North West Locality
of
Glasgow City Health and Social Care Partnership

Locality Plan
2016-17

6th September

I am very pleased to introduce the first Locality Plan for North West Glasgow, one of 3 Localities that make up the newly constituted Glasgow City Health and Social Care Partnership. Our plan sets out the key priorities and actions we want to progress in 2016/17 to enable us to deliver effective and high standard health and social care services for the communities and people we serve.

The plan has been developed in accordance with national locality planning guidance and is consistent with the aims, objectives and vision* for Glasgow City set out within Glasgow City Health and Social Care Partnership's Strategic Plan 2016-19. *Follow weblink to access:* https://www.glasgow.gov.uk/CHttpHandler.ashx?id=32948&p=0

Just as importantly, it has been developed in dialogue with service user and carer representatives, community planning partner organisations, and our staff and services.

While our Locality Plan is a helpful means of communicating our priorities, I am conscious that it only represents one component of effective locality planning in the context of wider community planning activities and City-wide strategies. It is also just the beginning of our engagement with stakeholders. We are therefore committed to continuing to work in partnership with our stakeholders, both to ensure the successful implementation of this plan and also as part of the way we routinely plan and deliver our services. This ongoing dialogue will shape the content of future, annual Locality Plans.

The work to develop General Practice 'clusters' will play an important part in how we develop locality planning within North West. These clusters will provide an opportunity for GPs and their associated primary care services to work more closely to share good practice and identify areas for quality improvement. This will also provide an opportunity to look at how our wider primary and community services can align with the clusters to facilitate more integrated working. Indeed, the key theme of integrated working will be driving principle for all our services as we strive to improve the quality and consistency of services for patients, service users, their carers and families.

Jackie Kerr, Head of Operations,

North West Locality, Glasgow City Health & Social Care Partnership

***Our Vision**

We believe that 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. We will do this by:

- Focussing on being responsive to Glasgow's population and where health is poorest
- Supporting vulnerable people and promoting social well being
- Working with others to improve health
- Designing and delivering services around the needs of individuals carers and communities
- Showing transparency, equity and fairness in the allocation of resources
- Developing a competent, confident and valued workforce
- Striving for innovation
- Developing a strong identity
- Focussing on continuous improvement

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1. Introduction

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. North West locality covers the 7 Local Community Area Partnership areas of:

- Anderston / City
- Hillhead
- Partick West
- Garscadden / Scotstounhill
- Drumchapel / Anniesland
- Maryhill / Kelvin
- Canal

2. Our Services

North West Locality has a total net recurring budget for service provision of approximately £230m and directly manages a staffing compliment of approximately 1800 people.

We provide a range of services for our population, broadly categorized under the following service headings:-

Children's Services

- Children and families Social Work Services
- Health Visiting and School Nursing Services

- Specialist Children's Services
- Homelessness Services
- Criminal Justice Social Work Services

Adult Services
- Adult Mental Health Services in patient and community services both Health and Social Work Service areas
- Addiction Services Health and Social Work Services
- Learning Disability Services Health and Social Work Services
- Adult Social Work Services

Older People's Services
- Adult Community Nursing Services
- Older people's Social Work Services
- Community rehabilitation services
- Older people's mental health services
- AHP services
- Physical Disability Services

Primary Care Independent Contractor Services
- 55 community pharmacies
- 40 optometry practices
- 60 dental practices
- 53 GP medical practices that provide services to a combined population of approximately 250,000 (20% more that North West's resident population)

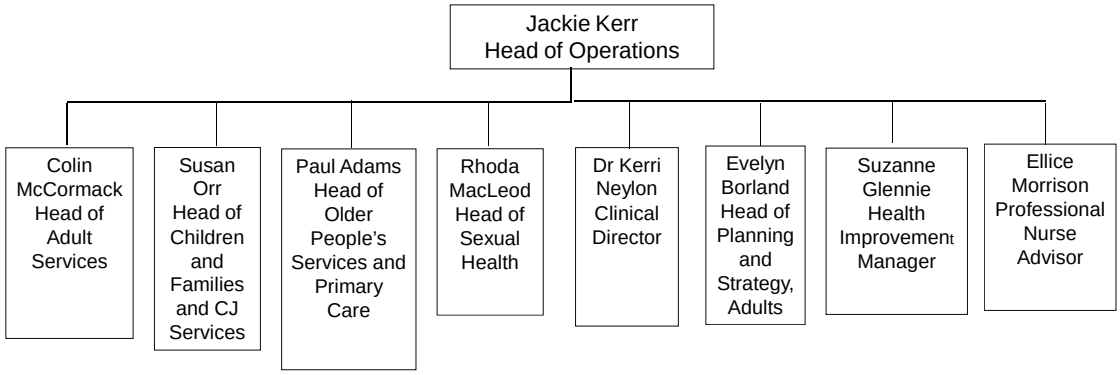
Health Improvement Services
- Working in partnership with local people, communities, organisations and partners to tackle health inequalities through:
- Building mental wellbeing and resilience
- Tackling poverty and raising aspirations
- Creating a culture for health in the city
- Using place-based approaches to work alongside local communities

Sexual Health Services (managing this on behalf of all NHSGGC HSCPs)
- Providing a range of sexual, reproductive and emotional health services from the main Sandyford 'hub' service and from a variety of local clinics and community locations
- The Archway sexual assault referral centre
- Health improvement services

3. Management arrangements

A management structure has been introduced that is consistent with the range of service set out in section 2, above. This is consistent with the management structures established in the HSCP's other localities and also with the HSCP's strategic planning functions. The management structure for North West locality is set out below:

North West Senior Management Team



In addition to service leads, our structure includes a Clinical Director and Professional Lead Nurse Advisor who will provide clinical and professional leadership, along with a Head of Planning and Strategy to lead service redesign and improvement. Our senior management team is led by a Head of Operations, responsible for all Glasgow City HSCP health and social care services within North West.

