



Glasgow City Integration Joint Board Strategic Plan 2016 - 2019

Approved by Glasgow City Integration Joint Board on 21st March 2016

It is our pleasure and privilege as Chair and Vice Chair of the Glasgow City Integration Joint Board to welcome you to our first Strategic Plan.

Glasgow City Council and NHS Greater Glasgow and Clyde have a long history of working together to deliver health and social care services to the people of Glasgow. The establishment of the Glasgow City Integration Joint Board and the production of our first Strategic Plan presents us with a real opportunity to make a positive difference to the lives and health of our population.

This Strategic Plan is however about much more than simply what Glasgow City Council and NHS Greater Glasgow and Clyde think they need to do in order to develop and deliver integrated health and social care services. Services must be shaped by the people who use them in order to be truly effective, and so this plan has been developed through a process of engagement and consultation with service users, carers, partners in the third and independent sectors, health and social care professionals and a range of other stakeholders. The Integration Joint Board is committed to listening to as wide a range of views as possible as we seek to develop services that people tell us they need and want.

Glasgow as a city faces a number of challenges in the coming years, many of which are noted within this Strategic Plan, however we also have a strong track record of rising to our challenges, and of delivering innovative solutions. Our Strategic Plan outlines the priorities of the Glasgow City Integration Joint Board over the next three years and our long-term vision for health and social care services in the city.

People Make Glasgow, and as we deliver our Strategic Plan for health and social care services in Glasgow we will deliver the transformational change needed to support people to live longer, healthier lives in their own homes and communities and which allows Glasgow to flourish.

Councillor Archie Graham

Chair, Glasgow City Integration Joint Board

Trisha McAuley OBE

Vice Chair, Glasgow City Integration Joint Board

The Glasgow City Integration Joint Board's Vision

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

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

About the Strategic Plan

This Strategic Plan for the delivery of health and social care services in Glasgow is prepared by the Glasgow City Integration Joint Board under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 (“the Act”). The Plan covers all topics which are required by the Act, along with a number of other relevant topics.

The Integration Joint Board is required by the Act to produce a Strategic Plan for how the functions delegated to it by Glasgow City Council and NHS Greater Glasgow and Clyde will be delivered. The Integration Joint Board is responsible for monitoring the delivery and performance of services by all partners including the Council and the Health Board, and may issue further directions if needed to ensure effective delivery in line with the Strategic Plan, making available whatever financial resources it deems appropriate from the budget within its control.

About the Integration Joint Board

The Public Bodies (Joint Working)(Scotland) Act 2014 requires local authorities and health boards to integrate the strategic planning of most social care functions, and a substantial number of health functions. As a minimum these functions must be integrated where they apply to services delivered to adults. This can be done by one party delegating to the other (also known as a ‘lead agency’ model) or by establishment of a new body to oversee this strategic planning and delivery of health and social care services (known as the ‘body corporate’ or ‘integration joint board’ model).

Glasgow City Council and NHS Greater Glasgow and Clyde have agreed to adopt the integration joint board model of integration, and also to integrate children and families, criminal justice and homelessness services as well as those functions required by the Act. The functions delegated from Glasgow City Council to the Integration Joint Board represent almost all of the current Social Care functions of the Council, along with the budget for these functions. A similar range of health functions, along with the budget for these, are also delegated to the Integration Joint Board by NHS Greater Glasgow and Clyde.

The Glasgow City Integration Joint Board is a distinct legal entity created by the Scottish Ministers upon approval of the Integration Scheme.¹

As a separate legal entity, the Integration Joint Board is fully able to act on its own behalf and to make decisions about the exercise of its functions and responsibilities as it sees fit, without any need to refer to, seek the approval of, or take direction from, the Council or Health Board. The Council and Health Board may not change, ignore or veto any direction from the Integration Joint Board, and may not use delegated resources for any purpose apart from

¹ The Integration Scheme is the legal document which outlines at a high level the agreements that the Council and Health Board have made about how they will work together.

carrying out a direction from the Integration Joint Board. The Glasgow City Integration Joint Board is therefore the primary body through which integrated health and social care services are strategically planned and monitored within Glasgow.

The Glasgow City Integration Joint Board is made up of 16 voting members (8 Councillors appointed by Glasgow City Council and 8 Non-Executive Directors or other appropriate persons nominated by NHS Greater Glasgow and Clyde). There are also a number of non-voting members on the Integration Joint Board, including the Chief Officer, clinical leads, the Chief Social Work Officer and stakeholder members representing the interests of staff, service users, patients, carers and the third and independent sectors.

The stakeholders which make up the voting and non-voting membership of the Integration Joint Board represent the 'partnership' within the title Glasgow City Health and Social Care Partnership.

Some of the functions and services delegated by Glasgow City Council and NHS Greater Glasgow and Clyde to the Integration Joint Board are:

- The strategic planning for Accident and Emergency services provided in a hospital
- The strategic planning for inpatient hospital services relating to the following branches of medicine:
 - general medicine;
 - geriatric medicine;
 - rehabilitation medicine;
 - respiratory medicine.
- Palliative care services
- District nursing services
- Services provided by allied health professionals such as dieticians and occupational therapists
- Dental services
- Primary medical services (including out of hours)
- Ophthalmic services
- Pharmaceutical services
- Sexual Health Services
- Mental Health Services
- Alcohol and Drug Services
- Services to promote public health and improvement
- School Nursing and Health Visiting Services
- Social Care Services for adults and older people

- Carers support services
- Social Care Services provided to Children and Families, including:
 - Fostering and Adoption Services
 - Child Protection
- Homelessness Services
- Criminal Justice Services

A full list of the functions delegated to the Integration Joint Board by the Council and Health Board is available in the Integration Scheme which will be published on the Glasgow City Health and Social Care Partnership website.

This plan is a strategic document which sets out the vision and future direction of health and social care services in Glasgow. It is not a list of actions outlining everything that the Glasgow City Health and Social Care Partnership are doing or plan to do over the coming years. The plan shows the objectives that we want and need to achieve in order to improve the health and wellbeing of the citizens of Glasgow, making best use of all the resources available to us. The detail about how we achieve those things will be developed through our local and city-wide engagement structures in collaboration with all partners in the public, independent and voluntary sectors, and in local communities, over the lifetime of the plan. This will be how we ensure the joint commissioning of services.

About Glasgow

Glasgow is a vibrant, cosmopolitan, award-winning city known throughout the world as a tourist destination and renowned location for international events. The city has been transformed in recent years, becoming one of Europe's top financial centres and developed remarkable business and tourism sectors, whilst the physical enhancement of our city has been dramatic. However, our 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 is more to be done to ensure that there are opportunities for everyone in the city to live longer, healthier, more independent lives. We remain focussed on that ambition for the city.

Population

Glasgow has a population of 593,245, based on the 2011 census, which is 11.2% of the total population of Scotland. Although the population fell sharply towards the end of the 20th Century, it has been increasing again since 2004. This growth is expected to continue over the next few years.

Estimates of Glasgow's population increase between 2012 and 2017 indicate:

- An overall population increase of 2.5%
- The number of children increasing by 2.4%
- The adult (aged 18-64) population increasing by 2.6%
- The population of older people aged 65+ rising by 1.8%

Deprivation

Glasgow City contains 3 in 10 of the 15% most deprived data zones² in Scotland. This is the highest proportion for a local authority. 116 of these data zones are in the North East of the city, while the North West has 83 and South has 89.

Around two fifths of Glasgow's entire population live in one of these 288 data zones, with around 54% of these people living in the North East of the City.

² Data zones are a common, stable and consistent, small-area geography produced by the Scottish Government. To produce data zones, groups of 2001 Census output areas with between 500 and 1,000 household residents are identified. Where possible, data zones respect physical boundaries and natural communities. They have a regular shape and, as far as possible, contain households with similar social characteristics.

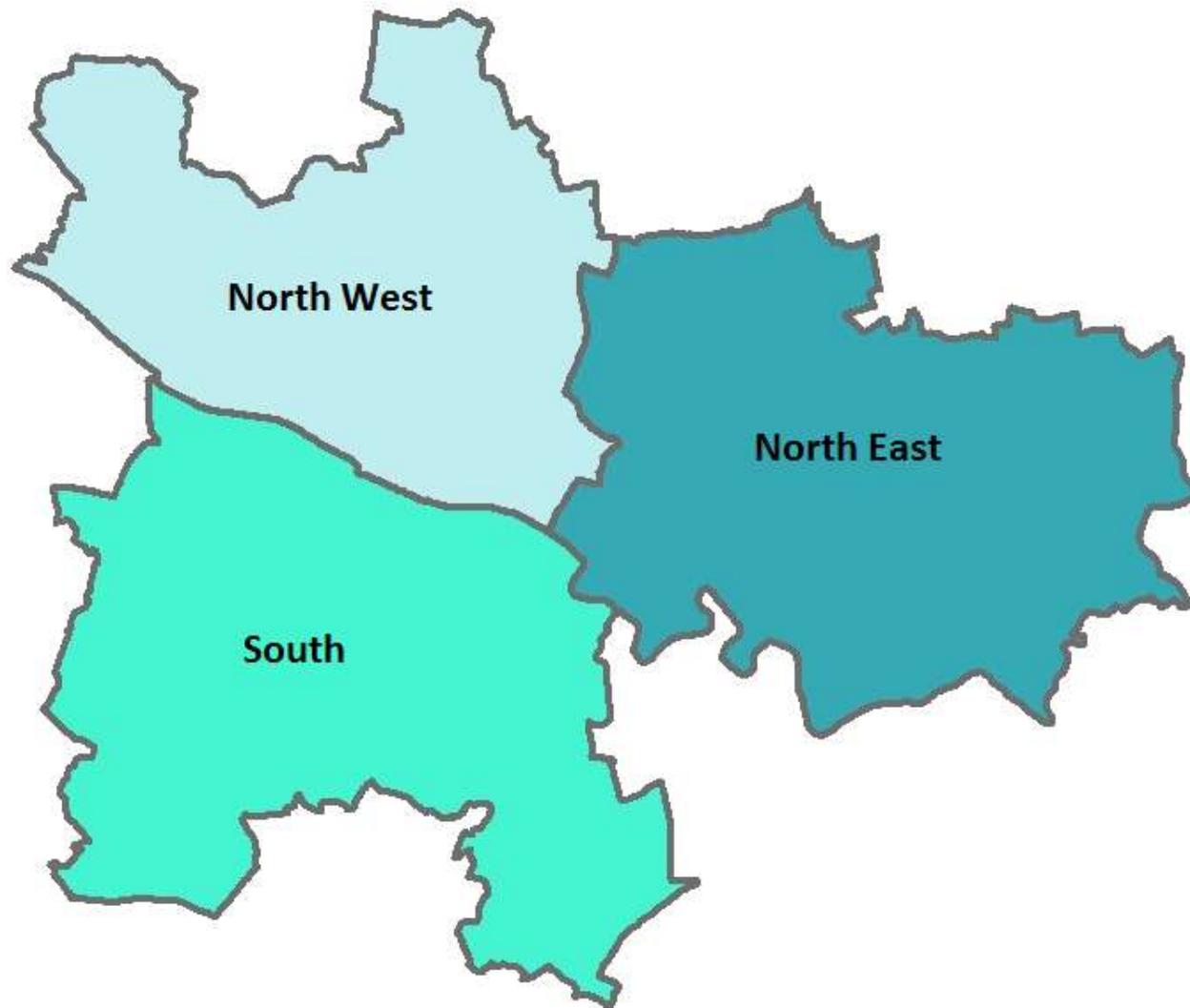
Health and Social Care Needs Profile

- Although increasing, life expectancy at birth in Glasgow is currently 72.6 years for males and 78.5 years for females (compared to the Scottish averages of 76.6 and 80.8).
- Around 8.7% of the Glasgow population live in 'bad' or 'very bad' health, with 31% of Glasgow's population, around 184,000 people, suffering with one or more long term health conditions.
- According to national estimates, around one in 25 people will be experiencing dementia by the age of 70, rising to almost one in five by the age of 80. Up to 4,500 people aged over 80 in Glasgow currently may be experiencing dementia.
- Just under a quarter (22.7%) of people in Glasgow believe that their day-to-day activities are limited in some way by a long term health problem or disability.
- Almost 2.7% of the population have some form of learning disability or learning difficulty.
- 7.8% of the population have a physical disability.
- Almost 6.9% of the population were recorded as having a hearing impairment and almost 2.5% of the population were recorded as having a visual impairment.
- It is estimated that up to 7,000 people in Glasgow have a form of autism.
- Around 9.3% of people in the City carry out unpaid caring duties.
- It is estimated that up to 75,000 people in Glasgow experience common mental health problems such as depression or anxiety, with around 6,000 people experiencing a more severe and enduring mental illness.
- Glasgow has over 69,000 residents estimated to be problem alcohol drinkers, and has the highest rate of alcohol related hospital admissions in Scotland.
- Glasgow has an estimated 13,000 problem drug users, most of whom also consume alcohol on a daily basis.

The three-area model of service delivery

Glasgow is divided into three areas, known as localities, to support service delivery. To ensure consistency in local service delivery, the Glasgow City Health and Social Care Partnership has adopted the same strategic areas as the Glasgow Community Planning Partnership. Those localities - North West, North East and South are shown on the map below. Additional detail on specific plans for each locality is outlined later in this Strategic Plan.

Glasgow Health and Social Care Partnership Localities



About the Partnership

Key Opportunities

Integration of health and social care presents the Partnership with a number of opportunities, which we will work towards throughout the lifetime of this Plan. These include:

- Sustaining existing good quality services
- Removing artificial divisions between health and social care
- Minimising duplication and waste by improved coordination between health and social care services
- The ability for a range of non-health agencies to act in concert to prevent illness and promote better health
- A renewed focus on families and communities, as well as individuals
- Delivering transformational change in service provision, leading to positive health and well-being outcomes for Glasgow's citizens
- Improving connections between strategic and locality planning
- The opportunity to develop and embed a shared culture and identity across the Partnership, breaking down traditional organisational barriers
- Opportunities to engage with Primary Care and Acute Services to support effective service planning and delivery
- Joining up of Information and Communication Technology systems and processes to improve business and intelligence reporting

The scale of the City of Glasgow and NHS Greater Glasgow and Clyde area is significant but this also creates the opportunity to work closely with the five other Health and Social Care Partnerships within the Health Board area to improve outcomes across all Partnerships

Equalities

Glasgow has a very diverse population, with interpreting services providing support for over 80 regularly used languages in the city. One in every six residents (15.4%) identified themselves in the last Census (2011) as non-British White. Our non-British White population has more than doubled in the last decade, with growth across most ethnic groups, but most significantly in Polish and Roma communities. We welcome and support around 3000 people seeking asylum per year.

We understand that around one in every fourteen residents are Lesbian, Gay, Bisexual or Transgender (LGBT), although we have further progress to make in enabling service users and patients to routinely disclose equalities information.

We will work to establish strong working arrangements with equalities networks within and beyond the city. This will include continuing to support the Community Planning Partnership's equalities work in particular, to work with partners to support the Single Outcome Agreement, which sets out the planned improvements for local areas' thematic and place based priorities.

We aim to remove discrimination in accessing all of our services; ensure that our services are provided in an equalities sensitive way; contribute to reducing the health gap generated by discrimination; and, work in partnership, to make Glasgow a fairer city.

Both the Health Board and Council routinely publish Equalities progress reports which highlight the significant progress that is already being made. We will continue this journey to improve the health and care outcomes for equalities groups, recognising the additional challenges experienced by equalities groups living in poverty.

The Equalities Act (2010) requires public sector bodies to comply with general equalities duties. Integration Joint Boards have been added to the list of public sector organisations relevant to the Act and are therefore required to develop Equalities Outcomes by the 30th April 2016 and report on these outcomes by 1st April 2018.

Working Together

Glasgow City Health and Social Care Partnership does not operate in isolation, and sets out that everyone has a shared responsibility at varying levels for the provision of support and services. We must work together to ensure that the services we provide are complimentary, easy to access, and that we have a shared understanding of how our services can integrate properly to better meet the needs of the citizens of Glasgow. The public, private, third sector and local communities share responsibility for providing services and support to meet public needs. The case study below is a fairly typical and shows how people often have complex needs requiring integrated solutions with involvement from a number of organisations.

Case Study

Mr and Mrs Smith are in their 60s. Mr Smith has a long-term health condition and visits his GP regularly. Mr Smith is also an unpaid carer for his wife who has dementia. Mr and Mrs Smith do not have any family members living nearby, and find it difficult to get time away from the house, or to see any friends.

As a result, they are both quite socially isolated, and Mr Smith began feeling increasingly depressed.

Mr Smith's GP had noticed a change in Mr Smith's demeanour and became concerned about his mental health. They discussed support available to Mr Smith, including the Primary Care Mental Health team. The GP also made a referral to the Dementia Post Diagnosis Support service, which could offer support to both Mr and Mrs Smith.

