

Strategic Plan 2022-25



Caring Together to make a Positive Difference

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Foreword

As Chair of East Dunbartonshire's Integration Joint Board I am pleased to introduce to you the third Strategic Plan for East Dunbartonshire Health & Social Care Partnership (HSCP).

We have been through two very challenging years, and we know that there will be further impact on our communities, and on people's physical and mental wellbeing, as we look towards the years ahead. The plan outlines our ambition to improve the opportunities for people in our communities to live as well as they can. We aim to provide support across the lifespan, from early support to families and young children, to support for those most vulnerable in our communities. We will also continue to refine our plans year on year, as we better understand the longer term impact of the pandemic, and of people's needs as we look towards recovery and renewal.

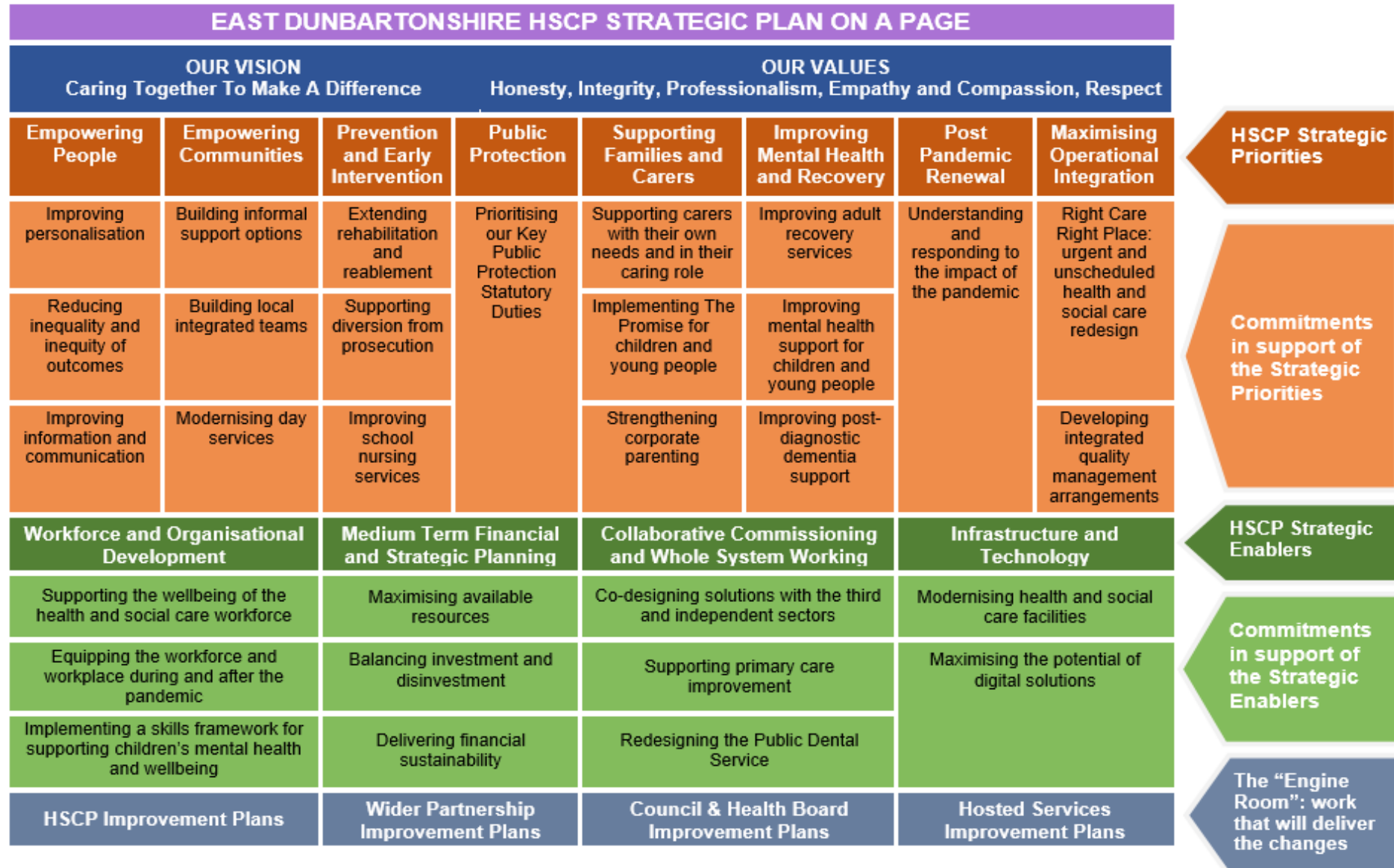
In East Dunbartonshire we have a strong track record of effective partnership working, with our staff, people who use our services, local communities and our partners in the Council, NHS and third and independent sectors. This strong partnership working will continue to be instrumental in supporting people in our communities effectively, and in working to address the health and wellbeing inequalities that we see.

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

Jacqueline Forbes
Chair, East Dunbartonshire Integration Joint Board

Strategic Plan on a Page

The illustration below provides an overview of the Strategic Plan 2022-25. It shows the relationship between the strategic priorities and enablers and the actions that will be taken forward in support of these.



Introduction

Health & Social Care Partnerships: Some Background

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, which is known as the HSCP Board. It comprises members from both East Dunbartonshire Council and NHS Greater Glasgow and Clyde Board, as well as those representing the interests of the third sector, staff, independent contractors, service users and carers and provider organisations. The HSCP is designed to be collaborative at every level, involving partners, stakeholders and representing the interests of the general public.

The ways in which health and social care services are planned and delivered across Scotland has significantly changed through integration. 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 set out at **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

The HSCP Strategic Plan

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. Strategic Plans should also have regard to the National Integration Delivery Principles. 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.

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

The Health and Wellbeing Outcomes
People are able to look after and improve their own health and wellbeing and live in good health for longer.
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
People who use health and social care services have positive experiences of those services, and have their dignity respected.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Health and social care services contribute to reducing health inequalities.
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
People who use health and social care services are safe from harm.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
Resources are used effectively and efficiently in the provision of health and social care services.

The Integration Delivery Principles
That the main purpose of services is to improve the wellbeing of service-users
That those services should be provided in a way which:
<ul style="list-style-type: none"> • Is integrated from the point of view of service-users,
<ul style="list-style-type: none"> • Takes account of the particular needs of different service-users,
<ul style="list-style-type: none"> • Takes account of the particular needs of service-users in different parts of the area in which the service is being provided,
<ul style="list-style-type: none"> • Takes account of the particular characteristics and circumstances of different service-users,
<ul style="list-style-type: none"> • Respects the rights of service-users,
<ul style="list-style-type: none"> • Takes account of the dignity of service-users,
<ul style="list-style-type: none"> • Takes account of the participation by service-users in the community in which service-users live,
<ul style="list-style-type: none"> • Protects and improves the safety of service-users,
<ul style="list-style-type: none"> • Improves the quality of the service,
<ul style="list-style-type: none"> • 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),
<ul style="list-style-type: none"> • Best anticipates needs and prevents them arising, and
<ul style="list-style-type: none"> • Makes the best use of the available facilities, people and other resources.

The Overall Direction of the HSCP Strategic Plan 2022-25

This is the third full Strategic Plan produced by East Dunbartonshire HSCP. The last Strategic Plan 2018 – 2021 set out 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 Partnership later produced two HSCP Locality Plans which were developed in consultation with local communities. The HSCP Locality Plans provided a framework for how the Partnership intends to improve health and wellbeing at a local level whilst contributing to the achievement of the overall strategic priorities.

This new plan reflects on the progress the Partnership has made and sets out the strategic direction for the next three years and the key priorities it will focus on. Our vision remains unchanged, and our refreshed strategic priorities continue to reflect and support delivery of the National Health and Wellbeing Outcomes.

However, it is important to acknowledge that the landscape of health and social care has changed markedly in the few short years since the last plan was published. Our aspiration to improve and develop services and partnerships in our 2018-21 Strategic Plan was affected significantly by financial pressures, which were shared with the Health Board and Council. This was compounded by increasing demand pressures, both in terms of increasing volume and increasing complexity of levels of care. The impact of the Covid-19 pandemic has been substantial and may be felt over the full period of this new Strategic Plan. For these reasons, this Strategic Plan has aspirations based on the realities of the pressures being faced in the health and social care sectors and building towards a fair, equitable, sustainable, modern and efficient approach to service delivery. Some of these areas of redesign will take longer than the three years of this Strategic Plan to deliver. Unless new resource streams are forthcoming, any requirement to invest further in one service area will require greater efficiency or disinvestment in another. Implementing the Plan will also continue to be based on certain assumptions and dependencies that can in reality be fragile. Where we do have new funding streams, we want 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 emerging plan on the creation of a National Care Service is underway, with potentially significant implications for local Health and Social Care Partnerships. In the meantime, we have orientated this Strategic Plan based on what is known to us at this time. 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 draw down actions in support of this Strategic Plan into an Annual Delivery Plan, which will be costed and prioritised. We will then report on progress towards each Annual Delivery Plan, and this overarching Strategic Plan, every year through our Annual Performance Report. More regular quarterly performance reports will also be provided to the HSCP Board and thereafter to the Council and Health Board. More detail on this approach to "measuring success" is described later in the Plan.

Health and Wellbeing of our Population

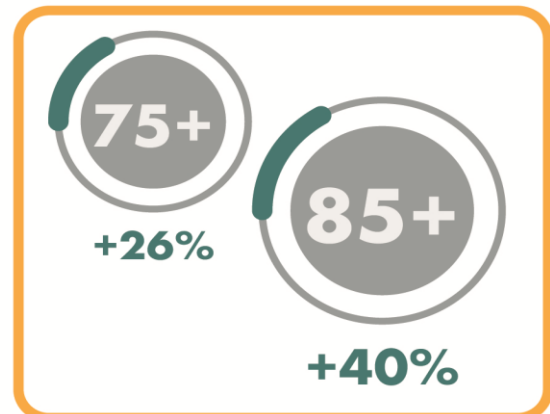
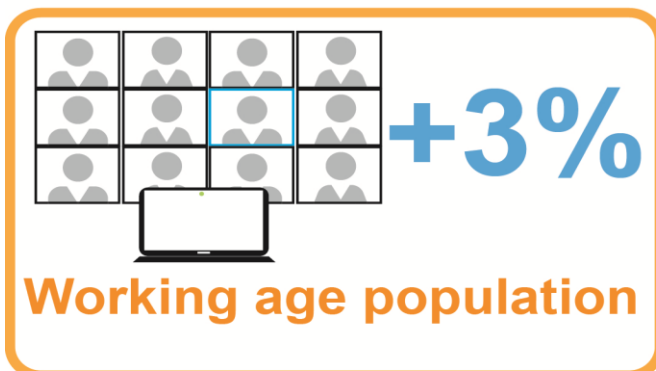
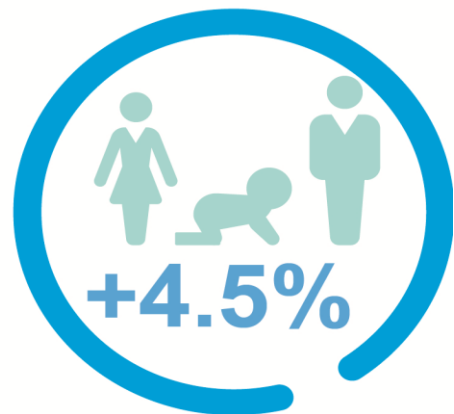
An understanding of the communities and people across the HSCP area population is vital in the planning and provision of health and social care services. This section is divided into three main parts: the first part is derived from East Dunbartonshire Council's Area Profile 2021 and sets out general population data as 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 (Source: East Dunbartonshire Council Population Profile 2021²)

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).



