West Dunbartonshire
Health & Social Care Partnership

STRATEGIC PLAN 2023–2026

Improving Lives Together

NHS
Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire
COUNCIL

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Our Strategic Plan – Improving Lives Together
At a Glance

OUR STRATEGIC OUTCOMES			
Caring communities	**Safe and thriving communities**	**Equal communities**	**Healthy communities**
OUR STRATEGIC PRIORITIES			
Provide better support to unpaid carers. Undertake whole-pathway reviews, ensuring coordination and equity of access to services. Empower our communities to be involved in planning and leading services locally. Ensure that staff are fully supported to carry out self-evaluation and improvement activities, to develop our continuous learning culture. Shift the balance of care for children and adults by strengthening prevention and our community-based support options, keeping individuals in their community where possible.	Work with people to safely maintain their independence at home and in their local community, building on their strengths and supporting their unmet needs. Focus on reablement to promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; maximise independent living; and reduce or eliminate the need for ongoing care packages. Make the best use of technology-enabled care to transform the way people engage with and control their own health care, empowering them to manage it in a way that is right for them. Work with partners and citizens to protect vulnerable adults and children and reduce exposure to harm. Work with partners to expand the choice of specialist and particular housing options for children and adults. Ensure that those involved in Justice Services are supported to reduce offending behaviour and improve justice outcomes across all court order types.	Work with partners and communities to drive down the prevalence of gender-based violence and provide those affected with the support they need. Work with partners and communities to reduce the number of suicides and drug-related deaths. Work to reduce, prevent or undo the impact of the wider determinants of health. Integrate approaches from an equality and human rights perspective, with a focus on equal and equitable access to services. Ensure that children and young people who require permanent care outwith their family home have appropriate and timely care options that meet their needs. Put the voice of patients and other people who use our services at the centre of upholding their rights and informing our services. Underpin our services with a self-directed partnership approach. Improve the mental health and wellbeing of children and adults.	Address the preventable risk factors for poor physical and mental health, including obesity, smoking and the use of alcohol and drugs. Working with partners, enhance opportunities and support measures to tackle barriers to active travel and promote the more effective use of green space. Recognise the impact of adverse childhood experiences and seek to reduce the incidence and impacts of all types of childhood adversity and trauma. Adopt a community-based preventative approach to reduce admission to hospital. Enhance opportunities and support measures to develop a public health approach to justice to improve justice outcomes.

OUR ENABLERS

Workforce

Develop and implement our workforce plan, focusing on recruitment, retention, training, and staff health and wellbeing.

Undertake workforce modelling to inform ICT needs, balanced against a blend of office-based, hybrid and home working.

Develop more innovative ways to promote West Dunbartonshire Health and Social Care Partnership (HSCP) as an employer of choice.

Through the Just Enough Support programme, empower staff to empower citizens to take greater responsibility for their own outcomes.

Finance

Refresh our medium-term financial plan on an annual basis.

Report on financial performance on a regular basis to the Integration Joint Board and the Audit and Performance Committee.

Help budget holders to achieve best value in service provision and to focus on outcomes.

Provide value-based health and care, focusing on achieving outcomes that matter to people while using resources wisely.

Technology

Develop and implement a project plan for the replacement of the Carefirst Information System.

Increase our focus on the provision of robust trend and performance data that enable services to monitor and provide effective and efficient services.

Support the implementation of appropriate technology-based improvements, including the federation of NHS and council systems.

In partnership with the Self-directed Support Team, we will expand the use of technology-enabled care throughout West Dunbartonshire.

Address digital exclusion by exploring ways to help people access digital systems and promote automation.

Develop and implement the Analogue to Digital Implementation Plan.

Partnerships

Continue to take a proactive and positive role within community planning structures.

Review and implement our participation and engagement strategy.

Transform our commissioning approach, focusing on social care market stability, and embed ethical commissioning principles.

Co-produce services with the people who use services and their carers.

Develop and implement clear communication plans to keep communities informed and engaged.

Infrastructure

Develop and implement an HSCP transport policy.

Working with council and NHS colleagues, we will develop a property strategy for West Dunbartonshire that considers improved planning on the location of services as part of a commitment to promoting active travel.

Welcome

The West Dunbartonshire Health and Social Care Partnership Board are delighted to present Improving Lives Together, our strategic plan for 2023–2026, and the associated delivery plan.

The last three years have been extremely challenging, but in many ways exceptionally rewarding, with staff and communities going above and beyond what might be expected to care for people who use our services and each other during one of the most difficult periods in recent history. The Health and Social Care Partnership Board continues to be ambitious for our communities, and our key focus remains furthering the integration of our services by increasing access to community-based health and social care services, shifting the balance of care from hospital to more homely settings and supporting our most vulnerable residents to lead healthy, happy and fulfilling lives.

The global Covid-19 pandemic has had a significant impact on our health and social care system, our staff and the communities across West Dunbartonshire. We continue to be humbled by the endeavours of our health and social care workforce and are extremely grateful to our communities, especially unpaid carers, who have worked with us under difficult circumstances to respond to the challenges of the pandemic.

The next three years will be equally challenging, albeit in a different way. As well as managing the impacts of the global pandemic, we have to plan for factors such as the impact of climate change, housing issues and, crucially, the disproportionate impact of the cost-of-living crisis.

All of these factors affect health inequalities, and this plan seeks to address these factors, focusing on the role of the Health and Social Care Partnership (HSCP) in building resilience to prevent ill health and enable the people of West Dunbartonshire to live healthy, happy and fulfilling lives.

This will be implemented in a context of predicted additional demand on finite resources. Existing core budgets are already under significant pressure, but the challenges we face present the opportunity to do things differently – to make optimal use of the resources we have and create a health and care system that more effectively uses existing strengths in our efforts to better meet the needs and promote the health and wellbeing of our communities.

June 2022 saw the National Care Service (NCS) Scotland Bill laid before Parliament. At the time of writing, the details of the new governance arrangements were still to be developed. The HSCP is committed to working with the Scottish Government and will embrace every opportunity to shape the NCS, ensuring that the voice of West Dunbartonshire is heard throughout the process through full engagement at the national level. It is expected that, within the lifetime of our Improving Lives Together strategic plan, a local transition plan will be developed with local partners; this will drive the implementation of the NCS once the bill has received royal assent.

The NCS provides exciting opportunities. However, the HSCP retains a strategic focus, and this plan provides the Health and Social Care Partnership Board with a means of monitoring progress.

West Dunbartonshire has already been visionary in its decision-making, with both the council and the NHS Greater Glasgow and Clyde Board going beyond the existing legislation and delegating Children's Services to the Health and Social Care Partnership Board. We have provided the Scottish Government with examples of good practice achieved within the current legislative framework and have also suggested opportunities for improvement. We are committed to continuing this conversation with the Scottish Government to exemplify what can be achieved when the principles of integration are fully embedded.

Improving Lives Together aims to detail the progress that the Health and Social Care Partnership Board has made in realising the aims of integration, while outlining how we will transform and develop our services over the next three years. We continue to develop partnership working and seek to develop stronger links with statutory and other partners.

The HSCP is fully engaged with Community Planning West Dunbartonshire and has a leadership role in the implementation of West Dunbartonshire Plan for Place – West Dunbartonshire's Local Outcome Improvement Plan 2017–27 – and NHS Greater Glasgow and Clyde's Moving Forward Together plan, which aims to provide a modernised health and social care system for Greater Glasgow and Clyde residents.

In developing Improving Lives Together, the HSCP carried out an Equalities Impact Assessment (EIA). The purpose of an EIA is to work out how a policy or function will affect the wellbeing of different groups of people with particular needs or who are disadvantaged in some way. An EIA is an opportunity to drive fairness and good practice. As part of the EIA, and in line with the Fairer Scotland Duty, the HSCP also considers the socioeconomic impacts of its policies and strategies. The EIA developed alongside Improving Lives Together can be located on the HSCP website.

Michelle McGinty, Chair, Health and Social Care Partnership Board

Beth Culshaw, Chief Officer, Health and Social Care Partnership

Who We Are

West Dunbartonshire Health and Social Care Partnership (HSCP) provides child and adult community health and social care services, some of which are provided with partners in other sectors. As well as our local services, such as social work, community nursing and allied health services, the partnership "hosts" services across the Greater Glasgow and Clyde area, such as musculoskeletal services and diabetic retinopathy screening. The Integration Joint Board, known locally as the HSCP Board, governs and directs the work of the partnership. Appendix 1 shows all the services delegated to the HSCP Board.

Our Approach

Our approach to providing services follows the national integration planning and delivery principles. We aim to ensure that:

- **Our services are joined up and easy to understand from the point of view of the people who use them**

  Colleagues in acute care have already improved frailty services, integrating service provision across West Dunbartonshire. This has resulted in frail older adults in West Dunbartonshire having shorter stays in hospital and being less likely to be re-admitted, with the Vale of Leven Hospital experiencing a drop in seven-day re-admission rates from 6% to 2%, and 29% of patients who receive input from a Frailty Practitioner being discharged on the same day. We will continue work on this principle by reviewing other whole pathways of service provision, including how residents access our services.

  Building on the excellent work of our acute care colleagues at the Vale of Leven Hospital, a Frailty Practitioner has recently been recruited to the Health and Social Care Partnership (HSCP) and will focus on care pathways for frail people at the front door* at the Royal Alexandra Hospital and the Queen Elizabeth University Hospital (the Home First Response Service) to prevent admission to hospital. The Frailty Practitioner, together with health and community care teams, will develop collaborative quality improvement activity to enhance interventions, to promote improved health and social care outcomes for those who have been identified as frail.

- **Our services take account of the particular needs, strengths and outcomes of the different people who use our services**

  We have introduced the My Life Assessment tool in services for adults, with the aim of changing the way individuals with care and support needs are assessed and supported by social work and social care services. The My Life Assessment tool refocuses interventions away from "need" and deficits and towards resources and "strengths", identifying what is working well and what can be built on.

  Through a human learning systems approach, we will build on the work of the My Life Assessment tool and Just Enough Support programme by starting with what people want and enabling and helping them, where we can, to achieve this. The human learning systems approach acknowledges that service provision needs to be more person centred to meet the multiple and complex needs of individuals and communities, and recognises the value of adaptability and learning together.

  We will provide value-based health and care, which focuses on achieving outcomes that matter to people, while using resources wisely.

- **We respect the rights and dignity of people who use our services and take account of the particular characteristics and circumstances of each of them**

  We have developed and implemented our Equality Mainstreaming Framework 2020–2024, which aims to ensure equitable access to all HSCP services, respecting and valuing the diversity of the people who use our services in West Dunbartonshire and ensuring that our services are free from discrimination.

* "At the front door" refers to a person contacting or visiting a service, usually for the first time, and their experiences of that contact or visit.

We are actively reviewing how our services are accessed, to achieve timely responses and, where appropriate, to avoid people having to do the same thing more than once.

- **Our services are planned and led locally in a way that involves the community and take account of the particular needs of the people who use our services in different parts of the area in which the service is being provided**

  In Clydebank, we have launched the Shaping Places for Wellbeing Programme. This is a delivery partnership between the Improvement Service and Public Health Scotland.

