

North East Locality Glasgow City Health and Social Care Partnership

Locality Plan 2016-17

13th September 2016

FOREWORD

Health and Social Care Partnerships have been established across Scotland to improve how we use our resources (people, money, buildings) to help people make long term improvements to their lives and to enhance their life chances.

The North East Locality is committed to responding to the significant challenges faced by people living in the North East. The high levels of poverty and multiple health problems experienced by local residents seriously impacts both on their quality of life and their life expectancy. Addressing these inequalities requires us to consider the changing population, the data available that informs us about health and social care outcomes and importantly, what we know directly from local people, our staff and organisations about health in the North East and how that feels in terms of lived experience. We also have some great opportunities to engage with our population and our staff to improve how health and social care services are delivered to better respond to the needs of our community. By really listening to the ideas people have and the initiatives they think we should take to make positive changes, I believe that we can truly make a meaningful difference to people's lives.

We will continue to focus on developing our partnership working with local people, with other agencies and service providers. We will be challenging ourselves from the outset to change whatever needs changed; to try new ways of working; to take risks when we need to and not to retreat to the status quo if something does not work out; to be as efficient as we can be in our use of public money; to be accountable for everything we do and most of all to keep listening and responding to what people tell us about our services.

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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. <https://www.glasgow.gov.uk/CHttpHandler.ashx?id=32948&p=0>

1. Introduction

Glasgow City Health and Social Care Partnership (HSCP) is responsible for the provision of primary care and community services for the people of Glasgow and for promoting health and wellbeing.

Glasgow North East Locality is one of three localities within the HSCP and has a management team responsible for service delivery and co-ordination, as well as ensuring implementation of the HSCP policies and plans at a local level.

North East locality covers the following Local Area Partnerships:

- Calton;
- Springburn;
- East Centre;
- Shettleston;
- Baillieston; and,
- North East.



The total population of North East Glasgow is 167,518 people. A breakdown of the population by age is shown in the table below:

Age Bands	No. of people	% of population	% of this age band in GlasgowCity
0-17 years	32,595	19.5	18.2
18-64 years	110,141	65.7	67.9
65 years plus	24,782	14.8	13.8

In the North East Sector we employ over 2,000 staff across area based services. We also support several hundred staff working as independent contractors in medical and dental practices, and opticians and pharmacies. Our human resources and learning & development priorities are agreed across the city but we will ensure that this is implemented in a way that ensures our staff are informed and prepared for any service changes and new policies that arise. Priorities for the coming year include:

- Cross team learning and building relationships with new colleagues in the HSCP

- Support GP practices in the development of GP Cluster Quality Groups
- Continue to support the induction process for staff and managers to ensure Personal Development Planning/Review is in place in order that 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 change

2. Our Services

The North East locality is responsible for delivery of health and social care services to the people of North East Glasgow. These services are delivered by a single organisation with services managed within a single management structure. Our total budget for service provision is approximately £220 million . We provide a range of services covering:

Children's Services

- Children and families social work services
- Health visiting and school nursing services
- Community paediatrics and child and adolescent mental Health
- Criminal justice social work services

Adult Services

- Adult mental health services in-patient and community both health and social work services
- Addiction health and social work services
- Learning disability 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
- Allied Health Professionals (for example occupational therapists, physiotherapists and podiatrists)
- Physical Disability Services

Primary Care Independent Contractor Services

- Community pharmacies
- Optometry practices
- Dental practices
- GP medical practices