With support from the Primary Care Mental Health Team, Mr Smith contacted his local Carers Centre. The Centre was able to advise Mr Smith about a range of community-based supports and respite services. He also got information about the My Bus service, which could provide transport to appointments and clubs. Mr Smith was then able to leave his wife for short periods, allowing him to have time to access the local library.

As a result of the work of a range of agencies, Mr Smith felt supported to continue caring for his wife and both Mr and Mrs Smith were supported to live their lives independently at home and in their own community.

We must collectively embrace change, more of the same won't meet the projected needs in Glasgow. Transformational change requires real commitment from all partners and service providers. We are ambitious in achieving more from integration and from the significant resources which are available to us. We will work collaboratively with all stakeholders in the city to achieve more.

As a Health and Social Care Partnership there are a number of key things we must do to enable effective integration.

- Across health and social care we have found ways to effectively share information, ensuring that it is safe, and we must continue to build on this. Sharing information will be key to providing effective joint services.
- A joint approach to service reform will create opportunities to ensure that transformational change can take place in a truly integrated way, taking account of impacts across health and social care services.
- We will use our property estate to encourage joint and flexible use of our accommodation.
- Information technology is crucially important in supporting our staff in their work and in sharing information. We want health and social care workers to be able to work from any building across the estate and we are developing a joint strategy to ensure that this can be achieved.

Supporting Health and Social Care in Glasgow

The Health and Social Care Partnership directly employs around 9,000 staff. An estimated 20,000 people are employed by other organisations delivering health and social care services in the city. The number of unpaid carers in the city is estimated at 50,000. It is therefore clear that a significant proportion of the population is engaged in supporting the health and care needs of the people of Glasgow. This number will increase in the future. In addition, services which are not traditionally labelled as “health” or “social care” services provide significant levels of support, for example, social activity in libraries or community clubs and sports activities must increasingly play a significant role in combatting social isolation and improving mental health.

Primary Care

It is in primary care that most patient contact takes place. By “primary care” we mean all the community health services that work with General Practitioners (GPs), general dental practitioners, community pharmacists and optometrists to provide services to local populations. To deliver effective integrated health and social care services, it is essential that strong links with primary care services are developed and enhanced.

In March 2015 we brought together representatives of all primary care professionals to consider the key issues and challenges for primary care in Glasgow, and the opportunities the Health and Social Care Partnership has to address these. The key themes to emerge from that session were how we respond to the pressures on primary care from:

- an ageing population;
- more people living with complex long term conditions;
- the impact of deprivation; and,
- workload and recruitment pressures.

We are committed to working with primary care practitioners to explore how best we can address these to maintain and develop the quality of services to patients. This includes working with primary care to implement the national primary care fund made available by the Scottish Government.

Within the Glasgow City Health and Social Care Partnership are 150 GP practices (437 GPs) providing the full range of general medical services to a registered patient population of 706,422 people, over 100,000 of whom live outside the city boundary.

Within the Partnership are also 145 dental practices and five orthodontic practices, 163 community pharmacies and 113 optometry practices. In total in 2014/15 the NHS spent over £299m on primary care services of which £89.3m was on general medical services, £124m on prescribing, £48.3m on general dental services, £23.1m on general pharmaceutical services and £14.4m on general ophthalmic services.

Community health services supporting GPs and other primary care contractors include: district nursing, health visiting, community rehabilitation, primary care mental health teams, physiotherapy, podiatry, dietetics, school nursing, and continence services.

We acknowledge primary care's place at the heart of the NHS, as it is in primary care settings where most clinical encounters take place. The Partnership will support primary care in improving services to patients, including:

- taking forward agreed new health centres and improvements to GP surgery premises;
- supporting practices to improve GP access and screening targets;
- improving links with secondary care to build on developments such as electronic referrals, reduction of patient delays in hospital and implementation of the Clinical Services Strategy;
- improving discharge information;
- the introduction of step up / step down³ beds as an alternative to hospital admission;
- the development of anticipatory care plans for patients who need them;
- supporting initiatives to improve the connection between GP practices and the wider community;
- promoting primary care approaches to tackling inequalities;
- implementing improvements in community nursing, through for example workforce development and improving access to community provision;
- further developing palliative care pathways; and
- building on the established locality groups and primary care forums to better support primary care clinicians to influence service delivery and service redesign in the new Partnership arrangements.

³ Where current services are unable to support individuals in their own home due to a health crisis and they may require 24 hour care, but where a hospital stay is not medically required

Acute Care

By 'Acute Care' we mean:

- Accident and Emergency services provided in a hospital
- Inpatient hospital services relating to the following branches of medicine:
 - General Medicine
 - Geriatric Medicine
 - Rehabilitation Medicine
 - Respiratory Medicine
- Palliative care services provided in a hospital

NHS Greater Glasgow & Clyde's Clinical Services Strategy for the period 2015-2020 informs the strategic context for the development of acute services over the next five years, and is a key component of the relationship between the Health Board and the Glasgow City Health and Social Care Partnership.

Key in delivering this strategy is the need to:

- improve the interface between the community and hospital to ensure care is provided at the right time in the right place, and is focused on patient and carers needs;
- ensure that inpatient hospital care is focused on those with greatest need, ensuring equitable access to specialist care;
- establish a consistent service model delivering within agreed clinical standards and good practice guidelines;
- develop the rehabilitation model based on need not age; and,
- working across the service within primary and secondary care and with partner organisations to provide rehabilitation at home or in local communities where possible and in the best interests of the individual.

The key priority areas for the Glasgow City Health and Social Care Partnership in relation to Acute Services are:

- a reduction in bed days lost to delayed discharge;
- a reduction in the number of Accident & Emergency presentations and emergency admissions - where alternatives to A&E and emergency admission exist, these services need to be maximised and plans developed to increase the scope and number of these services available in the community; and,
- developing relationships between primary and secondary care clinicians - working to improve the interface and communication between primary and secondary care.

Housing

In Glasgow we have a good history of joint working between health, social care and the housing sector and intend to build on those successes as we move forward with integration.

A key principle of Glasgow's Housing Strategy 2011-2016 (<https://www.glasgow.gov.uk/index.aspx?articleid=18249>) states: -

'Health: We strive to promote health and wellbeing through this Housing Strategy in order that housing which is built, improved or (housing services) delivered for Glasgow's people enhances their quality of life'.

The Housing Strategy identifies a number of outcomes which contribute to health and wellbeing: -

- *More people are living independently and receiving the support they require*
- *Homelessness is prevented and if not prevented, is addressed effectively through improved service delivery*
- *We will have increased the supply of good quality social housing and introduced more affordable housing to meet the city's housing needs*
- *We will have increased the supply of new and converted accessible housing, as well as housing for particular needs*
- *Across all tenures, we will have increased the energy efficiency of the City's housing and taken steps to mitigate the impact of increasing energy costs on the level of fuel poverty in the City*
- *We will have promoted positive partnerships and co-ordination among statutory and voluntary agencies across a range of housing and housing related areas*

To help deliver the above outcomes the Strategic Housing Investment Plan (SHIP) 2015 (<https://www.glasgow.gov.uk/index.aspx?articleid=18518>) has set targets for new provision of wheelchair and larger family houses. Social Care Housing Investment Priorities (with respect to provision of specialist housing) have been funded through Development Funding programmes outlined in the SHIP in partnership with local Housing Associations.

A new Housing Strategy (which covers all aspects of housing across every tenure) is in preparation and will fully reflect housing's role in health and wellbeing.

An interim Housing Contribution Statement, which outlines the role the housing sector can play in delivering the National Health and Wellbeing Outcomes is appended to this report, and will be updated later in 2016.

Children's Services

Our strategy for Children's Services aims to promote a plan to secure better outcomes for every child in Glasgow, with a targeted approach for those most in need. A great deal has been achieved in Glasgow in recent years, and the foundations are solid to sustain progress. The creation of the Health and Social Care Partnership provides a unique and critical opportunity to self-inspect, to review, to reform and to take stock. There is an ideal opportunity to strengthen collaboration, to develop a cohesive partnership and to ensure the most significant impacts to improve outcomes are secured.

In establishing a guiding set of principles for Children's Services, it is essential that these operate across the single system of care. Critically, the single system of care for children involves our key partners such as: parents, carers, Education Services, the third sector, housing providers, adult services (addiction and mental health), acute hospitals and primary care. Our principles include:

- Helping families to help themselves
- Prevention at every available opportunity
- Children and Families get the help they need when they need it
- Early engagement, early identification and earlier intervention
- Building resilience at every available opportunity
- Providing recovery from traumas within every part of the system
- Closing the attainment gap
- Health improvement across the system
- Addressing/minimising child poverty
- Acting as an integrated single system
- Achieving a step-change for the City of Glasgow
- Improving our use of research, data and needs' analyses

Our strategy for transforming services for Glasgow's children and young people is a key priority for the Glasgow City Health and Social Care Partnership and is set within the following themes:

Transforming and shifting the balance of care

Key areas of change include:

- Review of our investment in care so that it promotes early intervention, prevention and shifting the balance of care.
- Implementing a system wide approach to corporate parenting for children and young people who are looked after by the Council.
- Improving our approach to placing children in residential care with a focus on using community based solutions within Glasgow
- Review of the role and function of our directly provided 18 residential units to ensure that there is an appropriate spectrum of care within each of the 3 localities.
- Develop and promote kinship care as an alternative to foster care and residential care and transform support for kinship carers, including improving access for them to health and social care services
- Renew our approach to improving educational attainment and maximising employment outcomes and positive destinations for all children and young people who are looked after by the Council.
- Improve the housing, employment, education and training outcomes for young people who are in receipt of continuing or aftercare.
- Strengthen performance in securing permanent placements for children who are looked after, for example with adoptive families.
- Give a stronger focus to improving care for children with disabilities and supporting young carers

Transforming the core service specification and core activity for children’s health and social care services

Key areas of change include:

- Review the “Tiered Model of Services”, to ensure that we have the appropriate services in place and have clarity about the connections between each tier (see diagram below which illustrates the tiered model).
- Implement both the new investment in health visiting services and the consequent changes to the health visiting team skill mix.
- Introduce the new duties in the Children and Young People (Scotland) Act 2014 that are related to “Getting it Right for Every Child”, including the named person service, the single child’s plan and the information sharing requirements.
- Review expenditure on child health services to identify a contribution to the Board’s target for cash releasing efficiency savings (CRES).
- Review the social work staffing structure and skill mix to ensure that it supports the delivery of our strategic priorities, to contribute to the Council’s corporate savings, to achieve consistency in management to staff ratios and to ensure that it continues to deliver an effective service.
- Refine our approach to managing risk and thresholds for accessing services to reduce the demand on those services that provide support for children in crisis and acute situations.
- Revisit the statutory requirements of what we must do for children, while at the same time applying a sophisticated approach to ensuring the system remains stable.
- Ensure our statutory services have the necessary capacity to enhance family support and facilitate lower cost care.

- Continuing to implement the Neglect and the Child Protection action plans and making sure that these are aligned with our transformational change programme.
- Improving the use of IT and new technology to support the planning and delivery of services for children and young people.

Transforming family support and family preservation services

Key areas of change include:

- Review the current expenditure in relation to family support and improve the co-ordination of this funding with key stakeholders, such as Community Planning, Education and Adult Services, such as Addiction and Mental Health Services.
- Undertake work with Education Services and the third sector to agree a definition for Family Support Services and the range of services which should be provided in Glasgow.
- We will consider the recent research undertaken by Barnardos, in relation to the outcomes for home based supervision orders, in light of the Children and Young People (Scotland) Act, the role of the named person and the access to appropriate support.
- Utilise the Public Social Partnership model and the opportunity for investment from the Big Lottery.
- Seek transitional funding to support the transformation process.
- Use the learning from self-directed support to create a more flexible and robust approach to the family support offered by Social Work Services.

Transforming and promoting radical early identification, early engagement and early intervention

Key areas of change include:

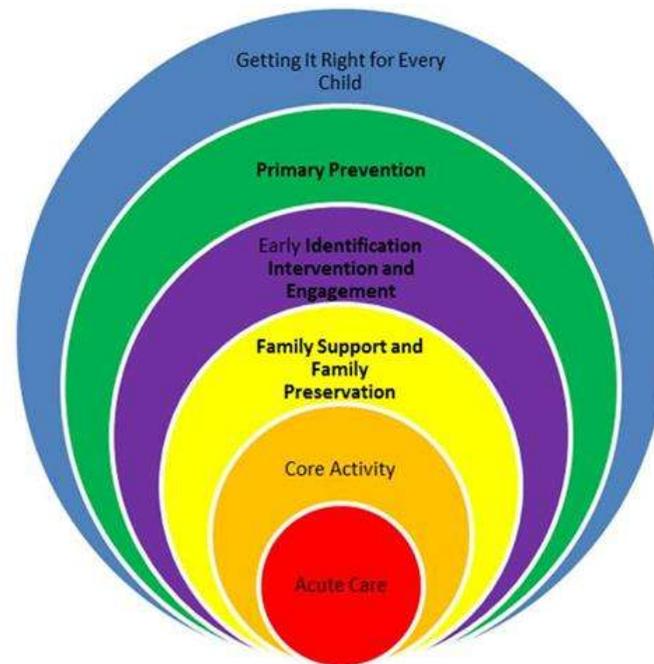
- Implement the new universal child health pathway from pre-birth to school entry, including the new assessments and contacts.
- Take forward work with Education Services, Maternity Services and the third sector to ensure that there is effective support for vulnerable families.
- Ensure that this change programme is co-ordinated with Thriving Places.

Transforming our primary prevention and Health Improvement

Key areas of change include:

- Develop a more co-ordinated approach to primary prevention in collaboration with health improvement services
- Implementing the work of the Poverty Leadership Panel and the Child Poverty Sub Group.
- Co-production with children and young people, their parents, the wider communities and the community planning partners.
- Take forward actions to improve the emotional health and wellbeing of children and young people
- Develop innovative approaches to the use of information technology and social media
- Preventing young people becoming homeless, for example improved utilisation of housing and tenancy support services

The diagram below illustrates the tiered model of care in children's services:



Sexual Health and Blood Borne Viruses Services

Sexual Health services are hosted by Glasgow City Health and Social Care Partnership on behalf of all six partnerships in the Greater Glasgow and Clyde area, and are based in Sandyford. New joint strategic and operational planning structures for sexual health will be established to reflect these new working arrangements across the health board area.

The Glasgow City Health and Social Care Partnership will work with the other partnerships, primary and secondary care, voluntary and community sector and other public sector partners to support the achievement of the outcomes set out in the Scottish Government's Sexual Health and Blood Borne Viruses Framework 2015 – 2020:

- 1) Fewer newly acquired blood borne virus and sexually transmitted infections; fewer unintended pregnancies.
- 2) A reduction in the health inequalities gap in sexual health and blood borne viruses.
- 3) People affected by blood borne viruses lead longer, healthier lives with a good quality of life.
- 4) Sexual Relationships are free from coercion and harm.
- 5) A society where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and blood borne viruses are positive, non-stigmatising and supportive.

Our priorities are:

- Reducing conceptions in young people under 20 year old;
- Reducing unintended pregnancies for those over 20 years of age;
- Increasing uptake of long acting contraception (LARC) in all settings;
- Increasing access to early abortion services and reductions in rapid repeat abortions;
- Reducing transmission of sexually transmitted infections and HIV;
- Earlier detection of HIV in infected individuals;
- Improving gender reassignment services;
- Supporting improvements in sexual health and relationship education in schools and community settings;
- Improving support to young parents;
- Improving sexual health support to individuals with disabilities; and,
- Increasing access to Sandyford services in both a central location and in areas of high deprivation, and focusing on addressing sexual health inequalities.

This will involve targeted work with children and young people; men who have sex with men; people from countries with high HIV prevalence especially Sub Saharan Africa; women and men involved in prostitution; people with a diagnosis of HIV. Work will continue to improve access to services, in both primary care and specialist services with an increasing focus on self-management for patients with less urgent needs.

Supporting Innovation

We are ambitious for the future of our health and care services, and making sure that we have integrated public services in the city. In order to achieve this we need to be receptive to ideas and suggestions and foster innovation.

Staff, patients and services users, carers and our key stakeholders in the third and independent sector across the Partnership know the challenges we face and will have ideas and suggestions about how we can do better; we are open to new ideas. Sometimes this may involve an element of risk in doing things differently and trying out new approaches. We will engage with all stakeholders about improvements and be open to a co-productive approach to service development and reform.

Engaging Stakeholders

The Glasgow City Integration Joint Board and Health and Social Care Partnership is committed to engagement with the people who use our services. We recognise that services cannot be shaped around the needs of individuals if individuals do not have the opportunity to contribute their views on the services they receive.

The primary method of engagement with service users, patients, and carers is on an individual and personal basis, through for example co-produced assessment and care planning activity with social workers or within primary care through GPs and health visitors. We aim to improve by building on feedback gathered through these interactions, to support service users, patients and carers to shape the future development of our services.

