Item No: 3

Meeting Date: **Wednesday 19th September 2018**

Glasgow City Integration Joint Board

Report By: **Susanne Millar, Chief Officer, Strategy and Operations / Chief Social Work Officer**

Contact: **David Walker, Assistant Chief Officer, Corporate Strategy**

Tel: **0141 287 0440**

MENTAL HEALTH 2 WARD DESIGN BUILD FINANCE MAINTAIN (DBFM) SCHEME

Purpose of Report:	To update the Integration Joint Board on progress to deliver the approved development of two new fit for purpose wards at the Stobhill site procured through the Hub West Design, Build, Finance and Maintain (DBFM) route Business Case. The total programme had been divided into a number of development phases as follows:- Phases 1 & 2 – A two stage process to reconfigure mental health services in North Glasgow that would include the withdrawal of services from both Parkhead Hospital and Birdston Care Home. Phase 3 – The consolidation of Alcohol and Drugs Addiction inpatient services in a new-build ward at Gartnavel Royal Hospital. Phase 4 - The consolidation of acute adult mental health beds for South Glasgow and Renfrewshire on the Leverndale site. This DBFM procured scheme concludes Phases 1 & 2 of the phased approach to deliver the mental health inpatient redesign programme, in particular, the completion of the mental health programme underway in North Glasgow. The NHS Board previously noted an outline proposal, requiring further detailed work, for 2019-20 capital funds to allow consolidation of the Alcohol and Drugs Addiction inpatient services and also outline proposals at Leverndale Hospital to deliver a consolidation adult mental health acute bed model for South Glasgow and Renfrewshire, potentially using Dykebar site capital receipts. The final details for both proposals are to be developed through the NHS Board's Capital Planning

	Group. The development of two new wards via the Hub DBFM route would result in annual service payments and running costs which would be met from the release of financial resource from vacating Birdston and Parkhead. All hub projects require Initial Agreement, Outline Business Case and Full Business Case phases to receive Scottish Government Health and Social Care Directorates (SGHSC) approval through the Scottish Government Capital Investment Group (CIG). The Project Board has overseen the development of design plans that are considered to best meet the needs of service users and services within available funding. This work has built on the principles set out in both the Initial Agreement, noted by the IJB (31st October 2016) and approved by the Health Board and Scottish Government Capital Investment Group in 2016 and the Outline Business Case noted by the IJB (21 June 2017 https://glasgowcity.hscp.scot/sites/default/files/publications/21_June_ITEM_No_26_-_Mental_Health_2_Ward_Design_Build_Finance_Maintain_%28DBFM%29_Scheme.pdf) and approved by the Health Board and Scottish Government Capital Investment Group in 2017. Development of the proposals has involved engagement with a range of service user representatives and local residents, community groups and services. Most recently this has included service user and carer representative participation, on 4th June 2018, to undertake an update of the Achieving Excellence Design Evaluation. Additionally further work with service user and carer representatives on improving transport access generally is being progressed. To maximise the opportunity for efficiency, the Health Board approved 15th August 2017 the Stobhill scheme for two new mental health wards is bundled with Greenock and Clydebank Health Centre DBFM developments. The schemes are currently programmed to reach financial close at the end of August 2018. Approval by CIG is required to enable work to progress on the delivery of the 2 x DBFM wards. The timescale for submission of all three FBCs is anticipated to be October 2018. This updates the previous programmed construction start date, for the two new mental health wards at the Stobhill site to November 2018.

Background / Engagement:	Engagement has taken place throughout the process for the Business Case. This included engagement via the initial clinical services review and meeting with local community stakeholders. Engagement has continued with the Mental Health Patient Focus and Public Involvement Group and via the design work and AEDET involvement processes, which included users and carer input.Engagement with users and carers was also used to brief

	the designs and options presented at the Options Appraisal event on 27th April 2017. The Option Appraisal event discussed and confirmed the criteria and ranked them and scored the options. The overall layout has also changed to improve the outlook and patient requirements for security and privacy following design engagement with HfS. *Feedback is supportive and consistent with the feedback on the overall Strategy development which has been incorporated into this proposal. Additionally further work with service user and carer representatives on improving transport access generally is being progressed.* An AEDET (Achieving Excellence Design Evaluation Toolkit) assessment of the existing Stobhill and Birdston was carried out. The workshop was attended by user & carer representatives facilitated by third sector user and carer organisation Mental Health Network (Greater Glasgow and Clyde wide). The outcome of this was documented in an AEDET Assessment summary which was included in the OBC. A follow-on workshop series was undertaken to develop a Design Statement for any new facility. This was facilitated by Heather Chapple from Architecture & Design Scotland. This was further updated with a user and carer input in June 2018. Additionally an internet a Linked article was publicised via the mental health user and carer network. The Mental Health Network reported 416 people reached and directed to the article with web/Facebook responses. Individual case review and discussions with the current patient cohort have also taken place and will continue up to the point of moving in to the new accommodation.

Recommendations:	The Integration Joint Board is asked to: a) approve the Full Business Case (https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2003%20-%20FBC%20Full%20Document_REDACTED.pdf) and submission of the Business Case to the Health Board; b) note, pending Health Board approval, the onward submission of the Full Business Case to the Scottish Government Capital Investment Group; and c) receive at a future date an update on the construction phase of the two wards.

Relevance to Integration Joint Board Strategic Plan:

2016 – 2019 Locality Planning; North East Priorities; Page 41. The development of new adult mental health wards on the Stobhill Hospital siteand contributing to the re-design of Older People's Mental Health Services.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome::	Outcome 3.People who use health and social care services have positive experiences of those services, and have their dignity respected Outcome 5.Health and social care services contribute to reducing health inequalities 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

Personnel:	The new build scheme moves existing services and staff to improved accommodation and service links. Staff Partnership and Trade Union engagement established are on-going concerning any impact of the moves on staff.

Carers:	Engagement with carers on improved accommodation and service user impact commenced and on-going.

Provider Organisations:	Provider fully engaged and supportive of this proposal.

Equalities:	The wards identified will be relocated on and to the Stobhill Hospital site and beprovided by 2 x 20 bedded wards. Capital equivalent Design Build Finance and Maintain funding to achieve this has been identified through Glasgow City Health and Social Care Partnership, NHSGGC Capital Planning Group and NHS Great Glasgow and Clyde Health Board approval for this scheme will be completed in 2020. There will be no reduction in the services being delivered to this patient group. There will be significant improvements in the quality of accommodation available. With this in mind, the Equality Impact Assessment has focused on the possible barriers incurred in the physical move rather than the actual service being delivered. An Equality Impact Assessment has been undertaken on the undertaken of the proposals and ensure that we engage with a diverse cross section of the local community. The new buildings will be fully accessible. The EQIA is available at: https://glasgowcity.hscp.scot/equalities-impact-assessments

Financial:	The scheme remains within the agreed limits for the project.

Legal:	The normal legal issues for the Health Board (such as NHS DBFM contracts) will arise from developing the 2 new wards.

Economic Impact:	There will be positive economic and regeneration impacts at a local level and in accordance with the wider Community Planning Partnership objectives of improving population health and valuing people by providing modern, well-equipped public spaces and buildings**.**
Sustainability:	We will reduce our reliance on out dated, poor quality buildings through the construction of a modern, state-of-the-art facility. A reduction in energy costs is envisaged as a result of the new build facility.

Sustainable Procurement and Article 19:	The procurement process will meet all NHS legislative requirements.

Risk Implications:	If Scottish Government approval and funding is not made available, the Integration Joint Board will need to re-visit the accommodation strategy for the North East of the city. Properties will require an on-going investment programme to ensure that they remain viable in the longer term. In addition, no benefit will be derived from the service improvements which a modern facility would open up.
Implications for Glasgow City Council:	None.

Implications for NHS Greater Glasgow & Clyde:	The development of the 2 DBFM wards is part of a wider accommodation strategy for the North East of the city which will see rationalisation of buildings and the relocation of services to the one site. The major implication remains as set out in the previous Initial Agreement.

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	✓
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	190918-3-a
2	Date direction issued by Integration Joint Board	19th September 2018
3	Date from which direction takes effect	19th September 2018
4	Direction to:	NHS Greater Glasgow and Clyde only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Stobhill Mental Health and Birdston Mental Health Services located inpatient services
7	Full text of direction	The Health Board is directed to approve and submit the Mental Health 2 x DBFM Full Business Case to the Scottish Capital Investment Group for approval to deliver the two new build mental health inpatient wards as part of a bundled programme of new build projects with build projects from two other Health & Social Care Partnerships. There are clear financial benefits to bringing all three projects together in a single procurement bundle. These include initial capital savings and project-life revenue savings.
8	Budget allocated by Integration Joint Board to carry out direction	Mental Health revenue budget, re-investment of vacated accommodation contract.
9	Performance monitoring arrangements	In line with the agreed Design Build Finance and Maintain Project Board Monitoring arrangements and the Glasgow City Health and Social Care Partnership Capital Board.
10	Date direction will be reviewed	September 2019

GLASGOW CITY HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD

IJB(M)2018-04

Minutes of meeting held in the Sir Peter Heatly Boardroom, Glasgow City HSCP, Commonwealth House, 32 Albion Street, Glasgow, G1 1LH at 9.30am on Wednesday, 20th June 2018

PRESENT:

VOTING MEMBERS	Cllr Ken Andrew	Councillor, Glasgow City Council
	Simon Carr	NHSGG&C Board Member
	Cllr Michelle Ferns	Councillor, Glasgow City Council
	Ross Finnie	NHSGG&C Board Member
	Jacqueline Forbes	NHSGG&C Board Member
	Cllr Archie Graham	Councillor, Glasgow City Council
	Cllr Mhairi Hunter	Councillor, Glasgow City Council (Chair)
	Cllr Jennifer Layden	Councillor, Glasgow City Council
	Cllr Kim Long	Councillor, Glasgow City Council
	Trisha McAuley	NHSGG&C Board Member (Vice Chair)
	Rev. John Matthews	NHSGG&C Board Member
	Anne Marie Monaghan	NHSGG&C Board Member
	Cllr Jane Morgan	Councillor, Glasgow City Council
	Rona Sweeney	NHSGG&C Board Member
NON-VOTING MEMBERS	Dr Richard Groden	Clinical Director
	Elaine Love	Chief Nurse Governance and Regulation, NHS GGC
	Anne McDaid	NHSGG&C Staff Representative (substitute for Mags McCarthy) (from Item 10)
	Peter Millar	Independent Sector Representative
	Susanne Millar	Chief Officer Planning, Strategy & Operations / Chief Social Work Officer
	Ann-Marie Rafferty	Assistant Chief Officer, Public Protection & Complex Needs (substitute for Susanne Millar)
	Anne Scott	Social Care User Representative
	Chris Sermanni	Glasgow City Staff Side Representative
	Shona Stephen	Third Sector Representative
	David Walker	Assistant Chief Officer, Corporate Strategy
	Sharon Wearing	Chief Officer, Finance and Resources
IN ATTENDANCE:	Duncan Black	Chief Internal Auditor, Internal Audit
	Allison Eccles	Head of Business Development
	Jackie Kerr	Assistant Chief Officer, Adults Services
	Stephen Fitzpatrick	Assistant Chief Officer, Older People's Services
	Sheena Walker	Governance Support Officer (Minutes)
APOLOGIES:	Bailie Ade Aibinu	Councillor, Glasgow City Council
	Jonathan Best	Interim Chief Operating Officer, NHSGG&C
	Patrick Flynn	Head of Housing and Regeneration, Glasgow City Council
	Margaret McCarthy	NHSGG&C Staff Representative
	Ann Souter	Health Service User Representative
	Dr Michael Smith	Lead Associate Medical Director Mental Health and Addictions
	David Williams	Chief Officer

Cllr Hunter commenced the meeting by informing members that Rosemary Kennedy, former Carers Representative on the IJB had passed away. Cllr Hunter paid tribute to Rosemary, who was an incredible activist for carers for many years and worked extremely hard for the carer community.

1. DECLARATION OF INTERESTS

Anne Marie Monaghan declared an interest in Item 8, Policy Development: Resource Allocation for Adults Eligible for Social Care Support.

2. APOLOGIES FOR ABSENCE

Apologies for absence were noted as above.

3. MINUTES

The minutes of the meeting of the Integration Joint Board held on 9th May 2018 were approved as an accurate record.

4. MATTERS ARISING

Members expressed frustration that no response had been received from Patrick Flynn in relation to rolling action reference number 18; and that this had been an action for more than a year. Cllr Hunter would write to Patrick Flynn informing him that the Board was unhappy with his lack of response. **Cllr Hunter**

Cllr Andrew advised that his action at item 9 would not be progressed as other issues had overtaken this.

5. INTEGRATION JOINT BOARD ROLLING ACTION LIST

Allison Eccles presented the IJB Rolling Action List informing members that for rolling action reference number 34 the EQIA would be published online by 21st June and the action was now closed.

In relation to reference number 48, it was proposed and agreed that Cllr Long would be the Vice Chair of the IJB Public Engagement Committee. A Council voting member vacancy remained on the IJB Performance Scrutiny Committee and Cllr Hunter would progress this. **Cllr Hunter**

6. PRIMARY CARE IMPROVEMENT PLAN: GUIDANCE, TIMETABLES AND PROGRESS

David Walker presented a report to advise the Integration Joint Board of guidance in relation to the Primary Care Improvement Plan and to update on progress. The Primary Care Improvement Plan would focus on improving services for patients; take the workload away from GPs to allow them to operate at the top of their license; and to benefit all practices in the City. A particular challenge was that the city had 146 practices which differed in size and operation; and secondly the scale of the registered patients, which was higher than the population. There were also challenges of availability of skilled staff and the ability to implement the Plan.

The scope of the plan was to address six key priorities, prescribed by the Memorandum of Understanding; as well as health equalities and service sustainability. There would be evaluation of outcomes and an infrastructure support programme. The Plan was required to have the support of GPs and the LMC (Local Medical Council) as they would be included in the sign-off. It was proposed that the Primary Care Improvement Plan be

discussed at the IJB Development Session on 14th August to allow members to look at this in depth, before the full plan is presented to the IJB in September for approval.

Members welcomed the report and sought further detail on the funding. Officers advised that the funding letter was appended to the report and they were still working through the detail of this. Funding would be allocated over a 4 year period on an incremental basis with the full allocation received in year 4. A financial framework would be included in the paper presented for approval in September, as well as a recruitment plan and management costs.

Dr Richard Groden added that there were challenges in managing expectations and that it was unrealistic to deliver everything due to funding; also due to the time required for consulting with other professional groups who would be impacted, as they would not be ready to deliver services within three years.

Members questioned the level of support from GPs and the difficulties anticipated in the implementation of the Plan. Officers advised that GPs generally welcomed the arrangements and were enthusiastic, but that expectations were very high and it would be three years before maximum benefits were delivered. Engagement with GPs was good and there was also the development of Cluster Quality Leads and groups of practices working together.

Members sought clarity of the timing for the Plan. Officers advised that the timescales were dictated nationally and that the Plan had to be IJB ready by end July. The Plan would be discussed at the development session in August and presented to the IJB for approval in September. The IJB would receive update reports on a regular basis as the plan progressed over the three year implementation period.

Members requested that the discussion at the development session in August look at how the Plan will impact upon Acute services and unscheduled care; and detail of the current relationship and how this would look going forward. **David Walker**

The Integration Joint Board:

a) noted Primary Care Improvement Plan guidance, timing and progress; and
b) agreed the direction of travel and instructed the Chief Officer to present the Primary Care Improvement Plan to the next meeting of the IJB in September.

7. MENTAL HEALTH STRATEGY AND IMPLEMENTATION

Jackie Kerr presented a report to advise the Integration Joint Board on the development and implementation of the Mental Health Strategy across the City; and to seek approval from the Integration Joint Board for the use of the new Mental Health monies across the City. The Scottish Government announced in December 2017 further funding of £17m for mental health services across the country and a target of introducing 800 additional mental health workers over a 3 year period. The funding would increase nationally to £35m by 2021-2022, with a further £5m available for Children's Services; this would look at early intervention and prevention and would be linked to the children's services transformation programme previously presented to the IJB. The proposals for the monies were outlined in table 1; these were at early stages and a further paper would be presented to the Board in October with the financial framework. **Jackie Kerr**

The Third Sector Representative requested that the paper be explicit in referencing the Third Sector and their role in early intervention and recovery; and engagement with carers and service users. **Jackie Kerr**

Members also requested that more detail is provided on the monies for children's services and the outcomes of changes; and also that the independent sectors involvement is recognised. **Jackie Kerr**

Officers explained that the report was a process driven paper and more detailed proposals would be presented in future. The Third Sector and recovery was a feature of discussion at the Mental Health Programme Board, this was clinically led and would continue to be developed. There was a clear statement that this was a five year strategy.

Members also discussed the prison population and the need to ensure that mental health services were consistent for the population across the three prisons in which healthcare was provided by the HSCP; and also to track outcomes for people across their sentence. Officers confirmed that the service was being reviewed to ensure a consistent approach and that this was also being looked at on a national basis.

It was requested that the Glasgow share of the additional mental health workers be included in the paper. **Jackie Kerr**

The Integration Joint Board:

a) agreed the proposals outlined in the report; and
b) instructed the Chief Officer to provide a more detailed report with a financial framework at an IJB in October 2018.

8. POLICY DEVELOPMENT: RESOURCE ALLOCATION FOR ADULTS ELIGIBLE FOR SOCIAL CARE SUPPORT

Jackie Kerr presented a report to set out with clarity the policy framework for the allocation of resources for Adults assessed as eligible to receive social care support; the processes for resolving any areas of dispute that may arise; and to recommend further actions that support service user, carer and practitioner awareness. Following a recommendation by Audit Scotland, this policy framework is required to make explicit and transparent the approach that is taken by all officers in the discharging of Glasgow City Council's statutory duties that ensures fairness in the prioritisation and allocation of resources for the City's most vulnerable and at risk individuals.

The policy paper confirms and clarifies delivery of support and the relevant amount to the supported person to meet their needs. The HSCP has a responsibility to regularly review clients assessed needs. Individuals referred for potential support will be screened against the eligibility criteria which prioritises risk into four categories of critical, substantial, medium and low. The paper sets out the assessment of support needs and allocation of resource; and that the relevant amount will be based on three core elements. Officers advised that there were proposal to engage with carers and that an EQIA had been completed. Care arrangements that require change are reviewed on an individual basis.

The Chair stated that the policy was status quo and not a new policy; and acknowledged that engagement would take place through various means.

Members discussed the paper and raised the following:

- Concern was expressed that the EQIA was not appended to the report and that members were being asked to approve a paper without all the available information; this was a gap.
  Members requested that the EQIA is presented in a paper back to the IJB in September and that the evidence section of the EQIA is given full attention. Also that case studies are provided to show the impact upon people's lives. **Jackie Kerr**

  Officers advised that although the EQIA had been completed it had not been through the quality assurance process therefore had not been attached to the report; but officers accepted this criticism.

- That if there was a cap that resulted in the type of support service users received then this should be explicit in the report.
  Officers advised that there was no cap and that there would be a discussion and professional judgement used in each case. Officers advised that there would be circumstances where it was not appropriate to move people. There is a clear responsibility for the HSCP and this includes being as equitable as can be in the use of resources, balanced against professional assessment.

- Concern was also raised of moving back to institutional care for people that cannot be supported in the community.
  Officers explained that models of best practice would be reviewed and that the HSCP has clearly stated and provided evidence that there is a move away from institutional care across all of the care groups.

- Members requested that the risks are included in the paper being brought back to the Board. **Jackie Kerr**

- It was agreed that carers should be mentioned within the report and their expertise recognised. Also that the need of the carer is assessed as part of the review process and the carers views will be taken in to account.
  Officers acknowledged that carers input needed to be more explicit and this would be reflected in future reports. **Jackie Kerr**

- It was also raised that there was no carer representative on the IJB at present and that a carers representative was required to inform the discussion.
  Officers explained that this was being progressed; the carers representative would be connected to the carers champion approach and would be supported to join the IJB, however recognised the big commitment that was required of a carer.

- Concern was raised by members that cost appeared to be the primary feature of the report and not the care needs of individuals.
  Officers advised that this was not financially driven, cost is a part of the consideration but not the driving factor. Professional judgement and assessment of need was the driving factor.

- Members debated the agreement of the recommendations given the significant comments raised and there was consensus that recommendation (a) could not be agreed as outlined in the report. The IJB agreed that recommendation (a) would be amended to *'note the content of the interim policy framework and request that a further paper is presented on EQIA and the matters raised by Board members'*. Recommendation (b) would remain unchanged. The IJB agreed that the paper would be presented in September. **Jackie Kerr**

The Integration Joint Board:

a) noted the content of the interim policy framework and request that a further paper is presented on EQIA and the matters raised by Board members; and
b) noted and approved the recommendation to undertake engagement with practitioners, services users and carers to review and update as necessary existing guidance and information to promote clarity and awareness.

9. POLICY DEVELOPMENT: TRANSITION FROM OVERNIGHT 'SLEEPOVER' SUPPORT TO ALTERNATIVE SUPPORT ARRANGEMENTS

Jackie Kerr presented a paper to set out a clear and transparent policy direction for the transition from overnight sleepover support to alternative support arrangements that will inform service users (including their legal proxies), carers and service providers and guide the approach to be undertaken by social work practitioners. As reported to the IJB Finance and Audit Committee in October 2017, a transformational change programme will be initiated to inform the future provision of overnight supports. This work will be

	ACTION
taken forward with the full involvement of service user and carer representatives. However, it is considered by GCHSCP that this programme of work requires to be guided by an explicit policy direction on a transition away from sleepover support. There was the opportunity to consider how to deliver overnight support in an efficient and effective way; to review and refresh current practices and models of care for safe and effective overnight support. Officers reported that the employment law governing the provision of sleepover and overnight supports had changed; and there has also been increase to the National Living Wage and a stated intention from the Scottish Government to apply the Scottish Living Wage to sleepover supports delivered in Scotland. Officers outlined the developments in existing technology and how this was used to support people to live in their own homes; and it was estimated that 4 in 5 people would be supported through existing technology. Existing technological solutions would be explored and the development of technology enabled care and support services, including clusters tenancies for overnight support within defined geographical areas. A wider range of stakeholders would participate in the change programme and findings would be presented in October 2018. Engagement is at the forefront of the programme and a baseline EQIA had been completed.	**Jackie Kerr**
The Chair confirmed that people will not lose support and would be assessed on an individual basis; people will have waking night support, if that was required. The following comments were made by the IJB: - The report was seen as risk enabling in supporting people to live independently. - Members discussed the report and queried if the £12m annual cost of sleepover included respite care. Officers confirmed that £12m was solely for sleepovers across the city. The Scottish Government had provided £12m for sleepovers and this was agreed by the IJB; the proposals were to look at the wider work and sustainability. There are also issues of working time directives and employment legislation in that people cannot be working to the arrangements they did previously. Members stated that the financial detail and requirement for change was not explicit in the report and requested that this is reflected in future reports.	**Jackie Kerr**
- Members also raised that engagement must be meaningful and queried if the timescales allowed sufficient time for this. Officers advised that engagement would take place with providers to look at the framework tender and different models of care; this would not be complete by October, but there would be a transitional plan.	**Jackie Kerr**
- Members asked that engagement also take place with the wider disabled community and not solely service users. Officers confirmed that all organisations would be included in the process.	**Jackie Kerr**
- Members stated that the report was not clear that those who required waking night cover would receive this; and sought reassurance that language in future reports be clearer for all readers and the public.	**Jackie Kerr**
- Papers should also be presented in a way where media interest is anticipated.	**Officers**
- Papers must be explicit in reasons for change needed and solutions required. Officers must consider information presented in future reports to ensure proposals are clear and there is an understanding of the impact upon service users and those with lived experience. Officers would reflect on how papers were presented in future.	**Officers**

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- Members requested that the technological opportunities in supporting people are more explicit in the paper; and show that there is an opportunity to improve services. **Jackie Kerr**

- Further information on EQIAs was requested in future reports. **Jackie Kerr**

The Council Trade Union Representative raised that a letter had been sent to David Williams from Deborah Clark, UNISON, concerning the decision affecting the Unison community and the level of engagement. Officers advised that a letter had been received and that an offer would be extended to Deborah Clark to meet with officers to discuss engagement. The letter would also be circulated to the IJB. **Susanne Millar**

Members discussed the recommendation and agreed that recommendation (a) as detailed in the report would be removed; and that recommendation (b) would be amended to '*the report provides the guide to a transitional change programme to review overnight supports, including recommending alternative arrangements to sleepover support and the transition timescales for doing so'.* **Jackie Kerr**

The Integration Joint Board:

a) agreed the report provides the guide to a transitional change programme to review overnight supports, including recommending alternative arrangements to sleepover support and the transition timescales for doing so; and
b) in the interim period before the conclusion of the transformational change programme, noted the direction being given to social work practitioners, as set out in paragraph 3.3.

10. DEVELOPMENT OF THE CITY CENTRE HUB AND REDESIGN OF OUT OF HOURS SERVICES

Ann-Marie Rafferty presented a report to update the Integration Joint Board on the development of the city centre multi agency hub proposal. Officers advised that this would target those specifically with complex needs. The City Ambition Network had been operating for the past 18 months, working with a small number of individuals, delivering a new collaborative interventionist approach for adults with multiple and complex needs. The approach allowed the opportunity to meet people's housing needs and then consider their health and social care needs; and would deliver basic needs of those presenting for the city centre population. The approach was a collaborative approach to bring partners and services together; and the project would also be a pathway for people into other services. The site was expected to be a shop front in the far end of Argyle Street, which would be leased by the Simon Community with contribution from the HSCP. Evaluation would also take place with partners and this process was still to be determined, but the direction of travel was clear.

Members welcomed the report and the opportunity for people to engage with other groups and pathways into services. Members also welcomed proposals for pets to be allowed in the centre.

The Board agreed that a date should be set for a future development session solely on homelessness. **Susanne Millar**

The Integration Joint Board:

a) approved the direction of travel for the developing Hub service as outlined in this report;
b) noted that whilst external funding is in place to deliver capital spend and initial running costs for the first 12 months, any sustainability and viability funding for the HSCP can only be considered after we test the concept, gather relevant evidence and evaluate the impact on outcomes and cost effectiveness;

c) committed to supporting this new initiative and to ongoing dialogue with partners to establish the extent of the resource allocation commitment, which will be subject to periodic review following implementation;

d) directed the Council to progress the proposals outlined in this report; and

e) instructed the Chief Officer to provide an update to the Performance Scrutiny Committee by the end of 2018.

11. IMPLEMENTATION OF CARER (SCOTLAND) ACT 2016

Stephen Fitzpatrick presented a paper to set out the intentions of the Carer Act, describe current service delivery model and a range of proposals and recommendations for the Integration Joint Board for Carer Act expenditure for 2018/19 to support the implementation of the Act and the delivery of services to carers through the established Glasgow Carer Partnership.

Officers advised that it was important to note that carers had been fully engaged in the development of the model. Carers had also been engaged through the IJB Public Engagement Committee and members from the North West Carers Group had attended the Committee in May. The current arrangements were outlined to members as per section 2 of the report, and the Board informed that Glasgow had made significant progress with 13,500 carers supported in the city since 2011. Officers explained the new financial framework and the proposal of the services for 2018/19 to ensure sustained provision in the third sector services outlined in the table at 3.4; these resources underpinned Glasgow's strong performance. There was also proposals for two posts of Principal Officer Carer Act Implementation Lead and Resource worker to support the work. It is the intention to target resources for those most in need and to respond to peoples carer needs and circumstances. It was also proposed that respite investment would double allowing 300 service users per annum to access between 2-8 weeks per annum. The short breaks would be tailored to individual's circumstances and officers would put measures in place to support carers.

Members referred to the financial detail included in the paper and where services would be capped; stating that this should be consistent within all papers presented to the IJB for transparency.

Members also referred to carer engagement through the IJB Public Engagement Committee and the valued work of the carer's centres, querying how the re-tendering process would affect them. Officers explained that the current tender was due to end and re-tendering was a routine process; the current services would be able to apply in the re-tendering process.

The Chair of the IJB Finance and Audit Committee referred to recommendation (d) that performance measures would be reported to the IJB Performance Scrutiny Committee; advising members that performance was a current remit of the Finance and Audit Committee, but acknowledged that the remit of all committees would be discussed at the IJB Development Session in August.

Members also highlighted the importance of carer involvement in the planning of carer services and that early intervention for people in crisis must be a focus. Also that working with Education Services was important and to acknowledge that carers other than the primary carer can be impacted upon too.

It was requested and agreed that the vacancies detailed at section 3.9 of the report would be available to the third sector; and officers would identify how this would be progressed.

Stephen Fitzpatrick

The Integration Joint Board:

a) noted the intentions of the Carer Act and the duties and powers for integration authorities;
b) noted the planning and service delivery infrastructures of Glasgow Carer Partnership, the central role of the 3rd sector and its readiness to deliver on the intentions of the Act;
c) agreed the proposals set out in this paper which seek to consolidate carer funding, sustain current service and to further enhance the capacity to deliver on the intentions of the Act; and
d) instructed the Chief Officer to provide a progress report on implementation, including developed performance measures to the Performance Scrutiny Committee by the end of 2018. This report should reflect carers' feedback on these proposals and their impact.

12. ANNUAL GOVERNANCE STATEMENT

Duncan Black presented a report to present to the Integration Joint Board the Annual Governance Statement for the Glasgow City Integration Joint Board for 2017/18. The report was presented to the IJB Finance and Audit Committee on 13th June along with the Chief Internal Auditors Annual Report for 2017/18; and was presented to the IJB for approval.

Sections 1-4 of the report provided detail of the governance arrangements in place; there was a requirement to note any significant issues and if there had been any unsatisfactory opinions issued. There were no unsatisfactory opinions issued in 2017/18. An update on significant governance issues reported previously was included for the ongoing issue of agreeing a balanced budget. The annual opinion was of reasonable assurance and the Chief Officer and Chair were asked to approve the Statement for certification to be included in the unaudited annual accounts.

The Integration Joint Board:

a) approved the Annual Governance Statement; and
b) directed the Chief Officer, Finance and Resources, to include this statement in the Unaudited Annual Accounts.

13. OUTTURN REPORT 2017-18

Sharon Wearing presented a report to provide a high level overview of the Integration Joint Board's outturn position for 2017/18, and to seek approval for the transfer of funds to reserves to allow completion of the Integration Joint Board's accounts by the statutory deadline of 30 September 2018.

Sharon advised that the outturn report presented was the final format and that the draft had been presented to the IJB Finance and Audit Committee on 13th June for consideration. Section 2 of the report presented the approved budget changes for Month 10/Period 12; section 3 provided detail of the Reserves Policy; and section 4 outlined the outturn position, with the forecast budget spend for 2017-18 £3.946m against which an underspend of £4.200m was actually delivered. The earmarked reserves carry forwards proposals were outlined in the table at section 4.3 of the report.

The set-aside budget continued to be progressed and this would be presented to the IJB at a future date.

Sharon Wearing

The Integration Joint Board:

a) approved the transfer to Earmarked Reserves of £19.617m as outlined in paragraph 4.3;
b) noted the contents of this report; and

c) approved the Annual Financial Statement for 2018-19.

14. UNAUDITED ANNUAL ACCOUNTS

Sharon Wearing presented to the Integration Joint Board the Unaudited Annual Accounts for the year ended 31 March 2018. The unaudited annual accounts had been considered by the IJB Finance and Audit Committee on 13th June. Officers advised that the hosted services delivered by Glasgow were reported differently for 2017/18; the IJB is considered to be acting as 'principal', and the full costs for the services which it hosts are reflected in the financial statements.

The Integration Joint Board:

a) noted the IJB's Unaudited Annual Accounts;
b) approved the submission of the Unaudited Annual Accounts to Audit Scotland; and
c) approved the timetable for the sign-off the Annual Accounts in appendix 2.

15. ANNUAL PERFORMANCE REPORT

Susanne Millar presented the Annual Performance Report for the Health and Social Care Partnership for the year 2017/18. The IJB was required to agree the report before this was submitted to the Scottish Government. The report covered five key priority areas and the key performance indicators and national indicators were outlined in the report. The report showed the successes of the HSCP for 2017/18 and also significant areas for improvement.

The Board requested that a public facing document be produced to coincide with the final report. Officers confirmed that this would be produced. **Susanne Millar**

The Integration Joint Board:

a) approved the attached Annual Performance Report;
b) noted that some final year-end figures will be included once available; and
c) approved that responsibility for any final amendments to the report to incorporate these year-end figures will be delegated to the Chief Officer.

16. HSCP Q4 PERFORMANCE REPORT 2017/18

The Integration Joint Board:

a) noted the attached performance report for Quarter 4 of 2017/18.

17. GLASGOW CITY IJB DIRECTIONS – ANNUAL REPORT

The Integration Joint Board:

a) noted this report.

18. GLASGOW CITY INTEGRATION JOINT BOARD - DIRECTIONS

The Integration Joint Board :

a) noted the summary of current directions.

19. GLASGOW CITY INTEGRATION JOINT BOARD – FUTURE AGENDA ITEMS

The Integration Joint Board noted the future agenda items.

ACTION

20. NEXT MEETING

The next meeting was noted as Wednesday, 19th September 2018 at 9.30am in the Boardroom, Commonwealth House, 32 Albion Street, Glasgow, G1 1LH.

The meeting ended at 1pm

GLASGOW CITY INTEGRATION JOINT BOARD

ITEM No 6

ROLLING ACTION LIST

Ref No.	Meeting Date and Paper Number	Action	Responsible Officer	Timescale	Progress / Update / Outcome	Status
18	15 March 2017, item 7	**Financial Allocations and Budget for 2017/18** - Report on capital costs due to remodelling a number of houses, due to change in service provision to be provided when appropriate.	Patrick Flynn	March-2018	Members requested at the IJB on 9th May that an update be received on this action. Members raised on 20th June that they were unhappy with the lack of response for this action and agreed that the Chair would write to Patrick Flynn.	Open
39	8 November 2017, item 7	**Older People's Transformational Change Programme 2018-21** - report to be presented on the set-aside budget.	Sharon Wearing	Ongoing	On agenda for Finance Development Group chaired by Scottish Government, Health Department. A letter on the set-aside budget was circulated to IJB members on 28th August 2018.	Open
41	8 November 2017, item 14	**Moving Forward Together: NHS GGC's Health and Social Care Transformational Strategy Programme** - the engagement process to be reported through the IJB Public Engagement Committee.	Susanne Millar		Officers from the HSCP are scheduled to meet with colleagues from the Health Board on 22 January 2018 for an initial discussion about the approach to local engagement for the Moving Forward Together programme. An engagement plan will be developed, and an update will be provided to the Public Engagement Committee at a future meeting, dependent on timescales within the Moving Forward Together programme. A report was presented to the IJB Public Engagement Committee on 29th August.	Closed
42	24 January 2018, item 6	**Adult Services Transformational Change Programme 2018-2021** - A paper could be produced on the approach to evaluation and presented to an IJB Committee.	Susanne Millar	August 18	A report was presented to the IJB Performance Scrutiny Committee on 1st August 2018.	Closed
44	24 January 2018, item 8	**Carer Act Implementation Update and Eligibility Criteria** - the write up of the Carers Act event chaired by the third sector would be circulated to members.	Shona Stephen			Open
48	21 March 2018, item 15	**IJB Committee Appointments - Chairs and Vice Chairs** - Cllr Hunter would arrange to fill the vacancies of Vice Chair for the IJB Public Engagement Committee and a Council voting member for the IJB Performance Scrutiny Committee.	Cllr Hunter		The IJB agreed on 20th June that Cllr Long will become Vice Chair of the IJB Public Engagement Committee. Cllr Hunter would progress the vacancy on the IJB Performance Scrutiny Committee.	Open
49	20 June 2018, item 15	**Annual Performance Report** - a public facing document would be produced to coincide with the final report.	Susanne Millar	Sept-18	The summary version of the Annual Performance Report 207-18 summary report is available at: https://glasgowcity.hscp.scot/publication/summary-version-annual-performance-report-2017-2018	Closed

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AUDIT SCOTLAND

Glasgow City Integration Joint Board
Commonwealth House
32 Albion Street
Glasgow
G1 5ES

19 September 2018

Glasgow City Integration Joint Board
Audit of 2017/18 annual accounts

Independent auditor's report

1. Our audit work on the 2017/18 annual accounts is now substantially complete. Subject to receipt of a revised set of annual accounts for final review, we anticipate being able to issue unqualified audit opinions in the independent auditor's report on 21 September 2018 (the proposed report is attached at **Appendix A**).

Annual audit report

2. Under International Standards on Auditing in the UK, we report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We present for the Glasgow City Integration Joint Board's consideration our draft annual report on the 2017/18 audit. The section headed "Significant findings from the audit in accordance with ISA 260" sets out the issues identified in respect of the annual accounts.

3. The report also sets out conclusions from our consideration of the four audit dimensions that frame the wider scope of public audit as set out in the Code of Audit Practice.

4. This report will be issued in final form after the annual accounts have been certified.

Unadjusted misstatements

5. We also report to those charged with governance all unadjusted misstatements which we have identified during the course of our audit, other than those of a trivial nature and request that these misstatements be corrected. We have no unadjusted misstatements to bring to your attention.

Representations from the Chief Officer (Finance and Resources)

6. As part of the completion of our audit, we are seeking written representations from the Chief Officer (Finance and Resources) on aspects of the annual accounts, including the judgements and estimates made.

7. A draft letter of representation is attached at **Appendix B**. This should be signed and returned to us by the Chief Officer (Finance and Resources) with the signed annual accounts prior to the independent auditor's report being certified.

APPENDIX A: Proposed Independent Auditor's Report

Independent auditor's report to the members of Glasgow City Integration Joint Board and the Accounts Commission

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Glasgow City Integration Joint Board for the year ended 31 March 2018 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (the 2017/18 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2017/18 Code of the state of affairs of the body as at 31 March 2018 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2017/18 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the Glasgow City Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Officer (Finance and Resources) has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Responsibilities of the Chief Officer (Finance and Resources) and the Finance and Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Officer (Finance and Resources) is responsible for the preparation of financial statements that give a true and fair view in

accordance with the financial reporting framework, and for such internal control as the Chief Officer (Finance and Resources) determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Officer (Finance and Resources) is responsible for assessing the Glasgow City Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Finance and Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Officer (Finance and Resources) is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

David McConnell MA CPFA

Audit Director (Audit Services)
Audit Scotland
4th Floor, South Suite
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

September 2018

APPENDIX B: Letter of Representation (ISA 580)

David McConnell, Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

Dear David

Glasgow City Integration Joint Board
Annual Accounts 2017/18

1. This representation letter is provided in connection with your audit of the annual accounts of Glasgow City Integration Joint Board for the year ended 31 March 2018 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.

2. I confirm to the best of my knowledge and belief, and having made appropriate enquiries of the Glasgow City Integration Joint Board, the following representations given to you in connection with your audit of Glasgow City Integration Joint Board's annual accounts for the year ended 31 March 2018.

General

3. Glasgow City Integration Joint Board and I have fulfilled our statutory responsibilities for the preparation of the 2017/18 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by Glasgow City Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.

4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (2017/18 accounting code), mandatory guidance from LASAAC, and the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.

6. In accordance with The Local Authority Accounts (Scotland) Regulations 2014, I have ensured that the financial statements give a true and fair view of the financial position of the Glasgow City Integration Joint Board at 31 March 2018 and the transactions for 2017/18.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2017/18 accounting code, where applicable. Where the code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to Glasgow City Integration Joint Board's circumstances and have been consistently applied.

8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

9. I have assessed Glasgow City Integration Joint Board's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on Glasgow City Integration Joint Board's ability to continue as a going concern.

Fraud

10. I have provided you with all information in relation to
    - my assessment of the risk that the financial statements may be materially misstated as a result of fraud
    - any allegations of fraud or suspected fraud affecting the financial statements
    - fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

11. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

12. All material transactions with related parties have been disclosed in the financial statements in accordance with the 2017/18 accounting code. I have made available to you the identity of all the Glasgow City Joint Board related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

13. The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014, and all required information of which I am aware has been provided to you.