Health Improvement Services

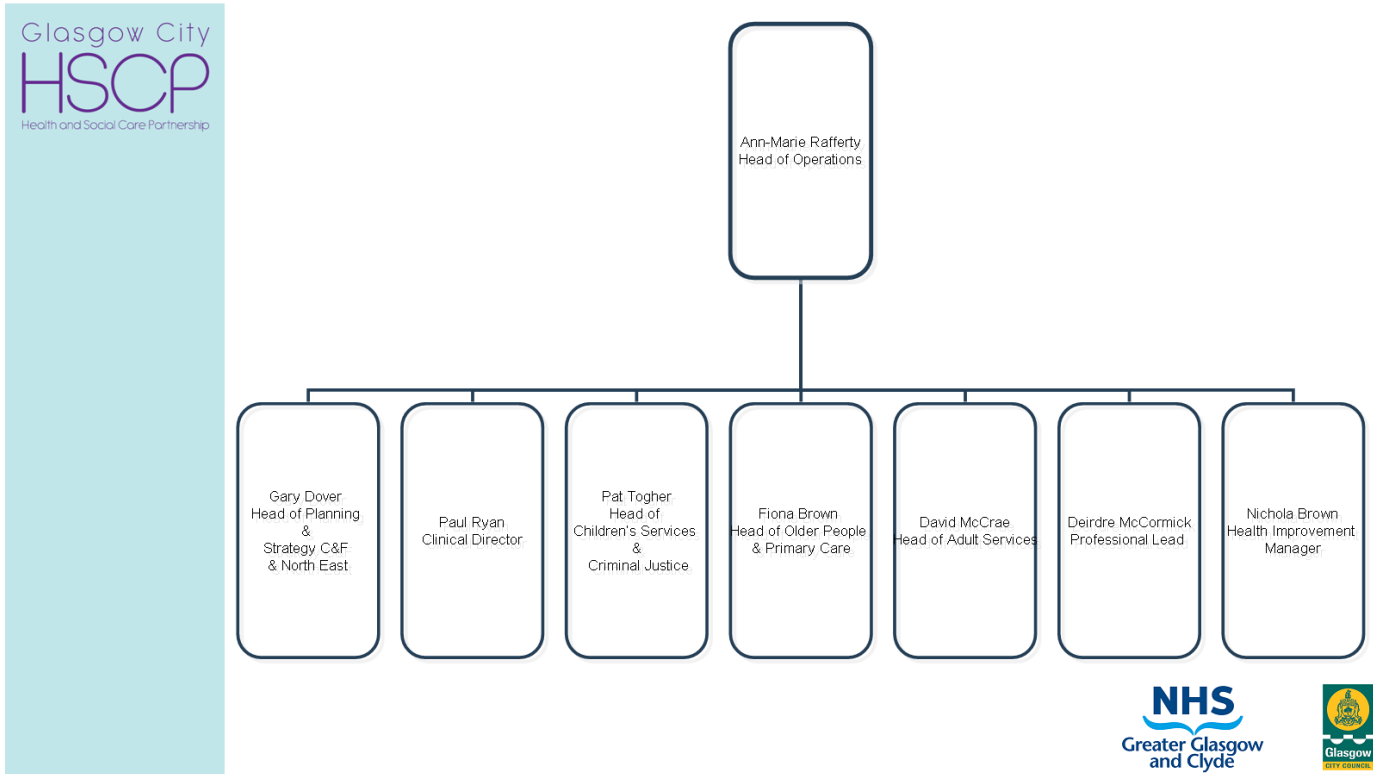
- Working with communities and planning partners to help address health inequalities
- Working with services to promote positive lifestyle choices and access to financial inclusion and employability services
- Promoting health improvement to our local population, including the uptake of screening programmes

3. Management arrangements

The overall leadership for the Glasgow City Health and Social Care Partnership is provided by the Corporate Management Team and is accountable to the Joint Integration Board. Glasgow North East locality has a management team responsible for service delivery and co-ordination, as well as ensuring implementation of the HSCP policies and plans at a local level.

The Management structure for North East locality is set out below:

NORTH EAST SENIOR MANAGEMENT TEAM



Within the North East there are 44 GP practices, 38 dental practices, 51 pharmacies and 36 optometrists. As part of new arrangement for primary care we are in the process of developing Clusters of GP practices to take forward quality improvement work. We have a GP Forum which enables us to engage on a regular basis with general practice and we are embarking on the development of locality-based arrangements, to promote good partnership working with all primary care contractors based in the North East Sector.

The Sector locality involves residents in planning services through the Public Partnership Forum, Voices for Change and through a wider network of service user and carer groups. During 2016/2017 we will review our existing arrangements for engaging with the public and service users to ensure we have an effective approach to involving people in discussions about how health and social care services can be improved. We will involve local people in this review.

We engage with our health staff through the city wide Staff Partnership Forum and through involving them in our management team and in key re-design and planning groups. We have commenced on a programme with our senior managers and frontline staff to promote engagement with all staff across the

North East. We also work in partnership with a wide range of statutory and voluntary organisations to ensure that our planning and service delivery operate in joined up ways.

We held a number of engagement events with our local partners, stakeholders and residents to consider our local issues and priorities and to set out the aims and objectives of the Glasgow City HSCP's Strategic Plan. Some of the feedback we received from these events is listed below:

- Involvement of local people and voluntary sector in shaping and deciding services is crucial to its success and relevance
- Parkhead seems to be losing out and health centre requires investment and modernisation
- Support for thriving places but needs to build on local assets and strengths
- Need to look across area at all community resources and identify those not being used at particular times of day and use these for community meetings and events
- Improve supports to children's residential settings that result in positive and meaningful outcomes for children and young people
- More opportunities for children and families to be together
- Intergenerational work is important
- Ensure people are tracked to see progress, for example preventing people taking methadone over a number of years
- More mobile cancer screening available (for example at local Tesco, Asda)
- Need to reduce jargon and simplify language
- Enhanced support for carers to ensure they keep well
- Ensure young people are heard
- Ensure HSCP are involved in ongoing tenancy sustainment