  The overall ambition of the programme is to improve Clydebank residents' wellbeing and reduce inequalities. It aims to change our collective approaches to the places where we live, work and play, providing upstream preventative interventions that reduce the area's significant health inequalities while also contributing to achieving a range of national ambitions related to Covid-19 recovery and climate action. The programme also aims to promote strong partnership working to gather data on inequality, with citizen involvement, to create systems change. An important element of this work is alignment with the Scottish Government's "20-minute neighbourhood" vision for places where people can have their needs met locally within a 20-minute walk of their homes, reducing emissions and encouraging active travel.

  In 2023, we committed to reviewing and improving our participation and engagement strategy. This will include reviewing the role of Local Engagement Networks across our two localities and developing locality plans informed by, and implemented with, the people living in these localities. We will report to the HSCP Board on the progress of this work, to ensure that we remain focused on the continued implementation of this strategy.

- **We protect and improve the safety of the people who use our services**

  In July 2021, the HSCP was involved in a joint inspection of Adult Support and Protection. This inspection highlighted a number of strengths and, helpfully, a number of areas for improvement. Over recent months, we have developed more robust arrangements, to fulfil our legal duty for Adult Support and Protection, including a new approach to providing the duty service.

  We will continue to develop and enhance arrangements in respect of public protection, ensuring that the most vulnerable within our communities are protected and kept safe. A significant theme throughout Improving Lives Together is how services provided to adults, children and families can come together to better address the needs of the whole family in an early and preventative manner. We will continue to lead, develop and strengthen our local Community Justice Partnership and contribute to the finalising and delivery of the Community Justice Outcome Improvement Plan, due for publication in 2023.

  We will also continue to lead, develop and enhance our local Multi-agency Risk Assessment Conference, to improve outcomes for high-risk victims of domestic abuse.

  A joint inspection of services for children at risk of harm in West Dunbartonshire was concluded in March 2023. The following key improvement priorities were identified:

  - Strengthening the voice of children and young people
  - Improving self-evaluation and the use of data to measure our performance
  - Strengthening collaborative leadership with partners
  - Improving assessment planning and the review of children's plans, ensuring a Getting it Right for Every Child approach.

These improvement priorities are reflected in the key priorities of our Improving Lives Together strategic plan.

- **We provide trauma-informed care**

Trauma-informed care shifts the focus from "What's wrong with you?" to "What happened to you?". A trauma-informed approach to care acknowledges that health and social care teams need to have a complete picture of a person's life situation, past and present, to provide effective services. Adopting trauma-informed practices can potentially improve engagement, treatment adherence and outcomes. It can also help to reduce avoidable care and excess costs across the health and social care sector.

By adopting a trauma-informed approach, the HSCP seeks to:

- Realise the widespread impact of trauma and understand paths for recovery
- Recognise the signs and symptoms of trauma in those who use our services and their families and in staff
- Respond by integrating knowledge about trauma into policies, procedures and practices
- Resist re-traumatisation.

When (re)designing services, and to ensure they are trauma informed, we will focus on the five principles of safety, choice, collaboration, empowerment and trust.

- **We work to improve the quality of our services**

We monitor and improve the quality of the health and social care services we provide through our Clinical and Care Governance Group. We aim to ensure that we have a clear and consistent approach to clinical and care governance across West Dunbartonshire and each year publish an annual performance report.

We are strengthening our oversight of social work and social care as part of our clinical and care governance process, and a subgroup that meets quarterly has been developed to ensure that enhanced scrutiny beyond clinical care is incorporated into our clinical and care governance activities.

- **We best anticipate needs and prevent them arising**

West Dunbartonshire's Community Link Workers Service, which is provided through GP practices, is designed to support people experiencing a variety of social, financial, mental health and practical issues. The support ranges from helping people with benefits, housing, bereavement, anxiety and low mood to helping them join activities in their community. This gives GPs and nursing staff more time to deal with medical issues.

This integrated approach to providing services across community health and care, and also third sector providers, aims to provide effective and targeted specialist services to support safe, strong and involved communities. It provides a person-centred service that is responsive to the needs and interests of the people who use our services.

- **We make the best use of the available facilities, people and other resources**

Improving Lives Together outlines a number of key strategic enablers that must be used effectively to achieve our strategic outcomes and priorities while achieving best value. These include our workforce, finance, technology, partnerships and infrastructure. We aim to ensure that we deliver on each of our strategic priorities in a way that ensures we achieve best value.

- **We support community mobilisation**

  The greatest improvement in people's health will be as a result of what people do by and for themselves. It will not be the result of external intervention. Many daily decisions about health are made by individuals and families in their own homes, not by health workers. We are committed to working with communities across West Dunbartonshire to support individuals and families to make healthy decisions, equipping our communities with appropriate skills and knowledge and empowering them through community participation. The greatest resources we have in our community are good relationships with individuals and groups; we acknowledge the important role of the third sector and the opportunity for collective mobilisation to pool the resources available across West Dunbartonshire.

Our Achievements

Since the publication of our last strategic plan in 2019, West Dunbartonshire Health and Social Care Partnership (HSCP) has worked hard to transform both services and the lives of West Dunbartonshire residents. Every year, the HSCP Board publishes an annual performance report, and some of the achievements we are most proud of are listed below:

- The continued promotion of child immunisation and breastfeeding by our health visitors has increased rates of both. MMR1 vaccinations for 5-year-olds were above the Scottish average of 96%, at 97.5%, and immunisation rates for all immunisations at 24 months and 5 years of age were higher than those of NHS Greater Glasgow and Clyde and Scotland.
- We worked in partnership with Turning Point Scotland's overdose response team on a range of measures to prevent drug misuse deaths.
- We assessed the needs of almost 75% of people aged 65 years and over who have had two or more emergency admissions to hospital in the last year.
- Our Home Care Pharmacy Team provided 1,248 people with support with their medication.
- We worked with NHS Greater Glasgow and Clyde to refresh the Unscheduled Care Joint Commissioning Plan in light of the impact of the pandemic.
- Some 95.2% of carers said that they felt supported to continue in their caring role when asked when completing their Adult Carer Assessment and Support Plan.
- As of March 2022, we were providing 1,918 people with a community alarm/telecare service.
- Ninety-four per cent of the 920 people referred to Addiction Services, including services provided by third sector partners, started treatment within the national target time of three weeks, exceeding the 90% standard.
- We ensured that 20,509 people had an Electronic Key Information Summary (eKIS) in place to enable sharing of key information across the HSCP, hospital acute services and primary care.
- We developed our understanding of our child protection processes and the children we protect through collation and analysis of quality data through the Child Protection Minimum Dataset.
- We undertook a review of our Special Needs in Pregnancy Service.
- We saw a 7% reduction in the number of looked-after children, from 491 in March 2021 to 456 in March 2022.
- Our new My Life Assessment tool, in line with eligibility criteria for social care support, was fully rolled out, with 404 full My Life Assessments carried out during 2021/22.
- We had provided 10,519 hours of home care to 1,425 West Dunbartonshire residents as of March 2022, to support them to live as independently as possible in their own homes.
- We supported 75% of people on the Palliative Care Register to die at home or in a homely setting.
- We held a series of "What Matters To You?" conversations to help improve services for people with learning disabilities.

- We developed a new self-directed support policy.
- We organised and provided training programmes for Justice Services, covering assessment tools and trauma-informed practice.
- Of people with a Community Payback Order, 80.6% attended an induction session within five working days of sentence: a significant improvement on 65% in the previous year.
- Justice Services continued negotiations with the national Caledonian System team to bring both Caledonian group work and the 1:1 programme to West Dunbartonshire.
- The Children Experiencing Domestic Abuse Recovery service carried out a local authority-wide community consultation capturing women's experiences of domestic abuse during Covid-19 lockdown restrictions and their access points for specialist domestic abuse service support and information.
- We established a Multi-agency Risk Assessment Conference for high-risk victims of domestic abuse.
- We established our West Dunbartonshire Community Justice Partnership to provide strategic oversight and direction on reducing offending/reoffending and improving justice outcomes.
- We developed the West Dunbartonshire Distress Brief Intervention Associate Programme for young people aged 16 to 24 years (up to 26 years for care-experienced people).
- We expanded the Routes project for young people alongside Scottish Families Affected by Alcohol or Drugs.
- We carried out a comprehensive survey of secondary school-age children in West Dunbartonshire as part of a Planet Youth pilot.
- We achieved a sustained improvement in waiting times for referral to treatment for Child and Adolescent Mental Health Services, with 96% of children and young people starting treatment within 18 weeks as of March 2022, and an average wait of seven weeks.
- A total of 83 people participated in our Resilience Hub discussions "Healing Trauma and Connecting People through Community Arts" and "The First 1001 Days".
- We offered mental health check-ins for HSCP staff in August 2021 and February 2022.
- The first Care Inspectorate report for our new Queens Quay care home was extremely positive. In addition, a recent unannounced inspection of Crosslet House care home led to a very positive report and high grades.
- Some of our care-experienced young people participated in a national campaign for the recruitment of new Children's Hearings Scotland panel members.
- Our Champions Board staff took part in a national project in relation to care-experienced people accessing their care records.
- Our prescribing costs, of £168.58 per weighted patient, were below the Greater Glasgow and Clyde average of £173.79.
- Eighty-nine per cent of our looked-after children were looked after in the community, helping them to maintain relationships and community links.

- All of our young people aged 16 or 17 years who left care during the year entered a positive destination, including further/higher education, training or employment, at the point of leaving care.
- Some of the people who use our Work Connect service featured in the Scottish Mental Health Arts Festival in May 2021, including in a documentary exploring the notion of what is normality in the wake of a life-changing pandemic.
- We created bespoke training sessions for Equality Impact Assessments specific to HSCP situations.
- Our prompt delivery of the Covid-19 and flu vaccination programmes to all care home residents in West Dunbartonshire reduced infection rates within care homes.
- Our sector-leading support to young people in Blairvadach Children's Home was recognised as "excellent".
- We successfully opened a new care home in Clydebank: Queens Quay House. This almost £14.1 million state-of-the-art care facility welcomed its first residents in December 2021.

Our Learning

Over the last three years, the West Dunbartonshire Health and Social Care Partnership Board and the Health and Social Care Partnership (HSCP) have engaged in reflective practice, considering the valuable lessons learned through the global pandemic and, using the public sector improvement framework, have proactively engaged in improvement planning to shape how we provide services in the future.

As a result of this work, we have learned six key lessons:

1. We must further improve how the HSCP engages with the local community to develop a common understanding of local needs and priorities. Although we have made clear our strategic intentions to work together with our communities, further work is required to ensure that we do this effectively. The development of more effective partnerships with our communities will result in a greater sense of ownership and the provision of services tailored to their needs.

2. We must review the HSCP workforce plan for 2022–25 to ensure alignment with the five pillars of the Health and Social Care: National Workforce Strategy. This will help the HSCP to plan effectively at a local level to ensure that we have the right workforce with the right skills in the right place at the right time.

