

**East Dunbartonshire Health and Social Care Partnership
Strategic Plan 2025-30**

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1 Foreword

As Chair of East Dunbartonshire's Integration Joint Board, I am pleased to present the fourth Strategic Plan for East Dunbartonshire Health & Social Care Partnership, covering the years 2025 to 2030.

It is important that we are honest from the outset, acknowledging the challenging environment in which this high-level plan has been developed. Unprecedented financial pressures across all public services and an ongoing cost-of-living crisis have created significant difficulties. We are acutely aware that deepening poverty leads to declining health and wellbeing, placing even greater pressure on our services and the staff who deliver them. Therefore, we aim to be transparent about the challenges we and others face, and the innovative and transformative approaches we must continue to adopt to achieve our priorities.

Given the scale of our financial challenge (with projected savings required between £7.6m and £13.3m each year from 2024/25 onwards), we will need to consider options for service reduction and cessation, as the IJB cannot continue to deliver the range and levels of services currently delivered. It is likely that during the lifetime of this plan, and in the context of funding not keeping pace with increasing demands for services and rising delivery costs, disinvestment options will need to be considered, particularly when the impact, alignment or value for money delivered by a service is not as strong as it could be.

With this in mind, we want to move away from traditional service models based on distinguishing people by condition or age, or focusing on a deficit model predicated on demand. Instead we want to move to whole person and community approaches. We recognise that some of the greatest improvements in people's health and wellbeing will be as a result of what they do for themselves. By preventing unnecessary ill-health, we can live longer, be happier, and experience fewer complications in later life. It is therefore important that we continue to recognise and build on the prevention, early-intervention and self-management agenda, minimising unnecessary activity for both individuals and staff, and making the most efficient use of the resources we have.

I would like to thank everyone who has contributed their time and insights to the development of this plan. This input has been invaluable in shaping the aspirations of this plan within the reality of the current landscape.

We hope that you will recognise the ambition in our plan and continue to join us in a collaborative approach.



Councillor Calum Smith
Chair, East Dunbartonshire Integration Joint Board

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2 Introduction

Background: Health and Social Care Partnerships

The East Dunbartonshire Health and Social Care Partnership (HSCP) was established in 2015 following Scottish Government legislation to integrate health and social care services. The work of the Partnership is governed by the Integration Joint Board, known as the HSCP Board, which includes members from East Dunbartonshire Council and NHS Greater Glasgow and Clyde Board, as well as representatives from the third sector, staff, independent contractors, service users, carers, and provider organisations. The HSCP is designed to be collaborative at every level, involving partners and stakeholders, and representing the interests of the general public.

Integration has significantly changed how health and social care services are planned and delivered across Scotland. The HSCP Board is responsible for the integrated planning of a wide range of community health and social care services for adults and children. The delivery or arrangement of those services is then carried out by the Council and the Health Board on behalf of the HSCP Board, in line with its strategic and financial plans. The HSCP Chief Officer is responsible for the management of planning and operational delivery on behalf of the Partnership overall. An illustration of these governance arrangements is provided in Annex 1.

The East Dunbartonshire HSCP is one of six in the Greater Glasgow and Clyde area. To ensure consistency and for economy of scale, some health services are organised Greater Glasgow-wide, with a nominated HSCP hosting the service on behalf of its own and the other five HSCPs in the area. A full list of the health and social care services and functions delegated to the HSCP Board is set out in the Integration Scheme.¹

Every HSCP Board is required to produce a Strategic Plan that sets out how they intend to achieve, or contribute to achieving, the National Health and Wellbeing Outcomes (see Annex 3) and should also have regard to the National Integration Delivery Principles (see Annex 4). Strategic Plans should consider how to best meet the particular population needs of their areas and should also set out their plans for localising services into smaller communities within their overall geography.

HSCP Strategic Plan 2025-30

This is the fourth Strategic Plan produced by East Dunbartonshire HSCP, outlining how the Partnership aims to improve the health and wellbeing of adults and children in East Dunbartonshire through the design and delivery of improved integrated health and social care arrangements and services. The plan sets out the strategic direction for the next five years and highlights the key priorities. Our vision remains

¹ [East Dunbartonshire Health and Social Care Partnership Board | East Dunbartonshire Council](#)

unchanged, and our updated strategic priorities continue to reflect and support delivery of the National Health and Wellbeing Outcomes.

It is important to acknowledge that the landscape of health and social care has changed significantly in the short time since the previous plan was published. Our aspiration to improve and develop services and partnerships in our 2022-25 Strategic Plan was impacted significantly by financial pressures shared with the Health Board and Council. This was further compounded by increasing demand pressures, both in terms of volume and complexity of care. These pressures are expected to increase over the period of this plan as the impact of budget cuts across public services is felt by service users.

In the context of these challenges, this plan has aspirations grounded in the realities of the pressures being faced in the health and social care sectors, aiming to build towards a fair, equitable, sustainable, modern, and efficient approach to service delivery. Some areas of redesign may extend beyond the five-year scope of this Strategic Plan and, unless new resource streams are forthcoming, any requirement to invest further in one service area will require greater efficiency or disinvestment in another. Implementation of the Plan will also continue to be based on certain assumptions and dependencies that may be fragile.

Where new funding streams are available, we aim to:

- Invest in early intervention and prevention;
- Empower people and communities by encouraging more informal support networks at a local level;
- Ensure that people have access to better information earlier, to allow them to access the right support at the right time, from the right person.

These developments should deliver better outcomes for people and will also make for a more efficient, sustainable system of care and support.

It is predicted we will continue to see significant change in the make-up of our growing population, with an increase in people living longer with multiple conditions and complex needs who require health and social care services. This rise in demand is expected to increase pressure on financial resources, rendering current models of service delivery unsustainable. We have shaped this plan to move in a strategic direction that is responsive and flexible for the future.

As we prepare to publish this new Strategic Plan, the Scottish Government's plan to create a National Care Service is still in progress, with potentially significant implications for local Health and Social Care Partnerships. In the meantime, this Strategic Plan is based on the current known factors. In the event of changes to the

health and social care landscape, the HSCP Board will update and refresh this Strategic Plan as necessary.

Annual Delivery Planning and Performance Review

Each year, the HSCP Board will identify the actions required to support delivery of the Strategic Plan, and these are presented in the Annual Delivery Plan which is costed, prioritised and impact assessed. Progress towards delivery of each Annual Delivery Plan, and the overarching Strategic Plan, is reported in our Annual Performance Report. Additionally, quarterly performance reports are provided to the HSCP Board and subsequently to the Council and Health Board. More details on this approach to measuring success is described later in this plan (see section 12).

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3 Strategic Plan on a Page

The illustration below provides an overview of the Strategic Plan 2025-30. It shows the relationship between the strategic priorities and enablers and the commitments that will be taken forward in support of these through our Annual Delivery planning process.

Still in development - based on the Programme of Action in section 7

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4 The Health and Wellbeing of our Population

This section will become an infographic in the final version of the plan

An understanding of the communities and people across the East Dunbartonshire HSCP population is vital in the planning and provision of health and social care services. This section is divided into three main parts: the first part sets out general population data that may impact or influence the health and social care needs of the population. The second part is more specific to the particular aspects of health and social care prevalence for the population, and is informed by Joint Strategic Needs Assessments prepared by East Dunbartonshire HSCP. The final part summarises what the data appears to be indicating and how this affects the planning of future services.

General Population Profile Data

Population Projections (2018 based)

By 2028:

- The overall population of East Dunbartonshire will increase by 3.8%.
- Children aged 0-15 are projected to increase by 4.5%.
 - The working age population is predicted to increase by 3%.
 - The highest population increase is expected to be seen in those aged 75+ with a predicted increase of 26% and by more than 40% for people over 85 (the highest in Scotland).

Demographic Profile

- East Dunbartonshire has the 9th highest percentage of the population aged 65+ compared to other council areas in Scotland with 24% of the population aged 65+ (NRS 2022 mid-year population estimates).
- 26.8% of the population of East Dunbartonshire are aged 25 and under (NRS).

Life Expectancy

- East Dunbartonshire has the highest life expectancy in Scotland for males and the third highest for females, when compared with other council areas across Scotland, however life expectancy has stalled in the last few years (NRS).
- There has been a decrease in Healthy Life Expectancy (HLE) in East Dunbartonshire. In 2015-17, HLE was 68.9 for Males and 68.2 for Females, but by 2019-21 this was 66.4 for Males and 65.6 for Females (Scotpho).

Looked After and Accommodated Children

- The percentage of looked after children being looked after in the community has decreased from 88% in 2014/15 to 80% by 2023/24. The number of Looked after Children was 142 in 2023, the lowest level since 2018.

Ethnicity

- The 2022 Census reported that 90.3% of the population in East Dunbartonshire were either White Scottish or White British. 9.6% of the population were from a minority ethnic group.

Households

- There were 47,131 households in East Dunbartonshire in 2023, an increase of 3,353, or 7.7% since 2012. The number of households was projected to rise by 12% between 2018 and 2043 (NRS).
- The 2022 Census found that 30% of households in East Dunbartonshire were single person households. This means that it can be estimated that 12.8% of the East Dunbartonshire population live in single person households.

Average Weekly Earnings

- The average gross weekly earnings for full time workers living in East Dunbartonshire in 2023 was 17% higher than the Scottish average. In 2020, East Dunbartonshire earned 21% more on average compared to the Scotland average. (NOMIS).

Low Income

- The percentage of children in relative low income families in East Dunbartonshire was 11.5% in 2023, an increase from 8.4% in 2015, however this is lower than the percentage for Scotland (2023: 21.3%) (Department for Work and Pensions).
- The 2022/23 East Dunbartonshire Health and Wellbeing Survey found that 8% of people in East Dunbartonshire found it difficult to meet the cost of Gas, electricity, other fuel bills 'Often', while another 11% said they struggled to meet the cost 'Occasionally'. It was also found that 20% of people had difficulty meeting the costs of food and/or energy.

Crime/Community Safety

- East Dunbartonshire is regarded as a relatively safe place to live with the level of recorded crime being around half that of the Scottish average (Scotland 550 per 10,000 population, East Dunbartonshire 248 per 10,000 in 2023-24) (Scottish Government).

Carers

The 2022 Census reported that:

- There were 13,897 unpaid carers in East Dunbartonshire (13.1% of the population aged 3 and over).
- 8,726 of those carers reported that they provided between 1 and 19 hours of unpaid care a week.
- 2,907 of those carers reported that they provided 50 or more hours of unpaid care every week.

- 42% of unpaid carers were aged between 50 and 64.
- 40% of those providing 50 or more hours of unpaid care a week were aged 65 and over.

Deprivation

- East Dunbartonshire is, as a whole, relatively less deprived than many other local authorities in Scotland. However, East Dunbartonshire has five data zones in the most deprived 20% in Scotland. Three of these data zones were located in the Hillhead area of Kirkintilloch, one in Lennoxton and the other is located in Kirkintilloch West (SIMD 2020).

FINDINGS OF HEALTH & SOCIAL CARE JOINT STRATEGIC NEEDS ASSESSMENTS (All sources detailed within)

Population Health

- 40.6% of East Dunbartonshire residents reported feeling in 'very good health' compared with 30.1% for Scotland (Scottish Surveys Core Questions 2022).
- 75.3% of residents in East Dunbartonshire reported their health as being very good or good, 3.2% higher than the figure for Scotland (Scottish Survey Core Questions 2022).
- The percentage of East Dunbartonshire residents reporting their health as bad or very bad (5.9%) was lower than the Scottish figure (7.9%) (Scottish Survey Core Questions 2022).
- The proportion of the East Dunbartonshire population prescribed drugs for anxiety, depression or psychosis has increased from 13.6% in 2010/11 to 18.5% in 2021/22. Nationally the figure increased from 15% to 20.1% (Scotpho).
- 19% of respondents to the East Dunbartonshire Health and Wellbeing Survey said that they had felt lonely at least some of the time in the previous two weeks.

Limiting Illness or Disability

The 2022 Census reported that:

- 21% of people living in East Dunbartonshire had a long-term illness, disease or condition.
- 8.1% of the population had a mental health condition.
- 8.6% of the population had a physical disability.
- 7.6% of the population were either deaf or partially hearing impaired.
- 2.3% of the population were either blind or partially vision impaired.

Health & Well-being of Children and Young People

- 100% of Primary and Secondary schools in East Dunbartonshire meet the PE target to provide 120 minutes of PE each week to pupils (Education Scotland School Information Dashboards).

- 4.61% of children were exposed to second hand smoke at 6-8 weeks post birth between 2020/21 and 2022/23 (three-year average), lower than for Scotland at 6.4% (Scotpho).
- 17.2% of children in East Dunbartonshire had at least one concern in any developmental domain at their 27-30 month review in 2022/23 (PHS – Early Child Development Publication).
- The number of children prescribed CNS stimulants and drugs used for ADHD has more than doubled from 47 in 2018/19 to 115 in 2022/23 (PHS - Prescribing Information System).

Substance Use in Children and Young People

There is a lack of up to date data at an East Dunbartonshire level around substance use, however there is some information at a Scotland level.

- A WHO report found that 73% of males and 64% of females had drunk alcohol by the age of 15 in Scotland.²
- The Scottish Health Survey found that in 2022, 15% of 16-24 year olds were currently using, and 27% had used e-cigarettes/vapes in the past in Scotland.
- The WHO report found that 23% of 15-year old boys in Scotland and 16% of 15 year old girls had said that they had used cannabis at some point in their life.

Pregnancy

- 5.1% of woman reported being current smokers at their first antenatal appointment in 2021/22 (Scotpho).
- 22.3% of pregnant woman in East Dunbartonshire in 2022/23 (3-year average) were considered to be obese (Scotpho).
- The rate of teenage pregnancies is considerably lower in East Dunbartonshire when compared to Scotland as a whole. The 2019-2021 three-year average was 13.96 per 1,000 females aged 15-19 compared to 24.95 per 1,000 for Scotland (Scotpho).

Long Term Conditions

- 1 in 3 said that they had a long term condition that substantially interfered with their day to day activities (East Dunbartonshire Health and Wellbeing Survey 2022/23).
- 20.9% of people in East Dunbartonshire reported that they had a limiting condition, lower than the Scotland figure of 27.1% (Scottish Survey Core Questions 2022).