In addition Glasgow Disability Alliance (GDA) organised an event on our behalf for disabled people who live in the North East locality. Almost 150 people attended the event and the aim of the day was to explore the opportunities and challenges presented by health and social care integration and to discuss ways to improve the well being of disabled people in the local area. Some comments and feedback from this event are listed below:

- Concerns around some local services with regard to access (stairs, heavy doors, broken lifts)
- Lack of accessible information on services and support, with particular concerns over visually impaired people not receiving appointments in accessible formats
- Lack of weekend, drop-in and/or urgent appointments for people in crisis, particularly those using mental health services
- Increased charges for services, and newly implemented charges, e.g. meals at day services

Those attending this event were also asked what they would prioritise or change if they were in charge:

'I'd have a bigger health and social care centres where people could access as many services as possible under one roof. This would include social workers, housing officers, citizens advice, carers support and space for community groups to advertise their services'

'Although some of us have conditions that require no medication, I would like to see services that maintain and preserve wellbeing, like continuing physiotherapy, hydrotherapy, stress management and so on'

4. Profile of the locality

Glasgow's North East Locality is historically where health is most challenging due to severe levels of poverty, even compared to Glasgow city as a whole. The Scottish Index of Multiple Deprivation (SIMD) measures deprivation by neighbourhood every four years and produces a ranking of deprivation by housing neighbourhood areas. An analysis of Glasgow's 56 neighbourhoods using information from the 2004, 2008 and 2012 SIMD data showed that of the 25 neighbourhoods with the worst position (in child poverty, income deprivation, and lowest levels of male and female life expectancy) 11 were in the North East Locality. This presents huge challenges for improving health and wellbeing. It also requires us as service providers to ensure that we recognise the difficulties faced by people in the North East on a daily basis.

The 2015 NHS GGC Adult Health and Well Being Study results show some encouraging findings, as well as where there is more work to do.

The study showed that 1 in 4 people in the North East have a long term condition or illness that affects daily life, and in the Thriving Place boost area* this rose to 1 in 3 people. Compared to Glasgow city, we also have more smokers, more people with caring responsibilities and more people who receive any of their household income from benefits.

The Thriving Place boost highlighted significant differences within the North East. Taking the boost as a proxy for our poorest areas, very concerning data emerges, in comparison to the overall North East. In the boost area, 47% of people are receiving treatment for at least one condition, 61% of people are exposed to second hand smoke, 32% of people are receiving all their income from state benefits and 61% of people would have difficulty in finding £100 to fund an unexpected expense such as repair or emergency. The expected impact of welfare reform added to this will create more pressures for people already struggling.

Despite all of this, the Study showed where there are real positives. Compared to Glasgow city, people in the North East are more likely to have two alcohol free days a week, more likely to participate in walking for leisure and are more likely to feel valued as a member of the community.

A resilience index developed using six indicators (such as feeling valued as a member of the community, feel that by working together can influence decisions affecting the community, agreeing that people look out for each other) showed that people in the North East, consistently even in the Thriving Place boost area, had very high resilience levels. (Glasgow city, 66% of people had high level of resilience, this rose to 72% in the NE overall and 65% of people in the Thriving Places boost had high resilience.) This suggests that despite many challenges affecting health and wellbeing, people in the North East are positive and this is evident in the richness of community rooted activities and initiatives that take place. This gives the staff of the HSCP many opportunities to build upon, to work with people locally to create better conditions for improved health and wellbeing.

The NHS Greater Glasgow and Clyde (NHS GGC) Youth Health and Well Being Study is conducted every three years within secondary schools. The 2014 report, just published, surveyed over 11, 000 pupils from S1 to S6. It highlights some positive health trends as well as aspects of concern. Fewer pupils reported this time (as compared to 2010) that they ever drink alcohol, and numbers of pupils who smoke continues to fall. More pupils report drinking water at lunchtime but this is strongly related to deprivation, with pupils in more deprived schools more likely to consume fizzy drinks and buy lunch from a shop or van.

There has been a sharp fall in the numbers of pupils who don't eat breakfast, with the highest drop in North East Glasgow(10.1% reduction since 2010).

More young people report having caring responsibilities (14%) , with a third of them saying that no-one knows about this. Nine percent of pupils report having a long term condition that affects their health.

The 2014 study asked more questions than in previous surveys around mental health and well being. One in four pupils was shown to have a high level of difficulty on the Strengths and Difficulties Questionnaire (SDQ) which formed part of the survey. Higher SDQ scores were found in pupils with caring responsibilities and in those who reported being unsure about their sexuality or attracted to the same sex. Girls' SDQ scores indicated higher levels of emotional difficulties whilst boys' SDQ difficulties more related to conduct issues.

