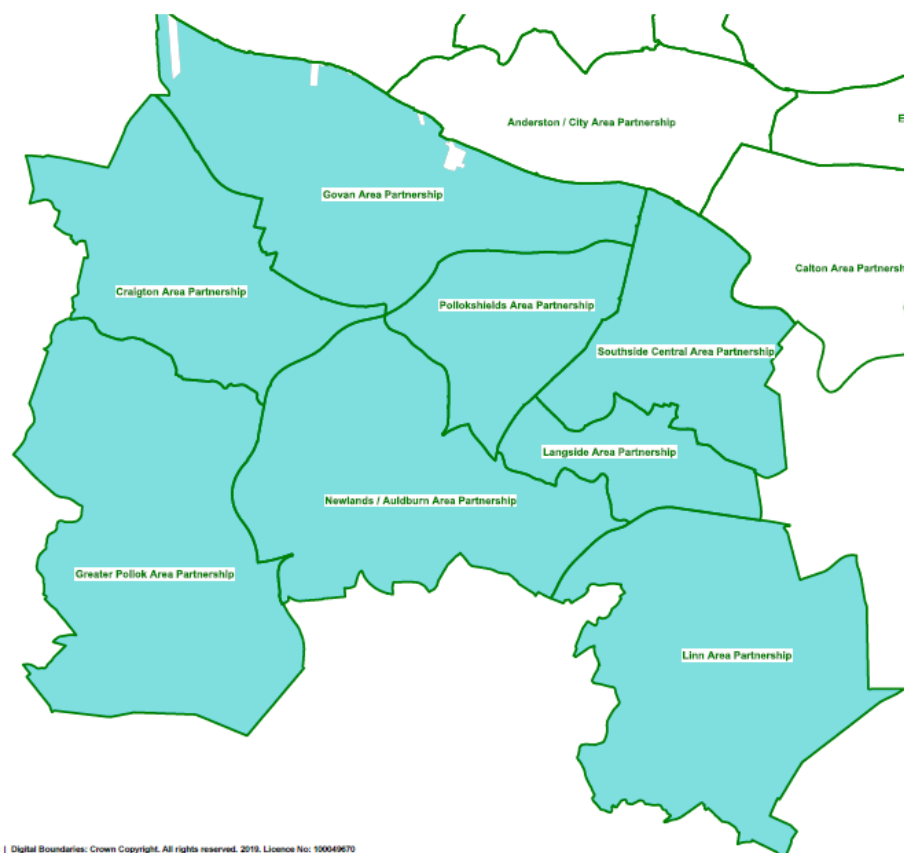


South Locality

Draft Locality Plan 2019-22



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FOREWORD

Foreword by Assistant Chief Officer

2019/20 will be an exciting time for continuing the transformation journey in the Health and Social Care Partnership (HSCP) and for taking forward Locality developments in each of the care groups and in progressing integration across health and social care. It will also be a challenging time for the organisation from a financial perspective as well as managing significant change that aims to provide more effective services for our patients and service users.

The actions within this 2019/20 Locality plan support the second Strategic Plan for Glasgow City Health and Social Care Partnership, which was widely consulted upon with many stakeholders, including patients and service users. We have identified areas for improvement and also to maintain some existing excellent performance within the South Locality. There is a particular emphasis on equality of access and service provision, community engagement, partnership working and also in using information and data to support improvement.

New services, such as the New Gorbals Health and Care Centre, staff and changes to our facilities will help us to deliver the high quality care and planned developments. The South Locality Plan will be subject to ongoing review and we will aim to ensure that any in-year developments are also communicated to our stakeholders.

I recognise the commitment from Partnership staff, independent contractors and also our key partners across acute services, housing, community planning, care homes and the Third Sector, and I look forward to working closely with the Locality staff, partner organisations and also patients, service users and carers in delivering this plan.

Stephen Fitzpatrick, Assistant Chief Officer, Older People's Services and South Operations

1. LOCALITY PROFILE

Glasgow City is the largest HSCP in Scotland by population and budget and is responsible for health and social care provision across 3 localities in the City; North West, North East and South Glasgow. The South Locality covers a population of 220,000. Its boundary is coterminous with the community planning boundary for the South Sector, inclusive of 8 Area Partnerships, below:

- GREATER POLLOK AREA PARTNERSHIP
- CRAIGTON AREA PARTNERSHIP
- GOVAN AREA PARTNERSHIP
- SOUTHSIDE CENTRAL AREA PARTNERSHIP
- POLLOKHIELDS AREA PARTNERSHIP
- LANGSIDE AREA PARTNERSHIP
- NEWLANDS / AULDBURN AREA PARTNERSHIP
- LINN AREA PARTNERSHIP

A significant feature of the South Locality is the very marked difference in the social and economic circumstances of people living in different areas in the locality. This includes some of the most affluent areas in Scotland and also some of the most deprived areas, as well as representing significant cultural and ethnic variance. A key responsibility of localities is to produce a locality plan for the area they serve. This document is the locality plan for South Glasgow and is guided by the overarching priorities set out in the HSCP's Strategic Plan.

As well as having responsibility for supporting the delivery of the range of services set out within this plan to our local population, the Assistant Chief Officer for the South Locality also has a lead responsibility within Glasgow City HSCP for managing all Older people, Physical Disability and Unscheduled Care Services. This includes Sphere, the Continence Service that is hosted by Glasgow City HSCP on behalf of all HSCPs in Greater Glasgow and Clyde.

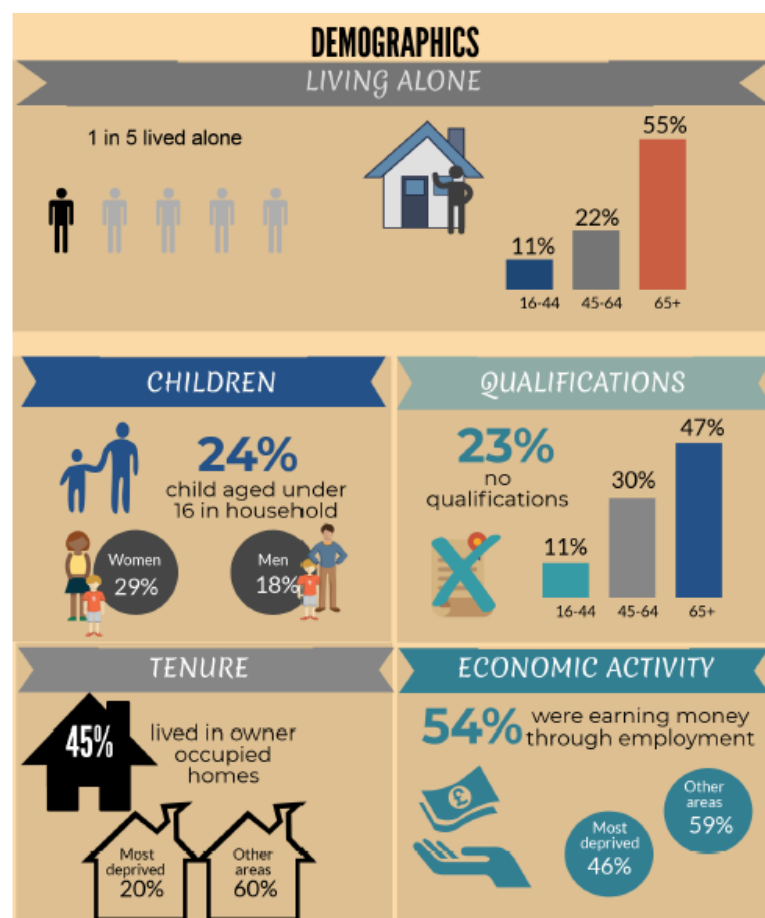
We are keen to ensure that there is a strong and effective connection between our services and the local communities we serve. To further assist this, we have structured our community services for older people into 4 Neighbourhood Teams within South. This will also help to improve joint working with GP Clusters and other partner organisations, such as Housing providers. These Neighbourhood Teams will broadly work within the 4 boundary areas shown in the following map

The 4 Neighbourhood Team Areas within South for Older People's Services



HEALTH & WELL BEING

The adult Health and Well Being Survey has been undertaken by the Health Board in NHS GGC on a three yearly basis since 1999. Reports are available for Glasgow City, each geographic locality and a number of Thriving Places. The survey covers a wealth of topics in relation to respondents' perceptions of their health, including health behaviours, social health, financial well being and perceptions of services. The 2018 reports for each Locality were recently launched. Below is some key data and trend information for South, including the demographic profile.



Upward trend in number of people in South feeling in control, increasing from 62% in 2014/15 to 72% in 2018

Positive trends in tobacco prevalence and exposure to second hand smoke: South prevalence down by 5.9% to 22% and exposure down by 8.5% to 28% in South

People feeling valued as a member of their community is 67% which is higher than the Glasgow City rate of 61%

30% of people have difficulty meeting necessary expenses (more common in those aged 16-24 at 50%) and this rose to 39% in the most deprived areas

10% of South respondents experienced food insecurity in the last year (14% in most deprived areas)

2. HSCP STRATEGIC PRIORITIES

Glasgow City Integration Joint Board (IJB), at its meeting in March 2019, endorsed a three year Strategic Plan for the period 2019-22 (see: <https://www.glasgow.gov.uk/index.aspx?articleid=17849>). In that plan, the IJB set out its vision for health and social care services:

The City's people can flourish, with access to health and social care support when they need it. This will be done by transforming health and social care services for better lives. We believe that stronger communities make healthier lives

It also recognised that delivering 'more of the same' will not be enough to meet the challenges of rising demand, budget pressures and inequalities. Transformational change is therefore needed to the way health and social care services are planned, delivered and accessed in the City. Within Glasgow City HSCP, localities play a vital role in delivering better, integrated health and social care services for the people of Glasgow.

