



Pictured left to right: Partnership staff who won Team of the Year and Runner Up at the Scottish Association of Social Workers (SASW) Awards with the Partnership's Chief Officer David Williams (centre).

## Welcome

In this special edition of the Partnership Newsletter we look at the successes of the Partnership's Transformational Change Programme. The newsletter features examples of services that have undergone a programme of changes to benefit clients and release savings and help the Partnership to meet its financial targets.

For all the news remember to look at the Partnership's new [website](http://www.glasgowcity.hscp.scot) and follow us on Twitter [@GCHSCP](https://twitter.com/GCHSCP).

## In this Issue:

Chief Officer's Message

Older People's Services

Adult Services

Children's Services



[www.glasgowcity.hscp.scot](http://www.glasgowcity.hscp.scot)



[@GCHSCP](https://twitter.com/GCHSCP)



# Contents:

## Chief Officer's Message

- ▶ Welcome to the Transformational Change Special Edition

## Transformational Change Programme

- ▶ Transforming health and social care services

## Older People's Services - Clustered Supported Living Services

- ▶ Care and accommodation in one location

## Using Technology to Help People Remain at Home

- ▶ Telecare devices

## Adult Services - Sandyford Sexual Health Services

- ▶ Improving sexual health

## Alcohol and Drugs Services

- ▶ New service providers Addaction and the Mungo Foundation

## Mental Health Services

- ▶ A five-year action plan for mental health services

## Homelessness Services

- ▶ Partnership working is key to success

## Children's Services

- ▶ More about the review of our services

## Social Work Teams of the Year

- ▶ Well done to our staff

## Family Nurse Partnership

- ▶ Helping young mothers

## Changing the way We Listen to Staff

- ▶ The iMatter survey

## Coaching for Transformation

- ▶ Our internal coaches

## Get In Touch

- ▶ How to get in touch with the Partnership

## Chief Officer's Message



David Williams, Chief Officer

Welcome to this special edition of the Glasgow City Health and Social Care Partnership newsletter. As you have heard from me before, the whole point of the integration of health and social care is to transform how health and social care services are planned, delivered, received and experienced.

In this issue we want to highlight some of the areas of our business that are being transformed by you and your colleagues' efforts across the city. Because of the size and scale of the city, it is important for us to bring this work to life for you to highlight the work going across the Partnership and hopefully inspire you also to get involved with suggestions and ideas for future areas of transformational change.

The Integration Transformation Programme has been mentioned in the newsletter in previous editions where we have highlighted innovative and award winning areas of work our staff and partners are involved in and I have referred on several occasions in the past to the financial context we find ourselves working within.

It is very easy to get consumed by the scale of the financial challenge we face and possibly to focus on this as a negative. However I wanted to present an alternative perspective on this and highlight the opportunities that the financial climate has offered us and the success we are having as a Partnership in meeting those pressures. We are developing highly innovative responses and solutions to those financial pressures that are simultaneously moving forward the quality of health and social care services available in the city and making great strides towards meeting the collective vision of the Partnership and the priorities identified in our Strategic Plan.

I genuinely believe that in working to overcome our challenges and focussing our minds on how to ensure we continue to deliver high quality services in a different way for our vulnerable citizens we are taking advantage of a fantastic opportunity to realise our own potential as a Partnership. And it is working.

The newsletter features updates from each of the key areas of the Partnership's Transformation Programme that show just what can be achieved when we work together to find positive solutions.

I am extremely proud of the work we've managed to do so far and I wanted to share some examples with you. By showcasing this work in this special edition I hope you can share in that pride too and be inspired. But I would like to issue a call to all our staff and partners to go a bit further. Where do you think we can improve? What do you think we should consider for the continuous programme of change to build on the success of our first two years?

I'd love to hear from you especially through Employee Voice but if that doesn't suit, follow the Partnership and myself on Twitter, and make sure you're engaged in whatever discussion opportunities come your way.