While our management arrangements have been organised in this way, we recognise the critical importance of working collectively to improve patient / client pathways across our services, with partner organisations and with service users and carers. North West Locality of Glasgow City HSCP is an active member of the North West Community Planning Partnership. This includes working closely with Housing providers, of which there are 21 community based housing associations within North West.

We are in the process of establishing a number of key planning groups within North West Locality to help us co-ordinate and deliver our priorities. These include planning groups for each of our overarching services areas (Children's, Adults and Older People's services), as well as a Primary Care Strategy implementation group and the Essential Connections Forum to oversee the housing and homelessness strategic agenda.

4. Profile of North West locality

The total population of North West Glasgow is 206,483 people, larger than the majority of Health and Social Care Partnerships in Scotland. A breakdown of North West's population by age is shown in the table below:

Age Bands	No. of people	% of population	% of this age band in Glasgow City
0-17 years	32,501	15.7	18.2
18 -64 years	147,528	71.4	67.9
65 years +	25,454	12.8	13.8

A significant feature of North West locality is the very marked difference in the social and economic circumstances of people living in different areas in the locality, ranging from some of the most affluent areas in Scotland to some of the most deprived. Therefore an overview of statistics relating to the entire North West can mask stark inequalities within the locality.

For example, male and female life expectancy is 71 and 77.2 years in North West (compared to a Scottish average of 74.5 and 79.5 years). However there is a gap of 16 years between average male life expectancy in Possilpark compared with Kelvinside, and 12.3 years gap in female life expectancy between Drumry East and Victoria Park.

The minority ethnic population, including black or minority ethnic (BME 11.9%) and other white non UK/non Irish (4.9%) is higher than the overall Glasgow level (BME 11.6% and other white non UK/non Irish 3.9%).

The percentage of the minority ethnic population varies significantly across the North West locality from 8% in Drumchapel/Anniesland to 32% in Anderston/City. There is also a large proportion of people of working age, due partly to the very high numbers of young people aged 16- 24 years (with students representing 13.5% of the total population in North West).

There are 16,332 social work service users (excluding Criminal Justice and Homelessness) in receipt of social care services within North West. North West's social work service user population is broken down by following care groups (A number of service users will be recorded under one or more category):

- older people/physical disability (6,235, 38.2%)
- children and families (3,764, 23.0%);
- addictions (3,437, 21.0%)
- learning disability (796, 4.9%)
- mental health (896, 5.5%)
- adult physical disability (613, 3.8%)
- other adult services (1,613, 9.9%)

Over half of North West's population live in rented accommodation (above the City average) with 31.2% in social rented accommodation, 20.0% in private rented accommodation; and 0.9% rent free. The estimated percentage of people living with one or more Long Term Condition within North West is as follows*;

- Deafness or partial hearing loss 5.6%
- Blindness or partial sight loss 2.4%
- Learning disability 0.5%
- Learning difficulty 2.3%
- Developmental disorder 0.6%
- Physical disability 7.1%
- Mental health condition 6.3%**
- Other condition 17.4%

**Source: Social Work Area Demographics Data Compendium 2014 based on 2011 census returns (i.e. not based on health and social care service activity data).*

** It is estimated that up to 26,000 (12.6%) people in North West Glasgow experience common mental health problems such as depression or anxiety, with around 2,000 (1%) people experiencing a more severe and enduring mental illness.

Feedback from an extensive health and wellbeing survey undertaken in 2014/15 within North West indicated:

- **Favourable Findings**

☑ More likely to have participated in walking or commuting in the last week
☑ Less likely to be overweight
☑ More likely to live in a home with a smoke alarm
☑ More likely to have been a volunteer in the last year
☑ More likely to belong to clubs/associations/groups
☑ More likely to have participated in social activism in the last year
☑ More likely to have a positive perception of local leisure/sports facilities

- **Less Favourable Findings**

☒ Less likely to definitely feel in control of decisions affecting daily life
☒ More likely to exceed recommended weekly limit for alcohol consumption
☒ More likely to binge drink
☒ Less likely to say they never drank alcohol
☒ More likely to feel isolated from family/friends
☒ Less likely to feel they belong to their local area
☒ Less likely to feel valued as a member of their community
☒ More likely to feel they had been discriminated against in the last year
☒ More likely to have difficultly meeting the cost of rent/mortgage, fuel bills, telephone bills, council tax/insurance, food or clothes/shoes
☒ More likely to say it would be a problem to meet an unexpected expense of £20
☒ Less likely to have a positive perception of reciprocity and trust
☒ Less likely to have a positive perception of social support

NHS Greater Glasgow and Clyde

Glasgow

As part of the Community Planning Partnership's strategic objectives, work is underway to address the issues of alcohol, youth employment and vulnerability. Additionally, North West Locality's Health Improvement Team is supporting 'Thriving Places'. This recognises the persistent inequalities within and between communities and is an approach to target specific neighbourhoods with more focused action. The 3 NW neighbourhoods participating in this work are Possilpark/Ruchill, Milton/Lambhill and Drumchapel. It involves working collaboratively alongside communities and partner organisations to make better use of existing resources and assets, focusing on the capacity, skills and strengths of the community to address local issues.

