

East Dunbartonshire Strategic Plan 2022-25:

Phase 1 Consultation

This document sets out the background to the development of the Health and Social Care Partnership's new Strategic Plan 2022-25 and invites partners, stakeholders and the general public to participate in the development of this new plan.

The first section of the report provides the background and context. If you would like to jump straight to the proposals and questions, please feel free to proceed to **Section 2: The Conversation**.

Section 1: The Background and Process

1 THE EAST DUNBARTONSHIRE HSCP STRATEGIC PLAN

- 1.1 Health and Social Care Partnerships (HSCPs) were introduced in 2015 to bring together a range of community health and social care services. The responsibility for organising these services previously lay with Councils and Health Boards, but now sit with HSCP Boards (sometimes called Integration Joint Boards). The idea behind creating these HSCPs was to integrate health and social care services much more closely under a single manager, with a single combined budget, delivering a single plan to meet a single set of national outcomes in a way that best meets local needs. The "single plan" is called the HSCP Strategic Plan. It sets out how HSCP Boards will plan and deliver services for their area over the medium term, using the integrated budgets under their control.
- 1.2 East Dunbartonshire HSCP has produced two previous Strategic Plans. The new Strategic Plan must be produced by 31 March 2022 and will cover the three year period 2022 to 2025.

2 ENGAGEMENT AND PARTICIPATION

- 2.1 HSCP Boards are collaborative at heart; they include membership from Local Authorities and Health Boards, plus representatives of service users, informal carers, professionals and clinicians, trade unions and third and independent sector service providers. When preparing its Strategic Plan, an HSCP Board must ensure that all of these stakeholders and partners are fully engaged in the process and have regard to the [Health and Social Care Delivery Principles](https://www.gov.scot/publications/guidance-principles-planning-delivering-integrated-health-social-care/)¹. This ensures that a shared approach is taken to the planning of services to deliver the [National Outcomes for Health and Wellbeing](https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/)² and to achieve the core aims of integration, which are:

¹ <https://www.gov.scot/publications/guidance-principles-planning-delivering-integrated-health-social-care/>

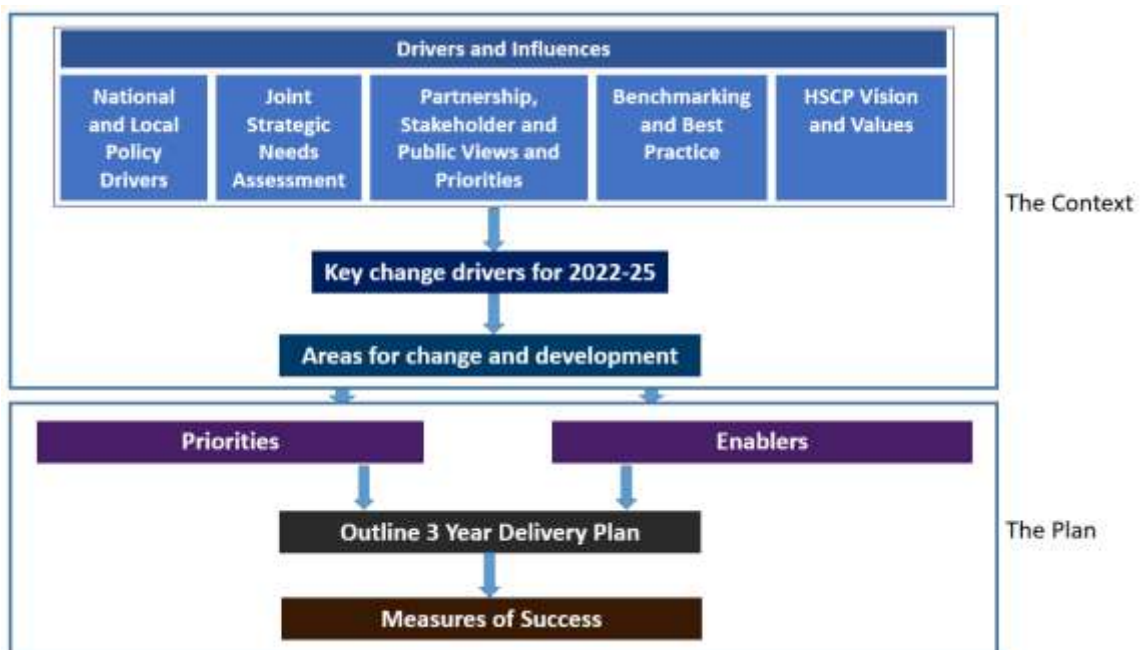
² <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>

