

**West Dunbartonshire
Health & Social Care Partnership**

**Health and Social Care Partnership
Commissioning and Market
Facilitation Plan**

2019 – 2022

**Vision:
Improving Lives with the People of
West Dunbartonshire**

Document Title	HSCP Commissioning Plan	Owner	Wendy Jack
Version number 1	1	Superseded by	
Date effective	July 2019	Review Date	July 2020

Contents	Page
Introduction	3
Model of Commissioning	4
Market Facilitation	6
Changes and Challenges	8
Delivering Market Development	12
Working with Partners	17
Scope of Services	20
How Providers can prepare	22
Conclusion	23

1. Introduction

West Dunbartonshire Health and Social Care Partnership (HSCP) brings together both NHS and local authority responsibilities for community-based health and social care services within a single, integrated structure.

The HSCP Strategic Plan 2019 – 2022 describes the direction of travel and the approved consistency of approach from the HSCP Partnership Board; laying out the partnership's requirements for detailed commissioning work to support the delivery of our long term goals.

Meeting these priorities will deliver, for West Dunbartonshire, better outcomes for those with long term conditions and those with multi-morbidities by improving preventative and anticipatory care and making best use of our community resources. This approach will seek to create an environment of choice and control for all individuals assessed as needing support.

This Plan represents a commitment from the HSCP to build on the already established collaborative working with existing providers of health and social care, and provides an opportunity to welcome new providers into the market.

This Commissioning and Market Facilitation Plan describes how we will seek to use our resources to continue to work to integrate services in pursuit of the national and local outcomes as agreed by the Health and Social Care Partnership Board alongside providers both existing and new. The impact of the approach will be measured against our local integrated performance framework based on the national health and well-being indicators.

It is well documented that, in many service areas, local demand is increasing and capacity is, on the whole, not increasing and as such there is a need for all services to act together to ensure synergy and efficiencies.

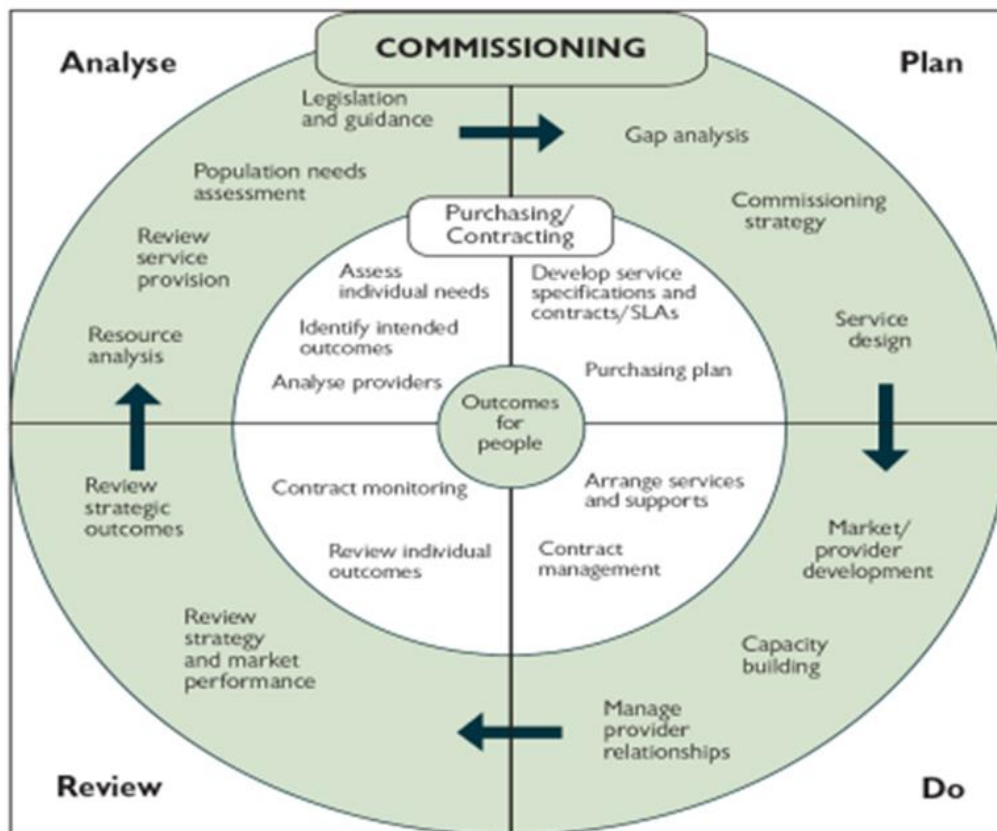
This Plan will enable providers to have a better understanding of our intentions as a purchaser of services and how we might respond to the personalisation of health and social care. As well as assisting voluntary and community organisations to learn about the local requirements and contracting activities and help them to build their knowledge of local needs in order to develop new activities and services.

