

Glasgow City
HSCP
Health and Social Care Partnership



GLASGOW CITY INTEGRATION JOINT BOARD'S
**STRATEGIC PLAN FOR
HEALTH
AND
SOCIAL CARE
2019 – 22**



Flourishing Communities,
Healthier Lives



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FROM CHAIR
AND VICE CHAIR



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INTRODUCTION FROM CHAIR AND VICE CHAIR

INTRODUCTION FROM CHAIR AND VICE CHAIR

Welcome to the Integration Joint Board's (IJB) Strategic Plan for Glasgow City Health and Social Care Partnership for 2019 to 2022. This is the IJB's second Strategic Plan and it has been developed in partnership with you, our partners and fellow citizens, following consultation and engagement to get your feedback and suggestions.

The Strategic Plan will drive everything we do as a Partnership for the next three years so has to reflect the views and priorities of people living and working in the City.

The Plan sets out the Vision of the IJB and the key priorities we will focus on for the next three years to deliver integrated health and social care services across the City. We are transforming the way integrated services are delivered to, support people to remain in their homes for as long as they can, lead healthy lives, and be supported as far as possible within community settings. We recognise that change is difficult, and means being innovative and trying things we have never tried before. As a Partnership, and with your help to plan and implement these changes, we don't back away from change, or from doing things that are challenging, just because they are difficult or untested. We want to push boundaries, using innovative new approaches to supporting people's

health and social care needs and achieving truly integrated services. We will explore what works best and make use of exciting new technology if it will help us to improve the health and wellbeing of the City and contribute to reducing health inequalities and the devastating impact of poverty and deprivation.

Of course we realise that making changes to how we do things can affect people differently. The IJB takes a person-based, human rights approach that places equalities at the absolute forefront of our thinking when considering making changes to service provision. Everything we do is placed under scrutiny to ensure we understand and mitigate any negative impacts we identify to ensure the rights of all citizens are taken into account and to ensure at all times we provide equity of access to services for everyone, but particularly to people with protected characteristics or those from traditionally marginalised groups within our society.

In this Strategic Plan we lay out our commitment to ensuring that all proposed changes in service provision are fair, transparent and empowering and meet the General Duties requirements of the Equalities Act 2010; to eliminate unlawful discrimination; to advance equality of opportunity and to promote good relations.

The plan also sets out the cultural shift within Glasgow as we move to develop a relationship with citizens based on helping them to help themselves where appropriate, and the importance of family and community resources in

meeting the health and social care needs of the City. This is going to be vital to achieve the Vision and key priorities set out in this Plan.

More simply though everything we do should be about ensuring people get the best possible experience of health and social care services, whoever they are, wherever they live in the City, and whatever their needs and aspirations are. That is what we want to achieve as we progress the integration of health and social care and that is what this Strategic Plan will deliver for the City.

Simon Carr
Chair
Glasgow City
Integration Joint Board

Councillor Mhairi Hunter
Vice Chair
Glasgow City
Integration Joint Board

ABOUT THE STRATEGIC PLAN



ABOUT THE STRATEGIC PLAN 2019-22

This Strategic Plan is prepared by the Glasgow City Integration Joint Board and sets out how Glasgow City Health and Social Care Partnership will deliver health and social care services over the next three years 2019-2022.

We are required by the Public Bodies (Joint Working) (Scotland) Act 2014 (the 'Act'), to produce a Strategic Plan for the health and social care services and functions delegated to the Integration Joint Board by Glasgow City Council and NHS Greater Glasgow and Clyde. These services are jointly delivered as the 'Glasgow City Health and Social Care Partnership' under the guidance of an Integration Joint Board.

Some of the topics that are covered in the Strategic Plan are set out for us in the Act, whilst others are set by the Integration Joint Board. The Strategic Plan is a document that sets out the vision and future direction of health and social care services in Glasgow. It includes some detail of the planned activities that will achieve this, including how the nine National Health and Wellbeing Outcomes for Health

and Social Care in Scotland will be delivered in communities across the City. However, the Strategic Plan doesn't contain details of all the activities that the Integration Joint Board, Glasgow City Council and NHS Greater Glasgow and Clyde are jointly doing or planning to do over the coming years with a range of partners.

The fuller detail of planned activities to deliver the vision for health and social care in Glasgow will continue to be developed, considered and monitored on an ongoing basis. Over the lifetime of the Strategic Plan we will do this through our governance structures and by working in collaboration with partners in the public sector, with partners in the independent and voluntary sectors, and through engagement with members of local communities, through our engagement networks.

LOCALITY PLANS

The Strategic Plan covers health and social care services across the entire City. Each of the three local areas (North East, North West and South) that make up the Glasgow City Health and Social Care Partnership develop their own Locality Plan with partners, including patients, service users, carers and the third and independent sectors. Each Locality Plan is updated each year to show how the Strategic Plan is being implemented locally. Locality Plans ensure services reflect local priorities, needs and community issues. The most up to date locality plans are available on the [Partnership's website](#).

DEVELOPMENT OF THE STRATEGIC PLAN



DEVELOPMENT OF THE STRATEGIC PLAN

Glasgow City Health and Social Care Partnership is committed to participation and engagement with those who use or are otherwise affected by health and social care services in the City. The Strategic Plan will drive the work of Glasgow City HSCP and will in turn have an impact all service users in the City. It's vital therefore that the Plan takes into account what the people of the City think and what they expect to see in the three year Plan.

With that in mind a comprehensive consultation and engagement programme was conducted between October 2018 and January 2019 to inform what the final draft of the Plan should look like. Views were sought from a range of stakeholders including; patients, service users and carers; staff and representatives of the Partnership; national and local groups and forums; organisations and providers from the voluntary and independent sectors; equalities groups; housing associations; Elected Members and Health Board Members; Community Councils; Community Planning Partners and other Health and Social Care Partnerships.

We asked people what they thought of the Plan, the Vision of Glasgow City HSCP and the priorities that will be progressed in the lifetime of the Plan. Feedback was sought at a variety of consultation events focussing on specific themes and hosted by the HSCP or our partners, through discussion at locality

engagement forums, completion of an online survey, a social media campaign and updates and articles in the [Glasgow City HSCP newsletter](#). In total 546 people attended seven events hosted by the HSCP and more than 400 people took the time to respond to the online survey.

A huge variety of suggestions, comments, compliments and suggestions for areas where the Plan could be improved were received. All of the comments and suggestions we received were carefully considered and wherever possible the draft Plan was updated to reflect those views and the Plan changed considerably as a result. Where comments or suggestions couldn't be accommodated in the Plan some were passed to relevant senior managers to influence more detailed local planning that will be required to implement the Strategic Plan, ensuring that the best use was made of the feedback that was received.

ABOUT US



ABOUT HEALTH AND SOCIAL CARE INTEGRATION IN SCOTLAND

At its heart, Integration is about ensuring that those who use health and social care services get the right care and support whatever their needs, at the right time and in the right setting at any point in their care journey.

The way in which health and social care services are planned and delivered across Scotland has significantly changed.

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires Local Authorities (Councils) and Health Boards to integrate the strategic planning of a substantial number of health services and functions and most social care functions. As a minimum, the legislation requires that these services and functions must be integrated where they apply to services delivered to adults (including older people). This way of working is referred to as 'Health and Social Care Integration.'

Integration is not about structural change or 'tinkering around the edges' to improve services. It is a fundamental rethink and significant change in how the strategic planning and delivery of services happens with a range of partners: individuals, local groups and networks, communities and organisations, including patients, service users, carers and the third and independent sectors. This is to ensure that services reflect the range of views, experiences, needs and aspirations of people who may be supported by services, who may have a role in planning and delivering them or who may have an interest in them.

ABOUT HEALTH AND SOCIAL CARE INTEGRATION IN GLASGOW

In Glasgow City, Glasgow City Council and NHS Greater Glasgow and Clyde deliver integrated services as Glasgow City Health and Social Care Partnership (sometimes shortened to the 'Partnership,' 'GCHSCP' or 'HSCP') under the direction of an 'Integration Joint Board'. This just means that both the Council and Health Board commit to working together to create an environment that enables the Integration Joint Board to direct the work of the Partnership in the delivery of health and social care services.

The Integration Joint Board has integrated the strategic planning and delivery of all health and social care services and functions for children, adults and older people, along with homelessness and community justice services. The budget for health and social care services is made up of a contribution to the Integration Joint Board from the Council and the Health Board.

The IJB is Glasgow City's decision-making body that regularly meets to discuss, plan and decide how health and social care services are delivered in Glasgow City in line with its Strategic Plan. It then directs Glasgow City Council and NHS

Greater Glasgow and Clyde to work together as Glasgow City Health and Social Care Partnership to deliver health and social care services based on the decisions made by the IJB and to try and make best use of available resources.

Glasgow City Integration Joint Board (IJB) is a distinct legal body that was created by Scottish Ministers upon approval of Glasgow City's Integration Scheme. It was established, and held its first meeting in February 2016. The membership of the IJB is defined in the legislation, and details of the current Glasgow City IJB membership is available on [Glasgow City Health and Social Care Partnership's](#) website.

It was agreed that almost all social care services and functions would be delegated from Glasgow City Council to the Glasgow City Integration Joint Board and a range of health services were delegated by NHS Greater Glasgow and Clyde. The arrangements for Health and Social Care Integration within Glasgow are outlined in Glasgow City's Integration Scheme, which is available on [Glasgow City Health and Social Care Partnership's](#) website.

SERVICES AND FUNCTIONS

Some of the key health and social care services and functions delegated by Glasgow City Council and NHS Greater Glasgow and Clyde to Glasgow City HSCP, and which this Strategic Plan covers, include:

- social care services provided to children and families, adults and older people
- carers support services
- homelessness services
- mental health services
- alcohol and drug services
- criminal justice services
- welfare rights services
- district nursing services, school nursing and health visiting services
- palliative care services
- dental services
- pharmaceutical services
- sexual health services
- services to promote public health and improvement.

Glasgow City HSCP directly provides some services like residential and day care services, and there are health and social care services that are contracted

/ purchased from third parties including from voluntary and independent sector organisations. Within primary care services a range of independent contractors, including GPs, dentists, optometrists and pharmacists, are contracted and operate within a national framework overseen by the Health Board and represent critical components of the health and social care system.

More information on the health and social care services and functions delegated to Glasgow City HSCP are set out within Glasgow City's Integration Scheme, which is available on the [Partnership's website](#).

In addition providing services and purchasing services from other providers, we also provide information on services available across the City for people with health and social care needs who may not engage with the Partnership for support on our [Your Support Your Way Glasgow website](#).

ABOUT GLASGOW CITY HEALTH AND SOCIAL CARE PARTNERSHIP AND ITS LOCALITIES

Within Glasgow City HSCP, services are organised by care groups (children, adult and older people), with a strategic centre (including strategic planning and finance) and three operational areas.

These three operational areas in Glasgow City, which are referred to as 'localities': North East, North West and South. North East and North West localities are generally divided by High Street in the City Centre, and South locality is located in the area south of the River Clyde.

The Health Board area for NHS Greater Glasgow and Clyde is larger than Glasgow City's boundary and is made up of six Health and Social Care Partnerships, including Glasgow City HSCP. Glasgow City IJB and HSCP have responsibility for planning and delivering some services that cover the entire Health Board area for the other HSCPs (for example, sexual health services). These services are often referred to as 'hosted services.'



PERFORMANCE TO DATE



PERFORMANCE TO DATE

Glasgow City Integration Joint Board (IJB) and Health and Social Care Partnership (HSCP) have integrated performance management arrangements to monitor, report and scrutinise the performance of health and social care services.

Performance is monitored to evaluate our effectiveness in delivering the vision and priorities of Glasgow City HSCP, and to demonstrate that we are achieving the National Health and Wellbeing Outcomes that all HSCPs in Scotland have to achieve. The IJB performance framework doesn't just highlight where improvements and achievements are being made but also where we could do better and what needs to be done to improve in certain areas of performance. More information on the [National Outcomes](#) is available.

Glasgow City HSCP produces an Annual Performance Report (APR) every year which reflects on the HSCP's

performance against agreed national and local performance indicators and commitments set out in the Strategic Plan. To date Glasgow City HSCP has produced two APRs, and they are available on the [HSCP's website](#).

Glasgow City HSCP also considers performance reports at a care group and service level, and acts on a range of governance and operational performance reports from Glasgow City Council's Internal Audit Team, Audit Scotland, Healthcare Improvement Scotland and the Care Inspectorate.

ANNUAL PERFORMANCE REPORTS

Some of the key achievements highlighted in the APRs for 2016/2017 and 2017/2018, alongside the most up to date performance figures available for 2018/2019 (at the time of writing figures for the entire year are not available), include those below. A full breakdown of the performance of the HSCP is contained within the Annual Performance Reports on the [website](#).

CHILDREN'S SERVICES

2016-2017



96.4% of children aged five received the MMR vaccination, slightly up from 95.9% the previous year.



93% of looked after children who were surveyed agreed that their views were listened to.