5. Local performance information

Glasgow City HSCP reports on performance to Glasgow City Council and NHS Greater Glasgow and Clyde on a range of key performance indicators and targets. The HSCP will publish an annual performance report which will show the progress of the HSCP towards meeting the national health and well being outcomes. Each locality contributes towards the overall performance of the HSCP and the following table shows some examples of where the North East is performing well and where improvement is required. Areas for improvement have been highlighted as priorities by our services later in this document

Where performance is improving and/or achieving target
Reduction in the number of delayed discharges of people in hospital over 14 days
Number of reviews carried out for older people receiving home care
Improvement in the number of Direct Payments
Waiting times for access to Child and Adolescent Mental Health Services (CAMHS)
Percentage of children looked after at home with family/friends (LAC) with a primary worker
Percentage of criminal justice community placement orders (CPO) work placements commenced within 7 days
Breast Feeding at 6 – 8 weeks (exclusive) – all new mothers across the whole of North East area
Alcohol Brief Interventions
Number of complaints handled within timescales

Where improvement is required
Psychological Therapies - Number of people starting treatment within 18 weeks
Primary Care Mental Health Team – number of people referred to first appointment within 28 days
Primary Care Mental Health Team – number of people referred to first appointment within 63 days
Percentage of children looked after at home (percentage of the total looked after)
Percentage of young people receiving a leaving care service who are known to be in employment, education or training

Alcohol Related Emergency Admissions (per 100,000)
Three month reviews of Community Placement Orders (CPO)
Smoking in Pregnancy
Bowel Screening Uptake Rates
Cervical Screening Uptake Rates
Breast Feeding at 6 – 8 weeks (in 15% most deprived areas) – all new mothers residing within 15% most deprived areas of North East locality
Breast Screening uptake

6. Service area priorities

The Glasgow City Health and Social Care Partnership's Strategic Plan focuses on the key actions to be taken forward across Glasgow City to improve the health and wellbeing of the people of Glasgow, and improve the quality of services we provide. The following section provides information on the key activities and actions that will be taken forward by the North East Sector locality in 2016/2017.

Children and Families

The Children and Young Person (Scotland) Act 2014 intends to introduce the named person concept in and will result in changes to the way we work together ensuring children and young people receive appropriate care and support in response to the Getting It Right for Every Child (GIRFEC) principles and values. As a service we will continue to develop local strategies in response to neglect and ensure effective early intervention and prevention models are instilled in practice and locality planning. This approach will build on the success of north east kinship care strategy and ensure that all opportunities to remain within extended family members remain our key objective.

Local Priorities	Activity planned to deliver priority	
Early and effective intervention aiming to give all children and young people the best possible start in life	<p>Review of North East early years Joint Support Teams (JST). Expand remit to discuss well being concerns by Named Person as of September 2016</p> <p>Reduce the number of children placed on the Child Protection Register and the length of time of registration. Embrace the Achieve Change Together (ACT) programme and validate via test for change models</p> <p>Engage third sector to assist us to provide a range of family support services across the locality</p>	<p>August 2016</p> <p>Review progress by March 2017</p> <p>Continuous</p>
Involve children in decisions that affect them, have their voices heard	<p>Maintain and develop Have your Say, Talking Mats and Viewpoint for all Looked After/Looked After and Accommodated Children (LAAC)</p> <p>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</p>	Ongoing and review by March 2017

	protection and looked after children and processes	November 2016
Work with families to improve life chances for children, with a specific focus on family resilience, health improvement, educational attainment, and reducing the number of children looked after away from home	<p>Engage with partner agencies and third sector organisations</p> <p>Promote parenting programmes and ensure targeted supports</p> <p>Continue to engage and consult with kinship care groups with a view to redesign of kinship care services ensuring full range of supports are delivered timeously</p> <p>Implement family group conferencing and promote extended family network searches for children on the cusp of care</p> <p>Ensure staff undertake training to align with service and practice developments (for example new universal pathway, collaborative working, identifying needs early)</p>	<p>Continuous</p> <p>Review numbers attending by March 2017</p> <p>Fortnightly community kinship forums and city wide events</p> <p>Training delivered in September 2016 and implementation thereafter</p> <p>All Health Visitors will be trained in the first three named person core elements by September 2016. Training related to the new universal pathway will be offered following NHSGGC agreement on the implementation plan</p>

Criminal Justice

Local Priorities	Activity planned to deliver priority	
Better Access to Addiction, Mental Health and homelessness services for Criminal Justice Service Users	Local liaison meetings to be set up involving social work, health managers from criminal justice, addictions and mental health services	Commence September 2016
Promote interface, communication and information sharing with Children and Families services in response to child protection concerns	<p>Local liaison meetings to be set up involving social work and health managers from criminal justice, addictions and mental health services</p> <p>Develop assessment tools focussing on the 'impact of parental offending behaviour' on children involved in child protection procedures</p>	<p>Commence September 2016</p> <p>November 2016</p>