Most importantly, this plan will help service users of health and social care and their families and carers to have a better understanding about the possibilities for change leading to greater choice and control; empowering people to become more pro-active in shaping their support needs.

2. Model of commissioning

This model of commissioning is grounded in the fundamental principles of ensuring a comprehensive partnership approach across all sectors providing health and social care services; a commitment to provide enhanced delivery of service to individuals and communities and a need to create diversity within the market place based on population needs.

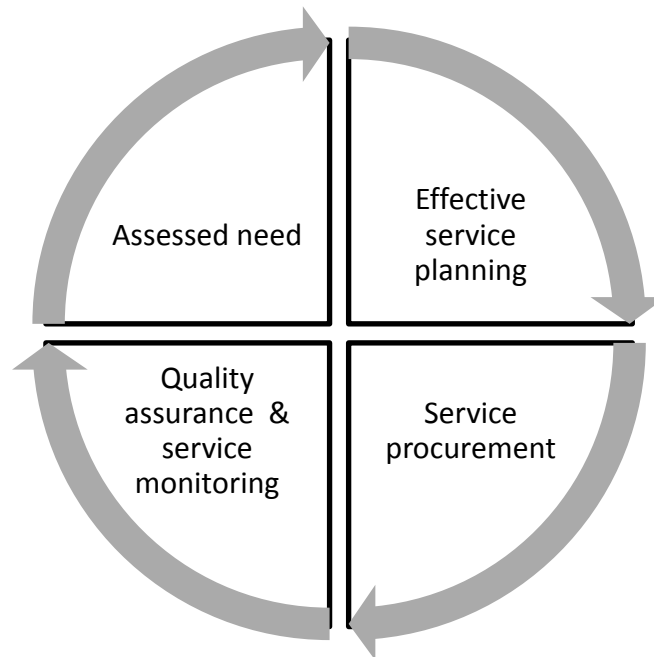
The HSCP, third and independent sector partnership will be required to understand current and future spend against the requirements of population and individual needs within a commissioning model of market analysis and procurement of services.



By using this Audit Scotland model, and way of working, all providers and partners are focused on open and transparent commissioning; providing third and independent sector partners access to the same information and data used within the HSCP; providing opportunities for service delivery where there is an agreed and identifiable need for services based on demographic and neighbourhood analysis.

By sharing with providers the same information and data used for service planning and commissioning within statutory services and by providing creative opportunities for service delivery; there is an agreed and identifiable description of services which are based on demographic and neighbourhood needs.

By using the commissioning cycle means that the focus for effective local planning and commissioning requires detailed work linked to:



This approach is grounded in the fundamental principles of ensuring a comprehensive partnership approach across all sectors providing health and social care services; a commitment to provide enhanced delivery of service to individuals and communities and a need to create diversity within the market place based on population needs.

The HSCP aspires to all partners from across sectors to be working in an innovative and collaborative way which is responsive, flexible and accountable to local people within their own localities and creates a mixed economy of providers.

3. Market Facilitation

Market facilitation creates the environment for the planning and practice of making sure that there are a range of providers and types of support available for supported people to choose from and commissioning is the process to ensure the this planning is in place.

“Market facilitation means commissioners working closely with providers (both internal and external), supported people, carers and their internal colleagues (procurement, legal and financial) to encourage the flourishing of a sustainable, effective range of providers and support in an area” (CCPS).