Our staff are fundamental in the development of our services, particularly front line staff who are very much the public face of the Partnership. We aim to build on the wealth of experience, knowledge and insights which we have across the Partnership and use this to shape our delivery of high-quality, effective services.

Glasgow already has an extensive network of engagement forums, including - but by no means limited to - service user and carer representation on the Integration Joint Board and Strategic Planning Groups, and will build on these networks in our development of a Participation and Engagement Strategy which will clearly articulate how individuals and groups can interact with the Partnership and the Integration Joint Board, and how these interactions can influence the direction of the Partnership.

Links with Community Planning will also be essential as we strive to develop locally-influenced services which reflect the needs of communities. As a statutory member of the Community Planning Partnership the Integration Joint Board has a significant role to play within the Community Planning Process.

Our Aspirations and Ambitions

The Glasgow City Integration Joint Board is committed to ensuring that the people of Glasgow will get the health and social care services they need at the right time, the right place and from the right person.

We want to improve outcomes and reduce inequalities by providing easily accessible, relevant, effective and efficient services in local communities where possible and with a focus on anticipatory care, prevention and early intervention. We need to become less of a dependency based (and dependency creating) service, to one that delivers outcomes and is focussed on achieving the best possible outcomes for our population, service users and carers.

We believe that services should be person centred and enabling, should be evidence based and acknowledge risk. We want our population to feel able to not only access and use health and social care services, but to participate fully as a key partner in the planning, review and design of services which support and enable people to lead the lives they want.

When we have achieved our ambitions, patients, service users and carers will see an improvement in the quality and continuity of our services, and have smoother transitions between services and partner agencies. There will be clear points of access to health and social care services and clear routes through the system, and far less of a need to give the same information to multiple health and care professionals. People will live longer, healthier lives in their own homes and communities, with access to and use of health and social care services seen as a means to an end, rather than an end in itself.

Partnership Key Priorities

The biggest priority for the Glasgow City Health and Social Care Partnership is delivering transformational change in the way health and social care services are planned, delivered and accessed in the city. We believe that more of the same is not the answer to the challenges facing Glasgow, and will strive to deliver on our vision as outlined below:

Early intervention, prevention and harm reduction

We are committed to working with a broad spectrum of city partners to improve the overall health and well-being of the population of Glasgow. We will continue our efforts to promote positive health and well-being, early intervention, prevention and harm reduction. This includes promoting physical activity, 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 level of advice and support to maintain independence and minimise the occasions when people engage with services at a point of crisis in their life.

Providing greater self-determination and choice

We are committed to ensuring that service users and their carers are given the opportunity to make their own choices about how they will live their lives and what outcomes they wish to achieve.

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 better able to support people in the community and promote recovery and greater independence wherever possible. Glasgow has made significant progress in this area in recent years, and we aim to continue to build on our successes in future years.

Enabling independent living for longer

Work will take place across our all Care Groups to assist people to continue to live healthy, meaningful lives as active members of their community for as long as possible.

Public Protection

We will work to ensure that people, particularly the most vulnerable, are kept safe from harm and that risks to individuals or groups are identified and managed appropriately.

The Financial Context

The total financial resources available to the partnership (excluding acute hospital activity) is £1.13billion. At a high level, this is allocated in the following ways:

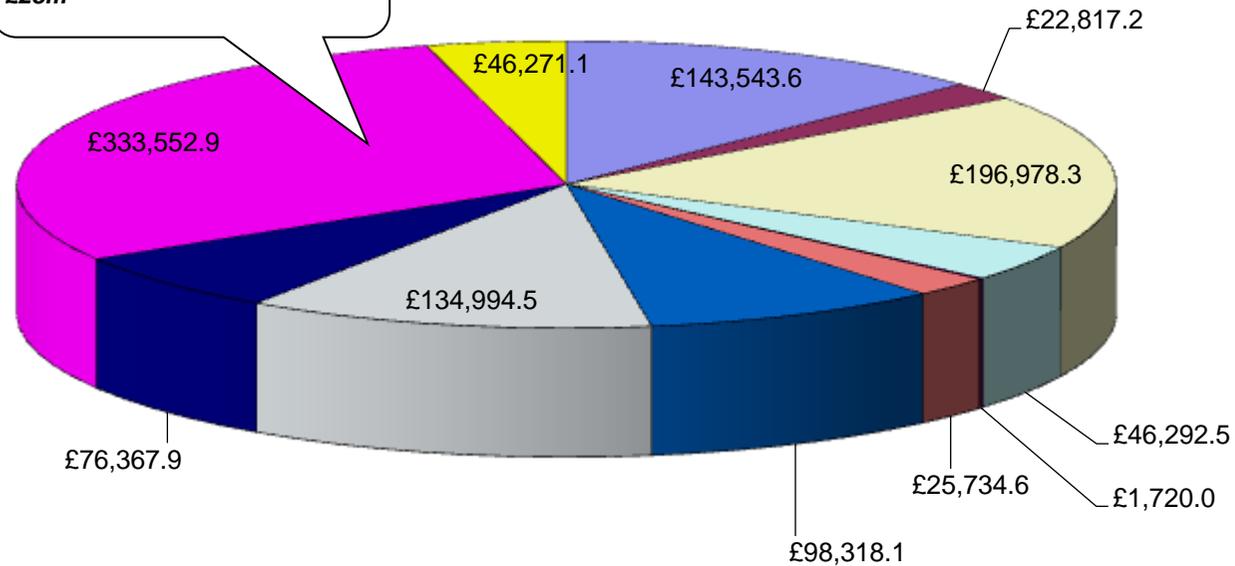
Care Group	£'000
Children and Families	143,544
Prisons Healthcare and Criminal Justice	22,817
Older People	196,978
Addictions	46,292
Carers	1,720
Elderly Mental Health	25,735
Learning Disability/Physical Disability	98,318
Mental Health	134,995
Homelessness	76,368
Other Clinical/Hosted Services	333,553
Support Services	46,271

1,126,591

Health and Social Care Partnership Budget for 2015/16 is £1.13bn (excluding Hospital Acute Activity) £'000

- Children and Families
- Prisons Healthcare and Criminal Justice
- Older People
- Addictions
- Carers
- Elderly Mental Health
- Learning Disability/Physical Disability
- Mental Health
- Homelessness
- Other Clinical/Hosted Services

*Family Health Services - £172m
GP Prescribing - £118m
Specialist Children's Services - £28m*



Glasgow, in common with all public services in Scotland, has faced significant financial challenges in recent years, with further pressures anticipated in future years. The council will have to save around £133 million over the two financial years 2016 to 2017 and 2017 to 2018. A similar level of savings is expected to be required of the Health Board.

The Chancellor of the Exchequer's Emergency Budget of July 2015 indicated that the UK Government intends to find approximately £37 billion of savings within the 2015-2020 parliament. The impact of this savings requirement on the resources which will ultimately be available to the Integration Joint Board cannot be known at this point, given dependencies on a number of other decisions to be taken by a range of national and local bodies. However it is clear that the overall picture is one of reducing resources and increasing budget pressures. It is within this context that the Integration Joint Board must operate.

The Partnership's first Annual Finance Statement will be published in April 2016, and in April of each year thereafter. This statement will outline the total resources available to the Integration Joint Board for delivery of this Strategic Plan.

Financial pressures on health and social care services include:

- Reduced levels of funding from central government
- Increasing costs of medications and purchased care services
- An ageing population with a corresponding increase in multi-morbidities and individuals with complex needs
- Increasing rates of dementia
- Increases in hospital admissions, bed days and delayed discharges
- Increases in National Insurance contributions for employers
- The increasing minimum wage and move to a living wage, leading to increased employer costs and requests for uplifts from contractors
- Superannuation increases and the impacts of automatic pension enrolment

Some of the measures we will take to address the financial changes facing the partnership are:

- Through our Service Reform programme, develop more efficient methods of service delivery which focus on outcomes and the needs of patients and service users
- Develop 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
- Continue the successful programme of work already underway to reduce and ultimately eliminate delayed discharges
- Develop a service model which is focussed on prevention and early intervention, promoting community based supports over residential settings
- Develop a Property Strategy which ensures that our use of property supports the aims of the Integration Joint Board of delivering high-quality, effective services to people in their own communities

Locality Planning

Localities continue the current local organisation of social work, primary care and community health services, and also correspond to the three Community Planning Sector Partnership Board areas, that are recognised by all the public sector agencies as appropriate for service delivery.

Each locality includes:

- a management team responsible for service delivery and co-ordination and ensuring implementation of the Partnership's policies and plans at a local level;
- management teams for adult services, children's services, older people's services and health improvement;
- a range of service user and carer networks and groups;
- primary care locality groups for GPs, a Primary Care Strategy Group and GP Forum;
- locality children's planning and implementation group; and,
- care group planning groups.

North East Locality

North East locality covers the following Local Area Partnerships:

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

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

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

The health rating of general population in the North East shows 10.7% have 'bad' or 'very bad' health. This is higher than the city average of 8.7%

There are a number of factors affecting the health of the people living in North East Glasgow. Male and female life expectancy is significantly lower than the Scottish average, although it has been rising over time. Mortality rates from coronary heart disease, cerebrovascular disease and cancer (all under 75s) are all higher than the Scottish average, as are deaths from alcohol conditions in the last five years which is one of the highest death rates in Scotland. The proportions of the population hospitalised with alcohol conditions and with drug related conditions are also higher than the Scottish average.

Drug prescribing for mental health problems is significantly higher than average. Suicide death rate (23.4 per 100,000 population) is also significantly higher than the Scottish average (15.1 per 100,000).

North East Glasgow has a significantly higher percentage of adults claiming incapacity benefit/severe disability allowance than the Scottish average. Levels of income and employment deprivation, the percentage of working age population claiming Job Seeker's Allowance, dependence on out of work benefits or child tax credit, and people claiming pension tax credits are all significantly higher than the Scottish average.

The crime rate (76.4 per 1,000 population) is higher than the Scotland average (49.5 per 1,000 population). Rates of referrals to the Children's Reporter for violence-related offences, and rates of patients hospitalised following an assault are also high.

Breast screening uptake is lower than the Scottish average. The prevalence of pregnant mothers who smoke, and the rate of teenage pregnancies (under 18s) are both higher than average, while the percentage of babies exclusively breastfed at 6-8 weeks is lower than the Scottish average. Child dental health in primary 1 is worse than the Scottish average, although we have seen improvements in recent years as a result of concerted efforts to promote tooth brushing in schools and nurseries.

Initial Priorities for North East Locality

- Development of a Health and Social Care Centre on the Parkhead Health Centre and Hospital site;
- Working with families, especially through early intervention, to improve the life chances for children, with a specific focus on reducing the number of children who need to be looked after by the Council;
- Development of new adult mental health wards on the Stobhill Hospital site;
- Continuing to improve waiting times to access primary care mental health teams;
- Re-design of Older People's Mental Health Services to make sure that we deliver services in line with the most up to date care pathway;
- Focus on improving the uptake of cancer screening by local residents as these are below the Health Board average; and,
- Supporting the development of the Thriving Places agenda in Parkhead/Dalmarnock and Easterhouse.

North West Locality

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

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

The total population of North West Glasgow is 206,483 people. A breakdown of the population by age is shown in the table below:

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

There is a large proportion of people of working age, however this is due to the very high numbers of young people aged 16- 24 years (with students representing 13.5% of the total population in North West).

The minority ethnic population, including black or minority ethnic (BME 11.9%) and other white non UK/non Irish (4.9%) is higher than the overall Glasgow level (BME 11.6% and other white non UK/non Irish 3.9%). The percentage of the minority ethnic population varies significantly across the North West locality from 8% in Drumchapel/Anniesland to 32% in Anderston/City.

A significant feature of North West locality is the very marked difference in the social and economic circumstances of people living in different areas in the locality, therefore an overview of statistics relating to the entire North West can mask stark inequalities within the locality.

There are a number of factors affecting the health of the people living in North West Glasgow. Male and female life expectancy (71 and 77.2) is lower than the Scottish average (74.5 and 79.5). However there is a gap of 16 years between average male life expectancy in Possilpark (64.1) and Kelvinside (80.1) and 12.3 year gap in female life expectancy between Drumry East (72.2) and Victoria Park (84.5).

Mortality rates from coronary heart disease, cerebrovascular disease and cancer (all under 75s) are all significantly higher than the Scottish average, as are deaths from alcohol conditions over the last five years. The proportions of the population hospitalised with alcohol conditions and with drug related conditions are also higher than the Scottish average.

Drug prescribing for mental health problems is significantly higher than average in North West. Suicide death rate (21.6 per 100,000 population) is also higher than the Scottish average (15.1 per 100,000).

North West Glasgow has a lower level of out of work benefit claimants than the level for the rest of Glasgow. The level however is not uniform across North West, ranging from 8.7% in Hillhead to 24.1% in Canal.

The crime rate in North West Glasgow (81.4 per 1000) is significantly higher than the Scotland average (49.5 per 1000) and the highest of all Glasgow localities areas; this is likely due to Glasgow city centre being part of North West locality. Rates of referrals to the Children's Reporter for violence-related offences and rates of patients hospitalised following an assault are also significantly high.

Breast screening uptake is lower than the Scottish average. The prevalence of pregnant mothers who smoke is lower than the Scottish average whilst the rate of teenage pregnancies (under 18s) is higher than average. The percentage of babies exclusively breastfed at 6-8 weeks at 29.4% is higher than the Scotland average. Child dental health in primary 1 is worse than the Scottish average with 49% of children with no obvious signs of decay.

Initial Priorities for North West

- Delivering the new Maryhill Health & Care Centre (completion due in summer 2016) and Woodside Health and Care Centre (completion due late summer 2017) to support integrated working and improve access to primary care, community health and social care services;
- Working with partners to reduce the impact of health inequalities evident across North West, with a particular focus on the Thriving Places programme in Ruchill/Possilpark, Drumchapel and Milton/Lambhill;
- Improving the life chances for children, through implementation of 'Getting It Right For Every Child' and the new Children and Young People's Act;
- Working with GPs and the wider primary care team to develop 'locality clusters' to support service integration and partnership working;
- Achieve waiting time and access targets for services, including improving access to psychological therapies and reducing delayed discharges;
- Implement findings of community addiction team review to place a greater emphasis on Recovery;
- Progress redesign of mental health and older people's inpatient services;

- Continue to embed housing options principles to prevent homelessness and promote early intervention;
- Review provision of hub and satellite model for sexual health services and;
- Help to progress the various service reform and improvement programmes referred to within this strategic plan to achieve better outcomes for service users and carers

South Locality

The South locality covers the Local Community Planning Area Partnerships of:

- Greater Pollok;
- Newlands / Auldburn;
- Southside Central;
- Pollokshields;
- Govan;
- Langside;
- Craigton; and,
- Linn.

The total population of South Glasgow is 220,489 people. A breakdown of the population is shown in the table below.

Age Bands	No. of people	% of population	% of this age band in Scotland
0-15 years	38,743	17.6	17.6
16 -64 years	151,602	68.8	65.7
65-74 years	15,622	7.1	9.0
75+ years	14,522	6.6	7.7

A particular feature of the locality is that a large number of people from an ethnic minority live in the South locality, and make up 14.2% of the total population. In addition, there is also a lower percentage of people aged 65 and over as compared to the Scottish average (significantly different in the age 75 plus age group).

There are a number of factors affecting the health of the people living in South Glasgow. Male and female life expectancy is significantly lower than the Scottish average, although it has been rising over time.

Mortality rates from coronary heart disease, cerebrovascular disease and cancer (all under 75s) are all significantly higher than the Scottish average, as are deaths from alcohol conditions in the last five years. The proportions of the population hospitalised with alcohol conditions and with drug related conditions are also higher than the Scottish average.

Drug prescribing for mental health problems is significantly higher than average. Suicide death rate (19.5 per 100,000 population) is also higher than the Scottish average (15.1 per 100,000).

South Glasgow has a significantly higher percentage of adults claiming Incapacity Benefit/Severe Disability Allowance than the Scottish average. Levels of income and employment deprivation, the percentage of working age population claiming Job Seeker's Allowance, dependence on out of work benefits or child tax credit, and people claiming pension tax credits are all significantly higher than the Scottish average.

The crime rate (63.9 per 1,000 population) is significantly higher than the Scotland average (49.5 per 1,000 population). Rates of referrals to the Children's Reporter for violence-related offences, and rates of patients hospitalised following an assault are also high

Breast screening uptake is lower than the Scottish average. The prevalence of pregnant mothers who smoke is lower than the Scottish average whilst the rate of teenage pregnancies (under 18s) is higher than average. Although an increasing figure in the South Locality, the percentage of babies exclusively breastfed at 6-8 weeks at 22% is lower than the Scotland average. Child dental health in primary 1 is worse than the Scottish average with 49% of children with no obvious signs of decay.