2017-2018



Percentage of young people receiving an aftercare service who are known to be in employment, education or training increased by six percentage points, to 67%, from 61% the previous year.



Number of children in high cost placements decreased by two-fifths, from 111 the previous year to 67.

2018-19 (to Quarter 3)



Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training increased from (67% to 74%).



Number of high cost placements reduced from (67 to 52).

ANNUAL PERFORMANCE REPORTS

ADULT SERVICES

2016-2017



7,400 Alcohol Brief Interventions were delivered, exceeding the annual target of 5,066.



97% of people commenced alcohol or drug treatment within three weeks of referral, exceeding the target of 90%.

2017-2018



Number of households reassessed as homeless or potentially homeless within 12 months decreased by a tenth, from 493 the previous year to 444.



Number of individual households not accommodated in the last month of the quarter decreased by just over a tenth, from 209 the previous year to 186.

2018-19 (to Quarter 3)



Total number of Adult Mental Health Delays reduced from 28 to 10.



Percentage of Impact of Parental Substance Use (IPSU) Assessments completed within 30 days of referral increased from 81% to 89%.

ANNUAL PERFORMANCE REPORTS

OLDER PEOPLE

2016-2017



27% reduction in the total number of days older people were delayed in hospital, from 21,288 the previous year to 15,557.



Percentage of unpaid carers who agreed carers services improved their ability to provide support increased by seven percentage points, from 80% the previous year to 87%.

2017-2018



71% increase in the number of community service-led Anticipatory Care Plans in place, from 482 the previous year to 824.



Number of acute bed days lost to delayed discharged decreased by three-tenths, from 15,557 the previous year to 10,982.

2018-19 (to Quarter 3)



Home Care: Percentage of older people (65+) reviewed in the last 12 months increased from 82% to 84%.



Number of people in supported living services increased from 734 to 845.

ANNUAL PERFORMANCE REPORTS

HEALTH IMPROVEMENT

2016-2017



Increase of 1.2 percentage points in breastfeeding rates from 25.3% the previous year to 26.5%.



Approximately 2,700 patients and service users were supported into work by employability services.

2017-18



Percentage of women smoking in pregnancy (general population): decreased by 0.6 percentage points, from 13.4% the previous year to 12.8%.
Percentage of women smoking in pregnancy (most deprived quintile): decreased by 1.2 percentage points, from 19.7% the previous year to 18.5%.



Breastfeeding rates rose from 26.5% to 27.5%.

2018-19 (to Quarter 3)



Alcohol brief intervention delivery (ABI) is in line with performance target.



Smoking Quit Rates at 3 months from the 40% most deprived areas are above the expected target (623 v target of 514).



VISION AND PRIORITIES

VISION AND PRIORITIES: FLOURISHING COMMUNITIES, HEALTHIER LIVES

Vision

Our medium- to long-term vision is 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.

Over the next 10 years we will do this by:

- focussing on being responsive to Glasgow's population focussing on reducing health inequalities
 - supporting and protecting vulnerable people and promoting their independence and social wellbeing
 - working with others to improve physical, mental and social health and wellbeing, and treating people fairly
 - designing and delivering services around the needs, talents, aspirations and contributions of individuals, carers and communities using evidence from what we know works
 - showing transparency, equity and fairness in the allocation of resources and taking a balanced approach
- by positively allocating resources where health and social care needs are greatest, with decisions based on evidence of what works and innovative approaches, focussed on outcomes for individuals and risk accepted and managed rather than avoided, where this is in the best interests of the individual
- developing a competent, confident and valued workforce
 - striving for innovation and trying new things, even if they are difficult and untested, including making the most of technology evaluating new and existing systems and services to ensure they are delivering the vision and priorities and meeting the needs of communities

VISION AND PRIORITIES

- evaluating new and existing systems and services to ensure they are delivering the vision and priorities and meeting the needs of communities
- developing a strong identity, and
- focussing on continuous improvement, within a culture of performance management, openness and transparency.

Priorities

The five key strategic priorities of the Glasgow City IJB / HSCP for health and social care in Glasgow are:

1. Prevention, early intervention and harm reduction

We are committed to working with a wide range of partners across the City to improve the overall health and wellbeing and prevent ill-health of the people of Glasgow, including increasing healthy life expectancy and reducing health inequalities and the impact of deprivation through the delivery of services where they are needed most. We will continue to promote positive health and wellbeing, prevention, early intervention and harm reduction. This includes promoting physical activity for all-round wellbeing, acting to reduce exposure to adverse childhood

experiences as part of our commitment to 'Getting it Right for Every Child' and improving the physical health of people who live with severe and enduring mental illness. We will seek to ensure that people get the right levels of advice and support to maintain their independence and reduce the instances of people having to engage with services at points of crisis in their life.

2. Providing greater self-determination and choice

We are committed to ensuring that service users and their carers are supported and empowered to make their own choices about how they will live their lives and what outcomes they want to achieve. We recognise that those who have already received services (those with 'lived experience') have unique and valued perspectives that will be harnessed in helping to shape services into the future.

3. Shifting the balance of care

Services have transformed over recent years to shift the balance of care away from institutional, hospital-led services towards services that are better able to support people in the community and promote recovery and greater independence wherever possible. Glasgow has made significant progress

VISION AND PRIORITIES

in this area in recent years, and we aim to continue to build on our successes in future years by investing in local people, neighbourhoods and communities to help us shift the balance of care. Over the next 10 years we will increasingly move towards health and social care services being delivered in local communities across Glasgow.

4. Enabling independent living for longer

Work will take place across all our care groups to support and empower people to continue to live healthy, meaningful and more personally satisfying lives as active members of their community for as long as possible. To do this will show ambition and be innovative to develop and try new ways of providing services that haven't been done before, even that is difficult and sometimes more risky than the easy option.

5. Public Protection

We will work to ensure that people, particularly the most vulnerable children, adults and older people, are kept safe from harm, and that risks to individuals or groups are identified and managed appropriately. We accept that not all risks can be avoided entirely. However, risk can be managed effectively through good professional practice. By

promoting health and well-being we aim to strengthen, safeguard and protect vulnerable people.

What success will Look Like

The five Strategic Priorities outlined above are in themselves aspirational, and represent the ongoing focus and purpose of the Glasgow City Integration Joint Board. A range of indicators are identified by which our progress towards achieving these priorities can be measured, but equally important is to describe, in a general sense, what achievement of these priorities will look like.

- People who need support in the City will be helped and supported to make choices that enable them to enjoy the best quality of life possible
- By investing in promoting prevention and early intervention fewer people will need to be admitted into residential or long-term care
- People with complex needs will be able to live in their own homes and communities for as long as possible
- Preventative and effective early intervention services and supports will be available to support people to live independently in their communities

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- We will be working in partnership with a network of voluntary and private health and social care providers and individuals and groups with lived experience of health and social care services
- We will have open and effective channels of communication with service users, carers, stakeholders and the public to understand and have honest conversations about what they want future services to deliver
- Children and young people will achieve positive physical and emotional health and wellbeing outcomes
- Young people with experience of being in care will have better access to opportunities and will achieve better outcomes
- People with health and social care needs will experience better housing-related supports and outcomes as a result of strong partnership working with the housing sector
- We will have explored and embraced the opportunities presented by new technology available to us
- We will have a clear focus on delivering the best possible outcomes and quality of life to everyone in the

City who requires support and will be able to demonstrate the impact our services have on quality of life

- Health inequalities within the City will significantly reduce.

Delivering Our Priorities

The following tables describe some of the ways that Glasgow City Health and Social Care Partnership will work to deliver on the Strategic Priorities over the next three years. This is far from an exhaustive list, but instead presents some of the most significant pieces of work being taken forward across the City during the lifetime of this Strategic Plan. Further detail of other work being taken forward across care groups and localities can be found in the transformational change programmes of each care group and within Locality Plans.

While each activity is identified under one of the five key priorities, it is the case that some activities by their nature will support delivery of more than one. Each activity also supports delivery of one or more of the nine National Health and Wellbeing Outcomes, namely:

VISION AND PRIORITIES

National Health and Well Being 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 centered 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 to reduce 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.

VISION AND PRIORITIES

1 Prevention, early intervention and harm reduction

2 Providing greater self-determination and choice

3 Shifting the balance of care

4 Enabling independent living for longer

5 Public Protection

A hand is shown placing a wooden block on top of a tower of other wooden blocks. The blocks are arranged in a way that suggests a staircase or a path. The background is a light-colored wooden surface. A large purple semi-circle is overlaid on the left side of the image, containing the number '1' and the title text.

1

Prevention, Early Intervention and Harm Reduction

PREVENTION, EARLY INTERVENTION AND HARM REDUCTION: WHAT WE'RE ALREADY DOING

The Livingwell Model

Following a change in strategic direction Glasgow City HSCP collaborated with partners Development & Regeneration Services and the Wheatley Group to develop the Livingwell Model alternative to sheltered housing services.

The Livingwell Model marks a move away from a traditional warden-delivered 5 day service to an improved flexible 7 day a week, 365 days a year, service offering additional support in the evenings at weekends. Tenants still have their home and continue to be a tenant of their landlord, but by focussing on empowering tenants and recognising the strengths and assets they contribute to their communities, the model ensures that older service users can stay in their home safe, happy and well for as long as possible

Personalised support is provided by a mobile team and supplemented by a newly devised Community Engagement and Activities Team who oversee a team of 68 peer volunteers, leading on activities and introducing initiatives across the developments.

This transformational project, funded in the main through Housing Benefit, has involved 848 elderly service users across

Glasgow Housing Association, Loretto Housing Association and Cube Housing Association in Glasgow. The service is delivered by local integrated teams comprising Housing Officers, Livingwell staff, peer volunteers and external volunteers. A major service element is an "Alert-a-call" system that provides daily well-being check-ins at a time that suits service users provided by a company called Housing Pro-active.

An interim 6 month evaluation of the redesigned service has delivered the following outcomes:

- Staff reported tenants being more enabled, confident and independent
- 82% of tenants agreed the help and support received makes them feel safe
- 81% of tenants felt that the help and support they receive improves or maintains their quality of life
- 85% agreed that they are supported to live as independently as possible
- The need for face to face visits from staff has decreased by 30%
- 4000 hours of volunteering has taken place with 86% of volunteering hours being carried out by tenants themselves to peers.

PREVENTION, EARLY INTERVENTION AND HARM REDUCTION: WHAT WE'RE GOING TO DO

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Carers' strategy	<ul style="list-style-type: none"> • Embed model of prevention in how carers and the people that they care for are supported • Focus on intervening as early as possible in a carer's journey, including by providing information and support to promote quality of life, independence and engagement with their communities, in order to prevent deterioration in their situation. 	By year 3 – 2021/22	1, 2, 3, 4, 6, 8, 9
Sexual health strategy	<ul style="list-style-type: none"> • Make better use of existing resources and redesign services to consider team structures, staff skills, localities and how the patient experiences the service • Encourage those who could be self-managing to be supported differently • Ensure that Sexual Health services are accessible and aimed at the most vulnerable groups. 	By year 3 – 2021/22	1, 3, 4, 5, 7, 8, 9
Family support strategy	<ul style="list-style-type: none"> • Work with partner agencies to improve the range and sustainability of support services for families that will provide long-term benefits for local children and families • Provide better support to mums, dads and carers in our most vulnerable neighbourhoods. 	By year 3 – 2021/22	3, 4, 5, 9
Children's services – Whole system change	<ul style="list-style-type: none"> • Implement a framework to promote child and youth mental well-being • Create services that can provide earlier interventions for children at risk of entering the care system and their families • Improve families' wellbeing and divert children from compulsory measures (such as becoming 'looked after') • Test out different approaches in each of the city's three localities during the next three years. 	Year 3 – 2021/22	2, 3, 4, 9

PREVENTION, EARLY INTERVENTION AND HARM REDUCTION: WHAT WE'RE GOING TO DO

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Quality improvement in primary care	<ul style="list-style-type: none"> • Support the implementation of the cluster model for GPs • Support the implementation of 'Achieving Excellence in Pharmaceutical Care' • Engage with dental practitioners to support delivery of the Oral Health Improvement Plan • Engage with optometrists to support continued delivery of the Community Eye Care Services' Review. 	By year 3 – 2021/22	Covers all outcomes
Housing – Equipment and adaptations	<ul style="list-style-type: none"> • Identify gaps in current provision and solutions for service improvement • Produce a best practice 'Protocol for Effective Housing Solutions' which will clarify the roles and responsibilities of all agencies and relevant staff • Establish information and advice arrangements which provide clarity for all stakeholders. 	Year 2 – 2020/21	1, 2, 7, 9
Neighbourhood teams for older people	<ul style="list-style-type: none"> • Continue to develop neighbourhood teams for older people, including redesigning community rehabilitation services • Develop closer working between neighbourhood teams, GP clusters, local housing providers and the third sector. 	Year 2 – 2020/21	1, 2, 3, 4, 5, 6, 7

