



Welcome

Welcome to the October Integration newsletter, and thank you very much for all your feedback and comments on the last edition. We hope we've covered some of the main topics you told us you'd like to hear about in this issue including details on how you can give your views on our draft strategic plan.

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Chief Officer's message



As we move further into autumn, we're continuing our **information and engagement** events with stakeholders and partners – most recently bringing together around a hundred of the partnership's people managers from across the city to explore how their teams will work together to get the best outcomes for the people who use our services. It's only by getting together, face-to-face, like this that we can begin to make the changes we need to turn the vision of integrated services into a reality.

You can read more about the key issues that came up later on in the newsletter, but the main point I'd like to make about engagement and information events like this is that we're very aware that they need to be extended and expanded out to reach other groups of staff and stakeholders, so we'll be following up on that soon. In the meantime, the managers who attended the event will be discussing the topics and outcomes with their teams, partners and stakeholders.

It's important to remember that integration affects every one of us - all 9,000 staff, our stakeholders and partners - and not just the people who appear on the senior management structure chart. This will become more evident as we carry on integrating teams over the coming months. But, as I've said before, integration isn't about structures or layers; **it's about how we are with each other.**

One of the key discussions at the managers' event was the importance of **good communications** and information sharing. Again, I would expect all of us who lead a team to take responsibility for making sure we are communicating effectively within and across our teams and with our stakeholders. So, can I urge all of you to fill in our [communications questionnaire](#) if you haven't already done so. We really do want to hear your views so we can communicate the information that's useful to you in the ways that work best for you.

Another area where we want to hear your views is on our **draft strategic plan**. It sets out what we as GCHSCP will be doing and why, so it touches everyone, not just the people who have been working directly on it. You can read more details about the planned timeline for the consultation below, and I hope you'll all take up this genuine opportunity to give feedback and help shape the future of our city's health and social care.

I'm confident that delivering our strategic plan will help us realise the **benefits of integration** for the citizens of Glasgow; improving health and wellbeing, transforming the way services are delivered, focussing on the whole person and designing joined-up services around a person's circumstances and their personal outcomes, ensuring that they experience the right care and support whatever their needs, at any point in their care journey. Also, helping to minimise delays in care and giving people the right support at an earlier stage, involving them to better manage their condition and ensuring that they are supported to live well and as independently as possible.

As ever, if you have any [comments or questions about integration](#), please contact me.

Integration Scheme

You may remember from previous briefings that the Public Bodies (Joint Working) (Scotland) Act 2014 requires the Council and Health Board to prepare an Integration Scheme.

The Integration Scheme is the legal document which outlines at a high level the agreements that the Council and Health Board have made about how we will work together. The legislation states that the Integration Scheme must be prepared jointly by both parent bodies and then sent to the Scottish Government to be approved by the Cabinet Secretary for Health and Wellbeing.



Once the Cabinet Secretary approves the Scheme, the Integration Joint Board is legally established soon after.

You may have heard that Glasgow's Integration Scheme was initially rejected by the Cabinet Secretary. While of course this is disappointing, it is nothing to be alarmed about – in fact, most of the Integration Schemes submitted by partnerships across Scotland were initially rejected.

There were a number of reasons why Glasgow's Integration Scheme was rejected, the majority of which were relatively minor issues which we have worked with the Scottish Government to resolve. We are currently making final revisions to the Scheme and will be submitting an updated version to the Cabinet Secretary soon, which will allow our Integration Joint Board to be formally established.