² Charrier, Lorena, van Dorsselaer, Saskia, Canale, Natale, Baska, Tibor, Kilibarda, Biljana. et al. (2024). A focus on adolescent substance use in Europe, central Asia and Canada. Health Behaviour in School-aged Children international report from the 2021/2022 survey. Volume 3. World Health Organization. Regional Office for Europe. <https://iris.who.int/handle/10665/376573>. License: CC BY-NC-SA 3.0 IGO

- The percentage of people being treated for at least one long term condition increased with age. 5.3% of people aged 16-24 were being treated for at least one long term condition compared with 69.6% of people aged 75+ (PHS Source Linkage files).
- There was an estimated prevalence of cancer of 6.84% in 2022/23 (PHS Locality Profiles: Source Linkage Files).
- Cancer, arthritis and coronary heart disease were the most prevalent conditions in East Dunbartonshire, and the prevalence for all was higher than the prevalence figures for Scotland (PHS Locality Profiles).

Hospital Activity

- 53.6% of patients in East Dunbartonshire who had an emergency admission to hospital in 2022/23 were aged 65 or over (Scotland 44.9%) (Public Health Scotland).
- The East Dunbartonshire Accident and Emergency attendance rate was 242 per 1,000 in 2023, below the Scotland rate of 272.2 per 1,000 (Public Health Scotland).
- The rate of people with multiple emergency admissions (2+) was 1730 per 100,000 in East Dunbartonshire in 2022 (Scotland 1837) (Public Health Scotland).
- The number of delayed discharge bed days in East Dunbartonshire has been increasing and was 7,607 in 2022/23 (Public Health Scotland).
- East Dunbartonshire had an elective rate of 145.1 per 1,000 in 2022/23, around 52% higher than the Scotland rate of 95.4 per 1,000 (Public Health Scotland).
- 14.6% of elective hospital admissions in East Dunbartonshire in 2022/23 were for 'General Surgery' and 13.2% for 'Gastroenterology' (Public Health Scotland).
- East Dunbartonshire has an Accident and Emergency attendance rate for under 16s of 361.6 per 1,000, which is higher than the Scotland rate of 341.6 per 1,000 in 2023 (Public Health Scotland).
- The emergency admission rate for under 16s was 61.3 per 1,000 in East Dunbartonshire in 2022/23, which is lower than the Scotland rate of 86.9 per 1,000 (Public Health Scotland).

Deaths

- 73.9% of deaths in East Dunbartonshire in 2022 occurred in those aged 75+ (Scotland 63.7%) (National Records for Scotland).
- The most common cause of death in East Dunbartonshire for 2022 was Diseases of the Circulatory System which accounted for 26% of all deaths, followed by Cancer at 25.7% (National Records for Scotland).
- For those who died, 88.1% of the last 6 months of life was spent at home or in a community setting on average (Scotland 89.1%) (Public Health Scotland).

Summary

Despite relatively low levels of deprivation, East Dunbartonshire faces challenges in terms of demand for health and social care services. These demands are in a large part due to an ageing population and high life expectancy. 24% of the population are aged 65+, which is the 9th highest proportion in Scotland, and above the national average. 11.8% of the population are aged 75+, which can be seen to be the age group most in receipt of services.

Life expectancy at birth is 79.9 for males (Scotland 76.5) and 83.5 for females (Scotland 80.7). Older people are more likely to be affected by long-term conditions, with 70% of the 75+ population being treated for at least one long-term condition. These can lead to further health complications, and this is supported by the finding that 53.6% of emergency admissions in East Dunbartonshire in 2022/23 were for those aged 65+ compared to 44.9% for Scotland. East Dunbartonshire also has a higher elective hospital admission rate of 145.1 per 1,000 in 2022/23, around 52% greater than the Scotland rate of 95.4 per 1,000. The higher rate of elective admission is also associated with an ageing population³.

Large increases in population are projected for those aged 65+, and in particular, the number of people aged 85+ was predicted to increase by 48% between 2018 and 2030, which is a steeper rise than any other HSCP in Scotland. It should therefore be expected that East Dunbartonshire will see a rise in elective admissions in the coming years.

The COVID-19 pandemic demonstrated an impact on the health and wellbeing of the population, however impacts were already being felt in some areas before the pandemic. The proportion of the population prescribed drugs for anxiety, depression or psychosis in East Dunbartonshire has increased from 13.6% in 2010/11 to 18.5% in 2021/22. Despite being lower than the rates for Scotland, the rate of drug related deaths has been increasing from 3.9 per 100,000 in 2010-2014 to 11.5 per 100,000 in 2018-2022. It will be incumbent upon the HSCP and all of its partners to work together to meet both the pre-existing and new challenges that are occurring post-pandemic.

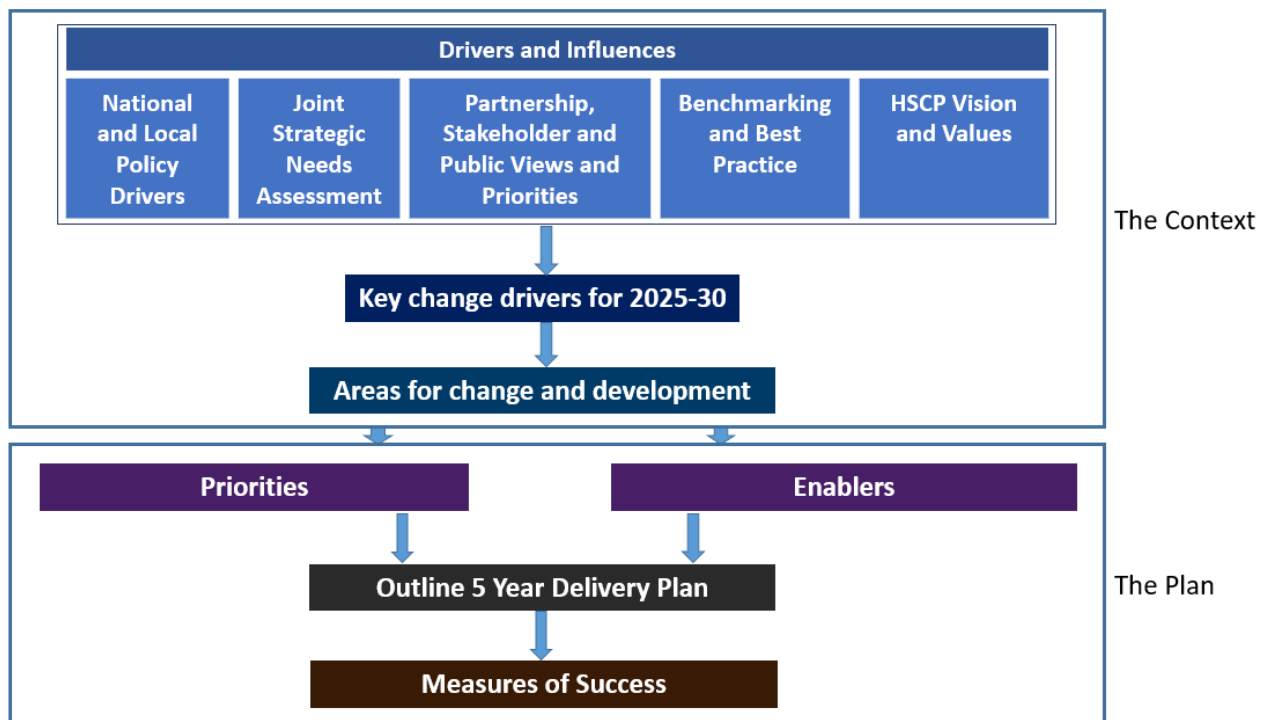
³ ANALYSIS OF TRENDS IN EMERGENCY AND ELECTIVE HOSPITAL ADMISSIONS AND HOSPITAL BED DAYS: 1997/98 TO 2014/15, R Wittenberg et al, 2015

5 The Context for Change

When planning for the next five years, we had to consider the factors driving change both nationally and locally as these indicate what and where our focus needs to be. We need to assess where we currently stand in relation to these drivers for change to determine the actions required to meet future demands and challenges. While many of these actions will be common across other HSCPs, some will be specific to the needs of our local communities and reflect our local priorities.

The main drivers for change include national and local policies; the health and social care needs of our population; the views, expectations and aspirations of local people; examples of good work elsewhere; and our Partnership's vision and values. Together, these factors help identify the challenges we face, how we can address them, and what our priorities should be.

The diagram below illustrates how the drivers for change are incorporated into our planning process.



National and Local Policy Drivers

The following table sets out what we consider to be the key policy drivers for the next five years. This list is not exhaustive but identifies what we think will be the main drivers for change over the period of this plan.

Key Policy Drivers: National
• A Fairer Healthier Scotland (June 2012)
• A Fairer Scotland for Disabled People: Delivery Plan (2016) and Duty (2018)
• A Scotland Where Everybody Thrives: Public Health Scotland's Strategic Plan 2022–25
• Achieving Excellence in Pharmaceutical Care; a strategy for Scotland (2017)
• Article 19 of the UN Convention on the Rights of Persons with Disabilities
• Best Value: revised statutory guidance (2020)
• Carers (Scotland) Act 2016
• Coming Home: complex care needs and out of area placements (2018)
• Community Mental Health and Wellbeing Supports and Services Framework (2021)
• Creating Hope Together – Scotland's Suicide Prevention Strategy 2022
• Dementia in Scotland: Everyone's Story Delivery Plan 2024-26
• Digital Strategy For Scotland (2021)
• Equality Act 2010
• Fairer Scotland Duty: guidance for public bodies (2021)
• GP Contract and Memorandum of Understanding (2018)
• Guidance on Joint Investigative Interviewing of Child Witnesses in Scotland
• Health and Social Care: national workforce strategy (2022)
• Human Rights Act 1998
• Independent Review of Adult Social Care and the National Care Service Bill
• Medication Assisted Treatment (MAT) standards (2021)
• National Health and Wellbeing Outcomes
• National Mental Health Strategy 2017-2027
• National public protection statute and guidance
• National Strategy for Dementia in Scotland 2023
• Public Bodies (Joint Working) (Scotland) Act 2014
• Public Health Scotland's Strategic Plan
• Realising Realistic Medicine (2017)
• Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy (2018)
• Scottish Government Equality, Opportunity, Community - Our Programme for Government 2023
• Scottish Government: Framework for Community Health and Social Care Integrated Services (Nov 2019)
• Social Work Scotland Act (1968)
• The National Perinatal and Infant Mental Health Policy Framework
• The Promise: action to take forward the findings of the independent care review for care experienced children and young people (Oct 2020)
• The Vision for Justice in Scotland (2022)
• United Nations Convention on the Rights of the Child

<ul style="list-style-type: none"> • Universal Health Visiting Pathway in Scotland: pre-birth to pre-school (2015) • Verity House Agreement (2023)
Key Policy Drivers; Local
<ul style="list-style-type: none"> • East Dunbartonshire Alcohol and Drug Partnership Strategy 2023-25 • East Dunbartonshire Carers Strategy 2023-26 • East Dunbartonshire Children’s Services Plan 2023-26 • East Dunbartonshire Council – Digital Strategy 2019-24 • East Dunbartonshire HSCP Adult Learning Disability Strategy 2024–29 • NHSGG&C Board-wide strategies: Mental Health, Learning Disability, Unscheduled Care, Health Visiting, School Nursing, District Nursing, Rehabilitation • NHSGG&C Health and Social Care Strategy: Moving Forward Together (2019) • NHSGGC Climate Change & Sustainability Strategy 2023-28 • NHSGGC Primary Care Strategy 2022-26 • NHSGGC Public Protection Strategy 2023-2026 • The East Dunbartonshire Local Outcome Improvement Plan 2017-27 • Turning the Tide through Prevention: NHSGG&C Public Health Strategy 2018-28

Health and Social Care Needs of the East Dunbartonshire Population

We have undertaken a major analysis of the health and social care needs of the local population and produced our findings in two documents, the Joint Strategic Needs Assessments; one for adults and one for children. Some of the key findings and potential implications are set out in the previous section of this plan.

Consultation and Engagement with Partners, Stakeholders and the Public

The preparation of this plan has also been supported by analysis of consultation activity undertaken by the HSCP. A summary of this activity can be found in Annex 2, which has helped to identify the priorities for improvement and development outlined in this plan.

Benchmarking and Best Practice

We reviewed the most recent Strategic Plans from other HSCP areas, to identify their priority areas for improvement and development. The most common priorities of the 11 plans are listed below and these helped to inform the development of this plan.

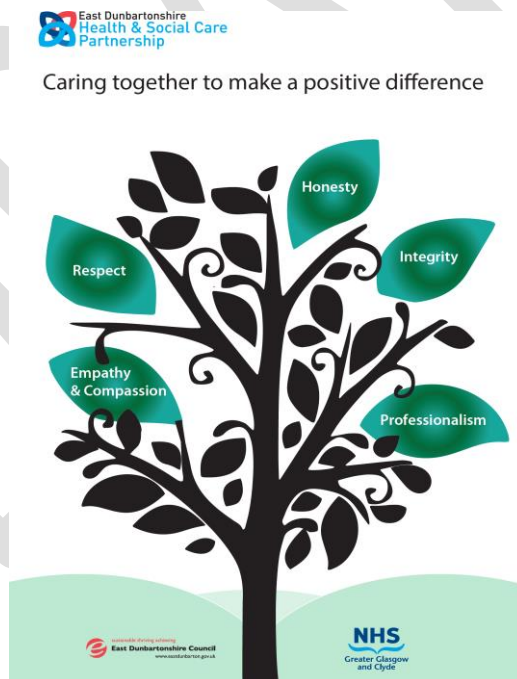
Better Outcomes
Care closer to home / at home
Carers
Effective use of resources / Finance
Empowered communities
Empowered people
Equity of access

Health, Mental Health & Wellbeing
Inequality
Personalisation
Prevention
Promoting independence
Public protection
Workforce

In November 2019, the Scottish Government published "[A Framework for Community Health and Social Care Integrated Services](#)"⁴ which was designed to inform the development of local transformation plans, drawing on what is known to work in other areas. We have also used this document to support the development of this plan.

HSCP Vision and Values

The East Dunbartonshire HSCP's vision is "Caring Together to make a Positive Difference", supported by six values of professionalism, integrity, honesty, respect, empathy and compassion. These principles are at the heart of this plan and set the tone for how we intend to deliver it for the people of East Dunbartonshire.