The structure of health and social care change has undergone significant change over the last few decades and there is a need to refresh approaches to commissioning and procurement. There is also a need to review and change models of local health and care services which are also being driven by changing needs across our population.

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

This Plan lays out the commitment from the HSCP for health and social care services to be firmly integrated around the needs of individuals, their carers and other family members; that the providers of those services are held to account jointly and effectively for improved delivery.

Services must be underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve rather than the needs of the organisations through which they are delivered. Those open and transparent arrangements must be able to demonstrate strong and consistent clinical and professional leadership evidenced across the sector.

To meet these challenges there is a need to expand from an HSCP response to the creation and establishment of a model of market analysis across all of our health and social care services from across the statutory, independent and third sector to make the best use of the significant resources invested across our communities.

Therefore the purpose of a market based commissioning approach is to:

- Create, develop, maintain and grow high quality service delivery in and around West Dunbartonshire in order to service the needs of local people and communities; especially those who are most disadvantaged
- To create and deliver flexible and holistic service packages which are joined up and responsive to need and demand
- To augment provision through the ability of service providers to maximise resource efficiency and support the development of sustainable community capacity.

This approach will provide a robust framework for all partners; with clarity of roles, responsibilities, expectations and opportunities for each sector partner described within the context of commissioning and market development.

This will result in a model of market facilitation where there is a shared and agreed purpose across all partners and providers and a collaborative approach to the purpose of delivery.

4. Changes and Challenges

As described previously, this Plan aims to inform, influence and adapt service delivery in West Dunbartonshire to offer a diverse range of sustainable, effective and quality care. This ensures people can access the right services for themselves and their families at the right time and in the right place.

The expectation is that this Plan will give service providers an insight and an opportunity to understand the predicted changes in the health and care needs of the population of West Dunbartonshire and the future shape of services that need to be developed and delivered to meet those changing needs.

As a result, this Commissioning and Market Facilitation Plan sets out a process to identify and describe all the resources that are being used to help address these challenges, and will set out how service provision will shift over time to support anticipatory and preventative care across our communities.

4.1 Health Inequalities

Based on the estimated and data provided within the HSCP Strategic Needs Assessment, in future years there will be further changes in the needs of West Dunbartonshire's population; the types of demands that are expressed; the expectations concerning how best to meet them and the reduced finances available to resource them.

West Dunbartonshire HSCP Strategic Needs Assessment describes significant numbers of people with long term conditions and complex needs. This will result in increasing demands for care at home and community based support services; however there is a significant funding gap between the increasing needs against the current and future financial envelope available.

However there is a requirement to be able to meet client needs within current budgets; whilst ensuring that all partners and providers are making the best use of a range of funding streams and not relying solely on the statutory sector to fund activities.

The HSCP is seeking to create a local market which protects, consolidates, improves and, where feasible, expand services to individuals with significant health and care needs within a partnership model of delivery.

4.2 Ageing population

The overall population of West Dunbartonshire is projected to decline steadily over the next 25 years, falling to 83,061 by 2037. However the older people's population proportionately is set to rise. If the Partnership does not change how we deliver our

services the projected demographic impact makes the current delivery model unsustainable.

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%.

Within West Dunbartonshire, the demographics are showing that the pressures within the system represent forecasted figures at 2022 levels. For example the proportion of older people identified as requiring care and support is currently years ahead of estimated levels of need. Given this context the Partnership will need to work more collaboratively to deliver effective and efficient services whilst exploring new models of care. There is a need to, moving forward, work collaboratively to deliver effective and efficient services whilst looking for opportunities for delivering different models of care.

In conjunction with an ageing population an increase in multiple and long term conditions can be anticipated, which has an impact on emergency hospital admissions as well as potential delays in discharge.

4.3 Reducing barriers

There is a need to identify where there are barriers to market entry and the HSCP needs to work with providers and other stakeholders to see how these might be overcome. There is a need to ensure that procurement arrangements do not hinder the development of innovative and person centred commissioning of services.

The HSCP and providers need to support residents to make informed choices, to take control and contribute to their health and wellbeing before the need for formal support arises.

There must be a long term shift from assessment and subsequent service provision and a greater focus towards local solutions, prevention and capacity building to help people and communities build resilience and stimulate the reform of existing services.