PREVENTION, EARLY INTERVENTION AND HARM REDUCTION: WHAT WE'RE GOING TO DO

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Anticipatory care plans	<ul style="list-style-type: none"> • Implement a standard model for anticipatory care plans targeted at people with Chronic Obstructive Pulmonary Disease, a diagnosis of dementia, and those with palliative care needs • Support people to develop a plan to meet their care needs that reflects their individual wishes • Work with GPs to ensure Key Information Summaries are produced and updated for all patients who have had a recent hospital admission and / or may be at risk of a future admission. 	Year 1 – 2019/20	1, 2, 3, 4, 5, 6, 7
Falls prevention	<ul style="list-style-type: none"> • Prevent falls in frail older people and better support those who have fallen • Link to other programmes such as telecare reform programme and supported living to identify additional supports available. 	Year 1 – 2019/20	1, 2, 3, 4, 5, 6, 7
Frailty	<ul style="list-style-type: none"> • Implement a model to identify people with frailty in the community • Enhance service delivery and develop new ways of working to support frail people to live at home or in a homely setting as independently as possible. 	Year 1 – 2019/20	1, 2, 3, 4, 5, 6, 7
Addiction residential framework	<ul style="list-style-type: none"> • Develop new and innovative models of care to address increasing levels of vulnerability and risk associated with dependent alcohol and/or drug use • Work with partners to re-design residential services, with service providers fully informing the plans for future service provision • Residential services will develop strong links with community services and recovery communities to support sustainable long term recovery for individuals and families. 	Year 1 – 2019/20	4, 7, 8, 9

PREVENTION, EARLY INTERVENTION AND HARM REDUCTION: WHAT WE'RE GOING TO DO

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Prevent HIV Transmission	<ul style="list-style-type: none"> • Deliver HIV pre-exposure prophylaxis (PrEP) programme in specialist services • Work with internal and external stakeholders to implement a Safer Drug Consumption Facility in Glasgow • Work with the third sector to improve retention in specialist HIV care. 	By year 3 – 2021/22	1,4,5,7,9
Health Improvement - Poverty	<ul style="list-style-type: none"> • Lead and support action to reduce child poverty in Glasgow and challenge the stigma of poverty • Support access to financial advice and employability for patients and service users and contribute to inclusive growth in Glasgow • Act to mitigate welfare reform and support good work, healthy workplaces. 	By year 3 – 2021-/2	1, 4, 5, 9
Health improvement - Mental wellbeing and loneliness	<ul style="list-style-type: none"> • Implement the adult mental well-being framework, which outlines 6 key priority areas for action to improve Mental Health & Well-being in the city • Implement the prevention components of the 5 year Mental Health Strategy for GGC NHS as part of the broader Moving Forward Together Programme. 	By year 3 – 2021/22	1, 4, 5, 9
Health improvement - Alcohol, tobacco and other drugs / healthy weight	<ul style="list-style-type: none"> • Promote harm reduction programmes including alcohol brief interventions • Contribute to programmes to protect the public in terms of accessibility of alcohol and other harmful substances • Promote healthy weight activities, including activity programmes, cooking skills and early years nutrition. 	By year 3 – 2021/22	1, 4, 5, 9

PREVENTION, EARLY INTERVENTION AND HARM REDUCTION: WHAT WE'RE GOING TO DO

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Multi-Agency Distress Collaborative	<ul style="list-style-type: none"> • Share the learning and key messages, and build on the recommendations of the evaluation report on the Multi-Agency Distress Collaborative due to be finalised in April 2019 • Map current service responses to distress across Greater Glasgow and Clyde, and development proposals for alternative community responses • Implement the Standard Service Response Pathway, aimed at people who are known to mental health services who repeatedly attend Emergency Departments more than once in a six month period. 	Year 2 – 2020/21	3, 4
Addictions	<ul style="list-style-type: none"> • Implement the Heroin Assisted Treatment facility • Develop an outreach support for disengaged members of the community misusing alcohol and drugs • Develop outreach support to GP Practices in the most deprived areas for patients who misuse alcohol and drugs and do not engage in any treatment programme. 	By year 3 – 2021/22	1, 2, 4, 7, 9
Cancer Services	<ul style="list-style-type: none"> • Increase take up of Improving Cancer Journey at point of diagnosis • Improve early identification and take up of carers support • Increase access to Financial Inclusion and Employability support to reduce the poverty related to cancer diagnoses. 	By year 3 – 2021/22	1,2,4,5,6

2

Providing Greater Self-Determination and Choice

INFO

ASSISTANCE

ADVICE

HELP

SUPPORT

GUIDANCE

PROVIDING GREATER SELF-DETERMINATION AND CHOICE: WHAT WE'RE ALREADY DOING

Redesign of Homelessness Services to a Housing First Approach

Housing First is an approach to tackling homelessness that involves a shift in service model from the traditional option of residential services to supporting people in their own tenancy. Housing First minimises time spent in and the need for emergency accommodation by rapidly rehousing people with multiple complex needs in community settings as the first, rather than, last step.

Developing the Housing First approach was a partnership effort initially involving Glasgow City HSCP commissioning, homelessness and addictions services staff. This was then extended to include; the Salvation Army to provide a Housing First Assertive Outreach Support; The Wheatley Group to provide the 54 tenancies and The Social Bite Charity to provide financial support to the individual to furnish their tenancies, offering individuals choice.

A multi-disciplinary operational team was developed including staff from the HSCP, providers, housing officers and health staff who reviewed a total of 84 vulnerable men. Of those 33 received a Housing First approach that included a secure tenancy with an intensive,

assertive outreach support package to help them to sustain their tenancy. They were also given a choice of furnishings, essential household items and food provision for the first few weeks in their new tenancies. The additional 51 men progressed to alternative accommodation options, most being their own tenancy with support and a small number requiring a more intensive supported accommodation provision.

The multi-agency approach to this project has been a huge success and the team worked tirelessly to ensure that all of the 84 vulnerable men had an appropriate support and accommodation plan in place. Housing First has achieved safe and secure accommodation for individuals and reduced harmful and risky behaviours and helped with integration into their local communities, with some men already engaging in voluntary work with a plan to move into employment and re-establish family relationships. "This is the first time in a long while I can say I have had a good night's sleep and had not had to worry about anything happening to me." Housing First service user

PROVIDING GREATER SELF-DETERMINATION AND CHOICE: WHAT WE'RE GOING TO DO

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Carer support plans and young carer statements	<ul style="list-style-type: none"> • Support carers that are willing and able to continue caring and alleviate inappropriate caring roles through Young Carers Statements • Support carers not just in relation to the care that they provide to the cared-for person, but also by putting measures in place that will help a carer to live their own life and to achieve their own goals and aspirations • Record carers' day to day goals and longer term aspirations within support plans as the carer's personal outcomes. 	By year 3 – 2021/22	1, 2, 3, 6, 9
Housing allocations	<ul style="list-style-type: none"> • Explore the potential for Housing Associations' allocation policies to reflect a common understanding of and consistent approach to prioritising care groups. 	Year 2 – 2020/21 to Year 3 – 2021/22	1, 2, 7, 9
Housing information and advice	<ul style="list-style-type: none"> • Review information and advice available on websites, including the Council's/HSCP's and other media/formats and its quality to establish whether there are gaps in provision and whether there can be improvements in 'signposting' to allow service users/carers/staff to access relevant information more quickly • Develop and update the information and advice available to people, to ensure it continues to reflect service users' and others' needs. 	Year 2 – 2020/21	1, 2, 7, 9

PROVIDING GREATER SELF-DETERMINATION AND CHOICE: WHAT WE'RE GOING TO DO

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Palliative and end of life care	<ul style="list-style-type: none"> • Increase the number of people supported to exercise their preference to experience palliative and end of life care at home • Grow hospice services' presence in local communities, through initiatives such as local clinics etc • Support community services, particularly community nursing and GPs, which will be fundamental to delivery of the palliative care strategy • Support carers to enable the person being cared for to experience palliative and end of life care at home should they wish. 	By year 3 – 2021/22	1, 2, 4, 5, 6, 7
Alcohol and drug recovery service – shared care	<ul style="list-style-type: none"> • Introduce recovery volunteers to Shared Care practices across Glasgow to meet patients and encourage further involvement in recovery activity • Provide information in relation to local recovery initiatives and 'lived experiences' • Address stigma in relation to addiction within the wider community. 	Year 1 – 2019/20	1, 4, 9
Providers Framework	<ul style="list-style-type: none"> • Implement the framework agreement for social care supports to replace the 2015 Framework Agreement for Selected Purchased Social Care Supports covering <ul style="list-style-type: none"> • Care and Support Services • Day Opportunities Services • Short Breaks/Respite Services 	Year 1 – 2019/20	2, 3
Alternatives to acute hospital admission	<ul style="list-style-type: none"> • Work with GPs and acute clinicians to develop alternatives to acute hospital admission to safely manage chronic and long term conditions in primary care / community settings. 	Year 1 - 2019/20	1, 2, 4, 9

PROVIDING GREATER SELF-DETERMINATION AND CHOICE: WHAT WE'RE GOING TO DO

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Learning Disability	<ul style="list-style-type: none"> Review and redesign health and social care learning disability services Develop an integrated support framework for people with complex needs Develop a reform programme for day care provision. 	By year 3 – 2021/22	2, 4, 9
Mental Health – Recovery	<ul style="list-style-type: none"> Develop a recovery orientated system of care for mental health service users Deliver peer support for service users Enhance and support people with lived experiences to lead on the recovery model across the city Ensure that unpaid carers are routinely identified and offered support. 	By year 3 – 2021/22	1, 2, 4,
Listening to children and young people	<ul style="list-style-type: none"> Provide the best digital tools for children and young people looked after by Glasgow City HSCP to enable them to give their views and for these to be listened to and taken into account in decision making. 	Year 1 – 2019/20	3, 4, 7
Cancer Services	<ul style="list-style-type: none"> Identify and assess levels of Mental Health using psychological assessments to secure appropriate and timeous support Increase staff knowledge around end of life care to promote client preference and choice Develop patient reference group and use lived experience to inform change and develop services. 	By year 3 2021/22	1,2,3,4,5,6,7,8,9

3

Shifting the Balance of Care



SHIFTING THE BALANCE OF CARE: WHAT WE'RE ALREADY DOING

Improving the Cancer Journey

The work that Glasgow City Health and Social Care Partnership is doing in partnership with Improving the Cancer Journey (ICJ) has helped move the focus from hospital-led services for people affected by cancer (PABC) to supporting them in communities, and is a great example of how an integrated approach to health and social care can lead to an improvement in quality of life, person-led post-treatment rehabilitation and ability to self-manage.

ICJ improves financial outcomes for service users, reduces debt, and helps people to improve their access to housing supports, information, and services. Underpinning this work is ICJ's determination to work with partners across the third sector, statutory, clinical and voluntary sectors to improve the way services are supporting people. Over 220 partner organisations work with ICJ to support the needs of people living with cancer, a crucial network of support that means only 10% are referred back to the NHS.

By assigning a dedicated housing professional to work with hospital discharge teams ICJ has prevented delayed discharges, and helped housing associations to become

better at anticipating patient needs after a hospital stay. This has enabled more than 500 people with housing issues to be supported and prevented homelessness for 51 people with a cancer diagnosis. All of this has helped to shift the balance of care from an acute to a community setting.

ICJ reduces health inequalities by focussing support on people from the areas of highest deprivation, with 77% of people supported from the most deprived areas. ICJ work in partnership with Clinical Psychology to identify and triage psychological issues affecting PABC. Concern levels reduce significantly (both statistically and clinically) between the first assessment workers carry out and the review, improving quality of life in 81% of cases and increasing confidence in people to be able to self-manage. ICJ's work frees clinicians up to concentrate on clinical care and by working in partnership with clinical teams provides an integrated health and social care support service that improves the overall support provided to patients and improved outcomes.

ICJ often provides the link between Primary Care, HSCP teams and colleagues in secondary care to provide integrated supports for PABC.