⁴ [a-framework-for-community-health-and-social-care-integrated-services-07-november-2019.pdf](#)
([hscscotland.scot](#))

The Main Challenges

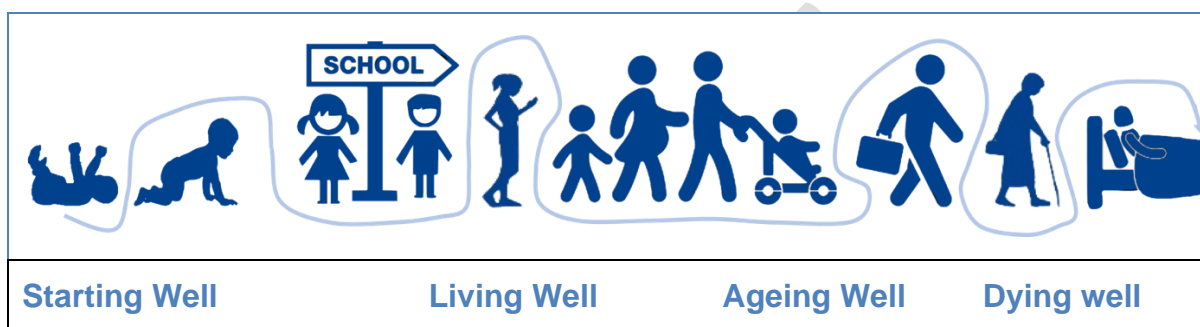
After analysing the main policy drivers, the local needs analysis and the priority work being taken elsewhere, we have identified and listed below the main challenges the HSCP will face over the next few years. This next section of the Strategic Plan sets out the priorities, enablers and actions that need to be taken forward in East Dunbartonshire to best meet these challenges, within the resources available.

The Main Challenges

- Public protection concerns
- Impact of cost of living crisis
- Increasing complexity of presenting needs
- Financial constraints, rising costs and increasing demand in the context of real terms reductions in budgets
- Recruitment and retention challenges within the workforce
- Preventing avoidable hospital admissions and supporting people to be cared for as close as home as possible
- Building capacity to enable social wellbeing and community wellbeing
- Demand for personalisation and choice
- Importance of adopting human rights-based approaches
- Increasing mental health and wellbeing concerns
- Increasing pressure on informal carers
- Increasing pressures and demand on services in terms of service usage and complexity of care required
- Need for improved outcomes for care experienced young people
- Self-reported perceptions of health and wellbeing
- Social and Health inequalities
- Uncertainties of the National Care Service
- Influence of environmental and climate impacts
- Impact of war and conflict across different continents

6 Our Strategic Priorities and Enablers

The plan emphasises the need to plan and deliver services that contribute positively to the health, wellbeing and safety of people throughout their lives. This approach focuses on a healthy start to life and targets the needs of people at critical stages of their lives. It also includes intervening and supporting people when their safety and welfare may be at risk or if they find themselves involved with justice services. This plan promotes timely effective prevention and interventions that address the causes, not just the consequences, of ill-health, deprivation and other life circumstances.



By analysing the key drivers for change and the main challenges set out in the previous section, the HSCP has identified six Strategic Priorities and five Strategic Enablers to support the delivery of these priorities:

Strategic Priorities
Empowering People
People are enabled to have power and control over their own lives, ensuring that they can get the support they need that is right for them at that time.
Empowering and Connecting Communities
Community members will be empowered to support their communities and be involved, and participate in, the ongoing sustainable development of their community, and have access to information, advice and resources to enable them to live independently and without formal intervention.
Prevention and Early Intervention
Services will facilitate and enable prevention, and the identification and provision of early support, to improve outcomes for individuals and prevent, stop or slow the progression of need, to safely enable risk and to minimise harm.
Public Protection
Addressing key public protection statutory duties will be prioritised.
Supporting Carers and Families
Carers and their families will be supported and valued in their caring roles.
Improving Mental Health and Recovery
The mental health services people receive will meet national requirements, support local needs and continue to help people with their mental health and recovery.

We know from experience that improvement and development of services does not happen on its own. It often needs other factors to permit, allow or empower a change to happen. In this plan we continue to believe it is important to emphasise the importance of these enablers. If we can support in the enablers then it is more likely that service improvement and development can happen. The key enablers for change that we have identified are set out below:

Strategic Enablers
<p>Collaborative Commissioning</p> <p>Increase the opportunities for collaborative working across our commissioned service providers with the aim of improving services, outcomes for service users, processes and efficiency.</p>
<p>Infrastructure and Technology</p> <p>Maximise the use and development of our infrastructure and technology to help people to self-manage their own health and social wellbeing, as well as supporting our staff in the delivery of services.</p>
<p>Maximising Operational Integration</p> <p>Strengthen collaboration, and encourage continuous improvement, amongst staff groups from both partner organisations.</p>
<p>Medium Term Financial and Strategic Planning</p> <p>Develop and implement a medium term financial plan which ensures financial sustainability for the IJB and the delivery of strategic planning priorities within the financial envelope available, in the context of demand and cost pressures and challenging financial settlements.</p>
<p>Workforce and Organisational Development</p> <p>Strengthen our focus on supporting our staff's mental health and wellbeing, the recruitment and retention of staff and ensure that our staff have the necessary skills and training to carry out their job.</p>

Programme of Action

As outlined in the introduction, the HSCP needs to balance its aspirations for transformative service redesign and continuous improvement with an approach that delivers achievable and sustainable change. These strategic priorities and enablers provide the framework for change, but the actions taken in their pursuit need to be specific, measurable, achievable, realistic and deliverable within timescale. The Programme of Action outlined in the next section of the plan aims to provide more detail on what the HSCP Board intends to focus on specifically in pursuit of our priorities.

It should be noted that some of these areas of development will take longer to deliver than the five-year period of this Strategic Plan, and will depend future funding decisions that are currently unpredictable. The linkages between our local strategic

priorities and enablers and the National Health and Wellbeing Outcome are set out in Annex 3.

7 Our Programme of Action

This section provides more detail on the actions we intend to take forward in pursuit of our Strategic Priorities and Enablers, over the five years of this plan. Some of these actions will be focused on improving what we already do, whereas other actions will be more transformative in nature and will contribute to longer term service redesign. Many of the objectives set out are driven by national policy, but the implementation of these as well as locally driven objectives will be informed by local needs and priorities.

For each action set out below, there will be a delivery mechanism established. These delivery mechanisms will collectively act as the “engine room” for change. This approach recognises that the Strategic Plan does not have the space to set out in detail how all actions will be taken forward and their specific deliverables, but that detail does need to be set out transparently elsewhere. Our commitment is that each action will be taken forward with its own project planning arrangements in place and with a project lead identified. Each year actions will be identified in the Annual Delivery Plan to provide more detail on the Strategic Plan’s implementation. Progress will be reported regularly to the HSCP Board and included in the HSCP Board’s Annual Performance Review.

Strategic Priority	Commitment	Objectives for 2025-30
Empowering people	People are enabled to have power and control over their own lives, ensuring that they can get the support they need that is right for them at that time	Improving information and communication to the public and staff (Improvement) .
		Further develop person centred, rights-based, outcome focused approaches to achieve fairness, equity and consistency in service provision (Improvement) .
		Continue to mitigate inequality of health outcomes (Improvement) .
		Empower people to draw on lived and living experience to coproduce how service are shaped and delivered. (Redesign) .
Empowering and connecting communities	Community members will be empowered to support their communities and be involved, and participate in, the ongoing sustainable development of their community	Coordination with people and across partners to connect people to their communities (Redesign) .
	Community members will have access to information, advice and resources to enable them to live independently and without formal intervention	Building confidence and maintaining independence without formal intervention (Redesign) .
Prevention and early intervention	Services will facilitate and enable prevention, and the identification and provision of early support, to improve outcomes for individuals and prevent, stop or slow the progression of need, to safely enable risk and to minimise harm.	Promoting positive health and wellbeing, reducing negative consequences of health behaviours and provide information about sources of support to help people make informed lifestyle choices. (Improvement) .
		Embed reablement approaches to sustain people safely for longer in the community. (Improvement)

Public protection	Prioritising key public protection statutory duties	Ensure the highest quality standards in identifying and responding to actual and potential social work public protection concerns (Improvement) .
Supporting carers and families	Carers and their families will be supported and valued in their caring roles.	Provide support to service users, young carers, carers and their families to identify their personal outcomes and how to achieve them (Improvement) .
		Supporting carers and families to continue to care as equal partners in care (Improvement) .
Improving mental health and recovery	The mental health services people receive will meet national requirements, support local needs and continue to help people with their mental health and recovery.	Continue to re-shape services for adult mental health and alcohol and drug services (Redesign) .
		The provision of faster, more responsive support for children and young people with mental health challenges (Improvement) .

Strategic Enabler	Commitment	Objectives for 2025-30
Collaborative commissioning	Increase the opportunities for collaborative working across our commissioned service providers with the aim of improving services, outcomes for service users, processes and efficiency.	Review and reframe the strategic alignment of third and independent sector commissioned provision (Redesign) .
		Strengthen commissioning and contracting approach by developing innovative service solutions which are co-designed and co-produced (Redesign) .

Infrastructure and technology	Maximise the use and development of our infrastructure and technology to help people to self-manage their own health and social wellbeing, as well as supporting our staff in the delivery of services.	Appropriate, modern facilities that offer opportunities to deliver high quality community based services to people in the most appropriate setting (Redesign) .
		Streamlined systems and processes to facilitate information sharing and recording (Redesign) .
Maximising operational integration	Strengthen collaboration, and encourage continuous improvement, amongst staff groups from both partner organisations.	Continue to embed a whole systems approach through integrated pathways and collaboration across the HSCP and Community Planning Partners (Redesign) .
Medium term financial and strategic planning	Develop and implement a medium term financial plan which ensures financial sustainability for the IJB and the delivery of strategic planning priorities within the financial envelope available, in the context of demand and cost pressures and challenging financial settlements.	Refresh our Medium-Term Financial Framework which sets out a programme of efficiencies and service redesign (Redesign) .
Workforce and organisational development	Strengthen our focus on supporting our staff's mental health and wellbeing, the recruitment and retention of staff and ensure that our staff have the necessary skills and training to carry out their job.	A detailed workforce plan covering all community health and social care services and commissioned services (Improvement) .
		Continue to support staffs health and wellbeing (Improvement) .
		Robust, quality-driven clinical and care governance arrangements that reflect the Health and Social Care Standards (Improvement) .

Redesign and Transformation: The Principles

The Financial Plan section of this plan sets out in more detail how these development commitments will be managed within the HSCP's overall budget. As indicated in the introduction, the HSCP operates within a constrained financial environment. Therefore, unless new funding is secured, any investment in one area must be offset by increased efficiency or disinvestment in another area of the HSCP's business. To ensure transparency, the Financial Plan identifies additional funding that has been received (or is anticipated) to support new developments. Over the next five years, new funding sources may become available, but there may also be reductions in funding or increased pressures elsewhere.

The concept of service redesign and transformation is a recognition that an increasing demand for services, increasing levels of complexity, and financial pressures may necessitate fundamental changes in how some services are designed and delivered. The objective of service redesign and transformation is to ensure that the HSCP is best equipped to meet these future challenges. To ensure a consistent approach to redesign and to generate efficiencies while minimising negative impacts, the following principles will be applied:

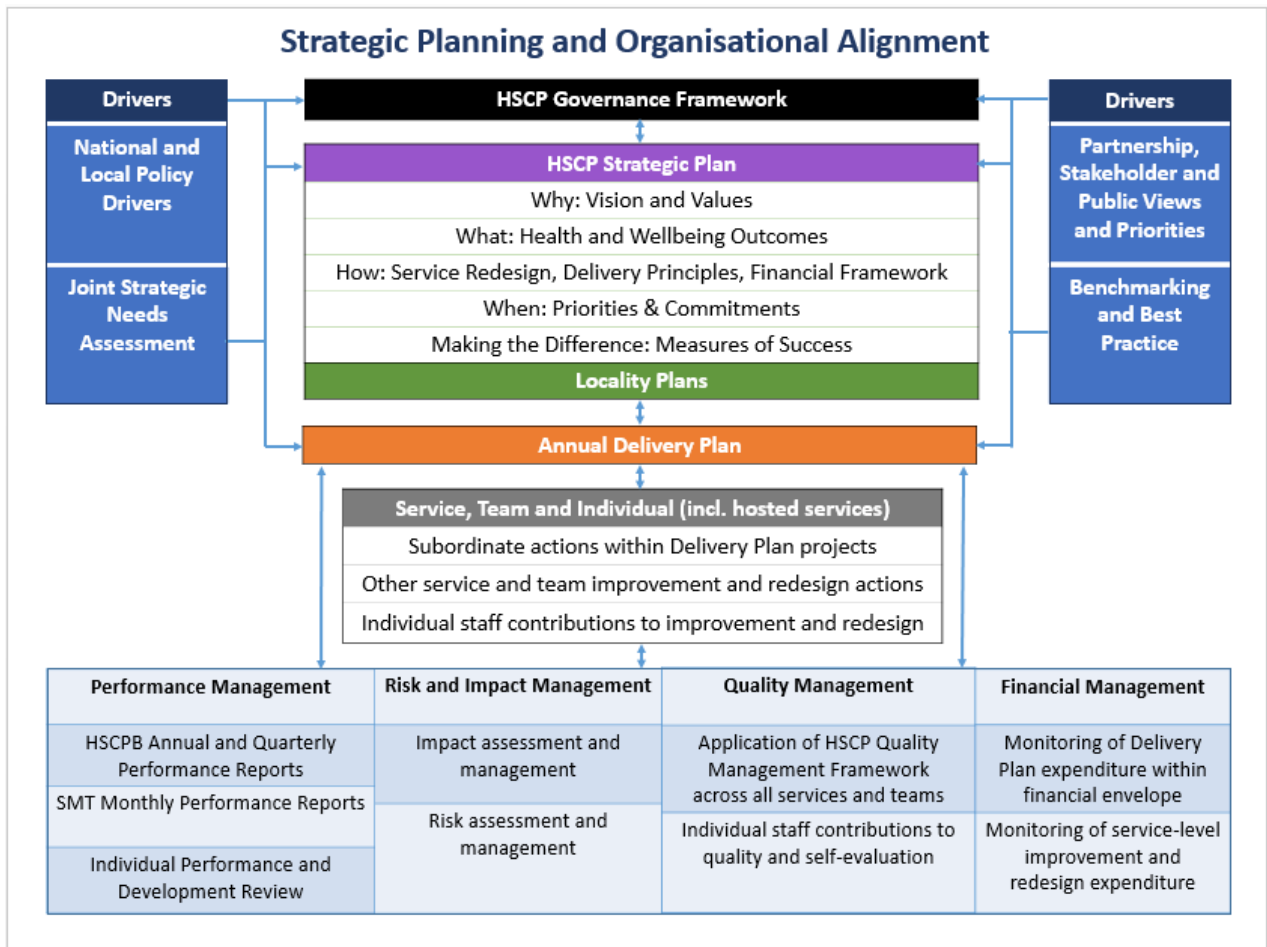
- Contribute to delivery of the Strategic Plan priorities and enablers;
- Maximise opportunities for integration and collaboration;
- Maximise the use of technology/digital delivery;
- Maximise the potential for informal supports and community assets;
- Maximise community-based care;
- Ensure fairness and equity;
- Localise services wherever possible;
- Meet statutory obligations; and
- Commit to Best Value.