## Transformational Change Programme

Over the last year the Integration Joint Board (IJB) agreed a range of transformational change programme proposals, which are available on the Partnership's website, in relation to [Adult Services](#), [Older People Services](#) and [Children's Services](#) for the three-year period 2018-21. These programmes lay out the vision for delivery of these types of services and the priorities for them in meeting the needs within their respective areas of responsibility. The programmes also highlight the potential efficiencies and financial savings attached to the priorities identified, and they give a clear indication of what success will look like.

The IJB Strategic Plan outlines five key priorities that apply to all Partnership services. These are identified in all the Transformational Change Programmes and are:

- ▶ early intervention, prevention and harm reduction
- ▶ providing greater self-determination and choice
- ▶ shifting the balance of care
- ▶ enabling independent living for longer and
- ▶ public protection – including keeping vulnerable people safe from harm.



Pictured: Riverside Care Home

## Older People's Services

Some of the main programmes that delivered financial balance in Older People's services in 2017/18 included supported living/homecare and shifting the balance of care from purchased care homes.

Stephen Fitzpatrick, Assistant Chief Officer Older People's Services and South Locality Operations said: "Building on the work of the Accommodation Based Strategy (ABS), Older People's Services are working to shift the balance of care by forging a stronger and more effective partnership with care providers and housing colleagues. The aim is to enable even more older people with complex needs to remain living at home."

Examples of this work include the projects featured over pages 5 - 7.

## Clustered Supported Living Services for Older People

One supported living initiative is the development of a 'clustered supported living' model based on the ABS pilot at Trust Housing Association's Housing with Care Service at Shawholm Crescent in the South Locality that started in November 2015.

This service comprises both care and accommodation in one location. The target group is older people at high risk of admission to residential care, either from the community or being discharged from hospital or intermediate care and who are unable to return to their existing home.

Service users are assessed individually and then considered as part of locality resource allocation discussions. Where appropriate, service users are nominated by locality staff who support the older person and their family to make arrangements with Trust HA for the move to their new tenancy. On-site care staff provide reactive support, operating according to assessed need, usually between the hours of 7.30am to 10pm.

The Shawholm service consists of 41 individual tenancies located within a self-contained building with secure entry. Facilities include common rooms, garden space and a professional kitchen and dining area to provide meals. This is beneficial in ensuring nutritional needs are met, as well as increasing social interaction.

A full service review was undertaken that provided information on the success of the pilot model, both in terms of its attractiveness to users and their families and its success in supporting older people at home who may otherwise have been admitted to residential care.



Pictured: Shawholm Crescent



Pictured: Residents and staff at Shawholm Crescent

James Thomson, Commissioning Manager said: “The city wide development of Clustered Supported Living sites such as Shawholm Crescent, is pivotal in ensuring that older individuals within Glasgow have every possible opportunity to live in their own homes within their own communities for as long as is possible. The development of Clustered Supported Living services will also assist in ensuring that older individuals who have required acute hospital admission can move back to their local community when fit for discharge.”

Work is now underway with partners in housing, social care, Housing Options for Older People (HOOP) and technology enabled care to expand this model to other locations in the city over the next three years. Further communications and guidance for staff will be supplied as the programme develops. A national report on Trust Housing with Care is [available](#).

## Using Technology to Help People Remain at Home

The Partnership aims to shift the balance of care by enabling greater numbers of older people to be supported at home with appropriate packages of care, while reducing the numbers going into residential or nursing care. To support the development of the Clustered Supported Living options investment has also been made in aids, equipment and telecare provision.

Throughout 2017/18 there has been a significant increase in the uptake of both traditional telecare equipment (standard), as well as more sophisticated technology (enhanced). This is designed to identify older people’s movements and provide families with peace of mind when an older relative is at risk of wandering unsafely from their home.

There remains significant potential to harness digital technologies in the care sector and following a successful application to the Scottish Enterprise Can Do Challenge Fund, the Partnership’s Telecare Reform Team, set up in March 2017, is working with the technology sector to develop innovation in this arena.