   We recognise the critical role that our workforce will play in successfully implementing this strategy. The workforce plan must therefore address the following areas: leadership development to help managers to understand the strategic landscape and alignment of operational delivery; empowering staff to empower citizens to take greater responsibility for their own outcomes; recruitment and retention; the right skills mix; and ensuring plans are in place to manage capacity. We recognise that our dedicated and hard-working staff are our most valuable asset. Our staff have been challenged during the global pandemic and without fail have continued to perform above and beyond their duties to ensure the safe provision of critical services. We will review the workforce plan to ensure that it acknowledges their professionalism, provides flexible yet robust career opportunities, considers their health and wellbeing, and seeks parity of esteem for the social care workforce. This will ensure that the HSCP continues to have a highly skilled and motivated workforce.

3. We must consider how the HSCP can further develop its use, interpretation and sharing of data to support effective decision-making. We recognise that good data lead to strong decision-making. Although accessing and sharing accurate and current data remain a challenge, we will build on existing systems and processes and seek to improve the availability of data, ensuring its safe and secure use, for the benefit of patients and other people who use our services and staff.

4. The HSCP Board has sought to positively engage with the Scottish Government at all stages of the development of the proposed National Care Service. We recognise that the implementation of local care boards and other legislative changes may affect our governance arrangements. We have provided the Scottish Government with a number of strong examples of integration leading to positive outcomes within West Dunbartonshire, and it is our intention to build on these solid foundations, in partnership, to improve our overall service provision.

5. We acknowledge the existing pressure on our resources and are committed to continuous improvement, using our resources and infrastructure in a way that achieves best value and enables the provision of effective and efficient services. Central to achieving best value is the added value that partnership working can bring to the HSCP. The collaborative advantage realised from strong partnerships will support the HSCP Board to achieve its strategic objectives.

6. We seek to embrace the benefits of new technology in service provision, in supporting our staff to do their job well and in improving outcomes for the people of West Dunbartonshire. Where appropriate, we will maximise the use of technology and support those who do not have access to technology.

Our Vision, Mission and Values

The pandemic has shown us the value of working closely with partners and communities; this plan builds on our vision to ensure that:

Everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, receiving care and support that prioritises independence, control, choice and recovery.

We know we cannot achieve this vision on our own and recognise that we must work together to integrate health and social care services around individuals, their carers and other family members, to best meet their needs. This includes understanding the wider impacts on health and social care, and shaping and influencing them wherever possible. It does not mean doing everything by ourselves: it means working with the wider community to make the right things happen in the right way at the right time. Our role in meeting these challenges, focusing everything we do on what matters, is reflected in our mission statement:

Improving lives with the people of West Dunbartonshire

Working together as an integrated health and social care system means that we must share a set of values for how we work. This lets everyone know what to expect. These values are key to delivering on our vision and align with the values of our partner organisations within NHS Greater Glasgow and Clyde and West Dunbartonshire Council. Our values are:

Respect **Compassion** **Empathy** **Care** **Honesty**

These values will be woven into the approach that the Health and Social Care Partnership (HSCP) takes to its work, for example:

- Our approach is **strengths based** and **person centred**:
  - We respect everyone as individuals with strengths, assets, skills and talents.
  - We avoid trying to fit people into a range of inflexible services. Instead, we focus on their strengths, assets and the outcomes they want to achieve.
  - We listen empathically to what matters to each person we work with, making sure they have an equal voice in their care and support.
  - We remove barriers so that people can engage and connect with what matters to them, including by providing support locally.
  - We tackle inequality, working to make sure that everyone has the same access to and experience of excellent care and support.

- Our approach is **collaborative** and **empowering**:
  - We communicate openly and honestly, sharing information and listening to others.
  - We make sure everyone can make informed decisions about their support and maintain an active role in their community.
  - We collaborate with people and communities to make sure we are working together effectively, and we are committed to developing more ways to share power.
  - We continue to value quality and teamwork, supporting effective integration, particularly across health and social care, but also across the whole system.
  - We support everyone who works to provide health and social care services to be knowledgeable, informed, innovative and creative in their work.
  - We will proactively seek opportunities to collaborate with community planning partners, including Police Scotland, education, housing and the third sector.
- We ensure **good governance** and **best value**:
  - Our services both in-house and commissioned will achieve sustainable outcomes at a sustainable cost, ensuring the optimal use of resources to achieve the intended outcomes. They will focus on person-centred care and outcomes and will be inclusive, well led and promote a sustainable and diverse market.
  - We will focus on the experience of the people who use our services, building on what works and making improvements where required.
  - Our decision-making is clear, transparent and inclusive (meaning that everyone is involved). Decisions are made with the people they affect and as locally as possible.
  - We will adopt a human rights approach, and the principles of dignity, fairness, respect and equality will be at the centre of all we do.
  - We fully promote creative approaches to how people are supported. Aligned with the Scottish Standards for Service Design, we will invest in innovation and improvement to provide support that works.
  - We will give full consideration to the impact of our services on climate change and will work with our NHS and local authority partners to meet their sustainability goals.
  - We promote best practice, commit to improving and meeting standards, and encourage evidence-based innovation across all health and social care services.
  - We will provide value-based health and care, which focuses on achieving outcomes that matter to people while using resources wisely.

Working with Partners

We aspire to the vision that everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, receiving care and support that prioritises independence, control, choice and recovery.

The right home in the right place with the right connections is crucial. People are connected to communities that care and look after one another, and are recognised and valued for who they are, so that they can focus on what matters to them. Family and friends, hobbies and interests, new experiences, work, volunteering or learning — these are the connections that matter, that make people feel valued and keep them well.

When people do need help, West Dunbartonshire Health and Social Care Partnership (HSCP) will strive to ensure that this help builds on these connections and focuses on helping people to achieve their desired outcomes through personalised, person-led, accessible and excellent-quality support. It also enables people to take control of their own health, which includes taking an active role in designing their support and listening to each other. When crises happen, people are supported quickly and intensively to regain stability and control in their lives.

We will work to ensure young people with complex needs and their families are supported in the move from children's to adult social care, and that people have a good choice of excellent-quality provision at every stage, tailored to their needs, to maintain and build their independence and ensure recovery. Commissioning and self-directed support play an important role in giving people choice, and links with the third and independent sectors are crucial in ensuring that this happens.

We will strive to ensure those who care for people are supported and valued, including unpaid carers, who are recognised for the invaluable role they play. Unpaid carers are recognised for their expertise and supported to make the right choices for them and their family.

Through our workforce plan, we want to make sure that West Dunbartonshire HSCP is an employer of choice, recognised as a great option for a career in health and social care. We strive to ensure that our workforce is empowered to make decisions with – not for – the people they support. Our workforce is supported through excellent-quality, ongoing professional development, innovative and creative practice and advancement opportunities.

We also want to ensure that everyone can live their lives well, and live the end of their lives with dignity and where they wish.

Continuing our commitment to strong partnership working, the HSCP and Third Sector Interface (TSI) will reconfirm their commitment to collaboration by revising the partnership agreement between both parties. The partnership agreement will set out how the HSCP and TSI, working together and with the wider community, can help to deliver on the HSCP's vision, mission and strategic outcomes.

We will continue to work closely with our partners in the third and independent sectors, working with service uses to identify their needs, to ethically commission community health and social care services on an individual and a locality basis, to meet current and future demand. This will ensure full engagement with people who access care, and support those who help people to access care and support, families and friends, unpaid carers, the workforce and providers.

Working with People

Working together we believe we can improve lives. We want to encourage and support people to:

- Make the most of the opportunities within West Dunbartonshire to do things that make them happy, promote their health and wellbeing, and connect them to their community, such as reaching out to friends, talking to a neighbour and participating in community events
- Choose the right health care when they need it, which might involve visiting their local pharmacist, dentist, optometrist or their GP, or looking after themselves through self-care at home
- Take responsibility for their own health and wellbeing, access services in a timely manner and keep healthy, active and safe, including by managing emerging and existing conditions
- Tell us if they care for a family member or relative and make sure they look after their own health and happiness as well as those of the person they are caring for
- Be honest with us about the things they love to do, so we can help them to improve their life if they do need our services
- Talk to us about what they need and tell us if we get it wrong
- Take an active role in defining and influencing their care and support.

By working together in this way, people will be able to take control of their lives, manage their conditions and live with a sense of independence.

Our Case for Change

As part of the development of Improving Lives Together, the Health and Social Care Partnership (HSCP) undertook a comprehensive strategic needs assessment. This complemented a previous assessment focusing primarily on Children's Services. Although the impact of Covid-19 has yet to fully reveal itself, our forecasts indicate that the demand for health and social care services will increase over the coming years, financial resources will decrease and more people will be living with multiple long-term conditions.

If we are to achieve our ambition of caring for people in more homely settings, we need to increase the availability and accessibility of high-quality community-based services, particularly for those with higher levels of need, and find more ways to keep people safe at home. Equally, we need to ensure that people have a choice in and control over the services they receive, and it is important that services within the community that support prevention and early intervention are also easily accessible.

West Dunbartonshire has a decreasing and ageing population. Between 2018 and 2028, the population of West Dunbartonshire is projected to decrease from 89,130 to 87,141. This is because fewer babies are being born each year and more people are moving out of the area than are moving in.

West Dunbartonshire has a high percentage of both lone-parent families and lone parents who are not in employment. Fifty per cent of lone parents in West Dunbartonshire were not in employment in 2020, the third highest figure of all local authorities in Scotland. Children in lone-parent families and non-working lone-parent families are more likely to have poorer mental wellbeing than children who are not in these categories. West Dunbartonshire is likely to have a high percentage of children, young people and parents who have had a number of adverse childhood experiences.

Life expectancy in West Dunbartonshire is lower than the Scottish average, with people living in the most deprived communities spending, on average, 24 fewer years in good health than those living in the least deprived areas. With people in the most deprived areas also dying younger, they spend more than one-third of their lives in poor health.

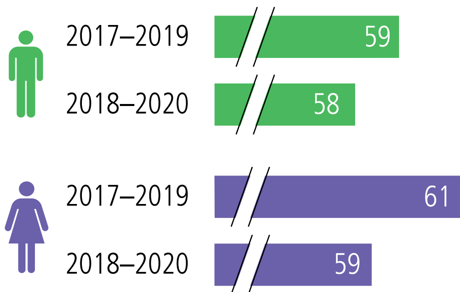
Healthy life expectancy has decreased in West Dunbartonshire to 58.1 years for men and 58.5 years for women. If all cancers were grouped together, cancer would be the leading cause of death in West Dunbartonshire. Setting this aside, the leading cause of death for men in 2020 was ischaemic heart disease (13.6% of all male deaths) followed by lung cancer (8.1%). The leading cause of death for women in 2020 was dementia and Alzheimer's disease (15.2% of all female deaths) followed by ischaemic heart disease (8.3%).

Before the pandemic, one in five Scots was living in relative poverty after housing costs, including almost one in four children. West Dunbartonshire contains the third equal highest share of the most deprived data zones of Scotland's 32 local authority areas. In 2019, 29% of West Dunbartonshire residents were in fuel poverty; this is predicted to rise to 41% from April 2022. Children's health and wellbeing are also affected by household income and the employment status of parents. Some 17.3% of children live in households in fuel poverty.

West Dunbartonshire continues to have a high rate of child poverty across the whole area (26%). Some 22.6% of children live in low-income families and rates of eligibility for and uptake of free school meals are high (27.4% for pupils in primaries 4–7), although the free school meal registration rate for secondary school pupils is on a downwards trend. At almost half of the primary schools in West Dunbartonshire, over 30% of pupils in primaries 4–7 are registered for free school meals.