- To improve the quality and consistency of services for patients, carers, service users and their families;
- To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and
- To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

2.2 The Covid-19 pandemic poses significant challenges regarding participation, engagement and consultation. Whilst wishing to ensure that our engagement to develop and shape the new Strategic Plan is as robust and effective as possible, we must prioritise people's health, safety and welfare. In order to do this, the HSCP is adopting a virtual approach to communication, engagement and consultation during this time. If constraints are lifted, then a blended approach to consultative mechanisms may be possible, incorporating some in-person elements.

3 WHAT WE HAVE DONE SO FAR

- 3.1 A lot of what the HSCP needs to do is already set out in national and local policy. But not all HSCPs are the same. Different HSCPs have different pressures and population needs. It is important that we ensure that our Strategic Plan reflects what all HSCPs need to do, but emphasises the priorities that are right for local needs and aspirations.
- 3.2 The diagram below attempts to illustrate the process that we are undertaking. The blue boxes at the top are the main influences that should inform the context of the new plan. By analysing these we should be able identify what the priorities should be for us.



- 3.3 The HSCP has carried out initial work by looking at the main pressures (or “drivers”) for change and improvement. This has involved an examination of statute, guidance and national and local policy. It is important that the Strategic Plan reflects these national and local policy requirements.
- 3.4 Analysis of East Dunbartonshire’s population, its health and wellbeing and its particular needs has also been undertaken to ensure that the Strategic Plan identifies and reflects these local needs in the development of its priorities.
- 3.5 We have also looked at what has been successfully developed elsewhere, to help to inform our early thoughts. Some of these examples of good practice have been brought together into a report by the Scottish Government called “*A Framework for Community Health and Social Care Integrated Services*” which we will use to help inform our approach.

Section 2: The Conversation

4 THE CONVERSATION

- 4.1 Now that this initial work has been completed, we have been able to set out what we believe to be:
- The key challenges that have been identified
 - The proposed areas for priority action
 - The proposed enablers for change
- 4.2 At this point we want to pause and share these findings with partners, stakeholders and the general public. We would like this to take the form of a conversation:

The Conversation:

We will share from our early work what we think are the key challenges for the HSCP and the changes and improvements that need to be made to meet those challenges. We will also share what we think will make these changes possible.

We will also ask people what they think would be the most important successes for them, if these changes and improvements were to happen.

- 4.3 We will arrange to engage with a range of existing organisations and groups within the HSCP, including:
- The Health Board and Council
 - The HSCP Board members

- The Community Planning Partnership Board
- The Strategic Planning Group
- The Public, Service User and Carer Group
- The Locality Planning Groups
- The HSCP Staff Leadership Forum
- The Third Sector Interface, via East Dunbartonshire Voluntary Action
- The Joint Staff Partnership Forum
- The Council's Health, Housing and Care Forum
- The Clinical and Care Governance Group

4.4 We will also engage with the general public using a range of approaches. These are set out in more detail in a Communication, Engagement & Participation Plan, which has been approved by the HSCP Board.

Section 3: Our Analysis and Proposals So Far

5 KEY POLICY DRIVERS

5.1 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 would be the main drivers for change over the medium term.

Key Policy Drivers: National	
United Nations Convention on the Rights of the Child	Re-mobilise, Recover, Re-design: the framework for NHS Scotland
Human Rights Act 1998	Audit Scotland: Health and Social Care Integration - Update on progress (Nov 2018)
A Fairer Healthier Scotland (June 2012)	Digital Strategy For Scotland (2021)
Public Bodies (Joint Working) (Scotland) Act 2014	Ministerial Strategic Group for Health and Community Care: Review of Progress with Integration of Health and Social Care (Feb 2019)
National Clinical Strategy for Scotland (2016)	Joint Inspection of HSCP Adult Services in East Dunbartonshire (July 2019)
A Fairer Scotland for Disabled People: Delivery Plan (Dec 2016)	Scottish Govt: Framework for Community Health and Social Care Integrated Services (Nov 2019)
Health and Social Care Delivery Plan (Dec 2016)	The Promise: action to take forward the findings of the independent care review for care experienced children and young people (Oct 2020)
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	A Scotland Where Everybody Thrives: Public Health Scotland's Strategic Plan 2020–23 (Dec 2020)
National Mental Health Strategy 2017-2027 (March 2017)	Coronavirus (COVID-19): Strategic Framework (update - Feb 2021)
Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy	The Independent Review of Adult Social Care (March 2021)
Suicide Prevention Action Plan: Every Life Matters	
Justice in Scotland: vision and priorities (July 2017)	