Out of a field of 44 public bodies, Glasgow was one of six organisations who won the opportunity to develop an exciting new approach that invites technical proposals from the private sector. This new Small Business Research Initiative (SBRI) competition was launched by Glasgow City Health and Social Care Partnership and Glasgow City Council Development and Regeneration Services (DRS), in association with Scottish Enterprise, and Innovate UK, to find innovative new solutions focused on technology enabled care.

The launch of this 'Can Do Challenge' took place on 14 March at Glasgow's Centre for Civic Innovation in Tontine House. Michael Gillespie, Principal Officer from the Partnership outlined the competition brief to a group of small to medium enterprises and was supported by Partnership staff Glenda Cook, Fiona Lockhart and Frank Mellon in a subsequent Q&A session. The brief highlighted that:

- ▶ digital technology is a key enabler to transforming health and social care services so that care can become more person centred
- ▶ current analogue technologies are limited in their functionality when supporting people with complex needs and
- ▶ the solutions developed must help with the management of risks inside and outside the home experienced by people with complex needs.



Pictured: Michael Gillespie

The Can Do Challenge will provide an opportunity for Glasgow to trial and if successful roll out a future proof digital solution to help deliver technology enabled care. Participating organisations have been invited to:

- ▶ identify integrated approaches where technologies can be mixed and matched according to user's preference, capacity to operate and ease of use and
- ▶ help enable a system which delivers the right care at the right time and allows for effective coordination with appropriate stakeholders such as telecare services, responder agencies and care providers.

It is anticipated that this will help inform the wider national challenge of moving traditional telecare services from an analogue to a digital platform. The Partnership is working closely in this area with national agencies such as the Local Government Digital Office and the Scottish Centre for Telehealth and Telecare.

Glenda Cook, Service Manager said: "Telecare is increasingly recognised as a key enabler within care and support arrangements. Demand has increased significantly over the past two years as stakeholders become aware of its value as a means of getting the right help at the right time. It plays a pivotal role in supporting service reconfiguration for younger adults with intensive supported living services, in response to the significant rises in costs required to provide night time supports. Telecare services can also delay the requirement for residential care for older people at risk when leaving their home unsafely."

Increasingly stakeholders are recognising the important role of technology. There has been 1,000 extra referrals received in each of the past 3 years for telecare and associated supports. More specifically in 2017/18:

- ▶ on average nearly 700 referrals for standard telecare were received per quarter and
- ▶ there was an increase of 31% enhanced telecare systems installed compared to 2016/17.

## Adult Services

The Adult Services profile across Glasgow City Health and Social Care Partnership incorporates a broad range of services. These include: Community Justice Services, Sexual Health Services, Alcohol and Drug Services, Mental Health Services, Homelessness Services, Learning Disability Services, Police Custody and Prison Health Care.

Jackie Kerr, Assistant Chief Officer Adult Services and North West Locality Operations said: "The Transformational Change Programme for 2017/18 delivered savings of £5.3m in Adult Services. Some of the areas that contributed to these figures were the Sexual Health Review and Reform Programme, Realignment of purchased Addictions Services, the Homelessness Service Redesign and the review of high cost learning disability care packages." More information is on pages 8 -13.

## Sandyford Sexual Health Services

Sandyford Sexual Health Service (SHS) is hosted by Glasgow City Health and Social Care Partnership. It provides universal sexual health services, as well as specialist services for complex procedures and for specific population groups, many of which are also provided on a regional or national basis. During the last year, the service has been reviewed and we have been engaging with our service users on the proposed changes. These include new service models that aim to offer care to patients with non-complex sexual health needs in innovative ways, and with the involvement of other stakeholders and partners. They also aim to make better use of clinical time, further develop the nursing role, improve accessibility and make better use of resources. The Transformational Change Programme for [Sexual Health Services](#) was approved at the IJB In March 2018.