The new Clydebank Health and Care Centre, will be built on the Health Quarter of the Queens Quay regeneration project, it will support the provision of high quality services and will significantly improve the health and lives of residents within the area. The new three-storey building will replace GP Practices, currently situated within Clydebank Health Centre, which serve 50,000 residents. Along with GP practices, residents will also access podiatry and physiotherapy along with consulting and treatment rooms. The new centre will improve primary care services by giving residents access to the most up-to-date, high quality healthcare facilities. The Health and Care Centre is expected to open in 2021, it will also be the new central base for community health and care teams.

The new Clydebank Care Home and Day Care Centre, will complete the Health Quarter, being built adjacent to the new Clydebank Health and Care Centre. The new care home will provide accommodation for 84 residents, living across eight flats. Each resident will have their own en-suite room and each flat will have their own living, dining areas and a kitchen to allow residents to maintain their independence. In addition to the 84 residents there will be a provision for 50 day care places. The new Care Home and Day Care Centre will have many modern facilities including a multi-purposes space that can function as a cinema and there will also be social hub, containing an onsite café and hairdressing salon.

The new home will improve the care outcomes of the older people within the community, promoting their independence and fostering new and existing hobbies. The large external garden spaces, will allow residences to continue to enjoy outdoor activities within the safety of the care home environment.

4.4 Reducing budgets

At a time of severe constraint on public finances, the HSCP cannot meet the rising demand for support by simply spending more. Doing more of the same is not an option, and together with providers, there is a need to develop financially sustainable responses to demand and need within communities.

4.5 Co-Production

Supporting people to achieve the outcomes they want for themselves will need a focus on further development of the skills of our health and social care and support workforce and the ways in which people are motivated and supported to contribute as volunteers.

There is an increasing dependency of the wider society on carers and as an HSCP and wider partnership there needs to be creativity in the support offered to carers.

4.6 Joint workforce planning

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 competences, which is responsive to health and social care demand and ensures effective and efficient service delivery across a broad range of services and locations.

Care, in future, will be delivered in a collaborative and multi-agency way which will require changing knowledge and skills across all statutory and third sector providers.

It is recognised that service quality levels are often critically dependent of the quality and engagement of the workforce through fair working practices, including the Living Wage for those engaged in delivering public contracts. As an HSCP it is relevant and

proportionate to ensure fair working practices, which should be evaluated along with other relevant criteria, whilst ensuring the appropriate balance between quality and cost.

It is important that the HSCP is able to monitor these challenges and changes with the context of local progress against local and national outcomes; through focussing on the priority areas identified and to continue to reduce health inequalities through positive and preventative approaches delivered by all partners.

5. Delivering market development

As the commissioning partnership continues to evolve, there will be direct links which will inform financial planning and how resources are allocated to ensure the achievement of best value. This will include the decommissioning of less effective under-utilised or outdated service models, and the commissioning and delivery of person centred, more outcome based services.

The HSCP aims to progress on the clear and continuing basis that the use of available resources is done as efficiently as possible, and obtain best value, by focusing on the following key areas:

1. Effective management of finance system wide
2. Delivery of robust and effective commissioning and procurement across all service areas
3. Effective monitoring and management of unscheduled care and unplanned care system wide and locally
4. Ensure service users and carers understand what support is available and are able to make informed choices about the quality, flexibility, safety and cost of services.

With the HSCP there is a set of financial arrangements and joint resourcing between the Council and the NHSGGC Health Board as specified within the statutory integration scheme that both organisations have approved.

The integration of health and social care has long been recognised as a tangible example of community planning in practice; the joint resourcing priority for the HSCP will continue to deliver due diligence and to reassure the management and delivery of the new budgeting arrangements within an improved commissioning model.

The figures below reflect all of our spend including that within the contracted third and independent sector however does not include additional income that may be sourced to support wider community based initiatives that still impact on service delivery within and across all of our communities.

5.1 Effective management of finance system wide

For the HSCP, approximately 42% (£40m) of its available budget resource is directed to payments to external and third sector providers. The following table refers to the reported procurement information as presented at HSCP Audit Committee in May 19.