The purpose of this locality plan is to:

- show how we will contribute to the implementation of the IJB's Strategic Plan 2019-22; and
- how we will respond to local needs and issues within the **South Locality** of the City

To better align locality plans with the overarching IJB Strategic Plan, locality plans will also now cover the 3 year period 2019-22. In compliance with the Scottish Government's Localities Guidance (July 2015), locality updates are included within the HSCP's annual performance report.

The locality plan is based on:

- what we know about health and social care needs and demands and any changes from our 2018/19 locality plan;
- our current performance against key targets;
- our key service priorities, informed by the IJB Strategic Plan 2019-22
- the resources we have available including staffing, finance and accommodation.

The detailed priorities and actions set out in this locality plan are grouped under the 5 strategic priorities set out in the IJB Strategic Plan:

- early intervention, prevention and harm reduction
- providing greater self-determination and choice
- shifting the balance of care
- enabling independent living for longer
- public protection

3. COMMUNITY ENGAGEMENT – LOCALITY ENGAGEMENT FORUM

The South locality engagement model has been in place since April 2017. The model was developed to meet the engagement requirements set out in the HSCP Participation and Engagement Strategy, and was widely consulted on at the time of its introduction. It has three strands:

1. Strand 1: a communication and engagement network through which to share information about HSCP policies, service developments, opportunities for engagement, news and consultation activity
2. Strand 2: a schedule of public facing events and sessions, reflecting HSCP priorities and locality issues
3. Strand 3: a programme of project based work supporting services to deliver feedback, engagement and involvement work at the point where people access services

This model offers local people, service users and community and third sector organisations different levels of engagement, depending on their area of interest, expertise and capacity. Engagement activity during 2018 - 19 included;

- Two public facing newsletters and routine mailings to all 300 members of the South Locality Engagement Network, sharing news, information and engagement opportunities from the HSCP and other partners/stakeholders
- Three outreach sessions delivered in partnership with local community and third sector organisations on issues including mental health, neighbourhood teams, primary care improvement plans and Know Who To Turn To messaging
- Two public facing events discussing key HSCP priorities including the review of Out of Hours Services, the Moving Forward Together programme and the Glasgow City HSCP Strategic Plan
- An engagement session with community representatives, community and third sector organisations on the HSCP programme of reform for older people's services
- A number of specific activities including an extensive programme of communication engagement in connection with the opening of the New Gorbals Health and Care Centre and a programme of work with local carers to develop an admission pack for a local Specialist Dementia Unit

Further to a review of the South Locality engagement model a key priority in 2019/2020 is to extend the model to include a quarterly forum, led by senior staff within the locality, offering further opportunities for local people, community stakeholders and other partners to be involved in decision making at a more strategic level. It is envisaged that this group will meet in Autumn 2019 to develop key areas for discussion and agree a terms of reference.

Other priorities key priorities include;

- Continue to offer different levels of engagement across all services and in particular, with neighbourhood teams

- Continue to work in partnership with key local networks and stakeholders, and support HSCP staff and services to promote greater participation and involvement of vulnerable people and groups
- Continue to support HSCP strategic priorities and facilitate consultation and engagement at a locality and citywide level as appropriate
- Lead city wide participation and engagement opportunities in connection to the Older People's Transformational Change Programme

To find out more about the South Locality Engagement Network and other locality engagement opportunities please contact: Lisa Martin, Community Engagement Officer (South Locality) on 0141 427 8269 or Lisa Martin@ggc.scot.nhs.uk

4. PERFORMANCE INFORMATION

This section summaries our performance in the South Locality against the targets and indicators that are reported regularly to Glasgow City IJB's Finance, Audit and Scrutiny Committee. The table below shows the progress made over the course of 2018-19 to improve our performance (GREEN), as well as those areas where further improvement is required (RED). Delivering on the range of actions set out in this locality plan will make a positive contribution towards the efforts to continually improve performance in these areas.

Indicator	Q1 Performance/ Status	Q4 Performance/ Status
Achievements		
Number of New Carers identified that have received a Carers Support Plan	N/A	783 (GREEN) (Target 550)
Prescribing Costs: Annualised Cost Per Weighted List Size	£167.12 (GREEN)	£160.80 (GREEN)
% of HPIs allocated by Health Visitor by 24 weeks	96% (GREEN)	99% (GREEN)
% of young people receiving an aftercare service who are known to be in employment, education or training	68% (AMBER)	75% (GREEN)
% of people who have started a psychological therapy within 18 weeks of referral	94.7% (GREEN)	97.6% (GREEN)

% Alcohol and Drug service users with an initiated recovery plan following assessment	75% (GREEN)	78% (GREEN)
Women Smoking in Pregnancy (General Population)	12.1% (GREEN)	9.9% (GREEN)
Women Smoking in Pregnancy (Deprived Population)	18.4% (GREEN)	17.6% (GREEN)
Exclusive Breastfeeding at 6-8 weeks (General Population)	30.1% (GREEN)	32.8% (GREEN)
Exclusive Breastfeeding at 6-8 weeks (Deprived Population)	22.2% (GREEN)	22.4% (GREEN)
Areas For Improvement		
Home Care: % of Older People (65+) reviewed in the last 12 months.	76% (RED)	78%(RED)
% of service users leaving reablement with no further home care support	18.7% (RED)	31.7% (RED)
Total Number of Older People Mental Health Patients Delayed	7 (RED)	3 (RED)
Intermediate Care (Average Length of Stay - Days)	41 (RED)	34 (RED)
Total Number of Acute Delays and Acute Bed Days Lost to Delayed Discharge	N/A	15,288 (citywide) 4794 (NE)
Flu and Shingles Immunisation Rates	Various for different groups	Various for different groups
Access to CAMHS Services	N/A	86% (RED)
% of Looked After and Accommodated Children under 5 who have had a permanency review	61% (RED)	70% (RED)

Total Number of Adult Mental Health Delays	N/A (RED)	8 (RED)
% Homelessness Decisions made within 28 days of initial presentation	74% (RED)	83% (RED)
% of live homeless applications over 6 months duration at quarter end	47% (RED)	47% (RED)
% of Community Payback Order unpaid work placements commenced within 7 days of sentence	62% (RED)	64% (RED)
% of Community Payback Orders with a case management plan within 20 days	94% (GREEN)	73% (RED)
% of Community Payback Order 3 month reviews held within timescale	73% (AMBER)	66% (RED)
% of Unpaid Work requirements completed within timescale	69% (GREEN)	62% (RED)
% of SW Stage 1 Complaints responded to within timescale	88% (GREEN)	58% (RED)

5. STRATEGIC PRIORITIES & SERVICE ACTIONS

The detailed priorities and actions set out in this locality plan are grouped under the 5 strategic priorities set out in the IJB Strategic Plan, namely:

- early intervention, prevention and harm reduction
- providing greater self-determination and choice
- shifting the balance of care
- enabling independent living for longer
- public protection

The following section highlights activities underway for 2019/20 using the key care group / service delivery headings. Each section shows how the care group will deliver the five strategic priorities for the Partnership. The main activities will be delivered consistently across each Locality area and are identified as “City-wide”, but these will be delivered and monitored by the Locality teams. Some specific actions will be delivered in a single Locality, but may be subject to wider roll out in future years across the Partnership if appropriate.

CHILDREN AND YOUNG PEOPLE

Children's Services			
Prevention, early intervention and harm reduction			
City Wide Areas of Activity	Priority Actions	Timescale	Outcomes Sought
Develop a Family Support Strategy	Work with partner agencies and third sector to improve the range of preventative supports and sustainability of services for families that will provide long-term benefits for local children and families Provide better support to mums, dads and carers in our most vulnerable neighbourhoods. Continue to work with third sector agencies to improve the range and sustainability of family support services that will provide long-term benefits for local children and families	2019	The aim of the service is to provide community supports to prevent young people being referred to social work and/or taken in to local authority care. Families who do not require statutory support from social care, can access a range of preventative third sector services
Work with the Centre for Excellence for Looked After Children in Scotland (CELCIS) and the Robertson's trust	Commissioning of services from the third sector to provide intensive family support to children on the edge of care	2019/20	Reduction in the numbers of children being taken into local authority care

to improve our approach to supporting children and young people on the 'edge of care'			
Children's services – Whole system change	<p>Implement a framework to promote child and youth mental well-being</p> <p>Create services that can provide earlier interventions for children at risk of entering the care system and their families</p> <p>Improve families' wellbeing and prevent children from compulsory measures (such as becoming 'looked after')</p> <p>To work with families to build positive relationships, ensure right measures are put in place to improve the family circumstances and the wellbeing and development of the child</p> <p>Test out different approaches in each of the city's three localities during the next three years</p>	2019/20	Children and young people will achieve positive physical and emotional health and wellbeing outcomes
Community based mental health and wellbeing services (children)	<p>Undertake scoping to inform the development of a service model options to address mental health and wellbeing in children</p> <p>Continued delivery of commissioned service to improve the mental health and wellbeing of young people</p>	2019/20	As above
Creating a culture for health reducing alcohol, drugs and tobacco use	Delivery of multiple risk contract to young people comprising curricular programme and 1:1 service delivery of programmed activities to support the prevention and education component of the ADP strategy	2019/20	<p>Support for young people to build resilience</p> <p>Increased capacity for targeted early intervention programmes around drug and alcohol issues</p>
Full implementation of Healthy Children Programme	To begin all additional assessments and visits to all families as per Universal Pathway (including antenatal pathway)	By 31/3/2020	<p>Programme is fully implemented</p> <p>All children have access to Universal pathway which will improve early assessment, planning and intervention</p> <p>Children's needs are met earlier reducing need for</p>