² [Statistics, facts and figures | East Dunbartonshire Council](#)

Life Expectancy

East Dunbartonshire has the second highest life expectancy in Scotland for both males and females, when compared with other council areas across Scotland.



Ethnicity

The 2011 Census reported that 88.6% of the population in East Dunbartonshire were White Scottish with 4.8% being White Other British. 4.2% of the population were from a minority ethnic group.

Household Composition

The 2011 Census reported that 11.8% of East Dunbartonshire households were one person households and is projected to rise by 10% between 2018 and 2043, with other household sizes remaining the same or reducing.



Average Weekly Earnings

- The average gross weekly earnings for full time workers living in East Dunbartonshire in 2020 was 22% higher than the Scottish average, with female full time workers earning more than male full time workers.



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Children in Families with Limited Resources



East Dunbartonshire has an estimated 12.4% of children who live in families with limited resources after housing costs, considerably lower than Scotland as a whole at 20.7%.

Crime/Community Safety

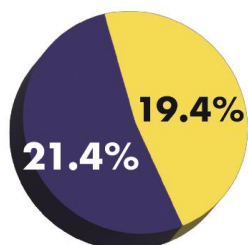
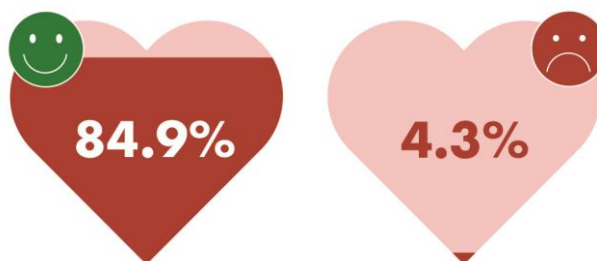
East Dunbartonshire is regarded as a relatively safe place to live with the level of crime being around half that of the Scottish average.



Health (2011 Census)

General Health

- 84.9% of residents in East Dunbartonshire reported their health as being very good or good, 2% higher than the Scottish average.
- The percentage of East Dunbartonshire residents reporting their health as bad or very bad (4.3%) was lower than the Scottish average (5.6%).



Limiting Illness or Disability

In East Dunbartonshire fewer people reported that their day-to-day activities were limited because of illness or disability (19.4%) compared to Scotland as a whole (21.4%).

Teenage Pregnancies

- The rate of teenage pregnancies is considerably lower in East Dunbartonshire when compared to Scotland as a whole, with numbers decreasing nationally and locally.

Provision of Unpaid Care (2011 Census)

- 10.9% of residents across East Dunbartonshire were reported to be providing unpaid care to relatives, friends or neighbours compared with 9.4% in Scotland.
- Of those who provided 50 hours or more of unpaid care the majority were aged 65 and over and were female.

Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS 2018)

Smoking, alcohol and drugs use is lower in East Dunbartonshire than across Scotland as a whole. With drug use, however, the prevalence is closer, with the same percentage of young people aged 15 years or more having used drugs in the last month (12%).

Deprivation

East Dunbartonshire is, as a whole, relatively less deprived than many other local authorities in Scotland. However, East Dunbartonshire has 8 datazones in the most deprived 25% in Scotland.



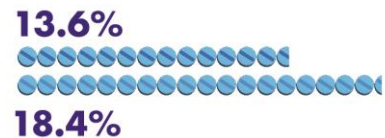
FINDINGS OF HEALTH & SOCIAL CARE JOINT STRATEGIC NEEDS ASSESSMENTS 2021³ (All sources detailed within)

Population Health



41.1% of East Dunbartonshire residents reported feeling in 'very good health' compared with 34.4% for Scotland (Source: Scottish Surveys Core Questions 2019)

The proportion of the East Dunbartonshire population prescribed drugs for anxiety, depression or psychosis has increased from 13.6% in 2010/11 to 18.4% in 2019/20. Nationally the figure increased from 15% to 19.7%.



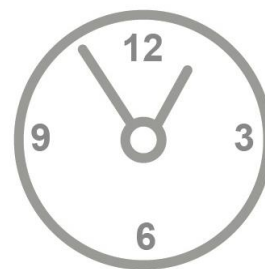
5.6% of the adult population in East Dunbartonshire reported a disability. Nationally this figure is 6.7% (Source: Census 2011)

Of those with a reported disability, **48%** were related to sensory impairment (Source: Census 2011).

³ [East Dunbartonshire Health and Social Care Partnership Board | East Dunbartonshire Council](#)

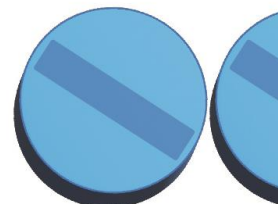
Health & Well-being of Children and Young People Survey

- Only 13% of school pupils surveyed from East Dunbartonshire met the Scottish Government target of 60 minutes of moderate exercise a day
- 18% of school pupils surveyed in secondary school said they were current smokers
- 27% of school pupils surveyed said they drank alcohol at least once or twice a month



Child and Adolescent Mental Health

There was a 44% increase in young people being prescribed antidepressants between 2014/15 and 2019/20



Pregnancy

- 5.5% of woman reported being current smokers at their first antenatal appointment in 2019/20.
- 21% of pregnant woman in East Dunbartonshire in 2019/20 were considered to be obese, with 48.8% overweight or obese.

Long Term Conditions

- 28% of East Dunbartonshire residents identified themselves as having one or more long term conditions. The figure nationally was 30% (Source: Census 2011);
- 6% of individuals on East Dunbartonshire GP registers had a diagnosis of cancer in 2018/19 (Source: Public Health Scotland);
- Arthritis, cancer and coronary heart disease were the most prevalent conditions in East Dunbartonshire, though prevalence was lower than the Scotland figures for all (Source: Public Health Scotland).

Hospital Activity

- 52% of patients in East Dunbartonshire who had an emergency admission to hospital in 2018/19 were aged over 65yrs (Scotland 44%)
- Of those with multiple emergency admissions 49% were aged 65 years or over (Scotland 41%)
- The East Dunbartonshire Accident and Emergency attendance rate increased slightly from 255.9 per 1,000 in 2017/18 to 260.7 in 2019/20, however still remained below the Scotland rate of 285.1
- The number of people with multiple emergency admission (2+) decreased by 7% between 2014/15 and 2018/19 (Scotland experienced a 6% increase)



- East Dunbartonshire had an elective admission rate of 166.7 per 1,000 in 2019/20, around 50% higher than the Scotland rate of 111 per 1,000
- 17.1% of elective hospital admissions in East Dunbartonshire were for ‘General Surgery’ and 13.7% for ‘Gastroenterology’.
- East Dunbartonshire has a higher Accident and Emergency attendance rate for under 16 year olds, compared with Scotland
- In 2018/19 only around 12% of under 16 Accident and Emergency attendances resulted in a hospital admission

Deaths

- 71.8% of deaths in East Dunbartonshire in 2019 occurred in those aged 75+ (Scotland 63.0%)
- The most common cause of death in East Dunbartonshire for 2019 was cancer, which accounted for 29.6% of all adult deaths
- For those who died, 89% of people in East Dunbartonshire spent the last 6 months of their life at home or community setting (Scotland 88%)

SUMMARY OF THE HEALTH AND SOCIAL CARE NEEDS OF THE EAST DUNBARTONSHIRE POPULATION

Despite relatively low average levels of deprivation, East Dunbartonshire faces challenges in terms of demand for health and social care services. These demands are in a significant part due to an ageing population and high life expectancy, with East Dunbartonshire having experienced the largest growing 85+ population in Scotland, which is the age-group most in receipt of services.

The significantly longer life expectancy in East Dunbartonshire (compared to the Scottish average), means that proportionately more older people here are likely to be affected by long-term conditions such as cancer and arthritis that can lead to further health complications. This is supported by the finding that significantly more emergency admissions in East Dunbartonshire were aged 65+ compared with Scotland as a whole. East Dunbartonshire also has a higher elective hospital admission rate than Scotland, which is also associated with an ageing population⁴.

With the growth in the 85+ population projected to continue to rise by around 5% per year, it should therefore be expected that East Dunbartonshire will continue to see a rise in elective admissions in the coming years, with associated frailty also leading to a higher risk of unscheduled hospital care. With the COVID-19 pandemic causing a backlog of elective admissions nationally, this may be particularly felt in East Dunbartonshire which may result in increasing demand for primary care and community-based services.

⁴ ANALYSIS OF TRENDS IN EMERGENCY AND ELECTIVE HOSPITAL ADMISSIONS AND HOSPITAL BED DAYS: 1997/98 TO 2014/15, R Wittenberg et al, 2015

Mental health prevalence is on the increase for children and young people, with growing numbers receiving prescribed medication. Drug use amongst young people in East Dunbartonshire is close to the Scottish average.

In public health terms it is also crucial to recognise the impact of relative poverty on health and wellbeing. Despite relative prosperity overall in East Dunbartonshire, the known impact of deprivation in affected communities is an issue that the HSCP must prioritise in order to ensure that access to and impact of services is equitably targeted to people and communities who are at risk of poorer health.

At the time of preparing this Strategic Plan, the COVID-19 pandemic is already demonstrating its impact on health and wellbeing. Higher rates of mental ill health, alcohol and drug use and public protection referrals have all been experienced in East Dunbartonshire over the period of the pandemic, and likely to have a number of yet unknown consequences on both population health, which should be taken into account for future planning. Some of these trends pre-date the pandemic; for example: the proportion of the East Dunbartonshire population prescribed drugs for anxiety, depression or psychosis has increased substantially. It will be incumbent upon the HSCP and all of its partners to work together to meet both the pre-existing and new challenges post-pandemic.