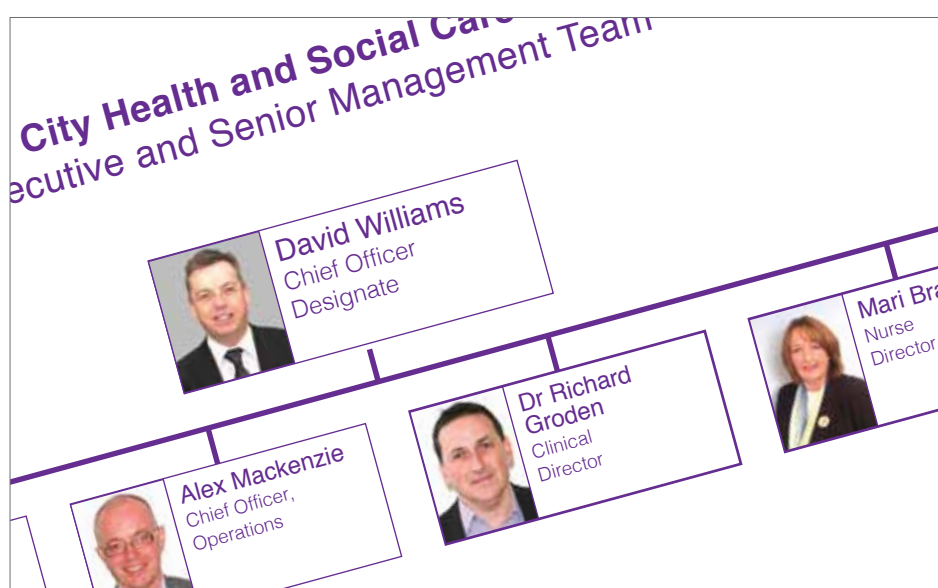
The Shadow Integration Joint Board have received regular [updates](#) on development of the Integration Scheme and all papers considered by the Shadow Board are available.

Although we have not yet concluded the legal processes which establish our Integration Joint Board that does not mean that we are not already a Health and Social Care Partnership.

The formal legal process is one thing, but as I have said many times before integration will succeed because of how we are with each other, and while work goes on in the background to complete the required legal processes, we must focus on the joint work we are already doing and will continue to build on within the Glasgow City Health and Social Care Partnership.

Local management teams confirmed

As you may recall, the integrated area (known as 'locality') management arrangements for the partnership were agreed in August.



The process to fill these roles is now complete and the following appointments have been made:

North East

David McCrae – Head of Adult Services

Lorna Dunipace – Head of Older People and Physical Disability Services

North West

Colin McCormack – Head of Adult Services

Paul Adams – Head of Older People and Physical Disability Services

Susan Orr – Head of Children's Services

South

Fiona McNeill – Head of Adult Services

Anne Mitchell – Head of Older People and Physical Disability Services

Sean McKendrick – Head of Children's Services

These Heads of Service will continue in their existing roles for the time being while we are still developing the shadow partnership arrangements. Their start dates in their new roles will be confirmed and communicated in due course and it will certainly be no later than 1st April 2016. This will allow us to continue to deliver business as usual, and it will also allow us to have a planned process of familiarisation and transition for the new teams. It will also mean we have time to recruit for any outstanding posts, to ensure we have a complete team in place across the locality areas.

Give your views on our draft Strategic Plan

Your comments are being invited on a draft of the Glasgow City Integration Joint Board's Strategic Plan for health and social care services in Glasgow.



The Glasgow City Integration Joint Board is required to agree its Strategic Plan, which outlines how integrated health and social care services will be planned and delivered within the city, before the Strategic Plan comes into effect on 1st April 2016.

Chief Officer Designate David Williams is encouraging staff, partners and stakeholders to take their opportunity to influence the plan, "I am keen that as many people as possible have the opportunity to comment on our draft Strategic Plan, to ensure that the plan is as comprehensive as it can be. I therefore welcome your comments on the draft plan and ask that you share this message with any other networks, groups or individuals who you think may be interested in this draft."

The draft Strategic Plan and [information on how to make comments](#) on the draft are available.

The closing date for responses is Thursday 31st December 2015.

Health staff awards

Congratulations to staff who won an NHS Staff Award this year.