Specific initiatives undertaken in the last year include efforts to better target the free condoms service at key population groups. For example, in response to the ongoing outbreak of HIV among people who inject drugs, the service has worked with needle exchange providers to ensure free condoms were available in all areas where the outbreak is concentrated.

We have also been working with youth organisations and the free condom service has become kit sponsors for the Reidvale young people's basketball team in the East End of the City. The first game with the kit took place 18 April 2018. Reidvale played against another local team from the East End of Glasgow, both teams sporting the new tops.



Pictured: Reidvale Basketball Team

Continued on next page



The large student population in the city has also been targeted with the service working with partners to put free condom dispensers in further and higher education establishments and develop better signage and marketing for these locations. Free condoms were provided in all 10 further education campuses, 10 higher education campuses and 19 student accommodation blocks. Overall, the service now operates from 308 venues across the city, an increase from 279 the previous year.

Alongside these initiatives, the Sandyford Health Improvement Team has been continuing to take forward the provision of comprehensive Relationships, Sexual Health and Parenthood Education (RSHPE). Evidence has shown this impacts positively on young people's sexual health, with delayed onset of sexual activity and less likelihood of negative physical and emotional consequences. The service has developed and provides teaching programmes and training around RSHPE to parents and carers, as well as to teachers, staff in children's health and social work services and those working in informal youth settings. Over the course of the last year, over 330 people from across these settings have been trained.

Rhoda MacLeod, Head of Adult Services (Sexual Health) said: "Sandyford Sexual Health service will be developing an implementation plan for their Transformational Change Programme over the coming months. We are striving to continually improve patient care and the introduction of self check-in processes is seen as an important step.

"We introduced self-arrival kiosks earlier this year into two services. The kiosks were piloted in the Sandyford Counselling and Support Service and the Vasectomy Service, and have proved popular with clients as they offer an easy, quick and discreet way to check-in. It means clients who are attending for return or follow-up appointments no longer have to queue at reception and can proceed straight to the waiting room before their appointment. For the service, this frees up reception staff to deal with other priorities such as urgent care, vulnerable and newly attending clients. It promotes equity of access, and is another step towards reducing inequalities in sexual health by paving the way for further developments such as on-line booking and on-line test ordering."

Following the success of this pilot, self check-in kiosks will be rolled out to all Sandyford services and locations in the summer.



Pictured: Self check-in kiosk

# Alcohol and Drug Services

As part of the ongoing transformational change agenda, Glasgow City Health and Social Care Partnership commissioned Alcohol and Drug Recovery Hub Services in 2016. Contracts were awarded to Addaction for the delivery of the services in the North East and North West sectors, while the Mungo Foundation were awarded the contract in the South.

Recovery Hubs were commissioned to play a key role in Glasgow's response to the problems caused by alcohol and drug misuse. Recovery Hubs work as part of a recovery-orientated system of care, aiming to reduce drug-related deaths and promote recovery in line with the Glasgow City Alcohol and Drug Partnership (ADP) Strategy 2017.

The Strategy states that: "Recovery is a course of action through which an individual is able to progress on from their problem alcohol or drug use, towards a life as an active and contributing member of society. Recovery is most effective when service users' needs and aspirations become the central core of their care and treatment. Recovery is an aspirational, person centred process.

In practice, recovery will mean different things, at different times to each individual person. The 'road to recovery' might mean developing the knowledge and skills to prevent relapse, rebuild broken relationships, forge new ones and actively engage in meaningful activities."

The services provide the following person centred and flexible interventions:

- ▶ one to one alcohol and drug support
- ▶ evidenced based group work
- ▶ housing support and
- ▶ parenting and pregnancy support.

Recovery Hubs work in close partnership with the Health and Social Care Partnership's Alcohol and Drug Recovery Services, as well as peer-led recovery communities in each of the three localities.

Individuals can self-refer, or be referred by an addictions worker or other professional. There are currently around 800 people receiving support from the Recovery Hubs across the city.



Pictured: Addaction sign.