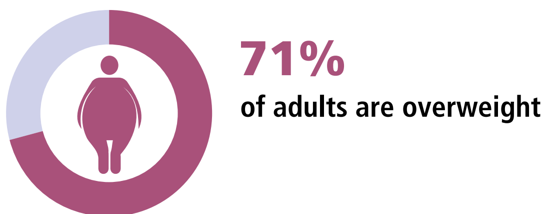
Demand for health and social services will increase

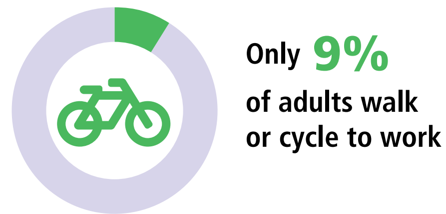
Healthy life expectancy has decreased



Top five burdens of disease

1. Cancer
2. Cardiovascular disease
3. Neurological disorders
4. Substance abuse
5. Mental health disorders

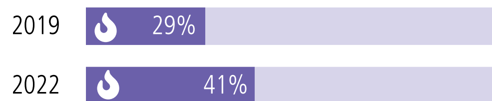




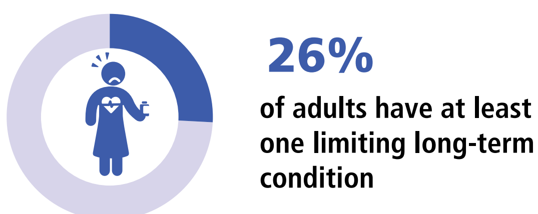
Financial resources will decrease

1 in 4 children live in poverty

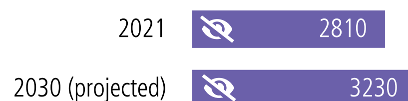
Fuel poverty is rising



More people will be living with multiple long-term conditions



The number of people living with sight loss will increase by **15%**



The total number of households in West Dunbartonshire is projected to decline between 2023 and 2043, with 42% of those named as responsible for accommodation over the age of 60 years. By 2028, it is projected that 1 in 2.4 households will have a single adult, with the number of single-adult dwellings having increased from 2012 to an average of 41.1% in 2020. Since 2016, 45.4% of children have been living in homes that failed the Scottish Housing Quality Standard.

In West Dunbartonshire, 23.7 per 1,000 school pupils have been assessed and/or have been declared as having a disability, compared with the Scottish rate of 24.3 per 1,000 pupils. Twenty-six per cent of West Dunbartonshire residents report having a lifelong, time-limiting condition (24% across Scotland). Women are more likely to be disabled than men, with disabled women at greater risk of violence and abuse than both non-disabled people and disabled men. A total of 458 individuals with a learning disability are known to HSCP's Learning Disability Services. Rates of learning disability are above the Scottish average, and individuals with a learning disability have some of the poorest health outcomes of any group in Scotland.

In West Dunbartonshire, 2,810 people are living with sight loss, 2,440 people with partial sight and 370 people with blindness, and 536 people are registered blind or partially sighted. By 2030, 3,230 people in West Dunbartonshire are expected to be living with sight loss, an increase of 15% from 2021.

Domestic abuse rates in West Dunbartonshire are the second highest in Scotland, with 168 incidents per 10,000 population reported to Police Scotland in 2020. Children are adversely affected by domestic abuse, with the average number of people involved per incident remaining at four (victim, perpetrator and two children).

In West Dunbartonshire, in 2020–2021, Police Scotland recorded 632 crimes, including assault and robbery, and 600 offences, for example antisocial behaviour, per 10,000 of the population, compared with the Scotland average of 451 crimes and 439 offences. West Dunbartonshire appears to have higher than average crime and offence rates, which can be linked to social, health and economic determinants related to poverty.

The proportion of adults achieving the recommended level of physical activity in West Dunbartonshire (62%) is similar to the NHS Greater Glasgow and Clyde (NHSGGC) area average (63%) and the same as the Scotland average (62%); however, West Dunbartonshire is ranked eighth lowest among Scotland's local authorities for active travel (cycling/walking). This is reflected in the decrease in the number of children walking to school. All schools in West Dunbartonshire engage with West Dunbartonshire Leisure Sports Development programmes, and Active Schools participation has increased.

The proportion of adults who are overweight (including obese) is higher in West Dunbartonshire (71%) than in the NHSGGC area (63%) and in Scotland (65%). Historically, West Dunbartonshire has one of the highest rates of maternal obesity in Scotland, at 26.3%. This is higher than the Scotland average of 22.6%. However, obesity among pupils in primary 1 has steadily fallen since 2013/14, and in 2016/17 was 7.6%, statistically significantly "better" than the national average of 10.4%.

Mental wellbeing is lower in West Dunbartonshire than in both the NHSGGC area and Scotland as a whole, with women reporting poorer mental wellbeing than men.

Self-reported male alcohol consumption in West Dunbartonshire is 15.2 units per week, which is higher than the Chief Medical Officer's low-risk guideline of 14 units per week.

More people smoke in West Dunbartonshire (17.5%) than in the NHSGGC area (15.5%) and Scotland as a whole (16%).

In West Dunbartonshire, an estimated 1.87% of the population uses drugs, equating to approximately 940–1,400 problem drug users. This is higher than the national average of 1.62% and places

West Dunbartonshire seventh among Scotland's local authority areas for problem drug use. Parental substance misuse has an adverse effect on children and young people, and concerns related to alcohol, drug and substance misuse are frequently identified as causes for concern at case conferences of children who are on the child protection register.

In West Dunbartonshire, 14.7% of S4 pupils reported drinking alcohol at least once a week. This is higher than the Scotland figure of 11.5%. In addition, 4.1% of S4 pupils reported using drugs at least once a month. The number of drug-related hospital stays among 11- to 25-year-olds is increasing and is higher than the Scottish average. West Dunbartonshire also has 543 young people in prison per 100,000 of the population. This is the highest figure of any local authority in Scotland.

The cancer rate in West Dunbartonshire (39.48 people per 10,000) is higher than in the NHSGGC area (35.6) and Scotland as a whole (37.9).

Cancer has the highest burden of disease across Scotland, that is, it is the health problem that has the biggest impact as measured by financial cost, mortality, morbidity and other indicators. Cancer is also ranked as having the highest burden of disease in West Dunbartonshire, with a 23.5% increase in men and a 9.1% increase in women projected by 2030. The three most prevalent types of cancer in West Dunbartonshire are breast, prostate and colorectal cancers.

Cardiovascular disease (heart disease, stroke and hypertension) has the second highest burden of disease in West Dunbartonshire. Rates of coronary heart disease, stroke and hypertension are higher in West Dunbartonshire than in the NHSGGC area and Scotland as a whole. Without considerable changes in risk factors, such as smoking, diet and physical inactivity, and combined with forecast population changes (ageing population), these compounding factors could result in a sizeable increase in cardiovascular disease.

Neurological disorders have the third highest burden of disease. A total of 688 people within West Dunbartonshire are living with dementia, and the number of people diagnosed with dementia is projected to increase by 16.3% by 2031.

Substance use disorders have the fourth highest burden of disease. Alcohol-related hospital admissions in West Dunbartonshire (1,075.35 per 100,000) are higher than the Scottish average (673.27 per 100,000) and are increasing. Nationally, the two most deprived areas, as assessed by the Scottish Index of Multiple Deprivation (SIMD), report 68% more alcohol-related hospital admissions than the overall average. Alcohol-related hospital admissions would be 44% lower if the levels of the least deprived area in West Dunbartonshire were experienced across the whole population of West Dunbartonshire. Alcohol-specific death rates are slowly decreasing in West Dunbartonshire, but are still higher than the Scottish average (28.55 per 100,000 and 20.4 per 100,000, respectively).

Drug-related hospital admissions in West Dunbartonshire (284.15 per 100,000) are higher than the Scottish average (221.26 per 100,000) and are rising. The number of drug-related deaths in West Dunbartonshire (35.66 per 100,000) is higher than the Scottish average (25.44 per 100,000).

The number of patients registered with depression is increasing year on year in West Dunbartonshire. Although the number of suicides has decreased from 24.41 (2007–2011) to 13.24 (2015–2019), suicide remains a significant issue in West Dunbartonshire.

Within West Dunbartonshire, the number of people attending an accident and emergency department (251.94 per 1,000 population in 2020/21) is higher among all age ranges than in the NHSGGC area and Scotland as a whole (219.79 and 204.08 per 1,000, respectively, in 2020/21). Nearly three-fifths (57%) of emergency admissions involve adults aged under 65 years.

The rate of emergency re-admissions within seven days of discharge is increasing in West Dunbartonshire.

Bed days associated with potentially preventable admissions have been consistently higher in West Dunbartonshire (114.65 days per 1,000 population) than in the NHSGGC area and Scotland as a whole (82.27 days per 1,000 population). In March 2021 alone, 999 bed days were due to delayed discharge. The rate of delayed discharge among adults with incapacity was higher in West Dunbartonshire than in the NHSGGC area and Scotland as a whole.

In 2020/21, falls-related admissions among adults aged 65 years and older were the lowest since 2016/17.

Across Scotland, young carers are more likely than other young people to live in the most deprived areas (as assessed by the SIMD). In West Dunbartonshire, the majority of known adult unpaid carers are female and aged between 45 and 64 years. The reported needs of adult carers include support to access services, and financial and health and wellbeing support. In 2020/21, Carers of West Dunbartonshire supported 1,250 carers and identified 263 new carers. Of the 145 young carers known to youth organisation Y Sort It, 23.4% are aged 8–11 years.

Measuring the Change

The Health and Social Care Partnership (HSCP) has developed a performance management framework to monitor and report on performance across all service areas against the National Health and Wellbeing Outcomes, National Outcomes for Children and Young People, National Outcomes for Community Justice and Core Integration Indicators developed by the Scottish Government. Please refer to Appendix 2 for details.

The actions detailed in our Improving Lives Together: Strategic Delivery Plan seek to improve our performance across all of the indicators detailed in Appendix 2, particularly across those that show a declining trend.

Our Strategic Landscape

West Dunbartonshire Strategic Planning Group has considered the data supporting our case for change, including through a series of partnership workshops. The strategic drivers identified during those workshops align with the key themes that define our strategic landscape both locally and nationally:

- We aim to improve health and reduce inequalities in health outcomes not only by providing high-quality health and social care but also by addressing the wider determinants of health that are rooted in the societal, economic, cultural, commercial and environmental contexts of the communities in West Dunbartonshire.
- We aim to ensure that health and social care across Adult and Children's Services is person centred, human rights based and seen as an investment in society.
- We aim to improve the care and wellbeing of people in West Dunbartonshire by making best use of digital technologies in designing and providing services. This includes maximising the use of new technology and enhancing the use of data, to inform our planning.
- We will develop a new model of health and social care, shifting the paradigm so that practitioners, the people who use our services and communities are full partners in efforts to achieve the triple aim of improving the experience of care for those who use our services (including in terms of quality and satisfaction), improving health outcomes for populations and reducing the per capita cost of health care.
- We will place a greater emphasis on engaging local people in decision-making processes to ensure effective outcomes, using the National Standards for Community Engagement and the Scottish Approach to Service Design.
- We will focus on Covid-19 recovery by embedding the urgency, flexibility and creativity that was so readily embraced during the pandemic to tackle the inequality and disadvantage exposed by it.