			specialist or statutory services
Improvement in breast feeding at 6 weeks	Having successfully achieved Gold Award. Maintain and build on this success and continue to work with mothers to encourage breastfeeding	Ongoing	Babies are breast fed longer Fig at Q4 exclusive Breastfeeding 6weeks 22.8%
Development and Implementation of the Glasgow Parenting Framework	Central Parenting Team will continue to widen and strengthen collaborative working with partner agencies to support and enhance parents experience, engagement and participation in Triple P group programmes providing accessible, appropriate, culturally sensitive parenting support in Glasgow	2019/20	To reduce the levels of parents who Did Not Attend group programmes and increase retention and successful programme completion by parents/carers
	Expand the development and implementation of a culturally sensitive community based approach to service delivery to identify and respond effectively, efficiently and sensitively to parenting needs within local community groups and settings	2019/20	Increase parental uptake and engagement in Triple P parenting support within local community groups and services
	Develop and implement parenting support pathways for targeted Triple P Teen Discussion Group support within Glasgow Secondary Schools in partnership with Police Scotland Campus Officers and Education Services	2019/20	Increased support to families through the provision of accessible Targeted Teen Parenting programmes and workshops available in Glasgow Secondary Schools
	Continue the provision of the Glasgow Solihull Approach Workforce training programme expanding the programme development to include the Solihull Plus Trauma Awareness training to support trauma informed practice across	2019/20	Children & Families staff across services will understand the impact of

	Children and Families		trauma on children, young people, families and adults. Use the Solihull Approach model to help and support families.
Develop the Consortium approach with the third sector on a city wide basis, informed by the North East test of change.	<p>Through the Lottery funding develop a consortium approach:</p> <ul style="list-style-type: none"> • Third sector organisations coming together as a consortium. • Consortium staff co-located with the social work duty team. • Families not requiring social work involvement immediately referred to the consortium to ensure that they receive the appropriate level of support at the right time. • Co-developed family support delivered by the third sector rather than social work led. 	2019	Early and effective intervention aiming to give all children and young people the best possible start in life
Third sector interface and engagement	<p>Following outcome of consultation on City-wide family support strategy, consider opportunities to improve third sector interface, including:</p> <ul style="list-style-type: none"> • Membership of JSTs (Joint Support Teams) • Referral patterns and pathways • Develop outcomes based performance framework for JSTs • Current communication and engagement processes 	2020/21	Robust partnership working processes in place to maximise capacity and expertise to target resources effectively and deliver better outcomes
Review of vulnerable pregnancy liaison group	Informed by North East test for change work, consider opportunities to improve support arrangements, in context of current procedures	2020/21	Improved access and planning for women who do not fit child protection criteria but do need additional support in the antenatal period

South Locality Specific Areas of Activity	Priority Actions	Timescale	Outcomes Sought
Extend JST to support Castlemilk area. Support a second JST in Govan due level of need and availability of third sector services to support	Validated self-evaluation exercise to be undertaken with the Pollok and Gorbals Early Years-JST's (Govan complete 2017).	March 2019	Early Years Joint Support Teams (EY-JST's) will continue to provide co-ordinated early help for pre-school children living in the most deprived neighbourhoods in the South of the city

Children's Services			
Providing Greater Self Determination and Choice			
City-wide Areas of Activity	Priority Actions	Timescale	Outcomes Sought
Listening to children and young people	Provide the best tools for children and young people looked after by Glasgow City HSCP to enable them to give their views and for these to be listened to and taken into account in decision making	2019/20	Promotion of the participation and engagement of young people in Glasgow which truly informs service provision 93% of looked after children agreed their views were listened to. Annual Performance figs 2017/18/19
Continue to consult with young people and develop contemporary strategies which reflect how young people currently communicate through social media and determine how this can influence child protection and looked after children and processes	Children's Rights Group is exploring innovative ways of consulting with young people including looked after and accommodated children. Review of Viewpoint/Have your Say is ongoing	Ongoing	Involve children in decisions that affect them, have their voices heard

Glasgow Young people's Champion's Board	This board seeks to maximise opportunities for children and young people to get involved and have their voices heard by services and leadership groups. In addition it will seek to identify barriers to participation and work jointly on ways of addressing these, identify issues and concerns and work with children's service decision makers to find solutions, improve young people's leadership skills and help get them ready for employment	Ongoing	Increased numbers of young people being involved in decision making and informing service development
Improve educational attainment and achievement of care experienced children and young people	Narrow the gap between the educational achievements of care experienced young people and their peers.	Ongoing	Continued increase in attainment levels for care experienced young people in the last 3 years across a number of measures. Whilst the general school population in Glasgow out performs the care experienced young people, the attainment levels for Glasgow's care experienced young people are better than the national average for a number of indicators.
Positive Destinations	<p>Increase the number of care experienced young people achieving a sustained positive destination</p> <ul style="list-style-type: none"> Identify potential barriers within NW Identify young people who should be going to positive destinations and determine what additional support or resources may be required to support them Ensure robust links in place with employability service 	Ongoing	In 2018/19 Q3 Percentage of young people receiving an aftercare service who are known to be in employment, education or training increased by six percentage points, to 67% to 74% from the previous year.
Reduction of impact of poverty	To continue to increase the referrals made by Health Visitors to Financial inclusion services	Immediate and Ongoing	Income is maximised Stigma for families reduced

	Health Visiting teams to discuss the use of food banks as part of general discussions to minimise stigma Ensure all staff are kept informed of where to access equipment etc. for children from Third Sector colleagues		Staff have up to date information to share with families
South Locality Specific Areas of Activity	Priority Actions	Timescale	Outcomes Sought
Improving communication with Children and young people	Key action direct work bag created and piloted by South practitioners will have a full South and subsequent city wide implementation.		All HSCP SW sub teams will have a Direct Work Bag for to assist creative ways in their communication with children.
Children and Families will determine their future	Children and families living in the Govan area will be meaningfully consulted in relation to disadvantage, and supports delivered accordingly		NSPCC, in partnership with South HSCP will deliver the NSPCC “Together for Childhood” model of community partnership and sustainable change.
Children’s Services			
Shifting the Balance of Care			
City-wide Areas of Activity	Priority Actions	Timescale	Outcomes Sought
High-cost placements for children and young people	Reduce reliance on high-cost residential care placements Re-focus investment on family and community based supports located in Glasgow for young people who are currently ‘looked after’ by the Council	2021/22	Reduce reliance on high-cost residential care placements Number of children in high cost placements decreased by two-fifths, from 111 the previous year to 67. 2018-19 (to Quarter 3)
Shift the emphasis from placements outwith Glasgow	Children and young people from the Glasgow City who require to be looked after and accommodated by the local authority can expect to remain living in the city and maintain connections important to them.		Further reduce the number of children living outwith the city by 10%.
Work with families to improve the life chances for children, with a specific	Continue to Develop the Intensive Outreach Family Support Service (IOFSS) .The aim of the service is to provide	2019/20	Continued reduction in the numbers of children placed

focus on family resilience, health improvement, educational attainment and reducing the number of children looked after away from home	intensive community supports to prevent young people being taken in local authority care:		on the CPR and length of time on the Register, including referrals to high cost placements
Children's Services			
Public Safety Keeping Children Safe			
City-wide Areas of Activity	Priority Actions	Timescale	Outcomes Sought
Improve the identification of, and response to, children living with neglect in the City.	<p>City wide training of social work, health staff in the identification of neglect</p> <p>Continue to work across all services and partners to improve our approaches to early identification of neglect</p> <p>Continue to work with colleagues in adult services to raise awareness of children living with neglect.</p> <p>Qualitative analysis to be undertaken with HSCP staff to explore and understand why the Glasgow Neglect Toolkit is not used to its full potential.</p>	Ongoing	Increase in numbers of children receiving support
Asylum Seeking families	<p>Ensure all new staff have access to training on legislation that impacts on access to services and benefits for asylum seeking families</p> <p>Explore use of translation app to potentially reduce Did Not Attend (DNA) at appointments</p>	<p>End 2020</p> <p>End 2020</p>	<p>Staff have access to up to date information</p> <p>Families are able to access appointments more easily and DNA rate is reduced</p>
Sexual exploitation and trafficking	Ensure all new staff have access to information sharing on this topic Implement a Childhood Sexual Exploitation (CSE) Community Engagement model to increase awareness of CSE amongst our communities and partner agencies	Ongoing	Protection of vulnerable groups
Tackling Domestic Abuse	Increase coordination and delivery of services supporting vulnerable families affected by domestic abuse	March 2020	Families affected by domestic abuse in the city will receive a timely and multiagency coordinated response