	APPENDIX 1
Procurement name	Estimate 19/20
	£'000
Strategy , Planning and Health Improvement	
Carers Support and Advice	350
Mental Health, Learning Disability & Addictions	
Addiction Support Services - Alcohol Prevention	266
Residential Care for People with Learning Disabilities (including residential respite)	1,270
Fostering for Adults with a Learning Disability	134
Short Breaks for People with a Learning Disabilities	457
Independent Advocacy for Adults	132
Residential Care for People with Mental Health (including residential respite)	1,008
Recovery Group Work Programmes (Substance Misuse)	309
Accommodation Based Services for People with Learning Disabilities in the Community (Housing Support/Supported Living/Sleepover) and Day Support (Community Based Activities)	10,002
Adult Addictions Residential (Housing / Accommodation) Support Services	96
Residential Care for People with Addictions	236
Accommodation Based Services for People with Mental Health and (Housing Support/Supported Living/Sleepover) and Day Support (Community Based Activities)	1,293
Mental health client support	380
Children's Health, Care & Criminal Justice	
Children and Young People - Residential Care and Education, Day and Respite Care -HSCP	2,364
Children's Short Breaks	241
Community Service (Justice Services)	56
Support services for young people	202
Continuing care for young people	691
Payment to external Fostering agencies	2,175
Adoption legal fee and interagency costs	488
Community Health ,Phyiscal Disabilites & Care Services	
Residential Care for Older People (National Care Home Contract)	12,406

Adoption legal fee and interagency costs	488
Community Health ,Physiscal Disabilites & Care Services	
Residential Care for Older People (National Care Home Contract)	13,496
Older people day services	129
Sheltered housing support	258
Residential Care for People with Physical Disabilities (including residential respite)	1,119
Accommodation Based Services for People with Physical Disabilities (Housing Support/Supported Living/Sleepover) and Day Support (Community Based Activities)	1,082
Accommodation Based Services for Older People Care at Home	1,887
Total	40,121

The HSCP is committed to deliver best value and to make best use of all resources, using this approach to respond as a Partnership to changing demand as people have increased control over their own budget

In addition, there is a commitment to maximise the utilisation of the totality of the estate, and use fit for purpose buildings.

5.2 Delivery of robust and effective commissioning and procurement across all service areas

Key areas of focus for the life of this Plan:

- To support the redesign of Learning Disability Services and to meet the changing needs of people in the Community; we are progressing locality based work focus on the recommendations of the “Coming Home” report by Dr Anne McDonald.

Following the “Coming Home Report” we are seeking to develop a process of design and implementation of new housing projects which will enable the HSCP to provide options for modern, supported housing and accommodation; supporting the repatriation of people currently living out-with the area to return home to West Dunbartonshire.

Moving forward further consideration of the needs of people living in long term hospital care will be considered and the design a fully functional bungalow is underway to support people with more complex needs return home with support.

- The Scottish Government report on “Rights, Respect and Recovery”, the first drugs strategy in a decade, focuses on treating addiction as a public health concern rather than a criminal justice issue. Individuals with alcohol and drug issues are often faced with poverty, trauma and inequality as a result of their addiction and therefore the strategy highlights the need for support and not stigma. Noting the complexity of multi complex issues in relation to addictions and mental health, a creative model of commissioning is being developed to provide choice and control through a tapestry of community supports provided by a range of providers.

These supports are based on the promotion of human rights principles for those affected by addiction issues with a continued commitment to deliver recovery orientated systems of care and development of our recovery models of care.

The continued development of an Assertive Outreach programme in conjunction with third sector partners will support those who also present with or are in need of support with significant alcohol issues within a mixed economy market.

- Commissioning of carers’ services to provide support for carers with a range of support role including older people; those who are affected by mental illness; those who have a family member with an addiction issue. Thinking creatively to meet the varied needs of carers affected by a range of long term conditions and disease whilst supporting them to continue in their caring role.