SHIFTING THE BALANCE OF CARE: WHAT WE'RE GOING TO DO

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Primary Care Improvement Plan	<ul style="list-style-type: none"> • Enable the development of the expert medical generalist role through a reduction in current GP and practice workload • By the end of the three year plan, every practice in Glasgow will be supported by expanded teams of health professionals providing care and support to patients. 	Year 3 – 2021/22	Covers all outcomes
Free personal care-under 65s	<ul style="list-style-type: none"> • Implement the introduction of Free Personal Care for under 65's from 1st April 2019. 	Year 1 – 2019/20	1,2,3,4,5,7,9
GP premises and space planning	<ul style="list-style-type: none"> • Ensure that our buildings allow the delivery of high quality health and social care services • Explore the opportunities from mobile/agile working to free up space within our existing properties that could be used to provide additional clinical accommodation • Take an integrated approach to our property strategy which will include working with the City Council and other local partners as part of the community planning arrangements to maximise the use of the land and buildings. 	Year 3 – 2021/22	9

SHIFTING THE BALANCE OF CARE: WHAT WE'RE GOING TO DO

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Glasgow Alliance to End Homelessness	<ul style="list-style-type: none"> Establish an Alliance with provider organisations to end homelessness in Glasgow, ensuring that people have appropriate services and support options available to them, when they need them, seeking to prevent homelessness wherever possible Coordinate access to and delivery of purchased homelessness services to Glasgow citizens, reducing the risk of and the time spent homeless Ensure individuals have access to joined up, person-centred, effective services, which promote health and wellbeing and enable people to focus on their strengths and abilities to maximise their potential for independent living. 	Year 1 – 2019/20	Covers all outcomes
Learning disability long stay inpatient services	<ul style="list-style-type: none"> Put in place alternative support arrangements in the community to move away from the current model of NHS long stay beds for people with a learning disability Develop a discharge programme for our patients based in North West Glasgow Commission robust supported living and/or specialist residential services to support the discharges, using funding released from the closure of long stay beds. 	Year 2 – 2020/21	2, 4
High-cost placements for children and young people	<ul style="list-style-type: none"> Reduce reliance on high-cost residential care placements Re-focus investment on family and community based supports located in Glasgow for young people who are currently 'looked after' by the Council. 	By year 3 – 2021/22	2, 3, 4, 5, 9

SHIFTING THE BALANCE OF CARE: WHAT WE'RE GOING TO DO

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Hospital admissions from care and residential homes	<ul style="list-style-type: none"> • Work with care home providers and residential units provided by GCHSCP to reduce admissions to acute hospitals from care and residential homes • Manage care for older peoples in community settings with appropriate supports • Support this work through better use of anticipatory care plans and closer working between GPs and consultant geriatricians. 	By year 3 – 2021/22	1, 3, 4, 5, 7, 9
Social isolation and loneliness	<ul style="list-style-type: none"> • Work with the housing sector to deliver the broad range of services and initiatives which they are involved in, such as: <ul style="list-style-type: none"> • Addressing social isolation – e.g. peer support, befriending, building community connections, lunch and other social clubs, community groups and opportunities for learning, leisure and fun, intergenerational activities • Provision of practical and timely support – e.g. handy persons services, neighbourhood wardens, energy initiatives, help with shopping, community safety and accident prevention • Provision of community transport • Activities that promote citizenship – e.g. volunteering opportunities. 	By year 3 – 2021/22	1, 2, 7, 9
Residential and day care reform	<ul style="list-style-type: none"> • Deliver two more care homes and two more purpose-built day care facilities over the next two years, giving Glasgow some of the best provision in the UK • Services will continue to evolve to meet service user needs, and not simply continue to provide the same services they have in the past. 	Year 2 – 2020/21	1, 4, 5, 8

SHIFTING THE BALANCE OF CARE: WHAT WE'RE GOING TO DO

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Reduction in care home placements	<ul style="list-style-type: none"> Continue the trend in reducing purchased care home places that has been in place for a number of years Support more frail older people at home through a combination of home care, family and carer support and expanding deployment of advanced telecare. 	By year 3 – 2021/22	2, 4, 5, 9
Hospital based complex care raily	<ul style="list-style-type: none"> Work to meet complex intermediate care, palliative and end of life care needs outside of hospital settings Maximise the efficient use of resources whilst supporting very vulnerable older people to access the support they need in the right place for them. 	Year 1 – 2019/20	3, 5, 9
Delayed discharge	<ul style="list-style-type: none"> Continue to improve performance in relation to delayed discharge and further review and develop our bed model including intermediate care Achieve a further reduction in delays in discharging people from hospital. 	By year 3 – 2021/22	3, 5, 6, 7, 9
Older People's mental health services	<ul style="list-style-type: none"> Develop a new five year strategy for older people's mental health services including inpatient and community services to respond to changes in needs and demands and shift the balance of care towards more community provision Respond to projected increases in people living with dementia by developing new service models and further developing post diagnostic support. 	Year 1 – 2019/20	1, 2, 3, 4, 5, 7, 8, 9

SHIFTING THE BALANCE OF CARE: WHAT WE'RE GOING TO DO

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Mental Health - rehabilitation	<ul style="list-style-type: none"> • Review complex care needs and the rehabilitation function of Mental Health in-patient services • Develop suitable community alternatives to support patients to be discharged from hospital and to live independently in the community. 	By year 3 – 2021/22	1, 2, 4
Cancer Services	<ul style="list-style-type: none"> • Increase the number of people supported in communities • Develop a volunteer support model to reduce isolation and loneliness • Respond to rising cancer population by continually reviewing gaps in service and outreach provision • Develop a five year strategy for Cancer Services including a detailed evidence of need informed by people affected by cancer with service improvements defined to support the city's key transformations plans of Older People, Mental Health & Palliative Care. 	By year 3 2021	1,2,3,4,5,6,8,9

4

Enabling Independent Living for Longer

ENABLING INDEPENDENT LIVING FOR LONGER: WHAT WE'RE ALREADY DOING

Integrating Occupational Therapy Services

A review of Occupational Therapy in Glasgow City HSCP recently recommended a move from 'Health' and 'Social Work' Occupational Therapists towards the creation of an integrated 'HSCP' Occupational Therapy role to remove organisational barriers and ensure that staff are supported to fully utilise all their skills to deliver a streamlined service for service users.

Occupational Therapists delivering a wider range of tasks will be supported and trained to provide a more efficient HSCP Occupational Therapy process for service users. This will reduce unnecessary onward referral to different Occupational Therapy services and enable staff to deliver a more equitable service model. The new integrated OT service model was developed and agreed following staff engagement events. To support occupational therapists to deliver the wider range of tasks a competency framework was developed and a key principle of this was that each care group has responsibility for specific complex tasks.

Some of the positive outcomes the new service model has achieved for Service Users and the HSCP include:

- A more streamlined process for service users – we 'avoided' 33 onward referrals (This means that 33 Service users were not seen and assessed by multiple Occupational Therapists, as would have been the case before this Test of Change was undertaken, with very often a wait for a further assessment before therapy could continue)
- Positive Service user feedback showing increased and/or maintained independence
- The reduction in onward referrals has saved Occupational Therapy time and resource.

So far this model is being tested within OT teams in Older People and Primary Services, involving Occupational Therapists from Community Occupational Therapy, Older People's Mental Health and Rehabilitation Services. There is a proposal to extend this across all occupational therapists in the three care groups (Older People and Primary Care Services, Adults and Children's Services). Training / awareness sessions are now under development to support launch days to extend the wider task roles across all Occupational Therapists in the three care groups.

ENABLING INDEPENDENT LIVING FOR LONGER: WHAT WE'RE GOING TO DO

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Supported living	<ul style="list-style-type: none"> Continued expansion of supported living services for those at risk of admission to care homes Re-direction of the remaining former housing support budget to complement core supported living budgets to purchase additional core and cluster supported living places in local communities across the city. 	By year 3 – 2021/22	1, 2, 4
Accommodation based strategy	<ul style="list-style-type: none"> Forge a stronger and more effective partnership with housing colleagues to enable frail older people to remain living at home. 	By year 3 – 2021/22	2, 3, 4
Technology Enabled Care (TEC)	<ul style="list-style-type: none"> Increase the uptake and effectiveness of TEC in relation to older people and adults Address a number of weaknesses in relation to brand recognition and trust, pathways and processes, client contribution and staff roles and responsibilities Significantly increase the number of service users (older people and adults) being supported by complex telecare products Raise awareness of the ability for new technologies to facilitate better privacy for individuals and less intrusion to their personal space, enabling and encouraging a culture of personal autonomy and a more prevalent use of personal resources in individuals care choices. 	By year 3 – 2021/22	1, 2, 4, 6

ENABLING INDEPENDENT LIVING FOR LONGER: WHAT WE'RE GOING TO DO

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Community connectors and Links workers	<ul style="list-style-type: none"> • Introduction of community connectors, co-ordinated by GCVS and embedded within local Registered Social Landlords, with a remit to support and enable people at risk of requiring health and care services to maintain and enhance their skills for independence • Address issues related to social isolation and loneliness, which remains a challenge not only for the HSCP but also all community planning partners. 	By year 3 – 2021/22	1, 2, 4, 5, 6, 9
Physical disability strategy	<ul style="list-style-type: none"> • Development of a city-wide strategy for Physical Disability, involving key stakeholders such as service users, carers and families • Focus on the needs of adults with physical disability, to allow a strategy to be developed to facilitate transformational change to improve outcomes for this service user group. 	Year 1 – 2019/20	1, 2, 3, 4, 5, 7
Continuing care and aftercare	<ul style="list-style-type: none"> • Review and re-design the continuing care and aftercare services provided by GCHSCP and commissioned externally to ensure that they maximise the achievement of positive outcomes for young people, and are financially sustainable in the longer-term. 	By year 3 – 2021/22	2, 3, 4, 5, 9

ENABLING INDEPENDENT LIVING FOR LONGER: WHAT WE'RE GOING TO DO

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
New models of housing provision for older people	<ul style="list-style-type: none"> • Work with the housing sector to introduce bespoke residential housing-with-care solutions in Glasgow based on successful models from other local authority areas • Involve clients or their guardians actively involved in this work, co-ordinated by Housing Association design teams with input from locality health and social care staff • Pilot new build schemes - at least one for each relevant care group where this is feasible, built into the Affordable Housing Supply Programme / Wheatley Group New Build Programme. 	Year 3 – 2021/22	1, 2, 3, 4, 5, 6, 7, 9



5

Public Protection

PUBLIC PROTECTION: WHAT WE'RE ALREADY DOING

Working Together to Help Keep People Safe from Fire

Over the last five years, three-quarters of preventable fire deaths in Scotland involved people aged 50 years or over and almost a third of people injured through fire were aged 60 or over. Glasgow City HSCP has been working in partnership with the Scottish Fire and Rescue Service (SFRS) to appeal for help to promote free home fire safety visits by local firefighters for people at risk.

Anyone can have a free Home Fire Safety Visit, they take only take around 20 minutes and help householders spot fire hazards and make sure their home is safe. Firefighters also help residents plan what to do if fire does break out and identify any other agencies who could provide useful support. SFRS crews even fit smoke alarms free of charge if they are required.

There are lots of reasons why some older and more vulnerable people are at greater risk from fire including spending more time at home or living alone, having limited mobility or long term medical conditions or having limited sight or hearing can mean an individual is less likely to be aware of fire when it breaks out. Fire can break out very quickly and smoke will spread

rapidly, with devastating results. The joint appeal aims to support people to protect themselves before fire has a chance. SFRS and Glasgow City HSCP are appealing for people across the City to tell someone they know in their communities, who maybe doesn't have a working smoke alarms in their home, about the service and arrange a visit. By encouraging people to pick up the phone, this community partnership initiative could save lives.

This is one of a number of initiatives Glasgow City HSCP and SFRS colleagues are taking forward to promote home safety. The partners are committed to working closely together, with SFRS now attending the Adult Protection Committee and Child Protection Committee, supporting the HSCP in terms of training and development, such as local management Adult Protection Service Development Days, and offering training to HSCP staff and partners. Close partnership working is contributing to making sure that people, especially those who are more vulnerable due to illness or disability, are less at risk from fire.

PUBLIC PROTECTION: WHAT WE'RE GOING TO DO

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Housing First	<ul style="list-style-type: none"> • Work with a range of partners to upscale the implementation of a Housing First approach in Glasgow to respond more effectively to homelessness in the city • Support those who are homeless with multiple and complex needs to secure permanent accommodation • Challenge established practice, by moving a number of individuals currently in emergency accommodation and therefore remove these people, who have multiple and complex needs, from homelessness in the city. 	By year 3 – 2021/22	1, 2, 3, 4, 5, 7, 8, 9
Gender based violence	<ul style="list-style-type: none"> • Address abuse and all forms of gender based violence (against women and men) • Support rollout of the Caledonia Programme, an integrated approach to address men's domestic abuse and to improve the lives of women, children and men. 	By year 3 – 2021/22	1, 3, 4, 5, 7
Supervised bail and structured deferred sentences	<ul style="list-style-type: none"> • Further develop the bail service by working with the judiciary to increase the use of supervised bail in Glasgow for individuals who would otherwise be held on remand • Support individuals to comply with the conditions of their bail and therefore reduce the number of individuals held on remand at any given point in time • Develop options to promote use of Structured Deferred Sentence (SDS) for individuals post-conviction but prior to sentencing, to identify where there are underlying problems such as drug or alcohol dependency, mental health, learning difficulties or unemployment that might be addressed through social work intervention. 	By year 3 – 2021/22	3, 4, 5, 7

PUBLIC PROTECTION: WHAT WE'RE GOING TO DO

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Prison healthcare	<p>Develop a service improvement programme for Prison Healthcare which will consider:</p> <ul style="list-style-type: none"> • The development and implementation of a set of Key Performance Indicators • The development of Advanced Nurse Practitioner posts across the service to address the challenge of providing accessible GP cover • The review of recruitment practice around nursing staff to support retention and vacancy management • A review of the workforce to enable improved service delivery • A streamlined system around service user complaints • A robust Health Improvement approach, with a particular emphasis on mental health and smoking cessation • Ensure the Adult Support and Protection needs of inmates and their families are met. 	By year 3 – 2021/22	1, 3, 4, 5, 7, 8, 9
Police custody healthcare	<ul style="list-style-type: none"> • Provide a combined high quality service, including delivery of Forensic Medical Service provision • Be responsive to the Health care needs of people in custody and to ensure appropriate links are made to other services (e.g. Addiction, Mental Health Services) to meet individuals' on-going Health needs. 	By year 3 – 2021/22	3, 4, 5, 7
Meet requirements of HIV Fast-Track Cities global initiative	<ul style="list-style-type: none"> • Reduce HIV stigma and discrimination by increasing public and staff knowledge • Increased HIV testing and detection to detect undiagnosed infection. 	By year 3 – 2021/22	1,3,4,5,7,8, 9

PUBLIC PROTECTION: WHAT WE'RE GOING TO DO

Areas for Activity	Actions	Timescale	Supports Delivery of National Outcomes
Adult Support and Protection	<ul style="list-style-type: none"> • Implement Adult Support and Protection training programme to statutory and non-statutory staff • Carry out annual Adult Support and Protection joint self-evaluation exercises and implement identified service developments • Revise Adult Support and Protection procedures for HSCP staff. 	By year 3 – 2021/22	1,3,4,7,8, 9

A young woman with long brown hair, wearing a white lace-trimmed top, is pushing an elderly woman in a wheelchair. The elderly woman has short grey hair and is wearing a light pink top and a white cardigan. They are outdoors in a park-like setting with green trees and bushes in the background. The scene is brightly lit, suggesting a sunny day. A large, dark blue, wavy graphic element is overlaid on the right side of the image, containing the title text.