ADULT SERVICES

ADULT SERVICES			
Prevention, Early Intervention and Harm Reduction			
City-wide Areas of Activity	Priority Actions	Timescale	Outcomes Sought
Mental Health: Suicide Prevention	<ul style="list-style-type: none"> Update Glasgow City multi- agency suicide prevention action plan to reflect new National Suicide Prevention Action Plan “Every Life Matters” and Living Works Suicide Safer Communities pillars. Continue to contribute to NHSGGC Suicide Prevention Group, including work to identify areas/groups for focused activity and development of a Greater Glasgow & Clyde-wide suicide prevention concordat. Continue to provide city wide calendar of suicide prevention training and awareness raising sessions to public, third sector and businesses. Continue to coordinate multi agency city wide Locations of Concern Group (LOCS) Contribute to implementation of safety measures to prevent suicides in public places in prioritised LOCS. 	<p>August 2019</p> <p>October 2019</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<ul style="list-style-type: none"> Contribute to public awareness of how to prevent suicide. Contribute to reduction in numbers of deaths by suicide in Glasgow City. Increased numbers of people briefed/ trained in suicide awareness/ prevention. Continue to identify locations of concern and contribute to actions to try and reduce numbers of vulnerable people attempting and completing suicide in public places.
Community based mental health and well being services	<p>Deliver preparatory work and commissioning process to determine a service provider for community based adult mental health and well being support from April 2020</p> <p>Delivery of community based stress service for adults</p> <p>In conjunction with both Board-wide and Glasgow</p>	By March 2020	<p>Adults experiencing poor mental health and well being can access community based support service</p> <p>Delivery of counselling and group work services to over 5000 adults citywide</p>

	City contracts / posts to be established via Action 15 monies, progress mental health based training delivery with multiple partners and service areas, including mental health improvement / awareness training and suicide prevention training		
Mental Health Counselling Service for people who are Deaf	Implement and evaluate a test for change pilot service with Lifelink for people who are deaf that require a mental health counselling service are able to access a counsellor who can communicate through British Sign Language (BSL).	2019/20	The experience of Deaf people is improved. The evaluation will also consider uptake and pathways to other services to determine if this service should be maintained.
Access to Mental Health Awareness Training for Support workers	<ul style="list-style-type: none"> • Training needs analysis and further scoping exercise • Development of Mental Health Awareness training programme 	By October 2021	Support Workers will have increased knowledge and skills to be able to recognise and support individuals who are experiencing mental health issues. People will be supported to live in their own homes
Addressing Inequalities	Building on previous years' work on equalities development at Board-level for mental health and allied services, which has focused on the priority themes of sensory impairment, financial inclusion and human rights, the appointment of a new post-holder will allow a comprehensive engagement and review of priorities.	2019-22	A refreshed GGC action plan for mental health equalities, in conjunction with relevant HSCP service leads.
Develop robust transition arrangements for young people and older people into and out of adult LD services	<ul style="list-style-type: none"> • Scope current and predicted service demand • Review current and planned service capacity • Ensure effective transition protocols are in place 	2020/21	People have their assessed care and treatment needs met at an early stage, in the most appropriate setting and experience continuity of care
The Keys to Life Implementation Plan	Develop multi-service local action plan in response to national implementation plan, focusing on	2019-21	Contribute to the achievement of the priorities set out in the implementation plan,

2019-21	<p>improvements for people with a learning disability in:</p> <ul style="list-style-type: none"> • Living • Learning • Working • Wellbeing 		<p>empowering people to</p> <ul style="list-style-type: none"> • Live healthy and active lives • Learn to reach their potential • Participate in an inclusive economy • Contribute to a fair, equal and safe Scotland
Make progress towards meeting the key objectives within the City's 5 year Rapid Re-Housing and Transition Plan (RRTP) 2019-24	<ul style="list-style-type: none"> • Reduce time in temporary accommodation by more than 50% • End use of Bed and Breakfast accommodation for homeless people • Develop 600 Housing First tenancies for the most complex and disadvantaged service users • A system change in the homelessness commissioning model from accommodation based services to community based supports 	Robust processes and plans in place by 2022 (to achieve full delivery by 2024)	To prevent homelessness, wherever possible. Where it is not possible to prevent homelessness, the priority is to provide a safe and secure home for every homeless household as quickly as possible.
Improve interfaces with Housing Providers to increase access to settled accommodation	<ul style="list-style-type: none"> • Work with Housing Access Team, continue to coordinate citywide casework input to Local Letting Communities • Monitor number and duration of homelessness applications. 	2019/20	<p>Targets being agreed</p> <p>Homeless applications over 6 months duration: target 40% or less.</p>
Increase throughput in temporary and emergency accommodation to settled accommodation	<ul style="list-style-type: none"> • Work to agreed targets for provision of initial decision, prospects / resettlement plans and case durations 	2019/20	<p>Targets:</p> <p>Provision of 95% of decisions made within 28 days. Completion of Prospects / Resettlement Plan within 28 days</p>
Develop a sustainable, holistic response to homelessness by ensuring collaboration across	<ul style="list-style-type: none"> • Working alongside the Flexible Homeless Outreach Support Service (FHOSS), locality Money and Debt Advice Services, and continue to develop integrated working with 	2019-22	<ul style="list-style-type: none"> • Improve referrals to FHOSS /Welfare Rights/ Mediation Services • Increased tenancy sustainment and reduced levels of homelessness

<p>housing, health, social work, third and independent sectors</p>	<p>money and debt advice, mediation, wider support services</p> <ul style="list-style-type: none"> • Facilitate a broader involvement from HSCP, including mental health, services in supporting tenancy sustainment and preventing homelessness. • Continue to improve partnership working with Registered Social Landlords (RSLs) and local providers of homelessness services • Facilitate housing liaison sessions and training to improve knowledge, access and interface with Health and Social Care Partnership services for people at risk of homelessness • Continue to offer single point of contact for RSLs on tenancy sustainment issues and improve access to third sector support services • Monitor the impact of the GHSCP Hoarding Protocol across the City • Support discharge planning arrangements relating to housing and tenancy sustainment within mental health inpatient services 		<ul style="list-style-type: none"> • Evidence through local Essential Connections Forum and Homeless Provider Forum • High levels of participation and engagement • Efficient response times and qualitative support and advice • Identification of hoarding and then effective support • Tenancy sustainment / improved discharge planning
<p>Reduce drug and alcohol related harms and drug and alcohol related deaths</p>	<ul style="list-style-type: none"> • Provide open access responsive services within existing alcohol and drug community services to improve assessment and access to appropriate care and treatment • Increased emphasis on assertive outreach and early harm reduction interventions. Performance framework to be established and reviewed to work collaboratively with Deep End GPs to identify patients with problem alcohol use who do not engage 	<p>2019-22</p>	<p>Achieve and maintain waiting times targets</p> <p>Reduce drug and alcohol related harms and drug and alcohol related deaths</p>

	<p>with specialist services.</p> <ul style="list-style-type: none"> • Increase Naloxone supply • Optimise Opiate Replacement Treatment (ORT) dosing: Review the result of ORT staff survey and create action and training plan. • Better understand changes in novel benzodiazepine-type drug use by: <ul style="list-style-type: none"> - Review drug monitoring in acute presentations at Emergency Departments - Review Glasgow Alcohol and Drug Recovery Service (GADRS) audit of lab benzodiazepines and gabapentinoids toxicology audit result, creating an action and staff training plan - Embed “Guidance on the Principles of Benzodiazepine Prescribing with Concomitant Opiate Dependence” into day to day practice - Implement action plan from the Street Drug Summit recommendations • Screening for Early Fibrotic Liver Disease in Alcohol Misusers 		<p>Increase the early identification of alcohol-related liver disease</p>
<p>Once approved, implementation of the recommendations from the Sexual Health Services review (Applicable NHSGGC-wide)</p>	<ul style="list-style-type: none"> • Access to service for young people aged up to 18 will be improved with new and more service locations established for them, including early evening and a Saturday afternoon service, resulting in better outcomes for young people. • Introduction of an improved ‘tiered’ model of service for adults allowing more appointments to be offered across fewer service locations, more people able to be seen each year, and to 	<p>2019-22</p>	<ul style="list-style-type: none"> - Sexual Health Services are accessible and targeting the most vulnerable groups - Encourage those who could be self-managing to be supported differently - Improved use of existing resources - Urgent sexual health care should be available within 48 hours

	<p>have more of their needs met in ways that better suit them and by the right staff at the right time.</p> <ul style="list-style-type: none"> • People will be able to virtually attend services and access sexually transmitted infection (STI) testing and oral contraception services online. • Improved access to long acting and reversible methods of contraception (LARC) by providing these appointments at all Sandyford locations. • Access to sexual health services will be improved by expanding the provision of Test Express services (fast access testing service provided by Health Care Support Workers for people without symptoms) across all Sandyford locations. • Quicker and easier telephone booking and access, and a comprehensive online booking system introduced. 		
Fewer newly acquired HIV and sexually transmitted infections	<ul style="list-style-type: none"> • Improve access to testing at clinics, and introduce some test-only walk-in clinics and targeted home or self-testing • Ensure HIV testing is being targeted appropriately at groups who are most at risk 	Ongoing	<p>Increase in testing, particularly amongst priority groups.</p> <p>Reduction in HIV infections</p> <p>Reduction in sexually transmitted infections</p>
Fewer unintended pregnancies	<ul style="list-style-type: none"> • Increase the uptake of very long acting reversible contraception (vLARC) • Increase the uptake of vLARC in women who have undergone a termination of pregnancy procedure • Reduction in teenage conceptions, with targeted action in areas where there are higher rates 	Ongoing	Reduction in unintended pregnancies