Pictured: Recovery Hub Staff

Thomas Paterson, from the Vulnerable Child and Adult Commissioning Team, contract manages the services on behalf of the Health and Social Care Partnership. Thomas commented: “The successful implementation of the Recovery Hub contracts has relied on significant dedication and hard work from Addaction and Mungo Foundation staff groups. However, the development of trusting and positive relationships between Partnership staff, Recovery Hubs and peer led recovery communities has been the most crucial step to realising the new service delivery model, and improving outcomes for individuals.

“Outcomes for service users are tracked using the Recovery Outcome Web (ROW) tool. From here, individuals are able to develop their own person centred recovery plan that is reflective of their goals and aspirations. As commissioners, we are also able to monitor aggregated outcomes across the services, which is a really valuable tool in ensuring best value for the Partnership through the life of the contracts. The services have been operational for around 18 months, and we’re looking forward with optimism at some of the developments to come.”

### **Quotes from service users:**

“I couldn’t believe what was out there and happening! Now I’m busy every day of the week at groups and drop-ins. Recovery is everywhere.”

“The group workers were brilliant, very down to earth and easy to talk to. I felt, for the first time, I was treated as an equal and not just a service user.”

“I started to attend some of the groups and these helped increase my confidence. They were relaxed and informative. For me, going to the groups offered structure, independence and the opportunity to meet like-minded people. I was also able to forge new friendships and also have fun while learning what recovery means to me...and how to use what I was learning in my day-to-day life.”

### **Quotes from Volunteers / Recovery Champions**

“I started volunteering with Addaction after I left treatment. This gave me structure in my life and I also got involved with the North West Recovery Communities helping with the recovery cafe at Drumchapel. I learned lots of new skills through training I received and shadowing staff members in group work and also reception work. I have been doing voluntary work with Addaction for about 19 months now and have gained valuable experience and skills for moving into employment next month with the Simon Community. I am grateful for all the help and support I received from all the workers at Addaction throughout my time there which helped prepare me for moving back into employment. A big thank you to everyone at Addaction for helping me achieve this.”

“When I first attended Addaction my worker helped me with my high alcohol intake, from there I started attending group sessions which I found really daunting at first as I suffer from anxiety and panic attacks. I started to attend different group sessions which were really helpful for my confidence and self-esteem, and being able to share and listen to everyone’s experiences of overcoming addiction really helped me and from there I started trying to implement what I had learned into my own recovery journey. Now after completing Addaction’s volunteer training I have returned to the service as a Recovery Champion and help others who are starting their own recovery journeys by being a friendly ear and helping them wherever possible.”

## Mental Health Services

Glasgow City Health and Social Care Partnership has a lead co-ordinating role on behalf of all six Health and Social Care Partnerships in NHS Greater Glasgow and Clyde. Over the course of the last year, Partnerships have been working together to develop a whole system five-year strategy for mental health. This has now been produced and has the following key strategic aims:

- ▶ providing inpatient services with fewer beds/less intensive forms of inpatient care
- ▶ maintaining spend on community and specialist services with increased capacity by way of improved productivity and performance
- ▶ promoting good mental health, strengthening resilience and preventing crisis by focusing on more cost effective earlier intervention and
- ▶ minimising spend on other services including prescribing costs, management, facilities and procurement.

A detailed implementation plan will now be developed over the coming months and will establish a framework for the transformation of adult mental health services over the next five years. In addition, we are currently reviewing our mental health purchased social care services as well as reforming the provision of rehabilitation and accommodation services across health and social care.

## Let's Talk About Mental Health Engagement Events

On 30 January 2018 in Partick Burgh Hall, over 120 representatives from the North West Locality Engagement Forum, the wider community, Third Sector Projects and interested individuals participated in an engagement session, focusing on the newly published draft

Five-Year Mental Health Strategy. Colin McCormack, (Head of Adult Services, North West Locality) detailed the current demand for services, present and future challenges, proposed reduction of inpatient services and set out the 'need for change'.