Within the Knightswood areas of North West, the 'Knightswood Connects' project is underway to work with the local community and partner organisations to identify and respond to the key issues faced by our older population, such as isolation, loneliness, frailty, and access to services, including transport availability. The Knightswood area was identified for this pilot work due to the high proportion of older people that reside there. It is hoped that the learning from this pilot project will be of benefit to other communities and from an important part of the wider objective of supporting people to live in their own homes, as independently as possible.

5. Performance

Glasgow City HSCP has formal reports on its performance to Glasgow City Council and NHS Greater Glasgow and Clyde on a range of key performance indicators and targets, many of which are set nationally. In addition, Glasgow City HSCP will publish an annual performance report setting progress of the HSCP towards meeting the national health and wellbeing outcomes. In turn, North West Locality has a range indicators and targets that contribute towards the HSCP's overall performance. The following tables provide some examples of where North West is currently performing well against such targets, along with areas where further improvement is required.

Where we are performing well
Access to specialist children's services
Percentage of children 'looked after' away from home with a Primary worker
Reducing rates of women smoking during pregnancy
Reducing rates of people smoking in deprived communities (although still progress to be made to achieve target levels)
Breastfeeding rates, including in deprived areas
Access targets for alcohol and drug treatments
A reducing annual trend in the number of alcohol related deaths
Meeting the target timescales for assessing all unintentionally homeless applications
Reducing the duration pregnant women or dependent children stay in bed & breakfast accommodation
Percentage of criminal justice community placement orders (CPO) with a Case Management Plan within 20 days
Alcohol Brief Interventions undertaken
The number of 3 – 5 year olds registered with a dentist
Target rates for MMR vaccinations
Referrals to financial inclusion and employability advice services
The number of carer assessments being undertaken
Improved uptake of sexual health services by men who have sex with men (MSM)

Where improvement is required
Percentage of children receiving health visitor assessment within 30 months
Percentage of child protection deregistration where family reduced risk
Percentage of looked after and accommodated children aged under 5 (who have been looked after for 6 months or more) who have had a permanency review
Percentage of young people receiving a leaving care service who are known to be in employment, education or training
Access and treatment targets for psychological therapies
Purchased Residential Placements for Older People: percentage of older people (65+) reviewed in the last 12 Months
Meeting delayed discharge targets for older people (i.e. discharge within 2 weeks of being assessed as ready for discharge)
Increase the number of offers of permanent accommodation secured from Registered Social Landlords
Percentage of criminal justice community placement orders (CPO) work placements commencing within 7 days of sentence
Bowel screening uptake rates
Cervical screening uptake rates
Reducing teenage pregnancy rates in certain communities
Providing women with longer acting reversible contraception (LARC)

6. Developing Our Priorities for 2016/17

The following sections in the Locality Plan set out, by service, our key priorities for 2016-17. This has been informed by a series of stakeholder engagement sessions, consideration of local issues and priorities, as well as the strategic aims set out within Glasgow City HSCP's Strategic Plan. Some of the headline feedback we received from our engagement events on our locality plan is set out in 6.1.

6.1 Feedback from Engagement Events

- Some resources are 'wasted' by people not turning up for appointments – the HSCP need to make better use of new technology. Simple phone call to remind people of their appointment if they live chaotic lives
- Need good communication between services and better working together
- Services need to be better organised and co-ordinated if HSCP want to achieve 'wrapped round services'
- Communication and information strategy should be in place to make sure that people can access to information and getting the right types of support when required
- need to respond to the Health Survey about young people in order to plan the services for young people
- Importance of pre-birth support and support to parents with mental health problems
- Need to avoid personalisation resulting in social isolation

- Concern about reduction in 3rd sector mental health support – people may be more likely to become unwell and could be hospitalised.
- Young carers will need more support about their care responsibilities
- concerns about Kinship carers not getting enough support
- There should be more resources available for the community where they can provide services to support people living independently especially support to older people to reduce social isolation
- More work needs to done in preventing illness, falls, social isolation
- Work in Knightswood to support Older People is important – low level support – keeping people connected in their community. They need to know what is going on and what support in available.
- Issues around homecare such as too many different staff coming into the home and at different times
- More needs to be done to reduce the waiting time for hospital services - makes people more reliant on GP or local services if they have to wait a long time to see a specialist.
- Improved communication needed with Housing Providers to better understand each other's roles and inform how people can better access services

7. Shared Priorities

There are a number of critical priorities that are relevant across all our services. These shared, cross-cutting priorities are:

- Contributing to the aspirations set out within Glasgow City HSCP's strategic plan, including the overarching partnership priorities of
  - early intervention, prevention and harm reduction
  - providing greater self determination and choice
  - shifting the balance of care
  - enabling independent living for longer
  - public protection
- Working to achieve the National Health and Wellbeing Outcomes (see appendix 1)
- The 3 strategic community planning priorities set out within the Single Outcome Agreement of addressing Alcohol misuse; improving Youth Employment; and achieving better outcomes for Vulnerable People.
- Improve the experience and outcomes for people as they move between our services, including the transition between children's to adult services and adult to older people's services
- Ensuring service users and carers are fully engaged and involved in decisions affecting their care
- Ensuring our services are sensitive to the needs of people from different Equality groups (see section 15 for some specific actions)
- The continuing roll-out of personalisation to give people more choice and control over how they access certain elements of their care
- Ongoing implementation of Patient Centred Care Programme, including review of care assessment, care planning and care review systems
- Promoting financial inclusion and employability
- Improving our interface with Acute Hospitals, 3rd Sector and registered social landlords
- Robust governance arrangements child protection (see Children's services section) and adult support and protection arrangements, including:

- Help to develop a HSCP and locality response to the shared responsibilities in relation to Adult Support and Protection
- Continue to foster a robust interface with the Glasgow Adult Support and Protection Committee and other key partners