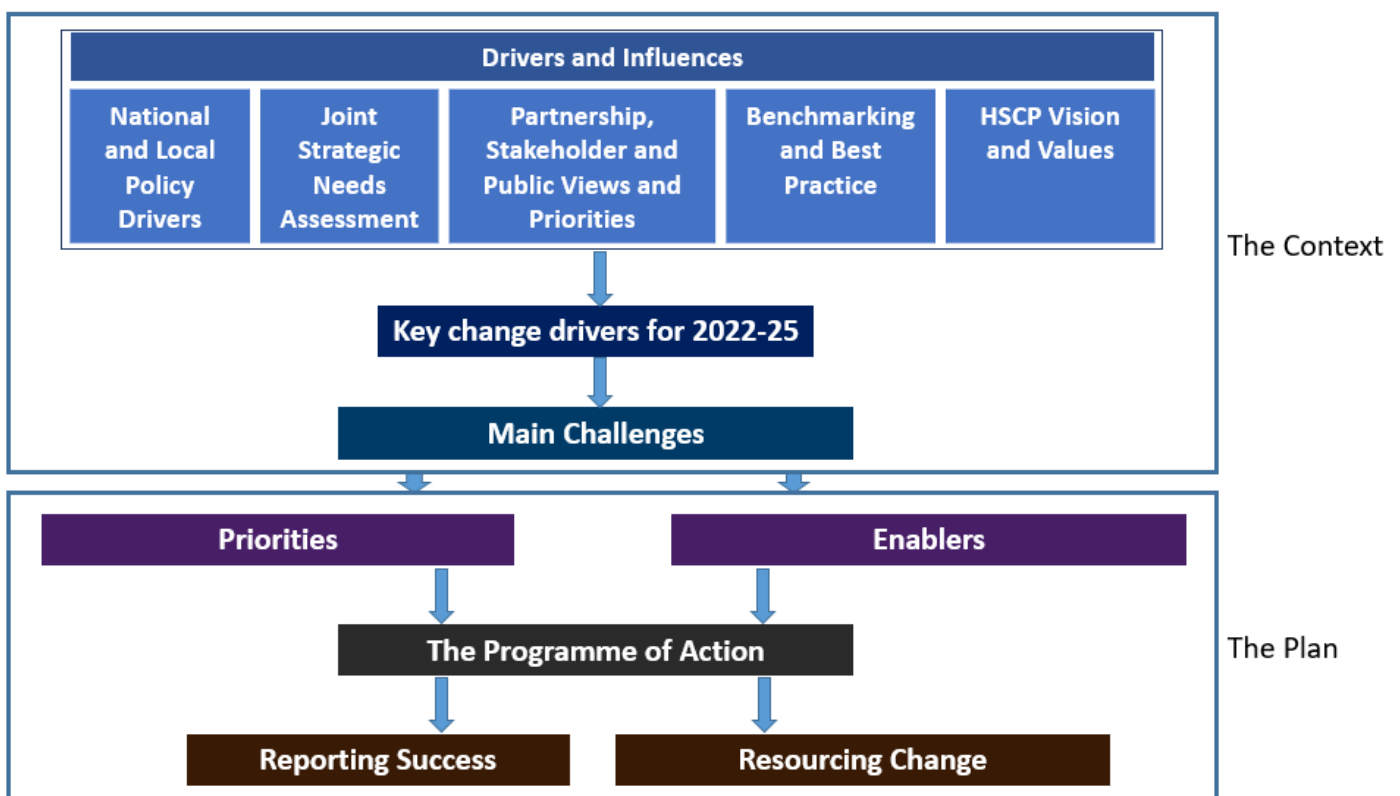
The Context for Change

Drivers for Change

When we considered our plans for the next three years, we had to think about what is driving change nationally and locally. In this plan, we call these “drivers for change”.

These drivers for change collectively indicate what and where our focus needs to be. We then need to consider where we currently stand in relation to these drivers and therefore what work we need to do to meet the demands and challenges that lie ahead. Much of what we need to do will be common with other HSCPs, but some will be specific to the needs of our local communities and reflect local priorities.

We have considered that the main drivers for change are: national and local policy; the health and social care needs of our population; the views, expectations and aspirations of local people; examples of good work being done elsewhere; and our Partnership’s vision and values. These should collectively help identify what the challenges are, how we meet these challenges and what our priorities should be. This planning process is show below:



We have separated out our Strategic Priorities and our Strategic Enablers. We learned from our last Strategic Plan that change does not happen unless investment is made in areas such as workforce, workplace, technology, planning and financial systems to support these changes. So we wanted to give greater profile to these “enablers” for change in our new Plan. More detail on these priorities and enablers is set out later in the Plan.

National and Local Policy Drivers

The box below sets out what we consider to be the key policy drivers for the next three years. This list does not include everything that the HSCP does on a daily basis; that would be a much longer list. Rather, we wanted to identify what we think will be the main drivers for change over the period of this plan.

Key Policy Drivers: National	
United Nations Convention on the Rights of the Child	Audit Scotland: Health and Social Care Integration - Update on progress (Nov 2018)
Human Rights Act 1998	Digital Strategy For Scotland (2021)
National Clinical Strategy for Scotland (2016)	A Fairer Healthier Scotland (June 2012)
Scottish Government Review of Progress with Integration of Health and Social Care (Feb 2019)	Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic
Public Bodies (Joint Working) (Scotland) Act 2014	Re-mobilise, Recover, Re-design: the framework for NHS Scotland
A Fairer Scotland for Disabled People: Delivery Plan (2016) and Duty (2018)	Joint Inspection of HSCP Adult Services in East Dunbartonshire (July 2019)
Health and Social Care Delivery Plan (Dec 2016)	Scottish Govt: Framework for Community Health and Social Care Integrated Services (Nov 2019)
Healthcare Improvement Scotland: Making Care Better - Better Quality Health and Social Care for Everyone in Scotland: A strategy for supporting better care in Scotland: 2017–2022	The Promise: action to take forward the findings of the independent care review for care experienced children and young people (Oct 2020)
Community Mental Health and Wellbeing Supports and Services Framework (Children and Young People)	A Scotland Where Everybody Thrives: Public Health Scotland's Strategic Plan 2020–23 (Dec 2020)
Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy	Coronavirus (COVID-19): Strategic Framework (update - Feb 2021)
Suicide Prevention Action Plan: Every Life Matters	The Independent Review of Adult Social Care (March 2021)
Justice in Scotland: vision and priorities (July 2017)	The National Perinatal and Infant Mental Health Policy Framework
Coming home: complex care needs and out of area placements 2018	National Mental Health Strategy 2017-2027 (March 2017)
Universal Health Visiting Pathway in Scotland: pre-birth to pre-school	Guidance on Joint Investigative Interviewing of Child Witnesses in Scotland
National Learning Disability Strategic: The Keys to Life	Transforming nursing, midwifery and health professions roles
Best Value: revised statutory guidance 2020	2018 GP Contract and Memorandum of Understanding
National public protection statute & guidance	
Achieving Excellent in Pharmaceutical Care	National Strategy for Community Justice

Key Policy Drivers: Local	
The East Dunbartonshire Local Outcome Improvement Plan (2017-27)	NHSGG&C and East Dunbartonshire Council Covid-19 Recovery and Remobilisation Plans
NHSGG&C Health and Social Care Strategy: Moving Forward Together (July 2019)	NHSGG&C Board-wide strategies: Mental Health, Learning Disability, Unscheduled Care, Health Visiting, School Nursing, District Nursing, Rehabilitation.
Turning the Tide through Prevention: NHSGG&C Public Health Strategy 2018-28	Five Year Strategy for Adult Mental Health Services in Greater Glasgow and Clyde 2018-2023

Analysis of the 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, called 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, Stakeholder and the Public

The preparation of this Strategic Plan has also been supported by analysis of consultation activity undertaken by services and by the HSCP more widely since the preparation of the last Strategic Plan. This activity is summarised at **Annex 2** and has helped to indicate the priorities for improvement and development that are set out in this document.

Benchmarking and Best Practice

We looked at the most recently prepared Strategic Plans in other HSCP areas, to find out the priority areas for improvement and development identified by them. Of the 13 plans we looked at, the most common priorities are set out in the chart below. These were:

Prevention	Wellbeing
Effective use of resources	Personalisation
Integration	Locality
Equality	Community
Engagement	

In November 2019, the Scottish Government published "[A Framework for Community Health and Social Care Integrated Services](#)⁵" which was designed to inform the development of local transformation plans, drawing on what is known to work in other areas. We have used this document to support the early preparation of our new Strategic Plan.

⁵ [a-framework-for-community-health-and-social-care-integrated-services-07-november-2019.pdf \(hscscotland.scot\)](#)

HSCP Vision and Values

The East Dunbartonshire HSCP's vision is "Caring Together to make a Difference", supported by six values of Professionalism, Integrity, Honesty, Respect, Empathy and Compassion. These principles are at the heart of this new Strategic Plan and set the tone for how we intend to deliver the plan for the people of East Dunbartonshire.

The Main Challenges

After analysing the main policy drivers, the local needs analysis and the priority work being taken elsewhere, we think that the main challenges for the HSCP over the next few years will be:

The Main Challenges
Post-pandemic recovery and consequence
Population and demographic change, particularly for older people
Increasing volume and complexity of presenting needs
Social and health inequalities
Increasing mental health and wellbeing concerns
Increasing public protection concerns
Need for improved outcomes for care experienced young people
Increasing pressure on informal carers
Demand for personalisation and choice
Importance of adopting human rights-based approaches
Pressure on acute hospital in-patient services
Pressure on primary and community health and social care services
Financial constraints and public sector reform
The uncertainties of the review of adult social care
Environmental and climate impacts

Meeting These Challenges

The 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.

Our Strategic Priorities and Enablers

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



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

STRATEGIC PRIORITIES			
Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection
Supporting Carers and Families	Improving Mental Health and Recovery	Post-pandemic Renewal	Maximising Operational Integration

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 new Strategic Plan we think it is important to give higher profile to these enablers. If we can invest in the enablers then it is more likely that service improvement and development can happen. The key enablers for change that we have identified so far, are set out in the box below:

STRATEGIC ENABLERS			
Workforce and Organisational Development	Medium Term Financial and Strategic Planning	Collaborative Commissioning and Whole System Working	Infrastructure and Technology

Taking Forward These Strategic Priorities and Enablers

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.

Some of these areas of development will take longer than the three years of this Strategic Plan and will be dependent upon decisions about future funding that we are not able to predict at this time. For these reasons, a Programme of Action has been outlined in the next section of the Strategic Plan that aims to provide more detail on what the HSCP Board intends to focus on specifically, in pursuit of these priorities.

It is important to ensure we are clear about the linkages between our local strategic priorities and enablers and the National Health and Wellbeing Outcomes. These linkages are set out in **Annex 3**.

Our Programme of Action

This section focuses in more detail on what we intend to take forward in pursuit of our Strategic Priorities and Enablers, over the three years of this plan (2022-2025). 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 at some level. Our commitment is that each action will be taken forward with its own project-planning arrangements in place and with a project lead established. Each year an **Annual Delivery Plan** will draw down the Strategic Plan actions for the year, with progress reported regularly to the HSCP Board and then annually as part of the HSCP Board’s Annual Performance Review.

Strategic Priority	Commitment	Objectives for 2022-25
Empowering People	Improving personalisation	Embed and further develop digital solutions to support self-management (Redesign). Further develop person centred, rights-based, outcome focused approaches (Improvement).
	Reducing inequality and inequity of outcomes	Further reduce inequality of health outcomes and embed fairness, equity and consistency in service provision (Improvement).
	Improving information and communication	Improve service information and public communication systems, advice, reflecting specific communication needs and preferences (Improvement).
Empowering Communities	Building informal support options	Work with communities to develop a network of assets and informal supports, to complement formal, statutory support options (Redesign).
	Building local integrated teams	Develop local, co-located services with integrated multi-disciplinary teams to improve services and reduce our carbon footprint (Redesign).
	Modernising day services	Redesign day services for older people and adults with learning disabilities, to create a wider range of informal and formal support options (Redesign).