Initial Priorities for South Glasgow

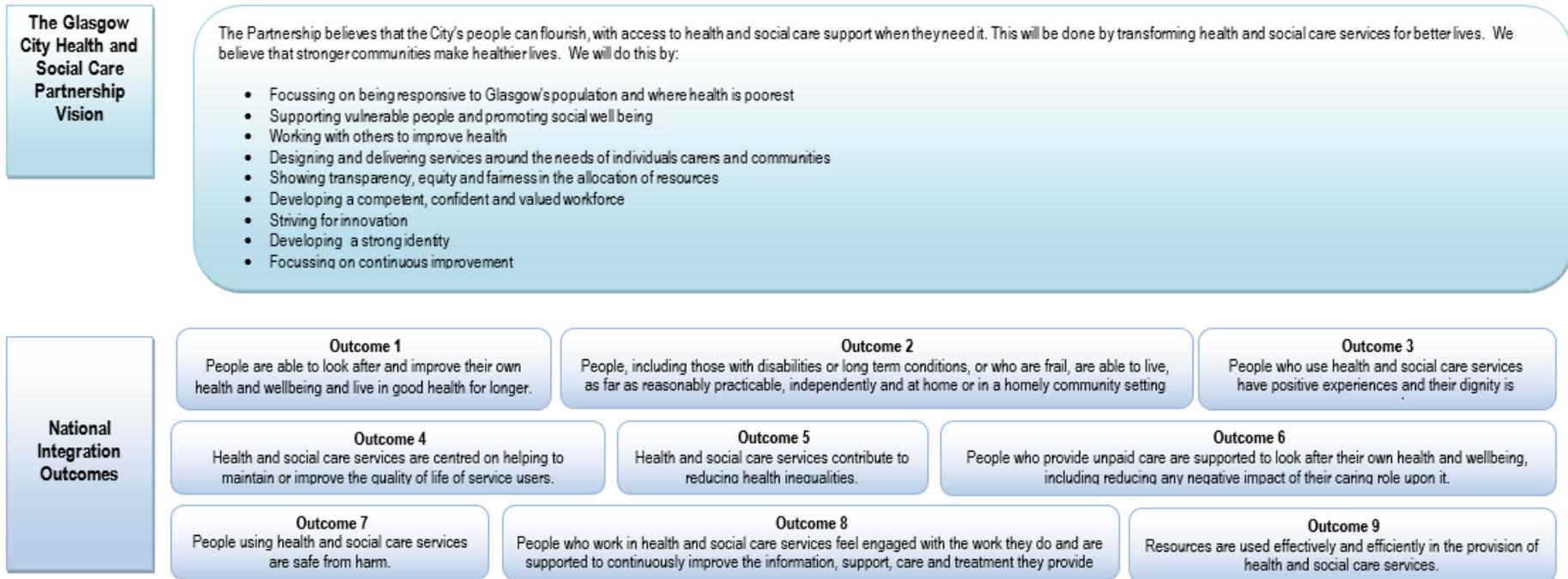
- Delivering New Gorbals Health & Care Centre to support integrated working and improve access to primary care, community health and social care services;
- Responding with partner agencies to the specific needs in the Govanhill area including housing and the significant Roma population;
- Taking forward the Thriving Places agenda in Gorbals, Govan and Priesthill Househillwood;
- Supporting the development of new residential care and day care facilities in Toryglen and Castlemilk;
- Completion of the redesign of mental health services at Leverndale;
- Taking forward the Govan integrated care project with four GP practices testing new forms of integrated service delivery with community health, social care and the third sector to support and prolong independent living in the community harnessing all available resources;

- Supporting implementation of the 415 Project with Glasgow Housing Association and other partners to test an early warning system to enable earlier intervention to support frail older people and their carers before crisis happens;
- Developing Housing Options with four housing associations to prevent and avoid homelessness through a committed earlier cross agency response;
- Extension of Food for Thought through network of community gardens with housing associations and local communities;
- Incorporating the new asylum seeker/refugee reception facility in Kinning Park;
- Ongoing delivery of health improvement programmes for older people, encouraging older people to improve their health; and,
- Continue to deliver smoking cessation work with the local BME population.

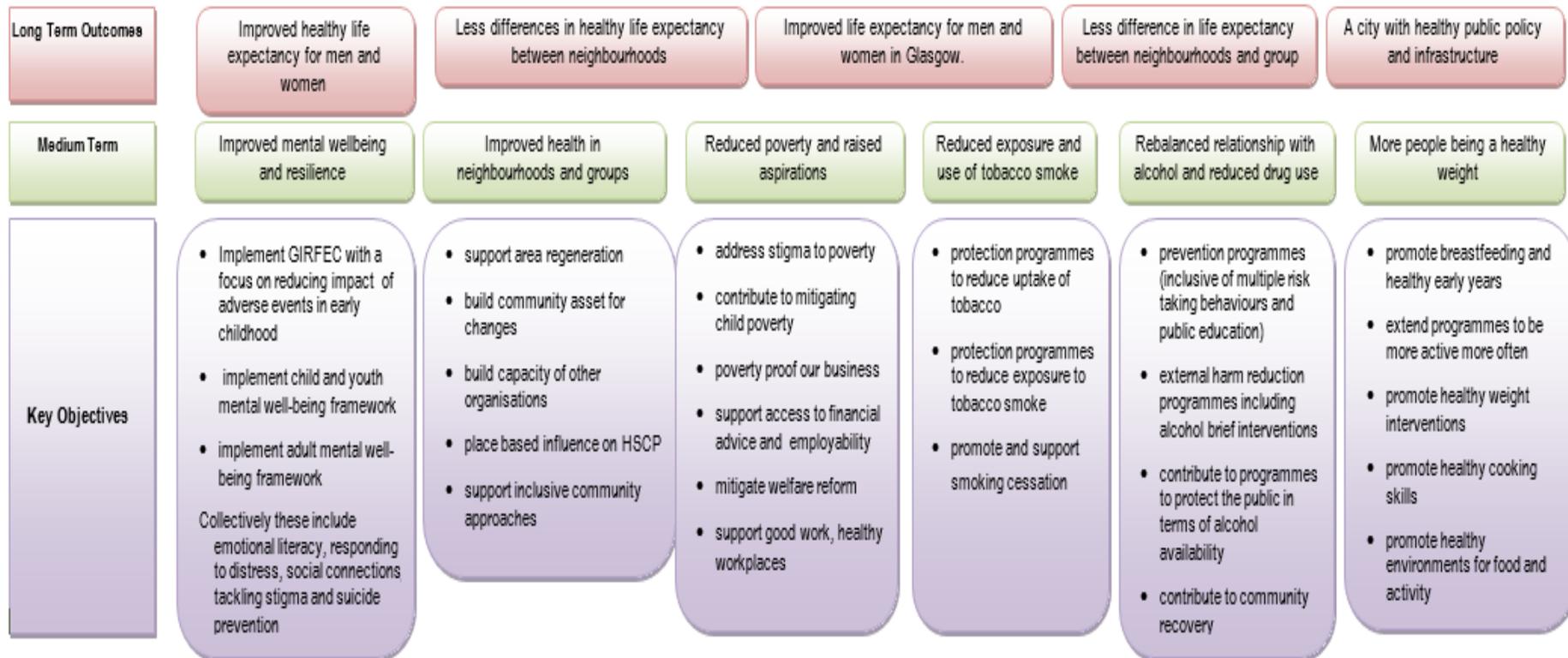
Delivery of the Plan within Care Groups

The following Care Group level plans have been developed by Strategic Planning Groups and appropriate planning structures within Children’s Services, Criminal Justice and Health Improvement. As well as the Strategy Maps in the following pages, the individual Strategic Planning Groups will develop their own Action Plans which will provide more details of the activities to be carried out over the lifetime of this plan. A Strategy Map outlines how each care group will deliver the National Outcomes in the medium and long term, and the main objectives of that care group.

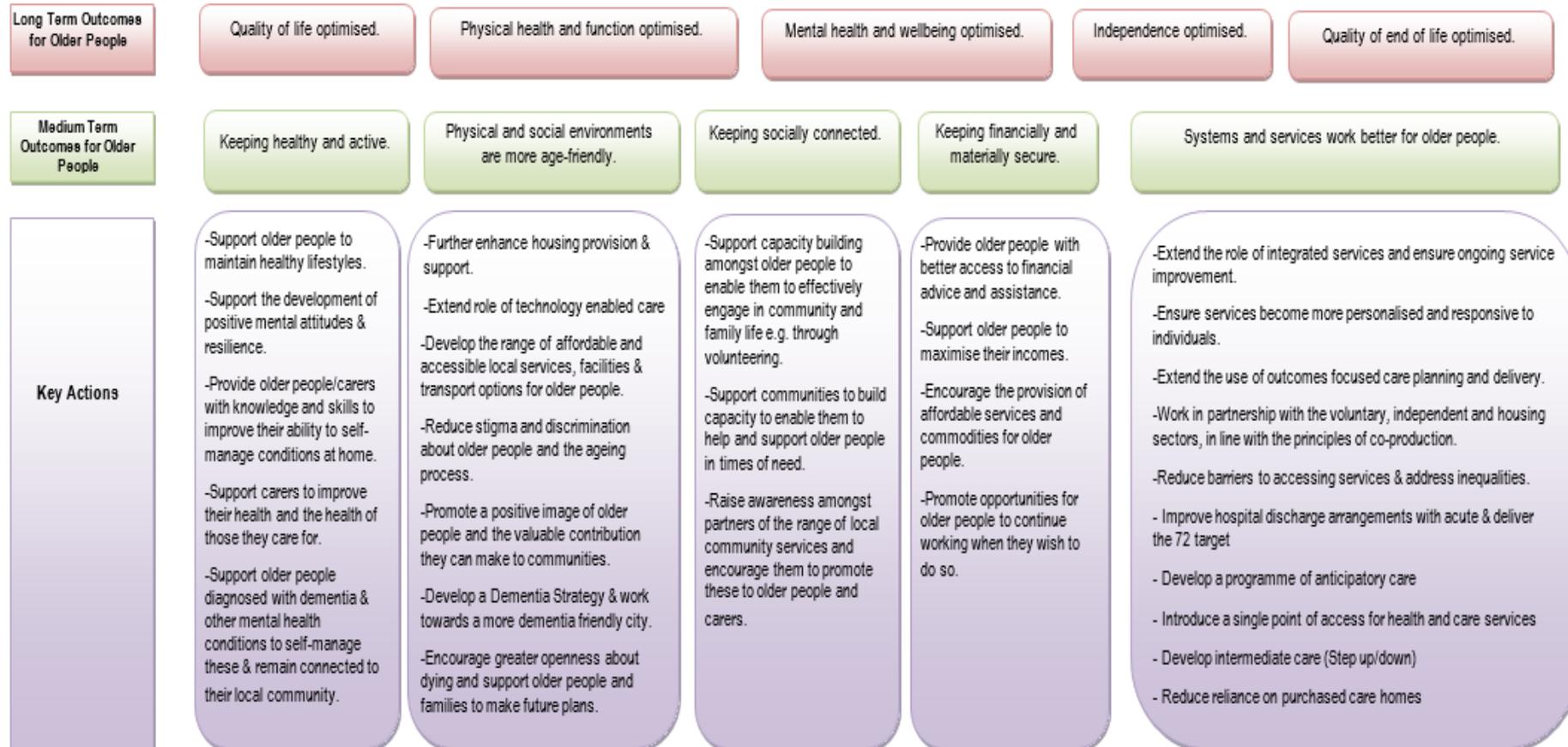
The National Outcomes will be achieved through some of the key actions noted in the Strategy Maps. The Key Performance Indicators (KPIs) will demonstrate how effectively we are achieving our goals. Care groups have identified a number of KPIs in their respective Strategy Maps.



