

# WEST DUNBARTONSHIRE COUNCIL

## Report by the Director of Community Health & Care Partnership

Community Health & Care Partnership Committee: May 2013

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**Subject: West Dunbartonshire CHCP Strategic Plan - 2013/14**

### **1 Purpose**

- 1.1 The purpose of this report is to ask the CHCP Committee to approve the integrated West Dunbartonshire CHCP Strategic Plan 2013/14.

### **2 Recommendations**

- 2.1 The Committee is asked to approve the integrated West Dunbartonshire CHCP Strategic Plan 2013/14.

### **3 Background**

- 3.1 The CHCP is required to prepare an annual plan of action by both NHS GGC and West Dunbartonshire Council. This third integrated Strategic Plan for the CHCP has been prepared to set out the key actions prioritised for delivery over the course of 2013/14. Building on the successful approach agreed by CHCP Committee in previous years and the positive feedback that Committee will recall was provided by the Care Inspectorate, its focus reflects the requirements and expectations of the CHCP's "corporate parents": the West Dunbartonshire Council Strategic Plan 2012-17; and the NHS GGC Corporate Plan 2013-16. As in previous years, its structure is a blend of the distinct formats preferred by each organisation.

### **4 Main Issues**

- 4.1 Building on the critical reflections of that positive response, this Strategic Plan once again includes consideration of key issues from the Chief Social Work Annual Report 2011/12; and an overview of Clinical Governance priorities. In a similar vein, it has also incorporated consideration of key strategic risks; and integrated workforce planning priorities and actions.
- 4.2 In accordance with good practice and building on the success of the previous year, the Strategic Plan incorporates the CHCP Key Performance Indicators (KPIs) for 2013/12 which also include those indicators within the local Single Outcomes Agreement that the CHCP has lead responsibility for as well as the relevant new SOLACE benchmark indicators for local authorities.
- 4.3 The Committee will note that a number of indicators still have targets to be confirmed: this is due to a combination of scheduling (e.g. NHS GGC corporately has not as yet confirmed local targets) and the developmental nature of some of the indicators (e.g. in relation to the national Early Years

Collaborative and the new SOLACE benchmark indicators). It is also important to note that – as for last year – the indicators included relate to a combination of routine service activity and developmental/transformational initiatives; and delivery that is predominantly under the direct management of the CHCP as well as outcomes that are heavily influenced by the practice and contributions of other stakeholders (e.g. other council departments; other NHSGGC divisions; or NHS external contractors). It is also important to note that as in previous years, there is not a necessarily direct correlation between specific “actions for delivery” set out within the CHCP Strategic Plan and each of the indicators included, as the actions here deliberately represent high-level change commitments.

- 4.4** Building on the positive feedback from the CHCP Committee in relation to the previous year’s arrangements, a consolidated performance report in relation to the commitments within the Strategic Plan will be routinely provided to the Chief Executives of both NHSGGC and WDC and the CHCP Committee.
- 4.5** This consolidated report will explicitly incorporate a performance up-date in relation to the local Single Outcome Agreement indicators that the CHCP has lead responsibility for; and also provide assurance of progress in relation to financial and workforce planning.
- 4.6** As in the previous year, the process of internal scrutiny will be undertaken through the joint CHCP organisational performance review process now established by the NHSGGC Chief Executive and WDC Chief Executive (the outputs of which will be reported to the CHCP Committee to inform their own considerations of CHCP delivery and performance).
- 4.7** As per the recommendations of Audit Scotland and evidenced by the consistently positive response to the performance reporting by the CHCP Committee meeting, this streamlined and best practice system will continue to mitigate against unnecessary duplication of and piecemeal reporting; and ensure that the CHCP Committee is able to transparently draw conclusions based on a coherent and comprehensive presentation of data and information.
- 4.8** The above will be reinforced by the delivery of collective and specified actions being reflected within individual operational service plans; and the objectives of the CHCP Director and Heads of Service.

## **5 People Implications**

- 5.1** The Workforce Planning Section of the CHCP Strategic Plan 2013/14 summarises the key issues and actions.
- 5.2** The Strategic Plan emphasises the commitment within the CHCP to promote values and outcomes of NHSGGC Facing the Future Together in an integrated manner with WDC corporate transformation programme, with a particular focus on continuing to strengthen integrated arrangements (the CHCP’s approach having been validated by the Scottish Government’s

Formal Response to the Consultation on the Integration of Adult Health and Social Care - <http://www.scotland.gov.uk/Publications/2013/02/4208>); and on leading consideration and reflecting upon learning from the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry - <http://www.midstaffspublicinquiry.com/report>.

## **6 Financial Implications**

- 6.1** The Finance Section of the CHCP Strategic Plan 2012/13 summarises the financial context.

## **7 Risk Analysis**

- 7.1** If the CHCP is unable to clearly demonstrate progress in relation to the priorities reflected within this Strategic Plan (in line with best practice) there is the issue of reputational risk, amongst both scrutinising organisations and local communities. Approving the actions set out in the attached Strategic Plan would mitigate such a risk and provide assurance – as well as highlighting good performance and improvement.

## **8 Equalities Impact Assessment (EIA)**

- 8.1** No significant issues were identified in a screening for potential negative equality impact of these measures. This Strategic Plan articulates and evidences the CHCP's commitment to equalities-sensitive practice.

## **9. Consultation**

- 9.1** In keeping with the spirit of the participative approach that the CHCP is committed to, this Strategic Plan has been informed by an understanding of perspectives of key stakeholders (including the CHCP's Joint Staff Partnership Forum; the Professional Advisory Group; and the Public Partnership Forum) from on-going engagement through the year, reflecting the CHCP's cyclical commissioning process for the development of services. The specific local actions set out within reflect on-going self-evaluative processes within CHCP service areas; engagement within local Community Planning Partnership fora; and dialogue with both service user groups and the wider communities in West Dunbartonshire.

## **10. Strategic Assessment**

- 10.1** This Strategic Plan articulates the CHCP's contribution to the Council's strategic priorities:
- Improve economic growth and employability.
  - Improve life chances for children and young people.
  - Improve care for and promote independence with older people.
  - Improve local housing and an environmentally sustainable infrastructure.
  - Improve the well-being of communities and protect the welfare of vulnerable people.



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**Appendices:** West Dunbartonshire CHCP Strategic Plan 2013/14

**Background Papers:** West Dunbartonshire Council Strategic Plan 2012-17  
NHSGGC Corporate Plan 2013-16  
Chief Social Work Annual Report 2011/12  
Equality Impact Assessment of West Dunbartonshire  
CHCP Strategic Plan 2013/14  
Scottish Government's Formal Response to the  
Consultation on the Integration of Adult Health and Social  
Care -  
<http://www.scotland.gov.uk/Publications/2013/02/4208>);  
The Report of the Mid Staffordshire NHS Foundation  
Trust Public Inquiry -  
<http://www.midstaffspublicinquiry.com/report>.

**Wards Affected:** All