TRANSFORMATION AND OTHER PROGRAMMES UNDERWAY WITHIN GLASGOW CITY

TRANSFORMATION AND OTHER PROGRAMMES UNDERWAY WITHIN GLASGOW CITY

Delivery of effective and lasting transformation of health and social care services is central to the vision of Glasgow City HSCP. Transformation is not just changing how services are structured. Transformation is about making significant changes to how services are planned and delivered in partnership with people who use them.

The Strategic Plan covers a three-year period. However the aspirations of a lot of what we need to do to deliver the National Health and Wellbeing Outcomes goes well beyond financial years or strategic planning periods.

Glasgow City HSCP is committed to involving the people who use health and social care services in how they are planned and delivered, to better support them to achieve their personal outcomes and aspirations. By doing this the HSCP can ensure the services available reflect local priorities and needs, particularly among patients, services users and carers, with the aim of building the resilience of communities to become healthier and stronger.

This section of the Strategic Plan will look briefly at some of the important strategies and programmes under way that will transform how health and social care services in the City are delivered

and experienced by patients, service users and carers. These are known as Transformation Programmes. Whilst the Transformation Programmes are already delivering real and sustainable change for people in the City, further work is required to continue to transform services.

This includes changes to what is a relatively risk averse and at times arguably a relatively paternalistic historical culture in Glasgow, where the tendency has at times been to 'do for' rather than enable people to 'do for themselves'. There has been significant progress in changing this natural tendency over recent years and this has been reflected in the development of successful new community based service models and preventative services which focus on rebuilding confidence and skills for independence.

One of the key areas for Glasgow City HSCP in transforming health and social care services is being able to take advantage of the latest technology. We must consider where we can effectively, efficiently and safely introduce technology into how we deliver services to our citizens. Technology provides huge opportunities to modernise and improve how we deliver health and social care and the HSCP is committed to making the most of these opportunities, as long as they can be implemented in ways that enable us to deliver the outcomes people need and do not inappropriately expose people to additional or unmanageable risks.

OLDER PEOPLE'S STRATEGY

The strategy for older people and people with a physical disability signals a clear intention to shift the focus to enabling and supporting those who require assistance to enjoy the best quality of life possible, informed by choices they make for themselves. For older people's health and social care this means a different attitude towards risk and its management across the entire

system, particularly where older people themselves make a conscious choice to live with risk in the community. This approach will also apply to people with a physical disability.

More information on the Older People Services Transformation Programme is available on the [Partnership's website](#).



ADULTS STRATEGY

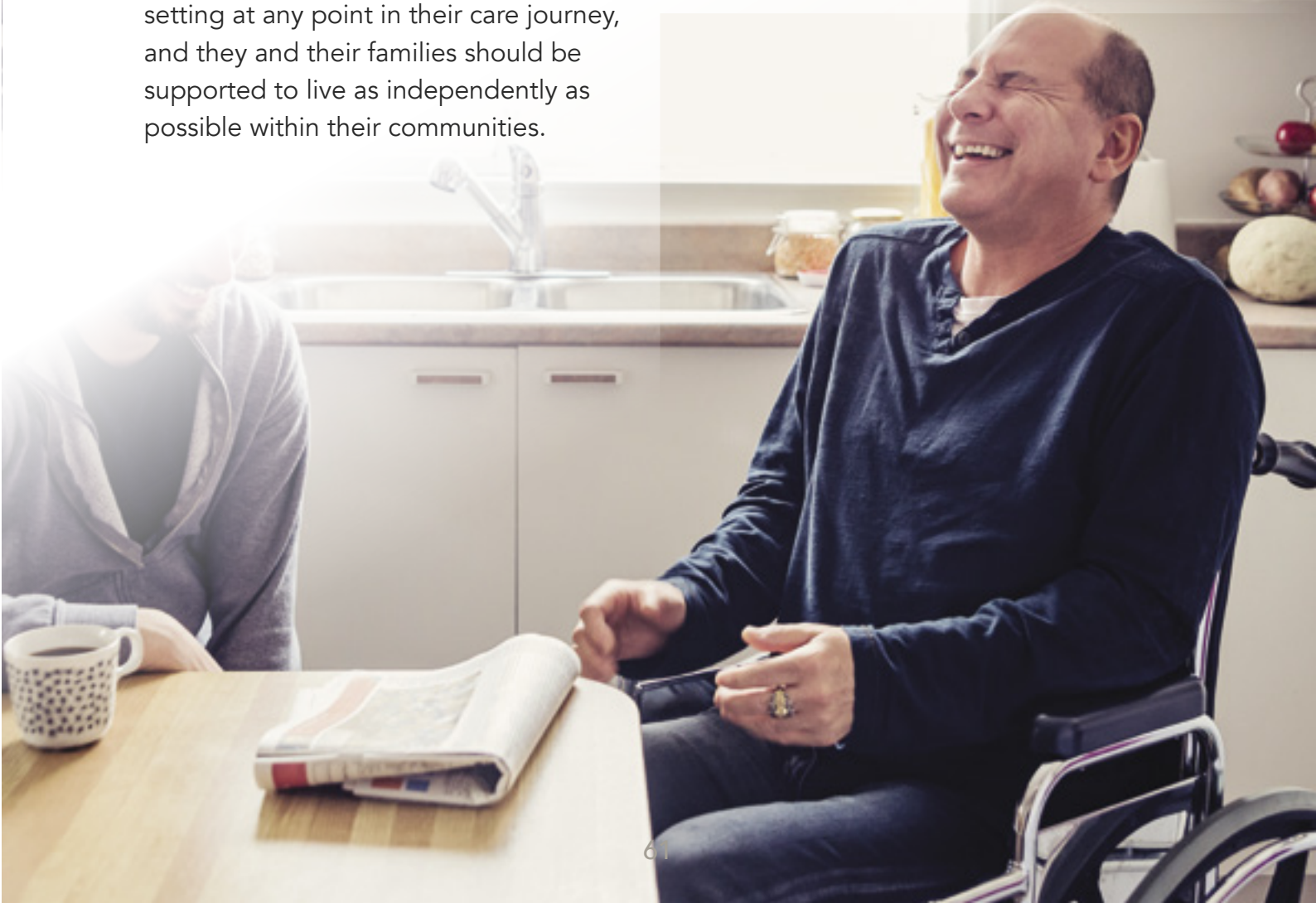
A broad range of services come under the banner of Adult Services across Glasgow City HSCP:

- community justice services
- sexual health services
- alcohol and drug services
- mental health services
- homelessness services, and
- disability services

The vision for Adult Services clearly sets out the need to deliver high quality and effective services to adults with a complex range of needs. Patients and service users should receive the right services at the right time and in the right setting at any point in their care journey, and they and their families should be supported to live as independently as possible within their communities.

In recent years in Adult Services there has been significant progress in shifting the balance of care and delivering more effective community based services. Our strategy signals a clear intention to shift the focus to enabling and supporting those that require support to enjoy the best quality of life possible, informed by choices they make for themselves. For Adult health and care services, that means accepting a different attitude towards risk and its management across the entire health and care system.

More information on the Adult Services Transformation Programme is available on the [Partnership's website](#).



CHILDREN STRATEGY

For Children's Services our strategy aims not only to secure better outcomes and more positive destinations for children and young people but to enable Children's Services to operate more efficiently and effectively across the City. The transformation programme for Children's Services is designed to strengthen the local infrastructure to deliver a preventative strategy in the City.

There is also a commitment and a determination to spend more of the IJB's / HSCP's resources in the City to ensure that where possible children and young people are helped to stay at home, in their neighbourhoods and in their local schools. To this end, the strategy is to seek to implement the aspirations of the Christie Commission, to avoid spending money in 'failure demand' and significantly shift money and interventions into the community.

The Children's Services Transformation Programme is available on the [Partnership's website](#).



OTHER TRANSFORMATION PROGRAMMES

In addition to the above Transformation Programmes, there are a number of other programmes and projects that began during the previous Strategic Plan 2016-19 period and are planned to be completed within the 2019-22 period. Some of them are outlined here.

Safer Drug Consumption Facility and Heroin Assisted Treatment

Glasgow City IJB has previously backed proposals to establish a Safer Drug Consumption Facility and Heroin Assisted Treatment in Glasgow, in response to the significant public health issues presented by public drug injecting within Glasgow City Centre.

Safer drug consumption facilities (SDCFs) are clean, hygienic environments where people can consume drugs, not prescribed but obtained elsewhere, under the supervision of trained health professionals. Heroin Assisted Treatment (HAT) involves providing prescribed heroin under supervised conditions to people with long-standing heroin addiction who have not been able to stop using drugs despite multiple attempts with other treatments.

The HAT service is likely to be established in 2019 with early activity required to support implementation of the service and ongoing evaluation of its effectiveness.

Operation of a SDCF will require a change to UK law and as such it may take some time to establish this service. Glasgow City HSCP remains committed to establishing this important service, which would be the first of its kind in the UK, as one part of the City's wider response to supporting people with complex needs.

Mental Health Strategy

Glasgow City HSCP has developed proposals as part of the NHS Greater Glasgow and Clyde five-year Mental Health Strategy 2018-23 designed to deliver a whole system programme across mental health for the NHS Greater Glasgow and Clyde area, using the knowledge and skills of the workforce, and through engagement with patients and their carers.

The strategy identifies priorities for Mental Health Services that include:

- medium- to long-term planning for the prevention and early intervention of mental health problems, including care promoting wellbeing and

OTHER TRANSFORMATION PROGRAMMES

working with children's services to promote strong relational development in childhood, protecting children from harm and enabling children to have the best start in life

- recovery oriented care supporting people with the tools to manage their own health including inpatient provision and a range of community-based services, including HSCP and third sector provision
- productivity initiatives in community services to enhance capacity while maintaining quality of care
- unscheduled care across the health system including responses to crisis and distress, home treatment, and acute hospital liaison, and
- shifting the balance of care, identifying the plan for a review and reduction of inpatient capacity.

Glasgow City has developed an Implementation Plan for this work to be taken forward, and more information is available on the [Partnership's website](#).

Primary Care Strategy

Primary Care services include services provided by, among others, GPs, Dentists, Optometrists, District Nurses, Health Visitors and Physios. Within Primary Care our strategy is to enable these professionals to fulfil the role that they are uniquely qualified for and to maximise access for local people to ensure they get the right service from the right person at the right time and in the right place.

Glasgow City HSCP agreed a Primary Care Improvement Plan in Autumn 2018 that gives the HSCP a major opportunity to transform primary care by supporting GPs to operate effectively as expert medical generalists. This just means doing the things you really need them to do and spending less time spent on tasks which can be carried out by other professionals. This involves your GP leading multi-disciplinary teams, giving them more time to spend seeing patients and addressing the needs of the rising numbers of people with multiple and complex conditions. Our strategy includes enabling more support to be delivered in home and community settings and promoting greater self-management and choice to allow people to stay cared for appropriately and safely in the community for longer.

OTHER TRANSFORMATION PROGRAMMES

Glasgow City HSCP will work closely with GPs and others across the City over the coming years to recruit a range of skilled staff such as pharmacists, physiotherapists, nursing practitioners and nurses, mental health workers and community links workers. These staff will support GP practices to provide more integrated responses for patients with stronger linkages to local community services and networks and with clearer pathways to specialist services when required.

