supporting staff in continuously improving the quality and safety of care and ensuring that wherever possible poor performance is identified and addressed.

Effective clinical and care governance arrangements are in place to support the delivery of safe, effective and person-centred health and social care services within integrated services.

The Health and Social Care Partnership, through the Chief Social Work Officer, Lead Nurse and Lead AHP, who have established unified quality care and professional governance arrangements; work to ensure **all services are compliant with national standards and guidance**.

The Health and Social Care Partnership through the Senior Management Team and wider compliance and quality assurance structures within the Council and the Health Board, manage and promote local arrangements to ensure safe and effective practice and to **promote culture of learning and support** across the Partnership.

It should be noted that many clinical and care governance issues relate to the organisation and management of services rather than to individual clinical decisions. Clinical and care governance, however, is principally concerned with those activities which directly affect the care, treatment and support people receive.

As such, the clinical and care governance leadership within the Health and Social Care Partnership continues to be committed to robust clinical and care governance and to supporting staff in continuously improving the quality and safety of care; and ensuring that wherever possible poor performance is identified and addressed.

The **Scottish Government's Clinical and Care Governance Framework** 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.

All health and social care professionals will remain accountable for their individual clinical and care decisions. Clinical and care governance within the Health and Social Care Partnership is achieved by co-ordinating three interlinking strands of work:

Robust national and local systems and structures that help identify, implement and report on quality improvement

Quality improvement work involving staff, service users and the public

Establishing a supportive, inclusive learning culture for improvement based on self-evaluation and critical reflection

The Chief Officer has delegated responsibilities, through the Chief Executives of the Council and the Health Board, for the professional standards of staff working in integrated services.

The Chief Officer, relevant lead health professionals and the Council Chief Social Work Officer will continue to work together to ensure appropriate professional standards and leadership.

Integrated managers manage teams of Health Board employed staff, Council employed staff or a combination of both; and promote best practice, cohesive working and provide guidance and development to their team. This includes effective staff supervision and implementation of staff support policies. Where groups of staff require professional leadership, this will be provided by the relevant Health Board professional lead or the Council's Chief Social Work Officer as appropriate.

Public Protection

Through the wider Public Protection agenda the Health and Social Care Partnership will work to ensure that people, particularly the most at risk, are kept safe from harm and that risks to individuals or groups are identified and managed appropriately.

Public Protection in West Dunbartonshire provides a range of measures which can be used together to 'protect our people'. This includes multi-agency strategic planning and operational services which provide protection from harm for children, young people, and adults at risk. In addition effective and robust management of High Risk Offenders through our Multi-Agency Public Protection Arrangements and serious violent offenders provide protection to the community.

- Our multi-agency approach requires agencies to co-ordinate an effective response that gives at-risk individuals the timely and proportionate support they need to reduce the risk in their lives.
- Public protection is integral to the delivery of all adult and children's services within the Health and Social Care Partnership and across key partners. This will continue to be based on West of Scotland Child and Adult Protection Guidance and local interagency procedures.

The development of a Public Protection Coordinator post in West Dunbartonshire in 2018 reflects the commitment to developing a shared public protection framework to provide a consistent and robust approach to public protection.

Working together, partners are strengthening local identification, assessment, support and outcomes for children, young people and adults at risk, including those affected by domestic violence.

There are key priorities for the Health and Social Care Partnership and wider partners, who will :

Work to ensure that people, particularly the most vulnerable, are kept safe from harm and that risks to individuals or groups are identified and managed appropriately.

Continue to ensure that services and processes work to protect all vulnerable and at risk individuals irrespective of age as agreed by the Public Protection Chief Officers Group and our Child Protection Improvement Plan and Adult Protection Improvement Plans.

Continue to implement the Scottish Governments Child Protection Improvement Programme, including early intervention and prevention and within adult support and protection we will develop out responses to specific areas of harm, initially addressing financial harm and mate crime.

Ensure knowledge, skills and awareness across public protection continues to be promoted through the multi- agency training programme, including raising community awareness to ensuring intensive professional training

The Public Protection Performance and Review framework, reported to the Public Protection Chief Officers Group, provides ongoing performance and monitoring reflecting local and national priorities of public protection.

The Framework also provides a vehicle for formal reporting to the Health and Social Care Partnership through the Audit Committee; the report provides a Quality, Care and Professional Governance reporting for the Health and Social Care Partnership Board.

Community Justice

Criminal Justice services undertake a range of statutory duties concerned with the **assessment and supervision of offenders** subject to community sentences or subject to supervision following a custodial sentence. The Community Justice (Scotland) Act 2016 identified Community Planning Partnerships as the vehicle to bring partner organisations together to plan and deliver community justice outcomes.