<p>The Fairer Scotland Duty (April 2018)</p> <p>Universal Health Visiting Pathway in Scotland: pre-birth to pre-school</p> <p>National Learning Disability Strategic: The Keys to Life</p> <p>Coming home: complex care needs and out of area placements 2018</p> <p>Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic</p>	<p>The National Perinatal and Infant Mental Health Policy Framework</p> <p>Community Mental Health and Wellbeing Supports and Services Framework (Children and Young People)</p> <p>Guidance on Joint Investigative Interviewing of Child Witnesses in Scotland</p> <p>Transforming nursing, midwifery and health professions roles</p> <p>Best Value: revised statutory guidance 2020</p>
Key Policy Drivers: Local	
<p>East Dunbartonshire HSCP Strategic Plan 2018-21</p> <p>The East Dunbartonshire Local Outcome Improvement Plan (2017-27)</p> <p>NHSGG&C Health and Social Care Strategy: Moving Forward Together (July 2019)</p> <p>Turning the Tide through Prevention: NHSGG&C Public Health Strategy 2018-28</p>	<p>NHSGG&C and East Dunbartonshire Council Covid-19 Recovery and Remobilisation Plans</p> <p>NHSGG&C Board-wide strategies: Mental Health, Learning Disability, Unscheduled Care, Health Visiting, School Nursing, District Nursing, Rehabilitation</p>

6 OUR LOCAL NEEDS

- 6.1 Most of our health and wellbeing needs will be common to most other HSCP areas, but there are particular issues for every area. It is important that we understand what our population needs and priorities are. We have recently updated our Joint Strategic Needs Assessments, which provide a detailed analysis of our population's health and social care circumstances. The box below sets out some of the headlines from this work.

Children and Young People	Adults and Older People
<p>Child Protection registrations doubled in 10 years to 2018</p> <p>Looked After Children numbers are declining</p> <p>Obesity in pregnancy and children is increasing</p> <p>Higher levels of A&E attendance than other HSCP areas for children and young people: only 12% required hospital admission</p> <p>Mental health in younger people is a growing area of concern with high numbers of CAMHS referrals and waiting times, and increasing prescribing for depression and anxiety for young people. Mental Health</p>	<p>85+ population is increasing by 5% per year – highest in Scotland</p> <p>Care at home and care home service demand is increasing by 5% per year (pre-Covid)</p> <p>East Dunbartonshire has higher proportion of some long term conditions such as cancer, arthritis and coronary heart disease. This contributes to an elective hospital admissions rate around 20% higher than Greater Glasgow and Clyde and 50% higher compared with Scotland.</p> <p>Outpatient attendance rate is around 10% higher than Greater Glasgow and Clyde and Scotland.</p> <p>East Dunbartonshire has the highest rate of falls resulting in hospital admission, in Greater Glasgow and Clyde</p> <p>8% of East Dunbartonshire adults identified at increasing risk of alcohol related harm</p>

medication increased by a third in 3 years to 2018-19.