Management commentary

14. I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

Corporate Governance

15. I confirm that the Glasgow City Integration Joint Board has undertaken a review of the system of internal control during 2017/18 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.

16. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2018, which require to be reflected.

Balance Sheet

17. All events subsequent to 31 March 2018 for which the 2017/18 accounting code requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Sharon Wearing

Chief Officer (Finance and Resources)
Glasgow City Integration Joint Board

Glasgow City Integration Joint Board

2017/18 Annual Audit Report - DRAFT

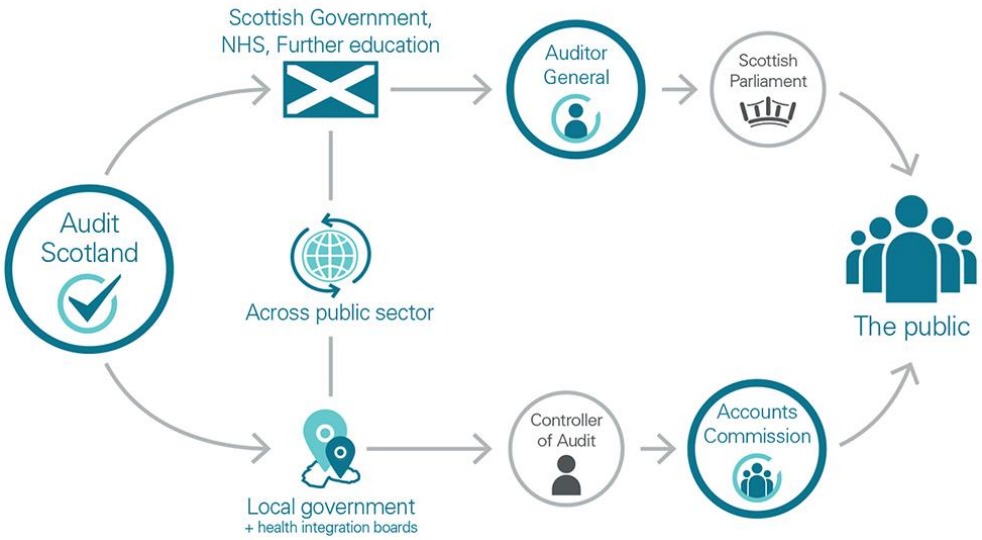
AUDIT SCOTLAND

Prepared for Glasgow City Integration Joint Board and the Controller of Audit
September 2018

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

Contents

Key messages

2017/18 annual accounts

1 In our opinion Glasgow City Integration Joint Board's financial statements give a true and fair view and were properly prepared.

2 The management commentary, audited part of the remuneration report and annual governance statement were consistent with the financial statements and were prepared in accordance with applicable guidance.

Financial management and sustainability

3 Glasgow City Integration Joint Board has appropriate and effective budgetary processes and arrangements in place which provide timely and reliable information for monitoring financial performance.

4 The net cost of delivering health and social care services to the residents of Glasgow City in 2017/18 was £1,156.023 million. This resulted in an underspend of £12.066 million against allocated funding.

5 This underspend has been transferred into reserves, and has been earmarked for specific purposes, in line with the IJB's approved reserves policy.

6 The IJB has a savings target of £16.964 million for 2018/19. A number of challenges also exist including the ending of the prescribing risk sharing arrangement with NHS Greater Glasgow and Clyde. This will present the IJB with a challenging financial environment in which to deliver services within its available funding.

Governance, transparency and value for money

7 The IJB has appropriate governance arrangements in place, providing a framework for effective organisational decision making and to support good governance and accountability.

8 The IJB commissions its home care and associated services from Cordia (Services) LLP, a Glasgow City Council ALEO. Cordia is to be wound up, with functions and staff transferring back into the council by 30 September 2018. This is a short timeframe and the IJB should continue to engage with the council to ensure that the commissioning of homecare services is not impacted during the restructure.

9 The IJB published its annual performance report in June 2018, in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

Introduction

1. This report is a summary of our findings arising from the 2017/18 audit of Glasgow City Integration Joint Board (the IJB).

2. The scope of our audit was set out in our Annual Audit Plan presented to the February 2018 meeting of the Finance and Audit Committee. This report comprises the findings from:

- an audit of the IJB's annual accounts
- consideration of the four audit dimensions that frame the wider scope of public audit set out in the *Code of Audit Practice 2016* as illustrated in Exhibit 1.

Exhibit 1
Audit dimensions

Source: *Code of Audit Practice 2016*

3. The main elements of our audit work in 2017/18 have been:

- a review of the IJB's main financial systems
- an audit of the IJB's 2017/18 annual accounts including issuing an independent auditor's report setting out our opinions
- consideration of the four audit dimensions.

4. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices.

5. The IJB is responsible for compliance with legislation, and putting arrangements in place for governance, propriety and regularity that enable it to successfully deliver its objectives.

6. Our responsibilities as independent auditor appointed by the Accounts Commission are established by the Local Government (Scotland) Act 1973, the *Code of Audit Practice (2016)*, supplementary guidance, and International Standards on Auditing in the UK.

7. As public sector auditors we give independent opinions on the annual accounts. We also review and provide conclusions on the effectiveness of the IJB's performance management arrangements, suitability and effectiveness of corporate governance arrangements, and financial position and arrangements for securing financial sustainability. In doing this, we aim to support improvement and accountability.

8. Further details of the respective responsibilities of management and the auditor can be found in the Code of Audit Practice (2016) and supplementary guidance.

9. The weaknesses or risks identified in this report are only those that have come to our attention during our normal audit work and may not be all that exist.

10. Our annual audit report contains an agreed action plan at Appendix 1 setting out specific recommendations, responsible officers and dates for implementation. It also includes outstanding actions from last year and progress against these.

11. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can confirm that we have not undertaken any non-audit related services and therefore the 2017/18 audit fee of £24,000, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

Adding value through the audit

12. Our aim is to add value to IJB by increasing insight into, and offering foresight on financial sustainability, risk and performance and by identifying areas of improvement and recommending / encouraging good practice. In so doing, we aim to help the IJB promote improved standards of governance, better management and decision making and more effective use of resources.

13. This report is addressed to both the board and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk.

14. We would like to thank all management and staff who have been involved in our work for their co-operation and assistance during the audit.

Part 1

Audit of 2017/18 annual accounts

Main judgements

In our opinion, the IJB's financial statements give a true and fair view and were properly prepared.

The management commentary, audited part of the remuneration report and the annual governance statement were consistent with the financial statements and were prepared in accordance with applicable guidance.

Audit opinions on the annual accounts

15. The annual accounts for the year ended 31 March 2018 were approved by the board on 19 September 2018 (TBC). We reported within our independent auditor's report that in our opinion:

- the financial statements give a true and fair view and were properly prepared
- the audited part of the remuneration report, management commentary, and the annual governance statement were all consistent with the financial statements and properly prepared in accordance with proper accounting practices.

16. Additionally, we have nothing to report in respect of those matters which we are required by the Accounts Commission to report by exception.

The annual accounts are the principal means of accounting for the stewardship of the board's resources and its performance in the use of those resources.

Submission of annual accounts for audit

17. We received the unaudited annual accounts on 20 June 2018 in line with our agreed audit timetable.

18. Financial information was provided to the IJB from the partner bodies in a timely manner in order to allow them to produce the annual accounts before the statutory deadline. The IJB's partner bodies provided letters of assurance to the IJB, confirming the completeness and accuracy of the figures provided.

19. The IJB also submitted financial information to NHS Greater Glasgow and Clyde for consolidation purposes, in order for the health board to meet its statutory deadline of 30 June 2018 for its annual report and accounts.

20. The working papers provided with the unaudited annual accounts were of a good standard and the Chief Officer (Finance and Resources) and the Assistant Chief Officer (Finance) both provided good support to the audit team which helped ensure the audit process ran smoothly.

Risks of material misstatement

21. Appendix 2 provides a description of those assessed risks of material misstatement and wider dimension risks that were identified during the audit planning process, how we addressed these and our conclusions. These risks had

the greatest effect on the overall audit strategy, the allocation of staff resources to the audit and directing the efforts of the audit team.

Materiality

22. Misstatements are material if they could reasonably be expected to influence the economic decisions taken based on the financial statements. The assessment of what is material is a matter of professional judgement. It involves considering both the amount and nature of the misstatement. It is affected by our perception of the financial information needs of users of the financial statements.

23. Our initial assessment of materiality for the annual accounts was carried out during the planning phase of the audit. We assess the materiality of uncorrected misstatements, both individually and collectively. The assessment of materiality was recalculated on receipt of the unaudited financial statements and is summarised in Exhibit 2. The recalculated values were not significantly different to those calculated during the planning stage, and therefore did not have an impact on our audit approach.

Exhibit 2
Materiality values

Materiality level	Recalculated level
Overall materiality – 1% of gross expenditure for year ended 31 March 2018	£12.920 million
Performance materiality – calculated at 65% of overall materiality	£8.400 million
Reporting threshold – calculated at 5% of overall materiality, capped at £100,000	£100,000

Source: Audit Scotland

Evaluation of misstatements

24. There were no material adjustments to the unaudited financial statements arising from our audit.

Significant findings from the audit in accordance with ISA 260

25. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance. There was one significant finding arising from the 2017/18 audit, relating to the accounting treatment of hosted services, as detailed in Exhibit 3.

26. Our findings include our views about significant qualitative aspects of the board's accounting practices including:

- Accounting policies
- Accounting estimates and judgements
- Significant financial statements disclosures
- Timing of transactions and the period in which they are recorded
- The impact on the financial statements of any uncertainties
- The effect of any unusual transactions on the financial statements

- Misstatements in the annual report and accounts
- Disagreement over any accounting treatment or financial statements disclosure

Exhibit 3
Significant findings from the audit of the financial statements

Issue	Resolution
1. Hosted Services - Restatement There are six IJBs in the NHS Greater Glasgow and Clyde area. Each IJB hosts certain services on behalf of the other IJBs and receives funding from partners towards the cost of providing the service. The agreed arrangement is that where an IJB hosts a service, that IJB is responsible for the effective management of that service. Any overspend on the provision of the hosted service is the responsibility of that IJB, and any underspend is retained by the hosting IJB. In 2016/17, an adjustment was made to the annual accounts to eliminate the cost of services hosted on behalf of others, and to account for the cost of the services that are hosted on the IJB's behalf. This implied that the hosting IJB was acting as an agent. Following review of this arrangement, officers determined that the arrangement in place was in fact one where the hosting IJB acts as a principal in the transaction. Where an entity is acting as a principal, the full costs of the service should be reflected in the annual accounts.	Hosted services have been accounted for as a principal arrangement in the 2017/18 financial statements. The 2016/17 comparative figures in the annual accounts have been restated to reflect the revised accounting arrangements. This has resulted in an increase to the prior year net expenditure in the Comprehensive Income and Expenditure Statement of £17.766 million, and a corresponding increase in the taxation and non-specific grant income. The net impact on the 2016/17 surplus on the provision of services as a result of the restatement is nil. A disclosure note has also been added to the financial statements explaining this change in treatment between financial years. We have reviewed management's accounting treatment of hosted services, including the additional narrative disclosures, as part of our 2017/18 financial statements audit work and have concluded that it is in accordance with accounting requirements.

Other findings

27. Our audit identified a number of presentational and disclosure issues in the unaudited financial statements. These were discussed with management and were adjusted for and subsequently reflected in the audited financial statements.

28. We identified one error above our reporting threshold of £0.1 million. The capital financing costs included in the unaudited financial statements were understated by £0.282 million. This was subsequently adjusted by management and has been reflected in the audited financial statements. The impact of this adjustment was to increase the net cost of services by £0.282 million, with a corresponding increase in taxation and non-specific grant income. There was no impact on the IJB's surplus for the year as a result of this adjustment.

Good practice in financial reporting

29. Audit Scotland published a good practice note, '*Improving the quality of local authority accounts – integration joint boards,*' in April 2018. We have considered the IJB's accounts against this note and concluded that the accounts reflect elements of good practice. We noted improvements in the presentation of the annual accounts in 2017/18, in particular within the management commentary.

Follow up of prior year recommendations

30. We have followed up actions agreed in 2016/17 to assess progress with implementation. These are reported in Appendix 1. In total, two agreed actions were reported in 2016/17, and both matters have now been addressed.

Part 2

Financial management and sustainability

Main judgements

The IJB has appropriate and effective budgetary processes and arrangements in place which provide timely and reliable information for monitoring financial performance.

The net cost of delivering health and social care services to the residents of Glasgow City in 2017/18 was £1,156.023 million. This was an underspend of £12.066 million against allocated funding.

The IJB has a savings target of £16.964 million for 2018/19. A number of challenges also exist including the ending of the prescribing risk sharing arrangement with NHS Greater Glasgow and Clyde. This will present the IJB with a challenging financial environment in which to deliver services within its available funding.

Financial management

31. Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. It is the board's responsibility to ensure that its financial affairs are conducted in a proper manner.

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

32. As auditors, we need to consider whether audited bodies have established adequate financial management arrangements. We do this by considering a number of factors, including whether:

- the Chief Officer (Finance and Resources) has sufficient status to be able to deliver good financial management
- standing financial instructions and standing orders are comprehensive, current and promoted within the IJB
- reports monitoring performance against budgets are accurate and provided regularly to budget holders
- monitoring reports do not just contain financial data but are linked to information about performance
- IJB members provide a good level of challenge, including on significant budget variances.

33. We reviewed the financial regulations and standing orders that are in place within the IJB and consider these to be comprehensive and fit for purpose.

34. The board receives financial monitoring reports each period, outlining expenditure against budget in the delivery of the health and social care services as described within the IJB's strategic plan. Budget changes made during the period

and explanations for key variances against budget are detailed in the monitoring reports. Budget monitoring reports are also reviewed at each meeting of the IJB's Finance and Audit Committee. Improvements have been made to the budget monitoring reports in 2017/18, and each period the reports detail the amount of reserves to be drawn down to fund expenditure along with the amount available to be transferred into reserves at year end.

Systems of internal control

35. The IJB is reliant on the systems of its partner bodies; NHS Greater Glasgow and Clyde and Glasgow City Council for its key financial systems, including ledger and payroll. All IJB transactions are processed through the respective partners' systems and all controls over these systems are within the partner bodies, rather than the IJB.

36. As part of our audit approach, and in accordance with ISA 402, we sought assurances from the external auditors of NHS Greater Glasgow and Clyde and Glasgow City Council and confirmed there were no weaknesses in the systems of internal control for those bodies, specifically around the systems relied on by the IJB.

Financial performance in 2017/18

37. The IJB does not hold any assets, nor does it directly incur expenditure on or employ staff, other than the Chief Officer and the Chief Officer (Finance and Resources). All funding and expenditure for the IJB is incurred by partner bodies and processed in their accounting records. Satisfactory arrangements are in place to identify this income and expenditure and report this financial information to the IJB.

38. The IJB's financial statements show an underspend of £12.066 million against its funding allocation for 2017/18, as detailed in Exhibit 4. The full underspend has been taken to reserves and earmarked for specific purposes in 2018/19.

Exhibit 4
Performance against budget

2017/18 IJB budget outturn summary	NHS Greater Glasgow and Clyde £m	Glasgow City Council £m	Total £m
Funds Allocated	777.690	390.400	**1,168.090**
Total Expenditure			**1,156.024**
Variance			**12.066**

Source: 2017/18 Glasgow City Integration Joint Board Annual Accounts

39. The IJB also utilised £7.551 million of reserves that had been earmarked in 2016/17 for future use. When taking into account the drawdown of these reserves, an underspend position of £19.617 million was realised. The detailed movement in the IJB's general fund reserve is illustrated at Exhibit 5.

40. The main reasons for the underspend relate to the early delivery of planned efficiencies such as an underspend within Children's Services (£2.577 million), non-utilisation of budgeted contingency (£1.725 million) and commitments made in

year that will not be realised until future years. These commitments include funding received for the delivery of local and national priorities including Primary Care and Mental Health Transformation (£12.412 million).

Reserves strategy

41. Reserves are an integral part of the medium and longer term financial planning of the IJB and its financial sustainability. A reserves policy was approved by the board in December 2016 and reserves are held by the IJB as a contingency to mitigate the impact of unanticipated overspends and also to meet specific future commitments. When determining the target level of reserves to be held, the IJB considered the strategic, operational and financial risks facing it faces in the medium term. Based on the size and scale of the IJB, the board set a target level of unallocated general reserves at 2% of net expenditure.

42. The IJB's underspend in 2017/18 was transferred into earmarked reserves, with no contribution to unearmarked reserves in year. The balance of the IJB's unallocated contingency remains at £7.429 million, carried forward from 2016/17. This equates to 0.6% of the IJB's net expenditure in year, and although this is a slight reduction in percentage terms from 2016/17, the IJB continues to make progress towards its longer-term target of 2%.

Exhibit 5

2017/18 General fund reserve

2017/18 general fund movements in reserves	Unallocated contingency £m	Earmarked for specific use £m	Total general fund balance £m
Balance at 1 April 2017	7.429	11.880	19.309
Increase in 2017/18		19.617	19.617
Reserves utilised in 2017/18		(7.551)	(7.551)
Balance at 31 March 2018	**7.429**	**23.946**	**31.375**

Source: 2017/18 Glasgow City Integration Joint Board Annual Accounts

Savings requirement

43. NHS boards and councils have faced several years of financial constraints and this is expected to continue in future years. The aging populations and increasing numbers of people with long term conditions and complex needs have already placed significant pressure on health and social care budgets. This puts further pressure on IJB finances and resources.

44. The maintenance of a sound financial position going forward is dependent on achieving significant savings to bridge the gap between available funding from current sources and the cost of services.

45. The IJB requires to make savings to maintain financial balance. In 2017/18 the IJB agreed savings plans totalling £18.615 million. At the end of the financial year, the IJB had delivered savings of £17.850 million, 96% of target. For 2018/19, the combined savings target for the IJB is £16.964 million, and a savings programme was approved by the IJB in May 2018.

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

Homecare services

46. Cordia (Services) LLP (Cordia), an Arms Length External Organisation (ALEO) of Glasgow City Council, provides a wider range of services including facilities management, hospitality and care services. In 2017/18 it budgeted to return a surplus of £3.5 million to the council, generated across all service provision, however this was not achieved.

47. The IJB has commissions homecare and associated services from Cordia. Homecare services are commissioned from Cordia at a fixed price, with the financial risk around overspending on service provision currently borne by Cordia. Following a decision by the council to bring Cordia services in-house, the existing contractual arrangement will be replaced from the end of September 2018. Under the new arrangements, the IJB will commission homecare and associated services from the in-house service, however it will no longer be protected from financial pressures relating to the delivery of these services.

Prescribing pressures

48. From 1 April 2018, the prescribing risk sharing agreement between NHS Greater Glasgow and Clyde and the six IJBs in the health board area is no longer in place. Previously, any over or underspend on the IJB's prescribing budget was retained within the health board, with the IJB recognising a breakeven position against its prescribing budget. A number of factors have increased pressures on prescribing budgets recently, including national price increases, the extent of off-patent savings being achieved and price rises due to short supply. As a result of the risk sharing agreement no longer being in place, the IJB may experience increased financial pressures from 2018/19 onwards.

49. The prescribing pressure, per the financial allocation from NHS Greater Glasgow and Clyde was forecast to be £5.401 million for 2018/19. This was subsequently revised downwards to £3.130 million due to an improvement to the forecast. When agreeing a balanced budget for 2018/19, the IJB included £2.271 million as a specific contingency within the prescribing budget in order to protect against the volatility of price fluctuations.

50. IJB officers hold regular meetings with prescribing colleagues at NHS Greater Glasgow and Clyde and receive monthly reports in order to monitor prescribing costs and the delivery of prescribing financial savings against targets set.

Financial planning

51. The IJB allocates the resources it receives from the health board and council in line with its strategic plan. The current strategic plan was approved by the board in March 2016, and covers the period 2016-2019.

52. The IJB underspent by £12.066 million in 2017/18. This has been transferred into reserves, and will be used to fund projects in 2018/19 and future years.

53. The board considered the 2018/19 financial allocations and budgets at its meeting in March 2018 and conditionally accepted these, pending further discussions with Glasgow City Council regarding the allocation of corporate savings to the IJB, and the formal budget offer received from NHS Greater Glasgow and Clyde. Updated allocations and budgets of £411.843 million to Glasgow City Council and £653.321 million to NHS Greater Glasgow and Clyde, along with associated savings programmes, were subsequently approved in May 2018.

54. When setting the 2018/19 budget, the IJB utilised its in-built contingency of £2.850 million to address specific pressures faced in 2018/19, including £2.1 million to cover unallocated health board savings from prior years. Utilising the full contingency budget at this early stage will require financial performance to be closely managed throughout the financial year.

55. The Chief Officer (Finance and Resources) presented an update on the IJB's medium term financial planning to the February 2018 meeting of the Finance and Audit Committee. This paper outlined the financial pressures that would impact on the IJB's budget on future years, and the financial planning assumptions made over the medium term. Based on these assumptions, the IJB will need to deliver annual savings of 4% per annum, equating to £89 million of savings, to deliver a balanced budget over the three-year period from 2019/20 to 2021/22.

56. In June 2018, Internal Audit reported that the IJB's three year strategic plan only contained one year's financial information. The Integrated Resource Advisory Group (IRAG) guidance suggests that the partner organisations should aim to provide IJBs with an indicative three-year allocation (subject to annual approval). Current financial planning arrangements are limited to a one-year financial budget, which increases the risk that the budget is not aligned to the strategic plan deliverables.

57. Work is currently underway to prepare a three-year financial plan, and it is anticipated that this will be reported to the IJB early in 2019. The refreshed strategic plan will also include three years' worth of financial information.

Set aside

58. Set aside is the amount of budget attributable to the IJB in respect of the delegated services that are carried out in an acute or large hospital setting. The 2017/18 set aside of £120.803 million is a notional amount based on the average of 2013/14 and 2014/15 acute hospital activity, with a 1% uplift applied.

59. The Scottish Government issued statutory guidance to Directors of Finance at NHS boards on set aside process for 2017/18 and outlined expectations going forward around improvements to the process for making allocations to integration authorities. The Director of Finance of NHS Greater Glasgow and Clyde responded to the Scottish Government in June 2018, on behalf of the six integration authorities in their area, setting out progress to date. A working group was established in 2017 and involves representatives from NHS Greater Glasgow and Clyde and the IJBs within the geographical area, along with Scottish Government representatives and Information Services and Planning staff.

60. The group are currently developing datasets which will be used to establish baseline costs for set aside on a cost per bed day tariff, alongside a methodology for quantifying changes based on projected bed capacity. An accountability framework, to be agreed by Glasgow City and the five other IJBs, will be drawn up to clarify the relevant risk sharing arrangements. This framework will be informed by joined up commissioning plans across the IJBs. We will monitor progress in developing these arrangements as part of the 2018/19 audit.

Other matters

Review of assisted garden maintenance

61. The IJB currently spends £1.290 million annually on assisted garden maintenance, which is delivered to approximately 15,000 residents across the city. A review is currently underway to ensure that this service is only provided to those who are eligible to receive assistance, with the potential of realising savings in this area. Further updates will be provided to the IJB throughout 2018/19.

Part 3

Governance, transparency and value for money

Main judgements

The IJB has appropriate governance arrangements in place, providing a framework for effective organisational decision making and to support good governance and accountability.

The IJB commissions its home care and associated services from Cordia, a Glasgow City Council ALEO. Cordia is to be wound up, with functions and staff transferring back into the council by 30 September 2018. This is short timeframe and the IJB should continue to engage with the council to ensure that the commissioning of homecare services is not impacted during the restructure.

The IJB published its annual performance report in June 2018, in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

Governance arrangements

62. The IJB has 32 members, and is comprised of 16 voting members; eight elected members of Glasgow City Council and eight non-executive members of NHS Greater Glasgow and Clyde as well as a number of professional members and stakeholder representatives. The board is responsible for the strategic planning, management and delivery of the health and social care services delegated to it in line with the integration scheme in place between Glasgow City Council and NHS Greater Glasgow and Clyde.

63. The board is supported by a Finance and Audit Committee, a Performance Scrutiny Committee and a Public Engagement Committee, as well as its management team, including the Chief Officer, the Chief Officer (Finance and Resources) and the Chief Social Work Officer.

64. As the IJB developed, it was acknowledged that there was an increasing volume of reports being taken to the board; a combination of those requiring approval and decision, and those for information and noting only. Large agendas impact on the availability of time for scrutiny and challenge by members. To address this, in September 2017 the IJB revised its committee structure and terms of reference for committees. The revised committee structure creates additional capacity within the IJB's committees, freeing up more time for the board to focus on strategic matters and policy development.

65. The Executive Committee was re-designated as a Performance Scrutiny Committee, and meets on a quarterly basis. The Performance Scrutiny Committee focuses on the operational matters directly linked to service delivery including performance management, professional and clinical governance, and updates on progress on key pieces of work. The reconstituted Executive Committee will now only discharge functions of the IJB as required when urgent, between meetings of the board.

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information.

66. The board and its committees meet on a regular basis throughout the year. We review the minutes and papers of all board and Finance and Audit Committee meetings in order to assess their effectiveness. In addition, we periodically attend and observe meetings of the board and Finance and Audit Committee.

67. We concluded that overall the board has appropriate governance arrangements in place and they provide a framework for effective organisational decision making, continuing to support good governance and accountability.

Transparency

68. Transparency means that the public has access to understandable, relevant and timely information about how the IJB is taking decisions and how it is using resources.

69. Full details of the meetings held by the IJB are available through the Glasgow City Health and Social Care Partnership website. Board and committee papers, along with minutes of meetings, are publicly available and members of the public are permitted to attend and observe scheduled meetings. Public notice of each meeting is given on the website.

70. Overall, we concluded that the IJB conducts its business in an open and transparent manner.

Internal audit

71. Internal audit provides the IJB and Accountable Officer with independent assurance on the IJB's overall risk management, internal control and corporate governance processes.

72. The internal audit function is carried out by the internal audit department of Glasgow City Council. We carried out a review of the adequacy of the internal audit function and concluded that operates accordance with the Public Sector Internal Audit Standards (PSIAS) and has sound documentation standards and reporting procedures in place.

73. To avoid duplication of effort we place reliance on the work of internal audit wherever possible. We did not place any formal reliance on internal audit reviews for the purpose of obtaining direct assurance for our financial statements audit work. However, we did consider internal audit's findings in respect of our wider dimension audit responsibilities, including their reviews of:

- the IJB's risk management arrangements
- the IJB's financial planning
- the strategic plan and compliance with the integration scheme, and
- the adequacy of the arrangements in place for providing directions to NHS Greater Glasgow and Clyde and Glasgow City Council.

74. Internal audit has developed good working arrangements with the IJB's partner bodies in order to facilitate information sharing relevant to the audit of the IJB. We reported in our 2016/17 annual audit report that although the arrangements in place between the IJB's internal auditors and the partner bodies for information sharing and rights of access were working well, there was scope to formalise those arrangements to ensure continued access and information sharing, should these arrangements or working arrangements change going forward.

75. From 1 April 2018, Scott Moncrieff took over the internal audit function at NHS Greater Glasgow and Clyde. We have been advised that internal audit plan to meet

with the new internal auditors in the near future in order to discuss the working arrangements going forward.

Standards of conduct and arrangements for the prevention and detection of bribery and corruption

76. The IJB has a range of activities in place, designed to maintain standards of conduct, including Codes of Conduct for members. In addition, a register of interests is in place for board members and senior officers and these are available to view on the Glasgow City Health and Social Care Partnership website.

77. As part of the assurances we obtain from the external auditors of NHS Greater Glasgow and Clyde and Glasgow City Council, it was confirmed that both the partner organisations had in place effective policies for bribery and corruption, including established whistleblowing procedures for officers.

78. The arrangements for the prevention and detection of bribery and corruption are satisfactory and we are not aware of any specific issues that require to be brought attention to in this report.

Other governance arrangements

Glasgow City Council Family review – Cordia (Services) LLP

79. The IJB commissions homecare services from Cordia, a Glasgow City Council Arms Length Organisation (ALEO). As part of a review of its ALEOs, Glasgow City Council approved the winding up of Cordia, with the functions and staff due to transfer back to the council by 30 September 2018.

80. Homecare and associated services will be transferred into the council's social work services department. Given that social work services have been delegated into the IJB, these homecare and associated services will also be managed through the IJB.

81. The Chief Officer and the Chief Officer (Finance and Resources) are engaging with the council to understand the implications and impact, financial and otherwise, of the transfer, and to ensure the infrastructure required for HR, business support and finance functions are in place in time for the transfer.

82. The deadline of 30 September 2018 is a short timeframe given the scale of the transfer and it is important that the commissioning of homecare services which the IJB is responsible for is not impacted by this restructure.

Recommendation 1

The IJB should continue to engage with Glasgow City Council to understand the implications and impact of the transfer, and to ensure the required infrastructure is in place in time for the transfer of services from Cordia to Glasgow City Council.

Recommendation 1 (refer Appendix 1, Action Plan)

Refresh of Strategic Plan

83. The IJB is required to produce a strategic plan for health and social care services, and to direct the council and health board to deliver those services as per the plan. The Public Bodies (Joint Working) (Scotland) Act 2014 prescribes that the plan be reviewed at least every three years. The current strategic plan covers the

period 2016-2019, and the process for refreshing the plan is ongoing. The IJB has established a working group, chaired by the Head of Business Development and attended by those officers expected to be most heavily involved in the IJB's activity, to develop the plan. The current strategic planning structure includes the following six strategic planning groups:

- older people
- disabilities
- mental health
- addictions
- carers, and
- homelessness.

84. Related structures in Children's Services, Criminal Justice, Health improvement and housing are integral to the operations of the IJB. The IJB therefore approved the designation of housing, health and social care as a strategic planning group at its meeting in March 2018.

85. Internal audit carried out an audit of the arrangements in place to review the current strategic plan, and reported their findings to the June 2018 meeting of the Finance and Audit Committee. They found that:

- governance processes are in place for the review
- there are documented arrangements outlining the key stages, roles and responsibilities through the process
- timelines are in place to ensure that the refreshed strategic plan will be approved by the deadline of April 2019.

86. The IJB continues to work with NHS Greater Glasgow and Clyde and Glasgow City Council to ensure that the strategic priorities of the partner bodies are aligned with the IJB's strategic plan. Further updates on progress towards the refreshed strategic plan will be taken to the IJB in due course.

Information Sharing Protocol

87. As reported in our 2016/17 annual audit plan, the IJB was required to revise the original information sharing protocol (ISP) in place between Glasgow City Council and NHS Greater Glasgow and Clyde to a tri-partite agreement. This was due to be completed and approved by the IJB and its partner bodies within three months of establishment of the IJB (February 2016).

88. We were advised in January 2018 that this review had not yet been completed, but that any revision of the ISP would have to take into account the requirements of the new General Data Protection Regulation. We reported the risk of existing arrangements for information sharing being out of date, and information being shared inappropriately.

89. Management have advised that work is still progressing to revise the existing ISP.

Recommendation 2

The IJB should complete the update of the ISP as a matter of priority, to ensure that information sharing arrangements are up to date and fit for

purpose, and to mitigate the risk of information being shared inappropriately.

 Recommendation 2 (refer Appendix 1, Action Plan)

General Data Protection Regulation

90. The new General Data Protection Regulation (GDPR) came into force on 25 May 2018. All EU member states must implement the Regulation in the same way. GDPR has introduced new and significantly changed data protection concepts leading to a new UK Data Protection Act 2018, which replaced the UK Data Protection Act 1998. A report was taken to the May 2018 meeting of the IJB that provided an overview of the changes and outlined the impact of the GDPR on the IJB and its related processes. At this meeting, the IJB agreed to:

- establish a records management plan and to submit this by September 2018 (although the national timetable was subsequently revised to January 2019, the IJB is currently developing its records management plan)
- create a privacy statement, outlining what personal data the IJB processes and why, the legal basis for processing, how this information is stored and retained and with whom it is shared, and
- appoint a Data Protection Officer.

91. Although the IJB considered the changes to these regulations, consideration was given in the month they came into force. Therefore, it is important that arrangements are put in place timeously to ensure the IJB is compliant with the requirements of the regulations. We will review the arrangements in place at the IJB for compliance with the GDPR as part of our audit work in 2018/19.

Value for money and performance management

92. Best Value (BV) duties apply to accountable officers across the public sector. As part of this year's audit IJB auditors have looked at how the IJB demonstrates that it is meeting its BV duties. The audit findings included throughout this report comment on arrangements that have been put in place by the board to secure best value in areas such as financial position, financial management and governance arrangements.

93. The IJB continues to progress with its transformation programme, which is monitored by an Integration Transformation Board, chaired by the IJB's Chief Officer. Delivery of savings associated with the Transformation Programme is reported regularly to the IJB and the IJB's Finance and Audit Committee through budget monitoring reporting. In year, transformation programmes were approved in respect of Older People, Children's Services and Adult Services. A total of 96% of the budgeted transformation programme savings in 2017/18 were achieved. We will keep this area under review over the five-year audit appointment and will report as appropriate.

Performance management

94. To achieve value for money the IJB should have effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account.

95. In addition to the scrutiny of performance by locality management teams, the IJB's Finance and Audit Committee scrutinises the IJB's performance and receives performance reports on a quarterly basis. These reports are publicly available within the committee papers on the Glasgow City Health and Social Care

Partnership website. The IJB also maintains a strategic overview of performance, with regular performance updates received.

96. The Public Bodies (Joint Working) (Scotland) Act 2014 requires that an annual performance report is completed within four months of the year end. The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 sets out the required content of the annual performance report. The legislation requires the report to cover areas including; assessing performance in relation to national health and wellbeing outcomes, financial performance and best value, reporting on localities, inspection of services, and a review of strategic commissioning plan, if applicable.

97. The annual performance report for 2017/18 was submitted to the board meeting in June 2018. The report included sections on delivering the IJB's key priorities, locality planning, financial performance and a performance summary. We have concluded that the IJB's annual performance report meets the requirements of the legislation.

98. The strategic plan identifies five key priorities that are linked to the Scottish Government's nine health and wellbeing outcomes, together with the six additional outcomes for children and community justice. The IJB reports quarterly on a range of local and national indicators to evidence progress made in relation to the nine national health and wellbeing outcomes, as well as the board's own strategic priorities:

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

99. The performance report includes a full list of the key performance indicators reported to the IJB, comparing current, prior year (2016/17) and baseline (2015/16) performance. A red/amber/green system is used to monitor performance. There are a number of areas where the IJB is performing well in relation to the baseline data, including the number of people in supported living services, the number of children in high cost placements and delayed discharges, as illustrated in Exhibit 6.

Exhibit 6
Delayed discharges, 2016/17 to 2017/18

Indicator	2016/17	2017/18	Decrease	% Decrease
Total number of Acute Bed Days Lost to Delayed Discharge (Older People 65+)	15,557	10,982	4,575	29%
Total number of Acute Bed Days lost to Delayed Discharge for Adults with Incapacity (Older People 65+).	6,050	2,098	3,952	65%
Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	464	321	143	30%

Source: 2017/18 Glasgow City Integration Joint Board Annual Performance Report

100. The IJB also acknowledged a number of areas where improvement is required, and intends to incorporate these into the refreshed strategic plan for 2019-2022. Examples of the areas for improvement include:

- Unscheduled Care – working with NHS acute services to reduce the number of inappropriate A&E attendances and emergency hospital admissions
- Children's Services – increase the percentage of young people in aftercare in employment, education or training, and
- Criminal Justice – increase the percentage of community payback order work placements commenced within seven days of sentence.

National performance audit reports

101. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2017/18 we published a number of reports, some of which may be of direct interest to the board. These are outlined in Appendix 3 accompanying this report.

102. The first of three national reports looking at the integration of health and social care was published in December 2015. This report recognised that The Public Bodies (Joint Working) (Scotland) Act 2014 introduced a significant programme of reform affecting most health and care services and over £8 billion of public money. The second report in this series is due to be published in November 2018, now integration authorities are more established. The second report looks at their progress and follows up on the risks identified in the first report. The second audit also examines changes to the system, including evidence for shifts in service delivery from acute to community based and preventative services, and for impact on the lives of local people.

103. The IJB has appropriate arrangements in place for considering and reviewing national reports, including developing and following up on any locally agreed actions for reports such as Audit Scotland's NHS in Scotland 2017.