Prevention and Early Intervention	Extending rehabilitation and reablement	Further develop rehabilitation services and reablement approaches to sustain people for longer in the community (Improvement)
	Supporting diversion from prosecution	Extend the range of options for diversion from prosecution available to the Procurator Fiscal Service to extend ability to address the underlying causes of offending, as an alternative to prosecution (Improvement) .
	Improving school nursing services	Develop School Nursing Services in line with "Transforming Nursing, Midwifery and Health Professions' Roles: The school nursing role" (Improvement) .
Delivering our Key Social Work Public Protection Statutory Duties	Prioritising public protection	Ensure the highest quality standards in identifying and responding to actual and potential social work public protection concerns (Improvement) .
Supporting Families and Carers	Supporting carers with their own needs and in their caring role	Recognise better the contribution of informal carers and families in keeping people safe and supporting them to continue to care if that is their choice (Improvement) .
	Implementing The Promise for children and young people	Ensure that every care experienced child grows up loved, safe and respected, able to realise their full potential (Improvement) .
	Strengthening corporate parenting	Strengthen corporate parenting, to improve longer term outcomes for care experienced young people, by community planning partners working collectively (Improvement) .
Improving Mental Health and Recovery	Improving adult mental health and alcohol and drugs recovery	Redesign services for adult mental health and alcohol and drugs services to develop a recovery focussed approach (Redesign) .
	Improving mental health support for children and young people	The provision of faster, more responsive support for children and young people with mental health challenges (Improvement) .
	Improving post-diagnostic support for people with dementia	Increase the capacity of the post diagnostic support service (Improvement) .
Post Pandemic Renewal	Understanding and responding to the impact of the pandemic	Understand the impact of the pandemic on the health and wellbeing of our population (including those living in care homes), the responses necessary to meet these needs and resource requirements (Redesign) .

Maximising Operational Integration	Right Care Right Place: urgent and unscheduled health and social care redesign	Improve patient experience, safety, clinical outcomes, and organisational efficiency in responding to and managing urgent health care needs and preventing unnecessary hospital care (Redesign) .
	Developing integrated quality management arrangements	Further develop robust, quality-driven clinical and care governance arrangements that reflect the National Health and Social Care Standards and the Partnership's Quality Management Framework (Improvement) .
Strategic Enabler	Commitment	Objectives for 2022-25
Workforce and Organisational Development	Supporting the wellbeing of the health and social care workforce	Respond to the pressures across all staff, independent contractors, commissioned services, partners and stakeholders due to the impact of the pandemic, with wellbeing support prioritised (Redesign) .
	Equipping the workforce and workplace during and after the pandemic	Ensure that the workforce and the workplace is prepared and equipped to respond to the impact of the pandemic (Redesign) .
	Redesigning the Public Dental Service	Redesign the Public Dental Service by implementing a new service delivery model (Redesign).
	Implementing a skills framework for supporting children's mental health and wellbeing	Support the improvement of children's mental health and wellbeing, by implementing a national workforce knowledge and skills framework (Improvement) .
Medium term Financial and Strategic Planning	Maximising available resources	Maximise available resources through efficiency, collaboration and integrated working (Improvement) .
	Balancing investment and disinvestment	Balance investment and disinvestment to deliver HSCP priorities within the medium term financial plan (Improvement) .
	Delivering financial sustainability	Ensure longer term sustainability of services within available resources (Redesign)
Collaborative Commissioning and Whole System Working	Co-designing solutions with the third and independent sectors	Build collaborative commissioning through the development of improved efficiency, co-designed and co-produced solutions and better outcomes in collaboration with third and independent sector providers (Redesign) .

	Supporting primary care improvement	Support primary care improvement and multi-disciplinary working through development in line with the new General Medical Services Contract Memorandum of Understanding (Improvement).
Infrastructure and Technology	Modernising health and social care facilities	Progress towards the development of appropriate, modern facilities that enable co-location of team members and services as well as alignment with GP Practices (Redesign).
	Maximising the potential of digital solutions	The delivery of a comprehensive Digital Health and Social Care Action Plan that maximises the potential of digital solutions, whilst ensuring equality of access for everyone (Redesign).

Redesign and Transformation: The Principles

The Financial Plan section of this document sets out in more detail how these development commitments will be undertaken within the HSCP's overall budget. As indicated in the Introduction, the HSCP operates within a constrained financial environment, so unless new funding is forthcoming, any investment in one area will have to be offset by increased efficiency or disinvestment in another area of the HSCP's business. In order to make this process as transparent as possible, the Financial Plan will identify any new specific additional funding that has been received (or may be expected) to support new developments. Over the course of the next three years, some additional new funding sources may be introduced that we are not yet aware of, but so too may be reductions in funding or pressures elsewhere.

The idea behind service redesign and transformation is a recognition that a combination of greater demand for services, increasing levels of complexity and financial pressures means that the current ways of designing and delivering some services may need to fundamentally change. The objective of service redesign and transformation is to ensure that the HSCP is able to best meet these challenges in the future. In doing so, the following principles will be applied to ensure consistency in the approach to redesign and to generate efficiencies in ways that minimise negative impact:

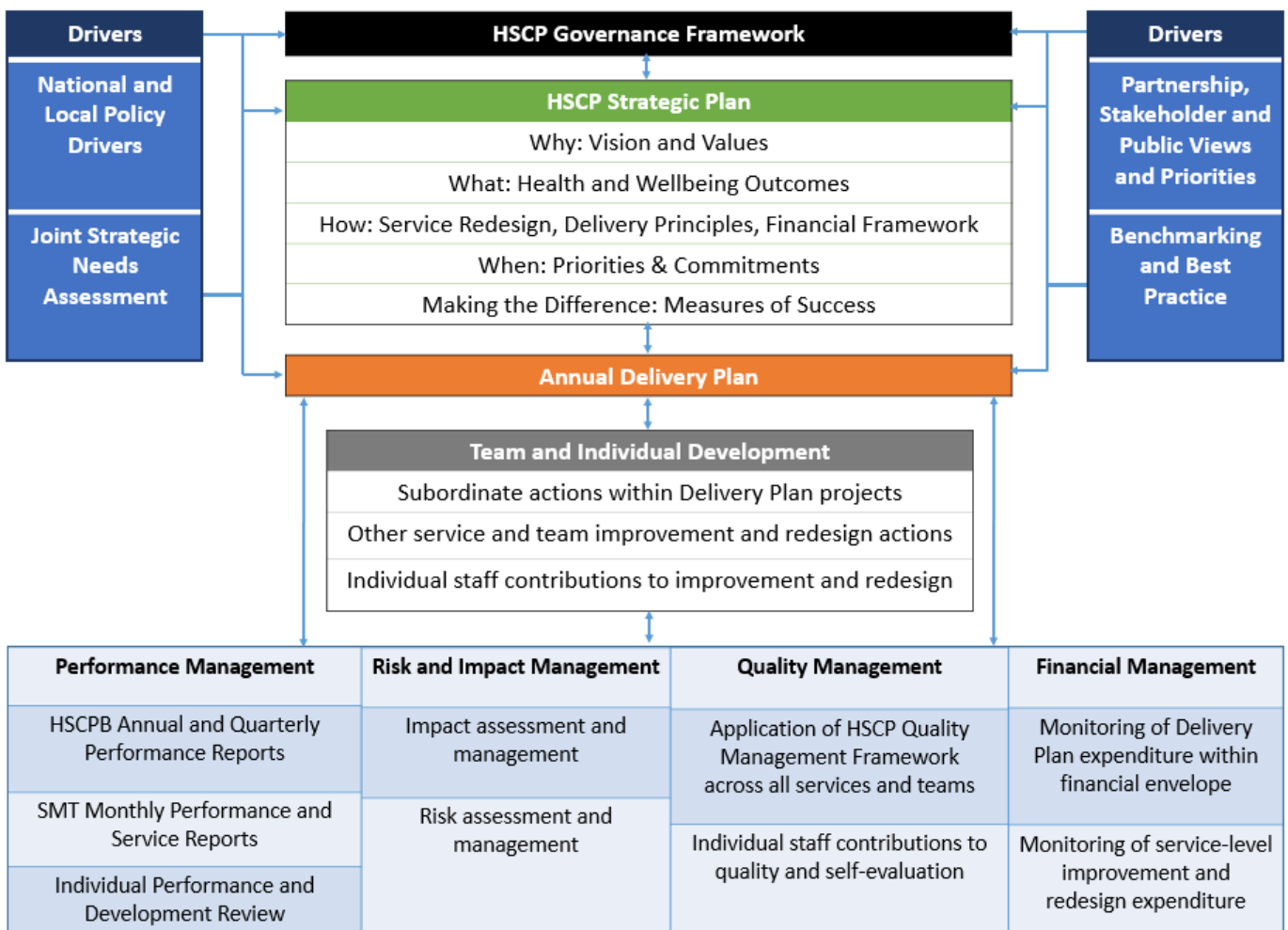
- Contribute to delivery of the Strategic Plan priorities and enablers;
- Maximise opportunities for integration and collaboration;
- Maximise the use of technology/digital delivery;
- Maximise the potential for informal supports and community assets;
- Maximise community-based care;
- Ensure fairness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

Organisational Alignment: “The Golden Thread”

It is vital that the Strategic Plan is an active cog in the work of the HSCP. Sometimes strategies are written, then gather dust until they are replaced, without having had guiding impact across the organisation. With this HSCP Strategic Plan, the intention is to ensure that its strategic priorities and enablers are 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 can recognise their contribution at individual, team and leadership levels. This is often called the “golden thread” of planning and performance management. It means that the organisation as a whole has shared ambitions and goals across the HSCP. It clarifies the role of leadership and accountability with agreed priorities, agreed performance targets, a shared commitment to deliver by everyone and the delivery of planned objectives at all levels.

In illustration, this process is set out organisationally below, for the HSCP. The structure shows the change drivers, the central role of the Strategic Plan and the function of Annual Delivery Plans that will draw down actions each year in support of the Strategic Plan’s goals. Below that, is the service level improvement activity that is more operational and the contributions that individuals make to this. Along the bottom are the controls and supports to the process, including feedback mechanisms on performance, cost, risk, impact and quality.

Strategic Planning and Organisational Alignment



Working Together

The Health and Social Care Partnership is collaborative by definition. The HSCP Board operates within a wider context of planning together with East Dunbartonshire Council and Greater Glasgow and Clyde Health Board HSCP, as well as by the Third Sector, by independent sector providers, independent primary care contractors and across the full spectrum of Community Planning. Partnership working is of utmost importance to make the best use of our local resources for the benefit of people living and working in our communities. The HSCP Strategic Plan aligns itself in particular 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, as well as contributing to others:

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 how it can support a locality-based approach. Community planning within localities (previously called "Place" planning) allows community planning partners to look at outcomes in the context of smaller

communities and to plan how we will work with each other and with local people in these areas. In 2011 a locality approach to delivering services began in Harestanes & Hillhead and has since been extended to Auchinairn, Lennoxton and Twechar. Using a locality approach means encouraging greater communication between services and with residents of a particular locality to devise solutions to reduce disadvantage in their area. This puts the people, who are local to that area, central to the service planning.