Pictured: Participants discussing the Adult Mental Health Strategy.

There was general support for the proposed shift to early intervention and prevention, a recovery focused approach with increased community based support and self-care in partnership with the third sector and community organisations. Colin responded to issues and challenges in relation to unscheduled care and emphasised that the Strategy sets out the 'general direction of travel'. He assured the audience that there would be further opportunities for engagement and discussion to develop the detail of the Strategy. Engagement sessions also took place in the South Locality on 8 February 2018 and in the North East on 5 March 2018.

# Homelessness Services

Glasgow City Health and Social Care Partnership aims to prevent homelessness where possible and when it occurs, ensure people are supported to access appropriate support and accommodation. Through partnership working with Registered Social Landlords, we are aiming to improve access to permanent accommodation for homeless households. Over the past year the Health and Social Care Partnership has worked towards this vision by delivering the following:

- ▶ opened two x 30 bed new build emergency facilities for males and decommissioned a temporary facility – a net increase of 20 emergency beds
- ▶ retendered and increased the contract value for an additional 450 units of private rented sector accommodation over the next 3 years and
- ▶ engaged in discussion with other Council departments with regard to replacing the Clyde Place assessment centre which is required to close as part of the ongoing physical regeneration programme in South Glasgow.

Additionally, there has been a decline in homelessness assessments over the past few years, which was highlighted in a recent evaluation of the Housing Options approach. The Glasgow model was seen as being successful in protecting a rights-based approach within its preventative framework, with more people who engage with frontline homelessness services in Glasgow proceeding to statutory assessment (57%) than for Scotland as a whole (48%).

Housing First remains central to the City's strategy in relation to vulnerable adults with multiple and complex needs who experience the 'revolving door' between hospital, prison, temporary accommodation and homelessness. We are exploring funding options to support the City's homelessness strategy, the growth of the housing first approach and the transition from building based services to ordinary community living with flexible support. This approach is further enhanced through the progression of the City Ambition Network, a partnership with the Third Sector, offering a rapid accommodation approach to those with multiple and complex needs.

There continues to be a focus within homeless services on harm reduction for people with multiple/complex needs. The existing City Ambition Network (CAN), a collaborative project operated jointly with a range of voluntary sector partners, has secured additional external funding, enabling the service to be extended to service users who have been identified through the Winter Shelter and street team service (Rough Sleepers and Vulnerable People service, RSVP).

## Children's Services

The Health and Social Care Partnership has undertaken a comprehensive review of the child care system in Glasgow. This has already secured significant financial savings and contributed to a radical rethink for Children's Services in the city of Glasgow.

Measurable progress has been made and a solid infrastructure developed. There is now an opportunity to grasp a number of initiatives to progress the direction of travel now established and to secure a step change for the most vulnerable children and young people in Glasgow.

Mike Burns Assistant Chief Officer, Children's Services and North East Locality Operations said: "When considering both the cost and the secured outcomes it is evident that much more needs to be done to help families help themselves, to improve the range of family support services and to ensure that where necessary intensive family support is available to sustain more young people at home for longer. The current reform programme made significant progress over 2017/18 with a saving of £1.8m and has already secured a saving of £6.7m for 2018/2019. Most importantly this will allow a re-investment of £2.2m into residential care and family support in 2018/19 that will allow us to enhance and sustain community based support for Glasgow children in Glasgow."

Within Children's Services, we are seeking to ensure that more children are supported within the city itself and where possible, sustained at home and by their local neighbourhoods and schools. Key aims have therefore been to reduce reliance upon high cost and out of city residential placements and services; strengthen the role of prevention; and enhance community infrastructure, developing comprehensive family support services for parents and carers in the most vulnerable neighbourhoods.

In line with these aims we have been continuing to implement a number of changes over the last year. Over this period, the number of high cost placements for young people has continued to fall from 111 in March 2017 to 67 at the end of April 2018, exceeding the target of achieving a reduction of 30 during 2017/18.