Appendix 1
Action plan 2017/18

2017/18 recommendations for improvement

No.	Issue/risk	Recommendation	Agreed management action/timing
1	**Transfer of services** As a result of the council family review, Cordia, one of the council's ALEOs, is to be wound up, with the services currently delivered by Cordia transferred back into the council. The IJB currently commisions homecare services from Cordia at a fixed price. Once the new arrangements are in place, this will become a commissioning arrangement with Glasgow City Council**.** The transfer of services is due to be completed by 30 September 2018, which is a short timeframe. **Risk** Delays in implementing appropriate infrastructure arrangements impact on the delivery of homecare services commissioned by the IJB.	The Chief Officer and the Chief Officer (Finance and Resources) should continue to engage with the council to understand the implications and impact of the transfer, and to ensure the required infrastructure is in place in time for the transfer. Paragraph 82	Appropriate officers, including the Chief Officer and the Chief Officer (Finance and Resources), have been identified and are actively engaged in a number of workstreams to support the transfer of services to Glasgow City Council. **Chief Officer, and Chief Officer (Finance and Resources)** **30 September 2018**
2	**Information sharing protocol** As reported in our 2017/18 annual audit plan, a tri-partite information sharing protocol (ISP) between the IJB, NHS Greater Glasgow and Clyde and Glasgow City Council was due to be completed and approved by the health board, council and IJB within three months of the IJB's establishment. This has yet to be finalised. **Risk** There is a risk that the existing arrangements are out of date an information could be shared inappropriately.	The IJB should ensure that the ISP is updated and approved to ensure that it is up to date and fit for purpose, and to mitigate the risk that information is shared inappropriately. Paragraph 89	Work is progressing to finalise the ISP. **Chief Officer (Finance and Resources)** **30 September 2018**

No.	Issue/risk	Recommendation	Agreed management action/timing
Follow up of prior year recommendations			
1	**Budget setting and savings targets** The 2017/18 financial allocation from the health board was not agreed until September 2017, 6 months into the financial year. Specific issues around a proportional share of unachieved savings from 2015/16 have still to be resolved for future years. Delays in agreeing final allocations with partners hinder the effectiveness of financial planning and service delivery. **Risk** Uncertainty and delays around financial allocations puts pressure on service delivery and performance, and may result in a balanced budget not being delivered.	The IJB should seek early engagement with the health board to resolve outstanding issues around proportional share of unachieved savings beyond the 2017/18 financial plan.	The IJB's share of the unachieved savings from 2015/16 have been funded from the recurring contingency budget. This arrangement will remain in place for future years. **Conclusion: Actioned**
2	**Internal audit protocols** Current protocols around information sharing are not formalised and rely on established relationships between partner bodies. **Risk** The IJB may not have access to relevant internal audit reports and information from partner bodies.	The IJB should consider formalising current internal audit protocols and arrangements with partner bodies to ensure continued access and information sharing between bodies.	Tender documentation issued as part of the re-tendering process for NHS Greater Glasgow and Clyde (NHSGGC) internal audit services noted that *"where their work is of relevance to Integration Joint Boards (IJBs), the Contractor may be called on to give appropriate assurances to the IJB Chief Internal Auditor"*. Following appointment of the new internal audit provider for NHSGGC, a meeting was scheduled in August 2018 between the IJB internal auditors and NHSGCC officers to clarify expectations and protocols in relation to internal audit co-operation. **Conclusion: Actioned**

Appendix 2

Significant audit risks identified during planning

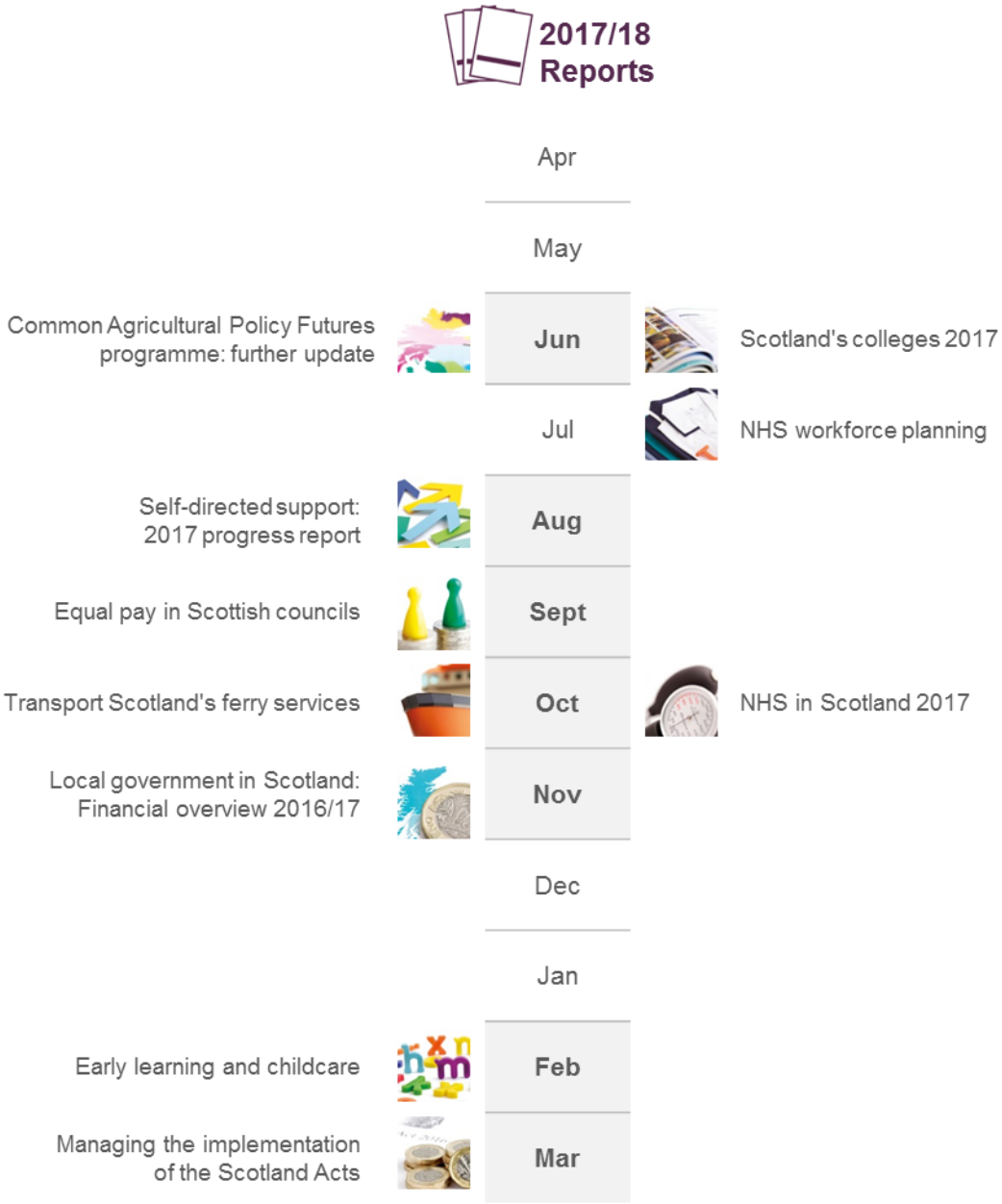
The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual accounts and those relating our wider responsibility under the Code of Audit Practice 2016.

	Audit risk	Assurance procedure	Results and conclusions
Risks of material misstatement in the financial statements			
1	**Risk of management override of controls** ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls in order to change the position disclosed in the financial statements.	Detailed testing of journal entries. Review of accounting estimates. Review of assurances from the IJB's partner bodies' external auditors, who carry out testing of accruals and prepayments. Evaluation of significant transactions that are outside the normal course of business.	All journals processed by the IJB were reviewed, with no issues identified. The accounting estimates made in the preparation of the annual accounts were reviewed and considered reasonable. Testing of accruals and prepayments was carried out by the external auditors of the IJB's partner bodies. No issues were identified which would have an impact on the processing of IJB transactions or our audit approach. No significant transactions outside the normal course of business were identified during the audit process. No fraud concerns were identified from our work in relation to the risk of management override of controls.
Risks identified from the auditor's wider responsibility under the Code of Audit Practice			
2	**Budget setting and financial sustainability** As a result of specific issues around agreeing the IJB's share of the £3.6 million unachieved health board savings from 2015/16, the 2017/18 financial allocation from the health board was not agreed by the board until September 2017. The IJB agreed to fund their share of these savings through a drawdown of reserves on a	Continue to engage with the Chief Officer (Finance and Resources) on the progress made to resolve the issue of unachieved savings, and the IJB's performance against savings targets throughout the year. Review the IJB's progress on agreeing a budget and savings proposals for 2018/19.	As noted above, the IJB's share of the unachieved savings from 2015/16 has been funded from the recurring contingency budget. This arrangement will remain in place for future years. The IJB's 2018/19 financial allocation was conditionally approved in March 2018, before formal approval in May 2018. We concluded that improvements have been made to the process for agreeing the IJB's budget and

	Audit risk	Assurance procedure	Results and conclusions
	non-recurring basis for 2017/18. Discussions are still ongoing with the health board to resolve this issue for future years. The allocation highlighted a revised savings requirement for the IJB of £17.9 million in 2017/18. There is a risk that uncertainty and delays around financial allocations, and the scale of the savings necessary to deliver the budget may result in pressure on service delivery and performance, and the risk of a balanced financial position not being achieved.		savings proposals for the financial year.
3	**Information sharing protocol** As reported Internal Audit's Review of Governance Arrangements in June 2017, the IJB's integration scheme states that "the Parties will revise their existing Information Sharing Protocol (ISP) to become a tri-partite agreement between the Health Board, Council and Integration Joint Board." This was due to be completed and approved by the health board, council and IJB within three months of the IJB's establishment. However, as at January 2018, a revised ISP has still to be approved. Any revision of the ISP will also have to take into account the requirements of the new General Data Protection Regulation which comes into effect in May 2018. There is a risk that the existing arrangements are out of date an information could be shared inappropriately.	Review the IJB's progress in reviewing the existing ISP.	Management have advised that work is still ongoing to revise the existing ISP. Refer Appendix 1, point 1.

Appendix 3

Summary of national performance reports 2017/18



Reports relevant to Integration Joint Boards

Self-directed support: 2017 progress report – August 2018

NHS in Scotland 2017 – October 2018

Glasgow City Integration Joint Board

2017/18 Annual Audit Report - DRAFT

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Item No. 8

Meeting Date **Wednesday 19th September 2018**

Glasgow City
Integration Joint Board

Report By: **Sharon Wearing, Chief Officer, Finance and Resources**

Contact: **Sharon Wearing**

Tel: **0141 287 8838**

AUDITED ANNUAL ACCOUNTS 2017-18

Purpose of Report:	In line with the Local Authority Accounts (Scotland) Regulations 2014, the Integration Joint Board must consider the audited annual accounts and approve them for signature no later than the 30 September immediately following the financial year end. In making this decision the IJB must have regard to any report made on those accounts and any advice given by the auditor or proper officer. Attached is a copy of the audited Annual Accounts for the period ended 31 March 2018 and included in the papers for this meeting of the IJB is the Annual Audit Report prepared by Audit Scotland.

Background/Engagement:	The IJB prepares its Accounts on an annual basis to 31 March and is required, by the Local Authority Accounts (Scotland) Regulations 2014, to submit their Accounts to the appointed auditor by 30 June audited by the statutory deadline of 30 September 2018.

Recommendations:	The Integration Joint Board is asked to: a) approve for signature the audited Annual Accounts for the period from 1 April 2017 to 31 March 2018.

Relevance to Integration Joint Board Strategic Plan:

The annual accounts identify the financial performance of the Integration Joint Board. This includes the level of usable funds that are being held in reserve to manage unanticipated financial pressures from year to year which could otherwise impact on the ability to deliver the Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	None
Personnel:	Not applicable at this time.
Carers:	Not applicable at this time.
Provider Organisations:	Not applicable at this time.
Equalities:	Not applicable at this time.
Financial:	These are the audited Annual Accounts of the IJB 2017/18.
Legal:	IJBs are specified in legislation as 'section 106' bodies under the terms of the Local Government Scotland Act 1973, and consequently are expected to prepare their financial statements in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom. The following audited annual accounts comply with the code.
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	The Annual Accounts identify the usable funds held in reserve to manage unanticipated pressures from year to year.

Implications for Glasgow City Council:	Accounts are consolidated in the group accounts.

Implications for NHS Greater Glasgow & Clyde:	Accounts are consolidated in the group accounts.

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Introduction

1.1 In line with The Local Authority Accounts (Scotland) Regulations 2014, the Finance and Audit Committee considered the unaudited Annual Accounts for 2017-18 at its meeting of 13 June 2018. These accounts were subsequently submitted for audit to the council's external auditors, Audit Scotland.

1.2 This audit has now been completed and the attached Annual Accounts amended to reflect the findings of the audit.

2. Annual Accounts 2017-18

2.1. The Annual Accounts are prepared in line with proper accounting practice and statute and audited by the statutory deadline of 30 September 2018.

2.2 The financial information included within these financial statements is for the period from 1 April 2017 to 31 March 2018. Within the Annual Accounts the primary financial statements consist of:

- **Statement of Income and Expenditure**
  Shows the total income and expenditure incurred in the period in relation to the operation of the IJB.

- **Balance Sheet**
  Represents the value of assets, liabilities and reserves as at 31 March 2018.

2.3 A number of other statements and detailed explanatory notes, which provide additional information are also included within the Annual Accounts.

3. Key Financial Outcomes

3.1 The statement of income and expenditure shows the operation of the IJB achieved an overspend for the period of £12.066m.

4. Audit Amendments

4.1 During the course of the audit a number of presentational adjustments were identified and have been updated in the audited annual accounts. There are no unadjusted misstatements which, due to materiality, have not been reflected in the annual accounts.

4.2 One error was identified. The capital financing costs included in the unaudited financial statements were understated by £0.282m. This was subsequently adjusted and has been reflected in the audited financial statements. The impact of this adjustment was to increase the net cost of services by £0.282m, with a corresponding increase in taxation and non-specific grant income. There was no impact on the IJB's overspend for the year as a result of this adjustment.

5. Next Steps

5.1 In line with The Local Authority Accounts (Scotland) Regulations 2014, the Annual Accounts 2017-18 must now be submitted to the IJB for approval and signature.

6. Recommendations

6.1 The Integration Joint Board is asked to:

a) approve for signature the audited Annual Accounts for the period from 1 April 2017 to 31 March 2018.

Annual Accounts

For the Year Ended 31 March 2018

TABLE OF CONTENTS

MANAGEMENT COMMENTARY

Introduction

This publication contains the financial statements of Glasgow City Integration Joint Board ('the IJB') for the year ended 31 March 2018. The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2017/18 and how this has supported delivery of the IJB's priorities. This commentary also looks forward, outlining the IJB's future financial plans and the challenges and risks which we will face as we strive to meet the needs of the people of Glasgow.

(i) The Role and Remit of the IJB

Glasgow City IJB was established as a body corporate by order of Scottish Ministers, and became operational from 6 February 2016. It is a joint venture between NHS Greater Glasgow and Clyde and Glasgow City Council.

The Glasgow City IJB has responsibility for the strategic planning and commissioning of a wide range of health and social care services within the Glasgow City area. The functions delegated to the IJB are detailed in the **Integration Scheme**, and in summary, include all community health and social care services provided to children, adults and older people, homelessness services, criminal justice and a number of housing functions.

The purpose of the IJB is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

Glasgow is Scotland's largest city, with just over 600,000 citizens. It is a city with a great history and heritage built around the River Clyde and on the strength of its people, their pride in the city, spirit and diversity. Glasgow is the centre of the only metropolitan area in Scotland and is the most ethnically diverse city in the country.

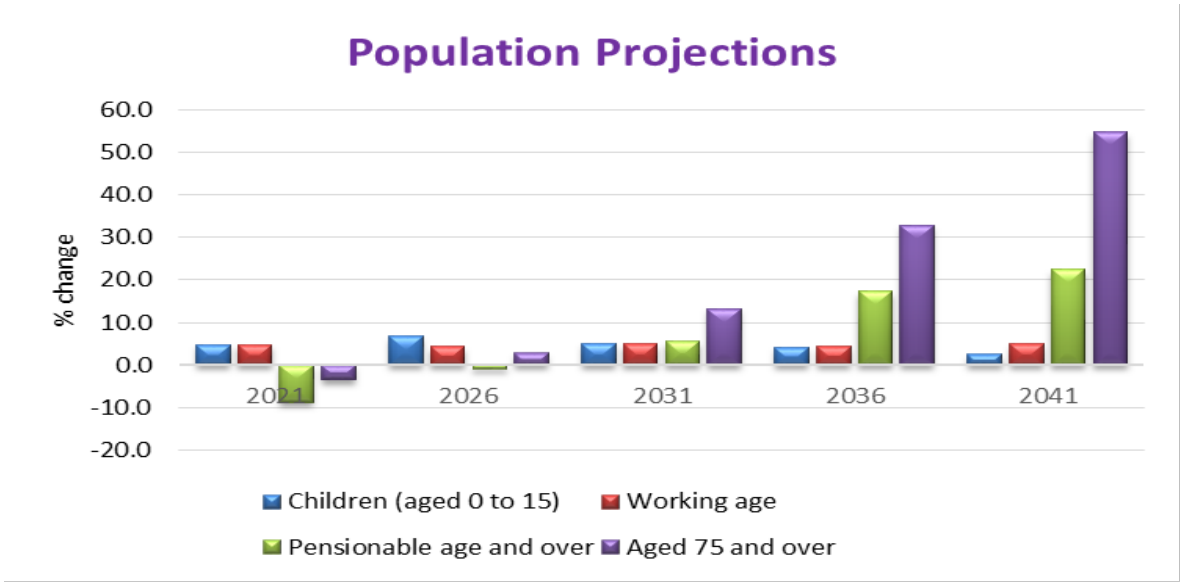
Glasgow remains, however, a city of contrasts. Parts of the city still suffer from unacceptable levels of poverty and inequality and not all the prosperity and success in the city has been shared. Research by one of the city's universities in 2012 highlighted that almost half of citizens live in the 20% most deprived areas in Scotland. One in three children live in poverty and have significant long term health challenges which stop Glasgow citizens from reaching their full potential.

A full profile of the city was set out in the Strategic Plan. Some of the key characteristics include the following:

MANAGEMENT COMMENTARY (continued)

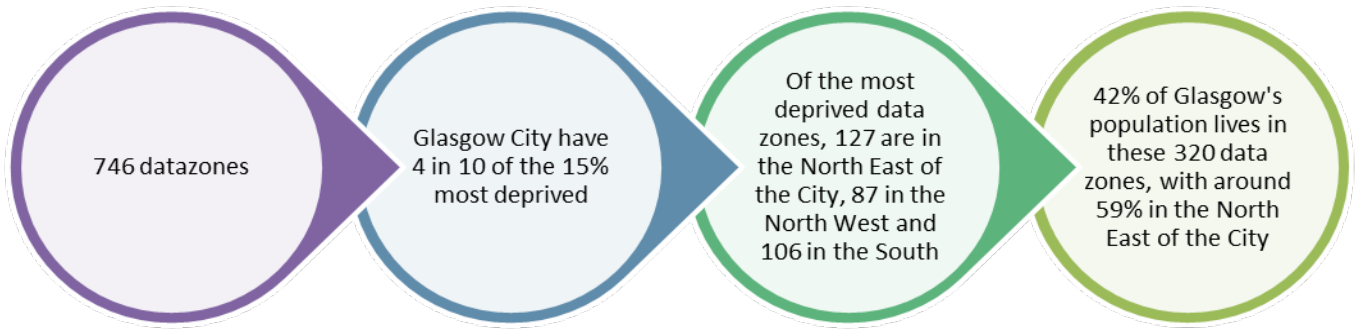
Population

The 2016 population for Glasgow City was 615,070, 11.4% of the total population of Scotland (Source: National Records of Scotland 2017). The National Records of Scotland estimate that this will continue to rise to 632,667 by 2021 and 658,978 by 2041. The graph below illustrates the % change expected across the main population groups.



Deprivation

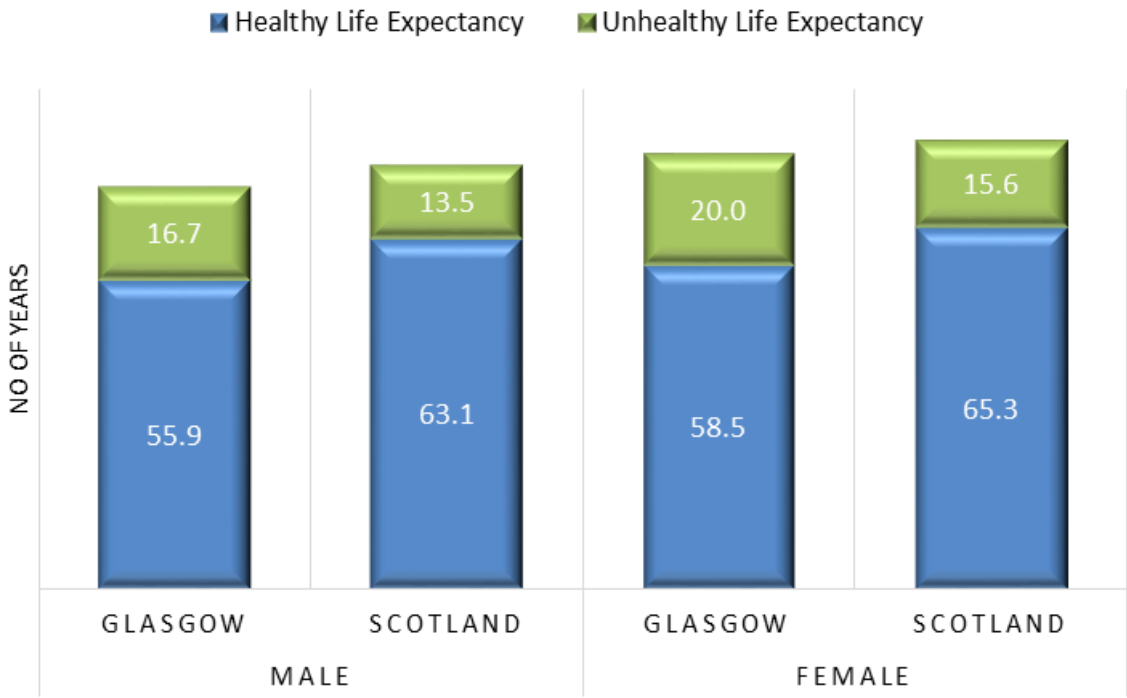
The Scottish Government publishes the Scottish Index of Multiple Deprivation (SIMD) which uses a range of socio-economic data to calculate relative deprivation across small geographical areas with populations between 500 and 2,000 people. Within Glasgow there are 746 areas (datazones) which have been assessed through the SIMD.



MANAGEMENT COMMENTARY (continued)

Health and Social Care Needs

Life expectancy in Glasgow is lower than Scotland as a whole and residents of Glasgow will become unhealthy at a younger age, and live longer with health issues, than the Scottish average. The earlier people become unhealthy, the sooner they are likely to access services from the IJB to support them to remain within their own homes and local communities. A high level overview is provided below.



- Around 12% of Glasgow adults (age 16+) have bad/very bad health, compared to 8% of Scotland's adults, with 33% of adults in Glasgow reported as having a limiting long term illness compared to 32% of Scottish adults.
- Around 9.3% of people in the City carry out unpaid caring duties.
- 21% of Glasgow adults are estimated to suffer from common mental health problems compared to 16% of Scottish adults. Far higher proportions of females (25% for Glasgow and 17% for Scotland) than males (17% for Glasgow and 14% for Scotland) are affected in both Glasgow and Scotland.
- An estimated 30% of Glasgow males are potential problem drinkers and 18% of Glasgow females, both far higher than the equivalent Scottish averages of 24% for males and 12% for females.
- Glasgow has an estimated 13,000 problem drug users, most of whom also consume alcohol on a daily basis. There were almost 2,000 drug related hospital stays in Glasgow during 2016/17 - a rate of 304 per 100,000 population, nearly twice the Scottish rate of 162 per 100,000 population.
- There are more than 50,000 Glasgow people claiming incapacity benefit/severe disablement allowance/employment and support allowance, representing 9.8% of the 16+ population.

MANAGEMENT COMMENTARY (continued)

All of these characteristics have an impact on the demand for services which are commissioned by the IJB, both now and in the future.

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

- Focusing 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 and well being
- 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
- Focusing on continuous improvement.

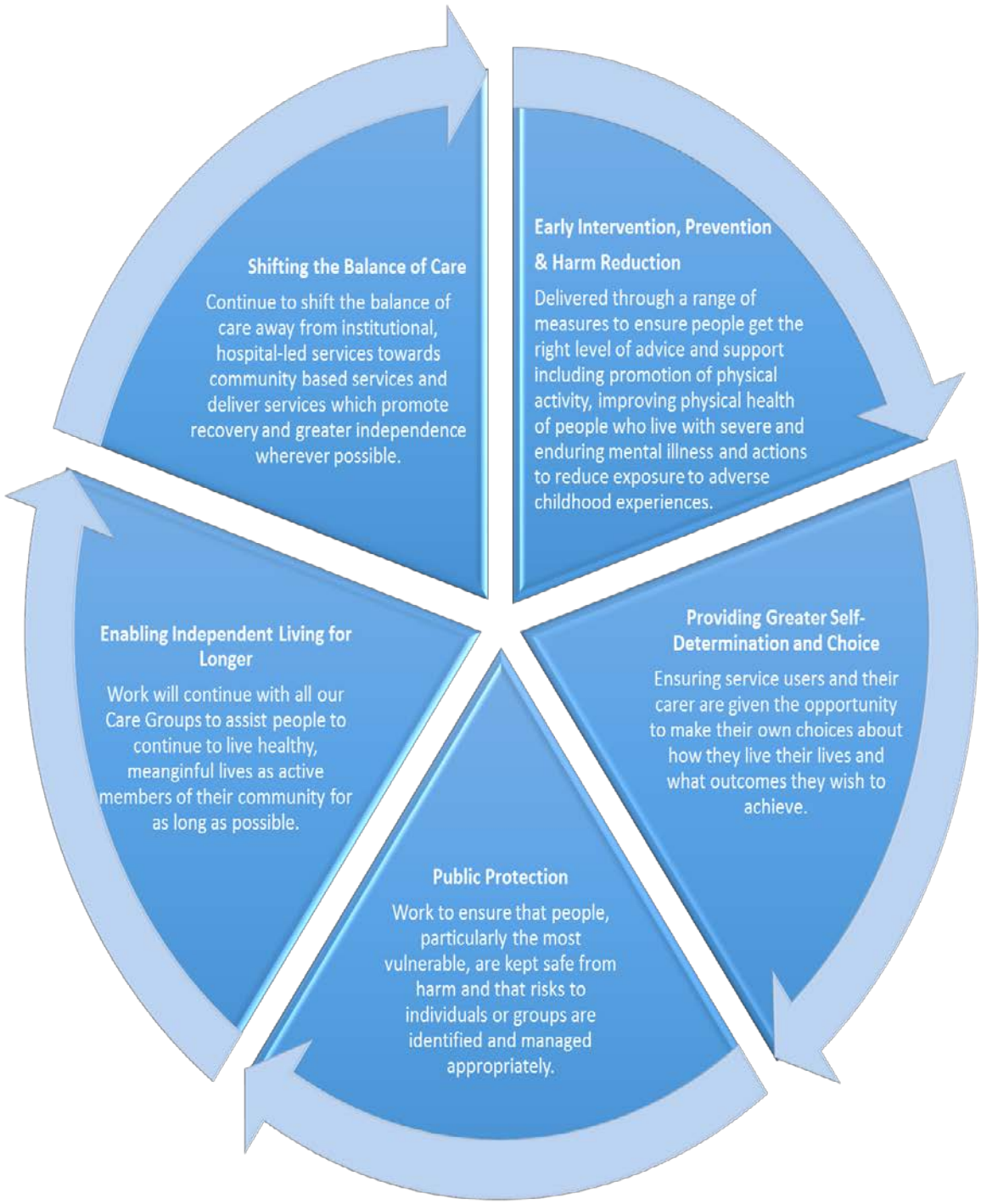
(ii) The IJB's Strategy and Business Model

Integration of health and social care presents the IJB with a number of opportunities, which we are working towards throughout the lifetime of the Strategic 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

MANAGEMENT COMMENTARY (continued)

The biggest priority for the Glasgow City IJB 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:



MANAGEMENT COMMENTARY (continued)

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.

As an IJB 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.

Glasgow is divided into three areas, known as localities, to support service delivery. Those localities are North West, North East and South and **Locality Plans** have been developed for each locality which supports delivery of the Strategic Plan.

The purpose of locality plans is to show how the IJB's Strategic Plan is to be implemented in each locality and how the locality plans respond to local needs and issues.

Care Group level plans have also been developed by the IJB's six Strategic Planning Groups and appropriate planning structures within Children's Services, Criminal Justice and Health Improvement. As well as the development of Strategy Maps which outline how each care group will deliver the 9 National Outcomes in the medium and long term, the individual Strategic Planning Groups have developed their own Action Plans which provide more details of the activities to be carried out over the lifetime of the plan.

A Strategic Planning Forum, chaired by the Chief Officer, Planning, Strategy & Commissioning/Chief Social Work Officer, meets twice yearly to ensure that links are made across the strategic and planning related functions within the partnership;

MANAGEMENT COMMENTARY (continued)

to facilitate and co-ordinate activities between and across the strategic functions to ensure development activities do not happen in isolation; and to monitor delivery of actions related to the Strategic Plan.

The IJB is responsible for operational oversight of integrated services, and through the Chief Officer, is responsible for the management of integrated services. Directions from the IJB to the Council and Health Board govern front-line service delivery in as much as they outline what the IJB requires both bodies to do, the budget allocated to this function(s), and the mechanism(s) through which the Council or Health Board's performance in delivering those directions will be monitored.

Front-line service delivery continues to be carried out by the Council and Health Board, under direction from the IJB, with the Chief Officer having delegated responsibility for delivery of integrated services. As required by the Public Bodies (Joint Working) (Scotland) Act 2014, directions from the IJB to the Council and Health Board are made in writing – within Glasgow this is enabled through the Chief Officer writing to the Chief Executives of the Council and Health Board following each meeting of the IJB, giving details of each direction agreed by the IJB.

The business of the IJB is managed through a structure of strategic and financial management and core leadership groups that ensure cross-care and cross-locality working. The structure includes Executive and Senior Management Groups; Executive and Operational Management Teams; Workforce Planning, ICT, and Capital Boards; Core Leadership Groups (Adults, Older People and Children's Services); Functional Planning groups e.g. Strategy, Planning and Commissioning Senior Management Team; and Locality Management Groups. The IJB business structure is currently under review, and will conclude early in 2018/19.

There are well developed structures to ensure clinical and care governance issues are considered and influence strategic planning and transformational change, as well as providing reassurance on clinical and care standards and quality assurance.

(iii) The IJB's Operations for the Year

We have remained committed to ensuring that the people of Glasgow will get the health and social care services they need at the right time, in the right place and from the right person. During this year we have continued to be ambitious about the services which we deliver with a focus on achieving the best possible outcomes for our population, service users and carers.

MANAGEMENT COMMENTARY (continued)

Operational Highlights for 2017/18 include:

Early Intervention, Prevention and Harm Reduction (National Health and Wellbeing Outcomes 1, 4, 5 & 6)

- Delivered a range of health improvement initiatives in local neighbourhoods aligned with the Community Planning Thriving Places approach, which aims to find a better way of working between organisations and communities, making better use of existing resources and assets to achieve improved outcomes and address the persistent inequalities that exist within and between communities.
- Established a new City Tobacco Group to develop a consistent, evidence based and cost effective approach for the delivery and development of tobacco and smoking cessation activity across the city.

Providing Greater Self Determination and Choice (National Health and Wellbeing Outcomes 1, 3, 4, 5 & 6)

- Established a Young Person's Champions' Board, which seeks to ensure that the voices of young people are at the forefront of how we plan and deliver services for care experienced children and young people in the city.
- Continued to move towards recovery focused, shorter, more intensive residential alcohol and drugs rehabilitation programmes with stronger links to community services and the Recovery Communities

Shifting the Balance of Care (National Health and Wellbeing Outcomes 1, 2, 3, 4 & 9)

- Continued to implement and develop intermediate care provision within the city, which has supported an ongoing reduction in the numbers of people being unnecessarily delayed in hospital, and an increase in the numbers being supported at home.
- Implemented the children's services transformation programme, reducing the reliance upon high cost and out of city residential placements; strengthening the role of prevention; and developing comprehensive family support services in the most vulnerable neighbourhoods including Family Group Decision Making and Lifelong Links.
- Led on behalf of all six HSCPs in NHS Greater Glasgow and Clyde on the development of a whole system five year strategy for Mental Health, which has now been agreed and will be implemented going forward.

MANAGEMENT COMMENTARY (continued)

Enabling Independent Living for Longer (National Health and Wellbeing Outcomes 1, 2, 3, 4, 6 & 9)

- Introduced the Home is Best service which seeks to support the smoother transition of patients from acute to intermediate and other community based care settings
- Introduced new integrated older people's neighbourhood teams based around GP clusters and natural local communities and expanded the range of Supported Living options to enable older people to remain at home.
- Introduced streamlined Occupational Therapy processes in relation to the provisions of minor adaptations, which have reduced the steps involved and ensured a swifter response to patients.
- Generated approximately £4.2 million (£2.6 million ongoing and £1.6 million in arrears) in successful benefit claims for social care service users receiving a chargeable social care service; and delivered a financial gain of over £7 million for health service patients through the Financial Inclusion Partnership.
- Represented over 1,700 clients at social security tribunals, which had an overall success rate for concluded appeals of 73%, resulting in a total gain of over approximately £5.9m.

Public Protection (National Health and Wellbeing Outcomes 3, 4, 5 & 7)

- Opened two 30 bed new build emergency accommodation facilities within Homeless services for males and decommissioned a temporary facility, resulting in a net increase of 20 emergency beds.
- Retendered and increased the contract value for an additional 450 units of private rented sector accommodation over the next 3 years.

Engaging and Developing Our Staff (National Health and Wellbeing Outcomes 1 & 8)

- Developed and launched a public website and Twitter profiles (for the HSCP and the Chief Officer) to increase awareness and understanding of the vision, priorities and work of the Partnership.
- Developed and improved Your Support Your Way Glasgow (YSYWG), the Partnership's public website for social care support.
- Rolled out I-Matter, the national system which measures staff engagement within teams and supports the production of team development plans to improve and increase communication and engagement

Operationally, work continued during 2017/18 on the development and delivery of the IJB's Transformation Programme in support of integration and the Strategic Plan. During 2017/18 this included the development and approval of Transformation Change Programmes for Adult, Older People and Children Services which will be

MANAGEMENT COMMENTARY (continued)

delivered between 2018 and 2021. These programmes will deliver a focus on early intervention, prevention and harm reduction, deliver care which enables choice, supports independent living and shifts the balance of care from hospital to a community based setting where appropriate.

The Transformation Programme consists of a range of activities across the entirety of the business of the IJB which are delivered in support of the strategic plan. The Transformation Programme Board, chaired by the Chief Officer, has oversight of the delivery of these programmes, the aims of which are to:

- Deliver transformational change in health and social care services in Glasgow in line with the Integration Joint Board's vision and Strategic Plan, and the National Health and Wellbeing Outcomes.
- Monitor and evaluate the short, medium and long term impacts of the transformational change programme.
- Monitor and realise financial savings arising from transformational change programmes.
- Engage with stakeholders and promote innovation within and beyond the Glasgow City Health and Social Care Partnership.

Delivery of the Transformation Programme is closely monitored by the Transformation Board and delivery of associated savings is reported regularly to the IJB and IJB Finance and Audit Committee through budget monitoring reporting. Good progress continues to be made, demonstrating best value for the IJB, Council and Health Board. Budget savings targets in respect of the IJB's Transformation Programme were 96% achieved in 2017/18.

The IJB has detailed performance management arrangements in place to measure performance against agreed local and national performance indicators and performance in delivering on the commitments set out within the IJB's Strategic Plan.

Routine performance management arrangements are in place, with regular performance reports produced for internal scrutiny by citywide and locality management teams. These reports are also scrutinised by the IJB's Finance and Audit Committee, which adopts a particular focus on specific services at each meeting, in order to undertake a more in-depth review of performance, with relevant strategic leads invited to attend and discuss their respective areas. A strategic overview of performance is also maintained by the IJB which receives a quarterly performance report that focuses upon a smaller set of more strategic performance indicators.

The IJB Performance Scrutiny Committee also receives updates on and scrutinises progress with key pieces of work across the Health and Social Care system. This includes reviewing reports of external inspections and maintaining an oversight of performance of statutory functions.

MANAGEMENT COMMENTARY (continued)

The range of mechanisms in place to scrutinise performance at city-wide and locality levels, as well as by the IJB enables areas of good practice to be shared across the city and performance improvement plans to be developed in response to identified areas of underperformance, which are monitored on an ongoing basis.

2017-18 Performance Achievements

In addition to the quarterly reports, the Annual Performance Report was approved by the IJB on 20 June 2018 and published on 31 July 2018 in line with statutory guidance. In this report, we review our performance for 2017/18 against local and national performance indicators and against the commitments within our Strategic Plan. Key areas where performance has shown the greatest improvement over the past 12 months are as follows:

Indicator	Baseline (16/17 Year End)	Latest Period (Q4)
Older People		
Number of community service led Anticipatory Care Plans in place	482	**824**
Number of people in supported living services	231	**734**
% Service users who receive a reablement service following community referral for home care	76.5%	**78.2%**
Unscheduled Care		
Total number of acute bed days lost to delayed discharge	**15, 557**	**10,982**
Children's Services		
% of young people receiving an aftercare service known to be in employment, education or training	61%	**67%**
Number of children in high cost placements	111	**67**
Homelessness		
Number of individual households not accommodated in the last month of the quarter	209	**186**
Number of households reassessed as homeless or potentially homeless within 12 months	493	**444**

MANAGEMENT COMMENTARY (continued)

Indicator	Baseline (16/17 Year End)	Latest Period (Q4)
Health Improvement		
Women smoking in pregnancy – general population	13.4%	**12.8%**
Women smoking in pregnancy – most deprived population	19.7%	**18.5%**

2017-18 Performance - Areas For Improvement

Ongoing improvement is sought across all services within the HSCP and the performance management arrangements in place are designed to facilitate this. Specific areas we would like to improve going forward include the following

Unscheduled Care

Working with NHS acute services:

- Reduce the number of inappropriate A&E attendances and emergency hospital admissions
- Reduce the numbers of people who are unnecessarily delayed in hospital across all client groups

Children's Services

- Further increase the percentage of young people in aftercare in employment, education or training. While there has been an improvement, performance remains below the target of 75%.

Criminal Justice

- Increase the percentage of Community Payback Order (CPO) work placements commenced within 7 days of sentence.

Health Improvement

- Further increase exclusive breastfeeding in the most deprived neighbourhoods (at 6-8 weeks)

Human Resources

- Reduce Social Work and NHS staff sickness absence rates.

Business Processes

- Increase the percentage of Social work complaints responded to within timescales (Stage 2)

More detailed performance information can be accessed in our **Annual Performance Report.**

(iv) The IJB's Position at 31 March 2018

The financial position for public services continues to be challenging. This required the IJB to have robust financial management arrangements in place to deliver services within the funding available in year as well as plan for 2018-19.

The Comprehensive Income and Expenditure Statement (see page 27) describes expenditure and income by care group across the IJB, and shows that an underspend of £12,066,000 was generated in 2017/18. The table below provides a high level overview of this underspend with associated notes.

	Note	2017/18 Surplus
Underspend due to robust financial management arrangements	1	4,200,000
Local and national priorities which will not be completed until future financial years	2	15,417,000
Expenditure which was funded from earmarked reserves carried forward from 2016/17		(7,551,000)
		12,066,000

Note 1 Budget monitoring throughout 2017-18 forecast an underspend of £3,946,000, against which an underspend of £4,200,000 was secured. The main broad themes are:-

- An underspend within Children Services, mainly as a result of early delivery of future year savings (£2,577,000);
- Budgeted contingency not required to be utilised in 2017/18 (£1,725,000);
- An underspend within Older People services mainly in relation to slippage within the Older People's Residential and Day Care Strategy and the over recovery of income (£2,701,000); and
- An underspend within Addiction Services due to staff turnover and occupancy levels within residential rehabilitation services (£1,557,000).

This has been off-set by overspends, the main areas being attributable to unachieved savings from 2017/18 and 2016/17 (£1,868,000). The Transformation Programme Board continues to monitor these savings to ensure these are secured moving forward. There are also ongoing costs of beds in Darnley and Quayside, accommodating adults with incapacity ('AWI') who have been discharged from acute services, for which there was no budget in 2017/18 (£1,748,000) and an increase in demand for packages of care within Learning Disability (£708,000).

Note 2 A number of commitments made in 2017/18 in relation to local and national priorities will not complete until future years. These are:-

- Funding received for the delivery of national and local priorities including Primary Care and Mental Health Transformation which is required to meet future year commitments (£12,412,000);
- Commitments which were made in 2017/18, where implementation has been delayed until 2018/19 (£3,005,000);

The IJB elected to earmark £19,617,000 for specific commitments in 2018/19. Detail of the earmarked reserves can be found **here.**

(v) Key Risks, Uncertainties and Financial Outlook

The IJB approved its **Risk Management Strategy** in February 2016. The IJBs Risk Register, and the separate registers which currently remain in place for social care and NHS services, are reviewed regularly by the Senior Management Team and by the IJB Finance and Audit Committee. The full IJB also reviews its own risk register on a twice-yearly basis, with the latest review completed in January 2018.

The key risks identified within the IJB Risk Register are:

- an inability to budget within allocated resources;
- budget settlements being lower than anticipated;
- the implementation of welfare reform will lead to increased deprivation for the most vulnerable citizens, thereby leading to an increased demand for social work services;
- the risk that the Scottish Child Abuse Inquiry could result in adverse legal, financial, reputational and operational impacts to Children Services; and
- resource issues due to excessive bureaucracy required to satisfy governance arrangements and reporting needs of IJB, Council and Health Board.

MANAGEMENT COMMENTARY (continued)

A range of wider issues presents some degree of uncertainly to the IJB, particularly in terms of future planning relating to finance, the workforce and the scale and scope of the IJB. Examples include:

- Potential reform(s) of NHS boards and local government
- The national and local political landscape
- Impacts of Brexit, such as uncertainty regarding the future employment rights of health and social care staff from EU countries

This list is not exhaustive, and the specific impacts of each potential issue cannot be reliably quantified at this point. The IJB and its senior officers continue to monitor such developments and will take the appropriate actions when and where necessary.

In May 2018 the IJB approved its budget for 2018/19. A wide-ranging programme of service reforms and efficiencies has been identified which will deliver £16,964,000 to address budget pressures in 2018/19 and to support achievement of the National Health and Wellbeing Outcomes. Progress on achievement of this programme will be reported during the year to the IJB and the IJB Finance and Audit Committee and in the 2018/19 Annual Performance Report.

A **forward financial outlook** was reported to the IJB Finance and Audit Committee on the 7 February 2018. This looks forward to 2021-22 and identifies the need for a further £89,000,000 of savings to deliver a balanced budget over this three year period.