Moving Forward Together

NHS Greater Glasgow and Clyde’s strategy Moving Forward Together (MFT) describes a tiered model of services where people receive care as near home as possible, travelling to specialist centres only when expertise in specific areas is required. MFT 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.

It recommends supported self-care and better links between primary and secondary care. The key elements on which the Moving Forward Together Programme has been based are:

Aligned to the national strategic direction
Consistent with the West of Scotland Programme
Reflect a whole system programme across primary, secondary and tertiary health care and social care
Maximise digital solutions to support remote care and self-care
Extend the use of cornerstone clinical systems to support workflow and access to the Electronic Health & Care Record (EHCR).
Use the knowledge and experience of our wide network of expert service delivery and management teams
Involve our service users, patients and carers from the outset
Engage with, and listen to, our staff and working in partnership
Affordable and sustainable.

Workforce Planning

East Dunbartonshire HSCP are developing a 3 year Workforce Plan in tandem with the Strategic Plan to ensure that we have the workforce available to deliver on the Plan. Our Workforce Plan will also align with the National Workforce Strategy for Health and Social

Care which will be launched in early 2022. In addition our workforce plan will link to both NHSGGC and East Dunbartonshire Council's workforce plans as the employers. Key to our Workforce Plan will be retaining and developing our current workforce through a focus on their wellbeing, this will include 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 and that processes are 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 East Dunbartonshire 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 very rewarding, thus ensuring that our workforce is more representative of our community. A key action from the Workforce Plan will be to look creatively about how we attract and retain staff to identified posts that we currently regard as difficult to recruit.

Unscheduled Care

The HSCP has responsibility for strategic planning, in partnership with the NHSGGC, of those 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 where it is 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 not seen such consistently high levels of demand before. Whilst, as an HSCP specifically and a health board generally, 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 needed therefore if we are to meet the challenges ahead and successfully shift the balance of care from hospital to community, with people being empowered to manage their own care needs with support, and with acute hospitals being able to prioritise their resources towards people that require 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.

As six HSCPs, with our partners in the acute sector, and with people, communities and the third and independent sectors, we are committed to delivering on the aspirations set out the *NHSGGC Unscheduled Care Design and Delivery 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.

Primary Care

Around 90% of all health care is delivered in primary care; it is the cornerstone of the NHS, central to the achievement of our strategic priorities set out in this Strategic Plan with and for local people. Primary Care has been undergoing a transformation over the last 3 – 5 years, and the Covid-19 pandemic has significantly impacted the workload of GP practices and the way they need to interact with patients into the future. 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 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 primary care teams with new staff and roles to support more patients in the community. This has included the development of Pharmacotherapy services (including GP practice based pharmacists), Advanced Practice Physiotherapists working in general practice, Wellbeing Workers and Advanced Nurse Practitioners. The vaccination programme has also in the main been diverted away from general practice and delivered by the HSCP 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.

Mental Health

The East Dunbartonshire approach to mental health service redesign aligns to the NHSGGC Mental Health Five Year Strategy which commenced in 2017. This work is key to delivering on our mental health priorities and focus upon shifting the balance of care. An Adult Mental Health Programme Board oversees the delivery of this strategy, and work on

a specific older people's mental health strategy began in 2018. The overall approach has been to view mental health services as one integrated system, albeit serving different needs and localities with specific care pathways, with a key assumption in recovery planning that demand for mental health services and support will increase during and after the pandemic.

The NHSGGC Mental Health Five Year Strategy has a number of key themes which include 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, which fully align to the vision, values and the strategic priorities within the HSCP 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. These developments will continue to be sensitive to the emerging impacts of the pandemic.

The Promise

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

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

East Dunbartonshire HSCP is committed to ensuring The Promise shapes future planning to strengthen the things we do well and make the fundamental changes required.

The Promise Scotland envisages the work of change to take place over a 10 year period. Locally, our initial priorities have included promoting awareness of The Promise and establishing networks across East Dunbartonshire and further afield. A multi-agency steering group has been established, involving care experienced people and embedding The Promise is a key component of the work of the East Dunbartonshire Delivering for Children and Young People Partnership.

The next steps are to develop a Promise Aims and Actions Plan specific to East Dunbartonshire and informed by our partnerships with care experienced people, our

integrated workforce and the work of The Promise Scotland. We will require a measured, sustained and long-term approach across East Dunbartonshire to ensure we work towards the changes required. Action over the period of the Strategic Plan will be reflected in HSCP Annual Delivery Plans as well as through the Integrated Children's Services planning and reporting arrangements.

Supporting Carers

This plan makes a commitment to support carers with their own needs and in their caring role, and to recognise better 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. As part of our commitment 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. In support of this, our existing Carers Strategy will be refreshed during the first year of our Strategic Plan.

Digital Health and Care

In line with the Scottish Government *Digital Health and Care Strategy: enabling, connecting and empowering*, the HSCP seeks to progress the digital transformation agenda. Opportunities to transform the way that care and support is delivered, the way practitioners work, the way our services operate and crucially how people self-manage their needs centre around the increased use of digital technology. The HSCP has a Digital Health and Care Board and is developing a digital health and care action plan to drive investment and action to take forward this agenda.

Technology Enabled Care, including telecare and community alarms, is now commonplace in health and social care. The use of smartphone apps to help management long term conditions is early in its development, but increasing in popularity. The Covid-19 pandemic has exponentially increased the use of digital solutions for home and mobile working, and we have seen a rise in the potential for use of video and other digital consultations with service users and patients. We aim to capitalise on the 'new normal' as we come through the pandemic, building on the opportunities to offer choice for individuals and their families between face to face interaction with health and care professionals or virtual consultation.

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

- Transforming our Telecare suite from analogue to digital channels by 2024;
- Maximising opportunities for and uptake of *Virtual Patient Management (VPM)* and digital service user interaction;

- Increasing the scope for people living with long term conditions and disabilities (including mental health and substance use/misuse) to manage their lives digitally via smart apps technology (*Home and Mobile Health Monitoring - HMHM*);
- Increasing support at a distance opportunities for people living independent in their own homes but who require assistance to feel safe and included through a range of digital options;
- Use of web based solutions to support people to self-assess for equipment or resources to enable them to live independently (*Ask Sara, the East Dunbartonshire Asset Map*); and,
- Maximising the roll out of agile working technology to all health and care staff affording the opportunity to work flexibly and efficiently (*Digitally Enabled Workforce*).

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 is about giving the service user or carer more choice and control over the care and support that they receive to enable the cared for person to live as independently as possible. Since its inception, East Dunbartonshire HSCP has continued to implement and develop Self Directed Support whilst incorporating the values (respect, fairness, independence, freedom and safety) and principles (collaboration, informed choice, involvement, participation, innovation, responsibility and risk enablement) contained within the legislation.

The HSCP has developed a three year Implementation Plan (2021 – 2024) which focuses on achieving four specific outcomes to further develop Self Directed Support locally:

- All planning for change and measurement across Self Directed Support activities must involve the people, workers and organisations affected;
- Senior decision makers and system create the culture and conditions for choice and control over social care support;
- Workers enable and empower people to make informed decisions about their social care support;
- Workers across all aspects of social care support exercise the appropriate values, skills, knowledge and confidence; and,
- People have choice and control over their social care support.

Reducing Inequalities

Central to the objectives of the HSCP Strategic Plan 2022-25 is to pursue improvement activity that contributes to reducing inequality and inequity of health and social care outcomes. In addition to this being a dedicated action area in support of the Empowering People priority, the plan itself has been fully 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.

Climate Action

All Public Bodies, including Health & Social Care Partnerships, are required by the Scottish Government to reduce greenhouse gas emissions, adapt to a changing climate and promote sustainable development. The HSCP’s constituent bodies employ the HSCP workforce and hold capital, fleet and infrastructure, so responsibility sits primarily with East Dunbartonshire Council and NHS Greater Glasgow and Clyde, 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, and;
- Maximising energy efficiency.

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

Strategic Priority	Action	Reducing Climate Impact
Empowering Communities	Building local integrated teams	Reducing travelling costs for staff, by operating within practice localities and collaborating closely with primary care GP practices.
	Modernising day services	Providing support within existing community assets, so reducing scale of building-based services with associated environmental impact.
Strategic Enabler	Action	Reducing Climate Impact
Workforce and Organisational Development	Supporting the wellbeing of the health and social care workforce	Promoting flexible working practices, including home working that can positively reduce greenhouse gas emissions and building-based space requirements.
	Modernising health and social care facilities	Developing local, integrated health and social care facilities, fewer in number and operating to higher efficiency standards, with services and resources under one roof.
Infrastructure and Technology	Maximising the potential of digital solutions	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.

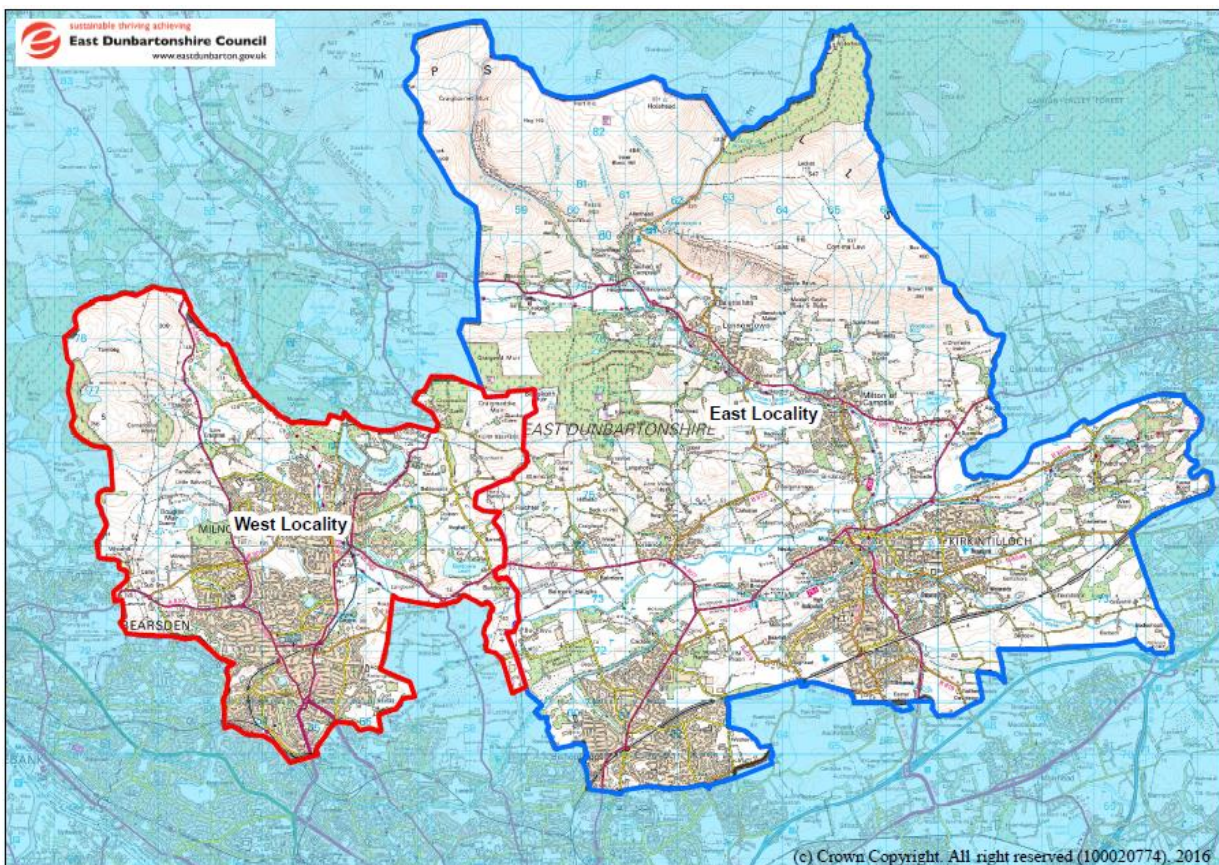
A Strategic and Environmental Impact Screening Assessment of this HSCP Strategic Plan has been undertaken as part of its preparation.