Organisational Alignment

It is vital that the Strategic Plan is an active cog in the work of the HSCP. Since the 2022-25 Strategic Plan, the Strategic Priorities and Enablers have been aligned and woven into the fabric of the organisation. This means that while the Strategic Plan sets out the direction of travel at a relatively high level, its priorities are owned at every level and by everyone in the Partnership who can recognise their contribution at individual, team and leadership levels. This means that the organisation as a whole has shared ambitions and goals and clarifies the role of leadership and accountability with agreed priorities, performance targets, and a shared commitment to deliver planned objectives at all levels.

This process is set out below, for the HSCP and illustrates the drivers for change, the central role of the Strategic Plan, and the function of Annual Delivery. Below that level, is the more operational improvement activity and the contributions that

individuals make to this, as well as the controls and supports to the process, including feedback mechanisms on performance, cost, risk, impact and quality.



8 Working Together

The Health and Social Care Partnership is inherently collaborative. The HSCP Board operates within a wider planning context with East Dunbartonshire Council, Greater Glasgow and Clyde Health Board, the Third Sector, independent sector providers, independent primary care contractors and across the full spectrum of Community Planning. Partnership crucial to making the best use of our local resources for the benefit of those living and working in our communities. This plan is particularly aligned to East Dunbartonshire's Community Planning priorities and NHS Greater Glasgow and Clyde's vision for health and social care, Moving Forward Together.

This section sets out some of the main collaborative approaches as well as some of the key areas of joint policy development that the HSCP will contribute to.

Community Planning

The HSCP Board is an equal partner in the East Dunbartonshire Community Planning Partnership and has responsibility for leading on key outcomes within the Local Outcome Improvement Plan (LOIP), as well as contributing to others: The current LOIP priorities are:

Local Outcome	Priority
Local Outcome 1:	East Dunbartonshire has a sustainable and resilient economy with busy town and village centres, a growing business base, and is an attractive place for visitors and investors.
Local Outcome 2:	Our people are equipped with knowledge and skills for learning, life and work.
Local Outcome 3:	Our children and young people are safe, healthy and ready to learn.
Local Outcome 4:	East Dunbartonshire is a safe place in which to live, work and visit.
Local Outcome 5:	Our people experience good physical and mental health and wellbeing with access to a quality built and natural environment in which to lead healthier and more active lifestyles.
Local Outcome 6:	Our older population and more vulnerable citizens are supported to maintain their independence and enjoy a high quality of life, and they, their families and carers benefit from effective care and support services.

Central to the HSCP's contribution to community planning is its support for a locality-based asset approach. Community planning within localities enables partners to evaluate outcomes in the context of smaller communities and collaboratively plan

with local people. In 2022 the HSCP supported a community engagement process to encourage local community members to review previous locality plans and to identify opportunities for future collaborative improvements. This approach supports improved communication between services and locality residents, enabling the development of solutions to reduce disadvantage in their area. It places local people at the heart of service planning.

Digital Health and Care

In line with the Scottish Government's Digital Strategy for Scotland (2021), East Dunbartonshire Council – Digital Strategy 2019-24 and NHS GGC's digital strategy (2023-28), the HSCP seeks to progress the digital transformation agenda supported by our own Digital Strategy. The Strategy outlines the strategic direction, key drivers, local context and priorities for the HSCP to deliver on the digital agenda to better support patients and service users in accessing health and social care services; support a digitally enabled workforce; and promote accessibility and openness in how these services are delivered. The Digital Strategy reinforces our commitment to build on the progress and investment made in our ongoing digital transformation work.

Throughout the lifetime of this plan, the core areas of action in the digital agenda are:

- Improving service delivery through innovation and digital change
- Improving access to joined-up data and information
- Improving organisational collaboration and integration between social care and health
- Developing and embedding a digital culture and skills across the HSCP

Health Improvement

Not all ill-health is avoidable, and as individuals we all need to make sure that wherever possible, we take responsibility for our own health and make the necessary changes in our behaviour that will help us maintain good mental and physical wellbeing. Achieving the best possible health for ourselves, our families, friends and neighbours, allows us to get the most out of life and helps our families and communities will thrive.

Our ambition in East Dunbartonshire through our Public Health Framework is to ensure that those who need care are more informed and empowered, can access the right professional at the right time, and can remain at or near home wherever possible.

The East Dunbartonshire Public Health Framework outlines the top priorities for improving the health and wellbeing for everyone living in East Dunbartonshire. It sets the ambition for the direction, and defines the collective role, for the coming years, as we strive to protect and improve public health and wellbeing.

Mental Health

The East Dunbartonshire approach to mental health service redesign aligns to NHSGGC's "A Refresh of the Strategy for Mental Health in GGC 2023-2028". This work is key to delivering on our mental health priorities and focusing on shifting the balance of care. An Adult Mental Health Programme Board oversees the delivery of this strategy. The overall approach views mental health services as one integrated system, serving different needs and localities with specific care pathways.

The NHSGGC Strategy includes key themes such as prevention, early intervention, the development of recovery oriented and trauma aware services, maximising integrated working, and shifting the balance of care from in-patient to community support. These themes align to the vision, values and priorities of our Strategic Plan.

As part of the five year strategy a number of initiatives have been established, including the development of out-of-hours supports and crisis resolution, peer support and involvement of those with lived experience, and the development of Mental Health Assessment Units to provide a consistent model of treatment across the health board area as an alternative to hospital admission. Future initiatives will focus on developing new models of care with enhanced investment in community services, including pathway development. A proactive approach to discharge planning will be promoted, with closer integration with community and social care services to ensure smoother patient flow across in-patient and community settings.

Moving Forward Together

NHSGGC's Moving Forward Together (MFT) strategy describes a tiered model of services where people receive care as near home as possible, travelling to specialist centres only when expertise in specific areas is required. MFT promotes greater use of digital technology and maximising the utilisation of all resources, with a drive to ensure all practitioners are working to the top of their professional abilities.

The strategy recommends supported self-care and better links between primary and secondary care and the key elements on which the programme has been based are:

- Empowerment of patients
- A digital first approach in support of wider digital transformation
- Early intervention
- Transforming urgent care
- Protecting planned care

The key driver of MFT is to achieve transformational change in services by creating:

- Less dependency on hospital beds by developing services in communities and a meaningful shift to prevention
- A tiered model of care with specialist centres and provision of the majority of care in homes and communities

- Whole system working – primary care, mental health services, secondary care and community care

Prescribing

Prescribing is an area where the HSCP, and the country as a whole, has seen a sustained growth in demand and increasing costs for prescription medication. This is compounded by medication shortages and the rising number of people living with more than one condition and taking multiple medicines. In East Dunbartonshire, this is also heightened by the growing older population.

The HSCP spent £22,027,000 on prescription medication in 2022/23 and has spent £23,108,000 (4.9% increase) in 2023/24. This is predicated to increase even further in 2024/25.

These demands will need to be mitigated, where possible, as it is unrealistic to assume the HSCP will be able to continue to meet these increasing demands. Ongoing financial challenges related to prescribing will continue to be addressed through a refreshed focus on prevention, best value, waste minimisation, and reduction in unwarranted variation.

The HSCP works within the NHSGGC's "Moving Pharmacy Forward – A Strategic Framework 2021-2026" strategy for pharmacy and has already instigated a focussed programme of de-prescribing and realistic medicine and established a pharmacotherapy review team.

Primary Care

Around 90%⁵ of all health care is delivered in primary care; it is the cornerstone of the NHS and is central to achieving the Strategic Priorities set out in this plan. Primary Care has been undergoing a transformation over the last six years, and the Covid-19 pandemic has significantly impacted the workload of GP practices and their interactions with patients. The partnership between community services, secondary care, primary care/ GP practices and patients/communities, needs to be refreshed with a new dialogue about how primary care operates in the context of the whole health and care system.

The vision set out in NHSGGC's Remobilisation Plan is to have in place a whole system of health and social care enabled by the delivery of key primary care and community health and social care services. Patients continue to look to their GP as the gate-keeper for their care and support, and we have a collective challenge to re-frame that perspective putting patients at the centre where they are in control of accessing the right support from the right person at the right time.

Through our Primary Care Improvement Plan (PCIP) and related activity, we have been expanding multi-disciplinary primary care teams with new staff and roles to support more patients in the community. This has included the development of

⁵ [Primary Care | NHS Research Scotland | NHS Research Scotland](#)

pharmacotherapy services (including GP practice-based pharmacists), Advanced Nurse Practitioners and Advanced Practice Physiotherapists working in general practice. The vaccination transformation programme has also been diverted away from general practice to delivery by Public Health and the Health Board. All of this should support local GPs to spend more time clinically managing patients with complex care needs, in line with national expectations.

Property

Our aspiration is to provide modern, fit-for-purpose accommodation for delivering health and social care services to the population of East Dunbartonshire, supporting the delivery of our Strategic Priorities. We aim to deliver services to people within the right setting and location, as close to local communities as possible. There have also been significant changes over the last few years in how we work with, and how we support, service users and patients. We aim to build on these new ways of working with accommodation that supports working with people in a multi-faceted way.

However, the HSCP does not own any properties across East Dunbartonshire, and relies on assets from East Dunbartonshire Council or NHSGGC to carry out health and social care functions. Conversely, 87% of GPs do not practice from NHS premises, and operate from standalone buildings owned by the practice.

There is a lack of space to expand or to adapt current premises, and a shortage of alternative premises or space to build new ones to meet future need. These issues are compounded by limited financial resources. Our Property Strategy 2023-25 sets out our progress to date and our aspirations for the future.

Realistic Medicine

Realistic Medicine is a key programme of work within NHSGGC that has been mandated by the Scottish Government for all health boards. It is based on finding out what most matters to the individual and helps to deliver care that will make a difference and the individual values. It encourages shared decision making and promotes conversation about the care a person receives. It also reduces waste and harm from unnecessary and unwanted treatment.

It provides overall better value for care with individuals receiving the care that matters to them and makes the most of the resources available. This is referred to as value based health care.

Reducing Inequalities

Central to the objectives of this plan is the pursuit of improvement activities that reduce inequality of health and social care outcomes. In addition to this being a dedicated action area in support of the Empowering People priority, this plan has been equality impact assessed in line with the requirements of the Equality Act 2010. The Strategic Plan has also been assessed in support of the Fairer Scotland Duty which requires public bodies to actively consider how they can reduce inequalities of

outcome caused by socio-economic disadvantage, when making strategic decisions.

Specialist Children's Services

The HSCP Board hosts two functions on behalf of the IJBs in the NHS Greater Glasgow and Clyde area, of which Specialist Children's Services (SCS) is one. SCS provide services to children and young people aged 0-18 years old with various long term, life limiting illness and disorders, as well as mental health problems and difficulties.

Supporting Carers

This plan makes a commitment to support carers with their own needs and in their caring role, and to better recognise the contribution of informal carers and families in keeping people safe, and supporting them to continue to care if that is their choice.

This commitment is to carers of all ages, including young carers, and we will continue to work with partners to deliver enhanced access to carer support services, improving carer support and access to information. We will promote engagement and carer-led services and continue to develop public awareness and carer friendly communities. The Carers (Scotland) Act 2016 outlines specific duties for public bodies, including the joint production of a Carers Strategy, our Carers Strategy runs from 2023-26.

Oral Health

The second function that the HSCP hosts is the Oral Health Directorate (OHD). The OHD has responsibility and accountability for Primary Care Dental services within NHS Greater Glasgow and Clyde. The OHD structure incorporates General Dental Services, including Greater Glasgow & Clyde Emergency Dental Service, Public Dental Service, Oral Health Improvement, Secondary Care Dental Services and Dental Public Health.

The Promise

In February 2020, the Independent Care Review was published, aiming to identify and deliver lasting change in Scotland's care system and leading to the publication of The Promise.

The Promise reflects the voices of everyone who contributed to the Care Review and outlines what Scotland must do to ensure its most vulnerable children feel loved and have the childhood they deserve. It identifies five foundations that must be central to plans and priorities for children and families: voice, care, people, scaffolding and family.

The HSCP is committed to ensuring The Promise shapes future planning, strengthening what we do well and making the necessary fundamental changes. This commitment is a key component of the work of the East Dunbartonshire

Delivering for Children and Young People Partnership. The Promise Scotland envisages the work of change to take place over a 10 year period.

Since 2020, East Dunbartonshire have continued their commitment to ensure all our children feel loved, cared for safe and respected and have progressed the delivery of the five priorities of The Promise. Through partnership working we have continued to raise its awareness with our Community Planning partners and have been active at both regional and national networks.

The East Dunbartonshire Promise Steering Group was set up in 2020 and continues to provide a multi-agency focus on the local delivery of The Promise involving our care-experienced young people. The steering group supported the development of our local Promise Action Plan.

In June 2024, The Promise 2024-2030 plan was launched, setting out a route map to ensure that by 2030 The Promise is kept. Across East Dunbartonshire, we will continue to develop our Promise Plan, built upon the five priorities and our achievements since 2020.

Action over the period of the Strategic Plan will be reflected in our Annual Delivery Plans as well as through the Integrated Children's Services planning and reporting arrangements.

Unscheduled Care

In partnership with NHSGGC, the HSCP has responsibility for strategic planning of hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care. This is known as unscheduled care and most commonly refers to the prevention of admission to hospital where it can be avoided, reducing attendance at emergency departments when not clinically appropriate and ensuring people can leave hospital when it is no longer the more appropriate place for them to be.