The integration of health and social care was introduced via the Public Bodies (Joint Working) (Scotland) Act 2014. The aim of this Act is to integrate health and social care in Scotland, to improve services for people who use them. Integration aims to ensure that health and social care provision across Scotland is joined up and seamless, especially for people with long-term conditions and disabilities.

Nine National Health and Wellbeing Outcomes apply to integrated health and social care, as shown below. Everything in our Improving Lives Together strategic plan is aimed at achieving these outcomes:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. 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.
3. People who use health and social care services have positive experiences of those services, and their dignity is respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.

6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

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

8. 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.

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

The nine National Health and Wellbeing Outcomes are embedded within the Framework for Community Health and Social Care Integrated Services.

The framework draws on contemporary evidence, takes account of enablers from the organisational development, strategic planning and service provision perspectives, and describes characteristics of effective integrated care. The Health and Social Care Partnership's (HSCP's) strategic outcomes, priorities, mission, vision and values are strongly aligned with the framework, and the HSCP will collaborate with partners on the use of the framework in the delivery of Improving Lives Together and service improvement activities.

Primary care is often the first point of contact with the HSCP and the NHS. This includes contact with community-based services provided by GPs, community nurses, dentists and dental nurses, optometrists, dispensing opticians, and pharmacists and pharmacy technicians. This contact can also be with allied health professionals such as physiotherapists and occupational therapists, midwives and pharmacists. Responsibility for all of these services has been delegated to the HSCP Board, and, through our Primary Care Improvement Plan, we are working to transform primary care services so we can better meet changing needs and demands.

Public Health Scotland's strategic plan – A Scotland Where Everybody Thrives – has a clear focus on four key priorities: Covid-19, mental wellbeing, communities and place, and poverty and children. These priorities relate to complex, linked challenges that require the collective action of many partners, across sectors. Improving Lives Together aims to support these priorities and has helped to inform our areas of focus.

The Scottish Government's Women's Health Plan underpins actions to improve women's health inequalities by raising awareness of women's health, improving access to health care and reducing inequalities in health outcomes for girls and women, in terms of both sex-specific conditions and general health.

Equally Safe is the Scottish Government's strategy for taking action on all forms of violence against women and girls, that is, violent and abusive behaviour carried out predominantly by men directed at women and girls because they are women and girls.

The Scottish Government's National Strategy for Community Justice complements its The Vision for Justice in Scotland, published in 2022, which sets out a vision for a just, safe and resilient Scotland. The vision is aligned with the Scottish Government's National Performance Framework. Reducing offending and reoffending will lead to fewer victims and crimes/offences, and will contribute to improving justice outcomes.

The Scottish Government's Housing to 2040 strategy sets out a vision of housing in Scotland to 2040 and a road map to get there. It aims to achieve the ambition of everyone having a safe, good-quality and affordable home that meets their needs in the place they want to be.

West Dunbartonshire Council has its own Local Housing Strategy 2022–2027. Chapter five of the strategy is dedicated to supported, specialist and particular needs housing, recognising that housing has an important role to play in health, because homes can affect people's health in a way that few other factors can. Homes are places where people spend a significant portion of their time, and the links to physical health are clear, but homes also invoke feelings of safety and security and therefore also have important connections to mental health. Having access to the right housing can lead to positive mental and physical outcomes. This is particularly the case for people who require specialist accommodation, need support to live independently or have housing requirements that differ from other groups. West Dunbartonshire HSCP enjoys a strong and positive relationship with council housing colleagues and will continue to build on this partnership to ensure that the housing needs of the most vulnerable are met.

The update to Scotland's Climate Change Plan 2018–2032 recognises that the global pandemic has had a negative impact on our ability to meet statutory targets for net-zero emissions. This plan recognises climate change as a human rights issue and the transition to net zero as an opportunity to tackle inequalities. West Dunbartonshire HSCP and its partners must do all that they can to support vulnerable people through these challenges and also make every effort to reduce their own carbon footprint.

Scotland's Digital Health and Care Strategy aims to improve the care and wellbeing of people in Scotland by making best use of digital technologies in designing and providing services. The principles of the strategy include being collaborative, inclusive, ethical and user focused, data driven and technology enabled. One of the aims is to ensure that no one is left behind by tackling digital exclusion and reducing inequality. West Dunbartonshire HSCP will seek to develop this work stream and use digital technology to transform people's lives where possible. A major barrier to the effective use of data is the inability to share information easily between different agencies. Work is ongoing with council and NHS colleagues to drive systemic change, to improve data sharing and access to systems while ensuring that data security and integrity are maintained.

NHS Greater Glasgow and Clyde has a strong track record in successful digital transformation, and its Digital on Demand Strategy 2023–28 presents its vision for the next phase in its digital journey. Working closely with NHS partners, we will ensure that the work of the HSCP aligns with this strategy as we consider how technology can help us meet the challenges of the coming years.

The Promise Scotland is responsible for driving the work of the change demanded by the Independent Care Review after listening to care-experienced infants, children, young people, adults and their families. The promise made is to ensure that every child grows up loved, safe and respected, and is able to realise their full potential.

A joint inspection of services for children at risk of harm in the West Dunbartonshire Community Planning Partnership area took place between October 2021 and March 2022. This inspection highlighted a number of areas for improvement and, in line with our commitments in respect of The Promise, continuing to work with partners on key areas of reform will be a priority for West Dunbartonshire HSCP.

The Scottish Government has published a bill that incorporates the United Nations Convention on the Rights of the Child (UNCRC) into law. The UNCRC is the "gold standard" across the world for children's rights. It covers all aspects of a child's life and sets out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure that all children can enjoy all their rights. The new law means that West Dunbartonshire HSCP must take steps to respect children's rights in its decisions and actions. It also means that children, young people and their representatives will be able to use courts in Scotland to enforce their rights.

June 2022 saw the National Care Service (NCS) Scotland Bill laid before Parliament. Although much of the detail has yet to be communicated, the principles on which this bill is based relate to the need to shift the paradigm in relation to social care, so that:

- Improving it is seen as an investment rather than a burden
- It is consistent and fair
- It enables rights and capabilities
- It is a vehicle for supporting independent living
- It is preventative and anticipatory
- It is the result of collaboration and relationships.

West Dunbartonshire HSCP has already made progress in some of these areas, and, in its response to the first round of consultation on the establishment of the NCS, the HSCP Board was able to demonstrate a number of good practice examples (see A National Care Service for Scotland: Consultation, 1 November 2021); however, there is still more to do. Improving Lives Together seeks to highlight the actions that we will take to continue to work in line with the principles on which the National Care Service (NCS) Scotland Bill is based; and, in this intervening period, in line with the Scottish Government and Convention of Scottish Local Authorities statement of intent, it aims to progress actions that do not require legislative solutions.

NHS Greater Glasgow and Clyde's Moving Forward Together promotes a partnership approach to developing plans for a better, modernised health and social care system for Greater Glasgow and Clyde residents.

The Scottish Government's Urgent and Unscheduled Care Collaborative is a strategic driver of providing the right care in the right place at the right time for every person, developing new models of care and services to meet the needs of the population. The Scottish Government identified a set of principles and eight whole-system high-impact changes with overall ambitions, defining what "good" would look like. The eight high-impact changes are:

1. Care closer to home
2. Redesign of urgent care
3. Virtual capacity
4. Urgent and emergency assessment
5. Rapid assessment and discharge
6. Models for acute care
7. Discharge without delay
8. Community-focused integrated care.

The current West Dunbartonshire Unscheduled Care Design and Delivery work streams are being progressed within this collaborative approach, along with new initiatives and opportunities to develop local services to meet the needs of our citizens.

This new system of care will be organised in the most effective way to provide safe, effective, person-centred and sustainable care, to meet the current and future needs of our population and provide best value. It will:

- Support and empower people to improve their own health
- Support people to live independently at home for longer
- Empower and support people to manage their own long-term conditions
- Enable people to stay in their communities, accessing the care they need
- Enable people to access high-quality primary and community care services close to home
- Provide access to world-class hospital-based care when the required level of care or treatment cannot be provided in the community
- Provide hospital care on an ambulatory or day case basis whenever possible
- Provide highly specialised hospital services for people in the Greater Glasgow and Clyde area and, in the case of some services, for people in the west of Scotland.

Improving Lives Together is designed to support the principles of Moving Forward Together and realise its ambition of providing safe, effective, person-centred and sustainable services.

Improving Lives Together is strongly aligned with the West Dunbartonshire Council Strategic Plan 2022–2027. From the vision of the former, which looks to take a strengths-based approach to working with citizens and reflects on the impact of health inequalities, to the inclusion of resilient and thriving communities as a strategic priority, there are many synergies and there will be many opportunities for the HSCP and West Dunbartonshire Council to work closely to support the citizens of West Dunbartonshire.

Our Strategic Outcomes, Priorities and Enablers

Strategic Outcomes

For 2023–2026, we have identified four strategic outcomes: caring communities, safe and thriving communities, equal communities and healthy communities. These outcomes build on our previous strategic plan, our learning and the data highlighted in our case for change.

West Dunbartonshire Strategic Planning Group was very clear that the emphasis on prevention, personalisation, inequalities and resilience should be retained, but that greater emphasis should be placed on engagement and wider community connections.

Caring communities

Outcome: Enhanced satisfaction among people who use our services, an increase in perceived quality of care and equitable access to services ensured.

Approach: In partnership with our staff, the people who use our services and communities, we will ensure that health and social care services are of high quality, accessible, safe and sustainable; that people have their rights, dignity and diversity respected; and that people have a voice in how services are designed and provided for both themselves and those they care for, ensuring that they can access the right care, at the right time, in the most appropriate setting.

Safe and thriving communities

Outcome: People are able to look after and improve their own health and wellbeing, and live in good health for longer, while ensuring that our citizens are safe from harm.

Approach: We will ensure that, when they need it, people can be cared for safely in a place they can call home, reducing the number of times they need to be admitted to hospital or the length of stay when admission is unavoidable. This will include a continued focus on improving the circumstances of adults and children at risk of harm.

Equal communities

Outcome: A reduction in the impact of the wider determinants of health.

Approach: We will tackle health inequalities in terms of both equitable access to health services and avoidable differences in people's health outcomes, increasing the number of years that people spend in good health and reducing the difference in life expectancy between communities. We will mobilise communities to build resilience, to overcome the health and wellbeing challenges they may face, particularly in relation to inequality, recovering from Covid-19 and the impact of an unpaid caring role, enabling them to lead healthy, happy and fulfilling lives.

Healthy communities

Outcomes: Improved health, an increase in independence and resilience, lower rates of hospital admissions, lower rates of re-admission and a reduction in reliance on health and social care services.

Approach: We will support communities to stay in good health by focusing services on prevention and early intervention, addressing the preventable causes of ill health, with access to timely and responsive services.

Strategic Priorities

Caring communities

We will provide better support to unpaid carers.