Adult Services

North East Adult Services includes learning disability, mental health (community and inpatients), homelessness and alcohol and drug services. North East is managing the re-design of NHS learning disability services for Glasgow City. We also have a responsibility to ensure vulnerable adults who are deemed to be at risk are protected through the use of Adult Support and Protection legislation and procedures

The community addiction teams are implementing a re-design of service and will be re-launched as the Alcohol and Drug Recovery Services. There will be a far greater emphasis on people with problematic alcohol and drug use moving into recovery and reintegrating with their communities. Service users require intensive support and harm reduction advice at the start of their treatment, and we hope to engage families more effectively in this process. Service users will be encouraged to consider the goal of recovery from alcohol and/or drugs from the first point of contact with the service, and throughout their time with the service. The service will continue to provide support and development opportunities to the Recovery Communities, to ensure that individuals maintain their recovery once they move on from treatment and formal services.

- **Alcohol and drugs**

Local Priorities	Activity planned to deliver priority	Targets/Timescales
Early Intervention and Harm Reduction by increasing Blood Borne Virus (BBV) and HIV testing and increase in harm reduction interventions	BBV nurses to undertake non-medical prescribing training Senior Medical Officer to take lead on monitoring of HIV presentations across HIV Regular feedback from ADP drug and alcohol death prevention sub group	Complete by June 2017 By June 2016, review on a six monthly basis. Measure increase HIV testing – target of increase by 25% by June 2017 Quarterly feedback by July 2016
Ensure recovery is an integral part of treatment, from the first point of contact through to exit from service	Launch of new service incorporating recovery in the title Recovery planning from initial contact and throughout treatment and care, assisted by implementation of new model Ongoing training for recovery Support and develop Recovery Communities and Recovery Hubs	September 2016 Fully implemented by September 2017. Target of 100% service users with recovery plans Programme of training June 2016 – June 2017. Target of 100% social care, nursing and medical staff to receive recovery training Launch Recovery Hubs October 2016. Target of 20% increase in service users accessing recovery hubs by July 2017

- **Learning disability**

Local Priorities	Activity planned to deliver priority	Targets/Timescales
Continue personalisation assessments for all people who have a learning disability and are eligible to receive a service	Ensure that all service users are assessed through personalisation, appropriate funding agreed commensurate with their level of need Outcome Based Support Plans are developed in	Continues to be a priority area of work that will be reviewed every three months

<p>Partnership approach to remodelling of some of our social care provision to meet changing needs and financial challenges</p>	<p>collaboration with service users, families and other partners ensuring that people are safe, protected and supported to live as independent lives as possible</p> <p>Continue to work collaboratively with social care providers and community/voluntary sector to improve access to a broad range of community based activities</p> <p>Review all those brought through personalisation in the last two years, to ensure ongoing support is targeted to meet current needs and where appropriate remodel services/approaches</p>	<p>Has commenced and will be completed by September 2018</p>
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- **Adult mental health**

Local Priorities	Activity planned to deliver priority	Targets/Timescales
<p>Complete personalisation assessments for all people who have a mental health difficulty and are eligible for services</p>	<p>Ensure all service users are assessed through personalisation, appropriate funding agreed commensurate with their level of need</p> <p>Outcome based support plans are developed in collaboration with service users, families and other partners ensuring that people are safe, protected and supported to live as independent lives as possible</p> <p>Improve how we work across HSCP and the voluntary sector to ensure that the spectrum of need from mild to moderate mental distress/illness to acute chronic and enduring mental illness is addressed</p>	<p>Continues to be a priority area of work that will be reviewed every three months</p>
<p>Continue to improve waiting times to access Primary Care Mental Health Team</p>	<p>Improve call back system in response to initial referral</p> <p>Continue to improve staff skills & mix, using learning opportunities and reviewing posts when vacancies occur.</p>	<p>Ongoing and reviewed by March 2017</p> <p>Commenced early 2016 and</p>

	Maximise clinical time by best use of Anvil Centre	reviewed by March 2017
Support people to live as independently as they can within their own home with support	<p>Review all service users currently within care homes/supported accommodation to ensure they are appropriate for this model of support and, where appropriate, facilitate 'move on' to their own tenancy with support</p> <p>Review all models of support to take forward the reshaping of supported accommodation and supported living to meet current needs, ensuring that people in most need can be prioritised for high levels of support</p>	During 2016/2017
Ensure effective transfer of wards on Parkhead site to Stobhill Site	Ensure effective communication with staff, patients and carers	Ongoing and transfer complete by August 2017