ADULT SERVICES Providing Greater Self Determination and Choice			
City-wide Areas of Activity	Priority Actions	Timescale	Outcomes Sought
Continue to develop a Recovery Orientated System of Care (ROSC) model	Embed the Scottish Government Strategy 'Rights, Respect and Recovery' published 2018 actively promote ROSC.	2019-22	People access and benefit from effective, integrated person-centred support to achieve their recovery
Provide a range of person centred alcohol and drug care and treatment options	<p>New Residential Rehabilitation and Stabilisation Services to be established in 2019. Monitoring and review of the new services will take place in 2020.</p> <p>Work in close partnership with Recovery Hubs as part of the addiction continuum, offering recovery opportunities.</p> <p>Explore new developments in Opiate Replacement Treatment: review of injectable Buprenorphine pilot. Establish Buprenorphine wafer.</p> <p>Embed the recently commissioned new advocacy service and monitor the uptake</p>	<p>2019-21</p> <p>Ongoing</p>	<p>Qualitative feedback from service users</p> <p>Continue to increase referrals.</p> <p>Qualitative feedback from service users. Achieve target uptake numbers.</p>
Personalisation: Maintain a continuing focus on delivering the best possible outcomes and quality of life to all people in the City that	<ul style="list-style-type: none"> • A continued emphasis on family and carer support building on the significant progress made in this area over recent years and the new Carers Act requirements. • Develop a sensitive approach to allow service users to move to more economically efficient models of support. • A greater and more effective application of 	2019-22	People are supported to live safely and as independently as possible in a community setting

require support from the HSCP and Locality services	<p>technology to help sustain that carer role and community living in general. This will combine the use of technology enabled care for people with higher level care needs.</p> <ul style="list-style-type: none"> • Embed the resource allocation policy guidance to support the delivery of a consistent approach to personalisation and the ongoing commitment required by the HSCP to funding the “relevant amount” (the level of funding required to meet each individuals assessed care needs and their outcome based support plan within a community setting). 		
Access to Psychological Therapies	<ul style="list-style-type: none"> • To provide Mental Health Services that will maintain patients seen within 18 weeks performance • Promote use of cCBT (computerised cognitive behaviour therapy) 	<p>Ongoing</p> <p>Ongoing</p>	To achieve the Psychological Therapies 18 week Referral to Treatment standard Equality of access of cCBT
Reprovision of Mental Health Advocacy Service for Glasgow City	<ul style="list-style-type: none"> • Review and develop new service specification in partnership with relevant stakeholders 	October 2021	Appropriately independent commissioned service in place
Review of Mental Health employability and meaningful activity services within Glasgow City	<ul style="list-style-type: none"> • Review and develop new service specification in partnership with relevant stakeholders 	March 2020	Employability services that supports the recovery and resilience of individuals

ADULT SERVICES Shifting the Balance of Care			
City-wide Areas of Activity	Priority Actions	Timescale	Outcomes Sought
Identify suitable and sustainable community provision to reduce reliance on NHS inpatient services (Tier 4) for people with a learning disability.	<ul style="list-style-type: none"> Commission specialist residential services for adults with learning disabilities requiring complex care, with an emphasis on supporting individuals to potentially move on to more independent models of care. Explore the development of specialist robust supported living models for people requiring complex care. 	2021/22	<p>People are cared for in a homely environment that maximises their independence and the opportunity to progress to more independent models of care</p> <p>The discharge of all Glasgow City patients currently in NHS Learning Disability long stays beds.</p> <p>Reducing delays in the discharge of people from Learning Disability assessment and treatment beds</p>
Implementation of 5 Year Adult Mental Health Strategy 2018-23	<ul style="list-style-type: none"> Develop suitable community alternatives (statutory and non-statutory services) to support people to be discharged from hospital, and prevent hospital admissions. Linked to the above, reduce the level of mental health inpatient beds across acute, rehabilitation and hospital based complex care beds, freeing up resources for reinvestment in community services. Reduce average length of stay ensure effective use of beds Ensure delayed discharges are within target range 	Significant progress by 2022 (full implementation of strategy by 2023)	<p>People are supported to live safely and as independently as possible in a community setting.</p> <p>Achieve bed number targets set out in Mental Health Strategy</p> <p>Target of zero delayed discharges</p>

<p>Linked to the Mental Health strategy:</p> <p>Procure and commission a new service to provide an alternative distress response for individuals within Glasgow City</p> <p>Effective and Efficient Community Mental Health Services</p>	<ul style="list-style-type: none"> • Unscheduled Care – ensure early identification of barriers to discharge • Develop a service specification in partnership with key multiagency stakeholders that will meet the needs of individuals in distress • Improve the Effectiveness and Efficiency in Adult Community Mental Health Services 	<p>April 2020</p> <p>2022</p>	<p>An accessible alternative distress response service will be available</p> <p>Adult Community Mental Health Services are effective and efficient</p>
<p>Integration of secondary care services in community teams.</p> <p>Making secondary care treatment more accessible to service users in the community</p>	<p>Continue to develop HCV (Hep C) clinics and further promote and support the BBV (blood-borne virus) agenda.</p> <p>Review of fibroscan pilot to detect early liver disease and to provide early interventions, with a view to expanding city wide.</p> <p>Promote harm reduction with Injecting Equipment Programme (IEP) and foil.</p> <p>Continue to work closely with GP colleagues to review all service users and identify how best to</p>	<p>2019-22</p>	<p>Reduction and eventual eradication of HCV (Hep C)</p> <p>Better early detection rates</p> <p>Increase HIV testing within teams.</p> <p>Increase numbers of individual being prescribed ORT via their GP.</p>

	<p>meet the needs of service users who are prescribed Opiate Replacement Treatment (ORT)</p> <p>Shared Care teams to continue to promote referrals into Recovery Hubs</p>		Increase in referrals
Alcohol & Drugs inpatient and day service provision	Explore potential to improve the standard of existing accommodation and the scope to see further shifts towards community alternatives	2019-22	People are supported to live safely and as independently as possible in a community setting.

ADULT SERVICES Enabling Independent Living for Longer			
City-wide Areas of Activity	Priority Actions	Timescale	Outcomes Sought
Implementation of Assisted Technology (TECS) and, where appropriate, alternative models for overnight support	<ul style="list-style-type: none"> Progress transformational change programme to embed consideration of TECS within assessment processes and explore alternative arrangements to sleepovers. Pending evaluation of Connecting Neighbourhoods test for change work in Castlemilk and Shettleston, roll out new responder service for overnight care elsewhere in the City 	2019/20 2021/22	People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community Reduction in the volume and cost of sleepover provision
Modernising Learning Disability Day Services	<ul style="list-style-type: none"> Extend the range of health clinics offered at day centres Improve access to health checks Consider alternative and quicker responses to service users or carers in times of 'social or care crisis' "Respite" or increased support for short periods within a structured environment. Undertake an option appraisal to consider the replacement of 2 Learning Disability day care centres 	2020/21	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
Integration of Learning Disability services	Informed by test for change work in North East, implement and evaluate new processes, protocols and systems that support the delivery of more integrated Learning Disability services throughout the City, including improved access to and experience of 'mainstream' services	2019-21	People who use health and social care services have positive experiences of those services, and have their dignity respected Reduction in waiting times to access services

Improve links between Alcohol & Drug Recovery services and with housing support services.	<ul style="list-style-type: none"> Continue to work closely with housing providers and housing support services to identify individuals who require alcohol and/or drug interventions to assist in tenancy sustainment. 	Ongoing	Early access to care and treatment. Tenancy sustainment
Review frequent Emergency Department presentations and aim to support to reduce attendances	Continue to review and audit frequent Emergency Department attenders.	2019/20	Reduction in A&E attendances

ADULT SERVICES Public Protection			
City-wide Areas of Activity	Priority Actions	Timescale	Outcomes Sought
Adult Support and Protection (ASP) Act	<ul style="list-style-type: none"> Ensure staff continue to be supported to meet ASP standards and requirements Contribute to maintaining and where necessary, improving practice arising from the annual joint self evaluations 	Ongoing	Continue to ensure people, particularly the most vulnerable, are kept safe from harm and that risks to individuals or groups are identified and managed appropriately.
Develop more integrated working practices between Criminal Justice and other services to better manage vulnerability	<ul style="list-style-type: none"> Develop more integrated risk assessment and risk management processes with Alcohol and Drug Recovery Services (and ensure all MAPPA clients with alcohol and /or addiction issues are able to access local services). Ensure criminal justice staff have a full understanding of processes and supports aimed at preventing homelessness Review referral pathways with Mental Health and promote best practice with service users with complex mental health needs Ensure follow-up for non-engagement, with particular consideration to vulnerability and risk Develop more robust links and working practices with Scottish Prison Service 	2019-21	<p>Clients have timely access to appropriate services, including better access to Addiction and Homelessness services</p> <p>Criminal Justice staff to be aware of the housing first model and be able to support service users to access / utilise this service when appropriate</p> <p>Criminal Justice staff have a better understanding of complex mental health issues (eg personality disorder) and the best approach to manage / address these needs</p> <p>Early identification of vulnerability.</p>
The efficient processing of community payback orders (CPOs) and	<ul style="list-style-type: none"> Ensure all CPOs are reviewed by a Team Leader at the 3 month stage and throughout the order. 	Ongoing	75% of CPOs 3 month Reviews held within timescale