The awards are part of the Facing the Future Together (FTFT) initiative and nominations came from individual staff or teams working within the former Glasgow City CHP and specialist services. The awards aim to recognise those who have made an exceptional contribution in one or more of the five categories within FTFT.

[Read more about all this year's winners](#)



Winners of this year's awards were:

Our Culture

Heather Bath (Health Improvement, Smokefree Services, South) for the Shisha awareness campaign.

Our Leaders

Calum Macleod (now retired Head of Mental Health, South) for investing in staff on the Leverndale Hospital site by providing further learning/professional development opportunities via a protected/tailored training area suitable for practical demonstrations, skills assessments and tutorials.

Our Patients

Lenka Kubricka and Victoria McAlpine (Health Improvement, South) for the Revive group within Castlemilk – a 10 week programme of health and wellbeing activities and information sessions, developed in partnership with Ardenglen Housing Association.

Our People (joint winners)

Michelle Guthrie and Allison Murray (Health Improvement, South) for the Talk, Plan, Live Event which aimed to raise awareness of dying awareness week (18-24 May 2015). As part of Healthy Working Lives, a drop in session was organised for staff to come along and chat with colleagues and find out information around dying, death and making plans for their end of life.

Nicola Fullarton and Lenka Kubricka (Health Improvement, South) for developing and supporting a range of programmes/initiatives that both engage with the Roma community and support staff to engage more effectively with this marginalised group.

Intermediate care is helping more older people to return home from hospital

It's almost a year since we began our partnership approach to helping older people get back home and stay home after a hospital stay, and prevent them having to go into hospital wherever possible.

And early indications show encouraging signs that the changes we're making through our 'Intermediate Care Pathway' have reduced the amount of time older people in Glasgow city have to stay in hospital unnecessarily.

For example:

- We are seeing a positive trend of more people going home following their stay in intermediate care and a corresponding reduction in those moving to permanent residential/nursing care.
- We have significantly reduced the number of 'bed days lost' for patients over 65 years, including adults with incapacity. Bed days lost is a term used to describe the number of days a patient who is clinically ready for discharge stays on in a hospital bed because they are waiting for other health or social care arrangements to be put in place.

We have seen a reduction in patients waiting for funding for care home places from a peak of 26 in March 2015 to zero now.



Lorna Dunipace, NE Head of Older People and Physical Disability Services, who is leading on our Intermediate Care Pathway work together with the partnership's Head of Older People's Services Stephen Fitzpatrick, welcomed the changes.

She said: "We're starting to help more older people to get home or into a homely setting instead of staying in a hospital bed longer than they need to. And that's good news for their health and wellbeing as well as helping us to free up hospital beds for other people who need them. This change has only happened because a whole range of staff and partners from across the organisation have changed the way they work together and with the older people who use our services and their families. They have put a great deal of energy and enthusiasm into making this change happen, often in challenging circumstances, and we will continue to learn and improve from their experience."

What is intermediate care?

Intermediate care services are provided to patients, usually older people, after leaving hospital, or when they are at risk of being sent to hospital. The services offer a link between places such as hospitals and people's homes, and between different areas of the health and social care system - hospitals, community services, GPs and social care.

There are three main aims of Intermediate Care:

- Help people avoid going into hospital unnecessarily
- Help people to be as independent as possible after a stay in hospital
- We have seen a reduction in patients waiting for funding for care home places from a peak of 26 in March 2015 to zero now.

Partnership managers continue work on delivering integrated services

Around a hundred GCHSCP managers from across the city attended the latest in a series of engagement and information events recently. They worked on some of the big and challenging issues that we will face as we continue to integrate services over the coming months.

The next stage is for the managers to discuss the topics further in their teams and with their stakeholders. Plans are also being developed to broaden the engagement events out to wider groups of staff and stakeholders.

There were discussions around how the success and reputation of our partnership depends on how well we deliver services and deal with some of the challenges that expectations of integration will bring. The group also worked on how we earn and build confidence from the people who use our services that we can transform how we work with them to deliver services fit for their needs.