- **Homelessness Services**

Local Priorities	Activity Planned to deliver priority	Targets/Timescales
Improve interfaces with housing providers to increase access to settled accommodation	<p>Actively participating with Housing Access Operation Group</p> <p>Attending the Local Letting Communities forums to achieve targets on settled accommodation</p> <p>Ensure staff inform service users of likely available accommodation to reduce waiting times and maximise the allocation of settled accommodation.</p>	<p>December 2016</p> <p>September 2016</p>
Increase throughput in temporary and emergency accommodation to settled accommodation	Improved approach to case management through joint working leading to quicker and better outcomes	Target 20% increase in homeless applications being progressed to Section 5 referrals by July 2017
Improving tenancy sustainment through early support and identification of need.	<p>Ensuring Housing Options approach is fully embedded in practice with registered social landlords and Community Casework Team</p> <p>Deliver Housing Options, case management training to improve assessment</p> <p>Continue to improve access to third sector support services</p> <p>Improve access and interface with Health and Social Care Partnership services for people at risk of homelessness</p>	<p>March 2017</p> <p>Ongoing and completed by March 2017</p> <p>Four development sessions to be delivered to housing providers and partners during 2016/2017</p>

Older People's Services

North East locality provides a range of services to support older adults and their carers to ensure they can live at home or in a homely setting for as long as possible. Key service priorities include supporting older adults and their carers to have good health, independence, wellbeing and quality of life. We aim to ensure timely support is available at times of crisis and key service objectives include the promotion of self-care, reablement, rehabilitation, hospital admission avoidance and supported discharge arrangements and the protection of vulnerable adults. We recognise the importance of ensuring service users' views are at the heart of service delivery to ensure choice and control. To achieve this we will ensure ongoing engagements with older adults and their carers when we are providing a service and when planning and reviewing our services. We will ensure good partnership working takes place with other services- including hospital staff, housing providers, voluntary organisations and other service providers - to achieve the best service pathways for older adults and their carers.

Local Priorities	Activity Planned to deliver priority	Targets/Timescales
<p>Further development of intermediate care:</p> <p>Short term improvement of governance in existing units and review of existing practice</p> <p>Work with commissioning to establish and embed new model of care</p>	<p>Review of how the local Intermediate Care Service is being delivered, to ensure improvements in the service, service user pathway and quality of care are implemented</p> <p>Regular operational interface meeting with Rehab team and Social Work managers to ensure shared approach.</p> <p>Attendance at Acute Older Person's Development forum by partnership HSCP managers</p> <p>Ensure Development, Governance and Operational matters relating to Intermediate Care are embedded in the Older Peoples' and Primary Care Performance Framework and North East Older Peoples' & Primary Care operational and planning meetings and Glasgow City HSCP Hospital Discharge Operational meeting.</p>	<p>October 2016</p> <p>Regular meetings scheduled</p> <p>August 2016</p>
<p>Implement the city wide Accommodation Based Strategy in the North East to make sure that local initiatives promote formal and informal care and support</p>	<p>Continue to develop links with local voluntary and community groups including housing organisations</p> <p>Awareness and updating sessions for HSCP staff to ensure staff are supporting more people at home</p> <p>Local commissioning, finance and housing options surgeries are embedded within the team</p> <p>Rehabilitation and reablement intervention supports to be fully optimised by ensuring staff awareness of the relevant services, criteria and access pathways to support older people to</p>	<p>December 2016</p> <p>June 2016/November 2016</p> <p>July 2016</p> <p>July 2016</p>

	remain longer at home	
Implementation of the recommendations from the District Nursing Review	Evaluate skill mix and contribute to city wide actions to develop pool of appropriately qualified staff Contribute to city wide flexible working plan to ensure 24 hr service availability	Ongoing
Focus on and develop service capacity particularly in relation to prevention and early support	Develop anticipatory care across services and reduce unscheduled admissions to hospital Support early discharge from hospital, contributing to the ongoing development of Intermediate Care approaches	Ongoing

Health Improvement

Despite the significant impact of poverty and deprivation faced by communities in the locality, there are high levels of individuals and community resilience in the North East, as shown in the recent adult health and wellbeing research. There are also many positive examples of where we are already working with local groups and individuals to create opportunities to improving health and wellbeing. We will build on this, doing so in a way that encompasses:

- Working with partners, local groups and people to build on and enhance the collective strengths that are already present.
- Seeking to support shared ownership of health improvement with HSCP colleagues and other organisations.
- Garnering the evidence from the wide range of programmes that are being delivered, to ensure appropriate targeting of our health improvement resource.