This is against a backdrop of significant demographic change where demographic changes in Glasgow City will likely result in increasing demand for community health and social care services. The IJB remains committed to transforming services and the Transformation Change Programmes approved this year will put us in a strong position for dealing with the financial pressures which lie ahead.

In preparing the 2017-18 financial statements the treatment of Hosted Services has changed. The full cost of services which are hosted by the IJB are now reflected in our financial accounts and are no longer adjusted to reflect activity to/for other IJB's within the Greater Glasgow & Clyde area. This change is fully explained in Note 2 and reflects our responsibility in relation to service delivery and the risk and reward associated with it.

MANAGEMENT COMMENTARY (continued)

(vi) Analysis of the Financial Statements

The Comprehensive Income and Expenditure Statement (see page 27) describes expenditure and income by care group across the IJB, and shows that, from a net funding allocation from NHS Greater Glasgow and Clyde, and Glasgow City Council of £1,168,090,000 a overspend of £12,066,000 was generated in 2017/18, of which £12,066,000 was earmarked for specific commitments in future years.

David Williams
Chief Officer
19 September 2018

Mhairi Hunter
Chair
19 September 2018

Sharon Wearing
Chief Officer, Finance & Resources
19 September 2018

STATEMENT OF RESPONSIBILITIES

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

- make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this Integration Joint Board, that officer is the Chief Officer, Finance & Resources;
- manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets;
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003); and
- approve the statement of accounts.

I can confirm that these Annual Accounts were approved for signature at a meeting of the Glasgow City Integration Board on 19 September 2018.

Mhairi Hunter
Chair
19 September 2018

STATEMENT OF RESPONSIBILITIES (continued)

Responsibilities of the Chief Officer, Finance & Resources

The Chief Officer, Finance & Resources, is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Officer, Finance & Resources has:

- selected suitable accounting policies and applied them consistently;
- made judgements and estimates that are reasonable and prudent;
- complied with legislation;
- complied with the Accounting Code (in so far as it is compatible with legislation)

The Chief Officer, Finance & Resources has also:

- kept proper accounting records which were up to date
- taken reasonable steps for the prevention and detection of fraud and other irregularities;

I certify that the financial statements give a true and fair view of the financial position of the Glasgow City Integration Joint Board as at 31 March 2018 and the transactions for the year then ended.

Sharon Wearing
Chief Officer, Finance & Resources
19 September 2018

REMUNERATION REPORT

(i) Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

(ii) Remuneration: IJB Chair and Vice Chair

The voting members of the IJB are appointed through nomination by Glasgow City Council and NHS Greater Glasgow & Clyde. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair and Vice Chair appointments and any taxable expenses paid by the IJB are shown below.

Name	Post(s) Held	Nominated by	Taxable Expenses 2017/18 £	Taxable Expenses 2016/17 £
A Graham	Vice Chair February 2017 to May 2017 Chair April 2016 to February 2017	Glasgow City Council	-	-
M Hunter	Chair February 2018 to March 2018 Vice Chair May 2017 to February 2018	Glasgow City Council	-	-
T McAuley	Chair February 2017 to February 2018 Vice Chair April 2016 to February 2017 February 2018 to March 2018	NHS Greater Glasgow & Clyde	-	-
Total			**-**	**-**

REMUNERATION REPORT (continued)

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

(iii) Remuneration: Officers of the IJB

The IJB does not directly employ any staff in its own right. However, specific post-holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014, a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer adheres to the legislative and regulatory framework of the employing partner organisation. In the case of Glasgow City IJB, this is Glasgow City Council. The remuneration terms of the Chief Officer's employment are approved by the IJB. This post is funded 50% each by Glasgow City Council and NHS Greater Glasgow & Clyde Health Board. This funding is included in the partner contributions.

Other Officers

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total 2016/17 £	Senior Employees	Salary, Fees & Allowances £	Compensation for Loss of Office £	Total 2017/18 £
137,870	**D Williams** Chief Officer* April 2016 to date	139,170	-	139,170
94,841	**S Wearing** Chief Officer,Finance & Resources April 2016 to date	98,740	-	98,740
232,711		**237,910**	**-**	**237,910**

* The 2016/17 figures have been restated to include allowances paid to the Chief Officer

In respect of officers' pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

REMUNERATION REPORT (continued)

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31 March 2017 £	For Year to 31 March 2018 £		Difference from 31 March 2017 £000	As at 31 March 2018 £000
D Williams Chief Officer	26,593	26,860	Pension Lump Sum	3	22
S Wearing Chief Officer,Finance & Resources	18,304	19,057	Pension Lump Sum	4 3	44 84
Total	**44,897**	**45,917**	**Pension** **Lump Sum**	***7*** ***3***	***66*** ***84***

(iv) Remuneration policy

The board members are entitled to payment of travel and subsistence expenses relating to approved duties. Payment of voting board members' allowances will be the responsibility of the members' individual Council or Health Board, and will be made in accordance with their own Schemes. Non-voting members of the IJB will be entitled to payment of travel expenses. During the year to 31 March 2018, no voting or non-voting board member has claimed any expenses.

The remuneration of the senior officers is set by the contractual arrangements of the appropriate employing organisation.

David Williams
Chief Officer
19 September 2018

Mhairi Hunter
Chair
19 September 2018

ANNUAL GOVERNANCE STATEMENT

1. Scope of responsibility

1.1 The Integration Joint Board (IJB) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value.

1.2 In discharging these responsibilities, the Chief Officer has a reliance on the NHS and Local Authority's systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.

1.3 The IJB has adopted governance arrangements consistent where appropriate with the six principles of CIPFA and the Society of Local Authority Chief Executives (SOLACE) framework "*Delivering Good Governance in Local Government*". This statement explains how the IJB has complied with the governance arrangements and meets the requirements of the Code of Practice on Local Authority Accounting in the UK, which details the requirement for an Annual Governance Statement.

2. Purpose of the governance framework

2.1 The governance framework comprises the systems and processes, and culture and values, by which the IJB is directed and controlled. It enables the IJB to monitor the achievement of the objectives set out in the IJB's Strategic Plan. The governance framework will be continually updated to reflect best practice, new legislative requirements and the expectations of stakeholders.

2.2 The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the IJB's objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them effectively.

ANNUAL GOVERNANCE STATEMENT (continued)

3. Governance framework

3.1 The Board of the IJB comprises the Chair and 15 other voting members; eight are Council Members nominated by Glasgow City Council and eight are Board members of NHS Greater Glasgow and Clyde. There are also a number of non-voting professional and stakeholder members on the IJB Board. Stakeholder members currently include representatives from the third and independent sector bodies and service users. Professional members include the Chief Officer and Chief Officer, Finance and Resources. The IJB, via a process of delegation from NHS Greater Glasgow and Clyde and Glasgow City Council, and its Chief Officer has responsibility for the planning, resourcing and operational delivery of all integrated health and social care within its geographical area.

3.2 The main features of the IJB's system of internal control are summarised below.

- The overarching strategic vision and objectives of the IJB are detailed in the IJB's Corporate Statement which sets out the key outcomes the IJB is committed to delivering with its partners, as set out in its Strategic Plan and Annual Financial Statement.
- Services are able to demonstrate how their own activities link to the IJB's vision and priorities through their Corporate Improvement Plans.
- Performance management, monitoring of service delivery and financial governance is provided by the Finance and Audit Committee and Performance Scrutiny Committee. The Finance and Audit Committee reviews and reports on the effectiveness of the integrated arrangements including the financial management of the integrated budget. The Performance Scrutiny Committee scrutinises progress with key pieces of work.
- The IJB has a comprehensive performance management framework in place which ensures there is regular scrutiny at senior management, committee and Board levels. Performance is linked to delivery of objectives and is reported quarterly to the IJB. Information on performance can be found in the Annual Performance Report published on the IJB website.
- The Participation and Engagement Strategy sets out the IJB's approach to engaging with stakeholders. Consultation on the future vision and activities of the IJB is undertaken with its health service and local authority partners and through existing community planning networks. The IJB publishes information about its performance regularly as part of its public performance reporting. The Public Engagement Committee approves and keeps under review the Participation and Engagement Strategy.
- The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within Standing Orders, Scheme of Delegation, Financial Regulations and Standing Financial Instructions; these are scheduled for regular review.

ANNUAL GOVERNANCE STATEMENT (continued)

- Effective scrutiny and service improvement activities will be supported by the formal submission of reports, findings and recommendations by the external auditors, Inspectorates and the appointed Internal Audit service to the IJB's Senior Management Team, the main Board and the Finance and Audit Committee and the Performance Scrutiny Committee.
- The IJB follows the principles set out in COSLA's *Code of Guidance on Funding External Bodies and Following the Public Pound* for both resources delegated to the Partnership by the Health Board and Local Authority and resources paid to its local authority and health service partners.
- Responsibility for maintaining and operating an effective system of internal financial control rests with the Chief Officer Finance and Resources. The system of internal financial control is based on a framework of regular management information, Financial Regulations and Standing Financial Instructions, administrative procedures (including segregation of duties), management and supervision, and a system of delegation and accountability. Development and maintenance of the system is undertaken by managers within the IJB.
- The IJB's approach to risk management is set out in the risk management strategy, the risk management policy and the Corporate Risk Register. Regular reporting on risk management is undertaken and reported annually to the Senior Management Team and Finance and Audit Committee.
- Committee members observe and comply with the Nolan Seven Principles of Public Life. Arrangements are in place to ensure Board members and officers are supported by appropriate training and development.
- Staff are made aware of their obligations to protect client, patient and staff data. The NHS Scotland *Code of Practice on Protecting Patient Confidentiality* has been issued to all staff.
- Staff are also required to undertake mandatory training on information security.

4. Compliance with best practice

4.1 The IJB complies with the CIPFA Statement on "*The Role of the Chief Financial Officer in Local Government 2010*". The IJB's Chief Officer, Finance & Resources has overall responsibility for the IJB's financial arrangements and is professionally qualified and suitably experienced to lead the IJB's finance function and to direct finance staff.

4.2 The IJB complies with the requirements of the CIPFA Statement on "*The Role of the Head of Internal Audit in Public Organisations 2010*". The IJB's appointed Chief Internal Auditor has responsibility for the IJB's internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service generally operates in accordance with the CIPFA "*Public Sector Internal Audit Standards 2013*".

ANNUAL GOVERNANCE STATEMENT (continued)

4.3 The IJB's Finance and Audit Committee operates in accordance with CIPFA's *Audit Committee Principles in Local Authorities in Scotland* and *Audit Committees: Practical Guidance for Local Authorities.*

5. Review of Adequacy and Effectiveness

5.1 The IJB has responsibility for conducting at least annually, a review of effectiveness of the system of internal control and the quality of data used throughout the organisation. The review is informed by the work of the Senior Management Team (who have responsibility for the development and maintenance of the internal control framework environment), the work of the Internal Auditors and the Chief Internal Auditor's annual report, and reports from External Auditors and other review agencies and inspectorates.

5.2 The review of the IJB's governance framework is supported by processes within Glasgow City Council and NHS Greater Glasgow and Clyde. Within Glasgow City Council a self-assessment governance questionnaire and certificate of assurance is completed by all Service Directors on an annual basis. The responses to these are considered as part of the review of the Council's governance framework. A similar process is in operation within NHS Greater Glasgow and Clyde where Service Managers were provided with a "Self Assessment Checklist" to complete and return as evidence of review of key areas of the internal control framework. The Senior Management Team then considered the completed evaluations and provided a Certificate of Assurance for their services.

5.3 The arrangements continue to be regarded as fit for purpose in accordance with the governance framework.

6. Significant governance issues

6.1 The Chief Internal Auditor has confirmed that there are no significant governance issues that require to be reported specific to the IJB for 2017/18.

7. Update on Significant Governance Issues Previously Reported

7.1 There was only one significant governance issue in 2016/17 specific to the IJB which was in relation to financial planning. The IJB had significant uncertainty over its budget for 2017/18 as the Board had accepted the Chief Officer, Finance and Resources, recommendation not to accept the NHS Greater Glasgow and Clyde part of the allocated budget.

7.2 The Board approved the IJBs budget for 2017-18 at its meeting in September 2017. This included the solution to the unallocated savings on a non-recurring basis for 2017/18 with a permanent solution being allocated from the contingency budget for 2018/19 onwards.

ANNUAL GOVERNANCE STATEMENT (continued)

7.3 At its meeting in March 2018, the Board was provided with a report on the financial allocation and budget for 2018/19. The Board accepted the Chief Officer, Finance and Resources, recommendation to conditionally accept the interim budget allocations from NHS Greater Glasgow and Clyde and Glasgow City Council, subject to a formal letter being issued by NHSGGC and clarification of savings being received from Glasgow City Council. The Chief Officer, Finance and Resources, did not receive a confirmed position from NHSGGC until 1 May 2018. Proposals to meet the savings from Glasgow City Council were also confirmed. The Board approved the budget for 2018/19 at its meeting in May 2018.

8. Future Activity

8.1 On 19 April 2018, following development of a business case and detailed options appraisal, Glasgow City Councils City Administration Committee approved that the services delivered by Cordia (Services) LLP would be transferred to the Council and that Cordia would then be wound up. Cordia Homecare and associated services will be transferred to Glasgow City Council. The IJB is currently planning for the transfer of these services.

9. Internal audit opinion

9.1 Based on the audit work undertaken, the assurances provided by the Chief Officers of the IJB, Executive Directors of Glasgow City Council Services, and the Senior Management Teams of services within NHS Greater Glasgow and Clyde it is the Chief Internal Auditor's opinion that reasonable assurance can be placed upon the control environment which operated during 2017/18.

10. Certification

10.1 Subject to the above, and on the basis of assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting upon the achievement of our principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the internal control environment and action plans are in place to identify areas for improvement.

David Williams
Chief Officer
19 September 2018

Mhairi Hunter
Chair
19 September 2018

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

for the year ended 31 March 2018

2016/17					2017/18		
Gross Expenditure (Restated)	Gross Income (Restated)	Net Expenditure (Restated)		Notes	Gross Expenditure	Gross Income	Net Expenditure
£000	£000	£000			£000	£000	£000
155,094	(2,273)	152,821	Children and Families		152,983	(3,054)	149,929
24,116	(19,230)	4,886	Prisons Healthcare and Criminal Justice		24,018	(18,427)	5,591
247,758	(43,541)	204,217	Older People		248,882	(42,286)	206,596
48,963	(1,662)	47,301	Addictions		42,513	(2,201)	40,312
2,072	(222)	1,850	Carers		2,056	(297)	1,759
29,067	(981)	28,086	Elderly Mental Health		32,825	(1,115)	31,710
68,849	(14,993)	53,856	Learning Disability		71,759	(3,221)	68,538
29,721	(2,093)	27,628	Physical Disability		30,380	(1,858)	28,522
106,149	(15,235)	90,914	Mental Health		107,549	(15,345)	92,204
76,400	(33,467)	42,933	Homelessness		73,920	(25,305)	48,615
127,352	-	127,352	GP Prescribing		129,469	-	129,469
180,808	(8,772)	172,036	Family Health Services		182,404	(8,787)	173,617
11,149	(1,397)	9,752	Sexual Health Services		11,431	(1,734)	9,697
61,788	(14,144)	47,644	Other Services		57,779	(12,407)	45,372
1,169,286	(158,010)	1,011,276	**Cost of services directly managed by Glasgow City IJB**		1,167,967	(136,036)	1,031,931
120,801	-	120,801	Set-aside for delegated services provided in large hospitals		120,803	-	120,803
3,290	-	3,290	Assisted garden maintenance and Aids and Adaptations		3,290	-	3,290
1,293,377	(158,010)	1,135,367	**Total cost of services to Glasgow City IJB**		1,292,059	(136,036)	1,156,023
-		(1,154,676)	Taxation and Non-Specific Grant Income	*5*	-	-	(1,168,090)
		(19,309)	**(Surplus) or deficit on provision of services and total comprehensive (income) and expenditure**				(12,066)

The income and expenditure statement has been restated in 2016/17 to reflect the revised position in relation to hosted services. This is explained in Note 2 to the Accounts.

There are no statutory or presentation adjustments which result in the IJB's application of the funding received from partners, and therefore the movement in the General Fund balance, being different from the costs and income shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts as it is not required to provide a true and fair view of the IJB's finances.

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movements in Reserves	**General Fund Balance £000**
Balance at 31 March 2016	-
Total Comprehensive Income and Expenditure 2016/17	19,309
Increase in 2016/17	19,309
Balance at 31 March 2017	19,309
Total Comprehensive Income and Expenditure 2017/18	12,066
Increase in 2017/18	12,066
Closing Balance at 31 March 2018	**31,375**

BALANCE SHEET

as at 31 March 2018

31 March 2017 £000		Notes	31 March 2018 £000
19,309	Short term Debtors	6	31,375
19,309	**Current Assets**		**31,375**
19,309	**Net Assets**		**31,375**
19,309	Usable Reserve: General Fund	7	31,375
19,309	**Total Reserves**		**31,375**

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2018 and its income and expenditure for the year then ended.

The unaudited accounts were authorised for issue on 20 June 2018 and the audited annual accounts were authorised for issue on 19 September 2018.

Sharon Wearing
Chief Officer, Finance & Resources
19 September 2018

NOTES TO THE ANNUAL ACCOUNTS

1 Accounting policies

(A) General Principles

The Financial Statements summarise the transactions of Glasgow City Integration Joint Board ('IJB') for the 2017/18 financial year and its position at 31 March 2018.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973. It is a joint venture between NHS Greater Glasgow and Clyde and Glasgow City Council.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

(B) Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

(C) Funding

The IJB is primarily funded through funding contributions from the statutory funding partners, Glasgow City Council and NHS Greater Glasgow & Clyde. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in Glasgow City and service recipients in Greater Glasgow & Clyde, for services which are delivered under Hosted arrangements.

NOTES (continued)

(D) Cash and Cash Equivalents

Although the IJB has formally opened a bank account, it neither holds any funds nor incurs any expenditure. All transactions are settled on behalf of the IJB by the funding partners. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. This has resulted in there being no requirement for the IJB to produce a cash flow statement. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

(E) Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

Charges from funding partners for other staff are treated as administration costs.

(F) Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

(G) Reserves

The IJB's reserves are classified as either Usable or Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund

as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

(H) VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

(I) Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. The NHS Greater Glasgow & Clyde and Glasgow City Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims, taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

(J) Critical judgements and estimation uncertainty

In applying the accounting policies set out above, the IJB has had to make a critical judgement relating to the values included for set aside services. The set-aside figure included in the IJB accounts is based on the average of 2013-14 and 2014-15 acute hospital activity with a 1% uplift applied. As such, the sum set aside included in the accounts will not reflect actual hospital usage in 2017-18.

2 Prior Year Restatement Note

In applying the accounting policies set out above, the IJB has had to make a critical judgement relating to complex transactions in respect of the values included for services hosted within Glasgow City IJB for other IJBs within the NHS Greater Glasgow & Clyde area. In previous financial years the financial accounts have been prepared on the basis that the costs associated with activity for services related to non-Glasgow City residents were removed and transferred to other IJB's to reflect the location of the service recipients.

Costs were also added to reflect activity for services delivered by other IJB's related to Glasgow City residents. The costs removed/added were based upon budgeted spend such that any overspend or underspend remains with the hosting IJB.

NOTES (continued)

In preparing the 2017-18 financial statements the treatment of Hosted Services has changed. The full cost of services which are hosted by the IJB are now reflected in our financial accounts and are no longer adjusted to reflect activity to/for other IJB's within the Greater Glasgow & Clyde area. Within Greater Glasgow and Clyde, each IJB has operational responsibility for services, which it hosts on behalf of the other IJB's. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risk and reward associated with this service delivery in terms of demand and the financial

resources required. As such the IJB is considered to be acting as 'principal', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which 2017-18 accounts have been prepared. The 2016-17 figures have also been restated on this basis. This has resulted in expenditure increasing by £17.766m and income also increasing by £17.766m, with no change to the closing overspend reported in 2016-17.

3 Events after the reporting period

The Annual Accounts were authorised for issue by the Chief Officer, Finance & Resources on 19 September 2018. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2018, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

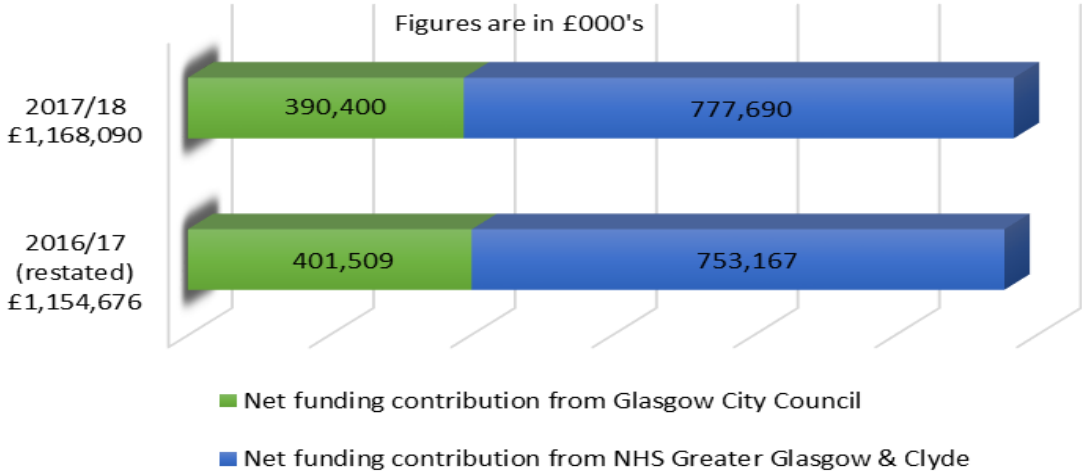
NOTES (continued)

4 Expenditure and income analysis by nature

2016/17 (Restated) £000		2017/18 £000
(1,154,676)	Partners' funding contributions and non-specific grant income	(1,168,090)
(158,010)	Fees, charges and other service income	(136,036)
324,723	Employee costs	332,992
25,427	Premises costs	25,510
5,767	Transport costs	6,208
74,143	Supplies and services	73,224
397,503	Third party costs	388,569
28,054	Transfer payments	25,919
973	Capital financing costs	810
135,271	Prescribing	135,733
180,697	Family health services	182,267
120,801	Set-aside for delegated services provided in large hospitals	120,803
18	Fees payable to Audit Scotland in respect of external audit services	24
(19,309)	**Surplus on the provision of services**	**(12,066)**

No fees were payable in respect of other services provided by the appointed auditor. This note has been restated in 2016/17 to reflect the revised position in relation to hosted services. See Note 2 for further details.

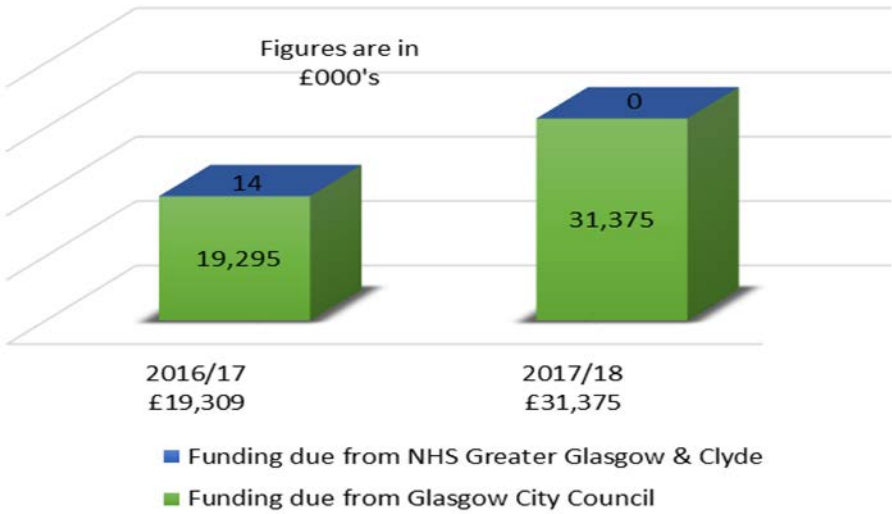
5 Taxation and Non-Specific Grant Income



This note has been restated in 2016/17 to reflect the revised position in relation to hosted services. See note 2 for further details.

The funding contribution from the NHS Board shown above includes £120,803,000 in respect of 'set-aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB, however, has responsibility for the consumption of, and level of demand placed on, these resources.

6 Debtors



NOTES (continued)

7 Usable reserve: general fund

The IJB holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a general contingency.

Balance at 1 April 2016 £000	Transfers Out £000	Transfers In £000	Balance at 31 March 2017 £000		Transfers Out £000	Transfers In £000	Balance at 31 March 2018 £000
-	-	11,880	11,880	Earmarked	7,551	19,617	**23,946**
-	-	7,429	7,429	Contingency	-	-	**7,429**
-	**-**	19,309	**19,309**	**General fund**	7,551	19,617	**31,375**

7 Related party transactions

The IJB has related party relationships with the NHS Greater Glasgow & Clyde and Glasgow City Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships. The table below shows the funding that has transferred from the NHS Board via the IJB to the Council. This amount includes Resource Transfer Funding.

This note has been restated in 2016/17 to reflect the revised position in relation to hosted services. See Note 2 for further details.

NOTES (continued)

2016/17 (restated) £000	Transactions with NHS Greater Glasgow & Clyde	2017/18 £000
753,167	Funding Contributions received from the NHS Board	777,690
(653,713)	Expenditure on Services Provided by the NHS Board	(653,990)
(545)	Key management personnel: non-voting board members	(567)
98,909	**Net Transactions with the NHS Board**	**123,133**

Key Management Personnel: the non-voting Board members employed by the NHS Board and recharged to the IJB include representatives of primary care, nursing and non-primary services; and a staff representative. NHS Greater Glasgow & Clyde did not charge for any support services provided in the year ended 31 March 2018 (2017: nil).

2016/17 £000	Balance with NHS Greater Glasgow & Clyde	2017/18 £000
14	Debtor balances: amounts due from the NHS Board	**0**
14	**Net balance with the NHS Board**	**0**

2016/17 £000	Transactions with Glasgow City Council	2017/18 £000
401,509	Funding Contributions received from the Council	390,400
(480,636)	Expenditure on Services Provided by the Council	(500,986)
(473)	Key management personnel: non-voting board members	(480)
(79,600)	**Net Transactions with Glasgow City Council**	**(111,066)**

Key Management Personnel: the non-voting Board members employed by the Glasgow City Council and recharged to the IJB include the Chief Officer, the Chief Financial Officer, the Chief Social Work Officer and a staff representative. Details of the remuneration for some specific post-holders are provided in the Remuneration Report. Glasgow City Council did not charge for any support services provided in the year ended 31 March 2018 (2017: nil).

NOTES (continued)

2016/17 £000	Balance with Glasgow City Council	2017/18 £000
19,295	Debtor balances: amounts due from the Glasgow City Council	31,375
19,295	**Net balance with Glasgow City Council**	**31,375**

8 New standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJB considers that there are no such standards which would have significant impact on its annual accounts.

9 Hosted Services

The services which are hosted by Glasgow City are identified in the table below. This also shows expenditure in 2017/18 and the value consumed by other IJB's within Greater Glasgow and Clyde.

2016/17				2017/18	
Actual Net Expenditure £000's	**Consumed by other IJB's £000's**	**Host**	**Service**	**Actual Net Expenditure £000's**	**Consumed by other IJB's £000's**
4,257	2,063	Glasgow	Continence	3,683	1,745
9,731	3,624	Glasgow	Sexual Health	9,698	3,467
7,506	3,579	Glasgow	Mental Health - Central	7,708	3,584
10,943	5,218	Glasgow	Mental Health - Specialist	11,518	5,306
16,752	4,545	Glasgow	Alcohol and Drugs Hosted	16,586	4,500
6,840	2,545	Glasgow	Prison Healthcare	7,177	2,671
2,192	987	Glasgow	Healthcare In Police Custody	2,274	1,046
21,967	6,558	Glasgow	Old Age Psychiatry	20,948	4,744
37,297	10,578	Glasgow	General Psychiatry	36,885	8,707
117,484	**39,696**		**Total**	**116,477**	**35,769**

The services which are hosted by other IJB's on behalf of the other IJB's including Glasgow City are identified in the table below. This also shows expenditure in 2017/18 and the value consumed by Glasgow City IJB.

Host	Service	Actual Net Expenditure £000's	Consumed by Glasgow City IJB £000's
East Dunbartonshire	Oral Health	10,094	5,682
	Total	**10,094**	**5,682**
East Renfrewshire	Learning Disability	8,195	6,600
	Total	**8,195**	**6,600**
Inverclyde	General Psychiatry	5,469	13
Inverclyde	Old Age Psychiatry	3,357	0
	Total	**8,826**	**13**
Renfrewshire	Podiatry	6,235	3,355
Renfrewshire	Primary Care support	3,873	2,196
Renfrewshire	General Psychiatry	7,471	10
Renfrewshire	Old Age Psychiatry	6,589	175
	Total	**24,168**	**5,736**
West Dunbartonshire	Musculoskeletal Physio	5,858	3,493
West Dunbartonshire	Retinal Screening	798	424
West Dunbartonshire	Old Age Psychiatry	1,541	0
	Total	**8,197**	**3,918**
Total		**59,480**	**21,949**

INDEPENDENT AUDITOR'S REPORT

Independent auditor's report to the members of Glasgow City Integration Joint Board and the Accounts Commission

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Glasgow City Integration Joint Board for the year ended 31 March 2018 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (the 2017/18 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2017/18 Code of the state of affairs of the body as at 31 March 2018 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2017/18 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the Glasgow City Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting
I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Officer (Finance and Resources) has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Responsibilities of the Chief Officer (Finance and Resources) and the Finance and Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Officer (Finance and Resources) is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Officer (Finance and Resources) determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Officer (Finance and Resources) is responsible for assessing the Glasgow City Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Finance and Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Officer (Finance and Resources) is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

David McConnell MA CPFA

Audit Director (Audit Services)
Audit Scotland
4th Floor, South Suite
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

September 2018

Item No: 9

Meeting Date: **Wednesday 19th September 2018**

Glasgow City Integration Joint Board

Report By: **Susanne Millar, Chief Officer Strategy and Operations / Chief Social Work Officer**

Contact: **David Walker, Assistant Chief Officer, Corporate Strategy**

Tel: **0141 287 0440**

PRIMARY CARE IMPROVEMENT PLAN (PCIP)

Purpose of Report:	To seek approval for Glasgow City's first Primary Care Improvement Plan (PCIP).

Background/Engagement:	The Scottish Government has introduced a new contract with GPs in response to growing pressures within primary care. The aim of the new contract is to enable GPs to operate as "expert medical generalists". This will be achieved by diverting work that can best be done by others, leaving GPs with more capacity to care for people with complex needs and to operate as senior clinical leaders of extended multi-disciplinary teams. To support the introduction of the new contract a Memorandum of Understanding (MoU) was signed by the Scottish Government, the British Medical Association, Integration Authorities and NHS Boards. The MoU was followed up by the Scottish Government with a funding letter which outlined how the additional investment through the Primary Care Improvement Fund (PCIF) would be allocated to each Integration Authority and the conditions attached to the funding. The MoU committed integrated joint boards to develop - for each HSCP - a Primary Care Improvement Plan in collaboration with GPs and other stakeholders. The PCIP should set out how we will deliver on the MoU's six priorities for reducing appropriately the workload of GPs over the next 3 years and how we intend to use the additional funding from the Scottish Government.

	The GP Subcommittee formally approved the plan on 31 July 2018 and it now needs to be approved by the IJB so that we can progress the implementation plan and draw down the funding from the Scottish Government. This report presents the final version of the Primary Care Improvement Plan (PCIP) for the Board to approve. The attached PCIP is a joint plan with the GP Subcommittee of the LMC. We undertook a communication and engagement process to inform the preparation of this plan. We used our existing city wide and local planning structures as well as well as running additional workshops and meetings. We received also a number of written comments. This plan has been written in partnership with GPs in Glasgow over the past few months and we have made every attempt to respond to their views and suggestions.

Recommendations:	The Integration Joint Board is asked to: a) note the contents of this report; b) approve the contents of the PCIP noting its joint development with the GP Sub Committee; c) instruct officers to report back on progress with the implementation of the PCIP every 12 months to the IJB Performance and Scrutiny Committee; and d) endorse the development of a Strategic Planning Group for Primary Care.

Relevance to Integration Joint Board Strategic Plan:

Transforming primary care services is a vital element of the IJB/HSCP's strategy, given that a significant volume of patient contacts take place within primary and community care each year, with the majority of patient contacts and episodes of care taking place entirely within this setting. Estimates suggest that up to 90% of health care episodes start and finish in primary and community care.

Implications for Health and Social Care Partnership:

Financial:	Section 11 of the PCIP provides details of the planning assumptions for the additional investment from the Scottish Government to implement the proposals. Of the national allocation of £45.750m to support the implementation of the Primary Care Improvement Plans in 2018/19, Glasgow City IJB/HSCP has been allocated £5.529m. This is forecast to increase to £18.732m by 2021-22 for Glasgow City in line with the increase in the national figure.

Reference to National Health & Wellbeing Outcome:	All outcomes are relevant

Personnel:	The PCIP identifies the need for additional staff; in particular pharmacists, pharmacy technicians, nurses, advanced nurse practitioners, advanced physiotherapy practitioners, mental health workers and community links workers.

Legal:	N/A

Economic Impact:	Economic impact from the establishment of between 400 to 500 new posts within community and primary care services and the potential to work with training providers, such as colleges, to develop training and career pathways into these jobs.

Sustainability:	Sustainability should be assured as the additional Scottish Government funding will be made available on a recurring basis after 2021.

Sustainable Procurement and Article 19:	N/A

Equalities:	Sections 4 and 7 of the PCIP provide details of the health inequalities and equality implications arising from the PCIP. We are in the process of undertaking a strategic equality impact assessment on the plan and there will be a requirement for an EQIA to be undertaken as part of the implementation process for each of the workstreams.

Carers:	By extending care in the community carers should see benefits and increased levels of support for them in their caring role.

Provider Organisations:	Third sector/independent organisations will have an opportunity to tender for the provision of Community Links Workers.

Risk Implications:	There are a number of strategic risks associated with the PCIP: • Risk that we cannot recruit sufficient numbers of experienced practitioners to fill the new posts. • Potential displacement from other services as a consequence of experienced staff moving to these new posts. • Likelihood that funding will not be sufficient to meet all the commitments in the new GP contract for all practices. • The PCIP has been developed in partnership with the GP Subcommittee and the continuation of the positive working relationship between the HSCP and the GP subcommittee will be vital to the success of the plan. • Not all the workstreams are within the gift of the HSCP. For example, the Vaccination Transformation

	Programme is being planned through both national and NHSGG&C arrangements.

Implications for Glasgow City Council:	The implementation of the PCIP will provide opportunities to improve joint working between primary care and wider council services for the benefit of those patients with multiple and/or complex needs - especially in relation to the role of Community Links Workers and expansion of multi-disciplinary team working.

Implications for NHS Greater Glasgow & Clyde:	The PCIP is being led by the HSCP with the GP Sub Committee and in the context of a partnership arrangement with the Health Board. The Health Board will be required to ensure that the total funding from the Scottish Government is made available for the implementation of the PCIP and will be responsible for the employment of new staff. In addition, the procurement process for the provision of Community Links Workers will be undertaken through the NHSGG&C arrangements.

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	✓
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Introduction

1.1 This report follows two previous reports that were presented to the Board earlier this year: the first was in January and explained the new 2018 General Medical Services contract and the second in June outlining the guidance, timetable and progress on the development of a Primary Care Improvement Plan (PCIP) for Glasgow City HSCP. The Board also held a development session on the PCIP on the 14 August. This third report presents the final version of the PCIP for the Board to approve.

1.2 The attached PCIP is a joint plan with the GP Subcommittee of the LMC. The GP Subcommittee formally approved the plan on the 31 July 2018 and now needs to be approved by the IJB so that we can progress the implementation plan and draw down the funding from the Scottish Government.

2. Background

2.1 The Scottish Government proposes to introduce a new contract with GPs over the next three years in response to growing pressures within primary care that are threatening sustainability, such as rising demands on the service and concerns about GP recruitment, early retirement and retention. The aim of the new contract is to enable GPs to operate as “expert medical generalists”. This will be achieved by diverting work that can best be done by others, leaving GPs with more capacity to care for people with complex needs and to operate as senior clinical leaders of extended multi-disciplinary teams.

2.2 The principal elements of the new contract are to re-design primary care services to enable longer consultations by GPs with people with multiple morbidities requiring complex care, for Health Boards to take on responsibility for GP leased and owned premises, to reduce the risk to GPs from information sharing, improved use of new information technology, to give GP clusters a role in quality planning, quality improvement and quality assurance, and provide new opportunities for other practice staff-nurses, managers and receptionists. GPs voted to support introduction of the new GP contract and this came into force from April 2018. A further poll of GPs on the new contract is due to take place in 2020.

2.3 To support the introduction of the new contract a Memorandum of Understanding (MoU) covering the period 1st April 2018 to 31st March 2021 was signed jointly by the Scottish Government, the British Medical Association, Integration Authorities and NHS Boards. The purpose of the MoU is to facilitate the introduction of the new contract and, in particular, to set out how additional funding will be used over the next three years to reconfigure services.

2.4 The MoU was followed up by the Scottish Government with a funding letter which outlined how the additional investment through the Primary Care Improvement Fund (PCIF) would be allocated to each Integration Authority and conditions attached to the funding. For 2018-19 the PCIF is £45.7M for Scotland which is planned to rise over the next four years to £50M in 2019-20, £105M in 2020-21 and to £155M in 2021-22. Based on NRAC, Glasgow City's allocation for 2018-19 is £5.5M rising to £18.7M by 2021-22. This sum is inclusive of existing commitments and combines previous separate funds.

2.5 Although described as "earmarked recurring funding" it is emphasised in the Scottish Government funding letter that we should treat these figures as planning assumptions and subject to amendment by Ministers without notice. Future funds will also be subject to the annual Parliamentary budget process. The HSCP will receive 70% of its allocation initially with the remaining 30% either allocated in November 2018 or, where full spend cannot be confirmed, held over as an earmarked reserve until the following year. The allocation of PCIF requires to be planned alongside separate funding allocated for out of hours primary care and for Action 15 of the national mental health strategy (a part of which is intended for primary care).

3. Primary Care Improvement Plan

3.1 The MoU committed integrated joint boards to develop for each HSCP a Primary Care Improvement Plan in collaboration with GPs and other stakeholders. The PCIP should set out how we will deliver on the MoU's six priorities for reducing appropriately the workload of GPs over the next 3 years and how we intend to use the additional funding from the Scottish Government.

3.2 The key priorities for the PCIP are prescribed by the MoU and are as follows:

- A **vaccination transformation programme** to transfer work from GPs to the HSCP for children, adults and travel**.**
- **Pharmacotherapy services** with the transfer of acute, repeat prescribing and medication management to HSCP employed pharmacy support staff

- **Community treatment and care services** to be undertaken by the HSCP, including phlebotomy, ear syringing, suture removal and management of minor injuries and dressings.
- **Urgent care** with the employment of advanced practitioners providing first response for home visits and for urgent call outs.
- **Additional professional** roles as part of the MDT including physiotherapists and community clinical mental health professionals to see patients as a first point of contact.
- **Community Links Workers** to help patients navigate and engage with wider services.

3.3 We undertook a communication and engagement process to inform the preparation of this plan. We used our existing city wide and local planning structures as well as running additional workshops and meetings. We also received a number of written comments. The communication and engagement process involved the following stakeholders:

- GPs and their staff, such as practice managers and practice nurses
- Patients, their families, carers and local communities, primarily though our local engagement forums.
- Primary care providers: pharmacists and optometrists
- HSCP staff, such as district nurses, physiotherapists, prescribing support pharmacists
- Third sector bodies carrying out activities related to the provision of primary care.

3.4 This plan has been written in partnership with GPs in Glasgow over the past few months and we have made every attempt to respond to their views and suggestions.