5.3 Effective monitoring and management of unscheduled care and unplanned care system wide and locally

Key areas of focus for the life of this Plan:

- Specialist older people support services will provide assessment and interventions to individuals within their own homes and homely settings, continuing to focus on working with individuals and their carers to identify their needs and reach jointly agreed goals to maximise independence.
- The HSCP, in progressing the House of Care approach at local level, will work in partnership with NHSGGC and West Dunbartonshire CVS (the Third Sector

Interface) to ensure a co-ordinated approach initially building on the existing third sector based Link-Up and ACCESS social prescribing systems and maximising the effectiveness of the emerging GP practice based Community Link Worker service.

- By creating a community model to support people with lower level mental health needs; individuals will be supported to access self management and on line supports at the earliest opportunity. This will be facilitated by support workers working within local GP practices to provide non-clinical support to those living within our communities and based on a model of peer support.
- All providers are offered support to identify individuals at risk of falls and fragility fractures. By focusing on increased awareness and evidence based practice to reduce the number of falls that result in injury; the HSCP is identifying people who are frail who could benefit from early preventative interventions from volunteers to enable them to live well for longer in their communities.

By maintaining a focus on prevention, early intervention and harm reduction as well as conventional forms of care and treatment, a mixed economy of support will begin to emerge.

5.4 Ensure service users and carers understand what support is available and are able to make informed choices about the quality, flexibility, safety and cost of services.

All of the models share a common approach of collaborative service delivery; moving forward this needs to be the approach by all partners when engaging with service users and carers as well as driving meaningful negotiation within a commissioning and procurement model. This is delivered within a context of an awareness and recognition of skills, expertise and commitment to quality across the sectors.

By working more effectively together to create person – centred activities within communities and provide opportunities to access community resources. The partners are able to share approaches and good practice linked to risk assessment /risk management; manage better the current risk aversion which is prevalent within organisations by working in partnership with other agencies including the Care Inspectorate.

By using outcome focused support models, assessment of an individual's need is supported by good communication between providers across all sectors; thus increasing capacity for communication to be able to provide and react to the need for more flexible service delivery.

6. Working with Partners

All new and existing service providers will be invited to participate within the partnership, through a series of ongoing events and meetings hosted by the Lead Commissioning Officer and supported by the Third Sector Interface and Scottish Care. The current and ongoing quality assurance, fiscal responsibility and beneficiary roles of the HSCP, Scottish Care and Third Sector Interface will be folded into this process as part of the development of the market.

Whilst CVS Third Sector Interface and Scottish Care have a role to support market readiness within their sectors, ultimately the governance and accountability across all the sectors is housed within the statutory structure of the HSCP and the identified Lead Commissioning Officer, as per the requirements of the Joint Bodies Act. Therefore the HSCP has a service delivery role as well as commissioning role which differs from any of the other partners within this partnership approach.

Partners have a shared responsibility to ensure that all partners continue to deliver high quality and robust services across our localities and across all sectors within a strategic planning context.

By working in partnership, there is a shared commitment to high quality services whilst ensuring we are involving people in the planning and delivery of care and support; and partners, jointly, can deliver robust market analysis within an integrated commissioning and procurement approach across our partnership.

The HSCP will be encouraging all partners within the third and independent sectors across West Dunbartonshire to become participants within this approach; however there are specific rules of engagement across all sectors which form the basis of the market development and to ensure its success.

All partners shall:

- Have an interest in, support for, and promotion of the partnership approach and not merely supporting agendas or interests of particular organisations;
- Contribute ideas for the further development of the partnership;
- Provide high quality, innovative services in collaboration with others and towards the delivery of the national Health and Social Care Outcomes.
- Have clear health and social care objectives whether delivering universal or specialist services; it is anticipated that in practice most partners will be regulated services, previously commissioned services and charities;

- Be involved in delivering health and social care services, or aspiring to be involved in delivering services within West Dunbartonshire; existing providers will be asked to demonstrate their track record of providing high quality and robust services in the area.

The responsibility of the HSCP Commissioning Officers will be to facilitate:

- Access to commissioning opportunities across all sectors;
- Networking opportunities and shared learning with peers across all sectors;
- Collective approaches to service planning, inspection preparation, performance management and demonstrating outcomes;
- Support to facilitate the development of skills and capacity of organisations to operate in a complex commissioning and tendering environment.