Local Priorities	Activity planned to deliver priority	
Support the further development of Thriving places workstream in Parkhead/Dalmarnock/Camlachie and in Easterhouse, Springboig/Barlanark	Deliver a range of community led activities to respond to locally identified needs such as loneliness/isolation and food poverty	Easterhouse community Organiser appointed August 2016 funded for two years Practitioners Group established and operational by August 2016 Quarterly Community Breakfasts ongoing in locality. Community Health Contract for capacity building until March 2017
Support individuals and families with health related issues : build positive mental health and resilience, reducing alcohol, drugs, tobacco	Deliver stress management services including counselling, groupwork and mentoring to adults and young people	470 individuals will benefit from counselling services from Lifelink 2016 /2017 340 individuals to benefit from a range of community based groupwork and

<p>use and obesity</p>	<p>Include consideration of mental wellbeing and resilience into all family focussed programmes e.g. family meal homework clubs</p> <p>Implementation of Ripple Effect Consultations and delivery of Community Alcohol Campaigns</p> <p>Continue to roll out targeted area based approaches to smoking cessation services</p> <p>Delivery of the Weigh to Go programme</p>	<p>training delivered by Lifelink 2016/2017</p> <p>North East Child and Youth mental health working group will deliver an action plan on NHSGGC young person's mental health framework by March 2017</p> <p>Dissemination of findings by August 2016. Locality action plans to commence October 2016</p> <p>NE campaign launched and operational in Parkhead June – December 2016. Ongoing evaluation and roll out to subsequent areas</p> <p>523 adults successfully quit at 12 weeks (from SIMD 1 and 2)</p> <p>Options paper completed and targets under consideration for new model during 16/17</p>
<p>Contribute to reducing poverty and supporting people living in poverty in North East Glasgow</p>	<p>Provide financial inclusion services delivered in a range of settings across North East Glasgow and promote referrals into this service</p> <p>Build poverty proofing approaches into all areas of health improvement team activity and activities with partners</p> <p>Alleviate food poverty through the provision of programmes which include, as part of a wider activity, the provision of food, e.g. extend the network of breakfast clubs in the North East for</p>	<p>Commissioned service (Greater Easterhouse Money Advice Project) will receive 400 referrals from NHS staff for patients during 2016/2017</p> <p>Working group established to consult with staff and develop an action plan by September 2016</p> <p>Support the development of Cost of the School Day twilight training for education staff and deliver in partnership with GEMAP by June 2017</p> <p>Support the provision of food as part of activities with family work ongoing</p> <p>Bridgeton and Parkhead</p>

	school aged children	Family Meals and homework Club ongoing during term time Dalmarnock Summer Programme underway, evaluation by November 2016
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Primary Care

Primary care refers to the care given to patients outwith hospital and includes GPs, dentists, optometrists and pharmacies as well as community nursing and health visiting. The HSCP aims to produce a co-ordinated approach to care in the community, linking health and social care agencies as increasingly care will be provided in the home setting as envisaged by NHS Scotland's 2020 vision. There are many challenges in the North East related to deprivation with reduced life expectancy and chronic ill health. It is essential that all agencies work together, both public and voluntary sector, to address this.

Local Priorities	Activity planned to deliver priority	Targets/Timescales
Improve health life expectancy	Improve publicity and ensure health promotion opportunities at all contacts and locations ensuring all contractors are linked in Promote benefits of screening offer support/information to GP practices	Ongoing, continue as part of the new GP contract and will maximise publicity materials April 2017 and in future years
Carers are encouraged to have life outside caring	Increase use of "A Local Information System for Scotland" (ALISS)	April 2017 with ongoing work to promote its use
Support older people to live healthier lives	Identify 'vulnerable' population and ensure they are linked into appropriate services through using <ul style="list-style-type: none"> • Anticipatory Care Plans • Chronic Disease Management 	Ongoing with particular focus on widening the number of staff who contribute to Anticipatory Care Plans Ensure chronic disease management programme continues
Support sustainable Primary Care services (including out of hours and urgent care)	Pilot new ways of working with GP practices Better utilise all members of the primary care team (for example increase access to treatment from community pharmacy and optometrists)	Ongoing preparatory work with implementation as part of new GP contract April 2017

7. Cross cutting service priorities

Local Priorities	Activity planned to deliver priority	Targets/timescales
Continuing to support the roll out of Housing Options approach across the North East and further development of a strong interface with the housing sector	<p>We will work with the Housing Options team and all registered social landlords to ensure best practice is shared and embedded.</p> <p>We will continue to ensure joint working and best use of resources is delivered by further developing our liaison arrangements with all NE RSLs.</p> <p>We will ensure our Essential Connections Forum and Vulnerable Household Forum meetings are refreshed with a membership and remit to reflect shared priorities</p> <p>We will develop a multi agency training plan with housing providers</p> <p>We will ensure that the refreshed Statements of Best Practice are launched across the North East</p>	<p>Joint staff meetings on a regular basis during 2016</p> <p>Ongoing and regular seminars set up for 16/17 with NE Housing Sector and partners</p> <p>By December 2016</p> <p>By October 2016</p> <p>By December 2016</p>
Continue to review all of our accommodation, both leased and owned across the North East to ensure that we have accommodation which meets the needs of services users and staff	<p>We will operate, as far as possible, from buildings that have health and social work staff delivering a range of community HSCP services based in one building to allow easier access for local people.</p> <p>Identify capital and revenue funding to finance a new health and care hub at Parkhead.</p>	<p>Accommodation Strategy Group to be set up during 16/17 and will link with HSCP Strategy Group</p> <p>Regular meetings set up with appropriate senior managers to take forward</p>
Provision of employability support for local people	We will continue to work with Glasgow Kelvin College to provide placements for young people attending courses in health and social care and with the universities for students who are undertaking professional health and social care courses, for example, social work, nursing, physiotherapy and occupational therapy.	Joint post working with NE Locality and Glasgow Kelvin College to set up and monitor placements for local young people
Review local community engagement arrangements to ensure that local people can be fully involved in the planning of services and influencing service change	Consultation on HSCP Participation and Engagement Strategy will include consideration of the North East approach to engagement with local residents.	Sessions with local groups to consider options during 16/17
Continue to raise awareness of adult carers	Build increased links with older people, primary care and adult teams to promote carers	Regular monitoring via the local Carers Operational