HSCP Locality Planning

East Dunbartonshire HSCP has been divided into two localities for health and social care planning and service delivery purposes. These HSCP 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 in the following ways, reflecting their particular local needs and circumstances:

- 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.

The Housing Dimension

The inclusion of a Housing Contribution Statement in HSCP Strategic Plans is designed to ensure that the role and contribution of the housing sector is given strong profile in contributing to the shared outcomes and priorities for health and wellbeing. The housing dimension 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.

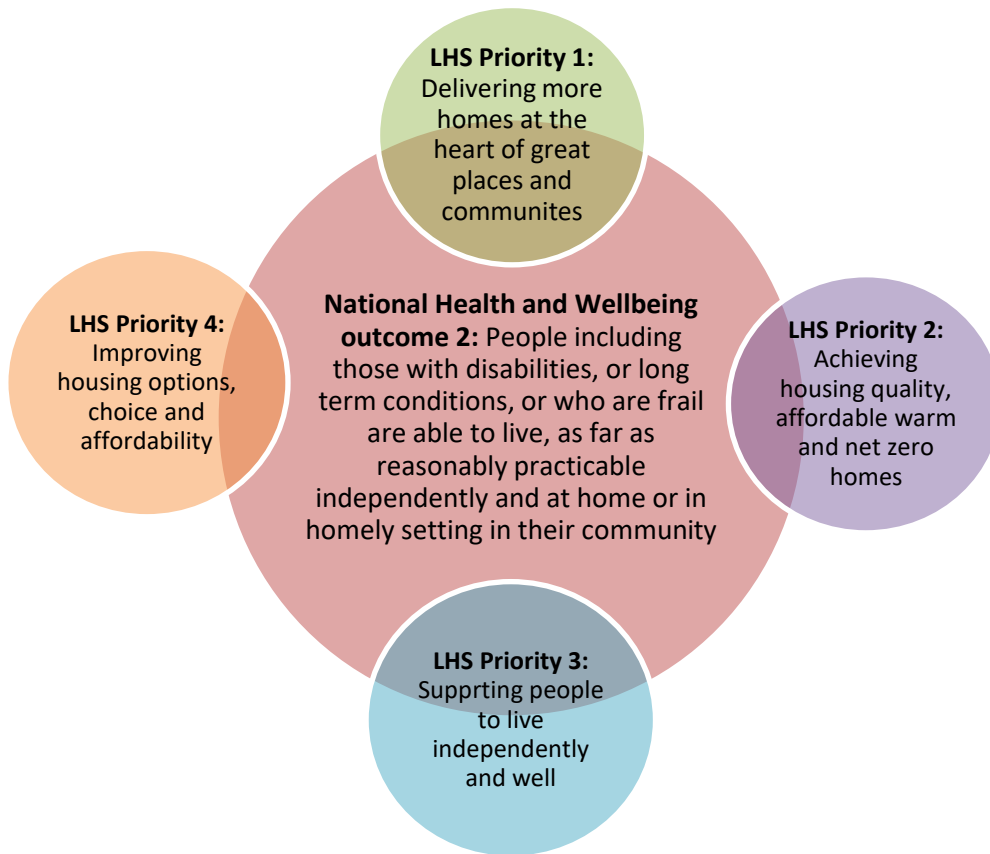
Key Housing Policy Drivers	
Housing (Scotland) Act 1987	Housing to 2040
Homelessness etc. (Scotland) Act 2003	Housing (Scotland) Act 2010
Housing (Scotland) Act 2001	Scottish Housing Regulator
Anti-social Behaviour etc. (Scotland) Act 2004	Housing (Scotland) Act 2014
Housing (Scotland) Act 2006	Local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

Local Housing Strategy (LHS)

The 2011 Census tells us that in East Dunbartonshire, there are just under 47,000 dwellings. Forty percent of these being owned outright. This is higher than the Scottish Average (28%) while 42% were recorded as being owned with a mortgage or loan. This is also higher than the Scottish average of 34%.

The Local Housing Strategy (LHS) details how the Council and its partners will tackle imbalances within the local housing system during its lifetime. A new five-year LHS is in preparation to commence in line with the timescales of this HSCP Strategic Plan and sets out a number of overall priorities that the Housing service will aim to address over the period 2022 to 2027.

The 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. A new Integrated Housing Management System (IHMS) is in development that will increase accessibility and introduce a more efficient service for tenants and other customers of the Council. This is due to be implemented during the summer of 2023 with other phases of IT investment targeted up until 2025. The LHS priorities are set out below, with particular reference given to how they will impact positively on health and wellbeing. 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.

East Dunbartonshire Council Housing Supply Targets – Local Development Plan (LDP)

	Private	Affordable	All-Tenure
Final Housing Supply Target 2012 to 2024	2,400	1,300	3,700

The Council's Housing programme targets 10% of homes as being wheelchair and accessible housing with other forms of amenity housing in addition to this. The LDP2 contains an all tenure target to underpin and extend the requirements across the private and Registered Social Landlord (RSL) sectors.

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

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.

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 EDC 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 90% from an average 38% pre RRPT. During 2019/20, 91% of housing options enquiries were resolved without the need to make a homeless application, in 2020/21 this increased to 93%.

Summary of Housing Service's contribution to delivering the HSCP Priorities

Empowering people	Empowering 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 • First stop • The House project • Action for children • The Promise Scotland
Public protection	Supporting families and carers	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

The Financial Plan

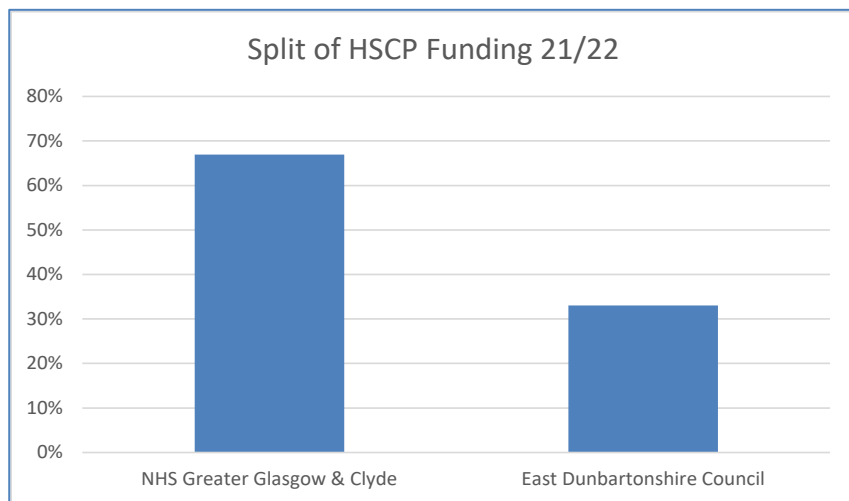
Financial Context

A Medium-Term Financial Strategy (MTFS) has been developed to pull together into one document all the known factors affecting the financial sustainability of the partnership over the medium term. This strategy establishes the estimated level of resources required by the partnership to operate its services over the next five financial years, given the demand pressures and funding constraints that we are likely to experience.

This MTFS for East Dunbartonshire HSCP outlines the financial outlook over the next 5 years (2022 – 2027), which covers the period of the Strategic Plan, and provides a framework which will support the HSCP to remain financially sustainable. It forms an integral part of the HSCP's Strategic Plan, highlighting how the HSCP medium term financial planning principles will support the delivery of the HSCP's strategic priorities.

East Dunbartonshire HSCP has been delivering a range of health and care services to our service users, patients and carers since September 2015 and has a budget of £199m within which to deliver these services. This includes an amount of £38.5m related to set aside for the delivery of prescribed acute functions.

The budget is funded through delegated budgets from both East Dunbartonshire Council and NHS Greater Glasgow and Clyde:-



There are a number of key opportunities and challenges for the HSCP at a national and local level. The most significant opportunity being the Review of Adult Social Care, elements of which have now been reflected in the new programme for government, and will see significant investment across a range of areas including the development of a National Care Services on an equal footing to the National Health Service, expansion of support for lower-level needs and preventive community support, increasing support to unpaid carers and sums paid for free personal care.

The HSCP has particular demographic challenges related to a growing elderly population particularly in older old age. In the 10 years from 2016-2026, the East Dunbartonshire 85+ population is projected to continue to rise faster than any other HSCP area (by 52%). Looking ahead to 2041, the 85+ population will continue to rise faster than all HSCP areas (153%), with the exception of West Lothian.

The onset of a pandemic (Covid-19) and the impact of this on the delivery of health and social care services has had significant implications in the immediate / short term and this is expected to continue in the medium term as services recover and potential longer term impacts emerge which are yet to be fully assessed.

The Financial Challenge

The medium term financial outlook for the IJB provides a number of cost pressures with levels of funding not matching the full extent of these pressures requiring a landscape of identifying cost savings through a programme of transformation and service redesign. The IJB is planning for a range of scenarios ranging from best to poor outcomes in terms of assumptions around cost increases and future funding settlements. This will require the identification of £11.5m to £21.8m of savings with the most likely scenario being a financial gap of £11.5m over the next five years. This will extend to £28.9m over the next 10 years, however this becomes a more uncertain picture as the future environment within which IJBs operate can vary greatly over a longer period of time. Based on the projected income and expenditure figures the IJB will require to achieve savings between £0.5m and £3.0m each year from 2022/23 onwards.







The table below shows the level of budget pressure the Partnership will face after assumptions have been made about the level of income likely to be received from partners. The budget pressures include, provision for pay awards, Scottish Living Wage uplifts, demographic projections and prescribing inflation and represent an increase of just over 2% of the total budget (excl. set aside).