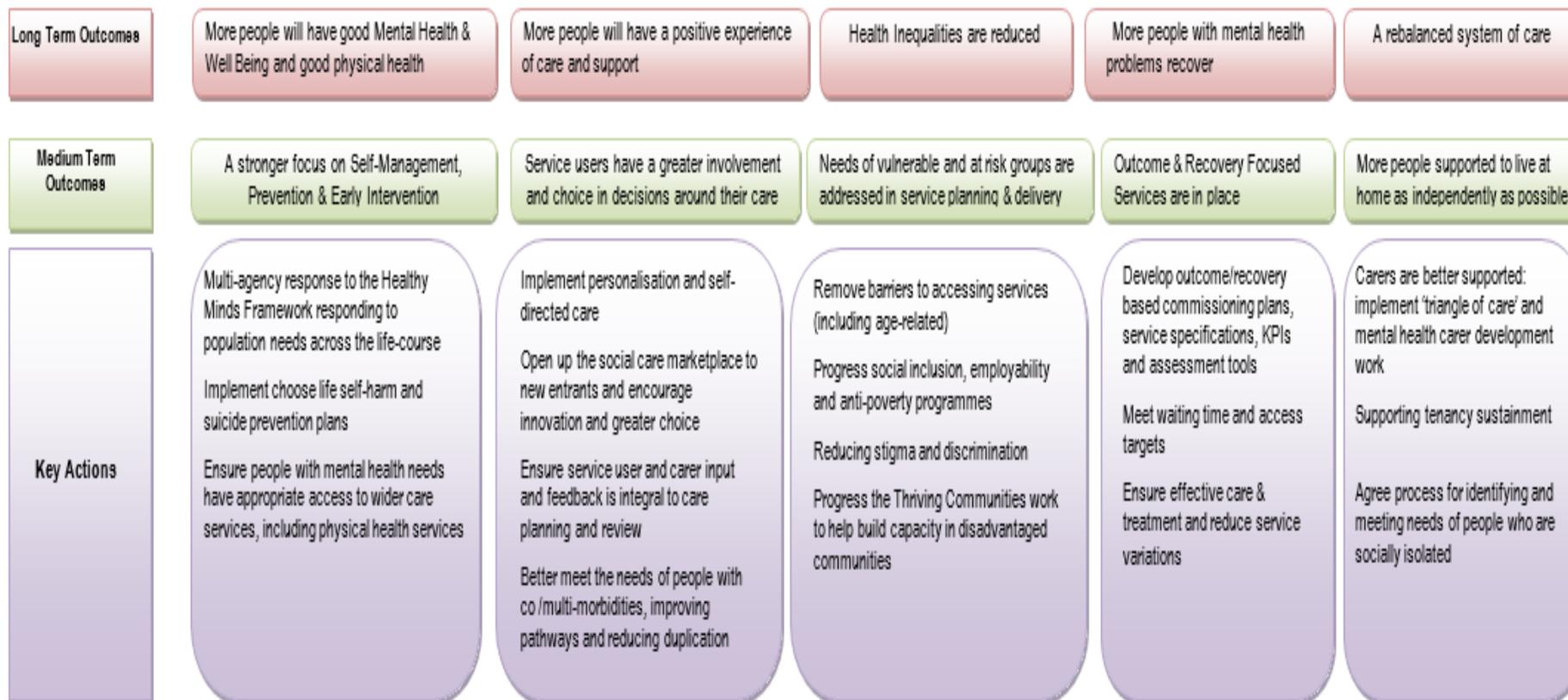
Health Improvement Strategy Map



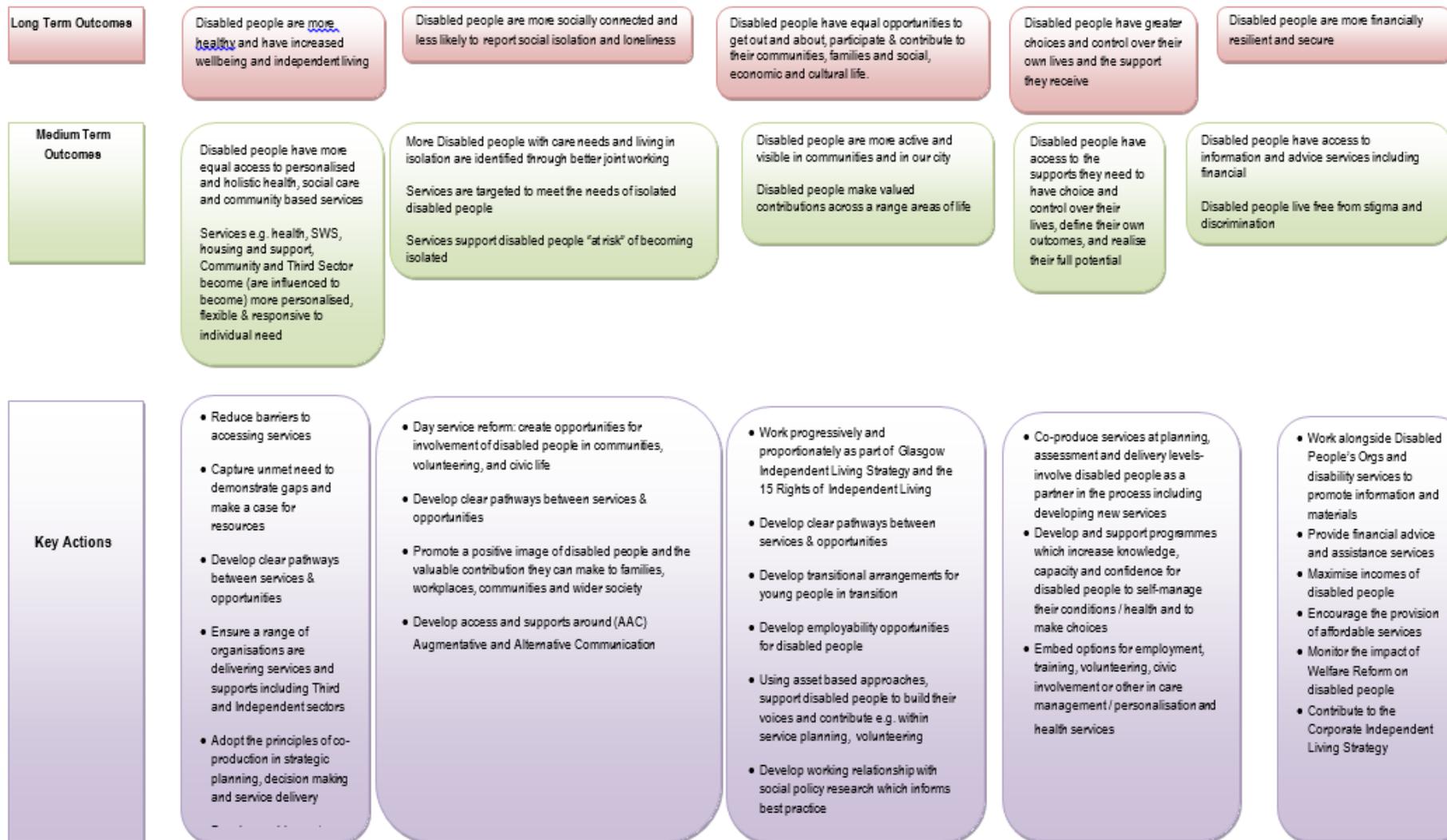
Older People Strategy Map



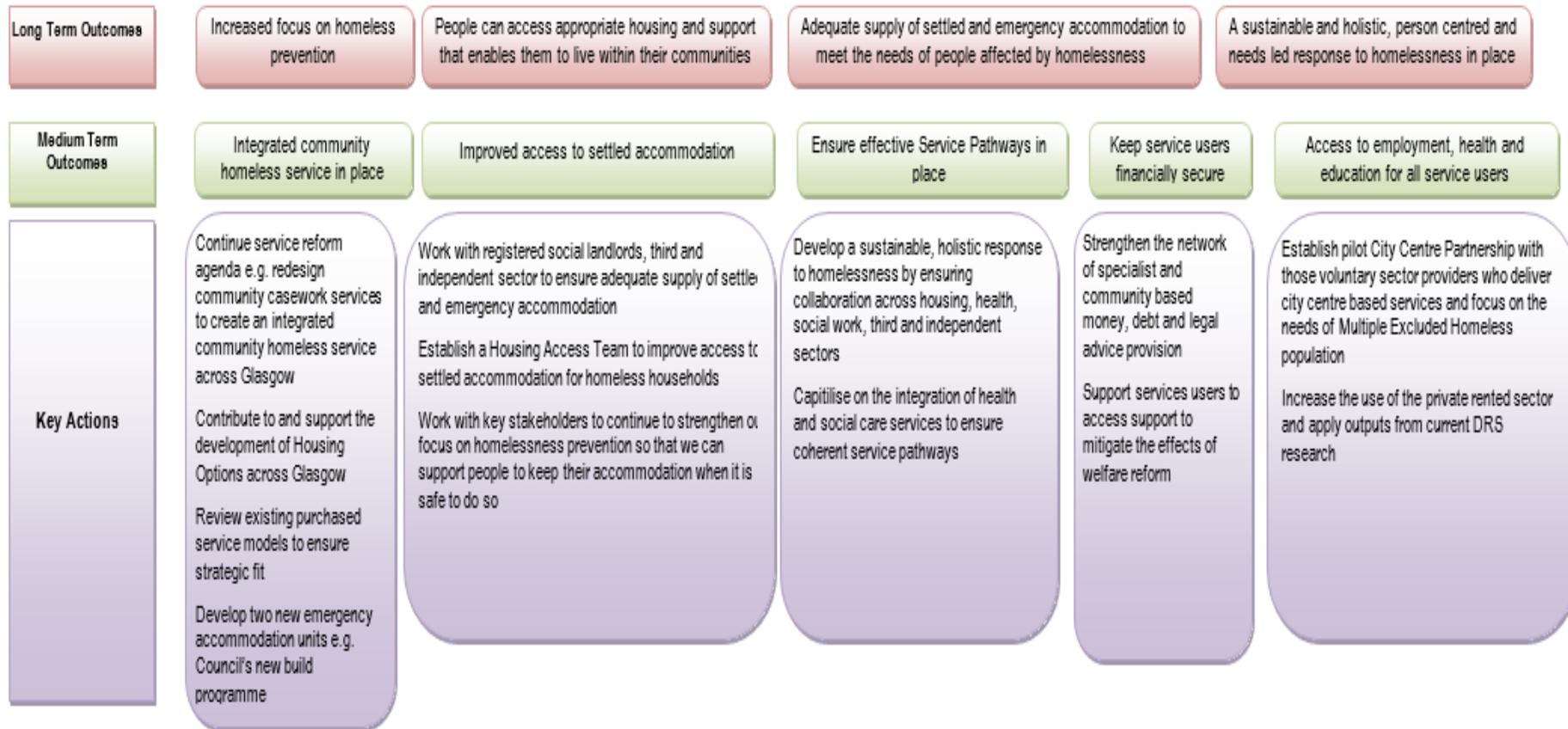
Mental Health - Strategy Map



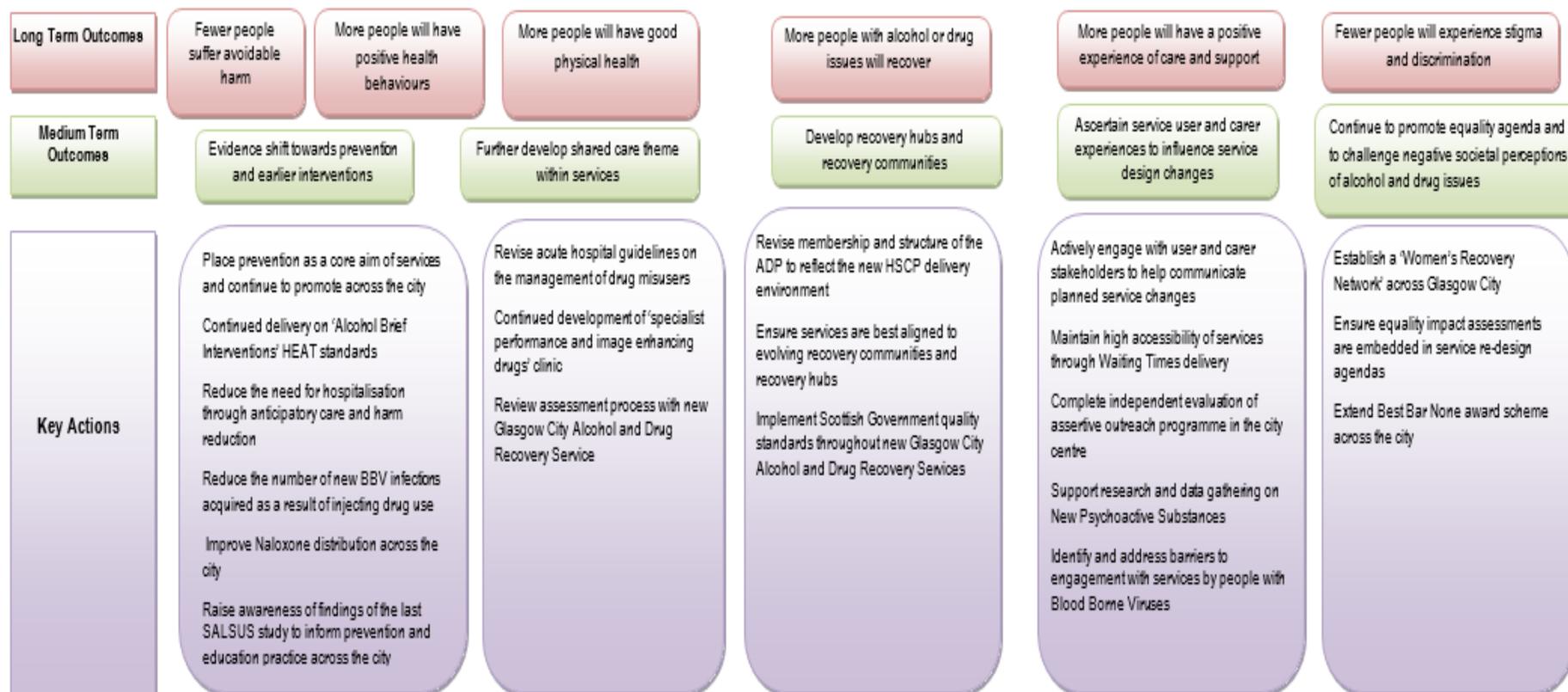
Disabilities Strategy Map



Homelessness Strategy Map



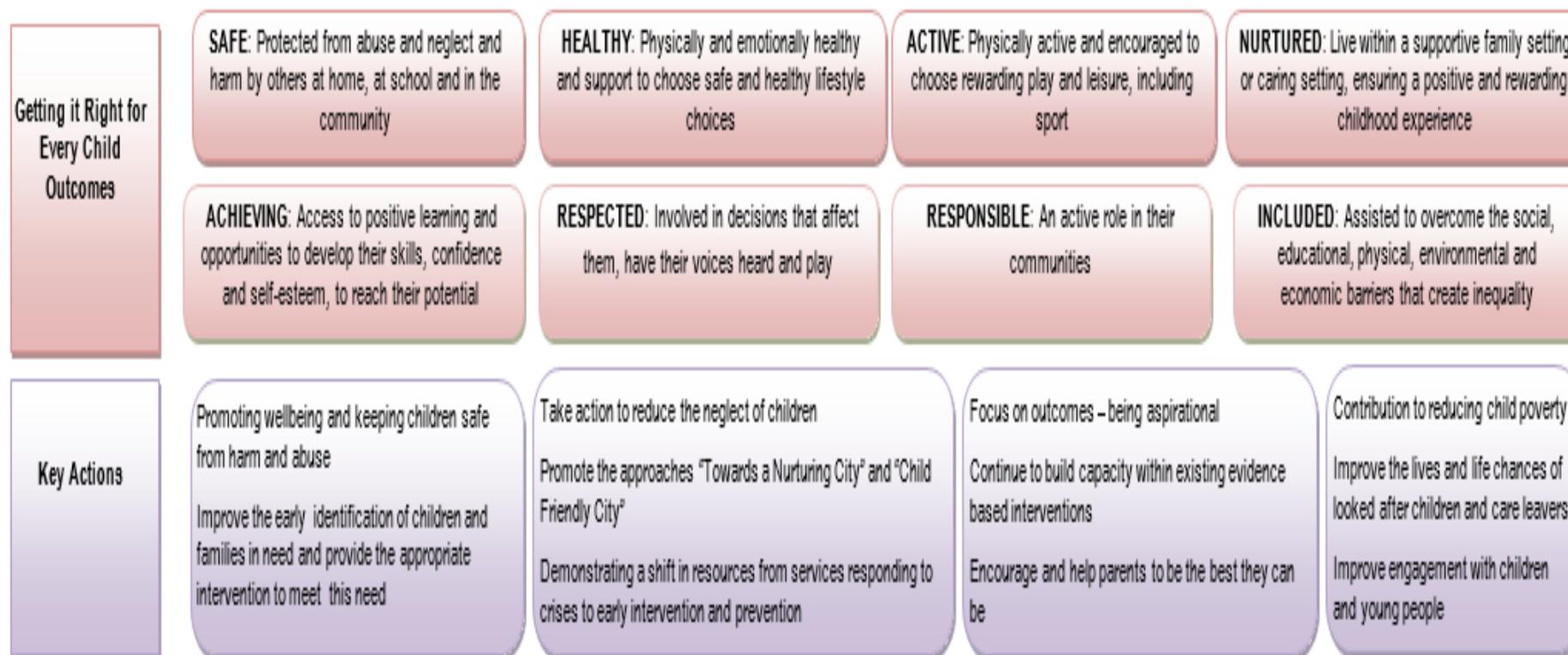
Alcohol and Drugs Strategy Map



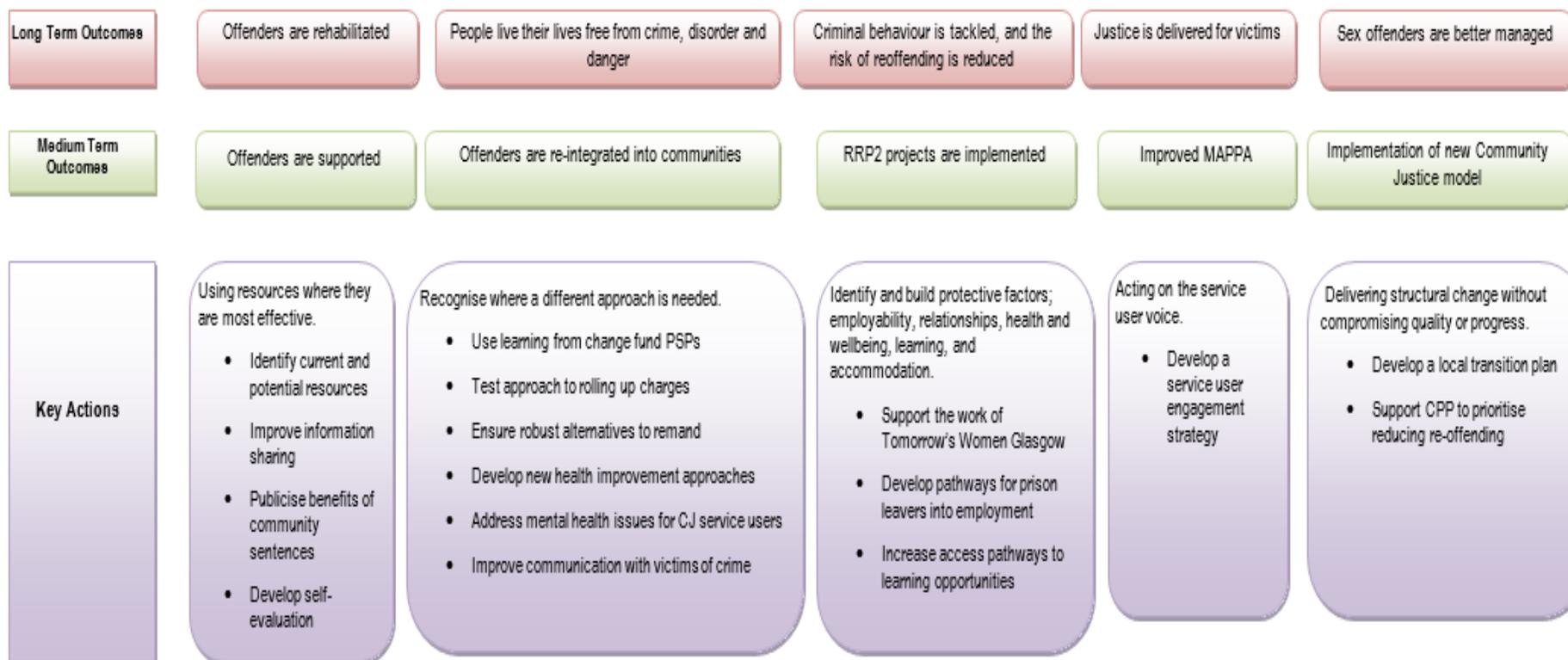
Carers Strategy Map



Children's Services Strategy Map



Criminal Justice Strategy Map



** For further detail please refer to CJA Area Partnership Plan 2014- 2017.

Performance Management

The Partnership has developed an integrated Performance Management structure to evidence achievement of the statutory National Health and Wellbeing Outcomes.

High level indicators related to the National Outcomes published by the Scottish Government, have been used as a basis for Glasgow's performance management framework, allowing links to be made between operational delivery in localities, performance across care groups and across the partnership as a whole following a 'logic' model.

The logic model links the National Health and Wellbeing Outcomes to the high level core national indicators published by the Scottish Government, and then in turn links these to indicators adopted by Social Work Services and NHS Greater Glasgow and Clyde to measure delivery at locality and care group levels. In this way we can ensure that all performance management activity is focussed on the National Outcomes, delivery of which is a statutory requirement for partnerships.

In addition to receiving care and service level summary performance reports the Integration Joint Board will receive a range of operational performance scrutiny reports from both internal and external scrutiny bodies such as Glasgow City Council's Internal Audit Team, Audit Scotland, Healthcare Improvement Scotland, and the Care Inspectorate. These reports will provide detail of services inspected, themes arising and trends in relation to grades awarded, alongside action plans for service development.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires partnerships to produce an annual performance report within four months of the end of each reporting year. Glasgow's first annual performance report, and subsequent reports, will be published in a number of locations, including the Health and Social Care Partnership's own website.