In recent years unscheduled care services in NHSGGC have faced an unprecedented level of demand. The health and social care system, including primary and social care, has never seen such consistently high levels of demand. Whilst the system works well to manage high levels of demand, we struggle to meet some key targets consistently and this must remain an area of joint focus.

Change is essential to meet the challenges ahead and successfully shift the balance of care from hospitals to the community. This involves empowering people to manage their own care needs with support, allowing acute hospitals to focus their resources on those that requiring hospital-level care. The emphasis is on supporting more people at home or in other community settings when it is safe and appropriate to do so.

The six HSCPs in the Greater Glasgow and Clyde area, with our partners in the acute sector, and with people, communities and the third and independent sectors, are committed to delivering on the aspirations set out the NHSGGC Unscheduled Care Commissioning Plan.

The plan is focused on three main themes reflecting the patient pathway:

- Prevention and early intervention with the aim of better support people receive the care and treatment they need at or close to home and to avoid hospital admission where possible. This includes the management of frailty, empowering people to stay active and independent even with illness or into older age;
- Improving the primary and secondary care interface by providing GPs with better access to clinical advice and designing integrated patient pathways for specific conditions; and,
- Improving hospital discharge and better supporting people to transfer from acute care to appropriate support in the community via the *Home First* model making use of *Discharge to Assess* and *Discharge without Delay* principles.

Workforce Planning

The HSCP has a Workforce Plan and an Organisational Development Plan that works in tandem with the Strategic Plan to ensure that we have the workforce available to deliver on our Strategic Priorities. Our Workforce Plan aligns with the National Workforce Strategy for Health and Social Care and links to both NHSGGC and East Dunbartonshire Council's workforce plans. Key to our Workforce Plan will be retaining and developing our current workforce through a focus on their wellbeing, including their physical, mental, financial and pastoral wellbeing. We also need to ensure that there are opportunities available to staff to maintain their statutory registration requirements, with processes in place that allow staff to progress in their chosen careers. We will also focus on the diversity of our workforce, looking to ensure that the HSCP is seen as offering employment of choice for all, and that young people are encouraged to see that a career in health and social care is rewarding, ensuring that our workforce is more representative of our community. A key action from the Workforce Plan is to look creatively at how we can attract and retain staff to identified posts that we currently regard as difficult to recruit.

Self Directed Support

Any individual who has been assessed as eligible for formal social care support will be offered options to direct their own support. Self Directed Support (SDS) is about giving the service user or carer more choice and control over the care and support

that they receive, enabling the cared-for person to live as independently as possible. Since its inception, the HSCP has continued to implement and develop SDS whilst incorporating the values (respect, fairness, independence, freedom and safety) and principles (collaboration, informed choice, involvement, participation, innovation, responsibility and risk enablement) set out in legislation.

Following a period of consultation and engagement with stakeholders, the HSCP has updated its three-year SDS Implementation Plan for the next three-year period (2024-27), focusing on activities that will support the HSCP, the Council, and its third sector partners, to meet the SDS National Standards Framework.

Climate Action

All public bodies, including Health and Social Care Partnerships, are required by the Scottish Government to reduce greenhouse gas emissions, adapt to a changing climate, and to promote sustainable development. The HSCP's constituent bodies employ the HSCP workforce and hold capital, fleet and infrastructure assets. Therefore, responsibility sits primarily with East Dunbartonshire Council and NHSGGC, with the HSCP adhering to the policies of these two organisations. The HSCP will contribute to carbon reduction over the period of the Strategic Plan by:

- Reducing business miles;
- Developing localised services;
- Promoting flexible working policies;
- Reducing waste, including medicines waste produced by over prescribing and;
- Maximising energy efficiency.

The Strategic Priorities and Enablers will be geared to contribute to these objectives, particularly through the following actions:

Strategic Priority / Enabler	Commitment	Reducing Climate Impact
Infrastructure and Technology	Appropriate, modern facilities that offer opportunities to deliver high quality community based services to people in the most appropriate setting	<p>Developing local, integrated health and social care facilities, fewer in number and operating to higher efficiency standards, with services and resources under one roof.</p> <p>Reducing travelling costs for staff, by operating within practice localities and</p>

		collaborating closely with primary care GP practices.
	Streamlined systems and processes to facilitate information sharing and recording	Increasing the availability of online, digital and virtual solutions, for people who would benefit from these options. These approaches reduce the need for travelling to building bases.
Workforce and Organisational Development	Continue to support staffs health and wellbeing	Promoting flexible working practices, including home working that can positively reduce greenhouse gas emissions and building-based space requirements.

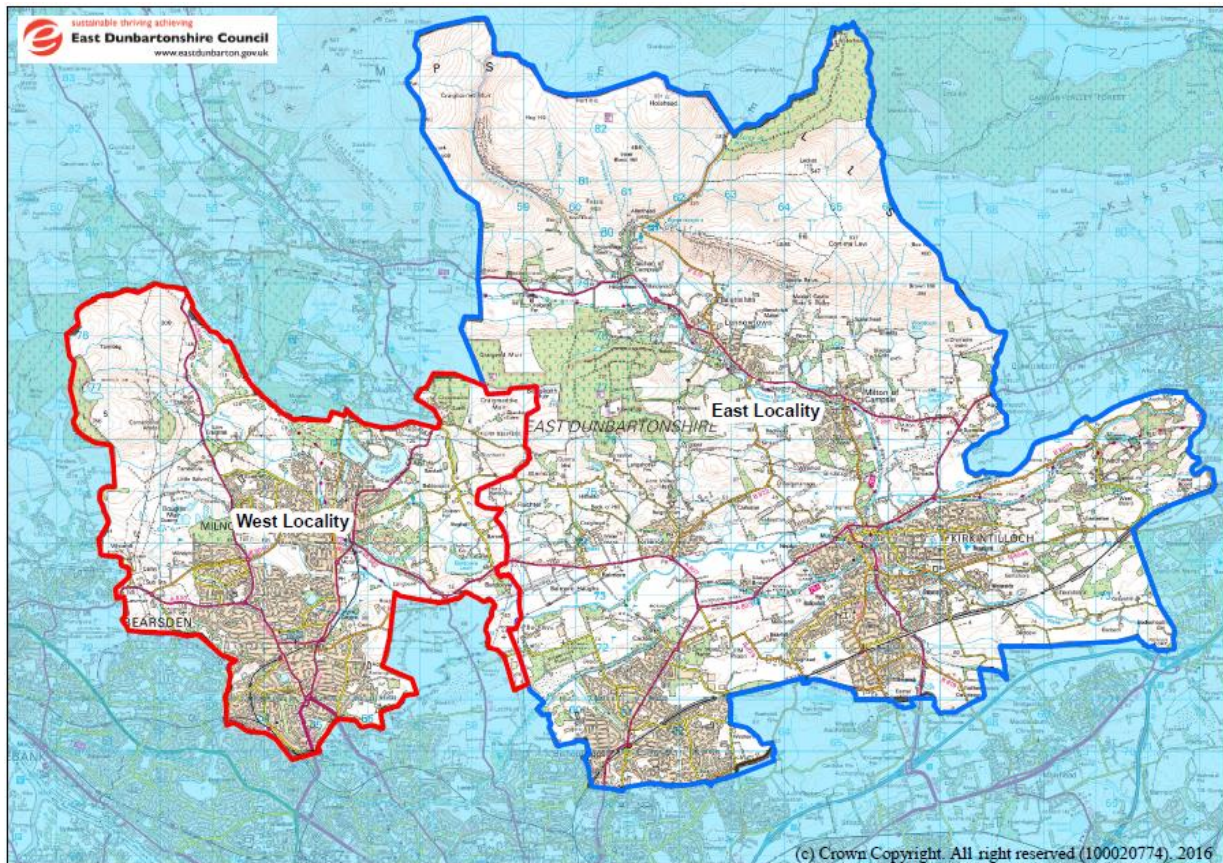
A Strategic and Environmental Impact Screening Assessment of this HSCP Strategic Plan has been undertaken as part of its preparation.

HSCP Locality Planning

The HSCP has been divided into two localities for health and social care planning and service delivery purposes. These locality areas reflect natural communities as shown in the map below and consist of:-

- The east of East Dunbartonshire (Bishopbriggs, Torrance, Lenzie, Lennoxton, Kirkintilloch, villages and settlements).
- The west of East Dunbartonshire (Bearsden, Milngavie, villages and settlements)

East Dunbartonshire HSCP Localities: Map



When planning services, we aim to reflect the diverse needs of our communities in how they are delivered and we adapt accordingly. To support this, each locality has a Locality Planning Group comprising a range of partners and stakeholders. Over the period of this Strategic Plan, these localities will be instrumental in delivering the strategic priorities, reflecting their particular local needs and circumstances, in the following ways:

- Leading the HSCP's Community Empowerment priority at a locality level (including community planning activity in support of locality (previously "Place") planning);
- Implementing the Primary Care Improvement Plan, and;
- Localising integrated co-located services.

9 The Housing Dimension

The Housing Contribution Statement (HCS) provides a link between the strategic planning process at a local level with that of health and social care. The HSC is now an integral part of the HSCP Strategic Plan (SP) and sets out the role and contribution of the housing sector in meeting the shared outcomes and priorities that contribute to health and wellbeing. The housing dimension chapter of the Strategic Plan reflects the emphasis on joint working with key stakeholders to deliver high quality services in our communities and provides the basis for measuring the contribution housing can make in meeting local and National priorities.

Governance and Strategic Background

Key policy drivers, specific to housing are listed below and represent the statutory obligations placed on the housing service in both social rented and private sectors.

Key Housing Policy Drivers:	
Housing (Scotland) Act 1987	Housing to 2040
Homelessness etc. (Scotland) Act 2003	Housing (Scotland) Act 2010
Housing (Scotland) Act 2001	Scottish Housing Regulator
Anti-social Behaviour etc. (Scotland) Act 2004	Housing (Scotland) Act 2014
Housing (Scotland) Act 2006	Local Development Plans
	Housing (Scotland) Bill 2024

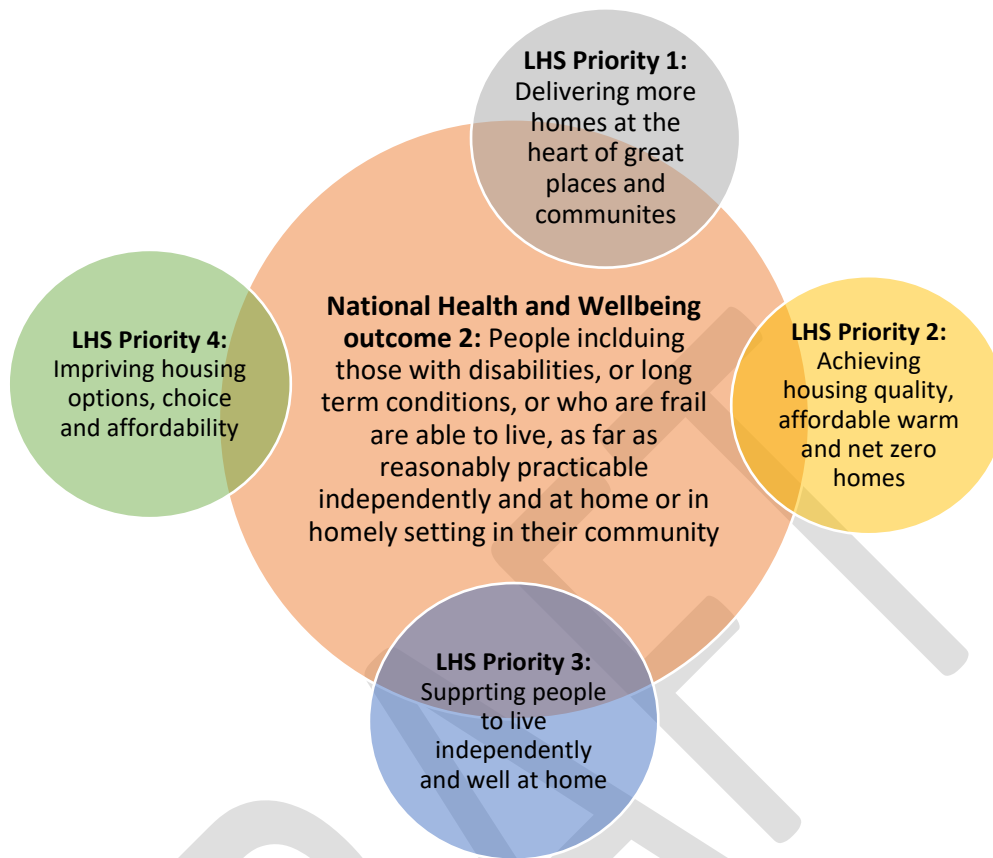
Local Housing Strategy (LHS)

The 2022 Census tells us that East Dunbartonshire has 46,461 dwellings across all tenures. Forty six percent of these are owned outright. This figure is higher than the Scottish Average (34%) while thirty six percent are recorded as being purchased via a mortgage or loan. House prices in the owner-occupied sector remain high. The UK Price Index Scotland has the average house price in East Dunbartonshire at £260,015 at June 2024.

The LHS details how the Council and its partners will tackle imbalances within the local housing system during its lifetime. A new LHS was launched in December 2023 and covers the five-year period of 2023-2028. The current LHS builds on the progress of the 2017-2022 strategy and has a number of overall objectives that the Housing service will aim to address over its lifetime. The required Annual Update to the Strategy will be published by December 2024 to demonstrate progress achieved since implementation.

LHS priorities are delivered in a measurable way to evidence service performance and are enabled by long term planning to ensure actions are achievable, deliverable and sustainable in a culture of continuous improvement. Phase one of a new Integrated Housing Management System (IHMS) is expected in September 2024 that will increase accessibility and introduce a more efficient service for tenants and other customers of the Council. Continuing phases of development are scheduled up until 2026.

Of the nine National Health and Wellbeing outcomes Housing has particular relevance to outcome 2:



LHS Priority 1: Delivering more homes at the heart of great places and communities

The Strategic Housing Investment Plan (SHIP) is supplementary to the LHS and sets out the strategic investment priorities for affordable housing in East Dunbartonshire. The National Planning Framework (NPF4) following a Housing Need and Demand Analysis submitted to the Centre for Housing Market Analysis, in conjunction with the Glasgow City Region Housing Market Partnership has set an agreed Housing Supply Target of 2500 dwellings across all tenures over a ten-year period.

The Council's Housing programme currently targets 10% of homes as being wheelchair and accessible housing with other forms of amenity housing in addition to this. Local Development Plans contain an all-tenure target to underpin and extend the requirements across the private and Registered Social Landlord (RSL) sectors.