3.5 We recognise that, given the short timescale to undertake the engagement, we still need to meet with a number of stakeholders, including the Scottish Ambulance Service, NHS 24 and our oral health colleagues. We gave a commitment also to all the people we talked to that we will continue to involve them in the further development of the proposals outlined in this plan.

3.6 For each workstream the plan is structured around the following sections:

- Background and context
- Requirements of the MoU
- Evidence from the work so far and implications for Glasgow
- Messages from engagement
- Initial modelling based on the available intelligence to indicate what is likely to be required to support all practices. In some cases this is based on broad assumptions
- Actions split between those actions to be started in 2018/19 and those for subsequent years

4. Future Engagement around Primary Care

4.1 The Primary Care Strategy Group has recently discussed future engagement with stakeholders as part of the review of Strategic Planning Groups which is taking place alongside the development of the Strategic Plan.

4.2 The Strategy Group agreed it would be useful to have a specific Primary Care Strategic Planning Group to engage around the development of a primary care strategy.

4.3 Membership of the Primary Care Strategy Group would follow that required for the Partnership's other Strategic Planning Groups in line with the legislative requirements for the Partnership's overarching Strategic Planning Group.

5. Next steps

5.1 We need to move quickly to put in place the infrastructure for implementing the plan as well as moving forward with each of the workstreams. Over the next six months the key tasks will be:

- Establishment of the governance and accountability arrangements for implementation of the plan.
- Communication and engagement with GPs: we have arranged two events with all 146 GP practices in the city for the 18th and 19th September. This will be used to seek views from GPs on future engagement in the process for service design and delivery.
- Completion of Equality Impact Assessment
- Setting up a Project team
- Finalising project plans for each workstream
- Undertaking of tests of change where these are required.
- Agreement to be reached on methodology for allocating resources across GP practices/clusters.
- Improving data analysis for intelligence and evaluation
- Continuing to work closely with the LMC

6. Recommendations

6.1 The Integration Joint Board is asked to:

a) note the contents of this report;
b) approve the contents of the PCIP noting its joint development with the GP Sub Committee;
c) instruct officers to report back on progress with the implementation of the PCIP every 12 months to the IJB Performance and Scrutiny Committee; and
d) endorse the development of a Strategic Planning Group for Primary Care.

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	190918-9-a
2	Date direction issued by Integration Joint Board	19 September 2018
3	Date from which direction takes effect	19 September 2018
4	Direction to:	NHS Greater Glasgow and Clyde only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes (reference number: 200618-6-a)
6	Functions covered by direction	Primary and community care services, mental health services, children's services (vaccination programme)
7	Full text of direction	Facilitate the recruitment of the new staff that are identified through implementation of the Primary Care Improvement Plan Provide the funding to support the implementation of the Primary Care Improvement Plan in accordance with the letter from the Scottish Government dated the 23 May 2018.
8	Budget allocated by Integration Joint Board to carry out direction	Glasgow City IJB/HSCP has been allocated £5.529m. This is forecast to increase to £18.732m by 2021-22 for Glasgow City in line with the increase in the national figure.
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	By 31 March 2019 to agree funding for 2019/20.

Glasgow City

Primary Care Improvement Plan 2018-21

July 2018

Contents

Section

Foreword

We welcome the new GP contract as it aims to guarantee a long term future for general practice and to substantially improve patient care, by maintaining and developing the role of primary care as the 'cornerstone of the NHS system'. It provides a welcome spotlight on primary care as a foundation on which to deliver more integrated care to patients throughout the city.

Given its unenviable health record the outcome of the contract's implementation is of crucial importance to the future prospects of the city's population. We see the Primary Care Improvement Plan (PCIP) as providing the framework whereby these commitments can be delivered.

While the new contract is intended to primarily benefit patients - by reducing and re-focussing GP and GP practice workload to support the development of the GP role as an expert medical generalist and to act as senior clinical leaders within wider multi-disciplinary teams - its implications are much wider; There is an expectation that many HSCP services will need to be reconfigured and, crucially, there are clear expectations of gains for patients in the city, in terms of easier access to effective integrated assessment, treatment, advice and support as well as improvements in how they are directed to local support networks and - for more complex patients - more time with their GPs.

This first PCIP is very much an initial plan. We see the PCIP as the start of a three year process to support primary care. This first plan maps some of the main directions for the future. Where we can we have identified firm actions for implementation in 2018-19 but at this stage there is much we do not know or are not yet certain of. This will require further investigatory work to be undertaken in the first year to establish assurance of a clear, confident and agreed path of action.

The requirements set out in the related Memorandum of Understanding - to meet the commitments made to GPs as part of the first phase of the contract negotiations - represent a significant programme of transformational change that will affect all practices. While this is a unique opportunity to shape primary care alongside community care services, there can be no doubt that this represents a major undertaking and it will be a challenge to deliver the agreed changes within the timelines.

At the heart of this PCIP lies shared leadership based on close cooperation and collaboration between HSCP services and GPs as well as with a host of other important stakeholders in its planning and implementation. The health of this relationship will be vital in determining the success of this plan. While there is much for us to do locally, and we positively embrace this responsibility, an important element of collaboration will be with the Scottish Government in terms of issues such as funding, workforce planning, policy alignment and flexibility.

We welcome the new monies that the Scottish Government has allocated to support the change over the next four years. We are mindful, though, that they may not be sufficient to meet the costs of such an extensive programme of change across so many practices, especially in Glasgow where the extensive health inequalities experienced by our population place additional burdens on health care. We recognise that this will leave us with choices to make and decisions on how we spend the available funding wisely to achieve the most impact.

While there are likely to be many hurdles to overcome, we believe that properly applied the PCIP can make a real difference for the people of Glasgow. We are committed to working together to fashion affordable and effective solutions to ensure the sustainability of General Practice and which will consequently benefit people in the city.

David Williams
Chief Officer
Glasgow HSCP

Alistair Taylor
Chair GP Subcommittee and LMC

Section 1: Introduction and Background

The new GP contract aims to guarantee a long term future for general practice and to substantially improve patient care by maintaining and developing the role of primary care as the 'cornerstone of the NHS system'.

The emergence of the PCIP is part of a wider programme of change, that includes the Moving Forward Together, and which sets a future framework for the development of health and social care services across Greater Glasgow and Clyde.

The essence of the new GP contract is to create the conditions that enable GPs to operate as expert medical generalists by releasing them from work that is capable of being carried out by others, thereby allowing GPs more time to spend on the complex care for vulnerable patients, undifferentiated illness and to operate as senior clinical leaders of extended primary care teams.

In this respect the HSCP values highly the GP practice teams who are providing safe, effective and person-centred care for the many patients they care for in Glasgow.

The new contract began in April 2018 and outlines a range of changes that will take place between 2018 and 2021. It is intended that this three year period will be phase 1 of the process and the Government and profession have agreed to develop plans for a second phase, which will be subject to another poll of GPs in 2020. The contract for 2018-21 is supported by a Memorandum of Understanding which requires:

"The development of a HSCP Primary Care Improvement Plan (PCIP)[1], in partnership with GPs and collaborating with other key stakeholders including NHS Boards that is supported by an appropriate and effective MDT model at both practice and cluster level, and that reflects local population health care needs".

The Memorandum of Understanding (MoU) - agreed between the Scottish Government, the British Medical Association, Integration Authorities and NHS Boards - identifies six priorities for reducing the workload of GPs as part of the broader plan for sustaining primary care services. These priorities are

- Vaccination services,
- Pharmacotherapy services,
- Community treatment and care services,
- Urgent care services
- Additional professional services, including acute musculoskeletal physiotherapy services, community mental health services
- Community link worker services.

The PCIPs are intended to explain how this will happen in each HSCP area over the next three years and will be supported by additional funding for four years from the Scottish Government. The Memorandum of Understanding explains that the PCIPs:

[1] The expected content of the plan and the requirements for the multi-disciplinary team are set out in the Memorandum of Understanding http://www.gov.scot/Resource/0052/00527517.pdf and the new contract framework (section 4 pages 24-38) http://www.gov.scot/Resource/0052/00527530.pdf.

"..must determine the priorities based on population healthcare needs, taking account of existing service delivery, available workforce and available resources. To support that aim HSCPs will collaborate on the planning, recruitment and deployment of staff".

Overarching aim of this plan

Based on the agreement in the new GP contract and the supporting Memorandum of understanding our aim is to **enable the development of the expert medical generalist role through a reduction in current GP and practice workload. By the end of the three year plan, every practice in Glasgow will be supported by expanded teams of board employed health professionals providing care and support to patients.**

SECTION 2: Our Vision and Approach

The Health and Social Care Partnership's Strategic Plan for 2016 to 2019 set out our vision for the future of health and social care in the city:

"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

The new GP contract provides a unique opportunity to achieve our vision through a fundamental transformation of primary care services.

Our approach to primary care

Our approach to the delivery of the PCIP is guided by the guidance provided by the Memorandum of Understanding and takes account of local priorities, population needs and existing services and builds on engagement with our local partners and stakeholders.

We will engage with GPs to agree a transparent and equitable way to guarantee that all practices and their patients in Glasgow will benefit from the new investment that is being made available by the Scottish Government to provide direct support for general practice.

Through the implementation of our plan we will support the re-focusing of the GP as an expert medical generalist and to facilitate improved patient care delivered by practices.

We are committed to working in a collaborative way with the advisory structures and representative bodies. The GP Sub Committee is integral to the successful delivery of this plan and the proposals outlined in this plan have been jointly developed with them.

Through our plan we balance our need to achieve the ambitions for primary care that are set out in the new GP contract against the funding that will be available to us, the capacity of our workforce and the complexities of delivering the commitments within a city the size of Glasgow.

We are particularly cognisant of the considerable health inequalities experienced by many patients living in Glasgow City. In preparing our plan we have given considerable thought to how we will design our services to address both the underlying causes of inequality and how

we respond to the poor health outcomes, which these inequalities both create and exacerbate. This approach reflects the Scottish Government's requirements - outlined in the funding letter from the Cabinet Secretary - which states that "Whilst we recognise that the key determinants of health inequality lie outside general practice services and health care generally, there remain opportunities to strengthen the role of general practice and primary care in mitigating inequality. All PCIPs should include a section on how the services will contribute to tackling health inequalities".

This plan is our initial attempt based on the knowledge and evidence we have at the moment and sets out the process for how primary care will be developed in subsequent years. Our priority in year 1 will be to implement approaches which have been shown to work effectively and where impact on GP workload has been evidenced through tests of change in Glasgow and elsewhere in Scotland.

Glasgow City HSCP is working in collaboration with NHSGG&C Health Board and the other 5 HSCPs through the Primary Care Programme Board, to develop approaches that, where appropriate and practicable, are based on consistent

- Principles
- Patient pathways
- Role descriptors and grading for posts
- Ratios for recruitment to the multi-disciplinary teams (i.e. using similar ratios for staff per practice/ patient population).

We will work in partnership with GPs through our city wide and local structures to agree the detail of the deployment of the additional staff to individual practices, within the overarching framework outlined in this plan.

When we are testing out a new model of service we will work in partnership with GPs and the GP Subcommittee in considering the type of service required and to ensure that it maximises the reduction in their workload.

Where practicable and appropriate we will collaborate with the other 5 HSCPs in Greater Glasgow and Clyde area to co-ordinate recruitment activity. In doing this we will take account of existing professional leads and hosting arrangements for services.

In working with GPs to develop the multi-disciplinary teams and new patient pathways, we will consider the re-design of existing roles/services as well as the recruitment of new staff. Extended multi-disciplinary teams will be developed with both 17c and 17j practices.

We recognise and value the importance of practice team working and through the implementation of this plan we will aim to support practices to both enhance and further develop the ethos of team working in primary care.

We recognise the wide variations in practices across Glasgow, reflecting the different demography and health needs of their patient populations and communities which practices serve, the size of practice patient lists, the location of practices, ways of operating, the number of GP partners and the staffing complement of practices.

We value the complementary and supportive roles that the third sector and our other community planning partner's fulfil. The third sector and others already provide services that prevent poor health, support self-management of health conditions and support aspects of recovery.

Section 3: Profile of General Practice in Glasgow City [2]

A significant volume of contacts take place within primary and community care each year, with the majority of patient contacts and episodes of care taking place entirely within this setting. Estimates suggest that up to 90% of health care episodes start and finish in primary and community care. Over time there is an expectation that many aspects of patient care, which are currently provided in acute hospitals, will be undertaken in community and primary care settings.

Central to this system of care is the list based system of primary care, where people are registered with a GP practice and this provides a foundation for the delivery of a full range of preventative and treatment services, as well as a network of locations for the delivery of care. This offers also an opportunity for coordinated care within a defined geographical area and utilising a wide network of services.

In 2007 there were 156 practices in Glasgow City but these had reduced to 146 by October 2017. The 146 practices in Glasgow represent 15% of all practices in Scotland (956) and provide care for 13% of all patients.

65 (44%) out of the 146 practices in Glasgow City are based in health centres, whilst the remaining 56% are based in their own premises. There are 23 single handed practices in Glasgow.

We have obtained information on the profile of GPs and their practice staff from the most recent Scottish Government primary care workforce survey. Although not all GPs responded to the survey (there was an 82% return rate by GPs across Scotland), it does provide some useful information on the profile of GPs, their practice staff and their patient populations. The information below has been extracted from the survey to provide a summary for Glasgow City:

Estimated GP Workforce[3]

- The estimated total number of GPs is 513 (head count) and 417 (whole time equivalent).
- The majority of GPs are partners (433 headcount). The remainder are salaried, retainees and sessional GPs.[4]
- Overall, 23% of GPs are aged over 55 years and 52% are over 45 years.
- Around 60% of GPs are female.

[2] Some figures may not add up as a result of rounding averages.

[3] Data taken from the Primary Care section of the ISD website http://www.isdscotland.org/Health-Topics/General-Practice/. The survey response rate increased from 58% in 2015 to 82% in 2017. Despite this increase in response rate there remains a possibility that the survey may not represent the situation in all GP practices. With this increased response rate, direct comparisons between results for 2015 and 2017 should be made with caution. Analysis does however suggest that the responding practices in both 2015 and 2017 were broadly representative of all practices in terms of practice list size, deprivation and rurality. Estimated figures for whole areas have been extrapolated based on data from responding practices and scaled using practice list sizes.

[4] There are a large numbers of sessional GPs who make a contribution to providing care within practices, without whom general practice would struggle to operate..

- Female GPs are more likely to be in the younger age groups than male GPs.

Glasgow City Estimated Practice Staff

- There are approximately 347 clinical staff (practice nurses, health care support workers and phlebotomists) working in Glasgow City's practices. This equates to a whole time equivalent of 194, indicating the high rate of part time working.
- The majority of clinical staff are practice nurses (estimated at 146 whole time equivalents), with the remainder being health care support workers (estimated at 45) and phlebotomists <5).
- 78% of practices nurses are aged 45 and above, whilst only 22% are younger than 45 and 15% of all nurses are over 60 years old.

The demographic profile of patients registered with GPs[5]

- Between 2007 and 2017 the registered patient population for Glasgow City increased from 661,319 to 717,255 (8.5%). This was a higher rate of increase than for Scotland, which was 5% over the same period.
- The average practice size in Glasgow has approximately 1,000 fewer patients than the Scottish average (4,913 patients compared to 5,961 for Scotland).
- Glasgow has the smallest and largest GP list sizes in NHSGGG&C: ranging from about 1,400 to almost 40,000 patients.
- Compared to Scotland, older (65 years+) patients make up a smaller percentage of the overall patient population in Glasgow (13% compared to 18% for Scotland).
- Glasgow has a much larger percentage of patients who are of working age than Scotland as a whole (the 24 to 64 year olds represent 60% of Glasgow's patients compared to 55% for Scotland).
- The profiles for children and young people (0 to 24 year olds) are similar at 28% of the patient population in Glasgow and 27% for Scotland.

In addition to the GPs and their practice employed staff there is a wide range of practitioners working within primary and community care who are working in health and social care partnerships, such as district nurses, health visitors, podiatrists, physiotherapists and pharmacists. Many of these practitioner groups share similar workforce and demographic challenges as the workforce employed in general practice.

Sustainability of primary care services

The PCIP's role is to demonstrate how we support the sustainability of the GP role by transferring workload from GPs to a range of other practitioners and services. Some of the factors included in the profile above which are threatening the longer term sustainability of general practice in Glasgow include:

- The older age profile of GP partners as over 50% of GP partners are aged 50 years.
- Changing working patterns as newer GPs are choosing a different work/life balance arrangement (they are working an average of fewer than 7 sessions per week rather than the previous 9-10), therefore just to retain the existing level of service, more GPs need to be recruited to replace those who leave the profession[6].

[5] http://www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations/
[6] We note that some GPs may have reduced their sessional commitments as a means to manage their workload and the ability to offer these work-life balance arrangements may aid retention of the GP in the workforce.

- The demands and complexity of working in areas with high levels of multiple deprivation and the changing demography of the general population and its overall growth.
- The older age profile of practice staff and HSCP community staff.

Examples of the approaches we would wish to take forward, both at the national and local level, include how we can retain the existing GPs; supporting the recruitment of new GPs through encouraging young people from all backgrounds to choose general practice; working with the universities to demonstrate to medical students the positive aspects of becoming GPs; and working with the GPs across a range of settings and the Scottish Government, to consider how pilot projects and tests of change in different approaches to retaining and recruiting GPs could be mainstreamed across all practices.

Actions

As part of our existing support for primary care through our Clinical Directors we will work with a number of GP practices across Glasgow, to gather intelligence through utilising the practice sustainability assessment tool that is provided by the Scottish Government.

SECTION 4: Local Population Health[7] and Health Inequalities

Demographic change

The population of Glasgow City is generally younger and much more socio-economically deprived than that of Scotland and the other NHS GG&C partnership areas. The population will begin to age over the period to 2025, but as a result of lower life expectancy and migration of younger working age people into the city, this will take place much more slowly than across other areas of NHS GG&C.

Health inequalities

The population experiences lower life expectancy and lower healthy life expectancy for men and women, and higher deaths rates from heart disease, deaths in young adults and cancer deaths than the Scottish average.

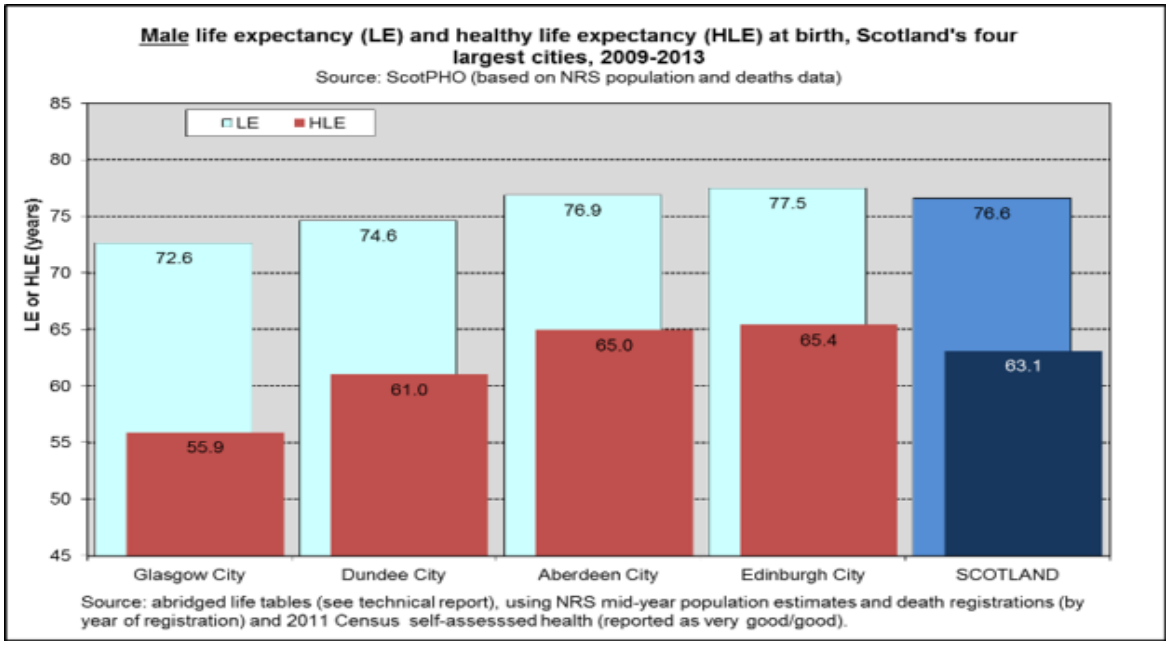
The graph below shows male life expectancy (LE) and healthy life expectancy (HLE) at birth in Scotland's four largest cities in the period 2009-2013. Edinburgh had the highest male LE at birth (77.5 years) and Glasgow City the lowest male LE at birth (72.6 years), a life expectancy gap of approximately 5 years.

HLE at birth broadly follows the same pattern, with Edinburgh having the highest male HLE (65.4 years) and Glasgow City the lowest (55.9 years). This means that a boy born during 2009-2013, subject to the self-assessed health and mortality patterns for Glasgow City during that period, would be expected to live in a healthy state for **9.5 years less** than a similar baby experiencing the patterns for Edinburgh.

A boy from Glasgow would be expected to have the longest period spent not in good health (16.7 years) - the difference between the estimates of overall life expectancy and healthy life expectancy.[8] This is a crucial factor for the workload of GPs who work in communities with more deprived populations and where these trends are intensified.

[7] Glasgow City HSCP Primary Care Improvement Plan Intelligence Chapter, Public Health, NHSGG&C (May 2018)

[8] http://www.understandingglasgow.com/indicators/health/trends/male_healthy_life_expectancy/scottish_cities/males

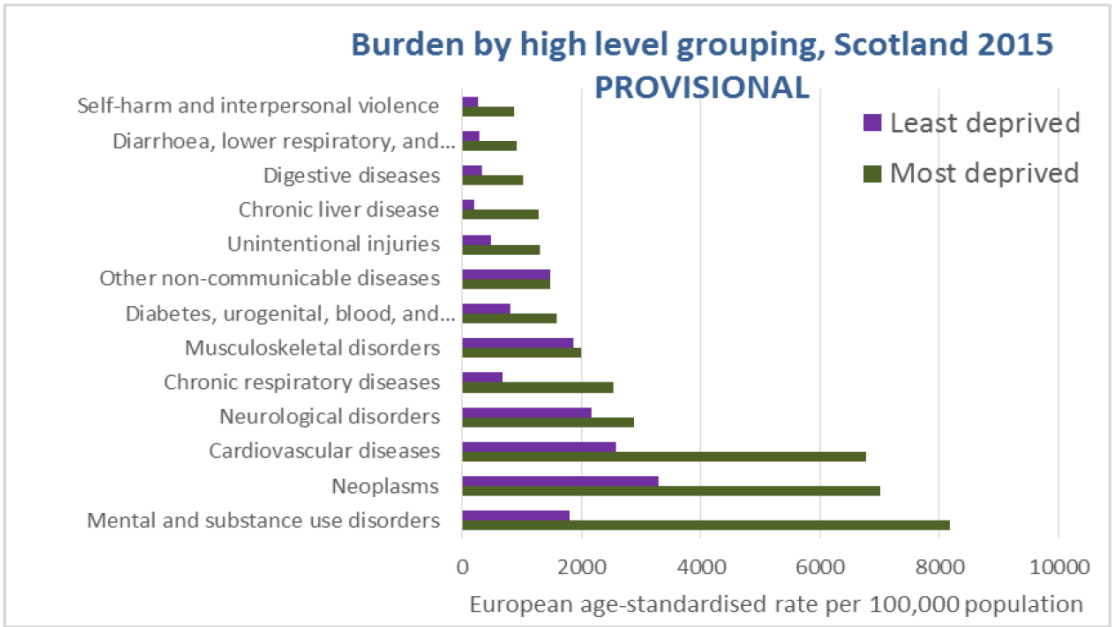


Residents in Glasgow are more likely to be diagnosed with cancer, heart disease or respiratory disease. The population of Glasgow has lower mental wellbeing and life satisfaction scores than its Scottish counterparts.

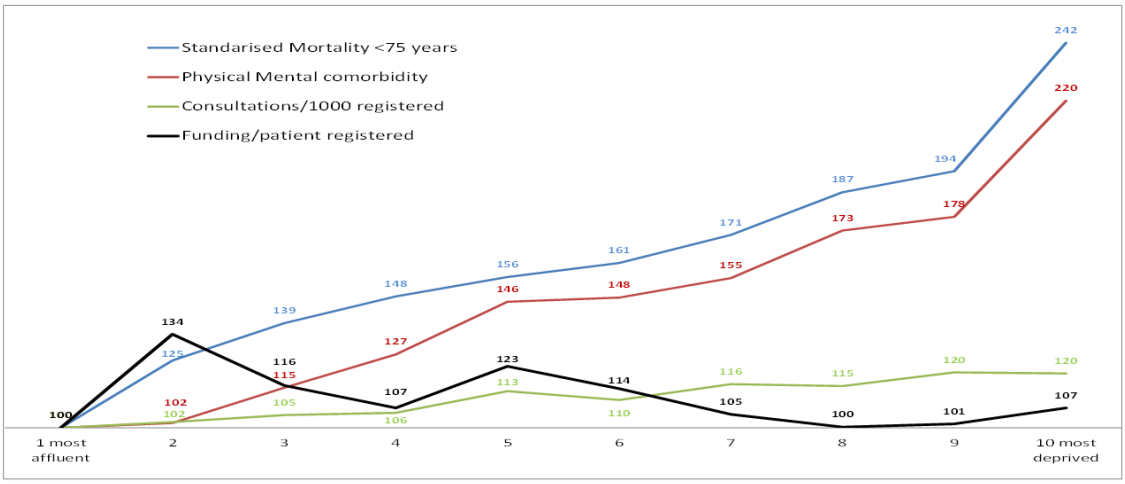
Poverty is the underlying issue that influences the health and wellbeing of Glaswegians and this in turn creates circumstances which result in challenges around health behaviours and in the way citizens access services.

A key proxy indicator of 'health inequalities' is the level of child poverty in a population. The Institute of Fiscal Studies recently published predictions for child poverty rates, which suggest child poverty will rise from 34.3% (2017) of all children in Glasgow to 42% by 2021. Such a stark rise in child poverty suggests that the 'burden of poverty,' already experienced in the city, will rise during the period of this plan and could exacerbate current pressures on primary care and wider health care systems.

The recent 'burden of disease' work led by Health Scotland (years of life, and years or living with a disability) shows very clearly the nature and extent of the impact of poverty on primary care and other health services.



The graph below illustrates how premature death and multiple and complex illness increases with deprivation while rates of consultation and levels of funding remain relatively flat.



% Differences from least deprived decile for mortality, co-morbidity, consultations and funding

Mental health is worse for residents who live in the more deprived communities as a result of factors such as poverty, unemployment and exclusion and this can create a vicious cycle of poor physical health and co-morbidity related to substance misuse.[9]

Alcohol and drug problems and their impact on health outcomes for residents of Glasgow are more prevalent in Glasgow City than for Scotland as whole.[10] In 2017 in Glasgow City there were 192 drug-related deaths - an increase of 12.9% since 2016.

Glasgow City accounted for 17% of the total number of alcohol related deaths in Scotland in 2017.[11] In 2013 over a third of individuals presented to their GP with alcohol related problems in the first instance[12].

Patterns of service uptake

Glasgow City residents are less likely to use primary care out of hours services and more likely to use emergency departments than elsewhere in NHS GG&C; this could be explained by the younger and more deprived population living in the city.

Long Term Conditions (LTCs) are no more common in the city than elsewhere - reflecting the younger population - although this is not true in the most deprived communities, where the prevalence of multiple LTCs is higher and occurs earlier in a person's life.

Immunisation rates are slightly lower in Glasgow than for NHS GG&C as a whole. It will be important to maintain immunisation rates and improve them across the population and subgroups of it, such as the more deprived, through the period of the vaccine transformation programme.

[9] Healthy Minds: The report on the health of the population of NHSGG&C, Director of Public Health, November 2017
[10] The "Drug related deaths in Scotland in 2017" report published by the National Records of Scotland (NRS) on 3rd July 2017
[11] Alcohol related death data from the National Records of Scotland.
[12] An ADP report which explored the journey of a cohort of patients who had died from alcohol related death causes.

Screening uptake for bowel, cervical and breast cancer and for diabetic retinopathy and for abdominal aortic aneurysm are lower than elsewhere in NHSGG&C and deprivation is the main determinant of these disparities.

Patients in Glasgow have a higher rate of unscheduled care and relatively lower rate of scheduled care than the rest of NHSGG&C. There is very limited information available on patient contacts in primary care[13].

The challenge of unscheduled care is not restricted to the acute hospital system. We have a challenge in ensuring that people either present to the correct part of the health and care system or are directed there as efficiently as possible. Our aspiration is that significantly fewer people with non-medical needs such as loneliness, present to their GPs but are instead connected into the community supports we are seeking to build across the city.

District nursing, physiotherapy, outpatients' referrals, day cases and in-patients' activity are all projected to see a modest increase by 2025 but these increases will be less marked than elsewhere in NHS GG&C.

In 2016 85% of inpatient activity was non-elective, and 85% of unscheduled care was driven by self-referral to emergency departments.

Equalities

In addition to poverty we know that health outcomes and health inequalities can be related to a number of other factors, such as a person's protected characteristics. These are some of the key equality statistics about Glasgow's population[14]:

- Over 20,000 adults in Glasgow have a learning disability.
- Almost one in every four residents lives with a disability (substantially higher than any other city in Scotland).
- For the period 2013-17, the suicide rate was more than two-and-a-half times higher in the most deprived tenth of the population compared to the least deprived (21.9 deaths per 100,000 population compared to 7.6). In 2017, the suicide rate for males was more than three times that for females.
- Our minority ethnic population more than doubled between 2001 and 2011, with growth across most ethnic groups, significantly amongst African, Polish and Roma communities. Interpreting services are used for over 80 different languages.
- Glasgow formally receives people seeking asylum and in this capacity we welcome and support around 3000 people seeking asylum a year.
- We understand that around one in every fourteen residents is Lesbian, Gay, Bisexual or Transgender (LGBT).

There is now clear international evidence that strong primary care systems are positively associated with better health and better equity.[15] As the gateway to health care, the design and accessibility of primary care services for people with protected characteristics is critical. Discrimination, stigma and prejudice increase the likelihood of illness and exclusion for these groups.

[13] This will be addressed in the data requirements for the 2018 General Medical Services Contract

[14] Statistics taken from Glasgow City HSCP's Equality Scheme and http://www.scotpho.org.uk/health-wellbeing-and-disease/suicide/key-points

[15] Andrew Scott , Gregor Smith, Richard Foggo Scottish Government, 2017).

A Fairer NHS Greater Glasgow & Clyde (2016-2020) and the Integrated Joint Board's Equalities Plan set out the ambitions and actions of the NHS in relation to the Equality Act (2010) in relation to.

- Eliminating unlawful discrimination, harassment and victimisation;
- Advancing equality of opportunity between groups of people with different 'protected characteristics';
- Fostering good relations between these different groups.

This plan will ensure primary care developments are accessible and meet the needs of all patients in compliance with the Act and be guided by the actions that will be identified as a result of an equality impact assessment.

Section 5: Developing the Plan

For Glasgow City the production of the initial PCIP has been co-ordinated by the HSCP's Primary Care Strategy Group (PCSG), which comprises a range of senior clinicians and managers as well as GP subcommittee and LMC representatives and other independent contractors. The PCSG is responsible for linking with the NHSGG&C-wide Primary Care Programme Board (PCPB) and for assimilating and synthesising national information and directions with local intelligence on needs, resources, circumstances and performance. The PCSG also connects across the principal functions of the HSCP to provide a profile and cohesion of primary care with other HSCP plans. The governance structures in Appendix 2 demonstrate the scale and complexity of this task within Glasgow City.

We have used workshops with members of the PCSG to comprehend the task, define our starting position and develop ideas for the pilot initiatives that are included in the implementation plan Section 13

In Glasgow we undertook a communication and engagement process to inform the preparation of this plan. We used our existing city wide and local planning structures as well as well as running additional workshops and meetings. We received also a number of written comments. The communication and engagement process involved the following stakeholders:

- GPs and their staff, such as practice managers and practice nurses
- Patients, their families, carers and local communities, primarily though our local engagement forums.
- Primary care providers: pharmacists and optometrists
- HSCP staff, such as district nurses, physiotherapists, prescribing support pharmacists
- Third sector bodies carrying out activities related to the provision of primary care

This plan has been written in partnership with GPs in Glasgow over the past few months and we have made every attempt to respond to their views and suggestions. Likewise, this plan has benefited from the many perspectives that we have received from the other stakeholders who we have spoken to during this period. We would like to thank everyone who has given their time to think through the many issues and to contribute to the proposals for action.

We recognise that, given the short timescale to undertake the engagement, we still need to meet with a number of stakeholders, including the Scottish Ambulance Service, NHS 24 and our oral health colleagues. We gave a commitment also to all the people we talked to that we will continue to involve them in the further development of the proposals outlined in this plan.

Where possible we have tried to weave the feedback from the engagement into this plan, especially where there were specific proposals for service developments or where there were practical suggestions for how the plan should be implemented.

A summary of the key themes from the engagement is provided below:

- A clear communication strategy across both Scotland and locally will be critical to the success of the plan. The communication strategy should explain to patients how they access and use services in primary care, support people to self-mange, how

primary care will change over the next few years and the improvements that they should expect to see.

- High quality multi-disciplinary team working will provide an opportunity for practitioners to collaborate to provide holistic and continuity of care for patients and will free up time for GPs to provide longer consultations with more complex/ vulnerable patients.

- A focus on the need for robust co-ordination of treatment and care and the sharing of information between practitioners and services will be critical to the success of the multi-disciplinary teams, especially for those patients who are vulnerable and/or have complex health problems. This will be a critical area of work as the current practice teams are extended to include a larger and wider range of members, many of whom will be employed within the HSCP rather than the practices.

- Whilst the six priority commitments included in the new contract are of equal importance, GPs advised that the most effective ways of reducing their workload would be to invest in additional pharmacy and mental health support within their practices.

- Many potential opportunities were identified for developing collaborative and partnership working with the wide range of public and third sector organisations in Glasgow.

- The GP Subcommittee gave a clear message that the new resources to support the implementation of the PCIP should be focused on the primary aim of the new contract which is to free up the time of GPs.

- Challenges were identified around the lack of capacity in the existing workforce in Scotland to provide enough experienced practitioners to take on the new roles and in the ability of the educational system to provide sufficient numbers of graduates quickly enough.

- Both GPs and HSCP staff highlighted the importance of having enough space in practices' buildings and health centres to provide accommodation for the multi-disciplinary teams and to support the transformation of community treatment and care services.

- The challenges around IT and electronic health systems, that do not always join up to facilitate information sharing, were highlighted throughout the discussions.

A more detailed report on our communication and engagement work is available.

Section 6: Improving Primary Care Services

Introduction

The Memorandum of Understanding (MoU) includes a list of the services or functions which are priorities for re-design between 2018 and 2021 and these are as follows:

- Vaccination services
- Pharmacotherapy services
- Community treatment and care services
- Urgent care
- Additional professionals for multi-disciplinary team dependent on local geography, demographics and demand (e.g. physiotherapists focusing on musculoskeletal conditions and mental health services)
- Community Links Workers

The MoU explains that there is an expectation that, where feasible, the re-configured general medical services should continue to be delivered in or near GP practices.

The Scottish Government is providing additional investment to allow HSCPs to recruit staff for the multi-disciplinary teams and, where appropriate, these teams should be aligned to GP practices; the teams will be clinically led by GPs as senior clinical leaders.

Where we have evidence that a certain approach or model of service will result in a reduction in a GPs workload, we have included this approach in our implementation plan for the next three years. Where we believe that that there is little or no evidence or where the outcomes of an approach are unclear, then we are proposing to do further investigations and evaluative analyses during 2018/19.

The following sections follow a standard structure covering:

- Background and context
- Requirements of the MoU
- Evidence from the work so far and implications for Glasgow. This will refer to experience of work within Glasgow as well as elsewhere, particularly Inverclyde which has been the site of the New Ways demonstration projects that have tested some of the initiatives proposed in the MoU.
- Messages from engagement
- Initial modelling based on the available intelligence to indicate what is likely to be required to support all practices. In some cases this is based on broad assumptions
- Actions split between those actions to be started in 2018/19 and those for subsequent years

Vaccination Services

Background and context

There are five broad programmes of vaccination delivered by GPs and HSCP staff and the new GP contract envisages that, over the next three years, the GPs' responsibilities for these programmes will be transferred to the HSCP. These programmes are:

- **Pre 5 routine immunisations are** delivered by GP practices, both with and without support from the HSCP's health visiting staff. A review group is overseeing the change programme for all six HSCPs in Greater Glasgow and Clyde.

- **2 to 5 year old flu vaccination programme** are delivered solely by practices without any support from staff within the HSCP.

- **School immunisation programmes** are delivered by HSCP staff. A team dedicated to providing immunisations for the whole health board area was established in 2016 and is hosted by the North West Locality.

- **Adult** vaccinations are primarily delivered by practices without support from HSCP staff. These are quite extensive programmes (both age and risk based) covering flu vaccine, shingles vaccine and the pertussis vaccine for all pregnant women.

- **Travel vaccination and health advice** are currently delivered by GP practices and 56 Yellow Fever Centres across NHSGG&C. Consultation with patients includes advice on avoidance of food borne diseases, mosquito borne diseases and staying safe. Only a small number of vaccines are free of charge in the NHS (DTP booster, Hep A and Typhoid), with the other vaccinations available as a private service.

Requirements

In 2017, as part of the commitment to reduce GP workload, the Scottish Government and Scottish General Practitioners Committee agreed that vaccinations would progressively move away from a model based on GPs having responsibility for delivery to one based on NHS Boards having responsibility through dedicated teams by 2021. The national Vaccination Transformation Programme is reviewing and transforming how we deliver vaccinations in Scotland. Delivery will move away from the current position of GP practices being the preferred provider of vaccinations on the basis of national agreements.

Evidence from work so far and implications for Glasgow

Improving uptake rates for specific groups, such as people living in the most deprived neighbourhoods and pregnant women, will be an important area for development.

Furthermore, we will want to ensure that we continue to at least maintain (if not improve on) the high level of uptake of childhood immunisations through the future delivery model as these are one of the most effective preventative measures that we have in the health system.

The childhood immunisations' sub group for the Health Board is well established and terms of reference, project plan, options' appraisal are all complete and a standard operating procedure has been agreed. Work is underway to create a "corporate clinic" approach in

Glasgow during 2018/19 for pre-5 immunisations that will be delivered through our children and families' services.

Messages from engagement

We will need to ensure a consistency in how we plan and deliver vaccinations and provide clear communication to GPs and our own staff about the vaccination transformation programme and about how it will be phased during the 3 years.

We will need to have sufficient staff capacity with the appropriate skills and knowledge. There will be a need for a training programme for those staff who will be delivering the vaccinations in the future, particularly travel vaccinations, as the service specification includes giving health-related travel advice to patients.

There may be potential for community pharmacists to deliver those travel vaccinations that are currently delivered in the GP practices.

It will be important to have an effective system for sharing with their GPs the details of immunisations carried out for patients and, where possible, reduce the need for duplicate entries into electronic records.

Successful delivery of the vaccination transformation programme will rely on us being able to offer sufficient clinical space.

Some GPs expressed concern that they would lose opportunities to engage with patients, especially the most vulnerable about other health issues, when vaccines are moved away from their practice staff. We will need to think through carefully how we will maintain the access to other services when we are re-designing the vaccination delivery programme.

Initial modelling

An NHS GG&C Vaccination Transformation Programme Board (VTPB) has been established to oversee the programme and will be exploring new models of delivery; these models could include providing vaccinations in HSCP-led clinics, by community pharmacy, through midwifery service, setting up yellow fever clinics and running clinics in the evenings and weekends. The timetable for implementing the vaccination transformation programme in Glasgow City will be dependent on the outcome of the work of the VTPB in scoping out how the new arrangements will work in practice.