Appendix 1 – Housing Contribution Statement

Glasgow City Health and Social Care Partnership

Interim Housing Contribution Statement 2016

Prepared by: Housing, Health and Social Care Group

On behalf of Glasgow City Integration Joint Board

MARCH 2016

About the Housing Health and Social Care Group

Following approval of Glasgow's Housing Strategy in 2012 GCC's Executive Committee approved a revised engagement framework for taking the strategy forward. Part of this framework is the Housing Health and Social Care Group (HHSCG).

The purpose of this group is to provide a housing focus within an agenda centred on health/social care issues across the various care groups. Housing issues form an important part of the agendas of these groups but are not the primary focus of their work. It is vital to secure the meaningful engagement of housing providers within social care and health agendas. This Group is seen as an effective mechanism to support delivery of housing's role in health and social care integration.

HHSCG membership includes: -

- Glasgow City Health and Social Care Partnership (Social Care and Health),
- Glasgow and West of Scotland Forum of Housing Associations (GWSF),
- Scottish Federation of Housing Associations (SFHA)
- Wheatley Group,
- Glasgow Council for the Voluntary Sector (GCVS),
- Scottish Care, and
- GCC Development and Regeneration Services – Housing and Regeneration Services

The integration of Health and Social Care has renewed the focus of the Group'

Introduction

Housing, health and wellbeing are intrinsically connected. It is widely recognised that the quality of housing and environment is important to both individuals' and communities' health and psychosocial wellbeing.

It is entirely logical that with integration of health and social care housing's role in the delivery of the outcomes of integration should be described.

As part of the preparation of this interim Statement, the Housing Health and Social Care Group (HHSCG) organised an event in February to engage with health, social care, housing, third and independent sector representatives on housing's role in integration. The event was well attended and provided the Group with very useful ideas and views about housing's role and we have reflected this feedback in this Housing Contribution Statement.

It is planned to fully complete the Housing Contribution Statement by summer 2016. Key actions have been identified at the end of the statement which will assist finalisation and indeed will continue beyond completion of the Statement.

In this statement, we consider: -

- The context for integration,
- The draft IJB Strategic Plan,
- Housing issues identified by Care Groups,
- Principles, Priorities and Outcomes in the draft Strategic Plan from a housing perspective,
- Challenges (again from a housing perspective),
- Joint Working and Resources, and
- Initial key actions

We've used text boxes within the document to illustrate good practice examples that would be helpful to develop and expand across the city.

Context

The Public Bodies (Joint Working) Scotland Act 2014 provides the legal framework for integration of Health and Social Care services. Below, we describe the national outcomes that integration is intended to deliver and the specific Glasgow context from a description of its people and of the housing system and strategic framework.

National Outcomes for Health and Wellbeing

The Scottish Government has identified 9 national health and wellbeing outcomes which underpin Health and Social Care Integration: -

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

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

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

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

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

Outcome 6. People who provide unpaid care are supported to look after their own health and wellbeing, including 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

The final HCS will more fully outline housing's contribution to the attainment of these and IJB Strategic Plan outcomes.

Principles and Outcomes of Glasgow's Housing Strategy/Strategic Housing Investment Plan

A key principle of Glasgow's Housing Strategy 2011-2016 (<https://www.glasgow.gov.uk/index.aspx?articleid=18249>) states: -

'Health: We strive to promote health and wellbeing through this Housing Strategy in order that housing which is built, improved or (housing services) delivered for Glasgow's people enhances their quality of life'.

The Strategy identifies a number of outcomes which contribute to health and wellbeing: -

- *More people are living independently and receiving the support they require*
- *Homelessness is prevented and if not prevented, is addressed effectively through improved service delivery*
- *We will have increased the supply of good quality social housing and introduced more affordable housing to meet the city's housing needs*
- *We will have increased the supply of new and converted accessible housing, as well as housing for particular needs*
- *Across all tenures, we will have increased the energy efficiency of the City's housing and taken steps to mitigate the impact of increasing energy costs on the level of fuel poverty in the City*
- *We will have promoted positive partnerships and co-ordination among statutory and voluntary agencies across a range of housing and housing related areas*

To help deliver the above outcomes the Strategic Housing Investment Plan (SHIP) 2015 (<https://www.glasgow.gov.uk/index.aspx?articleid=18518>) has set targets for new provision of wheelchair and larger family houses. Social Care Housing Investment Priorities (with respect to provision of specialist housing) have been funded through Development Funding programmes outlined in the SHIP in partnership with local Housing Associations (see below).

A new Housing Strategy (which covers all aspects of housing across every tenure) is in preparation and will fully reflect housing's role in health and wellbeing.



Glasgow's People

After many decades of population decline Glasgow's population began to grow again from the mid-2000s. This growth is due to positive natural change (more births than deaths) and net in-migration.

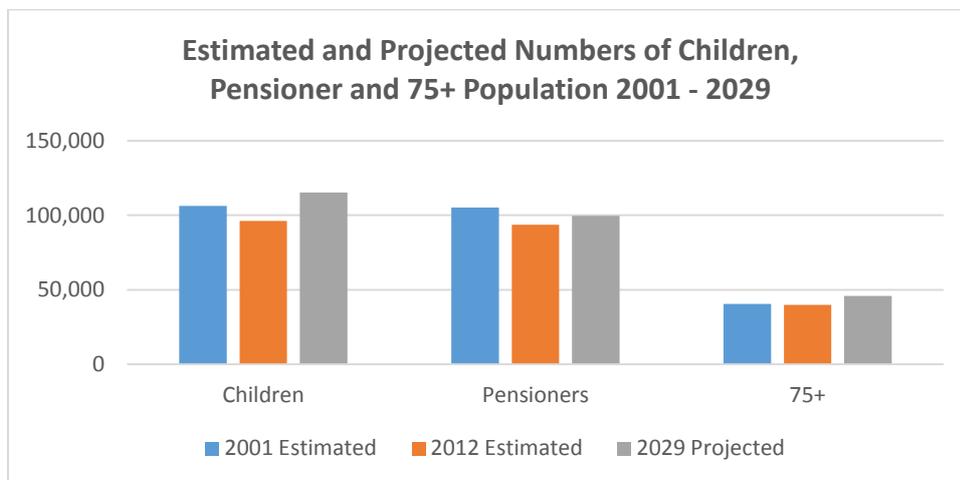
At 2011, the city's population stood at 593,245 (Census) and National Records of Scotland Projections at 2014 estimate that population has grown to 599,857. Households at 2014 were estimated by NRS at 289,490.

The Housing Needs and Demand Assessment (HNDA) for the Glasgow and Clyde Valley Housing Market Partnership was completed in May 2015 (http://www.clydeplan-sdpa.gov.uk/files/GCVHNDAA2_PostAppraisal_190515.pdf). HNDA projects population and household change to 2029 and estimates the housing needs that have to be met over the period. It helps inform Strategic and Local Development Plans and Local Housing Strategies.

- Under the HNDA principal planning scenario or projection the largest population growth is projected to be in Glasgow (+63,307 or 10.5% between 2012 - 2029) with Glasgow's population rising to 657,387
- Under the principal planning scenario or projection households in Glasgow are projected to grow from 286,135 (2012) to 331,013 (2029) an increase of 44,878 households or 15.7%.

- In Glasgow City, the population is expected to grow by 3,450 per year and the number of households by 2,600 per year, in the period 2012 to 2022.
- The projected growth is caused by a higher natural population change in the projection period (more births, fewer deaths)
- The Wards with the highest projected population growth in 2012 to 2022 are:-
 - Calton (+27%)
 - North East (+15%)
 - Canal (+11%)
- The number of children is expected to rise by 1,300 per year in the period 2012-2022.

CHART 1



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CHART 2

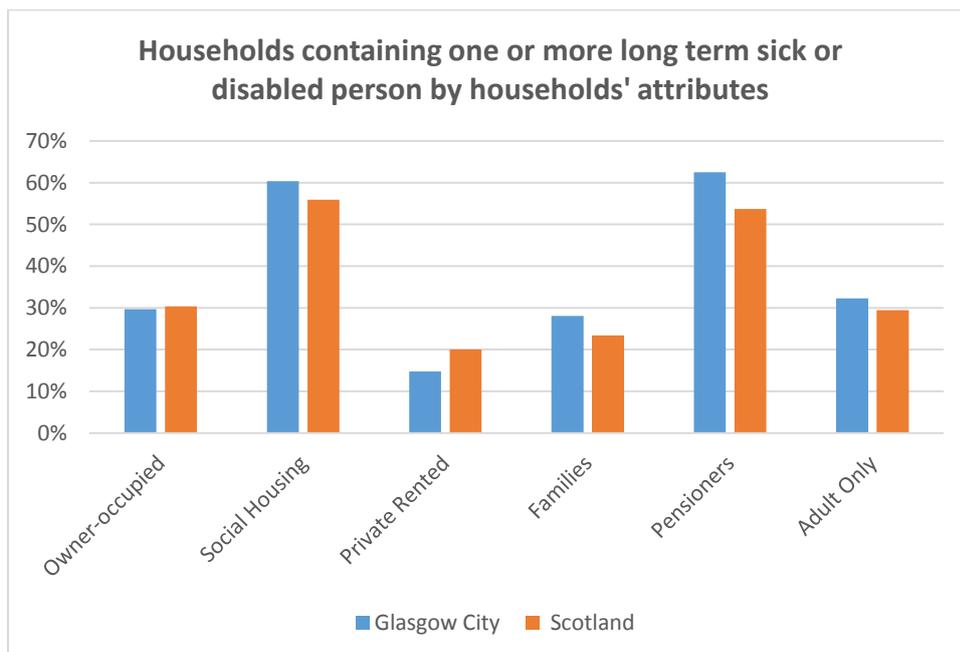
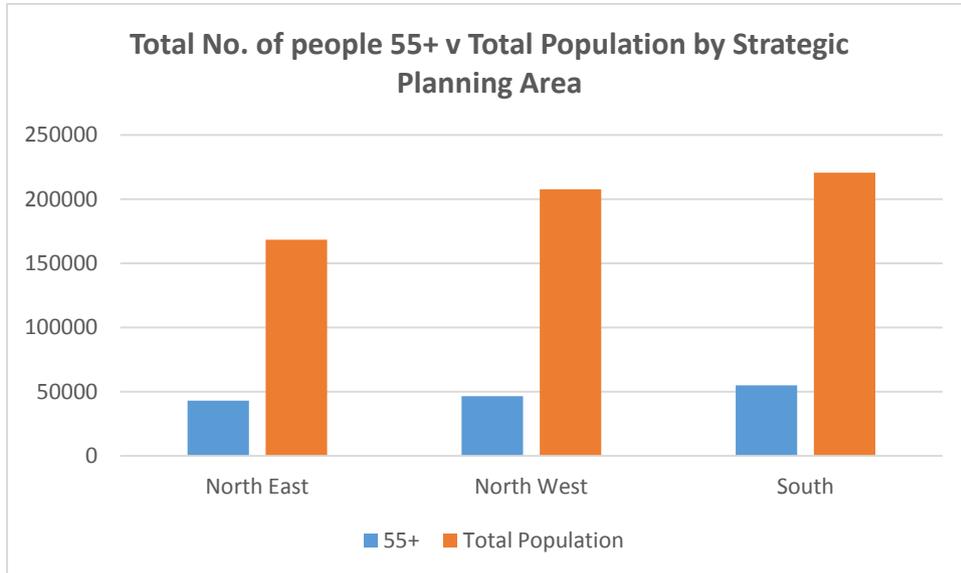


CHART 3



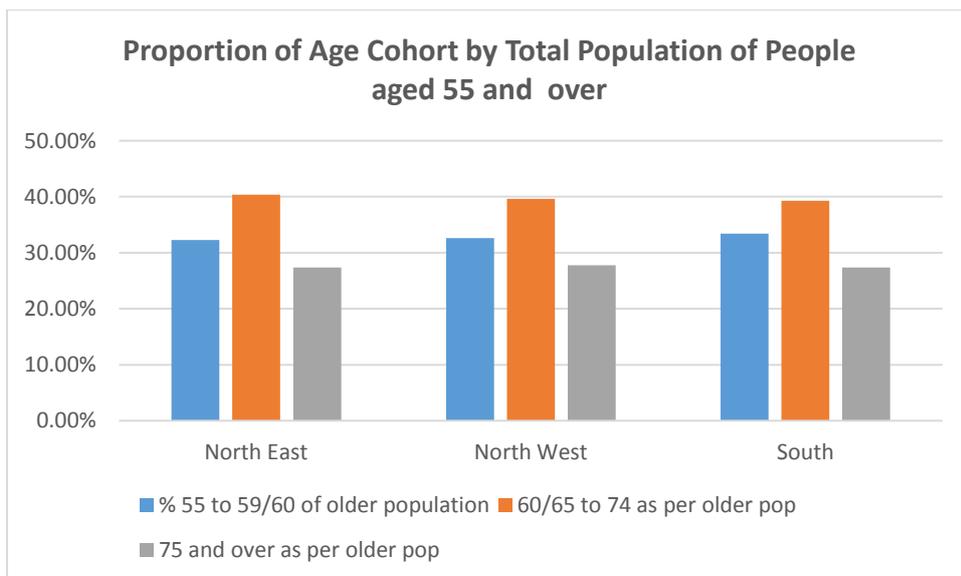
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Chart 3 shows overall population of 55+ is over 100,000 with largest proportion in South

Chart 4 shows the profile of older people 55+ by age cohort in each Strategic Planning Area:

- similar profile in each area with 60/65 to 74 cohort having largest proportion

CHART 4



NRS - Census 2011 –Crown Copyright Reserved

Ethnicity

- Figures based on 2011 census results
- Any comparison with the 2001 census needs to take into account the changes to the ethnic group categories. A full description of each category is describes in more detail in the full briefing.
- In 2011, 17.3% of Glasgow's population belonged to an ethnic minority(8.2% in Scotland) with "other white" groups at 5.8% (4.2% in Scotland) and BME groups at 11.6% (4% in Scotland)
- The recent growth in Glasgow's population of 15,400 between 2001 and 2011 is due to rising population numbers for Glasgow's ethnic minority groups ("other white" + 12,400 and BME + 37,200). Over the same period the "British White" population fell by 34,200.
- The "other white" population has grown substantially in Glasgow through the influx of migrants from Poland and other European countries.
- Calton is the neighbourhood with the highest "other white" population gain.
- There were significant increases in the "other white" population for neighbourhoods north and south of the River Clyde: from Broomhill and Greater Govan in the West to Greater Gorbals and Tollcross/West Shettleston in the East.
- South Nitshill/Darnley is the neighbourhood with the highest BME population gain.
- There were large increases in the BME population for neighbourhoods from North to South: from Springburn, Sighthill/Roystonhill and Ruchill/Possilpark, via Yorkhill, City Centre and Carlton, to Ibrox/Kingston, Greater Gorbals, Pollokshields East and Govanhill.
- Since 2001, there has been a change in the composition of the BME population in Glasgow.
- Despite a rise in the *number* of Pakistani, the *share* of Pakistani in Glasgow's BME population fell from 48.7% in 2001 to 32.6% in 2011.
- There has been above average rises for the African and "Caribbean or Black" populations from 5.7% in 2001 to 20.7% in 2011.
- The Chinese population has increased from 12.3% in 2001 to 15.6% in 2011.
- Glasgow's ethnic minorities have a younger age profile than the "British White" population.
- Ethnic minority rates are much higher for children and young adults: 22.6% of children (age 0-15) and 24.2% of young adults (age 16-29) belong to an ethnic minority compared to an overall figure f 17.3%.
- For the older age groups, ethnic minority rates are much smaller. Ethnic minorities make up only 6.4% of the population for the age group 60 and over.

Glasgow's Tenure Profile and Housing Stock

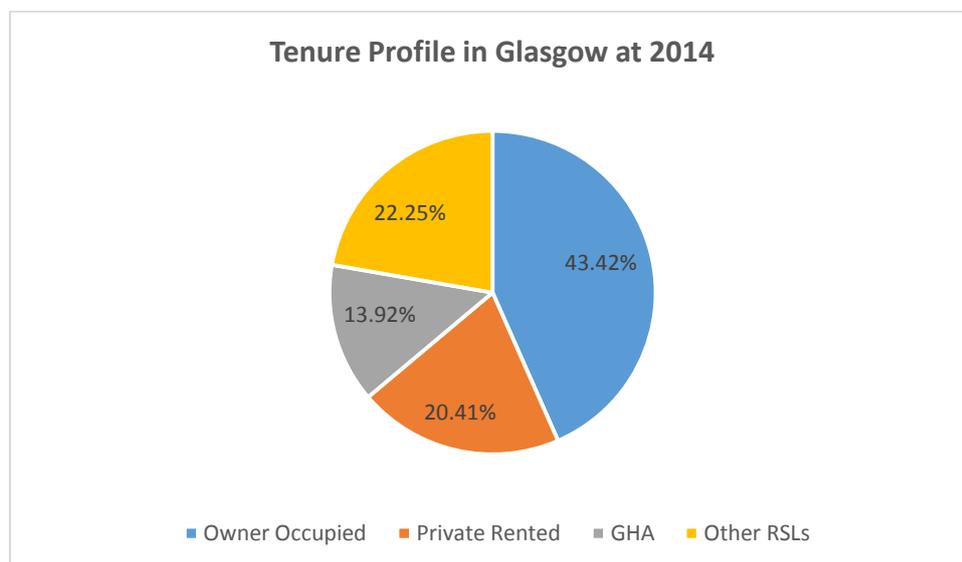
At 2014, Glasgow's housing stock was estimated at 296,293 properties.