- On behalf of Glasgow City HSCP, lead on the implementation for the See Hear Strategy – a strategic framework for meeting the needs of people with a sensory impairment in Scotland.
- Progress the multi-agency priorities within the Glasgow Autism Strategy Action Plan, including work to address:
  - Transitions
  - Early identification, assessment and diagnosis
  - Intervention and support
  - Training, capacity and awareness-building, in mainstream services
  - Effective data collection methods
  - Employment

- Supporting our staff to deliver the standards of care required for our service users
- Ensuring services are delivered in the most efficient and effective way to help meet the financial challenges

8. Children's Services Priorities

Priorities for 2016/17	Key Actions	Target
Support the Wellbeing of Children and Young People through Prevention	• Continue to improve breastfeeding rates in NW Locality particularly in deprived areas.	Achieve at least 80 % in all measures against UNICEF Practice Standards in 3 monthly audits and at revalidation inspection in September 2016. Improve rates in deprived areas.
	• Implement programs to deliver on Child Healthy Weight.	Child Healthy Weight Programmes in place in NW Locality
	• Contribute to reducing teenage pregnancies in partnership with Education and Sexual Health services and other key partners.	Continue to reduce the rates of Teenage pregnancies in NW Locality
	• Increase population awareness of parenting support programmes	20% increase in numbers accessing parenting support by March 2017.
	• Promote income maximisation and financial inclusion to have positive impact on addressing child poverty.	Continue to increase the number of

		referrals to Financial Inclusion Services
Early identification of children and families who need support	• Implement GIRFEC assessment and care planning aligned to the well being indicators. • Improve 30 month assessment uptake in NW Locality • Work with community planning partners and 3rd sector to develop a family support strategy. • Evidence increased referral to the 3 Early Years Joint Support Teams (JST) in NW Locality. • Continue to improve service access across specialist children's services	All children will have a care plan in place Continue to increase number of 30 month assessments: 70 % completion by October 2016 90% completion by March 2017. Ongoing Each JST to increase referral rates by 15% by March 2017 Achieve RTT and partnership and family engagement measures
Keeping Children Safe	• Identify and respond to children and young people affected by Domestic Violence • Contribute to awareness raising and implementation of unintentional injuries strategy • Support looked after children, including those in kinship care and promote permanency plans where appropriate • Specialist Children's Service vulnerability team to offer a health assessment to looked after children, including those in kinship care • Identifying and support children in need of protection with particular focus on reducing neglect	Increase uptake of staff training in NW Continue to promote safety campaigns All Kinship looked after children will have an allocated worker. Increased number of permanency plans in place All children 5-18 years newly looked after at home and or in Kinship Care a Comprehensive Health Assessment within 28 days of receipt of referral. Increase usage of Neglect Tool across services. Self Evaluation process in place.

Raising attainment and achievement	• Every school/establishment has a named co-ordinator for looked after children, named officer at centre and Glasgow Psychological Service has existing workstreams in place for young people who are looked after • Improved transition planning for vulnerable children & young people	All Secondary establishment LAC co-ordinators will attend quarterly, Education Services' LAC co-ordinator meetings, to share information and practice, ensuring consistency of approaches to improve outcomes Identify strengths and actions via a Validated Self Evaluation sampling exercise, during March 2017. All establishments will undertake training in new Health and Wellbeing Planning Tool
Building mental well-being and resilience across the Northwest via direct service delivery and capacity building	• Delivery of mental health improvement service for young people aged 11-18 • Commissioned Service to Improve the Mental Health and Wellbeing of Young People	Commissioned Service Schools 1,000 one to one appointments in schools (260 young people) Mentoring 220 appts (55 young people) 8 Groups (64 young people) 73 appts (inequality groups) (16 young people) Youth Health Service 600 one to one appointments (150 young people) (all pro-rata as contract starts July16)

8.1 Criminal Justice Priorities

Priorities for 2016/17	Key Actions	Target
The efficient processing of community payback orders (CPOs)	• Ensure all CPO's are reviewed by a Team Leader at the 3 month stage and throughout the order. • Ensure service users are given the opportunity to contribute to the review process.	75% of CPOs 3 month Reviews held within timescale 100% compliance (evidence through sample audit)
The safe management of high risk offenders	• Ensure managerial oversight of risk assessment and risk management planning. • Ensure all multi agency public protection arrangements (MAPPA) cases are managed within the agreed multi-agency protocol. • Support the transition of violent offenders into MAPPA.	100% compliance (evidenced through team leader counter signature) 100% compliance with Protocol standards Staff Briefings by May 2016. Fully operational by September 2016

8.2 Homelessness and Housing Priorities

8.2.1 Homelessness Service

Priorities for 2016/17	Key Actions	Target
Improve interfaces with Housing Providers to increase access to settled accommodation	• Working with Housing Access Team, lead and coordinate citywide casework input to the 3 NW Local Letting Communities (Drumchapel, North West & West) to achieve targets on settled accommodation • Monitor number and duration of homelessness applications	Targets: *Drumchapel:* RSLs - 40 units p.a. *North West:* RSLs - 395 units p.a. West: RSLs - 195 units p.a. *+ share of Wheatley Group citywide target* % live homeless applications >6 months duration
Increase throughput in temporary and emergency accommodation to settled accommodation	• Work to agreed citywide targets for provision of initial decision, prospects / resettlement plans and accommodation outcome	Targets: Provision of 95% of decisions made within 28 days; Completion of Prospects / Resettlement Plan within 14 days of decision; 80% of live