criminal justice social work reports	<ul style="list-style-type: none"> • Ensure service users have a comprehensive risk assessment and supervised action plan in place within 20 days of a CPO. 		Compliance target of 85%
Increase BBV testing and support access to Hepatitis C and HIV treatment	<ul style="list-style-type: none"> • Continue to increase testing and access to BBV (blood-borne virus) treatment. • Increase staff trained in Dry Blood Spot testing (DBST) 	2019-22	Reduction in the number of people infected with Hep C and HIV
Establish the Enhanced Drug Treatment Service (EDTS)	<ul style="list-style-type: none"> • The Enhanced Drug Treatment Service will commence in September 2019 with a focus on prescribed diamorphine treatment for a small group of people who inject drugs within the city centre. 	2019/20	Reduction in drug deaths and supporting people to access other care and treatment pathways as necessary
Develop a service improvement programme for Prison Healthcare	<ul style="list-style-type: none"> • The development of Advanced Nurse Practitioner posts across the service to address the challenge of providing accessible medical cover. • The review of recruitment practice around nursing and medical staff to support retention and vacancy management. • A review of the workforce to enable improved service delivery, including enhanced mental health /psychology provision funded through 'Action 15' monies. • A robust Health Improvement approach is in place • The development of enhanced IT provision to assist service improvement opportunities • 	2019-22	<p>Performance framework to be developed</p> <p>Within available parameters, people in prisons have equity of access to safe, effective and responsive healthcare</p>
Continue to provide a combined high quality Police Custody	<ul style="list-style-type: none"> • Be responsive to the health care needs of people in custody and to ensure appropriate links are made to other services (e.g. Addiction, Mental Health Services) to meet 	2019-22	<p>Performance framework to be developed</p> <p>Within available parameters,</p>

healthcare service, including delivery of Forensic Medical Service provision	<p>individuals' on-going health needs.</p> <ul style="list-style-type: none"> • Enhance mental health service provision through 'Action 15' monies. • The development of enhanced IT provision to assist service improvement opportunities • The development and implementation of a robust Health Improvement approach 		people in police custody have equity of access to safe, effective and responsive healthcare
Development of Archway Sexual Assault and Referral Centre (ASARC)	Work with partners to maintain the high standard of forensic care and increased opening hours in the Archway sexual assault and referral centre. Progress development of a new West of Scotland regional service, including transfer of ASARC from Sandyford to upgraded accommodation at William Street Clinic.	2020	Improved access to specialist care and support
Development of Community Custody Unit for women	Work in partnership with Scottish Prison Service to develop the HSCP service and staffing model required to provide effective care and support to women in the new facility to be developed in Maryhill.	2020	Provide safe accommodation and support the needs of women who are suitable for, and would benefit from, closer community contact and access to local services, to create and sustain independence in preparation for successful reintegration into the community.

OLDER PEOPLE AND PHYSICAL DISABILITY**Older People Locality Plan – City Wide and Locality Actions**

OLDER PEOPLE'S & PHYSICAL DISABILITY SERVICES			
Prevention Early Intervention and Harm Reduction			
City-wide Areas of Activity	Priority Actions	Timescale	Outcomes Sought
Anticipatory care plans (ACP)	<p>1089 were completed last year which is more than doubled since 2017.</p> <p>Relaunch ACP resources using the National material (My ACP) as a mechanism to introduce people to ACP and implement the agreed NHSGGC partnership ACP summary document to capture the summarised content of the person held ACP is being introduced</p> <ul style="list-style-type: none"> • Complete staff awareness sessions • Develop and implement Clinical Portal Version of ACP summary in collaboration with eHealth • Raise public awareness • Provision of additional support to Partnership staff from MacMillan ACP Facilitator • ACP clinical lead engaging with GPs scoping ACP work within Local Enhanced Service (LES) Care Homes • Develop and agree new HSCP ACP Booklet • Work with HIS to form and develop a Living and Dying Well Frailty Collaborative 	Introduced this financial year.	<p>Targeted use of ACP within Health and Social Care teams and relevant partners.</p> <p>Introduce people to ACP through ACP conversations.</p> <p>Share ACP summaries with GPs and other relevant professionals involved in the persons care.</p> <p>Empower people through greater awareness, control, choice and self management of their Long Term Condition.</p> <p>Test new approaches to the identification and management of Frailty</p>
The use of falls prevention and projects to support frail older people.	<p>Glasgow's target rate is 6.75 per 1,000 but the current rate is 7.5: a number of actions are identified including;</p> <ul style="list-style-type: none"> • Develop a referral pathway with Scottish Fire and Rescue to carry out level one conversations 	Actions to be progressed in 2019/20	Increased referrals to rehab services and community falls team. and established use of frailty tool

	<p>and refer into NHS falls and rehab services Introduce a frailty tool with specific focus on evidence based interventions.</p> <ul style="list-style-type: none"> • Promote the use of the “Up and About” resources on prevention of falls • Agree ways of improving data collection for falls including determining a realistic and meaningful baseline. • Continue to support Scottish Ambulance to reduce the number of non injured fallers conveyed to hospital • Contribute to the response to the Falls and Fracture Prevention Strategy for Scotland 2019 - 2024 consultation document • Contribute to the development of the NHSGGC Falls Strategy • Promote the use of Technology Enabled Care for those who are at risk of falling • Connect various sources of information on people who fall to services i.e. homecare and rehab 		
<p>Maximise use of Link worker capacity within Primary care, Dementia Services and Community Connectors</p>	<ul style="list-style-type: none"> • Raise awareness of roles of links workers • Promote networking of Links Workers to make efficient use of capacity 	<p>Progress in 2019/20</p>	<p>More efficient use of links worker roles</p>

OLDER PEOPLE'S & PHYSICAL DISABILITY SERVICES			
Shifting the Balance of Care			
City-wide Areas of Activity	Priority Actions	Timescale	Outcomes Sought
Delayed Discharge	Target to reduce the number of lost bed days to under 1910 per annum. Above target currently not being met. A working group has been established to develop an action plan and take forward specific priorities related to 13ZA and AWI issues.	Progress required this financial year.	Reduction in delays and bed days associated with delays
Evidencing shifting the balance of care and evidencing projects that support independent living (Telecare).	2,706 telecare referrals were taken during 2018/19 which was above the target of 2248. 1,337 advanced telecare referrals were implemented which is above the target of 304. Referrals are above the performance targets but the strategic plan highlights the need to increase the pace of telecare uptake.	Track referral rates during 2019/20	Increase of uptake of telecare
The role of neighbourhood teams in supporting older people in the community.	Neighbourhood teams will develop a delivery model to deliver more joined up and integrated health and social care services for older people/people with physical disabilities in partnership with GPs, housing providers, community and voluntary sectors to take a proactive and preventative approach to care, delivering better outcomes for older people and people with physical disabilities, their families and carers, The neighbourhood model will assist in the development of multi-disciplinary front line teams to deliver on the strategic priorities of the HSCP	Work to address recruitment issues and pathways to be undertaken during 2019/20	Delivery of 75% target for re-ablement
Develop more alternatives to acute hospital admissions.	<ul style="list-style-type: none"> 4 intermediate care step up beds provided in North East. Explore short term home based alternatives to hospital admission out of hours Telecare and emerging assistive technologies are 	Further work on the transformational change programme will	Reduced attendance at Emergency Department and Assessment Units by use of alternative routes for support

	<p>key factors in preventing and delaying hospital admissions.</p> <ul style="list-style-type: none"> • The use of reablement and Anticipatory Care plans are significant factors in reducing hospital admissions. • Further develop role of Community Respiratory Service to prevent admission, reduce delays and intervene at an early stage 	be ongoing throughout 2019/20.	
Need to reduce admissions to hospital from care and residential settings.	<p>Work is primarily led via the unscheduled care group examples of work related to this are;</p> <ul style="list-style-type: none"> • The red bag programme • Work underway around the GP Consultant Geriatrician interface in the community. • A review of admissions from a care home in NE to Glasgow Royal Infirmary. • Work with residential and nursing care settings to develop awareness and intervention to support service users with dementia • Further develop Advanced Nurse Practitioner role within Partnership Residential Homes • Provide support and advice from mainstream community services to inform care home staff about a variety of clinical conditions including continence care, tissue viability etc 	2019/20	Reduced attendance, admission and length of stay for care home residents within acute system
Continue to develop the Community Respiratory Team and to maintain / increase the positive impact on attendances / admissions to hospital and length of stay.	<ul style="list-style-type: none"> • Review data from the Community Respiratory team to identify areas for improvement and greater efficiency • Formulate develop plan and resource required 	2019/20	Improvement Programme for Community Respiratory Team

<p>Link with the five year strategy for older people's mental health</p>	<p>The OPMH 5 year strategy is currently in development and will have a focus on shifting the balance of care including looking at alternatives to admission to inpatient care. Dementia is one strand of the above.</p> <p>Technology Ensure all staff have the knowledge, skills & competencies around the availability of technology to support individuals at the different stages of dementia.</p> <p>Promoting Excellence All HSCP employees in contact with people with dementia will have a level of training appropriate to the promoting excellence framework.</p> <p>Advanced Dementia/sharing good practice Sustainability around good practice in the area of dementia service delivery, shared learning across the HSCP and third sector.</p> <p>Dementia Public Awareness Through public awareness and involvement of third sector organisations . People will have a better understanding of basic rights and entitlements, ensuring more resilience and less likelihood of delays in hospital. People have a better understanding of lifestyle choices which could impact of the onset of dementia People will feel they can live well with dementia People experience a positive approach to dementia where they live.</p>	<p>To be progressed during 2019/20</p>	<p>Improved co-ordination across acute and mental health systems</p>
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	<p>Post Diagnostic Support. Patients and service users receive timely post diagnosis support</p> <p>Specialist dementia Unit improvement programme. A national improvement programme will continue to ensure continuing improvements in the provision of specialist dementia units using and Experience based on a co-design model.</p> <p>Effective and Efficient Community Mental Health Teams Ensure that Community Mental Health Teams are operating effectively and efficiently to meet the needs of the current population and improve outcomes for people living with dementia and or functional mental health illness</p>		
Integration of Occupational Therapy (OT) within Older People's services	<p>The review of OT has focused on an integrate approach to the provision of Occupational Therapy Services across all care groups within the HSCP, streamline processes, to ensure the reduction in duplications and create simplified service delivery to the service user.</p> <p>This work has initially focused on Occupational Therapists working within Older People and Primary Care Group.</p> <p>A piece of work to identify competencies has been undertaken and will be rolled out following a successful test of change. This aim of this is to ensure that we can make best and full use of all the</p>	2019/20	Consistent and effective use of services and Occupational Therapy resources and skills