The operational advantages to this approach means there is a;

- Focus on activity and shared objectives across all partners
- Capacity building across the sector through shared training and development opportunities
- Shared practice and development across quality assurance and continuous improvement through shared opportunities.

As such each of the partners will be responsible for the following:

- An accountability for quality assurance;
- Financial management and fiscal responsibility of public monies;
- Evidence of market intelligence;
- Evidence of beneficiary impact across all sectors including commissioning third and independent sector services.

Peer support is available for small organisations from larger organisations across the sector; to support to management of funding, help with contracting and procurement processes to ensure future targets/outcomes/quality assurance framework and more effective future planning.

For third sector partners this opportunity for more mature relationships allows organisations to share good practice collaboratively without competition, and support individuals to be better supported to meet their personal outcomes.

By using a facilitative model across the partnership, with opportunities for shared learning, partners can shape and change how organisations and how services can adapt in the future to meet the needs of individuals.

There are opportunities for:

- some older people to be independent, active in their communities and not socially isolated; however equally there are individuals who require additional support which could be offered by non-specialists and finally those who require significant levels of service to meet their complex needs.
- for cross sectoral shared learning e.g. My Home Life programme, a joint planned approach across sectors inspection preparation and training in adult support and protection.

The benefit of the approach related to providers having time out to reflect on practice and service delivery and being able to invest time in delivering within a proactive model of approach.

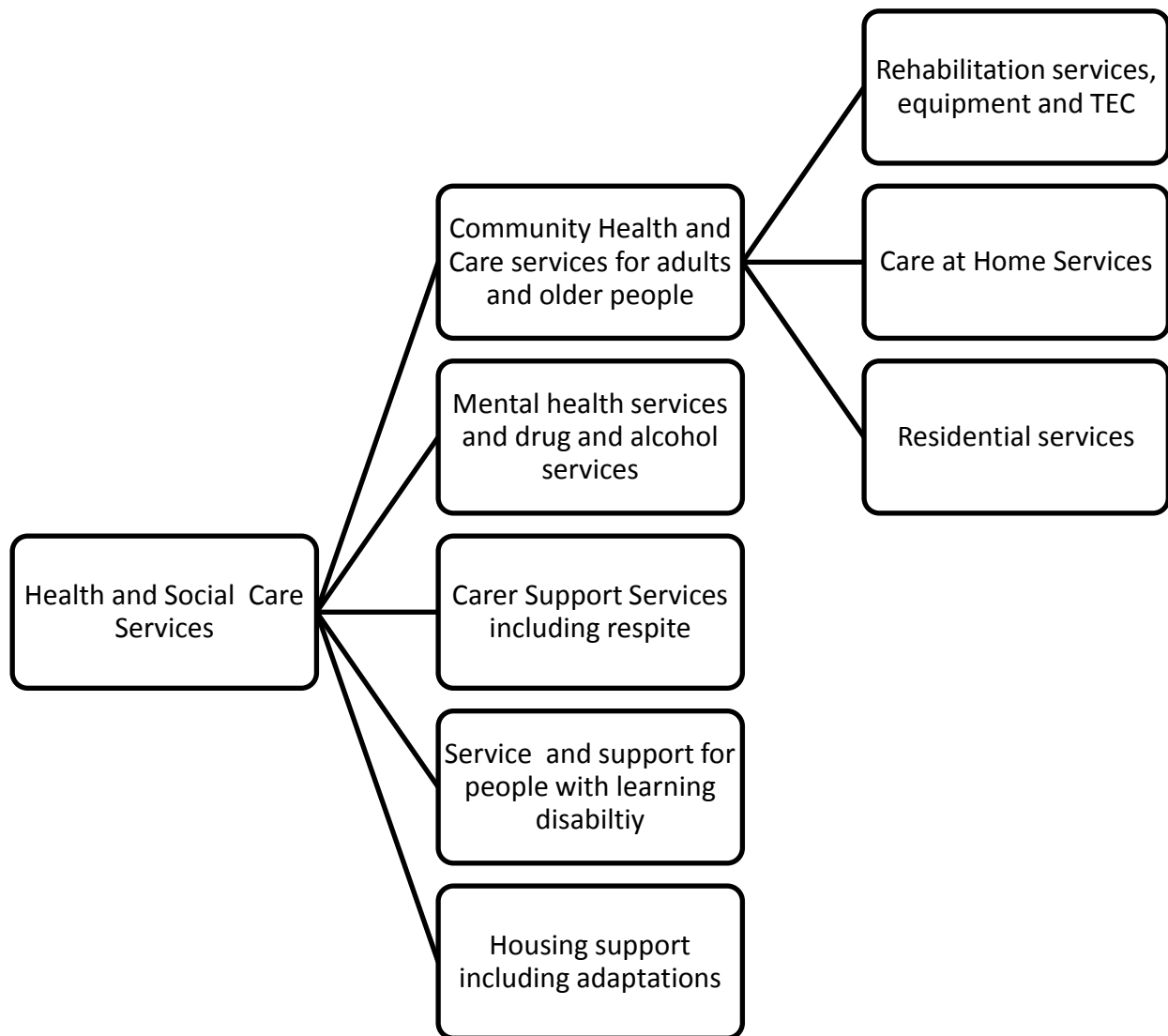
Some examples of benefits identified included;