It transferred the responsibility for the local strategic planning and delivery of community justice from Community Justice Authorities to Community Planning Partnerships; with full responsibility being conferred from 1st April 2017 following the disestablishment of Community Justice Authorities on 31st March 2017. The new arrangements rely on Community Planning Partnerships being the vehicle to bring partner organisations together to plan and deliver community justice outcomes.

Community Justice relates to the whole journey that a person can travel through, including the risk factors that can underpin a person's offending behaviour; to the factors supporting desistance and the milestones people often experience on this journey. The Health and Social Care Partnership is crucial in supporting people and their families and carers through statutory criminal justice services, and importantly through Health and Social Care Partnership and third sector partnership provision: reflecting the often poor physical and mental health of people involved in offending behaviour.

Equalities

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 Health and Social Care Partnership as a public sector body has a duty to meet the responsibilities of the Equality Act 2010. The Health and Social Care Partnership 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 following information will help the Health and Social Care Partnership planning to fulfil the general equalities duties of:

Eliminating discrimination, harassment and victimisation

Advancing equality of opportunity between people who share a protected characteristic and those who do not

Fostering good relations between people who share a protected characteristic and those who do not

The Health and Social Care Partnership continues to be committed to integrate 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 the organisation.

The Health and Social Care Partnership published its second Equality mainstreaming report in April 2018 and will be required to publish its third Equality Mainstreaming report by the 30th April 2020.

The Equality Act responsibilities have been expanded for the Health and Social Care Partnership with the introduction of the Fairer Scotland Duty from the 1st of April 2018 of Part 1 of the Equality Act 2010. This requires the Health and Social Care Partnership alongside all the other named public bodies to actively consider how to reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

In practice, this means that the Health and Social Care Partnership needs to actively consider how they could reduce inequalities of outcome in major strategic decisions.

The Health and Social Care Partnership has also updated its equality impact assessment processes to enable consideration of socio-economic disadvantage in published assessments.

The Health and Social Care Partnership continues to ensure that the particular needs, characteristics and circumstances of different service users are considered through its interlinked approach including

- Clinical and Care Governance and implementation of the Health and Social Care standards
- Strategic commissioning and planning recognising the needs of those with distinct protected characteristics and the need to consider the impact of poverty on health and social care
- Participation and Engagement ensuring that the needs of particular groups are included in line with major service development
- Performance Management with a focus on implementation of the Equality Outcomes as outlined in our 2018 Equality Mainstreaming report and the identification of further equality outcomes prior to the publication of our 2020 Equality Mainstreaming Report
- Workforce Development ensuring access to and uptake of relevant equalities training and development.

The Health and Social Care Partnership continues to contribute to, and implement the relevant actions of West Dunbartonshire Council and NHS Greater Glasgow and Clyde action plans for the functions delegated to them in new legislation e.g. the British Sign Language Plan and the local Child Poverty Action Plan.

ACKNOWLEDGEMENTS

The Chief Officer and the Senior Management Team would like to thank everyone who contributed to the development of the development of this 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:
Wendy Jack, Interim Head of Strategy, Planning & Health Improvement, West Dunbartonshire Health & Social Care Partnership, 3rd Floor, Aurora House, 3 Aurora Avenue, Clydebank, G81 1BF. Tel: 01389 776864.

An electronic version of this Plan – alongside further information about the work of the Health and Social Care Partnership and its Board – can be accessed at: www.wdhscp.org.uk

APPENDIX 1: HEALTH AND SOCIAL CARE PARTNERSHIP BOARD DELEGATIONS

Services delegated by the Health Board

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:
general medicine;
- geriatric medicine; rehabilitation medicine; respiratory medicine; psychiatry of learning disability.
- Palliative care services provided in a hospital.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Mental health services provided in a hospital, except secure forensic mental health services.
- Services provided by AHPs in an outpatient department, clinic, or out with a hospital.
- Health Visiting services.
- School Nursing.
- Speech and Language Therapy.
- Specialist Health Improvement.
- Community Children's Services.
- Child and Adolescent Mental Health Services
- District Nursing services.
- The public dental service.
- Primary care services provided under a general medical services contract.
- General dental services.
- Ophthalmic services.
- Pharmaceutical services.
- Services providing primary medical services to patients during the out-of-hours period.
- Services provided out with a hospital in relation to geriatric medicine.
- Palliative care services provided out with a hospital.
- Community learning disability services.
- Rehabilitative Services provided in the community.
- Mental health services provided out with a hospital.
- Continence services provided out with a hospital.
- Kidney dialysis services provided out with a hospital.
- Services provided by health professionals that aim to promote public health.