and promote the single point of access within the health and social care teams	<p>pathways.</p> <p>Ensure all staff are aware of their roles and responsibilities in identifying and supporting carers.</p>	<p>Group meetings</p> <p>300 new adult carer referrals in North East for 16/17</p> <p>Asset and outcome based training to be delivered in September 2016</p> <p>Ongoing staff training and awareness raising</p>
Continue to identify and support young carers through a family based approach	<p>Ensure all staff are aware of their roles and responsibilities in identifying and supporting young carers.</p> <p>Continue to work in partnership with Education services to develop pathway from schools to young carers services.</p> <p>Support education services to develop a schools pack for identifying young carers.</p>	<p>Training sessions to be delivered to staff and contractors across NE</p> <p>Outcome Star Training delivered by September 2016</p> <p>100 new young carer referrals in North East for 16/17</p> <p>Production of schools pack by March 2017</p> <p>Recruitment exercise for CIS Education worker in progress</p>

8. Equalities

North East Sector has ensured their local equalities priorities flow from Glasgow HSCP Equality Plan 2016-18. The Sector is committed to maintaining a Staff Equalities Group, with increased representation from social work, to share learning and ensure accountability for local work. Ensuring links to community planning workstreams, such as Thriving Places, is a theme within North East Sector equalities priorities. In addition, the following priorities have emerged:

- Ensuring appropriate access to interpreters and accessible information
- Maintaining accessibility audits of new buildings
- Participation in Equality Impact Assessments of cost savings, service re-designs, service developments and policies
- Hate crime awareness and reporting
- Routine enquiry undertaken by our staff with local people about money worries, gender based violence, 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-module, Key Care Groups: GBV)
- Responding to the requirements of Glasgow HSCP's participation and engagement strategy including equalities monitoring of community engagement
- Reviewing Caring to Ask and Checking it Out staff development initiatives
- Analysing performance monitoring and patient experience by protected characteristics as required

9. Budget

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

	NHS GGC (£000s)	SWS (£000s)	Combined (£000s)
Children and Families	£4,193	£10,106	£14,299
Prison Health Care and Criminal Justice	£0	£2,591	£2,591
Older People/Dementia	£7,508	£19,125	£26,633
Addictions	£1,708	£2,442	£4,150
Carers	£0	£555	£555
Elderly Mental Health	£8,914	£0	£8,914
Learning Disability/Physical Disability	£572	£23,212	£23,784
Mental Health	£24,448	£3,029	£27,477
Homelessness	£2,633	£1,366	£3,999
GP Prescribing	£41,698	£0	£41,698
Family Health Service	£51,330	£0	£51,330
Hosted Services	£5	£0	£5
Support Services	£6,242	£821	£7,063
Resource Transfer	£0	£0	£0
Total	£149,252	£63,247	£212,499

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 East Locality will be expected to achieve an appropriate share of that saving

10. Partnership Working

We will continue to work with our community planning partners (including Education, Police Scotland, Scottish Fire and Rescue, Voluntary Sector, Glasgow Kelvin College, Glasgow Life, Skills Development Scotland) through the Area Senior Officers Group and the Community Planning Partnership Board and will ensure that we continue to take forward the community planning strategic objectives to address the issues of alcohol, youth unemployment and vulnerable people.

In addition, a main priority for the North East is our partnership working with the housing sector to improve housing access within the community as well as linking this to our accommodation based strategy for older people.

There are 22 registered social landlords (RSLs) in North East Glasgow, the largest of which is the Wheatley Group comprising Glasgow Housing Association (who have nine individual offices within North East), Loretto Care and Cube Housing. The role of housing is key to our work and the delivery of our priorities, in particular when preventing hospital admissions and supporting people to live longer at home. We will continue to work with RSLs through our various structures including the Essential Connections Forum and the Vulnerable Households Forum to ensure we use our combined resources more effectively and to share good practice.