	• Continue to contribute to citywide B&B Monitoring Meeting and development of IT based locality reports to monitor lengths of stay	applications are 6 months or less duration Locality reports available by March 2017
Develop a sustainable, holistic response to homelessness by ensuring collaboration across housing, health, social work, third and independent sectors	• Develop and improve Housing Options approach by Community Homelessness Team and RSL partners • Continue to promote integrated working with money advice, mediation, and housing support services • Facilitate broader involvement from HSCP services in Housing Options approaches through awareness raising events	Monitor quarterly: % of closed housing options approaches which progress to homeless application Maintain / improve referrals to money advice / mediation services – quarterly monitoring Enhanced role for housing support embedded in NW from March 2017 Events /dates to be confirmed

8.2.2 Essential Connections Forum

Priorities for 2016/17	Key Actions	Target
Promote greater partnership working between NW Locality and Housing Providers	• Refresh the NW Essential Connections Forum and Vulnerable Households Forum to ensure membership and remit that reflects shared priorities • Develop a multi-agency training plan • Refine statements of best practice and agree information sharing protocols • Continued development of Housing Options tenancy sustainment activities, working with partners across NW area	ECF by May 2016 VHF by September 2016 By September 2016 By December 2016 Ongoing
A greater focus on prevention and early intervention, supporting housing providers to identify potential need and access appropriate services quickly	• Progress development and implementation of the Housing Contributions Statement • Ensure housing providers are an integral partner in anticipatory care planning and discharge planning • Develop a co-ordinated person centred approach to the provision of aids and adaptations across tenures.	By March 2017 Ongoing Ongoing

9. Adult Services Priorities

9.1 Adult Mental Health

Priorities for 2016/17	Key Actions	Target
Delivery of inpatient redesign and ward improvement programme	• Improve the standard of ward accommodation for continuing care patients at Gartnavel Royal Hospital. • Progress plans that will lead to those NW patients who currently access Stobhill Hospital for acute care to instead access Gartnavel Royal Hospital.	Progress in accordance with agreed project plan. Estimated timescale for completion: 2018
Improve access to psychological therapies	• Reduce waiting times for treatment through improved appointment / call-back processes	90% RTT < 18 weeks 100% referral to 1st PCMHT appointment < 28 days
Support people with a mental health to live as independently as possible in the community with access to support and care as necessary	• Implement findings of community mental health team review to develop consistent, outcome focussed standards and practice • Support Personalisation of social care for appropriate individuals and ensure outcome focussed assessments are in place. • Improving care pathways between community and inpatient services to maximise the efficient and effective use of resources and opportunities to support people moving through services • Refresh multidisciplinary discharge planning arrangements to explore opportunities for more integrated practice and processes.	By March 2017 Ongoing – review progress and impact at March 2017 Ongoing -report by March 2017 By March 2017 Achieve all hospital discharges < 14 days from treatment completion date ('included codes')
Ensuring older people have appropriate access to the range of mental health service provision	• Remove any age-related barriers that affect older people's ability to access services and ensure pathways are in place that support access	Identify any remaining barriers to access by January 2017 and develop action plan to address
Improving the quality of care for people with dementia	• Progress initiative with Alzheimer's Scotland to involve patients and carers in the development of a patient –centred ward environment	By December 2016
Building mental well-being and resilience across the NW via direct service delivery and capacity building	• Delivery of community based stress service for adults	5267 1:1 counselling appointments 1800 beneficiaries

9.2 Alcohol and Drugs

Priorities for 2016/17	Key Actions	Target
Improve access to addiction treatment and care	• Introduce 'Access Teams' within existing alcohol and drugs community services to improve assessment and access to appropriate services. • A focus on more intensive, shorter-term interventions to maximise the opportunities for recovery. • Engage with service users and communities over proposals to locate all NHSGGC addiction inpatient beds and 'Greater Glasgow' NHS day services at Gartnavel Royal Hospital, with enhanced outreach provision.	90% of clients commencing alcohol or drug treatment within 3 weeks of referral Recovery plans in place within 21 days of commencing treatment By March 2017 (Inpatient redesign dependent on timescale for capital funding. Estimated delivery date of 2020)
Continue to shift the balance of care from the community alcohol and drug teams to GPs, where appropriate (via 'Shared Care Scheme')	• Work closely with GP colleagues to review all patients and identify how best to meet the needs of patients who are prescribed Opiate Replacement Treatment (ORT) • Implement new Shared Care Team support arrangements	Increase in the number of people supported in shared care (and reduction in community addiction team activity)
Commission 3rd sector Recovery Hubs	• Work closely with existing 3rd sector providers to ensure a smooth transition for individuals into the new recovery hub service	Commissioned by September 2016 Hub performance measures in place by Dec 2016 (to include increase in number of people entering and completing recovery programmes)
Support the NW Recovery Communities to establish their new base and develop new services	• Support the new Recovery Volunteers Well-being Initiative • Establish a robust interface between the Recovery Communities and the new Recovery Hub Service to increase	Formalise 20 core Volunteers supported by a formal training programme, including coaching/supervision and personal development plan (by March 2017)

	support to individuals in NW, particularly in the evening and at weekends.	Formalised role for recovery communities as part of overall Alcohol & Drugs Recovery Service re-design (by Dec 2016) Launch formal constitution (May 2016), office base (Sept 2016), finance sub group (March 2016) and funding strategy by (December 2016) Develop administration support; focus on Alcohol Actions from SOA and programme of Alcohol Free Events (by December 2016)
Reduce Alcohol Related A&E admissions/presentations	• Roll out the Assertive Outreach approach for those hard to reach individuals who do not use service or present to their GPs, but use A&E frequently • Work closely with GPs to identify our most vulnerable individuals	Reduction in alcohol related A&E attendances from 2015/16 levels Ongoing
Work with community planning partners and the Alcohol and Drugs Partnership to reduce alcohol consumption	• NW Health Improvement Team to host the Health Improvement Lead (Alcohol Licensing) post on behalf of the city. • Continue to co-ordinate a Glasgow City / NHSGGC contribution to the licensing Forum and Board.	Reduction in alcohol consumption levels – measured through health & wellbeing survey results