	<p>skills of OTs, and reduce onward referral to OT colleagues to a minimum</p> <p>There is also a data and performance work stream that has tested out a number of measures to assess the impact of OT on services user health and well-being and assess the impact of individual OT's.</p> <p>In addition plans are underway to measure waiting times across all services in a consistent way.</p>		
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OLDER PEOPLE'S & PHYSICAL DISABILITY SERVICES			
Enabling Independent Living for Longer			
City-wide Areas of Activity	Priority Actions	Timescale	Outcomes Sought
Increases in the amount of homecare reviews undertaken and offered.	During 18/19 83% of those aged over 65 receiving home care were reviewed. This above the target figure of 81%. However South area averaged 78% due to staff shortages and this is an area for improvement.	During 2019/20	Regular review of homecare and maintenance or improvement of target figures
Increases in the amount of supported living placements including the living well project.	The number of people in supported living services increased during 18/19 to 878 which is above the target rate of 830 per annum. The increase in the number of Older People personalisation packages is a driver for this. Further increases during 2019/20 are sought.	2019/20	Delivery of supported living placements
Development of bespoke OP residential housing with care in the form of Clustered Supported Living.	202 service users are currently supported with care and support packages via housing providers. 75 more properties are coming on stream during this financial year.	Track occupancy progress during 19/20.	Delivery of supported living placements in partnership with Housing providers

Increase take up and support for palliative care.	<p>Palliative Care services have been a factor in increasing the percentage of people who spend the last 6 months of their life in the community.</p> <p>Target for 2019/20 is to increase those spending the last 6 months of their life in the community by 2%.</p> <ul style="list-style-type: none"> • Progression of year 2 of 5 year plan • Priorities for Children's services and prison • Roll out of SPAR tool in Partnership Residential Care Homes 	Further work during 2019/20 to improve RAG classifications and data collection.	Increased use of palliative care provision and choice for people to spend last 6 months of life in home or community setting
Creating a safer home environment through Improving identification of vulnerable Older People through Housing and relationship with Registered Social Landlords and Housing Options (HO)	Maximise the use of RSLs and HOs to support HSCP in identifying vulnerable older people and assist them in identifying where housing options, Telecare, ACP, adaptations etc.	Measures to be developed around Use of Clustered Supported Living Placements and uptake of appropriate support	Review through Essential connection forum with partner organisations and develop measures for uptake of Telecare and use of Anticipatory Care Plans with appropriate people

PRIMARY CARE

PRIMARY CARE			
Prevention Early Intervention and Harm Reduction			
City-wide Areas of Activity	Priority Actions	Timescale	Outcomes Sought
Primary Care Improvement Programme (PCIP) – General Practice Multi-Disciplinary Team	<ul style="list-style-type: none"> • Agree process for application to Health Improvement Scotland Practice Administrative Staff Collaborative (PASC) 	Aug 2019	Glasgow City practices successfully in a national collaborative to promote

Workflow	<ul style="list-style-type: none"> collaborative for general Practice in Glasgow Support applications under PASC – signposting training Support roll successful practices in the roll out and implementation of the PASC Collaborative 	Autumn 2019 and ongoing for successful applications	signposting as a way of working and increasing the number of people seeking consultations who are seen first by the person / service most able to help
PCIP - Improve communication and working relationships between the HSCP and General Practices.	<ul style="list-style-type: none"> Increasing contact between HSCP and GPs using the cluster guidance, Cluster Quality Leads to be offered by PCIP Team Agree implementation of cluster guidance for up to 4 sessions per month for clusters Increase frequency of meetings between HSCP & GPs to boost tripartite arrangements. 	12 months	Increased and improved collaboration between HSCP and GPs.
PCIP - Pharmacotherapy	<ul style="list-style-type: none"> Continue close working with pharmacy colleagues to ensure that all practices have some pharmacotherapy input by Spring 2020 	April 2020	All practices aware by end 2019 of the level of input they can expect
PCIP – Musculo-Skeletal (MSK) Physiotherapy	<ul style="list-style-type: none"> To co-ordinate use of Advanced Practice Physiotherapists (APPs) to improve patient care and reduce GP workload. To embed the learning gained from experience in north east practices. 	March 2020	To offer APP to appropriate practices in north east and across the city.
PCIP - Vaccination Transformation Programme (VTP)	<ul style="list-style-type: none"> To link Glasgow City VTP to Greater Glasgow & Clyde priorities and programme board. To effectively and safely transfer current vaccination programme to new service models under PCIP to improve vaccination uptake. 	Ongoing April 2021	To maintain / improve vaccination levels under new arrangements.
Housebound Seasonal Flu Vaccination Programme 2019 -	<ul style="list-style-type: none"> To deliver a programme of activity of seasonal flu and pneumococcal vaccination 	2019/20	<ul style="list-style-type: none"> Delivery of seasonal flu vaccination

2020	<p>to housebound patients aged 18 and over registered with a Glasgow City HSCP GP</p> <ul style="list-style-type: none"> • To deliver the above to Glasgow City HSCP residential Care Homes • To deliver the above to residential care homes with no registered nursing staff excluding residential care homes on a shared campus where registered nursing staff are employed. • To plan and deliver the 2019 Programme with a timeframe for delivery of vaccinations of 1st October 2019 to 31st December 2019. • To initiate an HSCP Planning Group and Locality Delivery Groups • To identify the potential Nursing and Business Support Resource required to support the programme in 2019. • To share feedback and learning as part of the ongoing vaccination transformation programme 		programme for housebound patients aged 18 and over 19/20
PCIP Urgent Care	Know Who To Turn To banners in GP practices	Autumn 2019	Raise patient awareness of alternatives to GP visit

PRIMARY CARE

Providing greater determination and choice

City-wide Areas of Activity	Priority Actions	Timescale	Outcomes Sought
PCIP – Community Care &	Continued roll out of phlebotomy service to areas of the City/ Locality not served by Health Centres	Autumn 2019 and ongoing	Provision of service to increased number of

Treatment; Phlebotomy	providing patients with more choice about where they attend to have their bloods taken		practices with an initial emphasis on those practices who do not have access to existing Treatment Rooms
PCIP Community Care and Treatment/Phlebotomy/Premises Work stream	Support sourcing of suitable accommodation for Phlebotomy service	Autumn 2019	Provision of service to increased number of practices with an initial emphasis on those practices who do not have access to existing Treatment Rooms

PRIMARY CARE			
Shifting the Balance of Care			
City-wide Areas of Activity	Priority Actions	Timescale	Outcomes Sought
PCIP - Primary Care Sustainability	<ul style="list-style-type: none"> • Test more systematic and proactive approach to the identification of sustainability challenges e.g. combining our current intelligence with the offer of a proactive survey of all practices in one Locality. • Strengthening support to practices could primarily take the form of ensuring that the wider supports are available to the practices in greatest need, examples of these include; Multi-Disciplinary Team (MDT), workflow, administration support, training and other 	April 2020	Ensuring continuity of care as implementation of PCIP

	ways of meeting practice specific needs. <ul style="list-style-type: none"> Quantify GP time freed up and time spent with those with more complex needs 		
PCIP – Urgent Care	<ul style="list-style-type: none"> Support the roll out of the Advanced Nurse Practitioner (ANP) model into HSCP care homes. Develop and provide ANP to new residential units opening in the North West in late summer 2019 	Autumn 2019 and ongoing	Enhanced support for care home residents and reduced workload including house calls for GPs
PCIP – Urgent Care	Support new ANPs working in current and new residential units	Autumn 2019	Enhanced support for care home residents and reduced workload including house calls for GPs

PRIMARY CARE			
Enabling Independent Living for Longer			
City-wide Areas of Activity	Priority Actions	Timescale	Outcomes Sought
Addressing Frailty	<ul style="list-style-type: none"> Support any possible application to HIS for inclusion the Frailty Collaborative Increased use of frailty tools to help to identify people who would benefit for rehab etc 	Summer 2019 and ongoing	Reductions in house call requests and sharing of learning from practices to take part with cluster and locality colleagues. Optimise the potential benefit from the structured use of frailty tools