The [Primary Care Improvement Plan](#) is available.

Review of Out of Hours Services

Out of Hours Services are those services that are delivered by the HSCP outwith usual business hours. These include emergency out of hours services for social work services (previously known as Standby), Residential Services, Emergency Homelessness Services, Mental Health Services, District Nursing, Rehabilitation, and GP Out of Hours services. A Strategic Review of Out of Hours Services is taking place that aims to develop and implement an integrated approach across all partners involved in delivering these services. This will be achieved by developing a new model of care which provides a platform to enhance and develop integration across

daytime and out of hours services.

This will ensure that the right service at the right time is available for every person who needs it. Providing urgent planned or unplanned out of hours care is complex and ensuring well supported multidisciplinary health and social care teams to deliver this care will involve close working with Third and Voluntary Sector Providers to get it right. The key objectives of the out of hours review is to provide:

- Single point of access for co-ordinated support from multiple services, based on need
- Triage / Signposting / Referrals to statutory and non-statutory services, based on need
- Focus on continuity of care and co-ordination of care for individuals with multiple conditions
- Co-ordinated care at crisis / transition points and for those most at risk/with most complex care needs
- Access to specialist advice by phone or in community settings if face to face assessments are required
- Rapid escalation of support / clinical care.



DEMOGRAPHICS AND CONTEXT

ABOUT GLASGOW

The City of Glasgow has been transformed in recent years, developing remarkable business and tourism sectors and becoming one of Europe's top financial centres, whilst the physical enhancement of the City has been dramatic.

The City of Glasgow has been transformed in recent years, developing remarkable business and tourism sectors and becoming one of Europe's top financial centres, whilst the physical enhancement of the City has been dramatic. However, challenges in addressing deprivation, ill health and inequality are significant and well documented.

A lot of progress has been made in addressing these issues, but there continues to be more that can be done to ensure that there are opportunities for everyone in the City to flourish and live longer, and have healthier and more independent lives within stronger communities.





POPULATION AND PROJECTIONS

Glasgow City has a population of **615,070** (2016 National Records of Scotland), which is 11.4% of the population of Scotland. It comprises of:

- **110,239** (17.9%) children aged 0-17
- **421,041** (68.5%) adults aged 18-64 and
- **83,790** (13.6%) older people aged 65 and over.

The **population** is expected to continue to **increase** over the next few years and beyond. Estimates of population growth between 2016 and 2026 indicate an overall increase of just under **24,600** people. This is an increase of **4%**, which compares to a projected increase of 3.2% for Scotland as a whole.

It is estimated that there will be much greater growth for the child (6.3%) and older people (14.4%) populations than for adults (1.3%).





LIFE EXPECTANCY

Life expectancy in Glasgow City is lower than across Scotland as a whole, and residents of Glasgow are estimated to become unhealthy at a younger age, and live longer with health issues, than the Scottish average.

2016-17 life expectancy for a Glasgow male is **72.9 years** compared to **77.4 years** for a Scottish male – a difference of 4.5 years. For females this is **78.2 years** compared to **81.3 years** – a difference of 3.1 years.

Life expectancy is forecast to **increase** steadily for both **males and females**; however, the gap between Glasgow and Scotland is likely to remain unchanged in size.

According to the most recent data available, healthy life expectancy at birth is 55.9 years for Glasgow males compared to 63.1 years for Scottish males – a difference of 7.2 years. Similarly, Glasgow females are expected to live in good health to 58.5 years, far lower than the Scottish average of 65.3 years – a difference of 6.8 years.





POVERTY AND DEPRIVATION

Glasgow City contains **four in 10 of Scotland's 15%** most deprived areas. This proportion rises to almost six in 10 in the Partnership's North East locality (SIMD 2016).

More than a quarter of a million people, **two-fifths** of Glasgow's population, live in these **deprived areas**. Within Glasgow, around a third of North West locality's population lives in one of these most deprived area, compared to almost two-fifths in the South and just under three-fifths in North East.

In addition

- **19.9%** of Glasgow's population, more than 120,000 people, lives in an income deprived area compared to **12.2%** for Scotland
- **15.7%** of Glasgow's working age population, almost 70,000 people, lives in an employment deprived area compared to **10.6%** for Scotland
- **48.6%** of Glasgow's child and young person population aged 0-25 years, more than 95,000, lives in a most income deprived area compared to **21.5%** for Scotland and
- **29%** of Glasgow pupils P4 and above, more than 13,500, are registered for free school meals compared to **15.6%** of Scottish pupils.

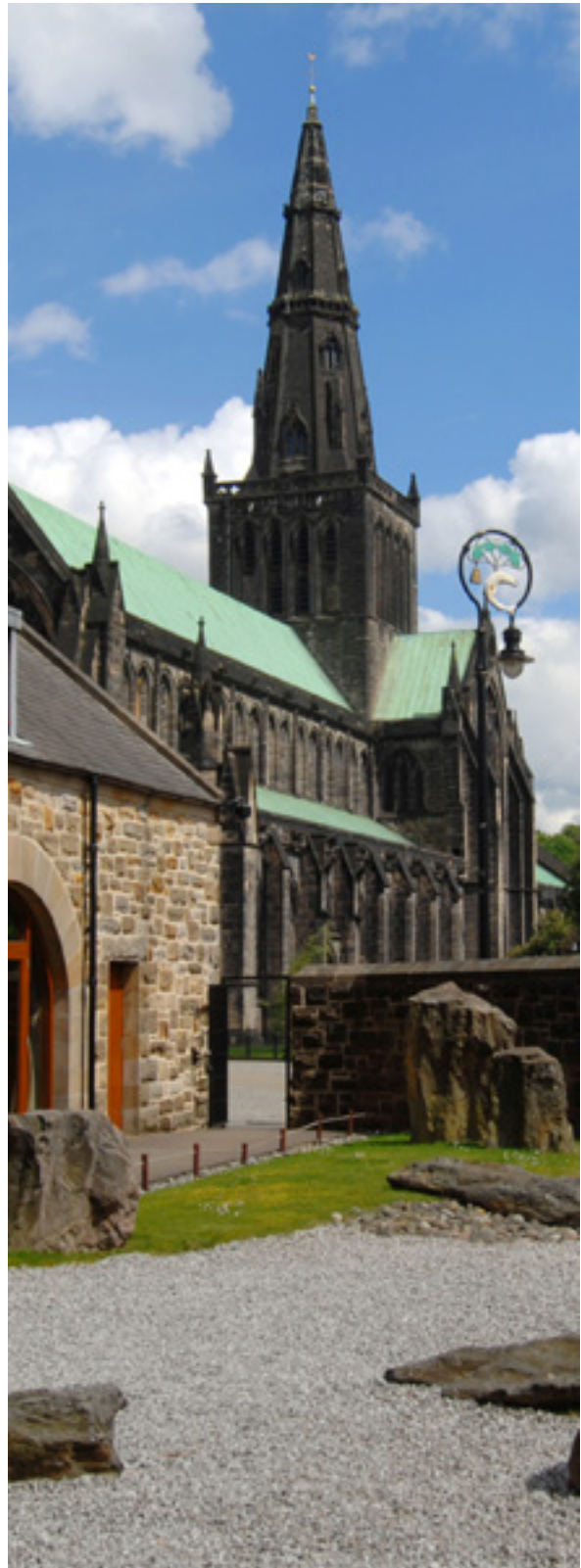




DEMOGRAPHIC PROFILE STATISTICS

Health and Social Care Needs Profile

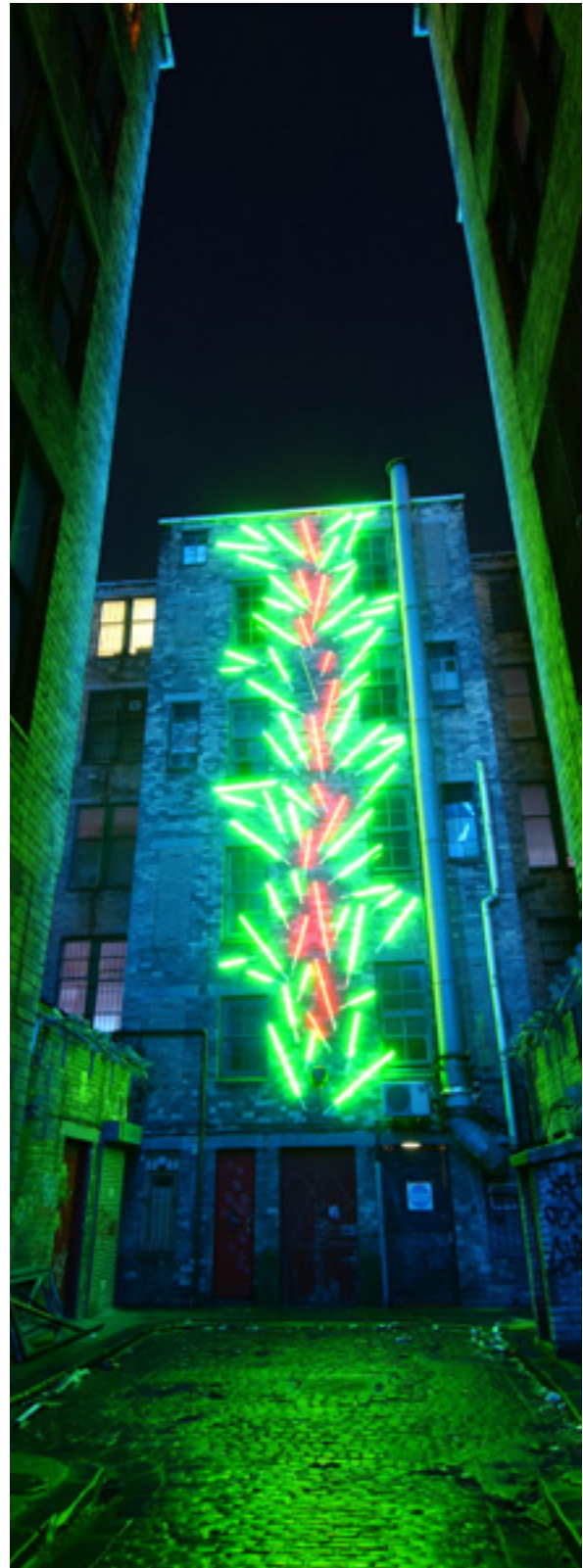
- Around **12%** of Glasgow's 16 and over population, almost 62,000, has said that they live in '**bad/very bad**' **health** compared to **8%** of Scotland's adults
- **A third** of Glasgow adults, more than 170,000, live with a **limiting long-term illness or condition** similar to **32%** of Scotland's adults
- More than **8,000** people are estimated to be living with **dementia** in Glasgow
- Around 3,700 people, **0.6%** of Glasgow's population, are recorded as having a **learning disability**, whilst almost 13,000 people, **2.1%**, are reported as having a **learning difficulty**
- It is estimated that around **6,400** people in Glasgow have a form of **autism**
- It is estimated that more than 100,000 people in Glasgow have a **physical disability** – **17%** of the population
- Almost **6.9%** of the population has been recorded as having a **hearing impairment** (rising to 26.9% for people aged 65 and over), and almost 2.5% of the population having a visual impairment (rising to 10.6% for people aged 65 and over)





DEMOGRAPHIC PROFILE STATISTICS

- More than 57,000 (**9.3%**) Glasgow people are **unpaid carers**
- A fifth (**21%**) of Glasgow adults have common **mental health problems** compared to 16% of Scotland's adults, with far higher proportions for females (25% Glasgow and 17% Scotland) than males (17% Glasgow and 14% Scotland) in both Glasgow and Scotland
- A fifth of Glasgow's population, more than **125,000 people**, is prescribed drugs for **anxiety, depression and psychosis**. The Scottish average is **18.5%**
- Glasgow has more than 13,000 **problem drug users**, **3.2%** of the adult population – almost double the national average of **1.7%**
- Over a fifth (**23%**) of Glasgow adults are estimated to drink **hazardous / harmful levels of alcohol** – slightly less than the national average of **25%**
- Currently, **20,000** people in the City are living with a **cancer diagnosis** and this is forecast to rise to approximately 35,000 by 2030
- If carers and partners are added, there will be some **100,000** Glaswegians living with the impact of cancer in 10 years.



LEGISLATIVE CONTEXT

Glasgow City Health and Social Care Partnership operates within an evolving legal landscape, with several significant pieces of national legislation impacting on aspects of the HSCP's responsibilities. Fundamental to all of these is the **Public Bodies (Scotland) Act 2014**, which establishes the legal basis for the Integration Joint Board. A number of other pieces of legislation have been passed since the Public Bodies Act that further influence the role of and duties placed on IJBs.

The Carers (Scotland) Act 2016 came into effect in April 2018. This Act places a range of duties on Integration Joint Boards to support unpaid carers, including developing a Carers Strategy and having clear eligibility criteria in place. Within Glasgow City there is a long history of delivering effective services to carers, and implementation of the IJB's duties under this Act has progressed well.