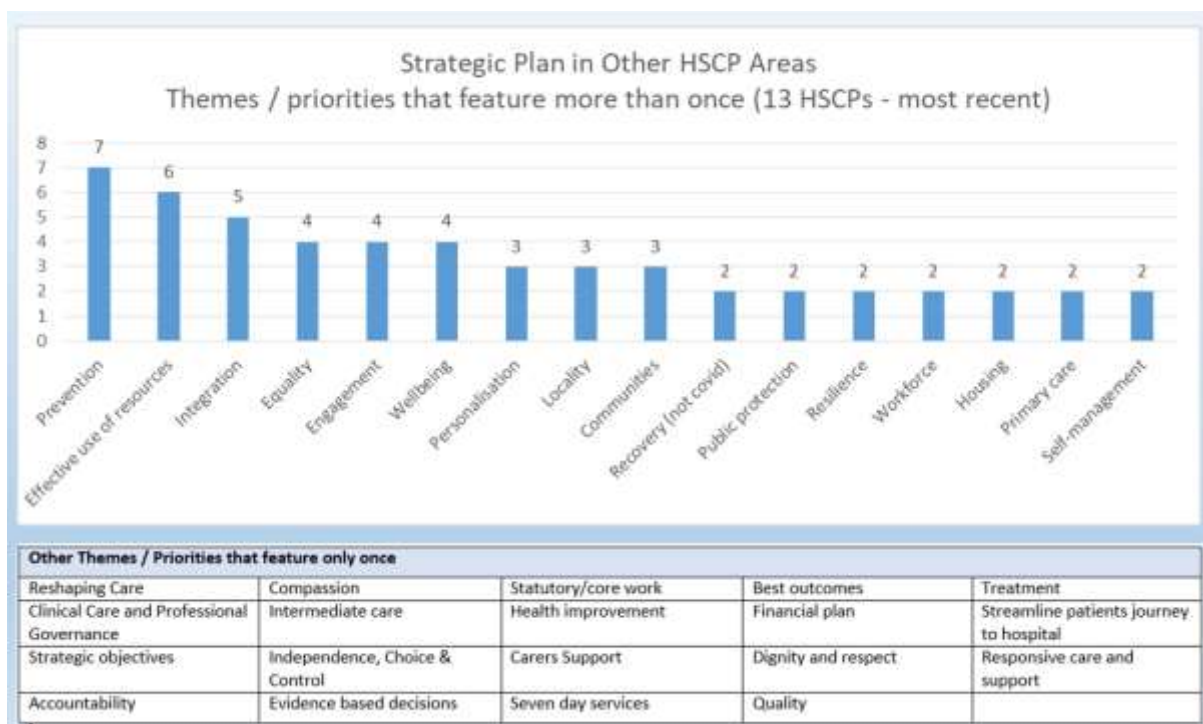
Hospital-related pressures:

- 162% increase in Hospital Assessment Team referrals 2008-2018
- Demand pressures and complexity increases: 40% increase in unscheduled older people care projected to 2025 (from 2018). Orthopaedics of 31%.

7 BENCHMARKING WITH OTHER HSCP AREAS

7.1 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 table below. These were:

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



- 7.2 In November 2019, the Scottish Government published “[A Framework for Community Health and Social Care Integrated Services](#)”³ 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.

8 WHAT WE THINK ARE THE MAIN CHALLENGES

- 8.1 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
Financial constraints and public sector reform
The uncertainties of the review of adult social care
Environmental and climate impacts

9 SUGGESTED THEMES TO MEET THESE CHALLENGES

- 9.1 The box below sets out how we think we could and should meet these challenges. We have divided the list into 7 themes:

Suggested Improvement and Development Themes

Empowering People

- Ensuring person-centred, rights-based, outcome-focused approaches;
- Developing strengths and asset-based assessment and goal based support planning;
- Reducing inequalities of outcome caused by socio-economic and childhood disadvantage;
- Ensuring fairness and equity;

³ [a-framework-for-community-health-and-social-care-integrated-services-07-november-2019.pdf \(hscscotland.scot\)](#)

- Ensuring choice and control of decision-making;
- Encouraging and empowering personal resilience;
- Providing clear and simple information, advice and support reflecting specific communication needs and preferences.

Empowering Communities

- Building community assets and informal supports;
- Developing local, co-located services with integrated multi-disciplinary teams.

Prevention and Early Intervention

- Prioritising public protection and harm reduction;
- Further developing professional awareness of roles and responsibilities for care and protection;
- Further developing rehabilitation and reablement.

Supporting Carers and Families

- Recognising better the contribution of informal carers and families in keeping people safe and well;
- Supporting carers and families to continue to care.

Improving Mental Health and Recovery

- Re-shaping services for adult mental health and alcohol and drug services;
- The provision of faster, more responsive support for children and young people with mental health challenges.

Post-pandemic Renewal

- Understanding the impact of the pandemic on the health, wellbeing and needs of our population;
- Re-establishing and re-designing services based upon what has been learned during the pandemic and its impact;
- Making technology enabled care and digital solutions work for the people we support.

Maximising Operational Integration

- Strengthened corporate parenting to improve longer term outcomes for care experienced young people;
- Co-ordinated approaches to care and support with a consistent point of contact;
- Optimising clear pathways between primary care and locality teams, intermediate care, specialist services and acute care;
- Embedding a “home first” approach supported by seamless transitions to services;
- Embedding multi-disciplinary team liaison within care homes, residential settings and supported accommodation.