HEALTH IMPROVEMENT

HEALTH IMPROVEMENT SERVICES			
City-wide Areas of Activity	Priority Actions	Timescale	Outcomes Sought
Youth Health Services	<p>Establish two new sites for a holistic youth health service (one in North East, one in South)</p> <p>Develop implementation plans to include youth engagement processes</p> <p>Commence service model delivery</p>	By March 2020	<ul style="list-style-type: none"> Improved access to holistic, bespoke youth health services Vulnerable young people receive holistic support services before adulthood Young people access enhanced tier 0-2 mental health and well being support
Community Link Worker programme (Primary Care Improvement Plan)	<p>Support the phased rollout of the community link worker programme; working closely with primary care</p> <p>Refine current operational model and data collection</p> <p>Delivery of the procurement processes to determine allocation of additional link workers</p>	Phased 2019-20	<p>Improved collaboration with GP practices and the Alliance</p> <p>Increased uptake of social prescribing in areas of deprivation</p> <p>Improved connectivity into relevant services and local community supports</p>
Community based mental health	Deliver preparatory work and commissioning process	By March 2020	Adults experiencing poor

and well being services (adult and children)	<p>to determine a service provider for community based adult mental health and well being support from April 2020</p> <p>Delivery of community based stress service for adults</p> <p>Undertake scoping to inform the development of service model options to address mental health and well being in children</p> <p>Continued delivery of commissioned service to Improve the Mental Health and Wellbeing of Young People</p>	March 2020	<p>mental health and well being can access community based support service</p> <p>Delivery of counselling and groupwork services to over 5000 adults citywide</p> <p>Development of recommendations to discuss with partners to support mental well being of children</p> <p>Delivery of counselling & groupwork programmes in schools and Youth Health Service to over 930 young people</p>
Tackling Poverty and Inequalities	Delivery of financial inclusion & employability services including income maximisation, debt management and building financial capability.		Work to increase referrals across service areas.
Creating a culture for health – reducing alcohol , drugs and tobacco use and obesity	<p>Delivery of multiple risk contract to young people, comprising curricular programme and 1:1 service</p> <p>Delivery of programme of activities to support the Prevention and Education component of ADP strategy</p>		<p>Support young people and build their resilience</p> <p>Increased capacity building and provision of targeted early intervention programmes around drug and alcohol issues</p>
Locality Specific Areas of Activity	Priority Actions	Timescale	Outcomes Sought

Placed based work	<p>Contribute to the development of Thriving Places action plans in Gorbals, Govanhill, Govan and Priesthill & Househillwood with community planning partners</p> <p>Utilise and share the data from the 2018/19 adult Health survey to support place based work</p>	<p>September 2019</p> <p>Ongoing</p>	<p>Neighbourhoods inform priorities for local development</p> <p>NHS data is utilised by partners and forms part of the basis for planning along with qualitative data gathered locally</p>
Financial inclusion	Deliver financial inclusion embedded within Pollokshaws Medical Practice	April 2019-March 2020	Maximise income and address debt to support health and well being
Programme for Government-Breastfeeding Support to Mothers with additional (cultural) needs	<p>Scottish Government: Programme for Government (PfG) – targeted work with the South Asian community in Pollokshields</p> <p>Scoping and identification of Breastfeeding support needs of women from South Asian community (Pollokshields) with the aim of reducing breastfeeding attrition rates</p> <p>Working with the community using co-production methods to map and identify support needs and shaping ideas for future supports via 1-1 focus groups and interviews</p> <p>Liaison with Health Visiting and Midwifery team and partner organisations</p>	April 2019-March 2020	<p>Develop models of breastfeeding support for South Asian community</p> <p>Findings to be shared locally, citywide and to Scottish Government</p>

	Report on findings with the aim of identifying a way forward of breastfeeding support for the South Asian community		
Faith Works	<p>Liaison with the various Black and Minority Ethnic (BME) communities within South and partner BME organisations</p> <p>Develop short videos aimed at providing information on treatment & recovery service provision</p> <p>Provide initial drug and alcohol awareness training to identified BME groups. E.g. South Asian Muslim community</p>	April 2019-March 2020	<p>Increased awareness about drugs & alcohol within the South BME communities</p> <p>Improved connectivity and access to alcohol and drugs services for South BME communities.</p>

CARERS

City Wide Areas of Activity	Priority Actions	Timescale	Outcomes Sought
Implement the Carers (Scotland) Act 2016	<p>Workforce learning and Development Plan to be made available to all Health and Social Care Partnership staff to ensure Carers are support is embedded within practice.</p> <p>Monitor and evaluate training attendance and effectiveness via North West locality quarterly performance monitoring and annual carers report via the Integrated Joint Board (IJB).</p>	<p>Initially role out for Older People and Primary Care Services. Followed by Adult Services and then Children's Services.</p> <p>All operational staff would be expected to attend awareness raising sessions or complete Carer (Scotland) Act 2016 e-learning module.</p>	Carer's (Scotland) Act 2016 training to be available August 2019 onwards.
Carers are identified early in their caring role	Continue to promote and distribute carer Information Booklets to enable carers to self-	The 2019/20 target for total number of new carers that	In 2018-19 the total carer information booklets distributed

	<p>refer.</p> <p>Continue to promote SCI-gateway as primary care / GP referral pathway for carers.</p> <p>Continue to offer carer awareness information sessions to raise awareness of carers.</p> <p>Continue to promote the Carers Information Line.</p> <p>Improve Carefirst recording where the carer is supported jointly with the service user.</p>	<p>have gone on to receive an adult carer support plan or young carer statement in Glasgow HSCP is 1650 per annum.</p> <p>The 2019/20 target for carers being offered preventative support early in their caring role is 70%.</p> <p>Monitor and report the effectiveness of the carer Strategy including protected Characteristics data.</p>	<p>were 8724:</p> <ul style="list-style-type: none"> • North West (NW) distributed 3172 • South distributed 2931 • North East (NE) distributed 2621 <p>In 2018-19 the total calls to the Carers Information line were 482:</p> <ul style="list-style-type: none"> • NW enquiries totalled 84 • South enquiries totalled 250 • NE enquiries totalled 138 <p>The total New carers offered a support plan or Young Carer Statement in 2018-19 was 2007</p> <p>64% of new referrals were preventative</p> <p>Equalities Impact Assessment (EQIA) will be included in performance Monitoring from 2019 onwards.</p> <p>Carefirst e-forms and changes required for Carers (Scotland) Act 2016 expected to be completed August 2019</p>
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6. PROMOTING EQUALITY

The South locality will continue to deliver the actions and priorities set out within Glasgow City HSCP's Equality Plan.

Key actions and priorities for the South Locality include:

- Maintaining accessibility audits of new buildings
- Participation in Equality Impact Assessments of cost savings, service redesigns, service developments and policies
- Hate crime awareness and reporting
- Promote multi-agency working to address violence against women through the Glasgow Violence Against Women Partnership and the locality implementation group, helping to deliver the City-wide strategic delivery plan and the national Equally Safe Strategy.
- Routine enquiry money worries, gender based violence (GBV), employability and appropriate onward referral
- Participation in age discrimination audits as required
- Responding to findings of the Fairer NHS staff survey alongside staff training priorities (Asylum seekers & Refugees, Poverty e-learning module, Key care groups, GBV)
- Meeting the requirements of the HSCP's participation and engagement strategy including equalities monitoring of community engagement
- Analysing performance monitoring and patient experience by protected characteristics as required
- Provision of a programme of equality and diversity training for HSCP staff and local organisations

7. RESOURCES

7.1 Accommodation

New Health and Care Centre

The new £17 million New Gorbals Health and Care Centre opened on Monday 21st January 2019. This new facility replaced the original Gorbals Health Centre, Twomax building and Southbank Centre for Specialist Children's Services. A broad range of services are now provided from the new facility, 4 GP practices, Physiotherapy, Podiatry, General dental services and public dental services, Specialist Children's Services, Child and Adolescent Mental Health services (CAMHs), Alcohol and drug recovery services and Social work services. As well as transforming the standard of accommodation, this new facility will deliver more integrated health and social care services for the benefit of patients and service users. In 2019/20 there will be ongoing evaluation and a post occupancy review.

Reviewing Accommodation Requirements and Promoting Co-location

Services are delivered across a wide range of locations in the South locality. Our vision is that we will focus our health and social care services around our four main centres in Gorbals, Castlemilk, Govan and Pollok supported by other smaller centres across the south. In late 2018 moves took place to support the co-location of Children's Services including relocation of a team into Pollok Health Centre and further work will take place across 2019/2020 in Castlemilk Social Work office and the Castlemilk neighbourhood to make better use of our non-clinical areas through the introduction of agile working, and improving facilities for staff and patients.

A programme to improve our accommodation and support the delivery of integrated health and social care services to the people of South Glasgow is underway. We have begun to assess the scope for increasing clinical space for Primary Care Improvement Plan work-streams including Treatment Room and Care Services as well as Children's Immunisation Programmes. Following a review of sites in South, the Head Quarters offices will relocate in November 2019 into Rowanpark.

7.2 Human Resources

The South Locality directly manages a staffing compliment of approximately 2800 people across a range of services and disciplines (2300 Whole Time Equivalent). This includes services hosted as a management responsibility on behalf of HSCPs across Greater Glasgow and Clyde.

7.3 Finance

South Locality has a total net recurring budget for service provision of approximately £261m. The budget for South Locality in 2018/19 is set out below.

Strategic care Groups Grouped	South Locality		
	Health Annual Budget £'000	SW Annual Budget £'000	Total Annual Budget £'000s
Children & Families	6,969.8	9,961.6	16,931.4
Prison Services & Criminal Justice		2,643.1	2,643.1
Carers		862.0	862.0
Older people		27,878.0	27,878.0
Elderly Mental Health	8,322.6	0.1	8,322.7
Learning Disability	1,708.3	21,565.9	23,274.2
Physical Disability		5,504.5	5,504.5
Mental Health	25,208.9	3,469.4	28,678.3
Alcohol + Drugs	1,952.7	2,022.2	3,974.9
Homelessness		1,144.6	1,144.6
GP Prescribing	46,181.7		46,181.7
Family Health Services	68,060.1		68,060.1
Hosted Services	4,059.5		4,059.5
Other Services	20,557.8	3,179.9	23,737.7
Expenditure	183,021.4	78,231.3	261,252.7