Chief Officer Designate David Williams explained that leadership was a priority at every level within the partnership, and pointed out that the achievement of creating integrated services was not going to happen overnight.

He said: “We are making a huge shift internally to achieve a seamless service externally. We want the people who use our services to be assured that business is going on as usual, while we integrate and co-ordinate services. But, behind the scenes, the scale of the change we’re making is going to need patience, as it’s not going to be quick or straightforward.”

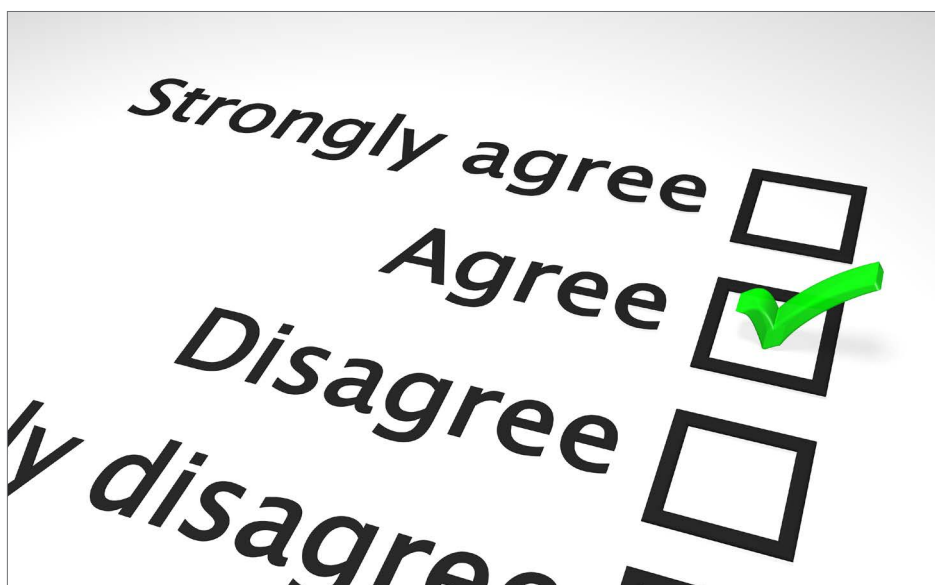
There were three sessions on specific questions and issues facing older people’s, adults’, and children’s services. Some of the topics included:

- How can we make sure our system is flexible enough to respond to 72 hour discharge over the winter and festive period?
- Some people with multiple needs have described their experience of services as fragmented and piecemeal. How can we provide a more coherent and cohesive response to people with multiple or ‘crossover’ needs? For example, combinations of:
 - o Addictions/mental health/learning disabilities/homelessness
 - o Children with disabilities
 - o Children whose parents have addictions/mental health or other needs
- How can we move the focus of investment and activity from crisis work with children and families to early intervention and prevention without destabilising our current services for the most vulnerable?
- Also what are the issues for our responses to individuals who transition from children’s to adult or adult to older people’s services?

Have your say

If you haven't already done so, please take ten minutes to complete our [communications survey](#). We want to hear your views about the best ways to communicate with you.

The electronic survey has been sent to all stakeholders who currently receive this newsletter, including staff; senior officers/managers across the Glasgow City Council family and NHS Greater Glasgow and Clyde; Shadow Integration Joint Board Members; Glasgow City Council Elected Members; NHS Greater Glasgow and Clyde Health Board Members; community planning partners and stakeholders from the third and independent sectors.



We are keen for this survey to go out as far as possible so we are asking for your help in making sure it goes to relevant stakeholders who may not be on our current mailing list. If staff don't have access to email, we can also arrange to send them a printed copy of it. The survey is open until Friday, 30th October, and watch this space for more information on the findings!