Actions

Pre-School Immunisations

By end 2018/19 we will implement the recommendations from the review of pre-school immunisation delivery across Glasgow City.

School age vaccinations

School age vaccinations will continue to be delivered by the current HSCP team hosted in North West Locality.

Influenza programme for 2 to 5 year olds, pregnant women and adults (65 years +, <65 at risk groups)

By July 2018 the VTPB will complete the initial scoping of service demand for the pre-school and pregnant women vaccinations. By November 2018 the scoping will be completed for adults and at risk groups. Recommendations will be made on potential alternative delivery models, including identifying challenges and enablers of implementation and the indicative costs for each model.

The LMC GP subcommittee has expressed a view that the delivery of the flu and pertussis vaccinations for pregnant women could be delivered by maternity services at the antenatal clinic and, as part of our participation in the Board-wide programme; we will investigate the feasibility of this with midwifery.

As an interim measure during 2018/19 we will provide funding to enable District Nurses to provide vaccinations for people aged over 65 years, who are housebound but not on a district nurses' case load.

Pregnant women – pertussis (whooping cough)

By the end of June 2018 the VTPB will complete the initial scoping of service demand for each HSCP and make recommendations on potential alternative delivery models, including identifying challenges and enablers of implementation and the indicative costs for each model.

Travel vaccinations and travel health advice

We are awaiting the completion of the national options' appraisal exercise that is being led by Health Protection Scotland to provide clarification of the scope of the programme.

Pharmacotherapy Services

Background and context

The Scottish Government is committed to establishing a sustainable pharmacotherapy service by 2021, which will include pharmacist and pharmacy technician support for the patients of every practice. The Scottish Government's expectation is that this timeframe will provide an opportunity to test and refine the best models of service, and to allow for new pharmacists and pharmacy technicians to be recruited and trained.

Alongside the development of the pharmacotherapy service envisaged by the new GP contract, there are the wider commitments outlined in 'Achieving Excellence in Pharmaceutical Care' (AEiPC); this aims to transform the role of pharmacy across all areas of pharmacy practice, to increase capacity, and offer the best person-centred care. It sets out the priorities, commitments and actions for improving and integrating pharmacy services in Scotland. The 9 commitments and complementary actions provide direction for what needs to be done over the next five years.

The HSCP has a "Prescribing Support Service" for Glasgow of 34 WTE staff that helps to ensure financial balance in the prescribing budget, through optimising the safety, effectiveness and efficiency in the use of medicines. These activities reflect level 2 and 3 of the pharmacotherapy service model described in the GP contract document. The service provides an average allocation of a half to one day per week per practice and has evolved collaboratively with GPs over nearly two decades.

In recognition that there will be a requirement to increase the pool of qualified pharmacists, the Scottish Government has provided additional funding to increase the number of training posts for pharmacists from 170 to 200 per year from September 2018. We recognise that this may need to be reviewed by the Scottish Government once the implications of the investment in new pharmacy support is clearer and the possible future size of the workforce across Scotland is better understood. In addition, work is required nationally to review the number of pharmacy technicians and their training requirements.

Requirements

It is required that, by April 2021, every GP practice will benefit from the pharmacotherapy service, delivering the "core" elements as described in the table below that were agreed as part of the new GP contract. Some areas will also benefit from a service which delivers some or all of the "additional" elements described in the table. The pharmacotherapy service will evolve over the three year transition period with pharmacists and pharmacy technicians becoming an embedded member of the practice clinical teams.

CORE AND ADDITIONAL PHARMACOTHERAPY SERVICES		
	Pharmacists	**Pharmacy Technicians**
Level one (core)	• Authorising/actioning[15] all acute prescribing requests • Authorising/actioning all repeat prescribing requests • Authorising/actioning hospital Immediate Discharge Letters • Medicines reconciliation • Medicine safety reviews/recalls • Monitoring high risk medicines • Non-clinical medication review Acute and repeat prescribing requests includes/ authorising/actioning: • hospital outpatient requests • non-medicine prescriptions • installment requests • serial prescriptions • Pharmaceutical queries • Medicine shortages • Review of use of 'specials' and 'off-licence' requests	• Monitoring clinics • Medication compliance reviews (patient's own home) • Medication management advice and reviews (care homes) • Formulary adherence • Prescribing indicators and audits
Level two (additional - advanced)	• Medication review (more than 5 medicines) • Resolving high risk medicine problems	• Non-clinical medication review • Medicines shortages • Pharmaceutical queries
Level three (additional - specialist)	• Polypharmacy reviews: pharmacy contribution to complex care • Specialist clinics (e.g. chronic pain, heart failure)	• Medicines reconciliation • Telephone triage

Messages from engagement

Embedding pharmacotherapy services within practices was strongly supported by GPs as it will offer considerable potential to reduce their workloads and provide improved patient care. Additionally, some described their positive experience of working collaboratively with pharmacists in Glasgow.

Community pharmacy has an important contribution to make to the pharmacotherapy service. Pharmacy First[16] and serial dispensing were given as examples of existing services that can reduce GP workload. The GP Subcommittee has expressed concern that the Pharmacy First may not necessarily be a priority for GP practices and may not be work that GPs would see as being delivered by the pharmacotherapy service. Prior to extending this type of service in Glasgow City we would seek the views of GPs to see if this type of service reflects their priorities and would result in a reduction in their workload.

Evidence

Since 2016/17, Glasgow HSCP has used the Primary Care Transformation Fund to employ an additional 23 whole time equivalent (WTE) pharmacy staff. The current cost of these staff at top of the pay scale is £1.256m. The allocation model used to date has involved ranking

[16] Funding for Pharmacy First is included in this PCIP. However, the GP Subcommittee has advised that they are making representations to the Scottish Government that this should not be funded through the PCIP. At this stage we have decided to keep the funding commitment within the budget for the PCIP, pending confirmation from the Scottish Government about how this service should be accounted for.

practices based on demographics and medicines usage data, and allocating 0.4-0.5 WTE of pharmacy time per average (weighted) list size. 36 of the146 (25%) practices in Glasgow are receiving around this level of input, which is additional to the existing - separately funded - Prescribing Support Team. This does not allow for the full service as described in the GP contract but should be considered a starting point for facilitating a reduction in GP workload. These pilot practices have not included certain elements of the pharmacotherapy service; for example, the authorising and actioning of all repeat prescribing remain untested.

To date, decisions about how the additional pharmacy staff are used is based on agreement at practice level. Learning from the Inverclyde New Ways programme has been adopted to inform where pharmacy staff are best utilised to improve safe, effective and efficient prescribing whilst also helping to release GP time. This includes ensuring a balanced role profile for promoting multi-disciplinary team working and to support new staff learning and development in the setting.

We know from the initial evaluation of the pilot in Glasgow City and Inverclyde that a significant enhancement of the resource will be needed to provide the full pharmacotherapy service described in the table on the previous page for all practices. To deliver the specifics of the contract, workforce planning must be undertaken to define the resource allocation model, and the infrastructure that will be needed to support service delivery. It is anticipated that this work will be undertaken collectively across all HSCPs in Greater Glasgow and Clyde to agree a common service model that optimizes productivity and efficiency.

The memorandum of understanding states that each practice should be provided with the level of pharmacotherapy service that they require to at least fulfil the 'core' work by April 2021. It may be that different practices will require different levels of service commitment to achieve this objective but the 'range of services' will be equitable across practices**.**. We will consider also innovative ways to deliver the pharmacotherapy services, such as using new technology.

Initial Modelling

We have completed some initial modelling which has assessed three options based on different assumptions to estimate the size of the workforce that we would require.

- **Model 1 – Scaling up for Glasgow from Inverclyde HSCP to deliver levels 1 to 3**

- **Model 2 – Scaling up for Glasgow from Inverclyde activity volumes to deliver level 1 (core) -** This does not reflect the full requirements of the core service model and importantly does not include repeat prescribing or the prescribing support elements.

- **Model 3 - Continuation of current Glasgow City approach -** This model presents an enhancement of the current provision that has been used in pilot test sites from 2016-2018. Elements of the contract (e.g. repeat prescribing) were not included in any pilots and therefore operational detail and the resources that will be needed are unknown.

The table below summarises how the three models would look in terms of the number of whole time equivalent staff required to provide the service and the funding for the workforce over three years. Depending on the model adopted, between 90 and 229 whole time equivalent staff would be required, with total costs within a range of £4.5m to £12m by the end of the three year planning period.[17] [18]

[17] The ranges are used to reflect different combinations of staff

	2018/19 (£)	2019/20 (£)	2020/21 (£)	WTE
Model 1 – full provision	£3,720,049-£4,080,048	£6,183,896-£8,160,096	£8,647,745-£12,240,144	178.5-229.5
Model 2 –core level 1 provision (ex repeat presc)	£2,852,440-£3,428,402	£5,704,880-£6,856,804	£8,557,320-£10,285,206	193.36
Model 3 – current model	£1,477,166-£2,014,464	£2,954,333-£4,028,928	£4,431,500-£6,043,392	90

To be able to deliver a sustainable pharmacotherapy service by 2021 will need a pragmatic approach which balances the funding that will be available through the new contract with our ability to recruit the necessary staff.

The addition of 0.5 WTE post to an average practice (model3) has been shown in the pilot sites to meet the contract aims of reducing GP workload and improving patient care. This represents a level of staffing that our existing teams can commit to train safely and effectively. Adding this to the existing prescribing support service means that to guarantee better communication and co-ordination of care there should be no more than three staff aligned to the one practice. It makes also the requirements for accommodating the staff more workable, would limit the use of remote access, and would enable the full embedding of practitioners within the multi-disciplinary teams.

Actions

The memorandum of understanding provides a commitment that by 2020/21 HSCPs will deliver the pharmacotherapy commitments of the new GP contract. Glasgow City HSCP will take forward the following actions to deliver on this commitment:

- We aim to recruit an additional 67 new Whole Time Equivalent (WTE) pharmacy posts by 2021 - subject to agreement on the chosen model - and this would increase to 90 WTE posts the total support to GPs.

- We will involve GPs in the implementation of the pharmacotherapy work stream and, where needed, support them to develop collaborative based working arrangements with the new pharmacy staff as part of the multi-disciplinary teams.

- We will collaborate with the other HSCPs and NHS GG&C to develop a workforce and recruitment plan to set out how we will enhance the pharmacy workforce by 2020/21.

- We will work with national stakeholders including NHS Education for Scotland (NES) and the Scottish Government Pharmacotherapy Service Implementation Group.

- We will collaborate with GPs, the other HSCPs, NHS GG&C and the wider pharmacy system to develop the new service models and service improvements.

- We will develop the partnership working across the wider pharmacy system in Glasgow City, including community and hospital pharmacy, to consider innovative

[18] Calculations include 23% uplift to cover for staff sickness and holidays

ways of working which will reduce GP workload and improve services for patients. For example, by building on the Pharmacy First approach.

- We will continue to maintain a strong focus on working within our prescribing budget as set by the HSCP's financial plan by influencing prescribing practice.

- We will undertake engagement and communication with pharmacists, GPs and our staff on the future changes.

Community Treatment and Care Services

Background and context

Community treatment and care services include many non-GP services that patients may need, including (but not limited to):

- Management of minor injuries and dressings
- Routine phlebotomy
- Ear care
- Suture removal
- Chronic disease monitoring and related data collection

Requirements

The new GP contract explicitly notes a shift of workload into community treatment and care services. The new contract states that there will be a three year transition period to allow the services that are currently delivered by GP practice staff to transfer to HSCPs. By April 2021, these services will be commissioned by HSCPs and delivered in collaboration with NHS Boards as they will employ and manage appropriate nursing and healthcare assistant staff. Phlebotomy will be delivered as a priority in the first stage of the primary care improvement plans. The second stage will be to transfer other aspects of work currently delivered by GPs to the community treatment and care services.

Evidence

A review was commissioned by Glasgow City HSCP to develop proposals that will enable patients from all GPs across Glasgow City to access both phlebotomy and mainstream treatment room services. Currently approximately 60% of GPs have access to treatment rooms based in health centres across the city. An element of phlebotomy is currently undertaken within treatment rooms for these GPs, but a significant level of this activity occurs within GP practices. It is clear that there will be an increase in workload for HSCP treatment rooms as a consequence of implementing the new GP contract.

Changes to the GP contract anticipate a shift in both phlebotomy and treatment room activity as described above. Additionally both phlebotomy and treatment room activity, not currently available in non-health centre practices, will need to be undertaken through services managed by the HSCP. A small amount of this activity is already putting pressure on the available capacity and resources and it could not be sustained in the longer term.

Further increases in service activity for both phlebotomy and treatment room services are also anticipated as a consequence of people living longer and a continuing upward trend in activity from acute hospitals - including demand from out-patients and the requirement to facilitate the earlier discharge of patients. We are collecting data to understand demand for services, activity and capacity in order that we can plan services to meet these increasing and changing needs.

Messages from engagement

Some GPs highlighted the importance to their ability to care for patients of retaining access to information on chronic disease monitoring (patient test results) and the potential for ICT solutions to help with this. Furthermore, for those GPs operating from premises that are located at a distance from health centres, there was a concern that their patients may be unwilling or unable to travel to health centres to receive treatment.

Initial modelling

We will develop a community phlebotomy service during 2018/19 as stage 1 of the change process. In stage 1 we will recruit 11 WTE phlebotomists to support the provision of services in both health centres and other locations, including community provision (such as the patient's home). Stage 1 will include the recruitment of a band 7 Team Leader (Treatment Room), to support the management of the service.

In stage 2 (from 2018 to 2021) we will develop the new model of treatment and care service and manage the transition the treatment room activity that is currently delivered in GP practices into the HSCP Treatment and Care Service. Stage 2 will increase treatment room activity because the removal of the phlebotomy service will free up capacity within existing treatment room locations. We will undertake a review of how we deliver services in treatment rooms to investigate ways of meeting the increasing demand. The review will include the use of extended hours, generating efficiencies by reducing "Did Not Attend" rates, providing access to alternative locations, the creation of additional capacity through new developments and negotiation with partner organisations, including GPs.

As part of stage 2 we will scope out also the range of interventions that will be delivered by a Treatment and Care Service and investigate the different options for the service model. These options will consist of providing wider access to hubs in our health centres and peripatetic Community Treatment and Care Services that can deliver services from a range of sites. A range of tests and checks could be completed within the community pharmacy network for a number of specific conditions, such as blood pressure checks to manage blood and management of contraception, inhaler techniques to manage asthma and COPD conditions, blood checks to manage warfarin levels and thyroid treatment.

The current annual cost for treatment room services in health centres is £1.475m. If approximately 60% of practices currently have access to these services then, notwithstanding the outcome of the different efficiency initiatives, an initial planning assumption to expand the services to provide access to all GPs might be based on a 40% uplift in the budget to £2.458m. Although we can use these figures for forward planning purposes, the scoping exercise needs to be undertaken to reflect the impact of the introduction of additional phlebotomists and, consequently, the actual uplift and total cost may be different from these estimates.

It is vital that Treatment and Care Services are effectively co-ordinated in partnership with GP practices. We need to work with GPs to consider their future role in prescribing medicines and in providing emergency treatment. Other practical issues which will need to be addressed include how staff will be distributed across localities, referral pathways, referral criteria, management arrangements and IT and associated issues.

Actions

- During 2018/19 we will recruit the 11 WTE phlebotomists.
- From 2018/19 to 2020/21 we will develop the new model of treatment and care service and manage the transition of the treatment room activity that is currently delivered in GP practices into the HSCP Treatment and Care Service.
- We will undertake engagement with GPs and patients as we develop the new model.

Urgent Care

Background and context

The new GP contract advises that we should re-design services to focus on urgent and unscheduled care, and to develop the roles of other clinical and non-clinical professions, working in the practice, to support physical and mental health of patients.

Requirements

The memorandum of understanding sets out the benefits of utilising advanced practitioners to respond to urgent unscheduled care within primary care, including being the first response to a home visit or responding to urgent call outs, thereby freeing up GPs to focus on their role as expert medical generalists. These practitioners will be available to assess and treat urgent or unscheduled care presentations and home visits within an agreed local model or system of care. Where service models are sufficiently developed, advanced practitioners may also directly support the work of GPs by carrying out routine assessments and monitoring of chronic conditions for vulnerable patients at living in their own homes or in care homes. These advanced practitioners may be advanced paramedics or advanced nurse practitioners. It is for the health and social care partnership in collaboration with GP clusters to determine the best provision for their locality. By 2021, there should be a sustainable advanced practitioner provision in all HSCP areas based on appropriate local service design.

Evidence

The Inverclyde New Ways programme tested out using both Advanced Nurse Practitioners (ANP) and Paramedics to provide the urgent care home visits.

Inverclyde HSCP recruited 1.4 WTE ANPs for around 23,000 patients across 6 practices with the objective of covering 40% of home visits and to increase this to cover 50% of home visits across the Inverclyde area by 2021. The findings from the pilot so far are that an ANP carrying out home visits can reduce GP workload/ time spent on visits with positive feedback from GPs and their patients. Inverclyde GPs expressed a view that the roll out of the ANPs should be implemented fully.

The Inverclyde New Ways programme tested also the use of paramedics to carry out urgent home visits in partnership with the Scottish Ambulance Service. 4 WTE paramedics were introduced, although only 2 were in place at any one time for 17,000 patients across 2 practices in 2 GP clusters. The paramedics covered 47% of visits in the 2 hosting practices. Inverclyde HSCP is continuing to test the approach because the findings of the pilot remain unclear in relation to the model being used, the skill mix for the posts, the most appropriate employment arrangements for the staff and the governance structure.

Messages from engagement

Amongst some Glasgow GPs there was uncertainty about the level and nature of need for urgent care and what should be done to reduce GP workload and that further work is required to scope this out.

However GPs valued retaining home visits in view of the level of patient need. GPs were particularly keen for us to develop new approaches to dealing with urgent care in care homes. The GPs we spoke to were not particularly supportive of using paramedics to cover their home visits. Furthermore, the importance of effective triage to identify the appropriate response to urgent care calls was identified as a priority during the engagement period. GPs

asked us to look at how we can improve the approach to urgent care particularly for HSCP residential homes (the present care home liaison service covers purchased care only).

Initial modelling

We have given considerable thought to how we implement this priority in Glasgow, given that the context for Inverclyde is different from Glasgow and that there may be challenges with scaling up the Inverclyde approach in the city. Based on the Inverclyde experience and recognising that the most appropriate response for Glasgow has yet to be formulated our initial modelling would suggest the following:

Advanced Nurse Practitioners**:** If we apply the Inverclyde HSCP model to Glasgow for 50% of home visits we would need to recruit somewhere between 44 and 55 full time practitioners at estimated costs of between £2.2m and £2.75m per year.

Paramedics[19]**:** We can apply the model in Glasgow based on two different assumptions: 4 WTE paramedics for 2 practices or 4 WTE paramedics for each group of 17,000 patients. These two options would result in the recruit of 292 or 164 paramedics and would need funding of £14.6m or £8.2m per year.

Actions:

During the first year of our plan for Glasgow we will work with GPs to agree a definition for "urgent care" so that we can design services based on mutually agreed requirements; in addition, we will investigate the scale of the need and the types of interventions that are more likely to reduce the time spent by GPs in providing urgent care services. We need more intelligence and data around activity (such as home visits and contacts) to inform our future service model.

During 2018/19 we will consider the different options for delivering urgent care services, identify the evidence of what works and test out a number of methods. We will involve GPs in the assessment of the different options. There are some lessons from Inverclyde HSCP which we can utilise to shape our approach, particularly around the importance of triage. We will investigate in more detail the type and number of new posts which may be required for Glasgow, to develop a suitable recruitment strategy, to measure the impact on the existing district nurse and practice nurse workforces, to gather the views and experiences of patients and assess whether or not there are likely to be increases in referrals to secondary care.

We will progress a test of change in one of our residential homes, using ANPs (or nurse prescribers) and Care Home Liaison Nurses to be available in the unit throughout the week to provide an input to frail residents and avoid the need for GP call outs. We know that one of the city's residential homes (8x15 bed units) is serviced by 26 different practices and many different GPs and associated district nursing teams. A week of care audit is planned to allow some analysis of the call outs and to gather the feedback from GPs on whether these calls required a GP or if they could have been managed by other practitioners. This test of

[19] In the National Health and Social Care Workforce Plan Part 3 - improving workforce planning for primary care in Scotland the Scottish Government indicated that there will be an increase in paramedics and advanced paramedics in the coming years. The Scottish Government has committed to training 1,000 additional paramedics during this Parliament to work in Scotland's communities to deliver more care at home. This is also in alignment with the Scottish Ambulance Service's strategy *Towards 2020: Taking Care to the Patient*[108] – focusing on increasing the Service's capacity for care at home or in the community. This role could be further enhanced as plans are now underway to allow paramedics to become independent prescribers. http://www.gov.scot/Publications/2018/04/3662

change will help us set out a model to follow for a new home that is due to open early 2019 and, if successful, would be something that could be replicated in other residential and care homes. (Given the level of need this is a development that should be met from the 'set aside' budget from Acute Services).

Further actions include:

- We will consider the potential for up skilling existing staff, such as practice nurses and care home liaison nurses.

- Undertake some development work on the interface with care homes where we feel that there could be some early gains – possibly by extending the care home liaison role to cover residential care.

- Investigating e-health solutions to increase the efficiency and effectiveness of urgent care.

- Connecting this work to other developments, such as the out of hours review and initiatives to improve anticipatory care planning.

- We will work with GPs to identify ways of improving how patients are triaged for urgent care.

Additional Professionals for Multi-Disciplinary Teams

Multi-Disciplinary Teams (MDTs)

Background and context

The new GP contract represents the start of a transformation of general practice, with the development of multi-disciplinary teams working as part of practices to ensure that patients can access the right professional at the right time. Teams will be based in or near to GP practices and working with either individual practices or groups of practices.

Requirements

By 2021 specialist professionals will work within the local MDT to see patients at the first point of contact, as well as assessing, diagnosing and delivering treatment, as agreed with GPs and within an agreed model or system of care. The specific working arrangement and profile of each team will depend on local geography, the demographic profile of the practice population and level of demand for services. The new GP contract includes MSK physiotherapist and mental health workers as examples of the practitioners who could be part of the teams.

Evidence

In Glasgow, we would like to build upon and further develop the experience of the partnership working that already takes place between HSCP staff, such as health visiting and district nursing teams, and GP practice teams.

The Govan SHIP project, for instance, has been piloting MDT working for the past few years, with GPs time freed up to work with a team of practitioners (district nurse, health visitor, social care worker, physiotherapists and mental health practitioner) to agree and monitor care plans for vulnerable patients. The MDT working in the Govan practices has facilitated anticipatory care and preventative approaches, improved communication and information sharing between practitioners, the identification and management of risk as well as more effective targeting of resources. An evaluation of the SHIP project has found that the MDT working has reduced the frequency and level of attendance by patients at the practice, the need for crisis/emergency activity within primary care, the number of home visits and has allowed more focussed use of diagnostics. We will need to monitor the impact of this approach as we scale it up across Glasgow to see if it remains effective for a much larger population of patients.

Through our integrated working in Glasgow we have been developing neighbourhood based health and social care teams across our services. We would expect that these teams will collaborate with the MDT teams to co-ordinate care for patients and will be the building blocks for the further improvement in multi-disciplinary and multi-agency team working across the city.

Moreover, we have GP clusters, primary care implementation groups and GP forums in each of our three localities that facilitate shared learning, quality improvement and collaborative approaches to service planning between GPs, HSCP services and the other primary care contractors.

Message form our engagement

The value of MDT working was widely recognised by many of the people who we engaged with, though there was an acknowledgment that a number of different approaches had been used across the city.

Actions

We will use the learning from the different approaches that have been used across the city and develop a model that can be used to deliver the MDT requirements of the new GP contract in the most effective way.

Physiotherapy (focused on musculoskeletal conditions)

Background and context

Musculoskeletal (MSK) conditions are the most common cause of disability in the UK, and MSK Physiotherapists are experts in assessment, diagnosis and management of these conditions. MSK conditions account for up to 30% of the GP caseloads. MSK problems frequently cause repeat appointments and are a significant cause of sickness absence in Scotland. The majority of a GP's patients with MSK problems can be seen safely and effectively by an advanced practice physiotherapist (APP). MSK Physiotherapy Services are hosted by West Dunbartonshire HSCP and operate across NHS GG&C.

Evidence

A pilot project by Inverclyde HSCP provided an APP across 3 GP practices and this approach was extended to the Govan Health Centre (as part of the Govan SHIP project) in November 2017. The pilot projects have utilised experienced physiotherapists who are on secondment from the MSK Physiotherapy Service. The model of service offers the patient:

- A 20 minute appointment with the physiotherapist.
- Screening for non-MSK conditions and serious pathologies.
- A brief specialist assessment, MSK diagnosis and management plan.
- A management plan which can include tailored exercise programmes, lifestyle, wellbeing and physical activity advice and signposting to community services.
- The APP liaises with the pharmacist and GP regarding medication and fit-notes where these are required for patients[20].
- Referral as appropriate to physiotherapy (for a course of rehabilitation), orthopaedics, A&E or other investigations.
- An open review where the patient could come back to the APP at any time.

Messages from our engagement

There were two issues highlighted during the engagement process: the first was that the current waiting times for the MSK Physiotherapy Service are too long for both routine and urgent appointments and that any proposals should address this as a matter of priority. [21]; the second was the potential to draw away experienced practitioners from the existing service, if we scale up the recruitment for APPs too quickly and as a consequence reduce the capability of the physiotherapy service to improve its waiting times.

Initial modelling

The pilot project has been positively evaluated and, therefore, the MSK Physiotherapy Service has proposed to extend this approach during 2018/19 by another 10 wte posts across NHSGG&C - 5 of these posts would be be based in GP practices in Glasgow. In

[20] Including looking at APPs being possibly being able to issue fit notes would be helpful though it is recognised that this would need legislative change

[21] At the end of March 2018 44% of patients referred to MSK Physiotherapy were seen with 90 days of referral. However, improvement work is in progress to reduce waiting times and the service now has an average wait of 51 days for a routine appointment and all urgent referrals are still seen within 4 weeks.

addition, the Service has estimated that a further 10 posts could be recruited for Glasgow between 2019/20 and 2020/21.

For planning purposes the full implementation of the pilot model would require between 44 to 51 WTE posts at a total estimated cost of between £2.2m and £2.55m per year. These planning assumptions are based on a ratio of 1 WTE physiotherapist for up to a maximum of 3 practices (patient population of 14,000 to 16,000 per WTE post) with an average activity of 14 to 16 consultations per day.

Our expectation is that the new APP posts will be established by HSCPs across Scotland so there is likely to be high demand for all grades of staff. The Physiotherapy Service does not normally have problems recruiting in Glasgow but there are indications that fewer newly qualified staff are available at the moment. The Service has advised that not every practice will need to utilise a full time APP as a practice needs to have a large enough patient list to generate enough MSK Physiotherapy consultations and, furthermore, some practices may not have sufficient room space to provide accommodation. The Service anticipates that there may be a need to share APPs amongst a number of smaller practices and it is possible that the actual number of physiotherapists needed for Glasgow will be lower than these planning assumptions.

Actions

In view of the challenges explained in this section we will progress the roll out of MSK Physiotherapists in a phased way. During 2018/19 we will increase the number of Advanced Practice Physiotherapists by 5 and embed them in GP practices as part of multi-disciplinary teams

At the same time we will give more consideration to the specification for the role and whether or not we want to include treatment as well as assessment in the APP's role, given the concerns expressed by GPs in Glasgow about the long waiting times for appointments for the MSK physiotherapy services. This will give us time to evaluate the impact of the physiotherapist role in the Govan SHIP and to take account of any further outcomes from the Inverclyde approach. Further role out of recruitment would then take place from 2019/20 based on the agreed service specification.

There may be other options for providing advice and support to patients with muscular skeletal problems, such as up skilling practitioners from sectors related to sports and physical activity, and the phased approach described above will give us time to investigate these different approaches.

Mental Health

Background and context

Mental Health is an area of considerable concern for primary care and others within Glasgow. Last year Glasgow City Council set up a Health Inequalities Commission on mental health[22]. The Commission brought together councillors, 'Deep End' GP's, public health experts, representatives from community groups and citizens with lived experience of poverty and poor health. Citizens and others repeatedly reflected on the important role of primary care (GPs) *'cause where else do you go when you are feeling that low'***.** The commission found that, although primary care was where people were most likely to go, GPs and specialist mental health services were not always what people needed.

Mental health services in Glasgow (PCMHTs, CMHTs[23] and third sector organisations) offer high quality evidence based treatment for a range of mental health difficulties from mild and moderate through to serious mental illness and highly complex conditions. However there is a group of people presenting to primary care, with a range of less well-defined difficulties, who are less well served. With the new GP contract, the new national mental health strategy, the recently published strategy - "A Connected Scotland: Tackling social isolation and loneliness and building stronger communities"[24] - and the new investment from Scottish Government in primary care, there is a real opportunity for change within the scope of this plan. Particularly we will work with primary care to consider how to better meet the needs of this large group and to build community support systems that enable people to get support without necessarily needing to access primary care services.

Within the national Mental Health Strategy 2017-27[25] there are a number of commitments that are linked to the transformation programme for primary care. These include

- Action 23 – the Scottish Government will "test and evaluate the most effective and sustainable models of supporting mental health in primary care, by 2019".

- Action 15 - to increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and prisons. Over 5 years the Government has committed additional investment to recruit 800 additional mental health workers in these key settings.

In our response to the mental health strategy we will improve the service response by taking forward a number of mental health service improvements from 2018/19. Examples of these include enhancing the Psychiatric Liaison Service, a project to strengthen the pathways from primary care to mental health services, the roll out of the Primary Care Computerised CBT service, a recovery orientated system of care, learning from best practice in England to shape a police custody service and services for older people. Given the inter-relationship between the mental health fund and the Primary Care Improvement Fund we will ensure that there is a joined up and transparent decision making process for agreeing how each programmes of work is financed.

Requirements

The new contract proposes that "Community clinical mental health professionals (e.g. nurses, occupational therapists), based in general practice, will work with individuals and

[22] https://glasgow.gov.uk/index.aspx?articleid=21703
[23] Primary and Community Mental Health Teams
[24] http://www.gov.scot/Publications/2018/01/2761
[25] http://www.gov.scot/Publications/2017/03/1750

families assessing their mental health needs, providing support for conditions such as low mood, anxiety and depression. The outcome sought is improved patient care through rapidly accessible, appropriate and timely mental health input". The focus of the new service developments should be on both adults and older people.

There is meant to be a "close cross over" with the primary care component of the Action 15 mental health monies. The Action 15 allocation letter advocates taking a flexible and broad ranging approach to providing additional mental health capacity and PCIPs should show how mainstream mental health services will improve integration with primary care.

Evidence

Mental health problems are the largest single cause of disability, representing a quarter of the national burden of ill-health, and are the leading cause of sickness absence in the UK. Roughly one third of presentations to primary care relate to "mental health" problems, which typically occur in the context of psychosocial stress and distress[26]. Deprivation is strongly associated with poor mental health.

Research evidence and clinical experience suggests that histories of childhood trauma and adversity are closely correlated with mental health and addiction problems. Adverse childhood experiences make it harder for people to make and sustain relationships and to manage distress, especially in "care-seeking" situations. Those difficulties are experienced by practitioners as non-engagement, non-compliance, non-attendance at services and ineffective clinical interventions.

Practitioners can be unaware of the extent to which trauma and adversity underlies many of the relational, emotional and mental health problems which present to NHS and social care services. The failure to frame emotional and psychological problems in the context of trauma and adversity means that the nature and extent of these difficulties is routinely misunderstood. Patients are commonly referred to services that are oriented towards their presenting symptoms (low mood, harmful use of substances) but clinical responses are often ineffective because the underlying causes of those symptoms have not been fully identified or responded to.

Clinicians in a primary care environment are well placed to understand the familial and social context in which difficulties arise and foster good engagement with the patient through the development of consistent therapeutic relationships. Evidence supports the idea that services offered within a GP practice provide both accessibility and a high level of acceptability for patients because there is not the same stigma attached to attending a local health centre as there is to attending a mental health service.

A further issue that must be addressed by both primary care and mental health services is the poor physical health outcomes for people with severe and enduring mental illness. Capacity needs to be developed within services to respond to the often complex physical health care needs of patients with mental health issues.

Our approach has to reflect the diverse needs of the people who present with mental health problems at GP practices.

[26] http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB_14-36.pdf Information about GP consultations is available via the Practice Team Information programme4. This programme uses data from a subsample (about 6%) of GP practices across Scotland to inform on the number of consultations between patients and either a GP or a practice-employed nurse.

Recently, we have initiated two pilot projects where approaches to helping patients with mental health problems are being tested (the Jigsaw project in Drumchapel and the Govan SHIP) and we can use the learning from these to shape our future approaches. Given the influence of poverty on mental health, the financial inclusion services described later in the section on health inequalities provide evidence for the types of services we could roll out as part of this plan.

A landmark paper, published in 2010, which reviewed 148 studies, discovered that those with strong social relationships had a 50% lower chance of death across the average study period (7.5 years) than those with weak connections[27]. The magnitude of this effect is of profound clinical concern. Within this plan we outline the expansion of the Community Links Worker programme, which is designed to support the GP practice team to become better equipped to match social support services to the needs of patients who attend for health care. The Community Links Worker programme has already evidenced an impact on feelings of isolation, and this evidence base will be further investigated as we expand the programme. The interplay between mental health services and Community Links Workers will be critical to create different opportunities to reduce, and respond to, the distress patients present with in primary care.

Messages from engagement

During the development of this plan Cluster Quality Lead GPs (CQLs) emphasised that actions to improve access to mental health services should be a priority. In particular, they underlined the need to shorten waiting times for CAMHS and PCMHT, the need to establish a one door approach to mental health services and that improvements are required in the interface between GPs and PCMHT. Their preference was for rapid same day access. GPs highlighted that a large number of people present at their practices with a range of less well-defined difficulties (such as stress and distress) and are less well served. There is an opportunity to re-design current service provision to better meet their needs; and since this group are typically facing socio-economic pressures and often have experience of childhood trauma and adversity, a conventional “medical” model based on a diagnosis of “mental illness” may not be appropriate. When developing our new model (s) we need to take into account all ages, from young people through to older people. In general there was no consensus on the role of mental health worker in a MDT and further work would be required to scope this out.

Initial modelling

We are not at the point where we have conclusively framed the problem that we are trying to solve or in a position to establish proposals for new models of service for Glasgow. What we do know is that amongst GPs there is a preference for such services to be embedded within individual GP practices, rather than being shared amongst a group or cluster of practices. Based on parallel experiences of the other priorities outlined in this plan, however, this could amount to a considerable resource requirement to meet this aspiration. In planning the future investment we have used - as a rough guide - the estimate that one in three patient presentations at GP practices relate to mental health problems; this results in a provisional assessment that by the third year of this plan around £6m would need to be allocated to mental health provision in GP practices. This broadly equals the cost of providing a service in each city practice.

[27] Social Relationships and Mortality Risk: A Meta-analytic Review Julianne Holt-Lunstad, Timothy B. Smith, J. Bradley Layton Published: July 27, 2010 https://doi.org/10.1371/journal.pmed.1000316

Actions

- We will undertake an information gathering, process mapping and scoping exercise in collaboration with GPs that will provide the knowledge and understanding necessary to plan and develop effective and efficient service responses to divert workload from GPs. The scoping exercise will incorporate perspectives from GPs, practice staff, patients, third sector, primary care practitioners and mental health service providers.

- We will review the outcomes achieved by the initiatives supported by the existing primary care mental health fund as well as use the lessons from COPE, the Govan SHIP and other projects to inform future developments.

- We will use any outcomes from Action 23 of the national mental health strategy to inform our future approach.

- Using the scoping exercise and the reviews of existing initiatives we will design tests of change in collaboration with three or four GP clusters by late 2018-19; these will be used to obtain evidence of what works in providing mental health support in a primary and/or community setting. We will be looking to frame our responses around the three themes of 1) supporting the wider social and community based infrastructure that lies beyond formal services, 2) early intervention in primary care to respond to the stress and distress experienced by patients and 3) improving access to treatment and care.

- We will Involve GPs and the LMC GP Subcommittee in this work to ensure that they are supportive of the eventual proposals and that they are satisfied that GP workload (in terms of appointments and referrals) will be reduced as a result of the investment.

- Continue to invest in all current mental health training programs. In addition we will undertake a training needs analysis among primary care staff to ascertain level of knowledge about mental health issues and confidence in responding to them. The results of the analysis will inform the development of a mental health training package for non mental health staff. We will develop a training package for mental health staff that provides education on recovery oriented, strengths based and trauma informed models.

- We will make the connections with our response to the national mental health strategy (Actions 15 and 23) and identify opportunities for joint work and joint funding between the two streams of activity that meet the requirements outlined in the MoU.

Occupational Therapy

Background and Context

A test of change in primary care is being progressed in Lanarkshire where an Occupational Therapist has worked in a GP Practice and has received referrals directly from GPs. The objectives of the project were to improve the health and wellbeing of patients by offering proactive interventions, enabling them to manage their health and wellbeing and continue with their daily lives; and to reduce patient reliance on the GP and primary care team. Funding for the initiative is available until April 2019.

Requirements

By 2021 specialist professionals will work within the local MDT to see patients at the first point of contact, as well as assessing, diagnosing and delivering treatment as agreed with GPs and within an agreed model or system of care.

Evidence

The initial evaluation indicates that patients who complete OT intervention are achieving positive outcomes in terms of quality of life and functional performance.

Messages from engagement

This proposal was highlighted during the engagement on this plan.

Modelling

We have not undertaken any modelling on this proposal as it was identified only recently as an option.

Actions

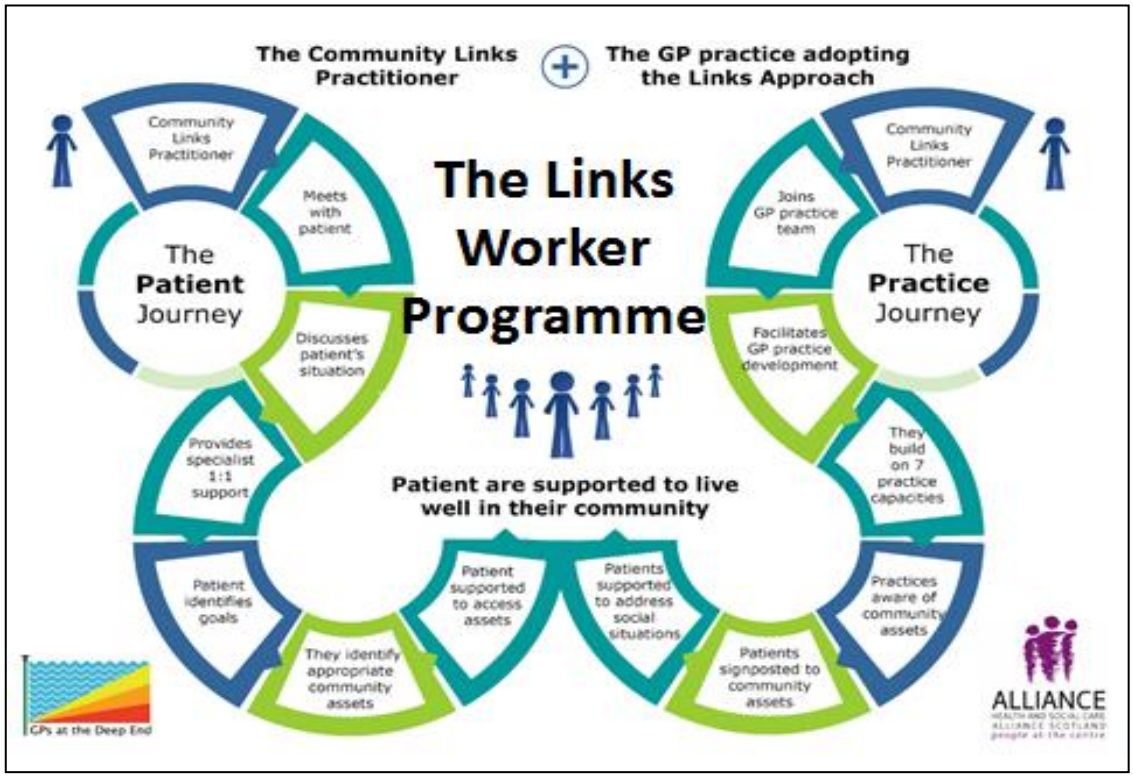
We will learn from the experience from Lanarkshire of embedding an occupational therapist in a GP practice and where this is shown to be effective in reducing GP workload - and subject to agreement with the GP Subcommittee - we will give consideration to how this role could be developed in Glasgow City.