9.3 Learning Disability

Priorities for 2016/17	Key Actions	Target
Undertake a review of health and social care learning disability provision to maximise the opportunities for people with a learning disability to live in the community with appropriate levels of support.	• Develop a 3 year action plan • Establish integrated team meetings at senior and team lead level • Scope current practice and develop more integrated joint working approaches between social work and health service teams • Review care plans to determine how best to meet people's needs within available resources • Improve access to mainstream services • Identify appropriate models of care and future accommodation requirements, including consideration of: - NHS continuing care and shorter stay provision - Building-based respite facilities - Community provision and potential commissioning options • Review of all clients who have personalised packages to allow providers to be paid new framework tender rate • Develop action plan for examining the impact on service provision of the new national minimum wage end • Identify complex cases requiring coordinated health and social care input	By October 2016 By May 2016 By March 2017 By March 2017 By March 2017 Ongoing – implementation timescales to be agreed as part of Review Action plan to be prepared by September 2016 By September 2016 By October 2016

10. Older People's Services Priorities (including Physical Disability)

Priorities for 2016/17	Key Actions	Target
Deliver Dementia Local Delivery Plan target and local implementation of national and Glasgow City Dementia Strategy	• Deliver post diagnosis support to everyone with a new diagnosis of Dementia. • Support GPs to identify & log people with Dementia on their practice list. • Provide Board-wide leadership for early onset dementia, ensuring Young Onset Dementia Services are integral to implementation of dementia strategy and targets	Ongoing – funded to 2019 NW target 1395 Ongoing – redeveloped team in place by July 2016
Deliver	• Develop plan for local delivery of	By October 2016

Psychological Therapies Local Delivery Plan target (primarily OPMH community	psychological therapies including low level & high level interventions, and ensure staff are trained appropriately to deliver. • Provide Board-wide leadership for older adults psychology services ensuring effective links with 'increasing access to psychological therapies' agenda.	90% RTT < 18weeks Ongoing
Implementation of the recommendations from NHSGGC District Nursing Review and the national review of district nursing	• Contribute to city-wide flexible working plan to ensure 24 hr service availability. • Implement a Single Point of Access for Nursing Services, (based at Plean St Clinic and delivering city-wide)	Review October 2016 By December 2016
Deliver timely Speech & Language Therapy interventions within residential settings (care homes/inpatients)	• Complete city-wide review of speech and language therapy partnership services. • Develop protocols to ensure robust management of referrals.	By September 2016 By September 2016
Supporting people to live for longer at home, independently	• Implementation of Accommodation Based Strategy • Continued development of intermediate care approaches • Contributing to review of residential care provision • Local implementation of service changes arsing from City-wide review of Occupational Therapy services	Providers' Tender Framework in place by April 2016 Providers appointed by October 2016 By March 2017 By March 2017
Focus on and develop service capacity particularly in relation to prevention and early support	• Develop anticipatory care and enabling approaches across services and reduce unscheduled admissions to hospital. • Support early discharge from hospital, contributing to the ongoing development of Intermediate Care approaches and an accommodation based strategy, along with input from community rehabilitation services. • Develop a more integrated approach across older people's services, including close links with GP clusters. • Support development and delivery of the National 'frailty programme' • Oversee the development of the city-wide Respiratory Service, hosted in NW locality	Project completion by September 2016 Ongoing. Achieve all hospital discharges < 14 days from treatment completion date ('included codes') March 2017 Ongoing Interim evaluation report by October 2016

Improve the quality of life of patients and their families facing the problem of life-threatening illness	• Progress implementation of recommendations and actions arising from multi-agency palliative care learning event	Review March 2017
Support the Provision of community based Health Improvement programmes	• Co-ordinate a review and support a programme of lunch clubs for older people • Provision of a range of activities via Good Moves programme	Process to be agreed by late autumn Glasgow Life to deliver programmes by March 2017
Improve access to services and outcomes for **people with a physical disability**	• Support Personalisation of social care for appropriate individuals and ensure outcome focussed assessments are in place • Improve care pathways for people under 65 years with a physical disability • Develop more integrated service approaches for managing long terms conditions • Work with housing providers to support tenancy sustainment and early intervention • Access to community rehabilitation and reablement services • Explore commissioning opportunities to support service users under 65 to source supported living, respite and appropriate long term care solutions when community living is no longer viable	Reduce waiting times for assessments Formalise multi-disciplinary forum for review of complex cases By March 2017, introduce process to notify availability of barrier-free properties and match to assessed need By January 2017 By March 2017