Owner Occupation/Private Renting: In recent years owner occupation has reduced as a result of the credit crunch/recession (but remains the largest tenure) and the Private Rented Sector has increased significantly. There are over 30,000 private landlords operating in the city.

Social Rented Sector: The social rented sector has also reduced and changed. The reduction in stock is mainly as a result of demolitions and Right to Buy Sales not being completely offset with new supply. Glasgow City Council transferred its stock to GHA in 2003 so unlike most other local authorities in Scotland we no longer provide housing directly. Transfer of Glasgow Housing Association's (GHA) stock to other Housing Associations (Second Stage Transfer) has changed the sector's composition so that the other 67 Housing Associations now have the larger proportion of stock in the sector. GHA (part of Wheatley Group) is by a large margin still the largest Housing Association in Glasgow. There are also a number of specialist Housing Associations, which operate across Scotland, providing housing/housing services in the city for older people, people with disabilities and others.

The citywide split by tenure is shown below at CHARTS 5 and 6 below: -

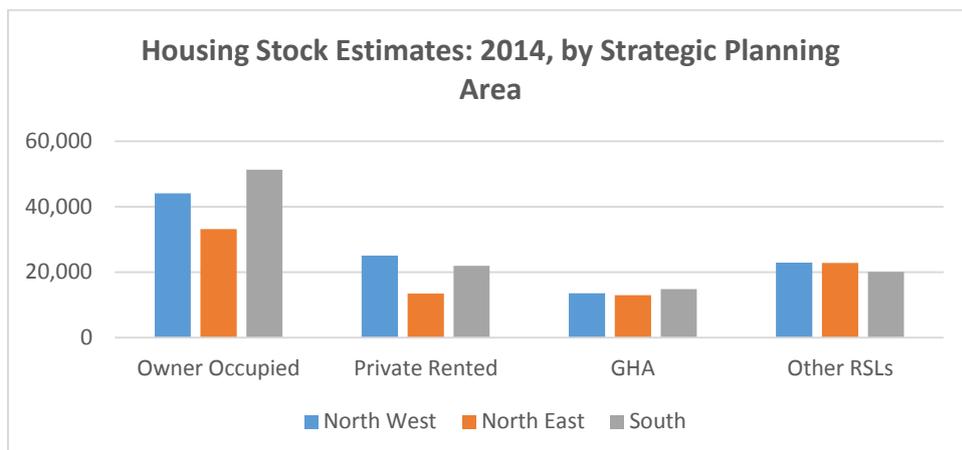
CHART 5



GCC, Development and Regeneration Services

The tenure profile is shown by Strategic Planning Area in CHART 6 below: -

CHART 6

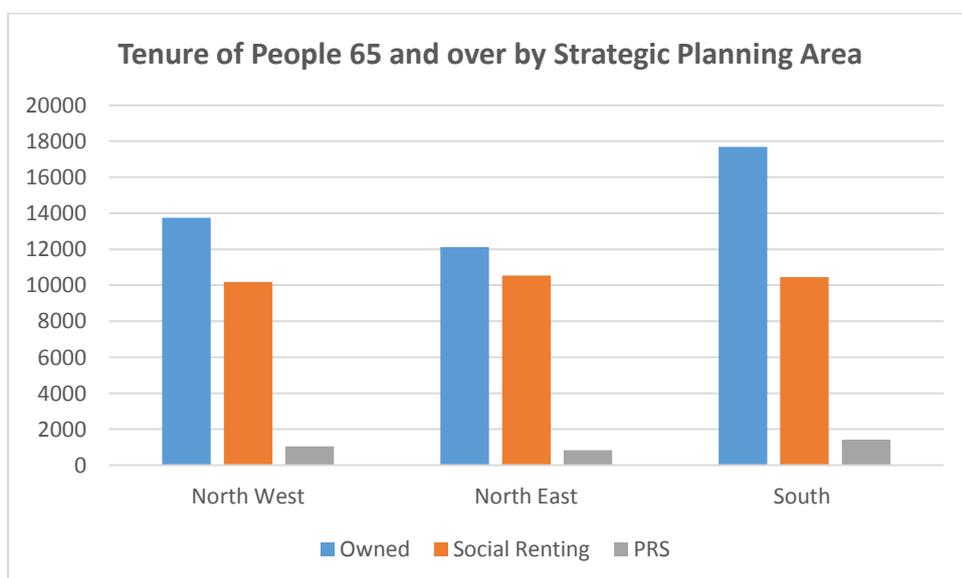


GCC, Development and Regeneration Services

CHART 7 shows the distribution of older people by tenure across the Glasgow's Strategic Planning areas: -

- Owner Occupation is the tenure with largest proportion of older people
- This is most clearly the position in South
- Private Rented Sector houses relatively few older people

CHART 7

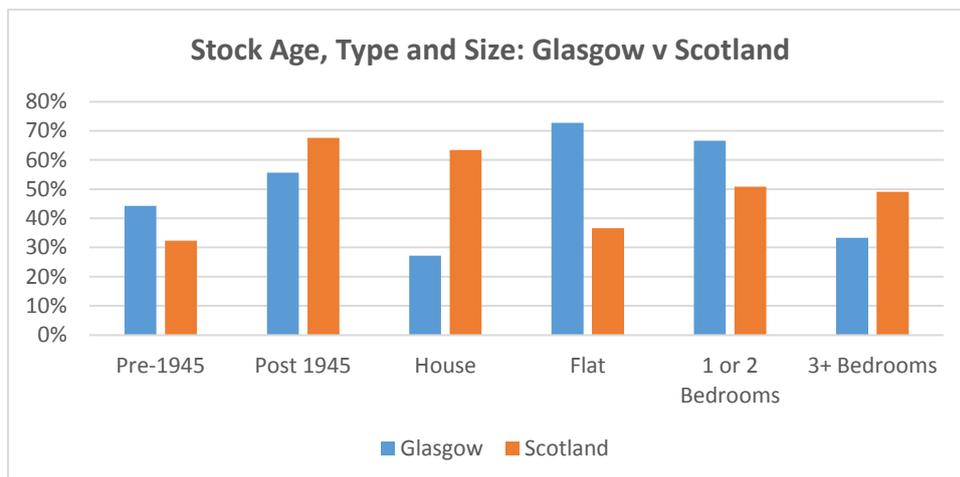


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CHART 8 shows that Glasgow is a city:

- Substantially of flats (73%)
- With a large proportion of older stock (pre-1945) (44%)
- With a significant proportion of smaller dwellings (67%)

CHART 8



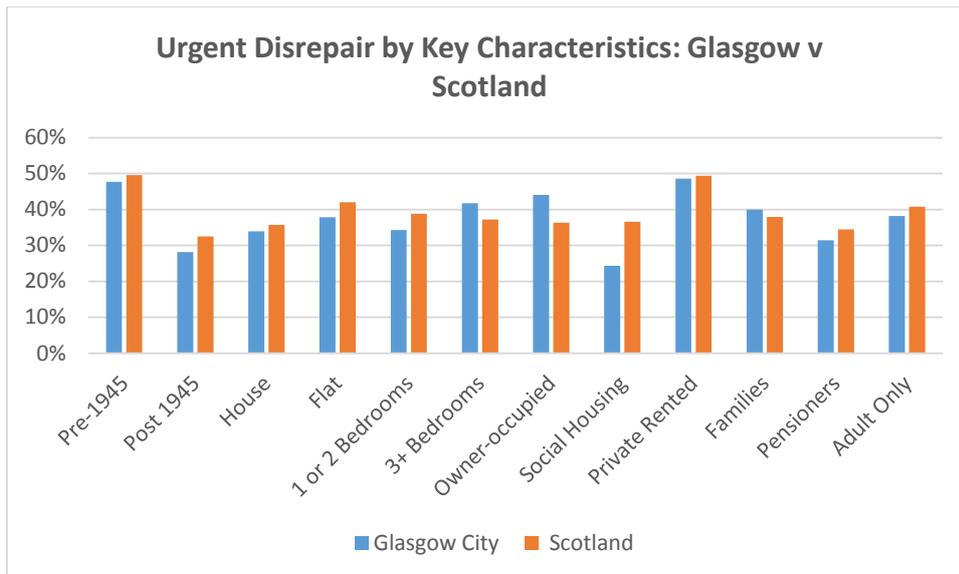
Scottish House Condition Survey 2011-2013

Stock Condition

CHART 9 below highlights: -

- Urgent disrepair in Glasgow is at a similar level to Scotland
- Older stock has greater levels of disrepair
- Social Housing Sector has significantly less disrepair than Scotland although the reverse is the case in owner occupied sector

CHART 9



Scottish House Condition Survey 2011-2013

The City Council has facilitated over £965m in housing association development since it took over the management of development funding in 2003.

During the period of the current Housing Strategy (2011/12 to 2014/15), DRS Housing and Regeneration Services have facilitated a total spend of £257.19m in grant funding and approximately £125m in private borrowing by Housing Associations which has contributed to the delivery of 3739 units of new and improved homes.

This investment supplements the substantial investment programme (over £1.2bn) – improvements, new build and demolitions – that Glasgow Housing Association has undertaken since stock transfer in 2003.

The result is that the sector’s housing has improved in very many respects in the last 10 years or so.

The IJB Strategic Plan

The Integration Joint Board’s draft Strategic Plan sets out its vision for transforming the provision of health and social care services to support better lives in the city through integration by: -

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

- Striving for innovation
- Developing a strong identity
- Focussing on continuous improvement

The IJB's remit and Strategic Plan extends to Children's Services and Criminal Justice which are areas which housing contributes too and so will be reflected in the Housing Contribution Statement.

Health and social care integration in Glasgow offers unique opportunities to put in place innovative and progressive approaches to ensure that home and neighbourhood take their central place in improving health and wellbeing. The housing sector has been at the forefront of bringing about the dramatic physical enhancement of the city (referenced in the Strategic Plan, p.9) through the creation of high quality homes and the regeneration of wider physical environments. The positive health and well-being impacts of this physical transformation is well documented. In addition, however, Community Controlled Housing Associations (CCHAs) also provide a range of care and support services and other initiatives which have a direct impact on individuals' health and well-being. These include:

- Promoting health and wellbeing – e.g.: community food initiatives, fitness programmes;
- Housing and home – e.g. : services that support safety and comfort in the home, gardening support, aids and adaptations, assistive technology, housing information and advice services for older people, improved energy efficiency and advice, support for older owner occupiers in maintaining their homes
- 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.
- Provision of practical and timely support – e.g. : handy persons services, neighbourhood wardens, energy initiatives, help with shopping, community safety and accident prevention;
- Mobility and getting around – e.g.: community transport, shared taxis and mobility scooters;
- Activities that promote citizenship – e.g. : volunteering
- Information, access and advocacy – e.g.: services which raise awareness, promote understanding of older people's rights and help to maximise income
- Providing telecare services to support independence and health and well-being of older people

Many of these issues are described in more detail below.

Wheatley Group and specialist Housing Associations in the city complement the activities of CCHAs so that the city has a network of providers across Glasgow that can play a part in integration. It is estimated that the Housing Association sector has a 'reach' of over 200,000

households (including owners and private renting tenants) which is crucial given that integration of health and social care is 'tenure neutral'.

Governance

The Glasgow City Integration Joint Board is the new legal entity responsible for the strategic planning of health and social care services in Glasgow. The Integration Joint Board comprises voting members (8 Elected Members from Glasgow City Council, and 8 non-Executive Directors from NHS Greater Glasgow and Clyde) and non-voting stakeholder representatives, including the voluntary and independent sectors, patient, service user and carer representatives and professional advisors such as clinicians and the Chief Social Work Officer. As Glasgow City Council is the strategic housing authority, a representative from GCC's Development and Regeneration Services is a non-voting member of the Board.

Care Groups and Housing

Initial scoping work on housing's role in relation to the needs of each care group has been undertaken and is summarised below.

Older People

- The provision of affordable, safe, secure and energy efficient homes so that older people can live independently is fundamental to health and wellbeing outcomes
- Development of specialist provision where there is an identified need
- Support for hospital avoidance and discharge
- Support delivery of the Dementia Strategy
- Tackling social isolation and loneliness
- Advice and information – Housing Options for Older People

Disabilities

- Strategic planning of housebuilding
- Allocations policies to increase accessibility to appropriate housing including new housing
- Link into Glasgow Disability Alliance's Independent Living Strategy

Mental Health

- Strengthen links between mental health commissioning and the housing sector

Alcohol and Drugs

- Build on the housing initiatives through the Recovery Housing pilot and establish clear pathways with the housing sector

- Link in with the Community Planning Partnership’s Single Outcome Agreement (SOA) with respect to alcohol and drugs

Homelessness

- Support the re-design of the homeless accommodation and support services
- Support the Housing Options programme
- Work with HSCP to ensure effective inter-operational interfaces in order that vulnerable people can access services
- Work with the HSCP to examine routes into Housing Support
- Continue to invest in Money & Debt Advice Services that support tenants to maximise their income and pay their rent

Carers

- Support early intervention work with carers

Children Services

- To support the wellbeing of the child in its widest sense and to support the safeguarding of children by early identification and reporting of children suffering neglect/abuse

Community Justice

- To maintain engagement with Glasgow NASSO Strategic Group
- To maintain locality Housing Options interface arrangements
- To continue liaison with SOLO officers
- To continue liaison with Housing Support providers

There is a housing contribution to be made for all the care groups in line with the Strategy Maps set out in the Strategic Plan. In some areas e.g. homelessness the contribution is clearer than in others and going forward - e.g. in supporting carers – there is a need to jointly work on developing the specific contribution housing and housing agencies can make whether through services, allocations policies or other ways.

Principles, Priorities and Outcomes

Principles

This interim Housing Contribution Statement adopts and shares the principles underpinning the Joint Strategic Plan and Glasgow’s Housing Strategy (see above): -

- Equality and fairness,
- Dignity and respect,
- Supporting innovation, and
- Partnership working to deliver agreed priorities, actions and outcomes.

Key Priorities

The key priorities in the draft Strategic Plan are;

- Early Intervention, prevention, and harm reduction
- Providing greater self-determination and choice
- Shifting the balance of care
- Enabling independent living for longer
- Public protection

Taking each in turn there is a range of housing contributions, either already underway or where there is good potential in Glasgow to take advantage of opportunities for change and to lead further joined up working over the next few years as the Strategic Plan moves into implementation.

The aim would be to develop specific measurable actions under the Plan, and under the new Glasgow's Housing Strategy which is due to be developed during 2016-17.

Early Intervention, Prevention, Harm Reduction.

Glasgow's work to prevent and reduce homelessness is a major contributor to this priority. The impact of homelessness on long term health and well-being is well documented and this is why dealing with homelessness is included in the IJB. Much of our understanding of this relationship arises from the Hostels Re-provisioning Programme carried out in the city in the 2000s. The multi-agency approach (including health services) was very effective in enabling people to move from hostels to new Housing Association homes and for tenancies to be sustained.

The Housing Options roll out in Glasgow has been a major step forward in preventing homelessness (and sustaining tenancies) and ensuring that staff across all participating organisations are equipped to provide advice, guidance and support for people to make their own decisions about their housing circumstances rather than hit crisis point. This is now being developed further to help older people specifically to plan their future housing so that it enables them to live at home for as long as possible. If successful this could be rolled out for other groups under the Strategic Plan too. The use of the ICF to support Housing Options for Older People demonstrates Glasgow's aim of transforming the way services are delivered across organisations before mainstreaming the approach.

8 Pillars Housing Pilot

A 415 Nitshill Road housing officer was identified as the representative from the 415 Project to join the 8 Pillars Implementation Group in May 2015. Dementia awareness among housing colleagues was identified as a learning need. In October 2015, the Alzheimer Scotland Dementia Advisor for South Glasgow delivered a Dementia Friends session in Parkview Housing Office. 10 housing officers have subsequently signed up to be Dementia Friends.

There was significant input from the GHA housing officer in one case, with a minor adaptation being made to the door entry system. A joint approach from health and housing meant that issues identified were dealt with effectively, allowing the lady to remain safely at home.