The Community Empowerment (Scotland) Act 2015 provides a new legal framework for community planning and creates new rights for community bodies and places new duties on public bodies. The Act aims to improve

outcomes achieved as a result of public services and has a significant emphasis on addressing disadvantage and inequality.

Within Children's Services, working within the national framework of **Getting it Right for Every Child (GIRFEC)**, Glasgow City HSCP has forged good partnership relationships and working practices that are proven to work for children, young people and families. This is to ensure that every intervention contributes strongly to breaking the cycle of poverty, deprivation, poor life chances and poor outcomes. The HSCP's mission is to get it right for every child, and the aim is to act with every child's best interest at the heart of all that the HSCP does.

The Children and Young People (Scotland) Act 2014 includes a requirement to develop an early intervention and prevention model and lays out duties on public bodies in relation to Corporate Parenting, Continuing Care and After Care. The Act is a key driver for Children's Services, and a number of actions to implement it are outlined in this document.

EQUALITIES CONTEXT

The Equalities (Scotland) Act 2010 requires a wide range of public sector organisations to plan and report on equalities outcomes. As the legal public bodies driving HSCPs, Integration Joint Boards (IJBs) are required to publish Equality Mainstreaming and Outcomes. A wide ranging engagement process was carried out to develop Glasgow City HSCPs first set of equality outcomes, which were approved in March 2016.

Glasgow City HSCP's equalities outcomes focus on three priority areas:

- to foster good relations and remove discrimination
- to contribute to closing 'gaps' and
- to listen to, and work with, people and communities.

More information on Glasgow City HSCP's equalities mainstreaming and outcomes is available on the [HSCP's website](#).

Glasgow City HSCP believes that the City's people can flourish, with access to health and social care support when they need it, so it is crucial to ensure that the services delivered reflect the needs of individuals. Glasgow City HSCP are committed to planning and designing services in partnership with those affected by them and will focus on meeting the General Duties requirements of the

Equalities Act:

- to eliminate unlawful discrimination
- to advance equality of opportunity
- to promote good relations.

All service changes/developments in pursuit of achieving the strategic priorities of the HSCP are subject to equality impact assessment, including consideration of Human Rights elements to identify and mitigate negative impacts, understand how best to involve groups in service design and to reduce discrimination in service development and delivery to remove barriers to accessing services or information about them.

Further national legislation that will provide important context for future equalities actions within Glasgow City HSCP includes:

The British Sign Language (Scotland) Act 2015, which promotes the use of British Sign Language, requires certain authorities to prepare and publish their own British Sign Language plans. HSCPs are not one of the listed authorities that must produce their own plan. However, both the Council and Health Board are required to do so and the HSCP therefore has a role to play in supporting both bodies to fulfil those duties.

EQUALITIES CONTEXT

In 2017, with the introduction of the **Fairer Scotland Duty**, Scotland became the first part of the UK to introduce a duty on public authorities to do more to tackle the inequalities of outcome caused by socio-economic disadvantage. In particular, the duty aims to make sure that strategic decisions about the most important issues are carefully thought through so that they are as effective as they can be in tackling socio-economic disadvantage and reducing inequalities of outcome. The socio-economic impact of decisions has been adopted as part of the process of assessing how changes proposed by the HSCP will impact on members of the public, through our Equality Impact Assessments.

PLANNING CONTEXT

While Glasgow City HSCP is responsible in its own right for the strategic planning of health and social care services within Glasgow City, the Strategic Plan is developed in the context of a range of related strategies in place across the City.

The Glasgow City Council Strategic Plan 2017-22 sets out the priority themes and commitments that will be delivered by the Council over the next five years. There is a specific focus in Glasgow City Council's Strategic Plan to improve health outcomes to ensure that everyone can reach their full potential and take part in all that Glasgow City has to offer in terms of job opportunities and good quality neighbourhoods. 'A Healthier City' is a priority theme within the Council's Strategic Plan, and there is a commitment to work with Glasgow City HSCP to deliver a number of priorities to achieve the following outcomes:

- Glasgow is healthier
- services are focussed on prevention and early intervention
- citizens and communities are more self-reliant for health and wellbeing and

- there are integrated services with health that support Glaswegians when they need it.

The Council Plan is can be viewed [here](#).

NHS Greater Glasgow and Clyde's **Moving Forward Together Programme** describes a new system of care, organised in the most effective way to provide safe, effective person-centred and sustainable care to meet the current and future needs of the population and provide best value. The Moving Forward Together strategy document can be viewed [here](#).

Glasgow's **Community Plan** is produced by the Community Planning Partnership, of which Glasgow City HSCP is a member. The Community Plan describes the key objective of inclusive growth, and three focus areas: economic growth; resilient communities; a fairer, more equal Glasgow. The Community Plan and associated Action Plan can be viewed [here](#).

West of Scotland Regional Planning represents work across the organisational boundaries of five Territorial Health Boards, 15 Integration Joint Boards (including Glasgow City) and five National Health Boards to

PLANNING CONTEXT

develop an over-arching model of care that provides a unified framework for the long-term planning of services for and with local people.

The **Integrated Children and Young People's Service Plan** sets out the strategic direction for the planning and delivery of services for children, young people and families in Glasgow City. The plan was written in consultation with children, young people, parents, carers and staff from across partner agencies, to ensure everyone understands and is working towards the same vision, aims and priorities for Glasgow. The Integrated Service Plan encompasses all services for children, young people and families, including services that are not the responsibility of Glasgow City HSCP, such as education services.

Glasgow City HSCP's **Primary Care Improvement Plan 2018-21** provides the framework through which it will meet the commitments made in the new GP Contract. While the new contract is intended to primarily benefit patients, by reducing and re-focussing the workload of GPs and GP practices to support the development of the GP role as an expert medical generalist and to act as senior clinical leaders within wider multi-disciplinary teams, its implications are much wider. There is an expectation

that many HSCP services will need to be reconfigured and, crucially, there are clear expectations of gains for patients in the City. This includes easier access to effective integrated assessment, treatment, advice and support as well as improvements in how they are directed to local support networks and, for more complex patients, more time with their GPs.

The **Health Promoting Health Service (HPHS)** aims to embed effective health improvement and health inequalities practice, and establish a health promoting culture within the NHS in Scotland. Delivery focuses on the key areas of person-centred care, staff health and wellbeing and hospital environment. The priorities of the HPHS are:

- leadership and embedding HPHS in core business
- patient pathways, needs assessment and referrals and building capacity
- staff Health and Wellbeing and
- transforming the hospital environment.

The **Public Health Priorities for Scotland** were launched in June 2018 by the Scottish Government and COSLA. These priorities were developed through a process of extensive consultation

PLANNING CONTEXT

and reflect a consensus on the most important things Scotland as a whole must focus on over the next decade to improve public health and address health inequalities. They are intended to be a foundation for public services, third sector, community organisations and others to work better together to improve health, address health inequalities, empower people and communities and support more preventative approaches.

The strategic direction for **Health Improvement** in Glasgow sets out the context, evidence and policy direction, principles and priorities for Health Improvement work within the City. This focuses the health improvement workforce on reducing health inequalities in the City, particularly around poverty and mental health, and changing the culture for health around four behaviours; smoking, alcohol, drugs and obesity. Focussing on these key drivers of health outcomes will have the biggest public health impact. The priorities for health improvement in Glasgow are centred around three main areas:

- building mental wellbeing and resilience
- building structurally and socially resilient communities and

- creating a culture of health for the City.

The Strategic Plan sets out the priorities for the HSCP in terms of prevention and early intervention. Whilst keeping people healthier for longer is one of the HSCP's priorities, improving the health and wellbeing of the population requires us to consider the key causes of health inequalities. The HSCP recognises that within the City there are people severely affected by poverty and deprivation, and this is one of the causes of health inequalities that health and social care services must seek to alleviate. Glasgow City HSCP understands that tackling health inequalities and achieving health equity requires the removal of barriers to accessing and delivering services that are sensitive to the social circumstances experienced by citizens. The HSCP is committed to working with our community planning partners to implement the NHS Greater Glasgow and Clyde **Public Health Strategy**, Turning the tide through prevention, which describes six priority actions for improving the public health of people across the Greater Glasgow and Clyde area:

- develop a better understanding of the health experiences of our population

PLANNING CONTEXT

- work with partners to tackle the fundamental causes of poor health, including poverty, housing and challenging personal circumstances
- promote health and wellbeing at all stages from early childhood to healthy ageing
- create a culture of health and wellbeing in our communities to help people make healthy choices
- improve health services to ensure they are fair, accessible and effective for all
- protect the public health from risks and disease.

Scotland's Digital Health and Care Strategy was published in April 2018, with a strapline of 'enabling, connecting and empowering'. The strategy seeks to support the vision for health and social care in Scotland so that citizens have access to the digital information, tools and services they need to help maintain and improve health and wellbeing. Information is captured electronically, integrated and shared securely to assist staff and carers who need to see it, and so that digital technology and data will

be used appropriately and innovatively to:

- help plan and improve health and care services
- enable research and economic development and
- ultimately improve outcomes for everyone.

NHS Greater Glasgow and Clyde published a Digital Strategy in the second half of 2018, and Glasgow City Council are expected to publish their own strategy in 2019. Glasgow City HSCP is both a contributor to these strategies and an expected beneficiary from strategic investments and transformations, such as the significant investment in communications technologies across Glasgow.

Within Glasgow City, we will aim to use digital technologies to support service transformations, in particular to improve the efficiency of our services and support staff to promote new services with service users, carers and other key stakeholders to contribute to meeting the National Health and Wellbeing Outcomes.

COMMISSIONING WITHIN GLASGOW CITY HSCP

Glasgow City HSCP is committed to meeting the health and social care needs of Glasgow's citizens by providing access to high quality, flexible and responsive support services delivered by partners that share our values and principles and promote good practice standards. These may be provided directly by NHS Greater Glasgow and Clyde or by Social Work Services or be delivered by voluntary and independent sector care providers on our behalf.

This will be done by working in partnership with provider organisations and service users to deliver a wide-ranging variety of support services that promote choice and independence and that enable individuals and families to be supported in their own homes and local communities for as long as possible. Glasgow City HSCP recognises the knowledge and experience external providers and contractors have of the communities we all serve, and the HSCP works with them to meet the needs, personal outcomes and aspirations of patients, services users and their carers.

Commissioning within Glasgow City HSCP plays a crucial role in supporting delivery of the vision and priorities and support our aspirations and the delivery of transformational change.

Glasgow City HSCP's commissioning activity is governed by procurement legislation, and follows the core principles of the [Scottish Government Procurement Journey](#) commissioning cycle (analyse, plan, do and review). Commissioning teams within the HSCP ensure Best Value (quality and cost) is achieved from purchased services through the application of a contract management framework that promotes safeguarding users of services and a culture of continuous improvement, efficiency and effectiveness. The HSCP's commissioning and contract management activity promotes a collaborative approach to planning, designing, implementing and managing purchased / contracted services.

In keeping with our overall approach to engaging meaningfully with communities in the planning and delivering of services, Glasgow City HSCP has adopted a collaborative approach to commissioning services in processes such as the 2019 framework tender for social care supports, Addiction service redesign and work to develop an alliance model for the delivery of homelessness services. We will continue to be innovative in our approach to procurement and will look for opportunities to encourage engagement and participation from

COMMISSIONING WITHIN GLASGOW CITY HSCP

providers and users of services when we plan procurement exercises to ensure the services purchased and delivered on behalf of the IJB reflect the needs of the communities.

Glasgow City HSCP is strongly committed to engaging directly with service users and people with lived experience in relation to the planning, commissioning and contract management of services. We expect to see this area of activity continue to grow throughout the lifetime of this Strategic Plan.

FINANCIAL AND RESOURCING CONTEXT

Financial Framework

The financial position for public services continues to be challenging and the HSCP must operate within significant budget restraints and pressures. A clear strategy is required to ensure the HSCP remains financially sustainable over the medium term. This will require services to be re-imagined and a new social care contract to be discussed with the citizens of Glasgow. This will represent a significant change to the HSCP, our partners and the citizens of Glasgow and will require us all to work together to focus our limited resources on offering services which are sustainable over the longer term and are targeted to those with the greatest need.

A recent report by Audit Scotland into the progress of Integration across Scotland highlighted the need for integrated financial planning and financial plans that highlight the importance of focussing on local priorities and preventative services, key elements of this Strategic Plan. It is therefore important that resources are targeted at the delivery of the priorities of the Strategic Plan. To support this the HSCP has developed a Medium Term Financial Outlook which provides an opportunity for the HSCP to plan based on the totality of resources across

the health and care system to meet the needs of the local people and support delivery of the Strategic Plan for 2019 to 2022. Medium term financial planning is an important part of the strategic planning process. The financial position for public services continue to be challenging, therefore it is important that the HSCP's ambitions are set within the context of the funding which is available

The Medium Term Financial Outlook estimates a financial gap of £100m over the medium term which will require to be met from savings. It highlights a number of financial pressures which contribute to this financial gap and more detail on these can be found within the Medium Term Financial Outlook.