Housing and Land Planning and Development teams work closely to align priorities in the LHS with the Scottish Planning Framework. While the LHS provides the strategic vision for East Dunbartonshire Council, the Planning Framework is the driving force to deliver on housing need for all sectors and remains subject to change.

LHS Priority 2: Achieving housing quality, affordable warm and net zero homes

The Council must meet Scottish Housing Quality Standards (SHQS) and work to improve house conditions and energy efficiency in its properties. An extensive Capital Works Programme includes:

- Replacement windows
- Kitchens
- Bathrooms
- Roof replacement
- MR Rendering
- Cavity insulation
- Electrical rewire programme

Energy Efficient Scotland: Area based schemes (EES: ABS) previously known as HEEPS, is set to commence in February 2022. The Energy Efficiency Standard for Scotland (EESH) was updated in July 2019 giving landlords a milestone of December 2032 to achieve EESH2. In the context of climate change, these obligations on the Council sit within the broader vision of the Scottish Government to achieve net zero emission homes, set out in its Housing to 2040 Strategy.

LHS Priority 3: Supporting people to live independently and well at home

Provision of an aids and adaptations service assists older or disabled residents live independently in their own homes. The Council also operates a Care and Repair service providing free and practical advice and assistance to older residents. A Scheme of Assistance for owner occupiers provides financial assistance for disabled adaptations, mixed tenure roofing works for flatted properties, and dwellings that fall below the tolerable standard.

Telecare has an increasing role in promoting independence. The Council can provide equipment including falls sensors, smoke sensors, and environmental monitoring and GPS devices that can accurately locate the whereabouts of the wearer. A community alarm system offers reassurance to a vulnerable person, and their family, to allow them to maintain independence in their own home. A project to convert the Council's sheltered housing is due to commence in October 2024 and will remove outdated analogue equipment to be replaced by significantly improved digital Telecare technology across 162 individual houses and 6 communal areas.

LHS Priority 4: Improving housing options, choice and availability

As part of the national Ending Homelessness Together Action Plan (2018), all local authorities in Scotland were required to submit a Rapid Rehousing Transition Plan (RRTP) to the Scottish Government. In East Dunbartonshire Council the principal of RRTP is to be proactive, increase focus on prevention, minimise time in temporary accommodation and ensure homeless households access settled accommodation along with the right housing support.

The Housing options model tailors a range of elements to provide a person-centred prevention approach. Detailed housing options data is provided to applicants on allocations, stock, turnover and alternative tenures. In addition, applicants are provided with access to a rent deposit scheme, welfare rights advice/income maximisation support; with the recent success rate of the housing options model in preventing homelessness exceeds 95% from an average 38% pre RRPT. During 2022/23 88% of Housing Options cases were resolved at housing options stage without the need to make a homeless application. In 2023/24 this increased to 93% of Housing Options cases were resolved at housing options stage without the need to make a homeless application

During 2023/24 the Council rolled out the Housing Options Training toolkit which is available to Scottish Local Authorities and Wheatley Homes Glasgow.

The Housing Options Training Toolkit (HOTT) is a learning and development, training and resource platform. Developed specifically for individuals to aid them in providing housing options advice in Scotland. The platform offers six learning modules, accessible via a learning platform. Designed, developed and owned by the 32 Local Authorities in Scotland as well as Wheatley Homes Glasgow (previously GHA). The Scottish Government were also involved in the implementation of this toolkit.

DRAFT

Housing's contribution to delivering East Dunbartonshire's Health and Social Care's Partnership Strategic Priorities

Empowering People	Empowering and Connecting Communities	Prevention and Early Intervention
<ul style="list-style-type: none"> • Advice and assistance • Housing options • Housing support duty • Project 101 • Care and Repair • Aids and Adaptations • Scheme of Assistance • Sheltered Housing • Tenant Participation • Older People Research 	<ul style="list-style-type: none"> • Strategic Housing Investment Plan • New Build Development Programme • Anti-social behaviour prevention • Community safety • Scottish Housing Quality Standard • Energy Efficiency Standard for Scotland • Energy Efficiency Scotland : Area Based Schemes • Empty homes • Below tolerable standard 	<ul style="list-style-type: none"> • Housing options • Rapid Rehousing Transition Plan • Housing support duty • Telecare • Community alarms • Rent deposit scheme • Temporary accommodation duty • The House project • The Promise Scotland • Rapid Access Accommodation • Housing Options Training Toolkit
Public Protection	Supporting Carers and Families	Improving Mental Health and Recovery
<ul style="list-style-type: none"> • Women's aid • Adult protection protocol • Child protection protocol • Prison protocol • Landlord registration 	<ul style="list-style-type: none"> • Housing (Scotland) Act 2014 ("The 2014 Act") • Housing support duty • Joint working with third sector organisations • Social work children and families 	<ul style="list-style-type: none"> • Key social work areas; learning and disability, alcohol and drugs, rehabilitation, mental health crisis team • Provision of supported accommodation • Joint working with third sector

10 The Financial Plan

Financial Context

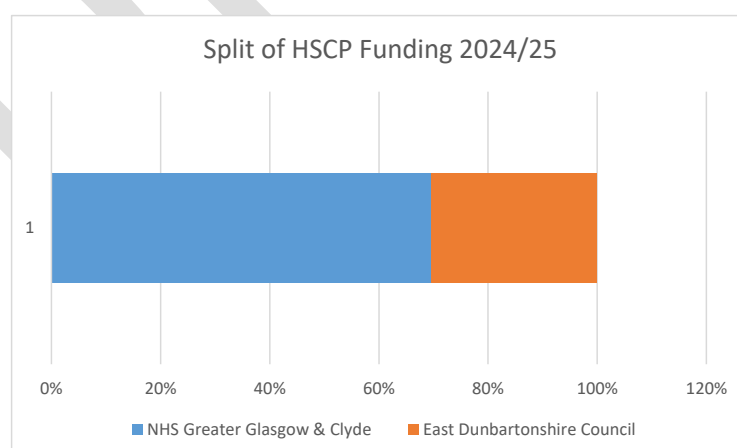
A Medium-Term Financial Strategy (MTFS) has been developed to consolidate all known factors affecting the financial sustainability of the partnership over the medium term into one document. This strategy outlines the estimated level of resources required by the partnership to operate its services over the next five financial years, considering the anticipated demand pressures and funding constraints.

The MTFS provides a framework to support the HSCP to remain financially sustainable and is an integral part of the HSCP's Strategic Plan, demonstrating how the HSCP's medium term financial planning principles will support the delivery of our strategic priorities.

The MTFS has been updated to reflect the unprecedented financial challenges across the public sector. These challenges stem from the longer term impacts of the pandemic on the demand for health and social care services, the cost of living crisis and the resulting increase in demand for services as a consequence, and continued inflationary pressures.

Since 2015 the HSCP has been delivering a range of health and care services to our service users, patients and carers within a budget of £251m which includes £38.4m set aside for the delivery of prescribed acute functions.

The budget is funded through delegated budgets from both East Dunbartonshire Council (28.8%) and NHS Greater Glasgow and Clyde (71.2%).



There are a number of key opportunities and challenges for the HSCP at a national and local level. The most significant opportunity is the development of a National Care Services to be on an equal footing to the National Health Service. This includes funding to increase pay for staff involved in direct service delivery through

our commissioned services for both adults and children, continued support for unpaid carers and funding for free personal care. There is also continued investment in a number of policy areas including primary care, mental health, alcohol and drug recovery and child and adolescent mental health services. However, this funding is being curtailed due to national funding pressures which are expected to continue.

The HSCP has demographic challenges particularly related to a growing elderly population. The largest increase is projected among individuals aged over 85, which is expected to rise by over 100% from 3,203 to 7,017 people between 2018 and 2043⁶. Older people are more likely to be affected by long-term conditions, with 70% of the population aged 75+ being treated for at least one long-term condition⁷. Additionally, the number of Unaccompanied Asylum Seeking Children (UASC) in East Dunbartonshire has increased in recent years. Prior to 2022/23 the numbers of UASC were always below 10, but this has increased to 27 by May 2024 putting additional pressure on children's services budgets⁸.

The Financial Challenge

The medium term financial outlook for the IJB highlights significant cost pressures, with funding levels of funding not matching the full extent of these pressures. This necessitates the identification of cost savings through a programme of transformation and service redesign. Given the scale of the financial service reductions and a review of cessation options will be necessary, as it is clear that the IJB cannot continue to deliver the current range and levels of services.

The IJB is planning for a range of scenarios, from best to worst outcomes, based on assumptions about cost increases and future funding settlements. This will require the identification of savings between £46.0m to £88.9m, with the most likely scenario being a financial gap of £48.9m over the next five years. This gap could extend to £94.9m over the next 10 years, although the longer-term outlook is more uncertain.

The table below illustrates the budget pressure facing the HSCP, based on assumptions about the income likely to be received from partners. The budget pressures include, provision for pay awards, Scottish Living Wage uplifts, demographic projections and prescribing inflation.

⁶ Adults Joint Strategic Needs Assessment 2024

⁷ Adults Joint Strategic Needs Assessment 2024

⁸ Children's Joint Strategic Needs Assessment 2024

IJB Scenario Planning Cost Pressures	24/25	25/26	26/27	27/28	28/29	Total
Payroll	2.334	2.381	2.428	2.477	2.526	12.146
Contractual inflation – Adults	5.199	5.397	5.602	5.814	6.035	28.047
Contractual inflation – Children	0.000	0.610	0.634	0.658	0.683	2.584
Future demand - Demographics	2.065	2.168	2.277	2.390	2.510	11.410
Demand – Service package changes	1.695	0.000	0.000	0.000	0.000	1.695
Prescribing	2.937	3.054	3.177	3.304	3.436	15.908
Unachieved savings	0.000	0.256	0.000	0.000	0.000	0.256
Additional cost pressures	1.555	0.000	0.000	0.000	0.000	1.555
Use of Reserves	0.000	5.717	0.000	0.000	0.000	5.717
Other non-pay	0.780	1.156	1.169	1.181	1.194	5.480
Total cost pressures	16.565	20.739	15.285	15.824	16.385	84.799
Anticipated funding settlement	(4.872)	(7.391)	(7.636)	(7.889)	(8.152)	(35.939)
Financial challenge	11.693	13.349	7.650	7.935	8.233	48.860

Based on the projected income and expenditure figures the IJB will need to achieve annual savings between £7.6m and £13.3m from 2024/25 onwards. The highest savings requirement is in 2025/26 (£13.3m) due to the need to identify recurring savings options for the earmarked reserves used to balance the budget for 2024/25. It is unlikely that reserves can be used to balance the budget in future financial years.

The aim of the MTFP is to set out how the HSCP will address this financial challenge across the key areas detailed below:

Key areas identified to close the financial gap

Delivering Services Differently through Transformation and Service Redesign

- Development of a programme for Transformation and service redesign which focuses on identifying and implementing opportunities to redesign services using alternative models of care in line with the ambitions of the HSCP Strategic Plan.

Efficiency Savings

- Implementing a range of initiatives which will ensure services are delivered in the most efficient manner.

Strategic Commissioning

- Ensuring that the services purchased from the external market reflect the needs of the local population, deliver good quality support and align to the strategic priorities of the HSCP.

Shifting the Balance of Care

- Progressing work around the unscheduled care commissioning plan to address a shift in the balance of care away from hospital based services to

services delivered within the community. This within the context of a fragile primary care and community services infrastructure also needing redesign.

Prevention and Early Intervention

- Through the promotion of good health and wellbeing, self-management of long term conditions and intervening at an early stage to prevent escalation to more formal care settings.

Demand Management

- Implementing a programme focussed on managing demand and eligibility for services which enable demographic pressures to be delivered without increasing capacity. This is an area of focus through the Review of Adult Social Care.

HSCP Reserves

The HSCP holds a general reserve of £3.2m which provides some resilience to manage in-year demands and cost pressures. In line with the HSCP Reserves Policy, a prudent level of reserves for a partnership of this scale and complexity would be 2% of net expenditure. This would equate to £4.3m (excluding Set Aside), which falls short of the actual reserves held by the HSCP. There is a reliance on a challenging programme of transformation across health and social care services, which given the complexity and timescales required for service redesign, is expected to experience a level of slippage each year.

The partnership also holds a level of earmarked reserves to facilitate elements of service redesign, tests of change, and transformational change to assist with the delivery of the strategic priorities set out in this plan. This primarily relates to Scottish Government funding for delivery on specific national priorities.

Summary

While the Strategic Plan is not fully costed (the Annual Delivery Plans will be each year once they are developed), any known investment to support the delivery of various aspects of the plan have been identified and included as a priority over the lifetime of the plan. For the five year period of this plan, detailed savings plans are not yet known as they depend on the outcome of service reviews, efficiencies to be delivered within the financial envelope available and opportunities to be scoped in digital and community led options where benefits will be realised in future years. However, the premise behind the delivery of the Strategic Plan is that initiatives will progress where specific new funding is identified. In the absence of such funding areas of dis-investment and re-prioritisation will need to be identified prior to these initiatives progressing.

There may be some opportunities to use of ear-marked or general reserves to support tests of change or initial set-up costs, however recurring funding will need to

be identified to support any initiatives going forward. This will be set out within the HSCP Annual Delivery Planning process which will be developed alongside the annual budget process each year.

We are committed to making the best use of our resources to deliver best value in improving outcomes for people. Careful consideration is given to the allocation of financial resources to our many partner agencies who deliver commissioned services.

We will always seek to invest in functions and services that demonstrate a positive impact on people's health and wellbeing, and are aligned with the aims, commitments and priorities of our Strategic Plan. However, it is likely, that during the lifetime of this plan and in the context of funding not keeping pace with increasing demands for services, and delivery costs, disinvestment options will need to be considered, particularly when the impact, alignment or value for money delivered by a service is not as strong as it could be.

Our investment and disinvestment decisions will always be rooted in the sustainability of our local market and the delivery of our Strategic Plan. We hope that any changes a result from planned service reviews or known commissioning cycles, but we accept that there will be times when circumstances arise that present us with an opportunity to reconsider the allocation of resources.

11 Service Commissioning and Market Facilitation

This section builds on the HSCP's previous Commissioning and Market Facilitation section within the 2022-25 Strategic Plan, and sets the context for commissioning arrangements over the next five years.