It has been agreed that it is useful to have named contacts in other services and that raising

Wheatley Group's partnership with Police Scotland and Scottish Fire and Rescue Services provides evidence of harm reduction with a major reduction in fire deaths and injuries. It provides a system of understanding vulnerability and gaining access to people who may be hard to reach, and engaging with them to prevent avoidable harm.

Education of young people- including in schools - is important; in how to access housing options, how to budget, mediation to remain living at home and plan transitions. All contribute to preventing crisis and stabilising living arrangements, often while other health and well-being aspects of their lives are being addressed. This is reinforced by the recent Participatory Youth Research Project – Beyond4Walls – funded by Wheatley Group, Children in Scotland and the Poverty Alliance. Recommendations from this research (by young people for young people) include: -

- Developing information on housing options and budgeting advice that could form part of the standard school curriculum,
- Establishing a peer led advice and support service for individual young tenants/prospective tenants
- Ensuring frontline staff are provided with training covering a number of key topics, including effective engagement with young people, child protection, equalities and mental health, and
- Developing with young people's integral involvement a simplified application process and easily accessible and understandable tenancy information material

The key is to mainstream initiative and good practice across the sector. Communication and training, posting material online or through local community offices/hubs so that there is a harm reduction/housing options set of key messages/actions developed over the next year.

Link Workers in Deep End GP Practices

The South HSCP has link workers based within 3 GP practices. These workers act as a link between practice staff and the community with housing featuring significantly. They liaise with RSLs on housing issues and help to keep vulnerable people in their tenancies.

Feedback from the Housing event has indicated that the role of Housing Officers may be crucial to the above. The potential for local housing, health and social care staff to link with each other to identify where there was a need for early intervention for people was also a feature of the feedback from the event. Making the right local connections is another important message from the event.

Glasgow's Housing Strategy provides an opportunity to consider the models of housing for older and disabled people so that they can live independently, along with the pressures on supply within the city. Glasgow has well defined community and neighbourhood strengths including through the anchor role provided by all housing organisations in the city. There may be an opportunity over the next few years to consider how the housing aspect is better joined up with available social care and support, particularly as sheltered housing challenges need new solutions over the next five to ten years. Glasgow's Housing Strategy will identify specific actions with respect to the above.

Greater Self-Determination and Choice

As housing organisations become ever more customer focused we should be able to provide more personalised individual solutions. This may be done for example, using technology to support people making their choices, sharing these appropriately across organisations and with carers, family and friends, or it may be done through improved planning for transitions throughout life stages. It may also be done through Glasgow's long term focus on neighbourliness, volunteering, and helping people to help themselves, with local housing providers being excellent examples of how this has been a long term endeavour in the city.

Glasgow has a number of specialist housing providers who have developed excellent specific provision over the years to ensure greater self-determination and enable people to live the life they wish to. The Housing Strategy could/should work with the Localities in Glasgow to assess and address needs for new supply for these care groups, and can build on the experience of customers currently living or, or waiting for, such provision.

The adaptations programme is a critical support for many people to help them exercise choice when they wish to remain at home. Provision of aids and adaptations is important in allowing people to stay in their own homes and live independently. This includes owners and tenants renting privately. As this is an area where responsibility has transferred to the new Partnership, there is a review of OT service and aids and adaptations were highlighted in the consultation event an important action going forward will be to develop a co-ordinated person centred approach to the provision of aids and adaptations across tenures.

Allocations policies may also help with this priority in being able to address choice for people with long term needs at an earlier stage. The key here is how Housing Associations

can use flexibility within their allocations policies to make best use of their stock e.g. using policies to allocate or re-allocate houses that are better suited to meeting households' needs e.g. older people.

Shifting the Balance of Care

We believe that this is where housing can play a major role in the city and underpins much of the rest of the Strategic Plan. However it poses very significant challenges too and therefore it is critical that there is a clear statement of intent.

Revive Programme with Ardenglen HA

Revive is a 10 week programme targeted at the over 50s which encourages people to take up more health promoting activities, and make positive health behaviour changes before they reach older age. It aims to enable participants to find out about and try activities that already take place within their area that they may not be aware of or haven't felt confident to go along to themselves.

Revive was delivered in partnership with Ardenglen Housing Association who helped recruit participants and provided the venue. The group decided to continue to meet and call themselves the revive club and Ardenglen continue to support this. Health improvement has subsequently delivered a Health Issues in the Community course, Health Behaviour Change training taster and helped arrange an intergenerational programme working with Glasgow Council on Alcohol. There is also now a successful gardening group running with Urban Roots which developed from the initial taster session as part of revive.

Enabling Independent Living for Longer

Glasgow has a particular need to address this with its social housing providers as many customer profiles within housing associations show more tenants with a range of long term conditions, vulnerabilities, and poorer health chances, from a younger age than elsewhere in the country.

Therefore a two pronged approach may be needed. The priority to provide for the growing numbers of older people is one which housing providers are willing to help with –through both local and specialist providers, a key issue for the new Housing Strategy. However it is important to also address this from a younger age (see charts above), so the actions should include something to get people to plan their own futures, to live either at home or in a planned move. This should also be reflected in the new strategy.

Glasgow Centre for Voluntary Services Community Connectors: improving connections with and for people over 60, and their carers in Glasgow (Queens Cross HA, Shettleston HA and Southside HA).

Community Connectors supports older people and their carers to identify and address barriers to living well, and supports them to access local services, facilities and activities. The service opened for referrals in 2015 and is funded by the Health and Social Care Partnership. The Community Connector teams are based in three CCHA 'hubs' and can take referrals for tenants and others covered by each association.

The approach reflects the fact that many different types of support are required to help older people, and that their carers, live healthy, fulfilling and independent lives, both in a preventative sense and following periods of ill health. Crucially, it recognises that older people want information and services which they can access easily in their communities.

Again the use of technology and digital inclusion to support people staying at home, staying connected with family, friends and carers, can help to transform the way we currently think about this.

These priorities are reflected in a range of housing activity and services as outlined in Partnership Working and Resources below.

Public Protection

In many ways local housing staff can be the 'eyes and ears' in the community. They are often the first people tenants and others see and staff know their communities they serve. Training and development for housing staff, therefore, can help identify problems earlier and respond by linking in with other agencies/organisations and voluntary groups. There are examples of good local joint working between housing, health and social care colleagues.

Alcohol Brief Intervention

The South SOA Alcohol Group facilitated ABI training with local housing association staff with a view to staff delivering screenings and ABI's to tenants. Training is available to all on request but the focus will be on staff working with 'hazardous drinkers' within South's Thriving Places. Training and ongoing support is provided by GCHSCP's South Locality Health Improvement and GCA's Prevention & Education Team.

The Private Rented Sector (PRS) has expanded very quickly over recent years and grown so that it now constitutes about a fifth of the housing in the city. Although much of the sector

is well managed and of good quality, the expansion has resulted in areas of the city where this is not the case. A number of measures have been introduced to improve the condition and quality of management in the sector. Proposed legislation is currently before the Scottish Parliament aimed at providing greater security of tenure for private renting tenants. Other measures are aimed at protecting the most vulnerable members of our community e. g. through the introduction of Enhanced Enforcement Areas (EEAs) where local authorities can impose more stringent regulation to tackle problems affecting vulnerable tenants and the wider community where there is a concentration of PRS landlords and severe management/condition problems.

Landlord Forums have been established in certain parts of the city to improve engagement with the sector.

Locality Planning

Locality Planning is a key area for all partners. Feedback from the Housing Event highlighted that the three Strategic Planning areas, for many, are too large. There is also a need to clarify how Locality Planning structures fit with Community Planning. This is a key issue for third sector partners.

There was also feedback about the need to be realistic about expectations. Housing Associations are independent organisations run by voluntary board members and, in particular, have priorities beyond those within this agenda and their resources are limited.

There were a number of suggestions such as building on existing local structures and a positive willingness to contribute to successful Locality Planning.

Outcomes

This statement affirms commitment to contribute to the outcomes of the IJB as set out in its Strategic Plan.

Challenges

There a number of challenges with respect to housing that will be addressed as the Strategic Plan, Housing Contribution Statement and Glasgow's Housing Strategy develops.

Housing Tenure: There is significant activity in the social rented sector where local community controlled Housing Associations, particularly, are close to their communities and act as community connectors or anchors. Although many communities, where these organisations deliver services, are now mixed tenure in profile there are still challenges in creating a support network in the owner occupied and private renting sectors. Over the longer term there will be a need to offer a wider range of housing options so that, for

example, older people can move to more suitable accommodation in a tenure of their choice at an affordable cost and still retain their independence.

Welfare Reform: The review of Local Housing Allowance (LHA) and the impact on supported accommodation is not well enough understood just now. If the LHA caps affect all supported accommodation then the aim of shifting the balance of care is highly unlikely to succeed. Not just that but it will reverse the available community based solutions in many cases. This combined with the downward pressure on care and support funding available from commissioners could mean that Glasgow- and Scotland will see a substantial negative challenge to achieving this priority. A key action will be to assess the potential impact of the proposed changes (see below)

Delivering the right houses in the right locations: This is a challenge that requires good planning, co-ordinated and effective partnership working to deliver for the city. Experience from the Strategic Housing Investment Plan shows that this is a crucial issue with respect to the provision of wheelchair accessible houses. Allocations policies are also important here and indeed in existing houses across all care groups.

Funding: The cost of building specialist housing tends to be more than the cost of mainstream housing. The Scottish Government recently reviewed and increased its benchmark subsidies for affordable housing. There are no specific benchmarks for specialised housing. Although this does not mean that specialised housing cannot be provided or built there are greater funding challenges related to this provision (including with respect to private finance contributed by Housing Associations). Similarly where developments need revenue support there may be challenges with respect to Welfare Reform (see above) and with respect to commissioning agencies resources.

Responding to people's housing needs on leaving hospital: simply put how do housing organisations and services respond to the timescales suitable to achieve the outcomes sought for patients leaving hospital?

Partnership Working and Resources

Some joint working initiatives between public service organisations and the voluntary sector (e.g. Housing Associations) are described below.

Glasgow City Health and Social Care Partnership: -

Integrated Care Fund Programme

The Scottish Government has introduced transitional funding to support the move towards integrated services in its first three years – 2015/16 to 2017/18.

Accommodation Based Strategy (ABS): GCHSCP has developed this strategy as a framework for a programme of projects aiming to: -

- Shift the balance of care
- Optimise the contribution of housing and third sector
- Reduce the number of older people entering residential or nursing care, and
- Develop and increase services that bridge the gap between the care at home service and entering a residential or nursing home

Projects funded to support the strategy include: -

- Glasgow Centre for Voluntary Services – Community Connectors
- Southside Housing Association – Home from Hospital
- Wheatley Group – 415 Project – Older People Wellbeing Hub and Cluster
- Glasgow Centre for Inclusive Living – Better at Home, and
- Housing Options for Older People

Technology Enabled Care (TEC) is another strand to the Integrated Care Fund Programme. There a number of initiatives underway that will develop this strand: -

- General alarm equipment
- Equipment to support people with dementia (GPS, tablets)
- Equipment to assist assessment of risk (Just Checking)
- Develop a wider range of responder services to meet complex localised needs (Cordia, North and South services)
- Workforce Development

Glasgow City Council's Scheme of Assistance

Local Authorities are obliged by the Housing (Scotland) Act 2006 to publish a Scheme of Assistance which sets out how private owners will be supported to maintain and repair their homes. Aids and Adaptations for owners and private renting tenants falls within this Scheme.

Aids and Adaptations

As of the 1st April 2016, Aids & Adaptations will come under the remit of the Integration Joint Board and Glasgow City Council Development & Regeneration Services will manage this service on the IJB's behalf.

Grant funding is available but due to restricted finances there are conditions;

- It has to be supported by a OT following an assessment of need
- Out of the 4 levels of need all P1 will be helped and depending on finances some P2
- Regardless of income, all P1 will get 80% grant help but some might be eligible for 100% if they are in receipt of any of the following benefits;

- Income support,
- Income based Jobseeker's
- Employment Support Allowance, or
- Pension Credit
- Applicants will not get any grant funding if it's for an adaption to provide extra living space or the work has already been carried out
- If an applicant requires a stairlift these are done via EquipU and are no cost to the applicant for P1 cases
- For those who are unable to be given grant funding, the council will provide advice and information on what options the applicant could consider
- Alternative housing options will also be considered and discussed especially if the costs of the adaptations are far greater than a move to more suitable accommodation.

Care and Repair

This service is funded by Glasgow City Council (and managed by Southside Housing Association) and is a service which helps people aged over 65 or who are disabled with no family at home to help, to organise repairs to the fabric of their property.

Other services include: -

- a Handyperson scheme, which carry out small repairs for those who are unable to. There may be a charge for materials but otherwise it is a free service, and
- a Home from Hospital service which helps get a patient's property ready for them being discharged from hospital (see above).

Glasgow City Council Affordable Housing Supply Programme

The Strategic Housing Investment Plan (see above) sets out the City Council's plans for new affordable housing supply over a five year period. The Plan identifies two key relevant priorities that the Affordable Housing Supply Programme helps to deliver. :-

Social Care Housing Investment Priorities: These priorities are updated annually and reflect commissioning strategies across Social Work care teams. The purpose of these priorities is to identify services where provision of new build or refurbished accommodation is needed to ensure service delivery meets required standards and social care needs are being met. Currently, projects with high priority are to meet the needs of people in the following care groups: learning disability, physical disability and mental health.

Housing for Older People: It is recognised that given the flatted nature of housing right across the city, accessible housing is a need throughout the city, particularly given the health inequalities and long term conditions experienced by residents. The peripheral estates and areas with concentrations of owner occupiers are projected to see particular growth in the older population where existing housing may not meet requirements in the future. The development of specifically designed housing to cater for households in all

tenures will be important to ensure a range of housing options are available for people to live independently for longer, and is therefore a priority for housing investment.

Glasgow City Council Affordable Warmth Programme

Glasgow's Affordable Warmth Programme is funded through the Scottish Government's Home Energy Efficiency Programme for Scotland: Area Based Schemes (HEEPS:ABS) which was introduced in April 2013. HEEPS:ABS is an area based approach to deliver insulation measures to owner occupied properties and mixed tenure blocks, it is supported by funding from the Scottish Government and is delivered by local authorities. The programme is focussed in areas of multiple deprivation often mixed tenure neighbourhoods where 'properties are hard to treat'. Energy advice and information is also available before and after projects.

MacMillan Improving the Cancer Journey (ICJ) - Glasgow City Council was successful with a bid for funding for this project. The project is working in partnership with the MacMillan Improving the Cancer Journey (ICJ) project as well as Glasgow's Home Energy Advice Team (G-Heat) and City Building and involves the installation of energy efficiency measures for people referred by the ICJ Team.

The purpose of this project is to meet the objectives of the improving cancer journey project – "To develop and deliver clear, seamless and accessible pathways of care that are accessed timeously and appropriately across organisational and professional boundaries based upon a robust holistic assessment of need"

The project aims are to install around 200 measures to help up to 100 people in the timescale up to 31st March 2016.

The following measures have been included in the project:

- Low level energy efficiency measures (draught proofing, loft/tank insulation, cavity wall insulation where not available elsewhere)*
- White goods/small electrical appliances (i.e. kettles and microwaves...only if needed)*
- Thermostatic radiator valves*
- Standby reduction devices*
- New boilers/heating systems (where necessary)*

Through the G-Heat service, their advisors can also advocate on behalf of individuals who are paying too much for their fuel bills and move them to tariffs which best suit their needs. They have the ability to navigate through the complicated energy market on behalf of clients who otherwise would not know where to turn for assistance. G-Heat can also apply for discounts from energy companies that individuals may not be aware of, and access other forms of funding for other energy efficiency measures to ensure they receive the most support available.

Key Actions to develop Housing's Contribution to Health and Social Care Integration

There are a number of key actions that this Interim HCS has signalled as part of the activity to finalise the Statement: -

- Deliver an updated needs assessment combining Housing Needs and Demand Assessment (HNDA) with Joint Strategic Needs Assessment (JSNA) information at citywide and Strategic Planning Locality geographies.
- Establish a 'Reference Group' similar to that set up for the Reshaping Care Commissioning Plan so that the role of voluntary groups can be properly reflected within the Statement
- Complete the full Housing Contribution Statement
- Assess the implications arising from proposed changes to funding (i.e. review of LHA) for Supported Accommodation across Glasgow and nationally and feedback into policy and strategy development
- As part of finalising the Statement and for Glasgow's Housing Strategy, carry out an social and economic impact assessment
- Prepare a Housing Action Plan for Health and Social Care Integration as part of the new Glasgow Housing Strategy
- Develop a co-ordinated person centred approach to the provision of aids and adaptations across tenures
- Improve communication between agencies as part of the process of integration

The Housing Health and Social Care Group will co-ordinate the above actions, including development of the Housing Action Plan and its delivery. The Action Plan will be based on SMART principles.