The Medium Term Financial Outlook identifies four key components which underpin the financial strategy over



the medium term. Measures required to progress the financial strategy include:

- continued delivery of best value in its use of public funds including a commitment to keep under review the cost of service delivery and the

FINANCIAL AND RESOURCING CONTEXT

sources of income which are available to fund services

- continuation of our Transformation Programme which will seek to deliver more efficient methods of service delivery which focus on outcomes and the needs of patients and service users
- development of innovative new models of service which support people to live longer in their own homes and communities with less reliance on hospital and residential care
- develop a service model which is focussed on prevention and early intervention, promoting community based supports over residential settings
- continue to use all of our resources, including property, to support the aims of the HSCP of delivering high quality, effective services to people in their communities
- support the transfer of resources to support the shifting in the balance of care from institutional to community based services
- service re-imagination and development of a new social care contract which recognises the strengths and resources of individuals

and their families to support independent living, focussing on services which are sustainable over the longer term and target the available resources to those with the greatest need

- prioritisation of service delivery including reducing or stopping some services where this is required to live within the funding which is available.

Budget Position

Glasgow City HSCP delivers a range of services to its citizens and in 2019-20 has funding of £1.2bn to spend on services. This is funded through budgets delegated from both Glasgow City Council and NHS Greater Glasgow and Clyde. As in previous years, savings will be required to be identified to enable the Partnership to meet demand and cost pressures whilst remaining within the funding that is made available from partners.

The HSCP is committed to delivering services within the financial resources that are available and strives to do this while transforming the services which it delivers. A number of core programmes have been put in place to support this. The table below highlights the indicative funding position of the HSCP over the next three years.

FINANCIAL AND RESOURCING CONTEXT

	2019/20 Proposed £000's	2020/21 Indicative £000s	2021/22 Indicative £000's
Children and Families	154,823	157,983	161,011
Adult Services	237,360	242,944	249,879
Older People Services	263,851	275,411	287,349
Resources	146,501	152,104	157,742
Criminal Justice	108	282	683
Prescribing	137,045	145,739	154,956
Family Health Services	183,872	183,872	183,872
Other Services	11,855	16,399	20,177
Set-aside	132,578	132,578	132,578
Total	1,267,776	1,307,342	1,348,246
Funding			
	1,231,894	1,239,557	1,247,668
Funding Gap/Savings to be identified			
	35,882	67,785	100,579

FINANCIAL AND RESOURCING CONTEXT

Transforming Our Services

The HSCP has put in place a transformational change programme, outlined earlier in this Strategic Plan, which spans the entirety of the HSCP's business and seeks to deliver transformational change that will deliver innovative services for the people of Glasgow and realise financial savings to support a balanced budget. Detailed medium-term transformation programmes have been approved for Older People, Adult and Children's Services and demonstrate the continued commitment to transformation and the identification of opportunities to deliver efficiencies that will contribute to future year savings.

Investment Priorities and Plans

Implementing the transformation programme requires the HSCP to look at what services are delivered, how they are delivered and where they are delivered from. Fundamental to these programmes is the partnership investment programme and how it supports this transformation.

The HSCP has set out its investment priorities in its Property Strategy 2017-2020. The main objectives of the strategy are:

- to gain best value from our use of property
- to ensure that health and social care services are provided in and from fit-for-purpose, modern buildings
- to enhance provision of health and social care services in local communities and
- to rationalise our estate in order to reinvest savings into frontline services.

The Property Strategy has already delivered significant investment to support transformation, including the opening of the new Maryhill Health and Care Centre and continued investment in Older People and Children's residential accommodation.

Work has commenced on a new £20m Woodside Health and Care Centre and the new £17m Gorbals Health and Care Centre opened to the public in early 2019. These centres will accommodate a range of health and social care services, delivering integrated services for these local communities.

Future plans are also being developed for a new health and care centre in the East End of Glasgow. The HSCP is also working jointly with Scottish Prison Service on the development of the Maryhill Community Custody Unit,

FINANCIAL AND RESOURCING CONTEXT

the first in Scotland and anywhere in Europe, to be opened in late 2020, and continues to provide full backing to the development of the UK's first Safer Drug Consumption Facility.

Staffing and Workforce Plan

Staff within Glasgow City HSCP– our people – are integral to our success and particularly the success of our transformational journey.

As at December 2018, Glasgow City HSCP has a workforce of 10,058 Whole Time Equivalent (WTE) staff, made up of 5,795 WTE employed by Glasgow City Council and 4,263 WTE employed by NHS Greater Glasgow and Clyde. The significant majority of staff work directly with patients, service users, carers and their families to support them. The breakdown of staff across care groups and between Council and Health Board is outlined within the following table.

Glasgow City HSCP			
Staff in Post at December 2018			
WTE by Employer and Core Leadership Group			
Core Leadership Group	Council	NHS	Grand Total
Adult Services	864	2814	3678
Children & Families Services	964	469	1433
Older Peoples Services	1024	767	1791
Care Services	2276	-	2276
Business Support	667	213	880
Grand Total	5795	4263	10058

At the heart of Health and Social Care Integration is shifting the balance of where and how care and support is delivered from hospital to community care settings, and to individual homes when that is the best thing to do. The HSCP has developed a Workforce Plan

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that will support the redesign of services around communities and ensure that they have the right capacity, resources and workforce. The Workforce Plan is reviewed on an annual basis.

Optimising and joining up balanced health and care services, whether provided by NHS, local government or the third and independent sectors, is critical to realising our ambitions.

Glasgow City HSCP understands that the health and social care sector is experiencing severe challenges in the recruitment and retention of skilled staff and is committed to working with our partners to developing solutions to address these issues. This includes investment in training and development of the wider staff group across the sector to ensure health and social care is an attractive and rewarding career option, and to ensure that staff have the

required knowledge and understanding to carry out their role, particularly when working with people from groups with protected characteristics.

To support Glasgow City HSCP's workforce through service redesign, integration and transformational change programmes, our organisational development approach is fundamental to building a culture of shared objectives and close partnership working. An Organisational Development Plan (as part of the Workforce Plan) for Glasgow City HSCP is in place, focussing on four strands:

- culture
- service improvement and change
- establishing integrated teams and
- leadership development.

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Glasgow City Health and Social Care Partnership does not operate in isolation. Everyone has a shared responsibility for the provision of health and social care support and services. This includes the people who are supported by services, those who plan and deliver them or who may have an interest in them. We must work together to ensure that services provided are complimentary and easy to access, and that we have a shared understanding of how our services can integrate properly to better meet the needs and aspirations of the citizens of Glasgow. The public, private and third sectors and local communities share responsibility for providing services and support to meet public needs, and the meaningful involvement and engagements of patients, service users and carers in the planning of services is essential.

Central to this must be working with people who have used services and have a unique perspective on how they need to change to meet the needs of others throughout the City. These people are often referred to as people with “lived experience”. We must and will make best use of their views as we develop services that help to tackle inequality within the City. Communication is the key to achieving this; with our staff

and the wider health and social care workforce across the City; with service users, patients and carers; with service providers; and with other Health and Social Care Partnerships. Glasgow City HSCP is committed to good, effective communication and engagement with all of our partners, to understanding the different ways stakeholders want and need to communicate and engage, and to understand the importance of ensuring people feel listened to, understood and recognised as a partner in the journey we are taking in Integration in Glasgow. To obtain the views of stakeholders Glasgow City HSCP will seek to understand the preferred method of communication and engagement of individuals and will listen to what they have to say to promote self-determination and choice.

Glasgow City HSCP are currently working to meet the proposals and recommendations made in recent reports from [Audit Scotland](#) and the [Ministerial Strategic Group](#) reviewing integration across the country. These reports have highlighted the importance of good governance, strong and effective leadership, and meaningful and sustained engagement. Among the recommendations was that HSCPs should continue to improve how local communities are involved in planning

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and implementing changes to how health and social care services are accessed and delivered. Glasgow City HSCP is committed to good, effective and innovative communication and engagement with patients, service users and carers to ensure they feel heard, understood and recognised.

We must collectively embrace change. More of the same won't meet the projected health and social care needs in Glasgow. Transformational change requires real commitment from all partners and service providers/contractors. We will work collaboratively with all stakeholders in the City to make best use of resources and achieve more.

Glasgow City IJB and HSCP want to make sure that health and social care services reflect the priorities and needs of local people and communities, and this is reflected in Locality Plans for each of the HSCP's three areas.

There are a number of ways in which patients, service users and carers can either be involved or share their views in the planning of services. The IJB membership has patient, service user and carer representatives as part of its membership. They attend every meeting and are involved in the decision-making process. Third and independent sector and staff

representatives also make up the IJB membership as non-voting members.

To strengthen the engagement of stakeholders further, the IJB has a [Public Engagement Committee](#). It enables Glasgow's citizens and local third and independent sector organisations to have a direct route of engagement and a role in developing policy for integrated services.

Glasgow City IJB's / HSCP's [Participation and Engagement Strategy](#) outlines the principles and approach that has been adopted in Glasgow to ensure that our participation and engagement activities meet local expectations, national standards and the needs of everyone in Glasgow who has an interest in the development and delivery of health and social care services in the city. This strategy is supplemented by our [Consultation and Engagement Good Practice Guidelines](#), which aim to ensure a consistent approach to consultation that is good quality, supportive and effective so that individuals, groups, communities and organisations have opportunities to be fully engaged in an informed way.

Across the City we have established [Locality Engagement Forums](#) in each of the HSCP's localities, which feed into local management arrangements

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and city-wide networks. The Locality Engagement Forums are made up of a range of stakeholders, mostly patients, service users and carers from local communities, and they have an important role to play in linking to the governance, decision-making and planning structures of the locality and HSCP, ensuring that feedback from and the opinions and views of patients, service users and carers is heard.

Community Planning, as defined by the Scottish Government, is how public bodies work together and with local communities to design and deliver better services that make a real difference to local people's lives. Glasgow City HSCP is a member of Glasgow's Community Planning Partnership, and works with all partners to deliver the Community Plan and its associated action plan. Glasgow City HSCP will continue to engage with our community planning partners to define how the work of the Community Planning Partnership will contribute to meeting our Strategic Priorities and agree how we can build on existing relationships to achieve our Vision.

The Community Planning Partnership also has responsibility for planning the Community Justice function within the

City. In Glasgow the **Community Justice Authority** is unique, as it is the only single local authority area Community Justice Authority in Scotland. The Community Justice Authority has developed a local Community Justice Outcome Improvement Plan, which the Glasgow City IJB / HSCP will work with other partners to deliver.

Planning for the range of **Children's Services** (not just health and social care services) takes place within a wide-ranging partnership of key stakeholders. The Children's Services' Executive Group is chaired by the Executive Director of Education Services and the membership includes senior management from a range of agencies, including third sector agencies. This group provides leadership and strategic direction for children's services through the development and implementation of the Integrated Children and Young People Services' Plan.

The **Glasgow Alliance to End Homelessness** aims to end homelessness in Glasgow, by ensuring that people have appropriate services and support options available to them, when they need them, and by seeking to prevent homelessness wherever possible.

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The Alliance will continue to coordinate access to and delivery of purchased homelessness services to Glasgow citizens, reducing the risk of and the time spent homeless. This is to ensure individuals have access to joined up, person-centred, effective services, which promote health and wellbeing and enable people to focus on their strengths and abilities to maximise their potential for independent living. This approach recognises that 'more of the same' won't do, and it will aim to transform homelessness services in Glasgow, bringing together a range of partners with different expertise, skills and ideas.

An interim **Housing Contribution Statement**, which outlines how Housing and Regeneration Services (Glasgow City Council) and Glasgow City HSCP will work together to deliver the National Health and Wellbeing Outcomes, is available on the Glasgow City HSCP website. The commitment to working in partnership with our Housing partners across the City reflects the importance of housing and physical environment and an understanding of the correlation between poor housing and poor health. Meeting the needs of Glasgow's citizens through investment in housing can address the root causes of health inequality and prevent poor

health and a reliance on health and social care services in later life. The interim Housing Contribution Statement will be subject to consultation and updated later in 2019.

Partnership working is also at the heart of the Primary Care Strategy referred to in the Transformation section. The delivery of the **Primary Care Improvement Plan** across the City will depend critically during its implementation on the continued support and close working relationships with GP practices, GP clusters and their respective leads, as well as the Local Medical Committee who are members of the City's Implementation Leadership Group and Primary Care Strategy Group.

The consultation on the IJB's draft Strategic Plan elicited a specific response from the city's **Improving the Cancer Journey (ICJ)** programme, an award winning partnership between Glasgow City Council, MacMillan, NHS GGC and a host of other organisations, with the ICJ Board chaired by the Chief Officer of GCHSCP. This response would indicate that the ICJ programme should in fact be contained within the IJB'S Strategic Planning and commissioning arrangements as a clear proactive and preventative shift in the balance of care for patients following their diagnosis.