Commonwealth House Fundraiser

Partnership staff in Commonwealth House recently took the opportunity to raise money for Macmillan's Cancer Support while getting to sample some wonderful cakes and biscuits baked by colleagues.



L-R: Margaret Ann MacLachlan, Sharon Wearing, Carolan Forbes, Linda Carmichael, Alex MacKenzie

Raising over £500, the event was a massive success and has done much to highlight the fantastic work Macmillan's carry out for such a worthwhile cause.

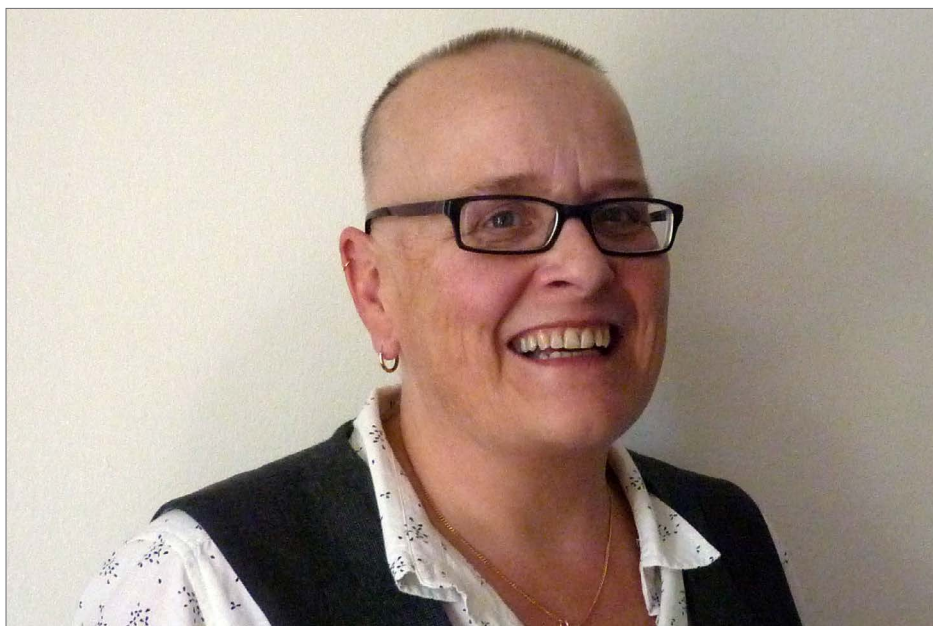
What integration means to me

By Rhoda MacLeod,
Head of Sexual Health

“ Integration offers a real opportunity to develop existing (and build on new) working relationships to improve sexual health services and outcomes, thus contributing to the overall health and wellbeing of the city.

It is a chance for us to review the strategic priorities for sexual health and engage with others in the process.

Integration will also enable us to gain a better understanding of roles, responsibilities and functions, but will also allow us to capture the common agenda and, in doing so, harness energies, creativity and resourcefulness.



One of the big challenges for me is to ensure that sexual health is not overshadowed by the “bigger issues” dominating the new partnership and that it is recognised as having a significant part to play in contributing to and supporting the HSCP vision.

I am very excited to be given the opportunity to lead this service at a time of such significant change and to work closely with all partners in moving forward. ”

For more information on integration...

Our people

[Health Website](#)

[Council Website](#)

Our places

A range of Staff from the previous Glasgow City Community Health Partnership and Social Work Services are now settled in at the new Glasgow Health and Social Care Partnership GCHSCP headquarters at Commonwealth House, 32 Albion St, Glasgow G1 1LH (phone 0141 287 0499).

In addition, staff who were previously based at the North West Locality Headquarters at JB Russell House are now based at William St Clinic, 120-130 William St, Glasgow G3 8UR (phone 0141 314 6250).

Our papers

You can read our Shadow Joint Integrated Board papers at [Glasgow City Council](#) or [NHSGGC](#).

Keep up to date...

Health staff – visit [Staffnet](#)

Council staff – visit [Connect](#)