Our ambition and commitment is to elevate the status of and support for carers, proactively supporting health and wellbeing in its broadest sense, and provide a wrap-around service that supports and nurtures the role of unpaid carers within our communities. We know that unpaid carers have been disproportionately affected by the Covid-19 pandemic. We will build on the existing strategy to identify unpaid carers, listen to their voices and ensure that they are made aware of the support available and how to access it. We will also identify and where possible address gaps in provision. By working in partnership, we will seek to identify any challenges faced by unpaid carers in accessing services and help them to overcome these barriers.

We will undertake whole-pathway reviews, ensuring coordination and equity of access to services.

To ensure equity of access to services, we need to ensure easy access to services. When people need support from more than one team, this support must be integrated from the point of view of the people who use our services. We will focus on a number of key areas, including transitions between services for children and adults, pathways related to our burden of disease priorities, the Caledonian System and services targeted specifically at children. Recent inspections have highlighted the need for effective collaboration and partnership, and we will work closely with partners across the whole system to promote better data sharing and early identification of preventative interventions, which will focus on providing care in the most effective way at the earliest opportunity within each pathway. This will ensure that our services are as accessible and as joined up as possible.

We will empower our communities to be involved in planning and leading services locally.

To ensure that the people who use our services can exercise choice and control over the services they receive, we will ensure that strengths-based assessment and support planning, with personalisation and self-directed support, are at the heart of all we do. We are committed to a culture of co-production with communities of interest and communities of geography, and will review our participation and engagement strategy, to deliver on our mission statement.

We will ensure that staff are fully supported to carry out self-evaluation and improvement activities, to develop our continuous learning culture.

Self-evaluation is important because it allows the Health and Social Care Partnership (HSCP) to further its own learning by enabling reflection on performance. By seeking the voice of those with lived experience, we will identify service strengths and opportunities for improvement, allowing services to develop and grow.

We will shift the balance of care for children and adults by strengthening prevention and our community-based support options, keeping individuals in their community where possible.

Shifting the balance of care is a priority that underpins a number of the Scottish Government's national policies and strategies for health and social care, and applies across all care groups. This priority of

Improving Lives Together reflects the desire to move from providing traditional institutional forms of care to providing more person-centred support in community-based settings, with a focus on prevention and early intervention.

Integration is key to achieving this as we work to ensure that people get the right care at the right time and in the right place, and are supported to live well and as independently as possible. An important aspect of this is ensuring that people's care needs are better anticipated, so that fewer people are admitted to hospital or long-term care when this is not appropriate. That is why we will focus on reducing the inappropriate use of hospital services as part of our unscheduled care plans, shifting resources to primary and community care and developing additional community support options.

Safe and thriving communities

We will work with people to safely maintain their independence at home and in their local community, building on strengths and supporting unmet need.

Building on the My Life Assessment and embedding our approach to self-directed support, we will ensure that our approaches are person centred and focused on the rights of individuals to exercise choice and control. Staff will be trained in the Just Enough Support approach, which promotes collaborative practice and aims to increase awareness of available community support options and activities. We will ensure that the people who use our services receive timely reviews and, where necessary, reassessments as we move from the pandemic back to business as usual.

We will focus on reablement to promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; maximise independent living; and reduce or eliminate the need for an ongoing care package.

The main aim of reablement is to allow people to gain or regain their confidence, ability and the necessary skills to live as independently as possible, especially after an illness, injury or deterioration in health. Reablement is a person-centred approach, and the HSCP will develop this approach through Care at Home Services, providing a tailored, multidisciplinary care package for a short period of time to help individuals recover and increase their independence.

We will make the best use of technology-enabled care to transform the way people engage with and control their own health care, empowering them to manage it in a way that is right for them.

Our ambition is to make the best use of technology to shift the focus of health and care systems from crisis intervention to prevention, early intervention, enablement and supported self-management. Building on the innovative practice used during the pandemic, we will support the use of virtual patient management and will ensure that digital technology is used only as appropriate to the needs of the people who use our services.

We will work with partners and citizens to protect vulnerable adults and children and reduce exposure to harm.

We will ensure that processes are in place to meet our legal and statutory responsibilities relating to adult and child protection. We recognise that this is a high priority for the HSCP. To achieve this, we will ensure that we have robust arrangements in place to provide strong leadership, vision and direction across Adult and Children's Services. This will include having clear, accessible policies and procedures in place that are in line with relevant legislation, to ensure that the HSCP meets its statutory responsibilities through the adoption of best practice. We recognise that living a life that is free

from harm and abuse is a fundamental right of every person. We will encourage the people of West Dunbartonshire to act as good neighbours and citizens by looking out for one another and seeking to prevent harmful and abusive situations for children and adults at risk of harm.

We will work with partners to expand the choice of specialist and particular housing options for children and adults.

We recognise that housing is a positive enabler that has an important role to play in health, as homes can impact on people's health in a way that few other factors can. Homes are places where people spend a significant portion of their time, and the links to physical health are clear, but homes also invoke feelings of safety and security and therefore also have important connections to mental health. Having access to the right housing can lead to positive mental and physical outcomes. This is particularly the case for people who require specialist accommodation or support to live independently, or have housing requirements that differ from other groups. West Dunbartonshire HSCP enjoys a strong and positive relationship with council housing colleagues and will continue to build on this partnership to ensure the housing needs of the most vulnerable are met.

We will ensure that those involved in Justice Services are supported to reduce offending behaviour and improve justice outcomes across all order types.

We recognise the harm caused by the impact of offending and are committed to reducing offending and reoffending through collaborative and innovative multi-agency working arrangements and practice. We will support the achievement and scrutiny of outcomes together with the Community Justice Partnership and the Public Protection Chief Officers Group, taking into account multi-agency public protection arrangements guidance and community planning structures.

Equal communities

We will work with partners and communities to drive down the prevalence of gender-based violence and provide those affected with the support they need.

We remain committed to the Caledonian System, which is a nationally accredited programme for domestic abuse perpetrators with fully integrated Women and Children's Services. The innovative and internationally renowned Caledonian model has been shown to improve men's ability to control their behaviour and reactions, and make their partners feel safer.

We will mobilise the communities of West Dunbartonshire to help people to understand gender-based violence and why it happens, and to make it everyone's business. We want victims, their children and their families to know where to go to ask for help. We want everyone to know what to do if they suspect a friend, relative, colleague or neighbour is a victim of violence. We want people to care enough and to be brave enough to ask someone if somebody is being violent towards them.

We will provide a range of effective services that offer help and support to victims, their children and their families, no matter what the risk or the seriousness of the issue. We will continue to assess risk and provide the right intervention at the right time. Effective safeguarding and ensuring that the voice of the victim and the voice of their child are heard are at the heart of everything we do.

We will work with partners and communities to reduce the number of suicides and drug-related deaths.

Local and national data show that a large percentage of individuals who have suicidal thoughts and harm themselves are not in contact with health or social care services, and that action is required

beyond the health and social care system. We will work with individuals, families, community groups, private sector businesses and the third sector to help identify and support people at risk of suicide and those bereaved by suicide.

Key learning from practice and research is that suicide is preventable and that it is everyone's business, and that collaborative working is key to successful suicide prevention. Community Planning West Dunbartonshire's suicide prevention action plan was developed by a wide range of community planning partners, to ensure that a collaborative, whole-system approach is taken to suicide prevention and that responsibility for actions to prevent suicide is shared across West Dunbartonshire's Community Planning Partnership.

The HSCP Board will focus on suicide prevention and create an environment where help and support are available to anyone contemplating suicide and to those who have lost a loved one to suicide.

We will work to reduce, prevent or undo the impact of the wider determinants of health.

We recognise that the cost-of-living crisis and the deepening and widening of poverty across West Dunbartonshire will affect the health and behaviours of people who use the health and social care system and its staff. The Covid-19 pandemic has highlighted existing health inequalities and has renewed our focus on poverty. People experiencing poverty are at the deep end of health inequalities and are more likely to be a part of a minority group that experiences health inequalities as a result of, for example, race, gender or disability. It is important that work addressing health inequalities is explicit about the impact of poverty, because those affected by poverty are at high risk of experiencing the worst health outcomes.

Good or bad health is not simply the result of individual behaviours, genetics and medical care. A substantial part of the difference in health outcomes is down to the social, economic and environmental factors that shape people's lives. These factors are collectively described as the wider determinants of health.

Social inequalities determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances. The link between social inequalities and differences in health outcomes is strong and persistent. Mobilising communities to address the wider determinants of health will help to improve health equity as well as overall health. We will ensure that HSCP staff are aware of these factors and provide services in a person-centred way, targeted to the specific needs of the people who use our services.

We will integrate approaches from an equality and human rights perspective, with a focus on equal and equitable access to services.

Mainstreaming our equality outcomes sets out to effect both cultural and systemic change across the HSCP, so that an equality perspective is integrated into its day-to-day working across all services. It is a long-term strategic approach to ensuring that equality, diversity and inclusion sit at the heart of our culture and operational delivery.

Many of our community members, including staff and people who use our services and their carers, experience inequality because of their age, sex, disability, sexual orientation, gender reassignment, marital status, pregnancy or maternity status, race, religion or beliefs. We will ensure that service design, provision and development take account of the needs of people who are inappropriately stigmatised by ensuring that they are considered in the planning process and by making adjustments to plans to mitigate any inequality in access.

We will ensure that children and young people who require permanent care outwith their family home have appropriate and timely care options that meet their needs.

We are currently reviewing our response to referrals for all children and young people if there are new concerns, to better enable social workers and their managers to sufficiently prioritise long-term permanency planning arrangements for children. Existing resources and the need for any addition resources will be considered as part of the review.

Dedicated service improvement resources will help to secure more and better-quality data and develop performance measures, to improve the service and ensure that plans for children's permanent care are robust and completed appropriately. The independent chairing of Looked After Reviews for children in placement will increase the level of scrutiny and oversight of individual children's cases, and ensure quarterly reporting on the progression of plans.

We will put the voice of patients and other people who use our services at the centre of upholding their rights and informing our services.

Services provided to children and young people will be rights based, with the voice of children at the centre of service provision and care planning. As part of the implementation of Improving Lives Together, a five-year strategic approach is being launched to shift the balance of care and ensure that more children benefit from family-based, loving relationships within their own families and communities. We have recently appointed four new independent chairpersons, who will be funded initially for two years, to provide scrutiny and oversight, ensuring that children's rights are upheld. Our ambition to deliver on "The Promise", developed following the national care review, is central to providing services for children and their families.

Person-centred care is central to the range of health and social care assessments within the HSCP, and subsequent care planning ensures that all agreed health and social care interventions are rights based. We will enhance the use of feedback to inform service improvement by developing a regular cycle of collecting feedback from the people who use our services and reporting on it through clinical and care governance arrangements.

We will commission a dedicated advocacy service for the people who use our Addiction Services, to access treatment and care, and their families. The implementation of REACH Advocacy Scotland training across the whole system will raise awareness of the rights of the people who use our services. This will be underpinned by the implementation of Medication Assisted Treatment (MAT) Standards.

The introduction of a lived and living experience panel and a family support group will support our Addiction Services. This co-production approach will be taken forward in collaboration with the Recovery Orientated Systems of Care delivery groups.

A self-directed partnership approach will underpin our services.

Children's Services is currently developing a five-year strategy, which will be launched in 2023. Delivering on The Promise and ensuring that the voice of families is central to all that we do will be at the heart of this strategy, ensuring that self-directed options for families are incorporated into children's planning.