11. Primary Care Priorities

Priorities for 2016/17	Key Actions	Target
Working with GPs and the wider primary care team to develop 'clusters' to improve quality and integrated working	• Agree configuration of clusters within NW • Development of initial infrastructure to support clusters (which will continue to evolve in response to cluster needs) • Identifying key points of contact between clusters and service groups as precursor to exploring potential to align other services with cluster model	By June 2016 By March 2017 By March 2017
Release GP capacity to support	• Explore potential for direct access to some health and social services	Local scoping by March 2017

core service provision	• Promote greater use of the community pharmacy Minor Ailment Service and Optometry services (incl Low-Vision Aids dispensing • Explore opportunities to introduce more efficient systems and processes that minimise 'bureaucracy' • Raising public awareness on appropriate access and use of health services • Progress primary care investment fund pilot to explore opportunities for pharmacists to work directly with GPs to undertake additional responsibilities to support patients with long term conditions	By March 2017 Local action plan by March 2017 Action Plan by January 2017 Additional resource in place Sept 2016 Evaluation ongoing for completion March 2018
Improve the unscheduled care pathway across primary and secondary care services	• Establish NW Primary Care Implementation Group • Further develop Anticipatory Care Planning and Intermediate Care • Work to improve primary care / acute care interface issues, including discharge planning and reducing DNAs (Did Not Attend hospital outpatient appointment) • Contribute to NHSGGC review of GP Out of Hours services • Review learning from evaluation of joint Deep End GP and Community Addiction Team pilot work to improve pathways for people attending A&E for alcohol related issues	By January 2017 Ongoing By March 2017 By March 2017 By March 2017
Developing the role of pharmacy profession within North West	• Extend prescribing role of pharmacists in line with implementation of 'Prescription for Excellence' national strategy	Increase the number of pharmacy led clinics by March 2017
Reducing Health Inequalities	• Review impact of primary care link workers attached to some GP practices in deprived areas • Ensure access to services takes full account of people's communication and support needs	By March 2017 By March 2017

12. Health Improvement Priorities

Priorities for 2016/17	Key Actions	Target
Building mental well-being and resilience across the Northwest via	• Provision of range of mental health training programmes to build capacity of local communities, groups and organisations	Training Courses Offered: • Scottish Mental Health First Aid training x 4

direct service delivery and capacity building	• co-ordinate NW Suicide Safer Communities Forum	• Scottish Mental Health and Wellbeing Training -Young People (SMHFA:YP) x 3 • Safetalk x 6 • Assist x 4 • Mental Health & Wellbeing Forum x 4 x 6 meetings
Tackling poverty and health inequalities	• Delivery of financial inclusion & employability services including income maximisation, debt management and building financial capability. Work to increase referrals across service areas.	Implement a neighbourhood approach to employability and financial inclusion. Embed money advice service model within Possilpark
	• Delivery of a range of mentoring programmes for young people	• Midas - 20 young people • Assisted Support - 10 young people • Plus One - 20 young people • (and as above under Mental Health priorities - opportunities in School for 55 young people)
	• Lead the delivery of programmes to address Gender Based Violence in NW, including training, capacity building and inter-agency responses.	• Equally Safe local delivery groups x 5 (1 group per multi member ward area) • Gender Based Violence Youth Guideline training x 2 • Violence Against Women ½ day training x 3
	• Support the implementation/ delivery of the Violence against Women awareness raising campaigns:	• Child Sexual Abuse Awareness Month (Sept

		2016) • 16 Days of Action (November 2016) • International Women's Day (March 2017)
Creating a culture for health – reducing alcohol , drugs and tobacco use and obesity	• Continue roll-out of targeted area based approach to smoking cessation services • Implementation of Ripple Effect Consultations and delivery of Community Alcohol Campaign(s) • Develop Community Alcohol Campaign(s) • Delivery of Weigh to Go Programme (extended to 13-18 years from 16-18 years)	<15% women smoking during pregnancy (<20% in most deprived quintile) From 40% most deprived (407 quits at 12 weeks) Dissemination and engagement events x 4. Community action events x 4 Deliver 1 community Alcohol Campaign in 2016. Deliver one campaign over a 6 month period 30 young people by March 2017
Taking a place-based approach to community health and wellbeing	• Use a variety of asset based methods and tools to work with local communities to identify their priorities • Support community based capacity building through the delivery of community based health contracts in 3 Thriving Places communities (Possilpark/Ruchill, Milton/Lambhill and Drumchapel)	By March 2017 In line with annual targets set out within AXIS contract

13. Sexual Health Priorities

Priorities for 2016/17	Key Actions	Target
Reduce new HIV and sexually transmitted infections	• Improve access to Free Condoms • Improve access and frequency of HIV and STI testing particularly in high risk groups • Provide health behaviour change interventions particularly amongst high risk groups	100% (high risk population groups) offered a test within 2 working days. Increase in proportion of MSM attending services. Increase in 3-monthly testing in MSM

		100% Clients at Sandyford eligible for SRP Choices are offered a referral.
Reduce teenage conceptions, with a focus on areas where these are statistically high *Focus will be on ensuring coverage in Drumchapel, and Wyndford as the areas in NW with highest teenage conception rates*	• Work with primary care and pharmacy partners to increase access to wider range of contraception in non-specialist community settings • Increase uptake of longer acting reversible contraception (LARC) across Sandyford services	Explore introduction of bridging contraception after emergency contraception provision in pharmacies by March 17. Explore the acceptability of increasing use of self-administration of injectable progestogen contraception by March 17 Increase on 2015/16 numbers
Ensure Sandyford resources are targeted towards people who suffer from the poorest sexual health and services are located appropriately to improve access.	• Review location of hub and satellite services across Glasgow city • Work with Youth Health Service to maximise the use of resources • Engagement with third sector organisations to identify clients requiring support to address sexual health • Improve access for MSM (men who have sex with men) by locating 'Steve Retson Project' within appropriate City centre location and by working with 3rd sector partners to better meet the needs of this population.	By March 2017 By March 2017 By March 2017 By March 2017
Numbers of young people attending Sandyford services increases	• Review times and locations of services currently provided • Review model of service provided to young people • Utilise website and social media to communicate in a measured and targeted way • Ensure workforce adequately trained to meet the needs of young people • Work with Youth Health Service to address any barriers to services	By March 2017 By March 2017 Ongoing Ongoing Ongoing