10 PROPOSED ENABLERS OF CHANGE

- 10.1 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:

Suggested Enablers of Change	
Workforce and Organisational Development	
<ul style="list-style-type: none"> • Collaborative, collective and visible leadership; • Shared accountability and positive relationships across all of the partners supporting delivery of change; • Clarity and consistency of vision, values, culture, direction and purpose; • Robust, quality-driven clinical and care governance arrangements that reflect the Health and Social Care Standards; • A communications strategy for improving access to information; • A detailed workforce plan covering all community health and social care services • An engaged workforce with the capacity and commitment to participate in the planning of integrated care and support. 	
Medium Term Financial and Strategic Planning	
<ul style="list-style-type: none"> • Clear alignment between the Strategic Plan, the Medium Term Financial Plan, locality plans, Primary Care Improvement Plan, Annual Delivery Plans, operational plans and performance reporting. 	
Collaborative Commissioning	
<ul style="list-style-type: none"> • Closer collaborative arrangements with third and independent sector providers that focuses on improved efficiency and better outcomes; • Commissioning that includes solutions co-designed and co-produced with partners and communities. 	
Infrastructure and Technology	
<ul style="list-style-type: none"> • Appropriate, modern facilities that offer viable alternatives to traditional hospital care and enable co-location of team members as well as alignment with GP Practices; • A comprehensive Digital Health and Social Care Strategy; • Streamlined systems and processes to facilitate information sharing and recording, with robust data aggregation, collection and reporting systems to enable effective service management. 	

Section 4: Your Thoughts and Comments

11 HOW TO SHARE YOUR VIEWS

- 11.1 As has been outlined above, the proposals set out in this report are suggestions only at this point. We have tried to explain why we have arrived at the proposed themes and enablers that are set out above. But we are very conscious that there will be other views and priorities. We want to open the process up to a fuller debate at this point. Quite soon we will have to settle on what our Strategic Plan priorities are and then do more work to build the plan around these. So this is the opportunity to influence the foundations of the plan that will take forward the work of the HSCP over the next three years.
- 11.2 You are welcome to share your views in a number of ways. There will be a number of virtual meetings held over the summer, as explained at 4.3 above. In addition, we have set up a survey online which can be accessed by clicking this link:

[Consultation Survey](#)

We are also very happy to receive your thoughts in an email if you prefer, at: alan.cairns2@ggc.scot.nhs.uk

The questions in the survey are set out on the next page. You might find these useful in preparing your response, but we are happy to hear from you in your own words if that suits you better.

If you would like to engage in another way, please email in the first instance (using the email address above) and we will get back in touch to discuss your needs.

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Survey Questions

1. Please can you tell us about your interest in Health and Social Care Services?
You can select more than one.

- ☐ Service user / patient
- ☐ Carer
- ☐ Volunteer
- ☐ Council employee
- ☐ Health Board employee
- ☐ Care provider / employee
- ☐ Board member / partner representative
- ☐ Member of the public
- ☐ Other (please specify):

2. Please can you tell us what health and social care services in your area work well for you?

3. Please can you tell us where you think health and social care services in your area could do better?

4. Do you think that the **main challenges** identified in the consultation report are the right ones?

- ☐ Fully agree
- ☐ Partly agree
- ☐ Undecided
- ☐ Disagree

Please can you tell us more about your answer and any suggestions you may have?

5. Do you think that the **improvement and development themes** identified in the consultation report are the right ones?

- ☐ Fully agree
- ☐ Partly agree
- ☐ Undecided
- ☐ Disagree

Please can you tell us more about your answer and any suggestions you may have?

6. Do you think that the **enablers for change** identified in the consultation report are the right ones?

- ☐ Fully agree
- ☐ Partly agree
- ☐ Undecided
- ☐ Disagree

Please can you tell us more about your answer and any suggestions you may have?

7. Do you have any other comments that you'd like to provide on the development of the Strategic Plan and what it means for you? Please tell us in the space below:

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

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

اس دستاویز کا در خواست کرنے پر (اردو) زبان میں ترجمہ کیا جاسکتا ہے۔ براہ مہربانی فون نمبر 0300 123 4510 پر رابطہ کریں۔

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

Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fòn gu 0300 123 4510

अनुरोध करने पर यह दस्तावेज़ हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फ़ोन कीजिए।