A self-directed partnership approach is also central to service provision within Adult Services and is being actively promoted across integrated teams.

Within Addiction Services, MAT Standards will be embedded into practice; this will ensure that everyone who uses our services has an element of choice.

We will improve the mental health and wellbeing of children and adults.

Evidence indicates that particular groups are at higher risk of developing mental health problems. People at particular risk include carers; LGBT people; people living with disabilities and/or physical health problems; people who have experienced adverse life events; people with learning disabilities; people living with dementia and autistic spectrum disorder; and ex-armed forces personnel.

It is important to identify people who need mental health support as early as possible, whenever opportunities are presented, which is most often in a place where people feel comfortable. This may be in primary care settings or it may be through housing or advice and welfare provision (among other services).

We aim to build on our asset-based way of working to ensure that the right support is given at the earliest opportunity by continuing to upskill front-line staff across the public sector, voluntary sector and within workplace settings, to identify and appropriately support or direct people to support.

Healthy communities

We will address the preventable risk factors for poor physical and mental health, including obesity, smoking and the use of alcohol and drugs.

We recognise that smoking, poor diet, physical inactivity and substance use are leading risk factors driving West Dunbartonshire's high burden of preventable ill health and premature mortality. All relate to socioeconomic status and contribute significantly to widening health inequalities. We will seek to develop approaches that address the complex system of influences that shape people's behaviour. To address preventable and long-term conditions, we will promote the adoption of self-care or self-management techniques.

We will continue to play an active role in the West Dunbartonshire Alcohol and Drug Partnership, the strategic, multi-agency group tasked by the Scottish Government to reduce harm caused by alcohol and drug use.

Working with partners, we will enhance opportunities and support measures to tackle barriers to active travel and promote the more effective use of green space.

Active travel was traditionally used to refer to non-motorised forms of transport that involve physical activity, such as walking and cycling, but is now also used to refer to using public transport for longer distance trips, as these generally also involve walking or cycling.

Active travel and access to high-quality open and green spaces promote independence, generate health, economic and social benefits, can contribute to improved wellbeing and can help to prevent or manage a range of chronic health conditions.

We recognise the impact of adverse childhood experiences and seek to reduce the incidence and impact of all types of childhood adversity and trauma.

Psychological trauma, including adverse and traumatic experiences in childhood and adulthood, is more common than is often assumed. Many people will recover without the need for professional therapy or treatment, but, if those affected are not supported, it can have a range of negative consequences.

In particular, growing up with adverse childhood experiences (ACEs) – such as abuse, neglect, community violence, homelessness or living in a household where adults are experiencing mental health issues or where there is harmful alcohol or drug use – can have a long-lasting effect on people's lives.

We are working in partnership with a wide range of sectors and services to help reduce the incidence and impact of all types of childhood adversity and trauma, focusing on:

- Support for children, parents and families to prevent ACEs and trauma
- Mitigating ACEs and trauma for children and young people
- Developing a trauma-informed workforce and trauma-informed services
- Raising societal awareness about ACEs and trauma, and supporting local actions across communities.

We are also working to address the social and economic circumstances in which people live. Social inequalities, such as poverty and gender inequality, can influence levels of childhood adversity and trauma and people's ability to overcome such experiences. The Covid-19 pandemic further exacerbated social inequalities and, in some cases, led to an increase in childhood adversity and trauma.

We will adopt a community-based preventative approach to reduce admission to hospital.

A community-based preventative approach is central to developing awareness and building assets to support a range of pre-emptive activities to reduce admission to hospital. An example of this is the My Power of Attorney campaign under way in Dumbarton and Alexandria, which is working with Citizens Advice and Carers of West Dunbartonshire to promote and support the completion of power of attorney documents and their registration with the Office of the Public Guardian.

This preventative approach also includes promoting the self-management of long-term conditions, with the aim of working with communities to develop initiatives to raise awareness of the importance of self-management and the impact that this will have on healthy life expectancy and reducing the risk of hospital admission.

We will implement a five-year strategy in Children's Services, underpinned by a medium-term financial plan to develop our preventative provision and reduce the balance of care. Our strategic approach to community justice is being developed to ensure that custody-to-community pathways are further developed, and prevention is a key focus of our approach. We will develop services based on the voice and lived experience of the people who use our service, to ensure that all services are rights based.

In Addiction Services, we will expand the current assertive outreach model of care being provided by statutory and non-statutory partners via the harm reduction mobile unit and non-fatal assertive outreach team.

Strategic Enablers

Strategic enablers are capabilities, capacities and resources that contribute to the operational effectiveness of the HSCP and are required to effectively implement our Improving Lives Together strategic plan. We have identified five strategic enablers: workforce, finance, technology, partnerships and infrastructure.

Workforce

Our staff and the staff of our partner organisations are our most valued asset. We need to invest in our workforce and overcome challenges in recruitment and retention, be more creative in respect of

hard-to-fill vacancies, including by improving our pipeline of available resources, and train and develop our staff and ensure that we support them to improve their health and wellbeing.

Finance

Having sufficient financial resources is fundamental to ensuring appropriate service provision; however, public sector funding struggles to keep pace with rising costs and the demographic pressures we face. Improving Lives Together demonstrates that we provide a wide range of complex services. With demand and workforce pressures predicted to increase across all sectors, and financial resources expected to continue to decline, it is important that we continue to focus on service improvement, to ensure that service provision is as efficient and effective as possible, so that we achieve best value and use our existing resources to best effect.

Our medium-term financial plan (MTFP) for 2022/23 to 2026/27 sets out the scale of the financial resources likely to be available to the HSCP and how inflationary and demographic pressures alone will mean that spending will exceed the budgets available. The MTFP also sets out at a high level how the strategic enablers will support service provision while maintaining financial balance.

The MTFP's broad key themes are as follows:

- **Better ways of working** – we will integrate and streamline teams, including by using the benefits of ICT to provide services more efficiently, to release financial savings and protect front-line services.
- **Community empowerment** – we will support the vision of resilient communities with active, empowered and informed citizens who feel safe and engaged and can be main contributors to service change across health and social care.
- **Prioritising our services** – local engagement and partnership working are key strengths of the HSCP. We must think and do things differently and find new solutions to providing support to those who need it.
- **Equity and consistency of approach** – we will ensure the robust application of eligibility criteria for new packages of care and the review of current packages using the My Life Assessment tool.
- **Service redesign and transformation** – continuing to use evidence-informed approaches, including the Scottish Approach to Service Design, we will build on the work already under way in redesigning support for people to remain in or return to their own homes or a homely setting for as long as possible. This will apply across all care groups, including older people, people with learning, physical and mental disabilities, and children and families, in partnership with Housing Services and third sector and local providers.

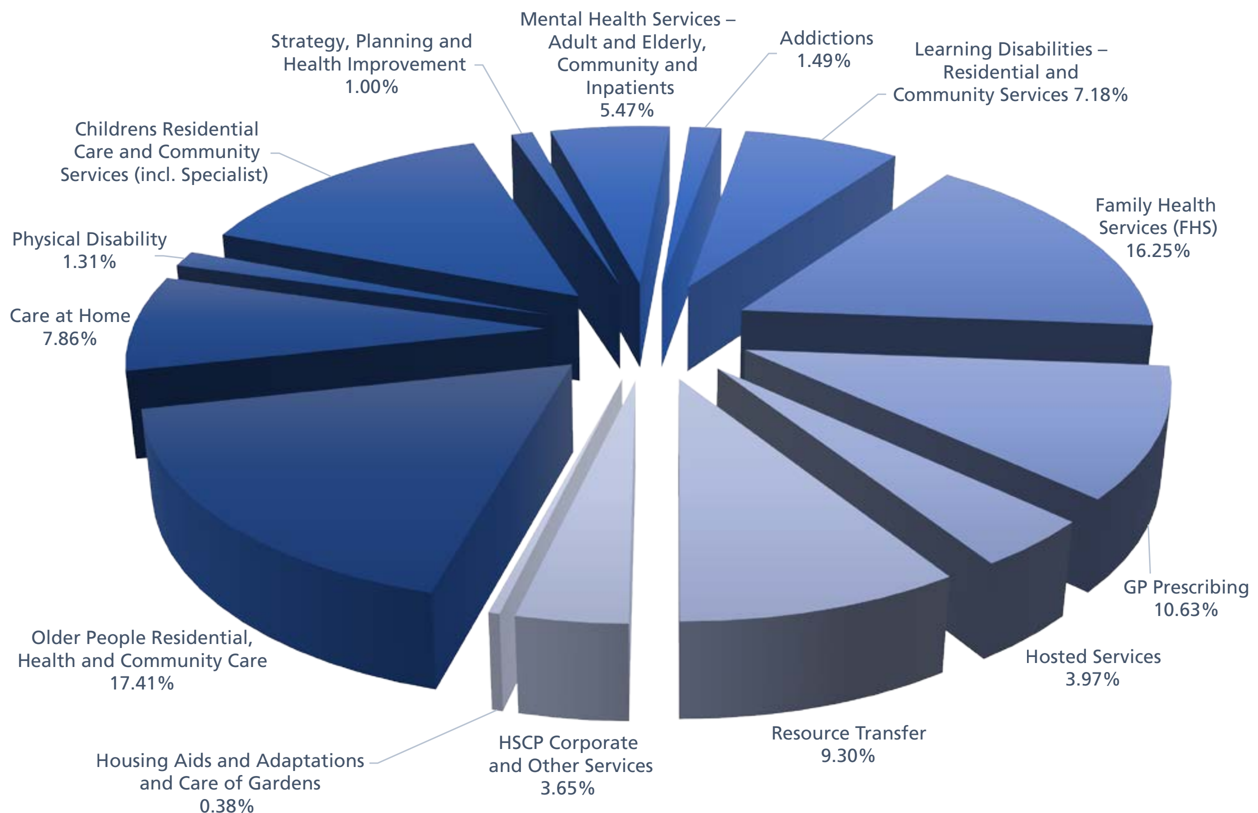
The strategic priorities of the HSCP form the basis for commissioning services and are informed by the strategic needs assessment and integrated performance framework of the HSCP.

The following table is an extract from the 2022/23 MTFP and highlights the final and indicative budgets to 2026/27. The projected gaps are subject to change to reflect the pay awards exceeding the 2022/23 public sector pay policy.