- Improving early intervention opportunities;
- Helping cement a solutions focus to activities and building stronger functional relationships across sectors;
- Allowing boundaries to be reduced and more flexible approaches developed;
- Better sharing of resources;
- Encouraging providers to see themselves as 'agents of change' and not merely service providers.

7. Scope of services

Locally within West Dunbartonshire there is an existing range of excellent social care, primary and secondary healthcare and public health improvement services that provide the fundamental infrastructure required.

For the purposes of this Commissioning and Market Facilitation Plan the following services are included in the scope of the market facing areas and represent recognisable areas of service delivery.



For each of the areas in scope there will be contract summary reports providing the following information.

Contract Description	An outline of the contract, composition of the service user groups and details the composition of providers
Contract Periods	Explanation of current contract models and where relevant contract periods and contract end dates.
Contract Development	This looks at areas of change, discusses known challenges and / or new approaches to how the service may be commissioned.
Contract Management	Provides an overview of how provider performance is managed, how quality of services is monitored and the frequency of contract review meetings.

Over the next year each of the areas in scope will create contract summary information detailing the information laid out above and this will be reported to the HSCP Audit Committee to meet governance and best value arrangements.

This supports the commitment of the HSCP to providing transparency of spend and demonstrates the reality of creating a developing market within West Dunbartonshire.

8. How Providers can prepare

The HSCP is committed to delivering seamless services through integrated community support services. Providers who reshape their service delivery models will be better placed to respond to future commissioning opportunities.

The HSCP would be seeking for providers to:

- Consider how their services can support prevention, early intervention and recovery focus and how they can support people to be as independent as possible
- Consider how their services work within local communities and how they support the building of capacity within those communities
- Empower individuals to change behaviours and promote self care / self – management approaches
- Recognise that increasingly the purchasing partner will no longer be the statutory services but will be the service user, guided by self directed support and / or outcomes focussed assessment and commissioning
- Develop ways to record, evidence, analyse and report on outcomes; ensuring evaluations show the impact of their activities
- Develop effective signposting, information and advice support as people take more choice and control over their how their needs are met
- Create smarter partnership working opportunities through sharing expertise, resources and back office support to increase impact and efficiency.

9. Conclusion

This Commissioning and Market Facilitation Plan aims to provide the platform upon which commissioners and providers can work together to strengthen relationships and forge improved outcomes for service users.

This Plan will act as a vehicle to support collective actions for more effective methods of service delivery.

The Plan helps the HSCP to utilise budgets more efficiently to not only deliver savings but also create capacity for investment to meet the increasing demand for care services.

By publishing this Commissioning and Market Facilitation Plan, the HSCP signals its intention to engage, listen and provide support to the market.

The market in return is asked to provide us with feedback, to bring to our attention opportunities for improvement, to ensure any matters of concern are raised with a focus on solutions and, most importantly, share our commitment to enable people in West Dunbartonshire to live full and positive lives within supportive communities.