IJB Scenario Financial Planning	2022/23	2023/24	2024/25	2025/26	2026/27	5 Yr Total
Cost Pressures						
Payroll	0.923	0.945	0.967	0.990	1.014	4.839
Contractual	4.691	1.852	1.936	2.024	2.118	12.622
Future Demand - demographics	1.357	1.367	1.471	1.583	1.704	7.483
Demand - Service Package Changes	1.500	0.000	0.000	0.000	0.000	1.500
Prescribing	0.416	0.433	0.450	0.468	0.487	2.253
Un achieved savings	0.936	0.000	0.000	0.000	0.000	0.936
New Monies	4.760	0.000	0.000	0.000	0.000	4.760
Other Non Pay	0.481	0.943	0.954	0.966	0.979	4.323
Total Cost Pressures	15.064	5.539	5.779	6.032	6.301	38.716
Aniticipated Funding Settlement	(14.615)	(2.989)	(3.096)	(3.207)	(3.325)	(27.232)
Financial Challenge	0.449	2.550	2.683	2.825	2.977	11.484

Based on the projected income and expenditure figures the HSCP will require to achieve savings between £3.3m and £4.2m each year from 2022/23 onwards. The aim of the

strategic financial plan is to set out how the HSCP would take action to address this financial challenge across the key areas detailed below:

Key areas identified to close the financial gap

	<p>Delivering Services Differently through Transformation and Service Redesign</p> <ul style="list-style-type: none"> • 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.
	<p>Efficiency Savings</p> <ul style="list-style-type: none"> • Implementing a range of initiatives which will ensure services are delivered in the most efficient manner.
	<p>Strategic Commissioning</p> <ul style="list-style-type: none"> • 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.
	<p>Shifting the Balance of Care</p> <ul style="list-style-type: none"> • 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.
	<p>Prevention and Early Intervention</p> <ul style="list-style-type: none"> • 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.
	<p>Demand Management</p> <ul style="list-style-type: none"> • 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 partnership holds a general reserve of £1.9m 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 with the scale and complexity attached to the budgets held by the HSCP would be 2% of net expenditure. This would equate to £3.2m (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 to deliver service redesign experiences a level of slippage during each year.

The partnership also holds a level of earmarked reserves (£10.9m) which will facilitate elements of service redesign, tests of change and support transformational change to assist with the delivery of the strategic priorities set out in this Strategic Plan. In the main this relates to Scottish Government funding to deliver on the specific national priorities.

SUMMARY

While the Strategic Plan is not fully costed at this stage, any investment that is known to support the delivery of various aspects of the plan has been identified and included. For the period over which the Strategic Plan covers, detailed savings plans are not known at this stage as these will be dependent on the outcome of service reviews, efficiencies to be delivered within the financial envelope available (Scottish Government only issue annual financial settlements so extent of savings requirements not known until Dec / Jan of each financial year), opportunities to be scoped in respect of digital / community led options where the benefits will be into future years. However, the premise behind the delivery of the Strategic Plan will be that initiatives will progress where there is specific new funding identified, the absence of which will require the identification of areas of dis-investment and re-prioritisation prior to these initiatives progressing.

There may be some opportunity through the use of ear-marked / general reserves to support tests of change or initial set up costs, however recurring funding will have 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 those functions and services which can demonstrate a positive impact on people's health and wellbeing, and are aligned with the aims, commitments and priorities of our Strategic Plan. There will be times, however, when disinvestment options will 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/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 can be as a result of 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.

Service Commissioning & Market Facilitation

This section builds on the HSCP's Commissioning Strategy and Market Facilitation Plan (2019 – 2022), and provides an update to the proposed approach to service commissioning and market facilitation over the next three years.

Commissioning Model

The three year period covered by this Plan will see a transformation of traditional commissioning approaches to one that is based on collaboration, trust and partnership, rather than driven by competition. In support of this transition, it is our approach that commissioning:

- Adopts a whole systems approach
- Should be outcomes focused (and not resource led)
- Is sustainable and viable whilst delivering value for money
- Ensures decisions are based on a sound methodology and appraisal of options
- Actively promotes solutions that enable prevention and early intervention
- Includes solutions co-designed & produced with partners & communities
- Balances innovation and risk
- Brings return on investment

Ethical Commissioning

Ethical commissioning goes beyond price and cost and provides the bedrock for a fairer, rights based, improved social care support system. It is underpinned by a relentless focus on quality, workforce and environment. This approach is intended to continuously improve standards and improve outcomes for people using services, as well as improving staff experience. Ethical commissioning and fair work practice will form the cornerstone of all future contractual relationships, with a view to ensuring the commissioned workforce is engaged, valued, rewarded and supported. In return we believe we will yield a more robust, sustainable, high quality and high performing market.

Collaborative Commissioning

Over recent years, procurement methodology 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 essentially requires a paradigm shift from the traditional commissioner / provider role to one of a more joined up, integrated approach. The key

aim of collaborative commissioning is to achieve better outcomes for people using services and improve, the experience of staff delivering them. Although local current commissioning practice actively involves people with lived experience, collaborative commissioning requires this level of engagement and participation at all levels of commissioning from the strategic planning end of the spectrum through to procurement of individual services and supports. This approach will in turn require providers to be more open and transparent around areas such as standards, quality, staff well-being and costs.

The HSCP is keen to learn and better understand the benefits of emerging commissioning models such as Public Social Partnerships (PSP's) and Alliancing. It is proposing, as part of its transformation of Mental Health and Alcohol & Drugs services, to explore these models further, with the dual aim of developing new sustainable models of support, whilst strengthening the collaborative approach.

Commissioning Delivery Plan

The Strategic Priorities and Enablers detailed within this Plan will be incorporated into a Commissioning Delivery Plan along with the financial resources that are to be aligned to each priority (as detailed within the Finance Section). In order to support innovation, growth and transformation, exit strategies and disinvestment across particular models of support will be necessary. However, any proposed changes will be consulted on and ratified by the HSCP Board, as appropriate, prior to implementation.

Market Facilitation

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

Our approach to Market Facilitation remains aligned to three commonly understood elements:

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

The recently updated Joint Strategic Needs Assessment along with other key data sources, will influence our approach to market facilitation and provide the baseline from which strategic planning, decision making and policy development 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 sector typically fall into the Small to Medium Enterprise (SME’s) category, whilst those across other sectors (including Care at Home and Care Homes), often due to their sheer size, volume of business and national status, are typically categorised as Large Enterprises (LE’s).

The market currently comprises of over 400 services inclusive of Self Directed Support (SDS). Current contracts include a mixture of block, spot, and frameworks, some of which are commissioned locally whilst others (including the National Care Home Contract, Care and Support Flexible Framework, Fostering and Continuing Care National Residential Framework and Secure Care) are commissioned nationally via Scotland Excel. Although it is widely accepted that the National Care Home Contract is in need of urgent reform, the HSCP anticipates that this and some other core contracts will continue to be operated nationally, more bespoke contracts will be developed locally.

Commissioned Spend

In 2020-21, spend across the social care commissioned market in East Dunbartonshire totalled £56 million. As illustrated below, spend has risen exponentially (by over 60%) since 2013-14 with increasing demand & service costs, the introduction of the Scottish Living Wage, and more recently, the impact of Covid-19 being key factors in this cost growth:

2013-14: £35 million
 2017-18: £46 million
 2020-21: £56 million

In 2020/21 – the main areas of spend were:

Day Services	£3.7m
Residential / Nursing Care	£21m
Care at Home (Homecare)	£10.2m
Supported Accommodation	£8m
Supported Living	£7m
Voluntary Organisations	£2.1m
Fostering	£1.3m

Based on previous trends, the projected commissioned spend in the final year of this Plan (2024-25) is anticipated to be in excess of £65 million. It is therefore essential, that providers prepare and are willing and able to:

- Embrace collaborative commissioning approaches
- Flex business / service delivery models to meet current and future needs

- Adopt as a minimum ethical / fair work practice requirements
- Actively engage and participate in “Test of Changes” to support service transformation
- Innovate service delivery models using digital solution/ platforms
- Identify alternative funding streams to support long term growth and sustainability

Market Forces

Despite the substantial growth in the market over recent years, fragility across Care at Home and Care Home sectors remains an on-going concern. A combination of factors including on-going workforce and low pay issues and increasing service / carer demands. Uncertainty has been exacerbated by COVID-19 which continues to de-stabilise the market, at the time of writing this Plan. Market fragility however, is not just a local issue, it extends beyond East Dunbartonshire and West Central Scotland. We remain committed to supporting providers on an individual basis and will continue to support and lead the market as a whole, as we navigate our way through this difficult and challenging period.

Provider Engagement Framework

The HSCP is committed to engaging regularly with providers via various forums including one to one meetings and on a more generic / sector basis. To help strengthen and support market engagement and representation, leads for Care at Home and Care Home Sectors are now established. These arrangements will help to build mutually supportive networks and to collaborate in support of the overall aims set out above.

Performance Management Framework

During the term of this Plan, the Contract Management Framework will, be replaced by a Performance Management Framework, which will incorporate:

- National Health & Well-Being Outcomes, as a minimum standard
- Systematic risk-based approach to monitoring / audits
- Standardised KPI’s across service delivery models
- Robust financial framework which supports financial transparency & best value
- More people with lived experience involved in monitoring & evaluation of services

Commissioning Support

East Dunbartonshire Council will continue to support the HSCP on matters relating to service commissioning, procurement, contracting and market facilitation in support of the objectives set out above.

Measuring Success: Performance, Standards and Quality

All organisations with a commitment 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 what it does. There should be confidence at all levels that it knows how well it is performing, that it knows what should improve and how, and that it knows the impact of any such improvements.

Measuring success in delivering positive change is a complex task, but should start and end with the desired outcomes. Improving outcomes usually requires changing the processes and systems that are in place, whether that be the way that we identify risk, or how we work better together to remove gaps or obstacles, or how we communicate and involve the people we are supporting, or how well we provide the treatment and support services themselves. Improvement may in some circumstances involve maintaining positive outcomes with improved levels of 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 Strategic 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:



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.