14. Carers' Priorities

Priorities for 2016/17	Key Actions	Target
Continue to raise awareness of adult carers and promote the single point of access within the health and social care teams	• Build increased links with all older people, primary care and adult teams to promote carer pathways • Ensure all staff are aware of their roles and responsibilities in identifying and supporting carers.	Target: 300 adult carers per locality are the targets and 100 young carers for 16/17. Asset and outcome based training to be delivered in September 2016
Continue to identify and support young carers through a family based approach	• Ensure all staff are aware of their roles and responsibilities in identifying and supporting young carers. • Continue to work in partnership with Education Services to develop pathway from schools to young carers' services. • Support education services to develop a schools pack for identifying young carers	Outcome Star Training by August 2016. Further training on Family based approaches to supporting YC is being sourced. Ongoing Recruitment exercise for CIS Education worker in progress

15. Staff Learning & Education Priorities

- Support the further development of integrated working and learning opportunities
- Continue to support the induction process and staff and managers regarding Personal Development Planning/Review to ensure staff skills meet organisation, service and locality needs.
- Continue to support learning and development around the public protection agenda and legislation
- Work with service leaders to support service redesign and workforce development

16. Priorities to Promote Equality

North West Locality will contribute to delivering the actions and priorities set out within Glasgow City HSCP's Equality Plan 2016-18. Key actions and priorities for NW Locality in 2016/17 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
- Routine enquiry money worries, gender based violence (GBV), employability and appropriate onward referral
- Extend number of GBV local delivery groups from 3 - 5 to deliver on Equally Safe strategy
- 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 NW HSCP staff and local organisations in North West

17. Accommodation Priorities

17.1 New Health and Care Centres

A new Maryhill Health and Care Centre will open in the summer of 2016 and provide the local community with purpose built, modern facilities. This £12m development will replace the existing health centre and incorporate 3 GP Practices, physiotherapy, podiatry, community dental services, speech and language therapy, district nursing, health visitors, community mental health services and a youth health service. The community consulting rooms will also provide flexible access to a range of other services, including health improvement, to further improve local access.

Plans are also well developed for a new Woodside Health and Care Centre, which will provide a similar range of services, along with community addiction services, specialist children's services and day care services for older people. A Full Business Case is being prepared for submission to the Scottish Government in 2016.

17.2 Sandyford Sexual Health Services

Sandyford, located in Sauchiehall Street, Glasgow is the NHS Greater Glasgow & Clyde hub for the provision of a wide range of specialist sexual health care services and advice. However, limitations with the current accommodation are restricting the volume of patients that the service can see, resulting in waiting time pressures. NW Locality is therefore leading a piece of work to explore the feasibility of finding other suitable accommodation for these services or alternatively, whether substantial upgrading of the existing facility is possible.

17.3 Reviewing Accommodation Requirements

As part of the drive to maximise efficiency and effectiveness, there will be an ongoing review of the accommodation needs and requirements across North West Locality. This will be undertaken in the context of supporting integrated working and efficient working practices, such as agile working. This will include a review of existing social work accommodation needs at Church Street, Anniesland and Gullane Street.

18. Budget - high level budget statement

The table below shows the net recurring budget for North West Locality:

		North West		
		NHS GGC (£000s)	SWS (£000s)	Combined (£000s)
Children and Families		£3,683	£7,564	£11,247
Prisons Healthcare and Criminal Justice		£0	£2,403	£2,403
Older People/Dementia		£7,372	£19,877	£27,249
Addictions		£26,518	£1,998	£28,516
Carers		£0	£590	£590
Elderly Mental Health		£6,356	£0	£6,356
Learning Disability/Physical Disability		£735	£18,152	£18,887
Mental Health		£19,390	£2,607	£21,997
Homelessness		£0	£959	£959
GP Prescribing		£40,222	£0	£40,222
Family Health Services		£54,774	£0	£54,774
Hosted Services	(inc Sexual Health Services)	£10,305	£0	£10,305
Support Services	(inc accommodation costs/PHI)	£4,313	£1,276	£5,589
Resource Transfer		£0	£0	£0
Total		**£173,668**	**£55,426**	**£229,094**

Note: Glasgow City HSCP has been asked by NHS Greater Glasgow & Clyde to make additional recurring savings from 1st April 2017 amounting to £4.8m and North West Locality will be expected to achieve an appropriate share of that saving

19. Service User and Community Engagement

North West Locality has been actively engaging with key stakeholders to identify the top priorities that people think are important for the year ahead. Engagement events have taken place in March with community planning partners and housing providers; our Public Partnership Forum and Voices for Change members, including community group and service user and carer representatives; primary care independent contractors; and with our staff. These events build on the consultation work undertaken for Glasgow City HSCP's Strategic Plan, and has informed the development of a North West Locality Plan for 2016/17. Over 150 people attended our engagement events and contributed to the discussion on our priorities and how we can work better together to address these.

However it is recognised that the production of our Locality Plan only represents the beginning of our engagement with stakeholders, which will continue throughout the remainder of the year and beyond. This engagement activity will meet the principles set out within Glasgow City HSCP's participation and engagement strategy and build upon existing engagement processes with service users and carers and the groups representing them, community groups and partner organisations, and the general public.

APPENDIX 1

National Health & Wellbeing Integration Outcomes

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer

Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Outcome 5: Health and social care services contribute to reducing health inequalities

Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being

Outcome 7: People using health and social care services are safe from harm

Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services