Mike continued: "This reduction has been achieved by the skill, commitment and dedication of all of our front line staff, primarily through a rigorous focus on risk assessment, care planning and improved identification of responses to young people who are referred to the service.

"Looking ahead, we are developing a number of improvement projects that will facilitate the further reduction in placements, including increasing investment in prevention; early intervention and family support services; intensive outreach; improving support for families with children who are on the "edge of care"; and further improving our assessment, care planning and placement processes. Above all our desire is to capitalise on the additional investment in Health Visiting and strengthen support and assistance to the early years."

Some of the successful work is featured on pages 15 - 16.

## Partnership Staff are Social Work Teams of the Year

Glasgow City Health and Social Care Partnership staff received two awards in the Scottish Association of Social Work (SASW) Awards for Best Practice in 2017.

The award for Social Work Team of the Year was won by the Partnership's Family Group Decision Making Team, with a highly commended for the same award for the Partnership's Families for Children and Asylum/ Roma Teams.

The Family Group Decision Making Team (FGDM) was established in March 2017 and introduced a new approach to prevent children and young people becoming looked after and accommodated as well as reducing the need for long term statutory social work intervention. It is based on involving families and the community in a very active way in making the relevant decisions about "getting it right for a particular child". Examples of work describe "last gasp attempts before children were removed" where both children and parents' needs were looked at leading to a comprehensive family plan allowing the children to remain at home. This approach changed the narrative with families from directing to assisting and enabling.

Pat Togher, Head of Children's Services, North East said: "This is a team who has truly embraced partnership working across all agencies and especially with families who require additional support, reducing the need for long term statutory involvement."

In light of the success of FGDM in the North East Locality the decision was taken to expand the service and roll out across the whole of Glasgow meaning that many more children and families will experience the positive results of this model whilst helping re-shape the way we engage with families.



Pictured: Staff from the Family Nurse Partnership Team with Pat Togher, Head of Children's Services (North East Locality)

Continued on next page



Pictured: Staff from the Families for Children Team and Asylum/Roma Teams

Highly commended for the Social Work Team Award was the Partnership's Families for Children and Asylum/ Roma Teams.

The most significant challenge of this work for the team was working through and assessing the number of families who expressed an interest in accommodating the young people. This was only achieved by them developing close working relationship with relevant partners while also cultivating interest and offering support and training to families approved as suitable.

Aileen Shaw, Service Manager, Families for Children said: "It is clear that working with such vulnerable, traumatised young people requires to be handled sensitively and with a significant amount of delicacy. Given the pressurised work that the Families for Children and Asylum /Roma team in Glasgow are already dealing with, it is highly significant that they have successfully managed this work while creating a process which can be successfully applied when future circumstances require it."

## Family Nurse Partnership

Glasgow City Health and Social Care Partnership has continued to roll out the Family Nurse Partnership Programme (FNP) in all localities. Family Nurse Partnership (FNP) is a preventive, intensive home visiting programme offered to first time young mothers (aged 19 and under at last menstrual period) and their families. Young women are offered the programme in early pregnancy (they must enrol before 28 weeks gestation) and are visited by a specially trained Family Nurse until the baby is two years old. The programme is voluntary and is designed to tap into the client's intrinsic motivation for change.

A first group of 167 clients graduated from the programme during 2016/17 and a second group of 202 clients were recruited during 2017/18.

As part of the evaluation of FNP clients comments were captured. One young parent said: "FNP was my main support when I was pregnant and until my son was two. I felt unjudged and worthy as a parent. My family nurse helped me not only be a good parent, but a confident autonomous one! I felt like my goals were recognised and embraced."



# Changing the Way We Listen to Staff - iMatter

Thanks to all staff who participated in the Partnership's iMatter staff engagement questionnaire 2017. The first year of our integrated staff engagement questionnaire was a great success. Previous staff surveys had only facilitated response rates of around 17% for both council and NHS staff, whilst response rates for the iMatter survey were around 70% and 40% of teams completed action plans. This was a great example of our transformational change and integration programme.