So, the HSCP will measure success in a number of ways. This is already the case, with quarterly performance reports to the HSCP Board and fuller Annual Performance Reviews,

with 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 an initial framework for measuring success. This may well change over time, 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 where necessary, to ensure that a SMART based approach to project management is undertaken.
Quarterly reporting to the HSCP Board on the progress of the Annual Delivery Plan.
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
Performance Reporting
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
Unplanned admissions – rate per 1000 population (National Outcomes 1,2,3,4)
Unplanned bed days - rate per 1000 population (National Outcomes 2,4,7)
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)
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)
Balance of Care (% of population in community or institutional settings) - rate per 1000 population (National Outcomes 2,4,9)

Local Social Work and Social Care Standards
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 Initial Child Protection Case Conferences taking place within 21 days from receipt of referral
Percentage of first Child Protection review case conferences taking place within 3 months of registration
Balance of Care for looked after children: % of children being looked after in the Community
Percentage of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated
No. of Homecare Hours per 1,000 population 65+
Number of people taking up Self Directed Support options
People Aged 75+yrs with a Telecare Package
Number of People Aged 65+yrs in Permanent Care Home Placements
Number of Care Home Admissions and Discharges (including deaths)
Percentage of Adult Protection cases where the required timescales have been met
Percentage of customers (65+) meeting the target of 6 weeks from completion of community care assessment to service delivery
Percentage of people 65+ indicating satisfaction with their social interaction opportunities
Percentage of service users satisfied with their involvement in the design of their care packages
Percentage of adults receiving social care support whose personal outcomes have been partially or fully met
Percentage of Criminal justice Social Work Reports submitted to court by due date
Percentage of individuals beginning a work placement within 7 working days of receiving a Community Payback Order
Percentage of Court Report Requests Allocated to a Social Worker within 2 Working Days of Receipt
Local Health Care Standards
Percentage of People Waiting <3wks for Drug & Alcohol Treatment
Percentage of People Starting Treatment <18wks for Psychological Therapies
Percentage of People Newly Diagnosed with Dementia Accessing Post Diagnostic Support within 12 weeks of new diagnosis
Number of Alcohol Brief Interventions delivered against target
Smoking quits at 12 weeks post quit in the 40% most deprived areas against target

Percentage of People Waiting <18wks for Children and Adolescent Mental Health Services (CAMHS)
Percentage of Children receiving 27-30 month health assessment

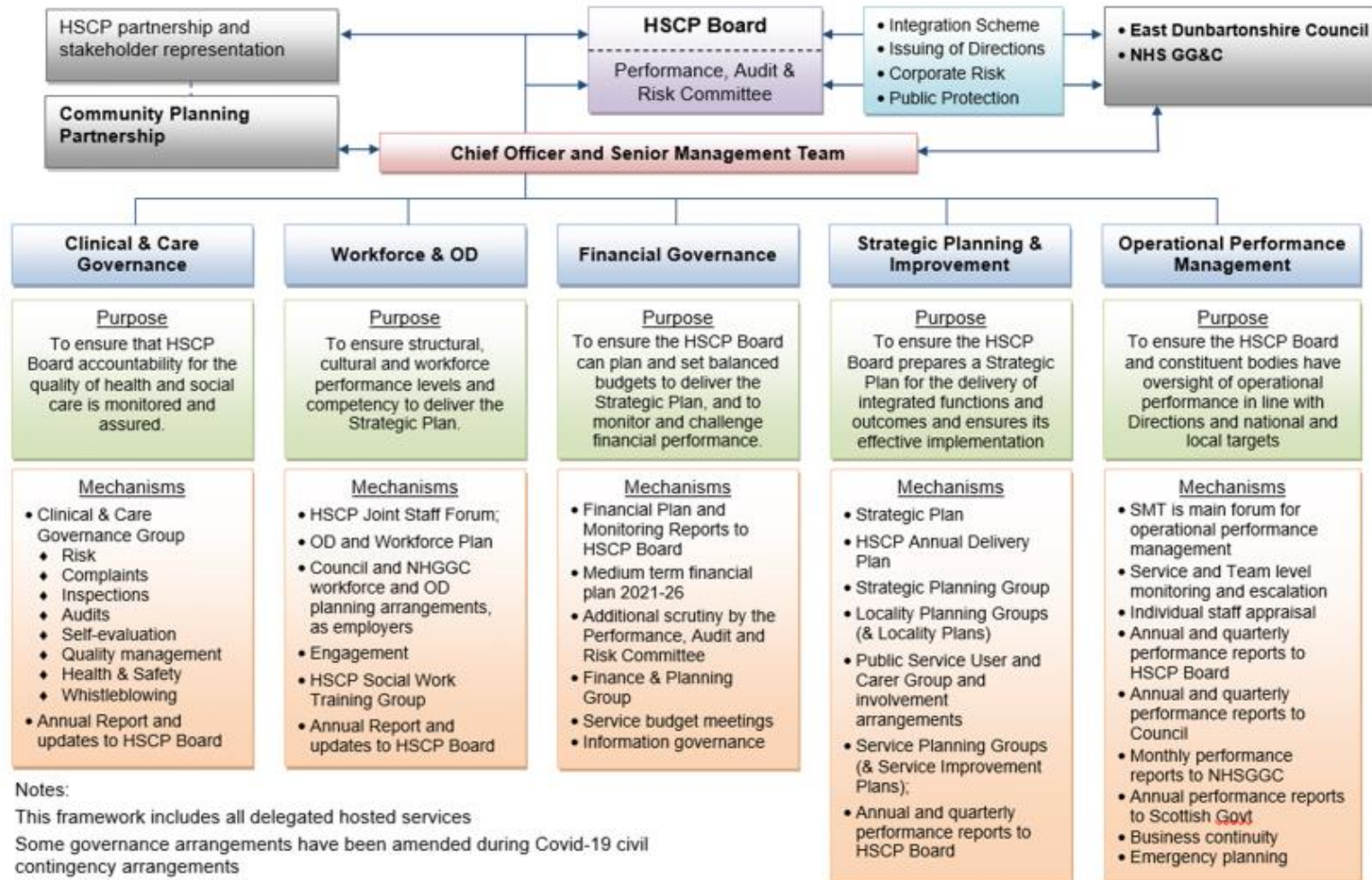
Quality Management and Self Evaluation
Monitoring and evaluation of service quality and improvement, in support of continuous improvement and to measure impact of service redesign associated with the Strategic Plan.
Organisational development in support of the aims and values of the organisation and 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.

Annex 1: HSCP Governance Arrangements

HSCP GOVERNANCE ARRANGEMENTS



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 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 2022-25 has been in three main parts. The approach we have taken was in part influenced by the public health constraints of the pandemic:

- Obtaining views on the effectiveness of the previous Strategic Plan 2018-21 (November – December 2020);
- 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 2021);
- Obtaining views on a draft HSCP Strategic Plan 2022-25 (January to March 2022)

Review of Strategic Plan 2018-21

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 three questions:

How well does our current strategic plan meet guidance standards?

How well have our Strategic Priorities driven improvement and development in services and integrated processes, and have they stood the test of time?

How well has the HSCP met its Strategic Priorities and associated measures of success?

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

How well does our current strategic plan meet guidance standards?	
Strengths	Areas for Development
<p>The Strategic Plan is based upon comprehensive Strategic Needs Assessments;</p> <p>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 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>The Plan doesn't fully relate the current expenditure profiles to the needs of local populations;</p> <p>The Plan does not explicitly allocate or redirect resources to proposed investments;</p> <p>The actions tended not to be fully costed and delivery timescales were not always clearly identified;</p> <p>The Plan does not specify in detail how and where investment will be offset by areas of disinvestment and transformational change;</p> <p>Locality planning intentions are limited, reflecting the early stage of locality development in the HSCP.</p>

How well have our Strategic Priorities driven improvement and development in services and integrated processes, and have they stood the test of time?	
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>The Strategic Priorities have given orientation for areas of investment over the period.</p>	<p>The Strategic Priorities were not fully reflective of the transformational change agenda that has brought significant challenge through financial pressure. Future Strategic Priorities should be more transformational, reflecting the realities of disinvestment as well as investment and system change.</p> <p>The opportunity for strengthened linkage to Moving Forward Together and the Local Outcome Improvement Plan;</p> <p>Embedding assurance on preparedness for public health emergencies.</p>

How well has the HSCP met its Strategic Priorities and associated measures of success.	
Strengths	Areas for Development
<p>The HSCP has improved in just over half of its measures of success in support of its Strategic Priorities, after two years of the three year Strategic Plan;</p> <p>Performance has improved or remained stable in 80% of its measures over this period.</p>	<p>Further work is needed to ensure that measures of success fully reflect the areas for development, are SMART and are reportable;</p> <p>Further work may be necessary to ensure that improvement targets are achievable and are consistent with areas for investment.</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. 36 people used the online survey, 92% of whom fully or partly agreed with the areas of challenge and the development themes that were identified, with 94% 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.



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

- The HSCP Board
- The Strategic Planning Group (including Locality Planning Group members)
- The Joint Staff Partnership Forum
- The Public Service User and Carer Forum
- The HSCP Leadership Forum
- The local third sector network, organised through EDVA.
- The Carers Partnership Group



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.

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.

Feedback relating to service matters included:

Empowering Communities requires resourcing and building of confidence in communities;
The significance of third sector financial pressures and importance of collaborative commissioning;
Appropriate, modern facilities are necessary that offer viable alternatives to traditional hospital care and enable co-location of team members, as well as alignment with GP Practices.
Implementing the Promise for Children and Families Service will be a significant area of development work;
Staff wellbeing support should feature as part of the Workforce and Organisational Development enabler;
Reflecting the pressure that all HSCP staff, independent contractors and other partners face and action required to manage this;
Importance of referencing the GP Memorandum of Understanding more explicitly and its contribution to multi-disciplinary working and health and social care integration;
Importance of maintaining a focus on reducing avoidable hospital stays;

A focus on maximising digital and technological may risk excluding some people, particularly older, vulnerable people and people with cognitive issues;
Rising GP caseloads and access challenges may undermine improvement activity elsewhere;
The HSCP should develop trauma informed practice, which is a strengths-based approach that seeks to understand and respond to the impact of trauma on people's lives;
The importance of re-engaging locality planning post-Covid and linking this to place planning;
The need to improve access to services for people with Autism;
The importance of addressing environmental and climate change issues;
Links between health and social care and education services should be improved, particularly in support of young carers;
There is a need for greater investment in child and teenage health and wellbeing services;
We need to develop home care so that it is more robust and people are not lonely and isolated;
There should be an opportunity for certain out-patient hospital appointments to be held in the community;
There should be a communication strategy for improving access to patient, service user and carer information;
Solutions should be co-designed and co-produced with partners and communities;
Improving transport to and from hospital is essential;
There needs to be further investment in independent advocacy;
Health and social care services are often difficult to access when in crisis.

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;
Should be clear about its desired outcomes;
Is SMART (Specific, Measurable, Achievable, Realistic and Time-bound);
Should be clear about objectives that have a lifespan longer than the plan itself;
Distinguishes between priorities that are about "redesign" and those that are more involved with ongoing development and improvement;
Is appropriately aligned with Health Board and Council priorities and commitments;
Recognises and addresses potential constraints on delivery;
Does not over-reach, become too wide-ranging and risk not delivering, particularly in critical delivery areas that should be clearly indicated.



Annex 3: National Outcomes, Local Priorities & 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 Communities	Prevention and Early Intervention	Public Protection	Supporting Families and Carers	Improving Mental Health and Recovery	Post Pandemic Renewal	Maximising Operational Integration
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	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		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	X	X

National Outcome		East Dunbartonshire HSCP Strategic Priorities							
		Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection	Supporting Families and Carers	Improving Mental Health and Recovery	Post Pandemic Renewal	Maximising Operational Integration
5	Health and social care services contribute to reducing health inequalities.	X	X	X	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		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
9	Resources are used effectively and efficiently in the provision of health and social care services.	X	X	X				X	X

National Outcome		East Dunbartonshire HSCP Strategic Enablers			
		Workforce & Organisational Development	Medium Term Financial & Strategic Planning	Collaborative Commissioning	Infrastructure & Technology
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	
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	
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
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	X

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