Commissioning Model

Commissioning is a delegated function that requires the HSCP and its partners to decide how best to spend and/or allocate its budget to ensure there is sufficient provision to meet assessed needs. The challenge going forward, is how to meet current and future needs whilst budgets reduce year on year.

In response, the HSCP plans to deliver the key priorities set out in this plan through a programme of action that includes transformation, redesign, improvement, and disinvestment across all services, including commissioned services. The HSCP's approach is guided by the following principles that will help shape and inform future commissioning decisions within the financial envelope available:

- Services and models align with strategic and financial priorities;
- Decisions will be informed by robust intelligence evidencing the need for a service(s);
- Delivery of Best Value will be prioritised, with due regard to safety, efficiency, effectiveness and economy;
- Opportunities to embrace digital technologies and embed digital solutions will be prioritised;
- Balances risk with innovation and creativity;
- Supports resilience, delaying or negating the need for statutory intervention
- Complies with underpinning equalities legislation;
- Underpinned by commissioning collaborative approach.

Disinvestment

The HSCP will consider disinvestment in services under the following circumstances:

- A service is no longer aligned with strategic and financial priorities;
- A service no longer delivers value for money;
- A service displays ongoing performance and/or compliance issues, with little or no evidence of improvement; or
- Budget pressures influence future investment priorities.

When a service contract comes to a natural end, the HSCP will determine any future investment based on the guiding principles above.

Collaborative Commissioning

In recent years, procurement methodologies and practices, supported by legislative underpinning, has increasingly driven commissioning decisions, where price and a

competitive market environment (characterised by competitive tendering between providers) dominates. Moving forward, and building on current practice, the HSCP plans to maximise opportunities for collaborative commissioning with the aim of improving services, outcomes, processes, and efficiency.

Collaborative commissioning requires a shift from the traditional commissioner / provider role, to one of a more integrated, joined-up approach. The key aim of collaborative commissioning is to achieve better outcomes for service users and improve the experiences of providers and staff. Although local current commissioning practice actively involves individuals with lived experience, collaborative commissioning requires engagement and participation at all levels, from market analysis and strategic planning to the procurement of individual services. This approach requires providers to be more open and transparent around areas such as standards, quality, staff well-being, and service costs.

The HSCP is keen to further understand the benefits of alternative commissioning and contracting models, such as Public Social Partnerships and alliance contracts, and plans to explore these further with a view to expanding sustainable models of support within a collaborative commissioning context.

Ethical Commissioning

Ethical commissioning goes beyond price and cost and provides the foundation for a fairer, rights-based, improved social care support system. Ethical commissioning is underpinned by a relentless focus on quality, workforce, and environment, aiming to continuously improve standards and outcomes for service users, as well as improving staff experience. Ethical commissioning and fair work practice are central to all local contracts, exemplified by the implementation of annual Scottish Living Wage uplifts in line with national policy and funding criteria. Despite the widely acknowledged national issues relating to the wider sustainability of the social care market, the HSCP is committed to strengthening its partnership with providers to build, within its means, a sustainable local landscape where providers and staff feel included, involved, and valued.

Market Facilitation

The HSCP believes that a well-informed, resourced, and supported market is better positioned to make a significant contribution towards the development of enhanced models of care and provide a more stable health and care environment.

Market facilitation remains aligned to three commonly understood elements:

- **Market Intelligence:** the development of a common and shared perspective of supply and demand;
- **Market Structuring:** strategic activity designed to give the market shape and structure;
- **Market Intervention:** intervening across and within markets to meet needs and outcomes.

The recently updated Joint Strategic Needs Assessment along with other key data sources, underpins the HSCP's approach to market facilitation and provides the baseline from which key commissioning decisions and priorities will evolve.

Market Position

The commissioned market reflects a diverse range of providers, including Third / Voluntary, Independent, and Private sectors, augmented by the HSCP's in-house provision. This is collectively known as a "mixed economy" market. Many providers, particularly across the Third and Voluntary sectors typically fall into the Small to Medium Enterprise category, whilst those across other sectors, such as Care at Home and Care Homes, are often categorised as Large Enterprises due to their size, volume of business, and national status.

Aligned with Self Directed Support principles, the commissioned market currently comprises over 400 services across all sectors. Contractual underpinning includes a mixture of block, spot, and frameworks, some of which are commissioned locally whilst others (including the National Care Home Contract, the recently updated and implemented Care and Support Flexible Framework, Fostering and Continuing Care, National Residential Framework and Secure Care) are commissioned nationally via Scotland Excel. Notwithstanding the work that is going on nationally, the HSCP will continually review and assess the need for local commissioning arrangements and implement accordingly where strong strategic and financial imperatives are evidenced.

Commissioned Spend

In 2023/24, spend across the social care commissioned market in East Dunbartonshire was approximately £65 million. Spend has risen significantly (88%) since 2013/14, driven by an increasing demand and service costs, the introduction of the Scottish Living Wage, and the impact of the pandemic, as illustrated below:

2013/14: £35 million

2017/18: £46 million

2020/21: £56 million

2023/24 £65 million

As in previous years, the main areas of commissioned spend is across residential nursing care, care at home, and supported accommodation services. Informed by local need and demographics, these services are typically for older people (54%), people with learning disabilities (31%), and children with a disability (13%).

Based on annual increases to date, the projected commissioned spend in the final year of this plan is estimated to be £77 million. However, given the financial context, it is essential that providers embrace change, are solution-focussed, actively engage, and demonstrate credible commercial acumen.

Commercial Acumen

The HSCP expects all commissioned providers to demonstrate commercial acumen throughout the lifetime of a service. By understanding the diverse business situations facing the HSCP, the market, and their own services, providers will be better equipped to fully consider service and financial solutions. Moving forward, the HSCP will require providers to present the following assurances in the form of a strategy or plan:

- Business Modelling – setting out the organisation’s strategy to ensure sustainability and viability and long-term business success;
- Leadership & Management – setting out how the organisation will be structured and motivated to achieve the desired goals;
- Financial Acumen – setting out all aspects of the organisation’s monetary transactions, economic value, and financial indicators related to service goals and market success;
- Market Orientation – setting out a clear understanding of the needs of the customer (customer profiling) and analysing wider market requirements (market position / market forces / benchmarking) to help shape and refine the business model and service improvement;
- Risk Management Strategy – setting out what the key organisation, service, and financial risks are along with proposed actions for mitigation.

Market Forces

Key market forces continue to dominate the market, these include the medium to long-term effects of the pandemic, the cost of living crisis, recruitment and retention challenges, demand outstripping supply, and low pay concerns related to ongoing workforce issues. Despite the adverse conditions, the market continues to show signs of resilience, which must be encouraged and supported through the provision of national commitment and investment.

Provider Engagement Framework

The HSCP is committed to engaging regularly with providers via various forums, including one-to-one meetings and broader sector-based discussions. To help strengthen and support market engagement and representation, sector leads for Care at Home, Care Homes, and the Third / Voluntary Sector were established. These key interface roles provide the platform to continue building mutually supportive partnerships and networks within the market which underpins the collaborate approach.

Commissioning Support

East Dunbartonshire Council will continue to support the HSCP on all matters relating to commissioned business which span and align to strategic, financial, and operational functions.

12 Measuring Success: Performance, Standards and Quality

All organisations commit to delivering a strategic vision, high-quality services and meeting personal outcomes for service users must set in place a framework to measure, monitor and continuously seek to improve. There should be confidence at all levels that the organisation knows how well it is performing, what needs to improve and how to achieve this, and the impact of these improvements.

Measuring success in delivering positive change is complex, but should always focus on desired outcomes. Improving outcomes often requires changing existing processes and systems, whether it's identifying risks more effectively, collaborating to remove gaps or obstacles, communicating and involving the people we support, or enhancing the treatment and support services themselves. Given the scale of our financial pressures, improvement may increasingly involve maintaining positive outcomes with greater efficiency. The ultimate success of this Strategic Plan will be measured in how well it provides a framework for delivering the best possible outcomes for people, within the resources available.

Measuring the success of this plan will involve a number of different but associated and interconnected elements. It is sometimes helpful to see this process in terms of the commissioning cycle illustrated:

The process of “analyse, plan, do and review” suggests that we may only need to measure success at the “review” stage. But in reality, as we move through these stages, we need to have confidence that each is being carried out properly.



We need to ensure that our analysis is good, that our planning is collaborative and properly targeted and that our action plans are specific, measurable achievable, realistic and deliverable in timescale (SMART). Only then can we realistically measure change to the experiences and outcomes for service users, patients and carers.

The HSCP will therefore measure success in a number of ways. This

is already the case, with monthly SMT reporting, quarterly performance reports to the HSCP Board and fuller Annual Performance Reviews to the HSCP Board and Scottish Government, which include financial planning updates and regular progress

reports on delivery of each Annual Delivery Plan. We will continue to develop more refined ways of measuring success, based on the following key areas, supported by the East Dunbartonshire HSCP Quality Management Framework and in pursuit of the National Health and Social Care Standards:

1. How well action plans are being progressed in support of the Strategic Priorities and Enablers;
2. How well the HSCP is operating financially;
3. How well local, regional and national quality and performance standards and targets are being met, including the national Health and Social Care Standards. These are usually a measure of how well operational systems and processes are working; and
4. How good the experiences and outcomes are for service users, patients and carers.

The schedule below sets out our framework for measuring success which may change in response to new local or national approaches:

Annual Delivery Plan Reporting
Agreement of an Annual Delivery Plan for each year of the Strategic Plan that will draw down specific actions and deliverables for the year, in support of the Strategic Priorities and Enablers.
Preparation of subordinate, more detailed action plans such as annual Head of Service plans, annual Team/Service Plans etc. to ensure that a SMART based approach to project management is undertaken.
Regular reporting to the Annual Delivery Plan Board
Regular reporting to the Performance, Audit & Risk Committee
Yearly reporting of progress in the Annual Performance Review

Financial and Budget Reporting
Agreement of an annual budget, based on the cost of continuation of current services adjusted for changed costs and obligations, plus development and redesign distributions in support of each Annual Delivery Plan
Quarterly reporting to the HSCP Board on the progress of the annual budget
Regular reporting to the Performance, Audit & Risk Committee

Performance Reporting
Weekly, monthly, quarterly and annual performance reporting across a wide range of measures, indicators and targets that measure performance of services and impact of changes consequent to improvement and redesign undertaken through Annual Delivery Plans. These include:

Integration Core Indicators
Percentage of adults able to look after their health very well or quite well (National Outcome 1)
Percentage of adults supported at home who agree that they are supported to live as independently as possible (National Outcome 2)
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (National Outcome 2, 3)
Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated (National Outcome 3, 9)
Total percentage of adults receiving any care or support who rated it as excellent or good (National Outcome 3)
Percentage of people with positive experience of the care provided by their GP Practice (National Outcome 3)
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life (National Outcome 4)
Total combined percentage of carers who feel supported to continue in their caring role (National Outcome 6)
Percentage of adults supported at home who agreed they felt safe (National Outcome 7)
Premature mortality rate for people aged under 75yrs per 100,000 persons (National Outcome 1,5)
Emergency admission rate (per 100,000 population) (National Outcome 1,2,4,5)
Emergency bed day rate (per 100,000 population) (National Outcome 2,4,7)
Readmission to hospital within 28 days (per 1,000 population) (National Outcome 2,4,7,9)
Proportion of last 6 months of life spent at home or in a community setting (National Outcome 2,3,9)
Falls rate per 1,000 population aged 65+ (National Outcome 2,4,7,9)
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (National Outcome 3,4,7)
Percentage of adults with intensive care needs receiving care at home (National Outcome 2)
Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population) (National Outcome 2,3,4,9)
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency (National Outcome 2,4,7,9)
Ministerial Strategic Group – Performance Measures
A&E attendances - rate per 1000 population (National Outcomes 1,2,9)

Admissions from A&E – rate per 1000 population (National Outcomes 1,2,3,4)
Balance of Care (% of population in community or institutional settings) - rate per 1000 population (National Outcomes 2,4,9)
Delayed discharge bed days - rate per 1000 population (National Outcomes 2,3,4,9)
Last 6 months of life spent at home or in a community setting - rate per 1000 population (National Outcomes 2,3,9)
Unplanned admissions – rate per 1000 population (National Outcomes 1,2,3,4)
Unplanned bed days - rate per 1000 population (National Outcomes 2,4,7)
Local Social Work and Social Care Standards
Balance of Care for looked after children: percentage of children being looked after in the Community
Number of Care Home Admissions and Discharges (including deaths)
Number of Homecare Hours per 1,000 population 65+
Number of People Aged 65+yrs in Permanent Care Home Placements
Number of people taking up Self Directed Support options
People Aged 75+yrs with a Telecare Package
Percentage of Adult Protection cases where the required timescales have been met
Percentage of adults receiving social care support whose personal outcomes have been partially or fully met
Percentage of child care Integrated Comprehensive Assessments (ICA) for Scottish Children’s Reporter Administration (SCRA) completed within target timescales (20 days), as per national target
Percentage of Court Report Requests Allocated to a Social Worker within 2 Working Days of receipt
Percentage of Criminal justice Social Work Reports submitted to court by due date
Percentage of customers (65+) meeting the target of 6 weeks from completion of community care assessment to service delivery
Percentage of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated
Percentage of first review Child Protection Planning Meetings taking place within 6 months of registration, as per Child Protection National Guidance
Percentage of individuals beginning a work placement within 7 working days of receiving a Community Payback Order
Percentage of Initial Child Protection Planning Meetings taken place within Child Protection national guidance
Percentage of people 65+ indicating satisfaction with their social interaction opportunities