Isla Hyslop, Head of Organisational Development for the Partnership said: "The aim is that the iMatter process has meant that staff engagement has been transformed and now ownership for engagement lies at team level. We can also see the general themes coming out in team development at locality level. The results have demonstrated how well teams are generally working together and the pride staff take in the work they do."

"Staff have told us that as a result of iMatter, they have redesigned their team meeting structure and agreed actions to be taken forward as a team, in addition to celebrating the great work they do."

The iMatter survey 2018 kicks off in June 2018 and we are already taking steps to ensure that all the team structure information we have is correct before our launch. Please ensure that you have completed all actions from 2017 and that you have a chance to ensure you have the right team structure for iMatter (if you have below five team members you will have to agree how you want to proceed).

We are currently organising briefing sessions with Diana Hudson, our iMatter lead, but if you have any questions in the meantime then please feel free to contact Carrie Fivey, Organisational Development, [Carrie.fivey@ggc.scot.nhs.uk](mailto:Carrie.fivey@ggc.scot.nhs.uk).

Awareness sessions for iMatter will take place as follows:

- ▶ Clutha House (2nd Floor) on 23 May at 1.30pm – 3.30pm
- ▶ Commonwealth House, Triathlon Room on 24 May at 10.00am – 11.00am.

## Coaching for Transformation

Coaching is a person-centred development approach. It is increasingly used in all business settings, including the health and social care sector across Scotland.

Coaching aims for a desired outcome or results. It focuses on where you are in this present moment, how you want to be, where you want to be, and how you want to get there. The outcome is tangible and measurable. For example it might be about having more influence in your job – coaching would help you set a goal about where, when and who with, with the aim of you being clear about what you need to do to influence more effectively.

Continued on next page

Coaching is transformational because it focuses on your way of behaving and how it moves you closer or further away from your goal. It also empowers you to practice new behaviours in order to reach your highest potential. This will create transformation and is transferable to every other aspect of life.

Isla Hyslop, Head of Organisational Development said: “A coaching style and approach in the workplace can help you to communicate clearly and support your colleagues to find their own solutions to some of the challenges we experience. It’s a good way to have the conversations that will help develop others and help them meet performance goals.

“We want to support managers to use a coaching style which will benefit not only individuals but contribute to the organisation's collaborative and innovative culture. Staff can access development opportunities for improved coaching skills or explore the possibility of a personal coaching intervention by agreeing development needs with their manager and accessing a coach through the Organisational Development (OD) team.”

### Internal Coach Bank

We have a small group of staff who are trained as coaches to Diploma standard. These coaches are available for staff who would benefit from working with a coach to work on behavioural or performance issues, usually related to workplace change. Coaching is not remedial but an opportunity to reflect on current constraints and opportunities and explore the potential for change. For more information about coaching please contact Jane McKinlay, Organisational Development, [Jane.McKinlay@ggc.scot.nhs.uk](mailto:Jane.McKinlay@ggc.scot.nhs.uk).

### Get in Touch...

If you require this newsletter in an alternative format or wish to be added to our distribution list then please email [GCHSCP\\_Communications@glasgow.gov.uk](mailto:GCHSCP_Communications@glasgow.gov.uk)

**Find out what is happening across the Partnership and Localities on a daily basis by following us on Twitter [@GCHSCP](https://twitter.com/GCHSCP).**

**For more information on Glasgow City Health and Social Care Partnership:**

- ▶ **Our People:** You can view our [Structure Chart](#)
- ▶ **Our Papers:** You can read our [Integration Joint Board papers](#)
- ▶ **Our Places:** Glasgow City Health and Social Care Partnership (GCHSCP) headquarters at Commonwealth House, 32 Albion Street, Glasgow, G1 1LH.

Glasgow City Health and Social Care Partnership’s new website is now live at [www.glasgowcity.hscp.scot](http://www.glasgowcity.hscp.scot)