	Indicative Estimate 2022/23 £000s	Indicative Estimate 2023/24 £000s	Indicative Estimate 2024/25 £000s	Indicative Estimate 2025/26 £000s	Indicative Estimate 2026/27 £000s
Approved/Indicative Budget by Service Area					
Older People Residential, Health and Community Care	32,351	32,835	33,770	34,730	35,715
Care at Home	14,597	15,133	15,673	16,232	16,811
Physical Disability	2,434	2,599	2,725	2,857	2,995
Children's Residential Care and Community Services	26,230	26,730	27,426	28,139	28,871
Strategy, Planning and Health Improvement	1,859	1,899	1,956	2,014	2,075
Mental Health Services – Adult and Elderly, Community and Inpatients	10,161	10,606	10,994	11,395	11,919
Addictions	2,766	2,847	2,953	3,063	3,178
Learning Disabilities – Residential and Community Services	13,347	13,643	14,061	14,489	14,931
Family Health Services (FHS)	30,196	30,196	30,196	30,196	30,196
GP Prescribing	19,744	20,692	21,698	22,723	23,769
Hosted Services	7,373	7,594	7,821	8,054	8,294
Criminal Justice	0	0	0	0	0
Resource Transfer	17,280	17,578	17,889	18,200	18,405
Covid-19	0	0	0	0	0
HSCP Corporate and Other Services	6,779	7,033	7,106	7,181	7,257
Indicative Revenue Budget	185,117	189,386	194,268	199,274	204,415
Housing Aids and Adaptations and Care of Gardens	705	719	733	747	762
Indicative Budget Requirement	185,822	190,105	195,000	200,021	205,177
Actual/Indicative Funding by Resource Type					
West Dunbartonshire Council Revenue Funding	81,777	81,441	81,441	81,785	81,785
Housing Aids and Adaptations and Care of Gardens	705	719	733	747	762
NHSGCC Revenue Funding	102,991	104,787	106,859	107,838	109,994
Application of Reserves	349	344	344	0	0
Indicative Funding	185,822	187,290	189,377	190,370	192,541
Indicative Budget Gap					
	(0)	(2,815)	(5,623)	(9,652)	(12,635)

How we use our current funding is shown in the figure below.

WD HSCP Net Expenditure 2022/23 – £185.22m (excluding Set Aside budget)



Technology

The health and social care sector faces many pressures, and this plan demonstrates the risk in respect of demand outweighing available resources. During the pandemic, these pressures were magnified and the use of technology proved to be a positive addition to the sector. Data and digital technologies must be central to service improvements, to improve outcomes, promote efficiency and prevent and reduce demand. The effective use of data and digital technologies can connect people; help us to understand and meet their needs; build on the strengths of individuals and communities; and support independence and resilience. This will ensure that where resources are limited they are targeted to supporting and protecting the most vulnerable in our communities. The effective use of data and digital technologies can also transform how services are designed, broadening and deepening the engagement of staff, the people who use our services and the community, and improving outcomes with proactive and preventative decision-making.

Partnerships

Partnerships are important because they enable action on the determinants of health, which is vital in addressing health inequalities. Our priorities are strongly connected to, and will help to accelerate, our contribution to local strategic planning and Community Planning Partnership activity, recognising that key partners will have a number of common priorities. Developing and maintaining positive relationships with our community planning partners and our communities are crucial to successfully implementing Improving Lives Together. We will seek to embed partnership working in our ethical

commissioning process, to effectively understand, plan and provide services. Co-production with communities of geography and communities of interest, and especially with people with lived and living experience, must be at the core of designing, providing and improving our services and achieving our strategic outcomes.

Infrastructure

The property and assets we use for the provision of health and social care services need to be fit for purpose and shaped by the needs and demands of services. The HSCP is committed to reducing its carbon footprint and recognises, through work such as the Shaping Places for Wellbeing Programme, the impact of the built environment on our service provision. Transport is also a key enabler of easy access to our services for the people who use them and their families and carers.

Our Delivery Plan and Measuring Success

This Improving Lives Together strategic plan is supported by a clear delivery plan, which details all the actions we will take over the next three years to achieve our strategic outcomes. This delivery plan provides a framework that will allow the Health and Social Care Partnership Board to monitor progress on implementing Improving Lives Together and enhances current performance reporting arrangements.

The delivery plan provides detail on the programmes of work and the individual projects that will be undertaken in relation to each priority, for example who will be responsible for delivery, the delivery timescale and outcome measures.

Progress in implementing Improving Lives Together will be monitored on an ongoing basis by the Senior Management Team using our existing programme management and governance arrangements and, where appropriate, the Clinical and Care Governance Committee and the Audit and Performance Committee.

Our Annual Performance Report (APR) will continue to be approved and published annually by the Health and Social Care Partnership Board as required under the Public Bodies (Joint Working) (Scotland) Act 2014.

Progress in relation to the nine National Health and Wellbeing Outcomes noted in the section "Our Strategic Landscape" is measured using an agreed core suite of 23 national indicators. We accept that the core suite of indicators may require some changes; however, these are the indicators currently used to measure outcomes.

In our APR, we are required to demonstrate how we are contributing to improving National Health and Wellbeing Outcomes. HSCPs across Scotland have agreed that including an appendix to APRs showing the latest performance against national indicators is currently the best and only way to demonstrate this, while also allowing for benchmarking.

The Local Government Benchmarking Framework (LGBF) brings together a wide range of information on how all Scottish councils are performing in terms of providing services to local communities.

It is a high-level benchmarking tool designed to help Senior Management Team and Health and Social Care Partnership Board members ask questions about key services. Because of the complex nature of providing social care services, the LGBF is only one of a number of resources used by the Health and Social Care Partnership (HSCP) to monitor the performance of delegated services.

HSCPs across Scotland work together to report standard information on the services we provide. This information takes the form of indicators that measure aspects of performance, for example how much a service costs per user and how satisfied local people are with a service.

The LGBF provides high-level information designed to encourage scrutiny and establish why cost and performance vary between similar local authority areas. The framework itself does not supply the answers; however, it does support data-informed decision-making as HSCP services "drill down" and explore the reasons for these variations. This will in turn drive improvement activity.

Appendix 1
Health and Social Care Partnership Board Delegations

Services delegated by NHS Greater Glasgow and Clyde to the HSCP 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 allied health professionals in an outpatient department, clinic or outwith 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
- Public Dental Services
- 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 outwith a hospital in relation to geriatric medicine

- Palliative Care Services provided outwith a hospital
- Community Learning Disability Services
- Rehabilitative Services provided in the community
- Mental Health Services provided outwith a hospital
- Continence Services provided outwith a hospital
- Kidney Dialysis Services provided outwith a hospital
- Services provided by health professionals that aim to promote public health.

Services delegated by West Dunbartonshire Council to the HSCP Board:

- 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 Services
- 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 Coordination Services
- Self-directed Support Services
- Occupational Therapy Services
- Reablement Services, including the provision of 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
  - Childcare
  - Special needs/additional support
  - Early intervention
  - Through-care services
- Social Work Criminal Justice Services, including Youth Justice Services.

Hosted services, that is, services provided by the HSCP and across the Greater Glasgow and Clyde area:

- Musculoskeletal physiotherapy
- Diabetic retinal screening.

Appendix 2
Performance Monitoring

The Health and Social Care Partnership (HSCP) has developed a performance management framework to monitor and report on performance across all service areas against the National Health and Wellbeing Outcomes, National Outcomes for Children and Young People, National Outcomes for Community Justice and Core Integration Indicators developed by the Scottish Government.

National Health and Wellbeing Outcomes

Performance indicator	2021/22 Value	2021/22 Target	2023/24 Target
Number of delayed discharges over 3 days (72 hours) – non-complex cases	15	0	0
Number of bed days lost to delayed discharge (aged 18+) – all reasons	10,260	5,839	11,124
Number of bed days lost to delayed discharge (aged 18+) – complex codes	5,623	No target set	5,623
Number of acute bed days lost to delayed discharges (inc. adults with incapacity) – aged 65+	7,392	4,417	9,112
Number of acute bed days lost to delayed discharges for adults with incapacity – aged 65+	3,564	No target set	3,930
Number of emergency admissions aged 18+	8,875	9,180	TBC
Number of emergency admissions aged 65+	4,492	4,537	TBC
Emergency admissions aged 65+ as a rate per 1,000 population	266.3	271	TBC
Number of unscheduled bed days aged 18+	76,758	70,940	TBC
Unscheduled acute bed days (aged 65+)	54,016	48,626	TBC
Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	3,202	2,906	TBC
Number of attendances at accident and emergency (aged 18+)	21,782	18,800	20,020
Number of clients receiving Home Care Pharmacy Team support	1,248	1,030	1,248
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services – West Dunbartonshire HSCP	33%	90%	90%
Percentage of carers who feel able to continue in their caring role when asked through their Adult Carer Support Plan	95.2%	95%	95%
Percentage of carers who are willing to continue in their caring role when asked through their Adult Carer Support Plan	N/A	N/A	95%
Number of Adult Carer Support Plans completed	N/A	N/A	TBC
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	94%	90%	90%
Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	70%	100%	100%
Number of people receiving telecare/community alarm service – all ages	1,918	2,200	1,942

Performance indicator	2021/22 Value	2021/22 Target	2023/24 Target
Number of people receiving home care – all ages	1,425	No target set	TBC
Number of weekly hours of home care – all ages	10,519	No target set	TBC
Percentage of people who receive 20 or more interventions per week	N/A	N/A	TBC
Percentage of home care clients receiving personal care	N/A	N/A	99%
Percentage of patients who started psychological therapy treatments within 18 weeks of referral	68.5%	90%	90%
Prescribing cost per weighted patient (annualised)	£168.58	£173.79	TBC
Compliance with Formulary Preferred List	77.16%	78%	78%

National Outcomes for Children and Young People

Performance indicator	2021/22 Value	2021/22 Target	2023/24 Target
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%
Percentage of child protection investigations to case conference within 21 days	69.4%	95%	95%
Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non–offence (care and protection) grounds	311	No target set	N/A
Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	59	No target set	N/A
Balance of care for looked-after children: percentage of children being looked after in the community	89%	90%	90%
Percentage of children from black minority and ethnic communities who are looked after that are being looked after in the community	71%	No target set	90%
Percentage of 16- or 17-year-olds in positive destinations (further/higher education, training, employment) at point of leaving care	100%	75%	80%
Child and Adolescent Mental Health Services 18 weeks referral to treatment	96%	90%	90%
Mean number of weeks between referral and treatment for specialist Child and Adolescent Mental Health Services	7	18	18

National Outcomes for Criminal Justice

Performance indicator	2021/22 Value	2021/22 Target	2023/24 Target
Percentage of criminal justice social work reports submitted to court by noon on the day prior to calling	72%	98%	98%
Percentage of Community Payback Order recipients attending an induction session within 5 working days of sentence	80.6%	80%	80%
Percentage of unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence	30.2%	80%	80%

Core Integration Indicators

Performance Indicator	Year	Value
Percentage of adults able to look after their health very well or quite well	2021/22	89.9%
Percentage of adults supported at home who agree that they are supported to live as independently as possible	2021/22	83.2%
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	2021/22	75.1%
Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated	2021/22	77.2%
Percentage of adults receiving any care or support who rate it as excellent or good	2021/22	77.5%
Percentage of people with positive experience of the care provided by their GP practice	2021/22	64.6%
Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	2021/22	85.7%
Percentage of carers who feel supported to continue in their caring role	2021/22	31.7%
Percentage of adults supported at home who agree that they felt safe	2021/22	87.9%
Premature mortality rate per 100,000 persons	2021	627.2
Rate of emergency admissions per 100,000 population for adults	2021	13,156
Rate of emergency bed days per 100,000 population for adults	2021	133,255
Rate of readmission to hospital within 28 days per 1,000 discharges	2021	96
Proportion of last 6 months of life spent at home or in a community setting	2021	90%
Falls rate per 1,000 population aged 65+	2021	22.7
Percentage proportion of care services graded "good" or better in Care Inspectorate inspections	2021/22	87.7%
Percentage of adults (18+) with intensive care needs receiving care at home	2021/22	72.1%
Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	2021/22	972