Community Links Workers

Background and context

The Community Links Worker programme was piloted in Glasgow city and has operated with a selection of practices since 2015. Community Links Workers support people to live well through strengthening connections between community resources and primary care. Individuals are assisted to identify issues and personal outcomes then supported to overcome any barriers to addressing these by linking with local and national support services and activities. In addition, Community Links Workers support the GP practice team to become better equipped to match these local and national support services to the needs of individuals who attend for health care and to work with them to support their well-being,

Diagram: Community Link Workers



Requirements

The Scottish Government's manifesto commitment was to fund 250 Community Links Workers across Scotland over the lifetime of the current parliament, focused on GP practices with the most deprived patient populations. The roles of the Community Links Workers should be consistent with local needs and priorities and function as part of the local models of care and support. The roles should be flexible and we anticipate that there will be differences between individual practices and clusters of GPs in how the workers will be used. We will align the further implementation of the Community Links Workers programme with the other similar roles in the City, such as the Community Connectors, Local Area Co-ordinators and the approach used by Community orientated primary care.

Evidence

The Community Links Worker evaluation[28] concluded that impacts varied between practices and were reliant on how well the Community Links Worker had managed to integrate into the practice team, and how well the 'practice' components of the model had been adopted. There were a number of improvements observed in patient well-being for those who benefited from the Community Links Worker input compared with patients drawn from comparator practices; these improvements included more patients who were less likely to be anxious, to feel depressed, to feel socially isolated, to smoke, experience "social morbidity' and who visited their GP less frequently. Although these results are promising the evaluation relates to only a few practices and further evaluation is required to be confident that such benefits can be replicated at a larger scale.

Glasgow has 18 Community Links Workers based in practices and we propose to build on the existing programme using the learning from the programme so far. Initially, our priority will be to centre the recruitment of Community Links Workers on practices operating in the most deprived neighbourhoods. We anticipate refining the model depicted in the diagram above with Community Links Workers concentrating primarily on the social reasons that bring patients into general practice, alongside the community responsiveness of the practice team. The programme will be developed with third sector partners.

Messages from engagement process

There is support for the roll out of the Community Links Workers because of their potential to address the social needs of patients presenting in primary care as well as reducing patient reliance on their GP. There was concern expressed that, given the scale of Glasgow's deprivation, only around half of the most deprived practices in the city may eventually be able to access this programme, representing less than a fifth of the 250 Community Links Worker posts that will be funded across Scotland.

The people we spoke to highlighted the potential for Community Links Workers to improve the mental health and wellbeing of patients as those patients suffering from stress and distress could be supported by local third sector and community organisations. Community Links Workers have the time available to listen to patients and to find out what would best help them connect to services provided in the local community.

Moreover, those GPs who have experience of the Community Links Worker role stressed that they need to be embedded in practices and must be recognised by the wider practice team as having a vital role in improving the quality of life for patients.

Initial Modelling

Various modelling options have been considered and are shown in the table below:

	Option	WTE posts	Full year costs
1	NRAC formulation of GHSCP resource	35	1,593,473
2	Existing + next 25 most deprived practices,	43	2,201,732

[28] http://www.healthscotland.scot/publications/evaluation-of-the-links-worker-programme-in-deep-end-general-practices-in-glasgow

Option		WTE posts	Full year costs
3	Practices with more than 50% of patient list in poorest 15% SIMD	63	3,223,150
4	Glasgow's Deep End Practices	80	3,776,291
5	All Practices	146	7,408,746

This rough modelling is based on a post per practice but as the role develops there is scope to consider shared roles between practices and, potentially, clusters. The financial modelling includes salary and management costs for host organisations, practice development funds and infrastructure costs, including the evaluation required to evidence the impact of the overall programme.

Using the NRAC formula for allocating funding across health boards we will be able to fund up to 35 Community Links Workers. Given the magnitude of the health inequalities and health problems experienced by Glasgow's residents, we would prefer to see an increase in the number of Community Links Workers above the 35.[29] Our ability to do this would depend, though, on additional resources being made available by the Scottish Government and would require the adjustment of the NRAC formula.

Actions

- We will involve GPs in developing the methodology for allocating Community Links Workers to practices.
- During 2018/19 we will continue to develop the Community Links Worker Steering Group through extending membership to key third sector organisations and partners.
- During 2018/19 we will undertake a public procurement process to invite potential third sector suppliers to tender to be on a "Glasgow City Links Worker procurement framework". This will enable us to increase the number of Community Links Workers over the lifespan of the Primary Care Improvement Plan.
- During 2018/19 we will increase the number of Community Links Workers to 27 from the current 18. We plan to increase this to a total of 35 in 2019/20.[30]
- We will continue to liaise with the Scottish Government to establish a funding allocation for Community Links Workers that reflects the substantial health inequalities of Glasgow's population.
- We will work with other stakeholders – for example from the employability sector - on workforce planning and training.
- We will work to establish the routine data reporting and the evaluation programme for Glasgow City's Community Links Worker programme.

[29] 63 of the 146 practices have more than half of their practice list living in the poorest 15% SIMD postcodes and have populations that require additional input, such as some of our black and minority ethnic communities.
[30] In our planning assumptions we have increased the number to 43 posts as an example of the implications of increasing the funding.

- We will work to strengthen the connectivity between the primary care mental health programme and the Community Links worker programme.

- We will test the ‘links worker’ role for a protected characteristic group to ensure non-geographical community networks and resilience are developed as part of the model.

Section 7: Tackling Health Inequalities

Background and context

Section 4 gave a stark description of the health and social inequalities faced by many of Glasgow's residents and the burden of disease that they suffer as a result of living in poverty. It also highlighted the diversity of Glasgow's population and the need to design and deliver services which best meet the needs of the different communities and groups living in the city.

Requirement

In the Primary Care Improvement Fund letter the Scottish Government makes clear that, whilst the Government recognises that the key determinants of health inequality lie outside general practice and health care generally, there remain opportunities to strengthen the role of general practice and primary care in mitigating inequality. All PCIPs should, therefore, address how the services will contribute to tackling health inequalities. The funding letter refers to the Community Links Workers and the quality improvement role of GP Clusters as two examples where inequalities could be tackled and asks us to consider what more can be done to ensure there is parity of access for all groups, and that the workload of GPs in the most deprived areas is manageable.

Integration Joint Boards are also subject to the new Fairer Scotland duty. The duty aims to ensure that public bodies, when making strategic decisions, take every opportunity to reduce inequalities of outcome caused by socio-economic disadvantage, We must also complete an equalities impact assessment of this plan and as part of the assessment process we will include socio-economic disadvantage alongside the other protected characteristics.

Evidence from work so far and implications for Glasgow

Glasgow City Council's Health Inequalities Commission in 2017 recommended that initiatives to reduce health inequalities should deal with the following issues:

- Addressing poverty and injustice e.g. financial inclusion
- A good start – childhood (including mitigating adverse childhood experiences)
- Reducing alcohol and drug misuse
- Reducing death by suicide e.g. responding to distress
- Reducing loneliness & building/strengthening social connections and quality relationships.

The "GPs at the Deep End" Group" has used the Govan SHIP Project, the Pioneer Scheme and the Attached Alcohol Nurse Pilot to demonstrate approaches that enhance the primary care team. The HSCP is committed to working in partnership with the "GPs at the Deep End" group to consider how the learning from these projects can be used to shape the implementation of the Primary Care Improvement Plan over the next three years. [31]

[31] If all GP practices in Scotland are ranked by deprivation (approximately 1,000 practices), the most deprived 100 practices are termed to be "GPs at The Deep End". This is an internationally recognised brand, with Glasgow GPs at the forefront of developing initiatives to tackle the "Inverse Care Law" and to reduce health inequalities. This is the principle that the availability of good medical or social care tends to vary inversely with the need of the population served. Of the 100 Deep End practices in Scotland, 85 are located in Greater Glasgow and Clyde, and 80 in Glasgow City (37 in

The Deep End GP Pioneer Scheme was created to support the recruitment and retention of both early career and experienced general practitioners. The scheme is developing a change model for general practices serving very deprived areas, involving the recruitment of younger GPs, the retention of experienced GPs, and their joint engagement in strengthening the role of general practice as the natural hub of local health systems. The Pioneer Scheme aims to strengthen the generalist role of a GP by providing unconditional, personalised continuity of care for all patients, whatever condition or combination of conditions they have.

The Govan SHIP Project commenced in April 2015 and was established to find new ways of working within primary care which better address the complex needs of patients in a predominantly deprived community. The project did this by offering additional and protected GP time, operating through structured multi-disciplinary team (MDT) working and aligning professionals from community and social work services with the GP practices. The evaluation of the SHIP has found that it developed a new way of working that has addressed and overcome challenges involved in creating a multi-disciplinary team; demonstrated a reduction in GP demand; a shift in demand to appropriate professionals; a breaking down of silos between practitioners and has made better use of the multi-disciplinary team to release GP capacity.

The Attached Alcohol Nurse Deep End Pilot (July 2015/16) tested a service model that brought specialist community services into Deep End general practice settings. The aim of this model is to address the needs of people with problem alcohol use who are in contact with their general practices but who have not previously engaged well with alcohol and drug services or who are not known to alcohol and drug services. The outcomes from the pilot demonstrated that 82% of those who accepted a referral went on to receive specialist alcohol assessment and treatment.

In Glasgow financial inclusion services have been based in some health centres and embedded in GP practices. At the moment we have 15 practices benefiting from these services that are funded by the Scottish Legal Aid Board, Clyde Gateway and the HSCP until March 2019. The cost of providing the service does vary but when averaged it is £6550 per annum per practice for 1 or 2 sessions a week. From the services in place to date the average financial gain per client is £2,600 but can be as high as £4,900 for those services that are embedded in primary care, with an uptake rate ranging from 45-65% of referrals. Our experience has been that the longer the service has been working with a practice the more referrals they receive. To provide this service to all GPs in the Deep End would cost around £564,000 (total referrals of approximately 8,300) and for all practices in Glasgow around £982,500 (referrals of approximately 14,400).

Community Oriented Primary Care (COPC) is an approach to primary health care, which combines epidemiological and health improvement interventions with clinical care. A pilot project was initiated in Drumchapel as part of the Keep Well programme in 2011. It aimed to strengthen links between strategic planning, front line clinical staff and community/third sector organisations and to realise the assets available in local communities to shape coherent and responsive change for local health improvement (Scoular et al 2013) Since then a further three sites were developed in Possilpark, East PollokShields and Govanhill.[32].

North East, 24 in North West, and 19 in South). These 80 practices cover a population of approximately 357,000 patients.

[32]Identifying the contribution of Community Oriented Primary Care to local public health programmes, Suzanne Whiteford, Primary Care, Health Service, Public Health, June 2018

Messages from engagement process

Feedback from our engagement was strongly of the view that through this plan we need to meet the needs of our patients who have multiple health and socio-economic problems (including issues of addiction, poor mental health and poverty, financial inclusion and disability).

Improving communications with patients was highlighted by many of the people we talked to as critical; good communication will make sure that they know how services will be changing in the future, how they can access the service that is best for them and what they should expect from primary and community services. This was highlighted during discussions as a key issue for ethnic minority patients who do not speak English but also applies to the wider population.

In order to make a decisive shift towards self-care and prevention, we must work to support health literacy and inequality-sensitive care across all of our staff groups and services. Approaches based on care and support planning and inequality sensitive practice were noted as providing a starting point for the development of skills and for planning approaches that could be used by multi-disciplinary teams as they are developed. We must work collectively with acute services and other partners, such as the third sector and professional educational organisations, to deliver strong, person-centred self-care approaches, which will explicitly take account of inequalities and differences in health literacy. This approach will support new models of care and ensure that these tackle inequalities and the over-reliance on reactive care.

Furthermore, the additional investment will make possible an increase in the capacity of primary care to adopt more holistic forms of care that can incorporate the multi-faceted aspects of health inequality. This would be based on providing more time for patient consultations and in doing so allow GPs to properly explore and find solutions to complex health and social problems and will support prevention and early interventions strategies that are embedded in GP provision.

Initial Modelling

We recognise that the fundamental objective of the PCIP is to reduce GP workload across all GPs but that, as part of this work, we believe that there should be a focus on reducing inequalities (as these inequalities create additional burdens on practice workloads). Using a variety of funding mechanisms and initiatives (such as the funding for mental health services and funding from the Alcohol and Drugs partnership), in conjunction with the new investment for primary care, we would propose to progress a range of initiatives which will result in reductions in the workloads of GPs and in a narrowing of the health inequality gap.

Actions

Examples of some of the work we will take forward during the period of the plan include:

- We will complete an equality impact assessment on this overall plan.
.
- Improving access to primary care for those people who normally find it difficult to engage with current systems. As part of the further roll out of the Community Links Worker programme we will test the ‘link worker’ role for a protected characteristic

group to ensure non-geographical community networks and resilience are developed as part of the model.

- We will engage with the work that the Deep End practices and Dundee University are undertaking to analyse in more depth the impact that the co-located financial advice services are making to reducing demand for GP time. The findings of this work could be used to inform our development of the Community Links Worker model and for assessing the potential for rolling out the approach to a wider range of GP practices.

- We will build on the learning from the youth health provision to develop a preventative and clinical service that will work with more vulnerable adolescents and be based in some of our poorest neighbourhoods.

- We will use the learning from Community Orientated Primary Care to shape future ways of working.

- Our approach in this PCIP will build on and complement a range of developments funded by the Alcohol and Drugs Partnership (such as the roll out of the Attached Alcohol Nurse Deep End project and the prevention and recovery programme) and the funding from the Mental Health Strategy (such as funding in mental health training).

- The Mental Health Strategy aims to reduce social isolation and the City Council has allocated £2 m to invest in projects which support its campaign to end loneliness. We will support general practice to know what is being taken forward locally and to ensure that their patients are able to benefit from these projects.

Section 8: Implications for the Health and Social Care Partnership's Services and Staff

The new GP contract has wide ranging and significant implications for the HSCP across all our workforce and services. The proposal to further roll out multi-disciplinary team working and the additional funding to recruit new practitioners to take on more of the practice workload will require us to reshape how we provide services. The following are examples of some of the challenges and opportunities which we may face as we progress the plan:

- The **district nursing workforce** is crucial to the emerging models of community care and the provision of high quality care at home. However, our workforce is being depleted as a result of both increasing retirements and (despite initiatives to recruit and train new nurses over the past few years) continuing difficulties in recruiting enough new nurses into the service to fill the vacancies. In 2017 the average age of the Band 6 nursing workforce was 53 years with 70% of the workforce over the age of 50 years. District nurses over 55 years of age can opt to leave the service at any time and the numbers of staff that have the option to leave in the next 24 months represent 13% of the current workforce (2017). There is a risk that the recruitment of Advanced Nurse Practitioners to deliver on the Urgent Care priorities could attract experienced district nurses, thereby, diminishing our existing cohort of nurses.

- One of the successes in reducing GP workload has been our **community respiratory service**. However, demand is now exceeding the available resources and is resulting in longer service response times as well as reducing the capacity of the service to undertake preventative work with patients. There is a requirement also to develop a 7 day service response to meet patients' needs. The community respiratory service might be one of the elements we include as our response to urgent care.

- For our **rehabilitation teams** the shorter length of stay in hospital, our introduction of intermediate care and the requirement for more support in the community is lengthening our response times and resulting in patients with less urgent needs being placed on a waiting list.

- The development of **large residential homes**[33] presents an opportunity to review patient registrations with GPs and the clinical input required for patients. These facilities also provide the option of residents receiving treatment and care interventions through the use of Advanced Nurse Practitioners and Care Home Liaison Nurses.

- The increasing prevalence of people with dementia and the need for early diagnosis and support may require us to review how GPs and our practitioners in **Older People's Mental Health Services** work together to provide patient care.

- Our **Palliative and End of Life Care Plan 2018-2023** includes a number of actions that are about working to enhance the quality of **Anticipatory Care Plans,** through enhanced use of multi-disciplinary team working and increased completion of eKIS[1].

[33] Three are operational and another two are under construction.

[1] eKIS is an online care plan completed by practice staff in Primary Care that can be viewed during unscheduled/ emergency care episodes.

- Implementation of the **"Neighbourhood"** delivery model of community older people health and social care services - with service managers covering specific geographies within a locality and with teams which are more closely aligned to GP clusters, to housing providers, to third sector organisations, community planning arrangements and health improvement teams - provides a framework for the development of MDT working across a wide spectrum of services.

The implementation of the PCIP will provide opportunities for GPs to shape these developments and to improve connections with (and make better use of) a wider range of NHS, Council and third sector services for the benefit of patients (examples, include improving the rate of referrals to money advice services and the MacMillan Cancer Journey Service).

Section 9: Developing the Roles of Other Primary Care Contractors

The new GP contract offers opportunities for re-defining over time the roles of the other primary care contractors to improve access and a to create a seamless care pathway for patients so that they can see the right practitioner at the right time.

Optometry - since 2005 there has been a major shift in optical workload from GPs to optometrists from 34% to 90% and the aim is that all acute eye problems should go to optometrists. Where funding is available optometrists are willing to take on new types of work. Prevention and early intervention to identify eye conditions and to reduce the likelihood of them becoming worse are important areas for further development, especially for people with learning disabilities and black and minority ethnic communities. Health promotion and activities that aim to increase the awareness of eye problems were recommended by optometrists involved in the discussion on this plan.

Action

We will improve communication between GPs and optometrists identifying an optometry contact for each GP cluster.

Community Pharmacy - while the new GP contract offers potential and opportunity, it brings challenges for the community pharmacy network. Pharmacy has challenges with the availability of locum cover and recruitment at a time when the pharmacist and pharmacist technician roles are required across all aspects of healthcare provision. This should not, however, prevent the identification of developments in community pharmacist that could support other aspects of primary care to promote the well-being and on-going management of patients care in the community.

As a consequence of the ease of access to services and a “no appointment” system, community pharmacy has the potential to deliver a range of additional services that could benefit the healthcare needs of patients in the community. One example is an extension of the Pharmacy First service to treat a range of minor conditions under PGD[34] as well as maximising the use of the minor ailments service to ensure patients are managing their own conditions. Community pharmacy may have a role in the provision of vaccinations. Funding and developments in IT and information sharing would be required to support further extensions to the role of community pharmacies.

Action
We will proactively engage with community pharmacists to explore the nature and extent of their potential contributions.

We will pay close attention to the shaping of the new pharmacist contract.

[34] Patient group directions (PGDs) - GOV.UK, https://**www.gov.uk**/government/publications/patient-group... Who can supply and or administer specific medicines to patients without a doctor under a PGD and which medicines can be administered

Dental and oral health - The Oral Health Improvement Plan published in January 2018 sets out the direction of travel for oral health services which will be taken forward across Greater Glasgow and Clyde, with health and social care partnerships working collaboratively with General Dental Practitioners and the hospital and community dental services. There are over 250 General Dental Practices across Greater Glasgow and Clyde. As recorded in September 2016, 91% of the Scottish adult population were registered with a dentist and almost three quarters had attended their dentist in the previous two years.

Actions

- We will engage with community pharmacists to explore the nature and extent of their potential contributions and pay close attention to the shaping of the new pharmacist contract.

Section 10: Related Policies and Strategies

Adult Services' Transformation Programme

Adult Services in Glasgow City HSCP incorporates Community Justice Services, Sexual Health Services, Alcohol and Drug Services, Mental Health Services, Homelessness Services and Learning Disability Services. The vision for Adult Services sets out the need to deliver high quality and effective services for adults with a complex range of needs. Service users and patients should receive the right services at the right time and service users and their families should be supported to live as independently as possible within their communities. Our focus for transformation will be on approaches which promote prevention, early intervention and recovery.

Older People's Transformation Programme

It is envisaged that by 2021 the HSCP's older people's service provision will be characterised by achieving the best possible outcomes and quality of life for all older people and on supporting more and frailer older people to remain living in the community for as long as possible. Only those older people with genuinely acute medical needs should be occupying hospital beds. Where no such needs are present, older people will be diverted from admission at the front door or discharged speedily when their acute medical needs have been attended to. Where older people are being supported in the community they will experience a more joined up and co-ordinated input from the HSCP and more effective co-ordination between the HSCP and the Acute.

Children's Transformation Programme

The priority areas are:

- Keep children safe – Glasgow's children and young people are safe, free from harm, physical and sexual emotional abuse.
- Healthy and resilient children – Glasgow's children and young people are healthy, nurtured and happy, have places to play and have fun and have an adult who they can trust to talk to.
- Family support and early intervention – we will work with families and third sector organisations to build positive relationships, and to ensure the right measures are put in place to improve the families' circumstances and the wellbeing and development of the child.
- Raise attainment and achievement for all – Glasgow's children
- Care experienced children and young people – our care experienced children and young people will be given every opportunity to improve their life experiences and chances.

Unscheduled Care

In March 2017 the IJB approved the HSCP's three year unscheduled care strategic commissioning plan. That plan and the subsequent action plan described significant change programmes to improve outcomes for patients and closer working between primary and secondary care. The plan was based on feedback from GPs, community services and secondary care clinicians. The plan focused on three main areas:

- Programmes that better support manage patient care in primary care and community settings e.g. roll out of the Glasgow respiratory service, introduction of neighbourhood teams, anticipatory are plans for specific patient groups etc.;
- Programmes that improve discharge and support people after a hospital episode e.g. development of intermediate care, introduction of the Home is Best Team etc.; and,
- A joint programme of work with acute clinicians to improve the primary / secondary care interface e.g. the development of primary / secondary care interface arrangements, improved access to consultant geriatricians, exploring the potential for "hot clinics" and access to diagnostics / investigations.

Unscheduled care is a strategic priority for the HSCP and a key part of the HSCP's wider strategic intention to shift the balance of care and resources towards a more primary care and community focus, since that is where the majority of patient contact takes places. This strategic direction is supported by NHSGG&C's Moving Forward Together programme. GPs and clusters clearly have a vital role to play in improving unscheduled care for patients, and the HSCP is committed to supporting GPs in taking this agenda forward. Key areas for discussion with GPs include:

- Appropriate arrangements for access to consultant advice to inform clinical decision making in primary care.
- Information on waiting times.
- Closer working with consultant geriatricians to manage patients in care homes.
- Supporting the completion eKIS.
- Supporting the implementation of anticipatory care plans for agreed patient groups.
- Developing a model to better manage frailty in the community.

Moving Forward Together and working in collaboration with acute hospital services

The Moving Forward Together programme for Greater Glasgow and Clyde sets out a future vision for health and social care. This describes a whole system approach in which services are delivered by a network of integrated teams across primary, community and specialist and hospital based care. The MFT programme has been developed in parallel with the primary care improvement plans and builds on the direction of travel for the new GP contract, including the expert medical generalist role and the development of the multi disciplinary team. MFT envisages the development of an enhanced community network, which goes well beyond the changes identified in PCIPs and describes some of the enablers and infrastructure required to support this. While there will be an opportunity to build on the foundation of the MDT established through the PCIPs, the further detail and investment required for the enhanced community network will be developed as part of the next phase of MFT.

Review of Out of Hours' Services

The provision of General Medical Service in evenings, overnight and at weekends is not included in the new GP contract. We are acutely aware of the significant challenges facing the GP out of hours service in providing a sustainable service and it is essential for in-hours services that out of hours services run efficiently and effectively, therefore specific actions to improve continuity of patient care, which will reduce pressure on the local out of hours service, should be incorporated into the implementation of the PCIP.

A review of health and social care Out of Hours (OOH) services has commenced across the Greater Glasgow and Clyde area and includes GP OOHs; District Nursing; Rehabilitation; Homelessness; Mental Health; Home Care; Glasgow and Partners Emergency Social Work Services; Emergency Dental Services and Out of Hours Children's Social Work Residential

Services. The local review is intended to consider 28 recommendations from the national review and to determine if there are new ways of working that can implemented locally. The review of the Out of Hours services will have an impact on in-hours work for GPs and their practices.

The key issues which we need to consider as we progress the PCIP are as follows:

- To develop a more streamlined, integrated and efficient provision of HSCP Out of Hours Services in line with the Strategic priorities as outlined in the National Review of Primary Care Out of Hours Services
- Developing Public Awareness which will Support and make Best Use of Services during the OOHs period by ensuring that access is for Urgent care only, that is, any symptom or request that can't wait for daytime services
- Establish and agree the interface and inter-linkages between daytime and OOHs, with the patient / client at the centre, which will ensure that when urgent care is needed in the OOHs period it is coordinated
- Developing More Effective Use of Technology to support information sharing across the service, which will facilitate decision making during the OOHs period
- Scoping the Future Role of the Third and Independent Sectors to support the OOH period

Ensuring the development of an integrated and rotational (between daytime and OOHs and across HSCP services as appropriate) multi-disciplinary workforce and creating a supportive environment where staff are attracted to and want to keep working in the OOHs.

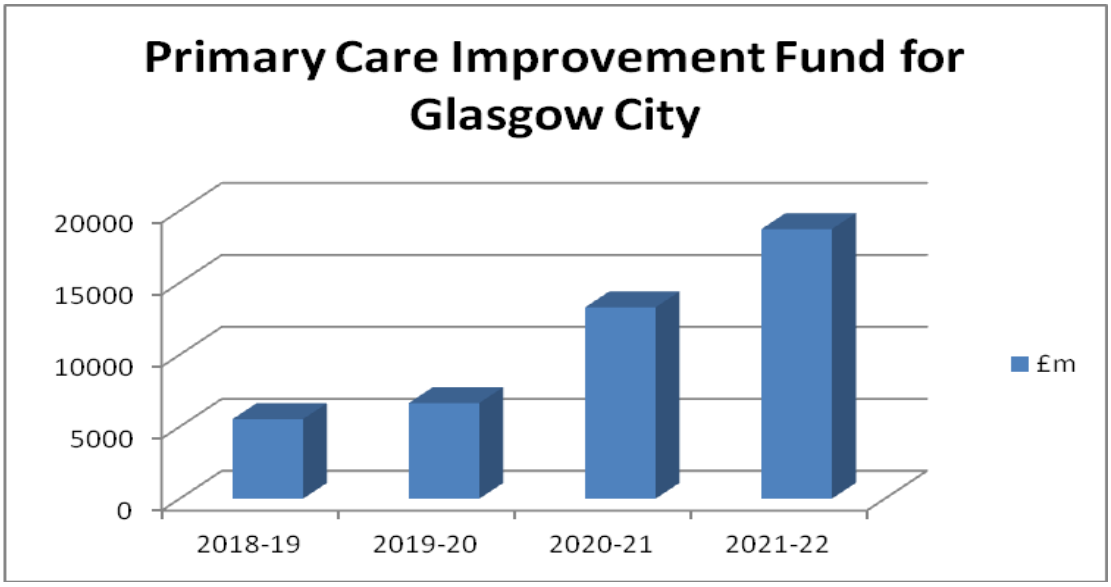
Section 11: Funding the Plan

The Scottish Government has recognised the increasing demand and expectations that are placed upon our frontline services within primary care and is clear that the status quo is not an option. In support of this and to ensure that the new GP contract can be fully implemented, the Cabinet Secretary for Health and Sport has announced that, in addition to the funding for General Medical Services, funding in direct support of general practice will increase annually by £250 million by the end of 2021-22, and forms part of the Scottish Government's commitment to an extra investment of £500 million per year for primary care funding.

As part of this funding package, the Scottish Government is investing a total of £115.5 million in the Primary Care Fund in 2018-19 and the details of this are shown below.

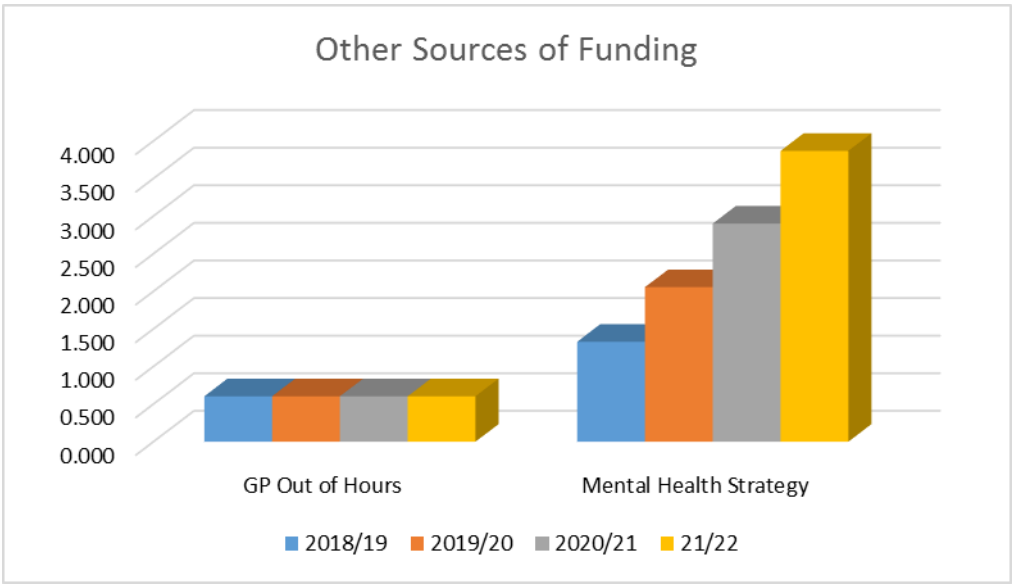
Primary Care Fund	**2018-19 £millions**
Primary Care Improvement Fund :	
Service redesign through Primary Care Improvement Plans	**45.750**
GMS:	
Income & Expenses Guarantee	23.000
Professional Time Activities	2.500
Rural Package	2.000
GP Additional Support	3.075
GP Clusters (PQLs)	5.000
GMS Total	**35.575**
National Boards	**16.569**
Wider Primary Care Support:	
National Support	5.606
Primary Care Infrastructure	2.000
Out of Hours	5.000
GP Recruitment and Retention	5.000
Wider Primary Care Support Total	**17.606**
Total	**115.500**

This allocation includes £45.750m to support the implementation of the Primary Care Improvement Fund, of which Glasgow City IJB/HSCP has been allocated £5.529m. This is forecast to increase to £155m by 2021-22, of which £18.732m will be for Glasgow City.



Integrated Joint Boards (IJBs)/HSCPs have been asked to plan on the basis that full funds will be available and will be spent in 2018-19. Funding for 2018-19 will be issued in two tranches, with 70% paid in June and the remaining 30% in November 2018. However, given the timing of the approval of the plan and the lead in time required to secure the right resources to support GP's, it is possible that full spend will not be achieved in 2018-19. In light of the challenge to fully fund the investment required it is helpful that the Scottish Government has given a commitment to ring fence any unspent allocation from 2018-19 for use in 2019-20.

In addition, IJBs have been provided with funding to support delivery of GP Out of Hour Services and funding to support the employment of 800 additional mental health workers to improve access in key settings including GP practices. Glasgow City IJB has been allocated additional funding in support of these priorities and some of this will be accessed in support of the delivery of the PCIP. Details of this total funding are shown below. Detailed plans are still under development and as these are refined we will map out how these will be used to support the objectives of the PCIP.



(Mental health Strategy refers to Action 15 of the national mental health strategy)

The Regional Plans being developed for the NHS also include a commitment to prioritise funds for primary care and once these are further developed can be used to supplement delivery of the plan.

Glasgow City's PCIP has identified a number of areas of investment which are required to support the commitments which have been made under the new GP Contract. The table A below reflects the current high level planning assumptions and broad costs for the plans which have been developed to date.

Table A

Primary Care Improvement Plan	2018/19	2019/20	2020/21	2021/22
	£000's	£000's	£000's	£000's
Existing Commitments				
Mental Health	792	-	-	-
Govan SHIP	80	-	-	-
Urgent Care - Out of Hours Service	481	495	510	526
CQL Cluster Support	218	300	309	318
Community Treatment and Care Services - Phase 1	221	375	386	398
Cluster Tests of Change	200	-	-	-
Out of Hours (GP)	252	-	-	-
PC Support	94	-	-	-
Community Link Workers	415	896	923	951
Pharmacy First	172	177	182	188
Pharmacotherapy (Legacy)	1,425	1,468	1,512	1,557
Sub Total	**4,350**	**3,711**	**3,823**	**3,937**
New Commitments				
Vaccination Services				
Vaccination Transformation Programme - Pre -School	372	766	789	813
Vaccination Transformation Programme - School	tbd	tbd	tbd	tbd
Vaccination Transformation Programme - Adults	tbd	tbd	tbd	tbd
Vaccination Transformation Programme - Housebound	85	88	90	93
Vaccination Transformation Programme - Travel	tbd	tbd	tbd	tbd
Pharmacotherapy Services				
Pharmacotherapy Service	178	1,697	3,071	3,504
Community Treatment and Care				
IP Clinic Contraception	7	-	-	-
Community Treatment and Care Services - Phase 2	200	500	750	1,000
Urgent Care				
Urgent Care - Advanced Nurse Practioners or Paramedics	-	2,833	2,917	3,005
Out of Hours Services - balance of spend to be programmed	123	109	94	78
Multi Disciplinary Team Working				
MDT - MSK Physioterapists	218	635	932	960
Mental Health	-	2,216	4,431	6,244
Community Link Workers				
Community Link Workers	221	746	1,413	1,456
Infastructure and Project Management and Evaluation				
Project Team	75	155	159	164
Primary Care Plan Implementation - PCDO Posts	170	175	180	186
Programme Evaluation	tbd	tbd	tbd	tbd
Back Scanning	tbd	tbd	tbd	tbd
Sub Total	**1,649**	**9,918**	**14,827**	**17,502**
Total	**5,999**	**13,629**	**18,650**	**21,440**

Funding Sources	2018/19	2019/20	2020/21	2021/22
	£000's	£000's	£000's	£000's
Primary Care Improvement Fund	5,529	6,647	13,294	18,732
GP Out of Hours (OOH) Fund	604	604	604	604
Primary Care Transformation Fund - Carry Forward	1,857	-	-	-
Funding Available	**7,990**	**7,251**	**13,898**	**19,336**

+Balance Remaining/-Shortfall	**1,991**	**- 6,378**	**- 4,752**	**- 2,103**

Table A highlights proposed investments in support of GP practices of £21.440m by 2021/22. However as can be seen from this table, this is still a work in progress, with a number of investment proposals still to be costed. This represents a risk to the PCIP in terms of the need to make decisions on expenditure in 2018-19 before all plans are known and the risk that the overall plan may be not be affordable once full costs are available. This is already evident in the current estimates which will be in excess of the funding available from 2019/20 onwards.

However emphasis will remain firmly on managing within the allocated budget, ensuring affective and affordable models and approaches which will direct workload from GPs and advance patient care.

The pace at which plans can or need to be delivered is also an issue. The funding identified to date to support this plan is identified in table A. This includes the use of funding which has been carried forward from previous financial years for the purposes of supporting primary care investment and is now being used to support the plan. This table highlights the need for us to slow down our proposed investment to match the funding profile and highlights the importance of any unused funding from 2018-19 being ring-fenced for Glasgow City IJB to support of the acceleration of investment in future years. We welcome the Scottish Government's commitment that any under spend that is occurred during this year will be retained for use in 2019/20.

Section 12: Delivering the Plan

Leadership and Engagement

Shared leadership will be critical to the success of this plan. This will be necessary at different levels- clusters, localities, city and GG&C (see appendix 1 and 2).

In Glasgow City HSCP the Primary Care Strategy Group (PCSG) will retain overall responsibility for developing the initial PCIP over future years, taking forward its implementation, managing the available resources in ways that fulfil the requirements of the memorandum of understanding for the benefit of patients, practices and services and reporting regularly to the Integration Joint Board. The HSCP is committed to working in partnership with the GP Subcommittee to oversee the implementation of the PCIP.

However in recognition of the scale, pace and complexity involved in taking forward the PCIP in Glasgow it is proposed to establish a PCIP Implementation Leadership Group co-chaired by an Assistant Chief Officer (ACO) from the HSCP and a member of the GP Sub Committee. This will oversee and guide the work of the individual work streams to ensure delivery of the actions within the timescales and within the constraints of the available budget. The implementation work stream groups will comprise a nucleus of Clinical Director, senior manager, GP Subcommittee representative and support staff.

Our engagement with GPs principally with CQLs ,[35] at city level and with GPs within our 3 localities has been significant and has made a notable difference in shaping the plan. We will ensure that this engagement remains an integral part of future development and implementation of the plan.

We recognise there is scope to go further and that having different layers of engagement with GPs is vital. CQLs have played a valuable role in influencing the plan by providing advice on those actions that would make the most impact for them in shifting workload from individual practices. We see value in this type of engagement continuing but recognise that it may require greater support in recognition of the rising pressures and expectations on the role of CQLs.

We think that the present arrangements for GP engagement could be usefully supplemented by a twice yearly session directed primarily at PQLs[36] but open to all GPs working in the city. This would help improve understanding of the present initial plan, its background and design, allow us to appreciate the challenges and prospects for implementation over the next three years, enable contributions to ways in which implementation could be tailored and accelerated, confirm local priorities for action, promote effective engagement with GP clusters, ensure that we achieve best value and advise on deployment of staff. We plan that the first of these sessions will take place in September 2018.

The memorandum of understanding makes references to acute care services and to the potential importance for them of the changes in primary care and of the value of them being more aware of the implications and of being more closely involved. In 2108-19 we will take this forward within the city and at NHSGG&C level and/or regionally through the Primary Care Programme Board.

[35] GP Cluster Quality Leads
[36] GP Practice Quality Leads

Programme Support and Infrastructure

To be a success a plan of this scale, complexity and public profile will require robust programme and project management provision. To support implementation a programme management team will be established consisting of a programme management and project support, administrative support plus capacity for evaluation (see below). Programme and project management support will be essential not only to progress and firm up the initial proposals but to sequence, prioritise and forward plan, integrate with other services, ensure on-going engagement and communications and support the implementation work streams Other infrastructure costs will be incurred to support the cluster model of GP working, to fund the tests of change and to evaluate the existing legacy projects. We appreciate that the PCIP fund is to be used to provide additional support for GPs and, therefore, we will ensure that the programme support costs will be kept to the minimum necessary to ensure the effective implementation of the six workstreams.

Monitoring and Evaluation

The PCIP maps out the beginnings of an ambitions and implementation programme and while many benefits are assumed and planned for it is vital to ensure best value and that workload is being efficiently diverted away from GPs. This will require a proper evaluation plan from the outset which can demonstrate what this additional investment and services are achieving. We aim to work with public health and possibly Glasgow Centre for Population Health (GCPH) building on their guidance and expertise and also to utilise the LIST resource.

Nationally we will take account of the forthcoming national Primary Care Monitoring and Evaluation Strategy and Primary Care Outcome Framework. The monitoring and evaluation activity will be led by the Primary Care Strategy Group in partnership with the GP Subcommittee. We will agree with the GP Subcommittee how this M & E process will take place to ensure that they are fully informed on the impact of the workstreams.

The following areas will be priorities for our evaluation:

- Collaborating with GPs to get a better understanding of patient activity in primary care and the role of cluster working in improving the quality of care.
- Measuring the impact of the plan on reducing GP workload, improving patient care and reducing inequalities in health.