Services delegated by the Council

- Social work services for adults and older people.
- Services and support for adults with physical disabilities and learning disabilities.
- Mental health services.
- Drug and alcohol services.
- Adult protection and domestic abuse.
- Carers support services.
- Community care assessment teams.
- Support services.
- Care home services.
- Adult placement services.
- Health improvement services.
- The legislative minimum delegation of housing support, including aids and adaptations.
- Day services.
- Local area co-ordination.
- Self-Directed Support.
- Occupational therapy services.
- Re-ablement services, equipment and telecare.
- Residential and non-residential care charging.
- Respite provision for adults and young people.
- Social work services for children and young people:
- Child Care Assessment and Care Management.
- Looked After and Accommodated Children.
- Child Protection.
- Adoption and Fostering.
- Child Care.
- Special Needs/Additional Support.
- Early intervention.
- Throughcare Services.
- Social work criminal justice services, including Youth Justice Services.

APPENDIX 2: PERFORMANCE MONITORING

National Health and Wellbeing Outcomes

Performance Indicator	2017/18 Value	2019/20 Target
Number of delayed discharges over 3 days (72 hours) non-complex cases	4	0
Number of bed days lost to delayed discharge: All reasons	3,439	TBC
Number of bed days lost to delayed discharge: Complex cases	1,127	TBC
Number of acute bed days lost to delayed discharges (inc Adults with Incapacity): 65 years & over	2,291	TBC
Number of acute bed days lost to delayed discharges for Adults with Incapacity: 65 years & over	461	TBC
Number of emergency admissions: All ages	10,316	TBC
Emergency admissions aged 65+ as a rate per 1,000 population	273	TBC
Number of unscheduled acute hospital bed days: All ages	75,297	TBC
Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	3,102	TBC
Number of attendances at Accident and Emergency (Emergency Departments and Minor Injuries Units)	30,463	TBC
Number of clients 65+ receiving a reablement intervention	632	600
Percentage of adults with assessed Care at Home needs and a reablement package who have reached their agreed personal outcomes	64.7%	60%
Number of patients in anticipatory care programmes	1,921	1,400
Number of people in receipt of Telecare aged 65+	1,848	1,910
Total number of homecare hours provided as a rate per 1,000 population aged 65+	488	518
Percentage of people aged 65 or over with intensive needs receiving care at home	32.2%	35%
Percentage of homecare clients aged 65+ receiving personal care	92.1%	90%
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	98%	98%
Percentage of people aged 65+ admitted twice or more as an emergency who have had an assessment	73.1%	70%
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	24.4%	30%

Performance Indicator	2017/18 Value	2019/20 Target
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	42.5%	35%
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	43%	90%
Percentage of people newly diagnosed with dementia who have received a minimum of a year's worth of post-diagnostic support co-ordinated by a link worker, including the building of a person-centred support plan	N/A	TBC
Number of clients receiving Home Care Pharmacy Team support	941	900
Prescribing cost per weighted patient	£173.07	NHS GGC average
Compliance with Formulary Preferred List	80.2%	78%
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	92.4%	90%
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	96%	90%

National Outcomes for Children and Young People

Performance Indicator	2017/18 Value	2019/20 Target
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	94.9%	95%
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.7%	95%
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	Published March 19	85%
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	84.2%	90%
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	7	18
Balance of Care for looked after children: % of children being looked after in the Community	90.4%	90%

Performance Indicator	2017/18 Value	2019/20 Target
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	78%	75%
Percentage of all children aged 0-18 years with an identified "named person" as defined within the Children's and Young People's Act 2014	100%	100%
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%
Percentage of child protection investigations to case conference within 21 days	79.2%	95%
Number of referrals to the Scottish Children's Reporter on care and welfare grounds	288	288

National Outcomes for Criminal Justice

Performance Indicator	2017/18 Value	2019/20 Target
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	90%	98%
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	79%	80%
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	15%	80%
Number of referrals to the Scottish Children's Reporter on offence grounds	275	275

Core Integration Indicators

The HSCP has developed a Performance Management Framework to monitor and report performance across all service areas against the National Health and Wellbeing Outcomes, National Outcomes for Children and Young People, National Outcomes for Criminal Justice and the Core Integration Indicators developed by the Scottish Government.

Performance Indicator	2017/18 Value
Premature mortality rate per 100,000 persons	513.6
Emergency admission rate per 100,000 population	13,578
Emergency bed day rate per 100,000 population	135,856
Readmission to hospital within 28 days per 1,000 population	88.8
Proportion of last 6 months of life spent at home or in a community setting	88.93%
Falls rate per 1,000 population aged 65+	24.44
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	92%
Percentage of adults with intensive care needs receiving care at home	N/A
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	334
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23%
Percentage of adults able to look after their health very well or quite well	91%
Percentage of adults supported at home who agree that they are supported to live as independently as possible	81%
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	80%
Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated	79%
Percentage of adults receiving any care or support who rate it as excellent or good	81%
Percentage of people with positive experience of the care provided by their GP practice	85%
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	79%
Percentage of carers who feel supported to continue in their caring role	40%
Percentage of adults supported at home who agree that they felt safe	89%