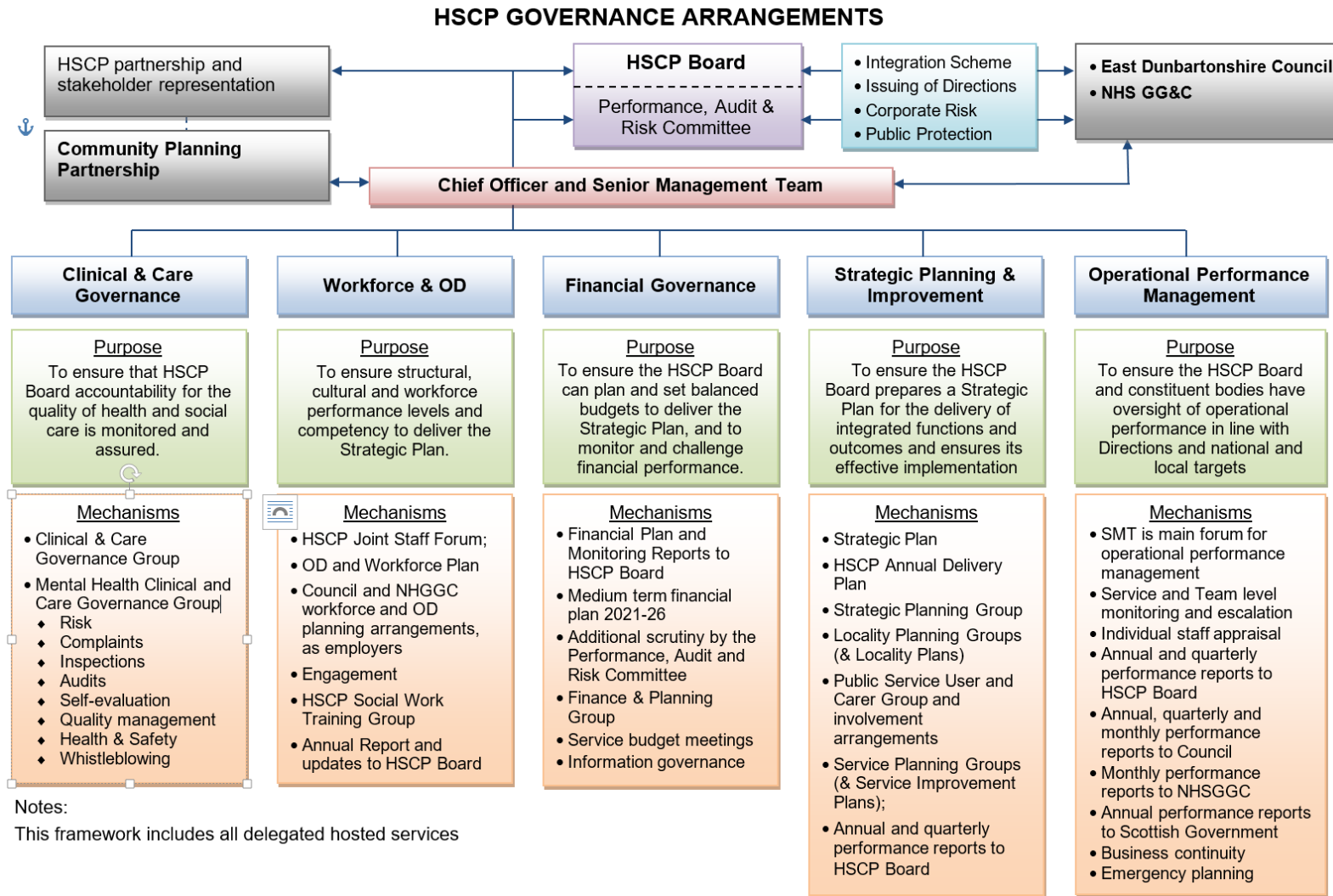
Percentage of people aged 65+ with intensive needs receiving care at home
Percentage of service users satisfied with their involvement in the design of their care packages
Local Health Care Standards
Number of Alcohol Brief Interventions delivered against target
Percentage of Children receiving 27-30 month health assessment
Percentage of People Newly Diagnosed with Dementia Accessing Post Diagnostic Support within 12 weeks of new diagnosis
Percentage of People Starting Treatment <18wks for Psychological Therapies
Percentage of People Waiting <3wks for Drug & Alcohol Treatment
Percentage of young people seen or otherwise discharged from the CAMHS waiting list who had experienced a wait less than 18 weeks
Smoking quits at 12 weeks post quit in the 40% most deprived areas against target

Quality Management and Self Evaluation
Monitoring and evaluation of service quality and improvement, in support of continuous improvement and to measure impact of service redesign associated with the Strategic Plan.
Organisational development in support of the aims and values of the organisation and in pursuit of its objectives, as set out in the Strategic Plan.
Workforce development and wellbeing support to ensure staff are equipped to contribute their part to the delivery of the Strategic Plan.

Performance Target Setting

The Strategic Plan sets the direction of travel with clear commitments on action in pursuit of our strategic priorities and enablers. Performance targets are generally set on an annual basis, so these will be aligned to Annual Delivery and Financial Plans and reported on a quarterly basis to the HSCP Board.

13 Annex 1: HSCP Governance Arrangements



14 Annex 2: Participation and Engagement

Engaging and listening to communities, staff and partners has been central to determining the HSCP's key priorities. Patient, service user and carer engagement and involvement will be a continuous process to ensure views from all sectors of the community are captured and shared to influence decisions made. Mechanisms for capturing this include:

- Proactive feedback from patients, service users and carers via face to face contact with practitioners; real-time independent surveys; and national experience surveys;
- Responsive feedback in the form of complaints, comments and reported safety incidents;
- The contributions of the Public, Service User & Carer Representative Group to ensure that service user experience is at the centre of the HSCP's work; and
- Regular stakeholder and community engagement events and exercises.



The process of consultation supporting the preparation of the East Dunbartonshire HSCP Strategic Plan 2025-30 has been in three main parts:

- Obtaining views on the effectiveness of the previous Strategic Plan 2022-25 (November – December 2023);
- Obtaining views on what the main challenges are for health and social care over the next three years, that should inform our themes for development and improvement (July – August 2024);
- Obtaining views on a draft HSCP Strategic Plan 2025-30 (November 2024– January 2025).

Review of Strategic Plan 2022-25

Before beginning the preparation of a new Strategic Plan, it was important to consider how effectively our previous plan performed. To do this we asked four main questions:

1. How well has the 2022-25 Strategic Plan met the standards set out in national guidance?
2. How appropriate are the strategic priorities and enablers?
3. How well have the strategic priorities and associated measures of success been delivered and have they driven improvement and development in services and integrated processes?

4. Does the Strategic Plan need to be fully rewritten or refreshed?

We engaged with the HSCP's partners and stakeholders and with their support were able to reach the following conclusions:

How well has the 2022-25 Strategic Plan met the standards set out in national guidance?	
Strengths	Areas for Development
<p>The Strategic Plan is based upon comprehensive Strategic Needs Assessments for adults and children; Strategic Priorities were based upon sound evaluation and extensive consultation and engagement;</p> <p>Good financial information is included at a care group and service level;</p> <p>The Plan includes a clear financial strategy;</p> <p>The Plans was realistic on what was achievable within the current financial climate;</p> <p>The Annual Delivery Planning approach supported the HSCP in responding appropriately to any changes in the financial landscape, national policy and/or locally identified need;</p> <p>The Plan identifies clear strategic priorities and evidences that these have been developed through comprehensive consultation and engagement,</p> <p>The Plan sets out the HSCP's governance arrangements</p> <p>The Strategic Priorities are aligned well to national and local plans and outcomes;</p> <p>The Strategic Priorities indicate clear areas for investment;</p> <p>Locality profiles provide detailed analysis of population needs and demand;</p>	<p>Financial Planning could strengthened by aligning investment to outcomes, though acknowledge this may require the redesign of budgets and budget reporting lines;</p> <p>Locality planning could do more to realise benefits within communities.</p>

How appropriate are the strategic priorities and enablers?	
Strengths	Areas for Development
<p>The Strategic Priorities were developed through extensive community consultation, based upon comprehensive needs assessment and are aligned to national and local outcomes frameworks.</p>	<p>Include more focus on trauma, psychological interventions, drugs and alcohol, and learning disabilities;</p> <p>Maximising Operational Integration should now be an enabler due to progress in this area over the period of the current plan;</p>

<p>The Strategic Priorities have given orientation for areas of investment over the period. These were the right strategic priorities and enablers for the plan.</p>	<p>Post Pandemic renewal should be removed as the impact of Covid on services and service users has now been embedded within business as usual practices.</p>
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How well have the strategic priorities and associated measures of success been delivered and have they driven improvement and development in services and integrated processes?

Strengths	Areas for Development
<p>Stakeholders acknowledged that it was difficult to assess delivery of the strategic priorities and associated measures as the Strategic Plan had not fully completed its second year; The robustness of the framework that is in place to measure the success of the Plan, with its reporting mechanisms which help inform how well the Plan has been delivered to date.</p>	<p>The focus of the next Plan may need to be on sustaining the quality of service provision in light of potentially reducing budgets, along with service redesign and improvement where there is no added expenditure required, given the predicted future financial climate.</p>

Does the Strategic Plan need to be fully rewritten or refreshed?

Strengths	Areas for Development
<p>The Plan should retain its structure and high level focus, with the detail of delivery being maintained through the Annual Delivery Planning approach. Stakeholders all agreed that a refresh of the existing Plan was required and not a full rewrite.</p>	<p>The time period of the next Plan should be longer in length.</p>

Consultation on this Strategic Plan

There was broad support for the areas of challenge that had been identified and for the proposed priority areas. 48 people used the online survey, 78% of whom fully or partly agreed with the areas of challenge and the development themes that were identified, with 80% fully or partly agreeing with the enablers that were proposed. Comments tended to focus on the detail and the actions that would sit beneath these priority headlines and also on the rigour with which the Plan would operate, to deliver on its objectives. 2 respondents did not agree with the priorities that were proposed and 3 disagreed with the enablers that were proposed.

There was substantial discussion across the range of HSCP governance and representative groups, including:

- The HSCP Board
- Senior Management Team
- Strategic Leadership Team
- Wider Leadership Community
- The Strategic Planning Group (including Locality Planning Group members)
- The Joint Staff Partnership Forum
- The Public Service User and Carer Forum
- The local third sector network, organised through EDVA
- Public open meeting.

Across these groups, there was broad consensus that the challenges, improvement themes and enablers identified in the consultation report provided a positive framework for the new Strategic Plan.

Notification of the consultation was also sent to East Dunbartonshire elected members, GGC Planning, GGC Corporate Services, private and voluntary providers, the local third sector network, housing providers and all GGC HSCPs.

Both consultative phases generated a great deal of comment and feedback that then informed the context that supports these improvement priorities in the final document.

Points raised about the planning process included comments that the plan:

Should take on board the conclusions of the review of the current Strategic Plan
Has the right pitch and is not overly complicated. It address the main areas that are common across all service areas, and has highlighted the priority areas
Should consider tightening eligibility criteria for social work services
Needs to focus on proactive and preventative services to support people with complex needs and increasing frailty issues
Should support the prevention of first-stop services losing funding
Support a better market place so that people have a good choice of supports they can purchase if they choose to receive a Direct Payment

Transport and green space strategies to be considered

Prioritises early intervention and empowerment allowing people to take ownership and be proactive

Greater emphasis needed on the ageing population and its effects on the workload of all services within and out with the HSCP and the planning required to prepare for this

Important to be realistic about the current context within which this strategy will need to operate – austerity, cost of living crisis, under resourced and weary workforce, pandemic impact

The rapidly ageing population, and the challenges this brings, will require detailed strategic planning at a national and local level beyond the 5 year timeframe of this plan

Needs to be more realistic financially, “there isn't funding to do everything”

Feedback relating to service matters included:

Empowering Communities requires resourcing and building of confidence in communities

The significance of third sector financial pressures

More resources and funding for services

Look for economies of scale and prevent system wastage

Weekend and evening appointments to cater for those who work

A move to a seven week service to support residents in care homes

The need to commission services that will meet the future needs of people with a mild Learning Disabilities when their parents or carers are no longer able to care for them

Greater priority should be given to service that have evidenced positive outcomes for service users

The need for reallocation of HSCP's budget, for example, saving through reducing prescription costs - this is an area of huge wastage due to oversupply/prescription and non-use of medications prescribed

Consider use of Artificial Intelligence in healthcare

The need to work towards services that are able to provide more timely and appropriate support to help maximise independence and quality of life

The need for Health Centres in other areas of the Authority

15 Annex 3: National Outcomes, Local Priorities and Enablers

The relationship between the National Health and Wellbeing Outcomes and the East Dunbartonshire HSCP Strategic Priorities and Enablers are set out in the chart below. This linkages shown are the ones that are most direct, but there may be other less direct associations:

National Outcome		East Dunbartonshire HSCP Strategic Priorities					
		Empowering People	Empowering and Connecting Communities	Prevention and Early Intervention	Public Protection	Supporting Carers and Families	Improving Mental Health and Recovery
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	X	X	X		X	X
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.	X	X	X		X	X
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	X	X			X	X
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	X	X	X	X	X	X
5	Health and social care services contribute to reducing health inequalities.	X	X	X	X	X	X
6	People who provide unpaid care are supported to look	X	X	X		X	X

National Outcome		East Dunbartonshire HSCP Strategic Priorities					
		Empowering People	Empowering and Connecting Communities	Prevention and Early Intervention	Public Protection	Supporting Carers and Families	Improving Mental Health and Recovery
	after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.						
7	People who use health and social care services are safe from harm.	X			X	X	X
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.	X	X	X			

National Outcome		East Dunbartonshire HSCP Strategic Enablers				
		Collaborative Commissioning	Infrastructure & Technology	Maximising Operational Integration	Medium Term Financial & Strategic Planning	Workforce & Organisational Development
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	X			X	X
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.	X	X		X	X
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	X		X	X	X
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	X		X	X	X
5	Health and social care services contribute to reducing health inequalities.	X	X		X	X
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	X			X	X
7	People who use health and social care services are safe from harm.	X	X	X	X	X
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.	X		X	X	
9	Resources are used effectively and efficiently in the provision of health and social care services.	X		X	X	

16 Annex 4: The Integration Delivery Principles

The main purpose of services is to improve the wellbeing of service-users.

Those services should be provided in a way which:

- Is integrated from the point of view of service-users,
- Takes account of the particular needs of different service-users,
- Takes account of the particular needs of service-users in different parts of the area in which the service is being provided,
- Takes account of the particular characteristics and circumstances of different service-users,
- Respects the rights of service-users,
- Takes account of the dignity of service-users,
- Takes account of the participation by service-users in the community in which service-users live,
- Protects and improves the safety of service-users,
- Improves the quality of the service,
- Is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care),
- Best anticipates needs and prevents them arising, and
- Makes the best use of the available facilities, people and other resources.

This document can be provided in large print, Braille or on CD and can be translated into other community languages. Please contact East Dunbartonshire Council's Communications Team at 0300 123 4510:

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

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ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੰਗ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 123 4510 ਫੋਨ ਕਰੋ।

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असुसुीय करने पर यह दसुतवेजु हलनुदी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फ़ोन कीजिए।

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