Employability and workforce

We will need to develop a robust workforce plan to outline how we intend to recruit and train the new staff, to up skill existing staff to take on some of the roles, to explain how we will manage the impact of the programme on our existing workforce. The proposed staffing numbers identified in this plan will have a significant impact on health board-wide staffing but also potentially at a regional and even national basis. Colleagues in HSCPs across NHS Scotland will be modelling similar plans and seeking to recruit from a limited pool of existing trained staff. Importantly, details of the requirements proposed must be reflected within regional planning arrangements at a minimum, but the HSCP will engage with NHS Professional Leads from across the health board to discuss current and future training requirements, to see what opportunities can be developed regionally and to address competing requirements for clinical expertise across the whole health system.

We know that for some of the new posts there are insufficient numbers of experienced practitioners currently in the employment market to take on these roles and that it can take many years to train people up to become proficient. This is the case for pharmacists, for

instance, as there will be a time lag of several years before enough experienced pharmacists will be available for the primary care posts, without a large recruitment drive having adverse affects on the wider pharmacy workforce.

The Chief Nursing Officer for Scotland has confirmed her commitment to maximising the contribution of the nursing, midwifery and health professions workforce to push the 'traditional' boundaries of professional roles. This is described as the 'Transforming Roles' programme, which aims to provide strategic oversight to develop and transform these roles to meet the current and future needs of the health and social care system and to ensure nationally consistent, sustainable and progressive roles with education and career pathways.

Work has already begun to look at the district nursing role in integrated community nursing teams, with a key leadership role in public health, anticipatory care, assessment, care/case management, complexity and frailty, intermediate care and palliative/ end of life care. This detail will be represented as part of our on-going workforce planning arrangements for the HSCP and wider district nursing workforce.

The new working arrangements will allow us to explore new roles within job families, and review the capabilities and requirements of existing roles. For example, within our nursing workforce we have the established cohort of health care support worker staff and there may be an opportunity to review their roles and responsibilities appropriately to support the work to be delivered.

We will work closely with GPs through the GP Subcommittee to ensure that the proposed roles are appropriate for the work that they will be expected to carry out in practices.

Equally we need to review the delivery and numbers of emerging professionals and to take the opportunity to review any areas of untapped opportunity with highly qualified graduates, who may be able to undertake a range of the work to be delivered with the relevant support and training.

Glasgow City HSCP will work with colleges and training providers to put in place employability pathways so that people in the City, who would not normally consider employment within the health and care service, can be supported to access these job opportunities.

New GP Clinical IT and Information sharing

NHS Boards have commissioned a procurement competition to provide the next generation of GP clinical IT systems for GPs in Scotland. All GP practices will transition to the new systems by 2020. GPs will continue to have the right to choose a clinical IT system from those which have been approved by the Scottish Government.

The contract sets out the roles and responsibilities of GP contractors and NHS Boards in relation to information held in GP patient records. The contract will support adherence to the Data Protection Act 1998 and help prepare GP contractors and NHS Boards for the new General Data Protection Regulations.

The new contractual provisions reduce the risk to GP contractors of being data controllers. The contract recognises that contractors are not the sole data controllers of the GP patient record but are joint data controllers along with their contracting NHS Board. The contract clarifies the limits of GP contractors' responsibilities. GP contractors will not be exposed to liabilities beyond their effective control and there will be data sharing agreements in place to support MDT working.

The Moving Forward Together Programme sees digital technology (DT) as "central to achieving the transformational change necessary to support integrated health and social care teams in delivery of new models of care". The harnessing of DT will alter possibilities and enhance prospects for the implementation of the new GP contract, improving patient outcomes and better MDT working. Examples already exist, such as the Clinical Portal, which show the progress that is being made. MFT foresees scope in the future for improved communications and decision-making support enabled by DT, facilitated by shared care with access for the patient and multi-professional team to the available information to decide on and co-ordinate patient care, and ultimately the development a single integrated electronic comprehensive care plan comprising relevant health and social care information. Embracing DT will usher in many innovations, such as home health monitoring, virtual consultation and technology enabled early warning alerts of patient deterioration.

Premises and space planning

In Glasgow 56% of GP premises are either owned by GPs or leased by them from third parties. GPs receive financial assistance from the Health Board towards the cost of these premises. The National Code of Practice for GP Premises (November 2017) was agreed between the BMA and Scottish Government in recognition that there is pressure on the sustainability of general practice, which is linked to liabilities arising from GP contractors' premises. The Code of Practice sets out the Scottish Government's plan to transfer to a model that does not entail GPs providing their practice premises. The Code advises that

- The Scottish Government and Health Boards will enable the transition over a 25 year period to a model where GP contractors no longer own their premises;

- The Scottish Government and Health Boards will support GPs who own their premises during the transition to the new model by offering interest-free secured loans.

- The Scottish Government will set up a "GP Premises Sustainability Fund" and will commit £30 million of additional support to this fund to be spent by the end of this Parliament. Allocation of the funding to individual practices will be based on criteria developed nationally.

The Code also sets out the actions that those GP contractors who no longer wish to lease their premises from private landlords must undertake to enable Health Boards to assume that responsibility.

The HSCP published a Property Strategy in 2017 that outlines the key priorities for health and social work capital investment. The Property Strategy will be reviewed to take account of the Code. The aim of the strategy is to ensure that our buildings allow the delivery of high quality health and social care services. In considering the Code the following issues need to be taken into account:

- Whilst Glasgow has benefited from investment to develop new health and social care hubs over the past few years, we still own and lease a substantial portfolio of older buildings, which will require significant investment to enable them to provide sufficient, good quality accommodation.
- The opportunities from mobile/agile working to free up space within our existing properties that could be used to provide additional clinical accommodation.
- The requirements for additional and/or flexible space in health and social care hubs to provide space for GPs practices that relocate from their current properties.

- The requirement to provide space in health centres/GPs' own buildings to provide accommodation for the multi-disciplinary teams.
- There may be a need to provide additional Business Support resources for health centres.
- We will take an integrated approach to our property strategy which will include working with the City Council and other local partners as part of the community planning arrangements to maximise the use of the land and buildings.

Section 13
Summary Implementation Plan 2018-21

Vaccinations

Requirement of Memorandum of Understanding - Through the Vaccination Transformation Programme shift responsibility for delivering vaccinations away from GPs

Action	Estimated Timescale
We will implement the recommendations from the review of pre-school immunisation delivery across Glasgow City.	2018/19
Complete the initial scoping of service for influenza programme for 2 to 5 year olds. Recommendations will be made on potential alternative delivery models, including identifying challenges to implementation, what will facilitate implementation and the indicative costs for each model.	2018/19
Complete the initial scoping of service for influenza programme for pregnant women. Recommendations will be made on potential alternative delivery models, including identifying challenges to implementation, what will facilitate implementation and the indicative costs for each model.	2018/19
We will investigate the feasibility of midwifery delivery of the influenza and pertussis vaccinations with maternity services.	2018/19
Complete the initial scoping of service for adults (65 years +, <65 at risk groups). Recommendations will be made on potential alternative delivery models, including identifying challenges to implementation, what will facilitate implementation and the indicative costs for each model.	2018/19
We will provide funding to enable District Nurses to provide the influenza vaccine for people aged over 65 years, who are housebound but not on a district nurses' case load.	2018/19
Complete the initial scoping of service for Pregnant women – pertussis (whooping cough). Recommendations will be made on potential alternative delivery models, including identifying challenges to implementation, what will	2018/19

Action	Estimated Timescale
facilitate implementation and the indicative costs for each model.	
We are awaiting the completion of the national options appraisal exercise that is being led by Health Protection Scotland, to provide clarification of the scope of the Travel vaccinations and travel health advice programme.	To be agreed

Pharmacotherapy

Requirement of Memorandum of Understanding - Establish a sustainable pharmacotherapy service by 2021

Action	Estimated Timescale
To deliver on the national commitment to the core pharmacotherapy services as outlined in the new GP Contract we will recruit an additional 67 new whole time equivalent pharmacy posts to increase the total support to GPs to 90 wte posts.	By 2020/21
We will involve GPs in the implementation of the pharmacotherapy workstream and, where needed, support them to develop collaborative based working arrangements with the new pharmacy staff as part of the multi-disciplinary teams.	2018/19 to 2020/21
We will engage and communicate pharmacists, and our staff on the future changes.	2018/19 to 2020/21
We collaborate with GPs, the other HSCPs, NHSGG&C and the wider pharmacy system to develop the new service models and service improvements.	2018/19 to 2020/21
We will develop the partnership working across the wider pharmacy system in Glasgow City, including community and hospital pharmacy, to consider innovative ways of working which will reduce GP workload and improve services for patients.	2018/19 to 2020/21
We will maintain a strong focus on working within our prescribing budget as set by the HSCP financial plan.	2018/19 to 2020/21
We will Collaborate with national stakeholders including NES and the Scottish Government Pharmacotherapy Service Implementation Group.	2018/19 to 2020/21

Action	Estimated Timescale
We will explore with community pharmacy opportunities for further development of their services.	2018/19 to 2020/21

Community Treatment and Care Services

Requirement of Memorandum of Understanding - The responsibility for providing these services will move from GP practices to HSCPs

Action	Estimated Timescale
We will develop a community phlebotomy service and recruit 11 wte phlebotomists.	2018/19
We will develop the new model of treatment and care service and manage the transition of a range of treatment room activity that currently delivered in GP practices into the HSCP Treatment and Care Service.	2018/19 to 2020/21

Urgent care

Requirement of Memorandum of Understanding – The PCIP should set out how we will respond to urgent unscheduled care within primary care, including being the first response to a home visit or responding to urgent call outs, freeing up GPs to focus on their role as expert medical generalists

Action	Estimated Timescale
We will agree a definition for “urgent care” so that we can design services based on mutually agreed requirements.	2018/19
Will investigate the scale of the need and the types of interventions that are more likely to reduce the time spent by GPs in providing urgent care services.	2018/19
Jointly with individual practices, we will consider the potential for up skilling existing staff, such as practice nurses and care home liaison nurses.	2018/19 to 2019/20

Action	Estimated Timescale
We will undertake some development work on the interface with care homes possibly by extending care home liaison role to cover residential care.	2018/19
We will progress a test of change in one of our residential homes, using ANPs (or nurse prescribers) and Care Home Liaison Nurses.	2018/19 to 2019/20
We will investigate e-health solutions to increase the efficiency and effectiveness of urgent care.	2018/19
We will connect this work to other developments, such as the out of hours review and initiatives to improve anticipatory care planning.	2018/19
We will work with GPs to identify ways of improving how patients are triaged for urgent care.	2018/19 to 2019/20

Additional Professionals for Multi-Disciplinary Teams

Requirement of Memorandum of Understanding - By 2021 specialist professionals will work within the local MDT to see patients at the first point of contact, as well as assessing, diagnosing and delivering treatment, as agreed with GPs and within an agreed model or system of care.

Action	Estimated Timescale
We will use the learning from the different approaches that have been used across the city and develop a model that can be used to deliver the MDT requirements of the new GP contract.	2018/19

Additional Professionals for Multi-Disciplinary Teams

Requirement of Memorandum of Understanding - By 2021 specialist professionals will work within the local MDT to see patients at the first point of contact, as well as assessing, diagnosing and delivering treatment, as agreed with GPs and within an agreed model or system of care.

MSK Physiotherapists

Action	Estimated Timescale
We will increase the number of Advanced Practice Physiotherapists by 5 and embed them in GP practices as part of multi-disciplinary teams	2018/19
We will give more consideration to the specification for the role and whether or not we want to include treatment as well as assessment to the APPs role.	2018/19
We will evaluate the impact of the physiotherapist role in the Govan SHIP and to take account of any further outcomes from the Inverclyde approach.	2018/19
We will investigate other options for providing advice and support to patients with muscular skeletal problems.	2018/19
We will recruit another 10 wte posts Advanced Practice Physiotherapists and embed them in GP practices as part of multi-disciplinary teams	2019/20 to 2020/21

Additional Professionals for Multi-Disciplinary Teams

Requirement of Memorandum of Understanding - By 2021 specialist professionals will work within the local MDT to see patients at the first point of contact, as well as assessing, diagnosing and delivering treatment, as agreed with GPs and within an agreed model or system of care.

Mental Health Workers

Action	Estimated Timescale
We will undertake an information gathering, process mapping and scoping exercise with GPs that will provide the knowledge and understanding necessary to plan and develop effective and efficient service responses that will divert workload from GPs.	2018/19
We will review the outcomes achieved by the initiatives supported by the existing primary care mental health fund as well as us the lessons from COPE, the Govan SHIP and other projects to inform future developments.	2018/19
We will use any outcomes from Action 23 of the national mental health strategy to inform our future approach.	2018/19
We will design tests of change in three or four GP clusters that can be taken forward to obtain evidence of what works in providing mental health support in a primary and/or community setting.	2018/19 to 2019/20
We will Involve GPs and the GP Subcommittee in this work to ensure that they are supportive of the eventual proposals and that they are satisfied that GP workload will be reduced as a result of the investment.	2018/19 to 2020/21
We will undertake a training needs analysis among primary care staff to ascertain level of knowledge about mental health issues and confidence in responding to them. Results would inform the development of a mental health training package for non mental health staff. We will develop a training package for mental health staff that provides education on recovery oriented, strengths based and trauma informed models.	2018/19 to 2019/20
We will make the connections with our response to the national mental health strategy (Action 15 and 23) and identify opportunities for joint work and joint funding between the two streams of activity that meet the requirements outlined in the MoU/PCIP.	2018/19

Additional Professionals for Multi-Disciplinary Teams

Requirement of Memorandum of Understanding - By 2021 specialist professionals will work within the local MDT to see patients at the first point of contact, as well as assessing, diagnosing and delivering treatment, as agreed with GPs and within an agreed model or system of care.

Occupational Therapist

Action	Estimated Timescale
We will learn from the experience of Lanarkshire NHS Board in embedding an occupational therapist in a GP practice and, where this is shown to be effective in reducing GP workload, we will give consideration to how this role could be developed in Glasgow City.	2018/19

Community Links Workers

Requirement of Memorandum of Understanding - Recruit Community Links Workers (as part of the Scottish Government's commitment to deliver 250 CLWs across Scotland), focused on GP practices with the most deprived patient populations

Action	Estimated Timescale
We will involve GPs in developing the methodology for allocating CLWs to practices.	2018/19
We will continue to develop the Community Link Worker Steering Group through extending membership to key third sector organisations and partners.	2018/19
We will undertake a public procurement process to invite potential third sector suppliers to tender to be on a "Glasgow City Links Worker procurement framework". This will enable us to increase the number of Community Links Workers over the lifespan of the Primary Care Improvement Plan. We anticipate extending the number of practices with Community Links Workers from the current 18 to 27.	2018/19
We will test the 'link worker' role for a protected characteristic group to ensure non-geographical community networks and resilience are developed as part of the model.	2018/19

Action	Estimated Timescale
We will work to establish the routine data reporting and the evaluation programme for Glasgow City's Community Link Worker programme.	
Further extension of the Community Links Worker programme. The total number will depend on the available resources and we have provided a number of options.	2019/20
We will work to strengthen the connectivity between the primary care mental health programme and the community link worker programme.	2018/19 to 2020/21
We will continue to liaise with the Scottish Government to establish a funding allocation for CLWs that reflects the substantial health inequalities of Glasgow's population.	2018/19 to 2020/21
We will work with other stakeholders from the employability sector on workforce planning and training.	2018/19 to 2020/21

Tackling health inequalities

Action	Estimated Timescale
We will complete an equality impact assessment on this overall plan.	2018/19
We will test the 'link worker' role for a protected characteristic group to ensure non-geographical community networks and resilience are developed as part of the model.	2018/19
We will engage with the work that the Deep End practices and Dundee University are undertaking to analyse in more depth the impact that the co-located financial advice services are making to reducing demand for GP time.	To be agreed
We will build on the learning from the youth health provision to develop a preventative and clinical service that will work with more vulnerable adolescents and be based in some of our poorest neighbourhoods.	2018/19 to 2020/21
We will use the learning from Community Orientated Primary Care to shape future ways of working.	To be agreed

Action	Estimated Timescale
We will build on and complement a range of developments flowing from the Alcohol and Drugs Partnership and the funding from the Mental Health Strategy.	2018/19 to 2020/21
We will support general practice to know what is being taken forward by the City Council through its campaign to end loneliness and to ensure that their patients are able to benefit from these projects.	2018/19

Developing the Roles of Other Primary Care Contractors

Action	Estimated Timescale
We will improve communication between GPs and optometrists by identifying an optometry contact for each GP cluster.	2018/19
We will proactively engage with community pharmacists to explore the nature and extent of their potential contributions.	2018/19 to 2020/21
We will pay close attention to the shaping of the new pharmacist contract	2018/19 to 2019/20

Delivering the Primary Care Improvement Plan

Action	Estimated Timescale
We will further develop and then implement arrangements and structures for involving GPs in the delivery of the PCIP.	2018/19 to 2020/21
We will establish a PCIP Implementation Group	2018/19
We will set up a Programme/Project Team	2018/19
We will establish arrangements for monitoring and evaluation of PCIP.	2018/19
We will develop and implement a communication and engagement plan to ensure that all stakeholders continue to be	2018/19 to 2020/21

Action	Estimated Timescale
involved in the further development of the PCIP.	
We will incorporate the PCIP into our workforce plan	2018/19
We will work with employability agencies to identify the potential for offering pathways into the new posts.	2018/19 to 2019/20

Practice Sustainability

Action	Estimated Timescale
As part of our existing support for primary care through our Clinical Directors we will work with a number of GP practices across Glasgow to gather intelligence through utilising the practice sustainability assessment tool that is provided by the Scottish Government..	2018/19 to 2020/21
Work with the Deep End practices to learn from the projects that they have been progressing and, where possible, incorporate this learning into future initiatives supported by the PCIP.	2018/19 to 2019/20

Appendix 1

Glasgow City HSCP Primary Care Governance Map

PCIP Implementation

- Vaccination
- Pharmacotherapy
- Community
- Treatment & Care
- Urgent Care
- MDT
- Physiotherapy
- Mental Health
- Link Workers
- Premises
- workforce

Integration Joint Board

Senior Management Team

Primary Care Strategy Group

PCIP Implementation Leadership Group

Localities

- North East
- South
- North West

Core Leadership Groups

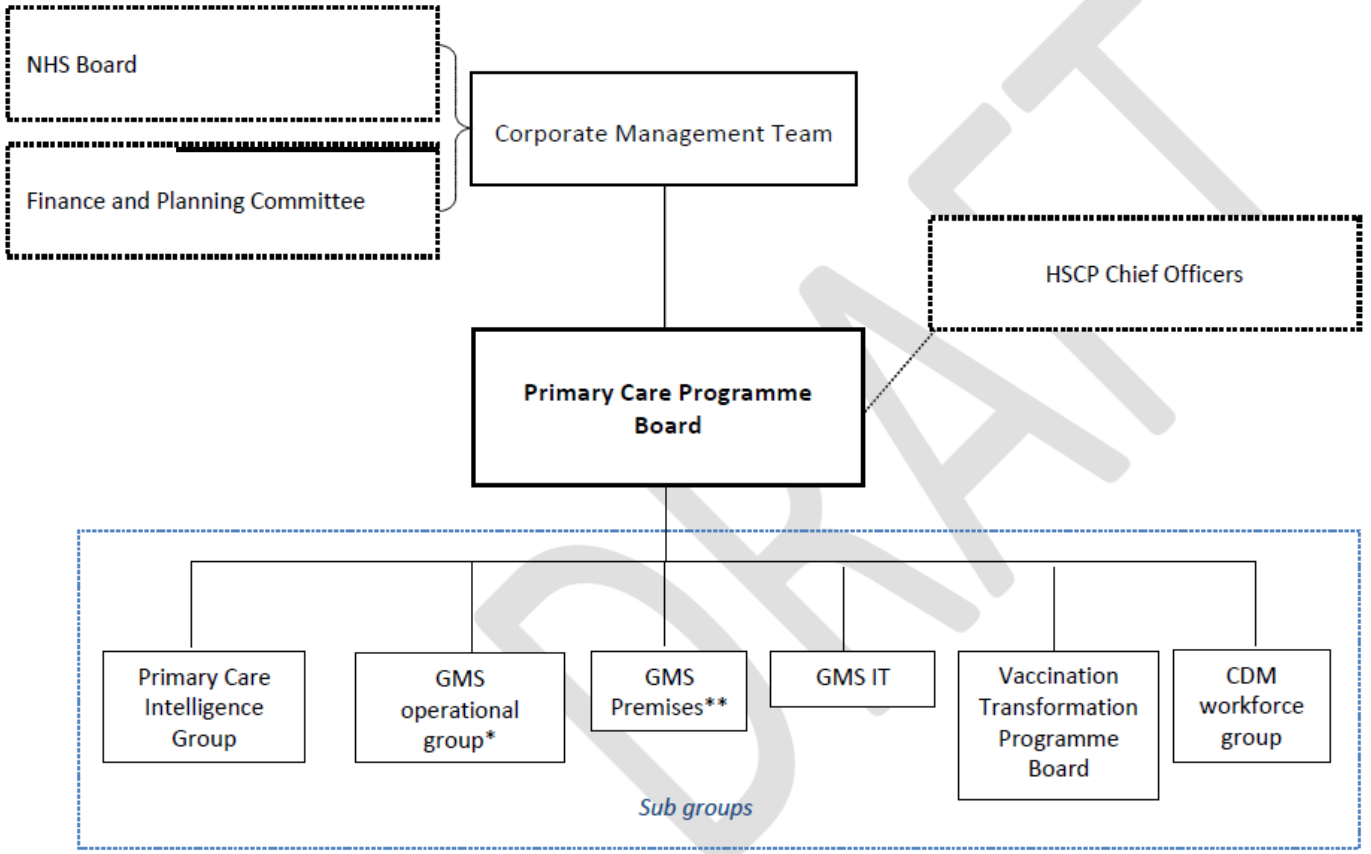
- Capital / Property
- Adults
- Children
- Older People

Associated Groups

- Chief Officers Network Meeting with Richard Foggo
- Oversight Group for New GMS Contract
- Primary Care Leads Group
- Chief Officers Special Interest Group on Primary Care
- NHS GG&C Corporate Management Team
- GG&C Primary Care Programme Board
- GG&C Chief Officer Group

Each with:
CQLs/PQLs/ Clusters
GP Forum/ Committee
Primary Care Implementation Groups

PRIMARY CARE PROGRAMME BOARD: SUB GROUPS AND GOVERNANCE



*to include Local Enhanced Services
** also links to Property Committee

Associated Groups and Forums

- Clinical Directors
- Acute / Primary Care Interface
- HSCP Strategic Planning Groups and Primary Care Strategy Groups
- Referral Management Group
- Out of Hours redesign
- Primary Care mental Health Interface Group
- GP Subcommittee
- ACF and professional advisory structures
- Prescribing Management Group

NHSGGC Primary Care Programme Board April 2018

Appendix 2

Glossary of Terms

HSCP	Health & Social Care Partnership
PCIP	Primary Care Improvement Plan
GG&C	Greater Glasgow & Clyde
LMC	Local Medical Committee
GP	General Practice
PCPB	Primary Care Programme Board
PCSG	Primary Care Strategy Group
MoU	Memorandum of understanding
COPD	Chronic Obstructive Pulmonary Disease
OOHs	Out of Hours
APP	Advanced Practice Physiotherapist
ANP	Advanced Nurse Practitioner
MSK	Musculoskeletal
CQLs	Cluster Quality Leads
PQLs	Practice Quality Leads
PCDOs	Primary Care Development Officers
SHIP	Social & Health Integration Partnership
COPE	COPE Scotland (community organisation based in Drumchapel)
CAMHS	Child & Adolescent Mental Health Services
CMHT	Community Mental Health Teams
PCMHT	Primary Care Mental Health Teams
CLWs	Community Link Workers
COPC	Community Oriented Primary Care
IJB	Integration Joint Board
SMT	Senior Management Team
GCPH	Glasgow Centre for Population Health
NHS GG&C	National Health Service Greater Glasgow & Clyde

Item No: 10

Meeting Date: **Wednesday 19th September 2018**

Glasgow City
Integration Joint Board

Report By: **Susanne Millar, Chief Officer Strategy and Operations / Chief Social Work Officer**

Contact: **Jackie Kerr, Assistant Chief Officer, Adult Services**

Tel: **0141 314 6281**

FINDINGS AND RECOMMENDATIONS FROM REVIEW OF SPEECH & LANGUAGE THERAPY (SLT) ADULT AND OLDER PEOPLE PARTNERSHIP SERVICES IN GLASGOW CITY

Purpose of Report:	To inform IJB members of the findings and recommendations from the review of Speech and Language Therapy (SLT) services for adults and older people in Glasgow City and to seek approval for a number of actions necessary to respond to those findings and to progress to an implementation phase.

Background/Engagement:	Engagement events and structured interviews have taken place to enable staff to contribute to the review and keep staff informed of progress. Service user and carer engagement will take place at a later date (to be determined) as part of the process to evaluate the level of service improvement achieved from the implementation of the recommendations. The Staff Partnership Forum have been involved fully in the review process and will continue to be involved in the implementation phase.

Recommendations:	The Integration Joint Board is asked to note the findings and recommendations from the SLT review and approve: a) Implementation of the 9 Actions arising from the review, as set out in detail in section 4 of this paper. b) The continuation, on a fixed term basis, of the project lead SLT role within Glasgow HSCP to implement the findings of the review, thus assuring the organisation that a revised service model is delivered.

	c) The management of Glasgow SLT staff and SLT project lead under one service manager to optimise service decisions; resource and workforce. d) The development of an implementation plan to support implementation of a single SLT service. This will have clear leadership, reporting and outcomes which can successfully deliver on the 'short term leave contingency plan' to ensure services can be accessed. The implementation plan will consider the implications for existing multi-disciplinary team (MDT) structures and develop the arrangements for transition; e) Ongoing consultation with Staff Partnership, with acute services and with other HSCPs to support the implementation of recommendations; f) To support the strengthening and transparency of pathways and links between Glasgow City funded SLT services and staff not formally based within Glasgow HSCP, but who's primary role is to deliver services within Glasgow HSCP e.g. Community stroke team, Forensic SLT; and, g) To initiate discussions regarding demand / capacity/ service and governance for patients currently seen by Glasgow SLT staff who are not resident in Glasgow HSCP area.

Relevance to Integration Joint Board Strategic Plan:

Implementation of recommendations will support the Partnership Key Priorities by:

- Supporting consistent and timely access to SLT across all patient care groups ;
- Reducing risks, particularly but not exclusively those associated with swallowing disorders;
- Supporting the expression of choice by maximising communication potential;
- Contributing to agenda of Moving Forward Together shifting the balance of care by supporting people to be maintained in their own homes/communities through the provision of advice/training to staff; realistic medicine
- Assuring SLT role and remit in responding to policy context and development within key strategic areas including AAC, IDDSI, Dementia and AILP
- Contributing to the programme of service reform by improving the efficiency and efficacy of services.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Implementation of the recommendations supports: **Outcome 2:** People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

	Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected. **Outcome 4.** Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services. **Outcome 5.** Health and social care services contribute to reducing health inequalities. **Outcome 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.

Personnel:	The outcome of the recommendations will ensure staff have improved governance; supervision; learning and development focussed on skills and competencies to meet demand flexibly; job roles with improved definition. There will be ongoing consideration of workforce requirements to meet demand in the context of the new service model.

Carers:	The focus on reducing risks and on equalities will have significant positive impact on carers.

Provider Organisations:	Potential to release capacity to develop advice and preventative service level for partner organisations e.g care homes and private care provider agencies

Equalities:	The rebalancing of SLT service delivery to offer equitable access to those with communication disorders as well as swallowing disorders will have a positive impact on quality of life, activities of daily living (including where appropriate employment), well-being, and participation in family and community life. An EQIA has been completed (currently going through quality assurance before publication) and will be available at the following link: https://glasgowcity.hscp.scot/equalities-impact-assessments

Financial:	There is potential to realise efficiencies and improve capacity building to better meet demand across SLT partnership services by reducing variation, considering where non-Glasgow patients are treated; streamlining processes and introducing a more effective service model. The recommendations set out in the paper can be achieved within existing recurring budgets. Following full implementation of the recommendations, a

	process will be developed to evaluate the impact, including a re-assessment of resource and capacity requirements.

Legal:	None

Economic Impact:	None

Sustainability:	Service sustainability will be improved by ensuring that services are designed around the key policy directions including 'home is best', rebalancing care, anticipatory care planning and support for people with dementia. The review will also ensure adherence to the principles of AILP (Active Independent Living Plan) – the national delivery plan for AHPs. Integral to the redesigned service will be a process of evaluation, audit and continuous improvement in line with changing service demands.

Sustainable Procurement and Article 19:	N/A

Risk Implications:	Implementation of the recommendations are critical in addressing the patient, staff and organisational risks identified in the original paper (Proposal for a review of speech & language therapy adult and older people partnership services in Glasgow City, 2017, J. Carson & K. Smart). Implementation will require continued proactive management of change to ensure that SLT staff are fully engaged and are able to contribute to service development. Implementation will benefit from ongoing support of Organisational Development, and the involvement of Staff Partnership, to optimise implementation and change.

Implications for Glasgow City Council:	Recommendations, with improved access and equitable services, will ensure that SLT staff are well-placed to support and develop Glasgow City Council staff in the management/support of residents and users of adult care facilities.

Implications for NHS Greater Glasgow & Clyde:	The SLT Partnerships Professional Lead has identified similar risks and issues across GGC, and a review process is also under consideration by other HSCPs. The current service boundary issues can only be addressed in consultation with other GGC HSPCs and with acute services. In leading the way with this review, Glasgow City will be able to proactively design the patient pathway to deliver consistent, seamless, quality care for Glasgow City residents as standard.

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	✓

1. Purpose

1.1 To inform IJB members of the findings and recommendations from the review of Speech and Language Therapy (SLT) services for adults and older people in Glasgow City and seek approval for a number of actions necessary to respond to those findings and to progress to an implementation phase.

2. Background

2.1. SLT services to the adult population with Glasgow City HSCP come from a small resource (18 members of staff, WTE 15.3, see diagram 1 below) that is fragmented, often isolated and frequently unable to respond to patient need within an appropriate timescale. It is a matter of record that the current configuration of SLT services is unable to provide the adult population of Glasgow City HSCP with an equitable service. In some parts of the service patients with communication difficulties as a consequence of rapidly deteriorating medical conditions such as Motor Neuron Disease are unable to receive any input for this need while in other services this is routinely provided. Patients with speech, language and communication or swallowing needs within prison services have extreme difficulties accessing basic SLT service for example.

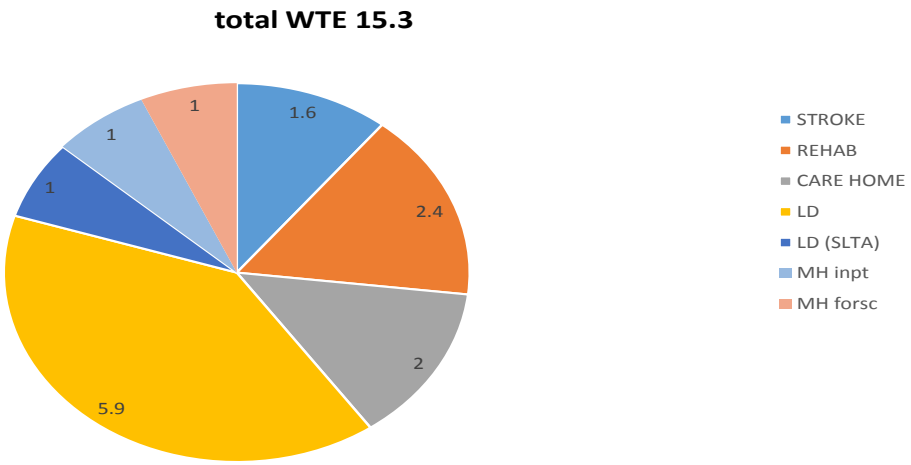


Diagram 1: SLT provision with scope of Review (WTE)*
*Figures accurate at time of writing, but subject to fluctuation.

2.2. The contrast in resource across SLT sectors is further amplified by significantly varied demand identified by referrals received to each respective sector. The chart below demonstrates the current annual referrals received by each SLT sector:

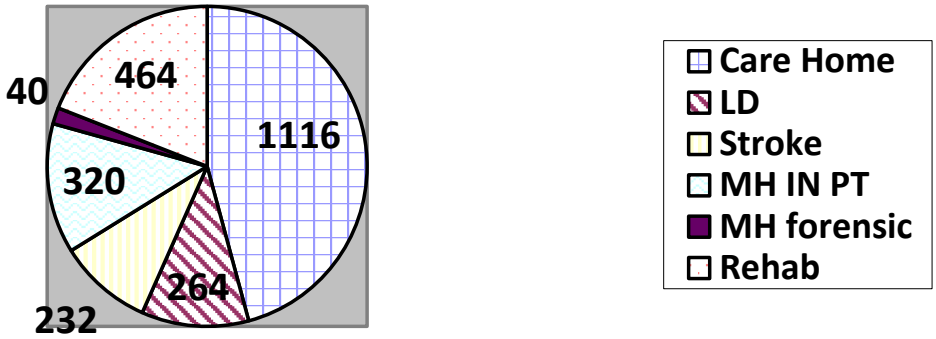


Diagram 2: Annual Reported Referrals by SLT Sector
(Extrapolated from quarterly figures, see Appendix 1 for further breakdown)

2.3 Furthermore, it is evident that during periods of staff leave (planned or unplanned) provision of SLT service even for cases requiring urgent input i.e. to prevent hospital admission; to deliver care within the palliative care pathway; prevent family/carer breakdown, is problematic and often significantly delayed.

2.4 Additionally, constraints exist meaning that not all referred patients are able to access community based care with some being re-directed to acute care to receive input, which may not be clinically necessary or in line with patient choice. This is not consistent with the principles of 'Shifting the Balance of Care'. It is further acknowledged that there is likely to be a degree of unidentified need within the population.

2.5 A summary of referrals to each SLT service is presented in Appendix 2. This demonstrates significant variation between demand and capacity within respective services. As further illustrated in box 1, below, ,there is variation in service response; service models and practice for similar patients as detailed in review paper (Proposal for a review of speech & language therapy adult and older people partnership services in Glasgow City, 2017, J. Carson & K. Smart). Standardising data gathered and analysed will be essential to further explore and address variations. The variation and range in waiting times puts both the patients and organisation at risk. Within some services waiting time is unacceptably high (greater than 16 weeks).

Example of current variation across SLT services **Box 1**

i) A patient with cognitive communication difficulties and challenging behaviour as a consequence of a learning disability receives a full package of care from SLT that includes: a detailed assessment linked to a full MDT assessment; holistic staged interventions; carer training, and ongoing communication support whereas a patient with a similar presentation referred to the Mental Health in-patient service would receive delayed and inequitable input from SLT unless there was a concurrent dysphagia.

ii) A patient with a deteriorating neurological condition such as dementia that and can result in loss of ability to speak and inability to swallow: if under 65 years and referred to the rehabilitation service, the patient will receive intervention around communication and dysphagia, however, if over 65 years and resident in a care home, will only receive input to address dysphagia. This practice fails to meet the standards outlined in the Dementia Strategy.

3. Review Process

3.1 The SLT review commenced in September 2017 with the establishment of a steering group (including representation from service managers, acute SLT and learning disability services), and the appointment of a temporary project lead tasked with scoping the service and agreeing interim cover arrangements for SLT services during periods of leave.

3.2. Following the development of a project plan and communication strategy, structured interviews were conducted with all staff, including staff on maternity leave, within the scope of the review. An issues log (available on request) was initiated and populated by both the project lead and Partnerships throughout the process highlighting staff questions & concerns, and responses.

3.3. During the in-depth interviews both quantitative and qualitative data was gathered and subsequently analysed. Appendix 1, diagram 3 below, illustrates the variation in monthly reported referral rates and waiting numbers at a given date. The data demonstrates significant variation across service areas for example we can see that both Mental health in-patient forensic and in-patient general mental health services have similar resource ie x1 WTE SLT with a 75 % variation in referral rates. This impacts on service delivery to the extent that one service limits the scope of its provision and is unable to provide treatment for communication difficulties.

3.4 An initial stakeholder meeting was held in November 2017 where the results of the scoping interviews were presented to staff. Three initial workstreams were identified to progress with staff via short life working groups and these addressed: supervision, outcome measures and caseload prioritization. Agreeing a joint prioritization tool is key to proceeding with an Interim Cover Arrangement.

3.5 A follow up stakeholder meeting took place in February where staff involved in the three workstreams fed back on the work they had completed to date within their respective groups including recommendations going forward. The proposals put forward at this meeting are incorporated into the recommendations identified below.

4. Detailed Findings and Recommended Actions

4.1 Governance Standards

4.1.1. No consistent universal governance structure with staff managed at varying levels across the HSCP despite being on similar grades. No universal data gathered on demand and caseload management. Limited capacity to take a global strategic view of this specialist service and limited opportunity to drive forward service improvement.

4.1.2. It is the case that some staff are operationally managed by staff out-with their specialist SLT area and with limited links to their service area at a strategic level presenting difficulty when addressing service need and improvement.

4.1.3. Staff within tightly embedded MDT's reporting that SLT priorities often overlooked in favour of wider team priorities thus impacting on SLT service improvement and development

4.1.4 Collectively these issues present as a risk to the organisation, staff and patients alike.

Action 1: A consistent governance model is applied to all SLT staff within the scope of this review.

4.1.5. In order to deliver this recommendation a lead SLT role will be required to be developed with a remit that includes accountability for reporting on governance issues such as audit reporting, Health and Care Professions Council (HCPC) registration and adherence to professional standards.

4.2 Supervision

4.2.1. The AHP Supervision Policy applies universally to all staff within the scope of the review. It was found during the scoping that the majority of staff did not fully comply with the board's policy, notably with a lack of structured routine supervision conducted with professional SLT input. Supervision arrangements that are in-place are frequently informal and irregular. Staff described difficulty identifying an appropriate colleague to provide supervision, many experienced staff with no experience of providing supervision due to the staff profile and small numbers of staff. This presents as a risk to staff in maintaining their HCPC membership and a

risk to the organisation as it seeks to ensure that safe and evidence based care is being delivered to patients.

Action 2: all staff are supported to become fully compliant with the board's AHP Supervision Policy by applying a consistent governance model across the service

4.2.2. To support implementation of the policy a short life working group (SLWG) has been established. The SLWG has devised an action plan to support implementation. Delivery of this is reliant on an SLT lead who is accountable for compliance and quality.

4.2.3. In addition the lead remit would be to ensure appropriate clinical supervision and case management which monitors and reports on delivery of quality and evidence based care.

4.2.4. In order to ensure robust case management and supervision, band 7 SLTs will be required to work to the leadership aspects of Job descriptions and roles, where these exist.

4.3 Continued Professional Development

4.3.1 CPD opportunities are variable and opportunistic with not all SLT staff having equal access to CPD opportunities including local practice development networks.

4.3.2 It is proposed that Glasgow City HSCP speech and language therapy service develops a learning and development plan in conjunction with local multi-disciplinary teams that meets the requirements of the service, teams and individuals.

4.3.3 The SLT project lead's remit will include accountability for implementation of a plan which aligns with policy context, national agendas and local priorities ensuring individuals and teams are monitored, developed and supervised to deliver best quality care at all times.

4.3.4. Post holders with leadership aspects in job descriptions and roles, will be required to deliver on appraisal, Turas/ PDP and contribute to the supervision and monitoring of team and individual development.

4.3.5 Also essential, is the articulation of which fora require all staff to participate in as part of their ongoing professional development within SLT and integrated structures. This will require monitoring and reporting.

Action 3: SLT specific learning and development plan that compliments wider service MDT learning and development plans are devised, agreed and implemented.

4.4 Service Specification

4.4.1 The development of a single service specification is required, which addresses inequity of access; ensures a service which is fit for purpose/ changing demand; is responsive and flexible to patients regardless of age, diagnostic criteria and resident location; consistently delivers access to the range of evidence based treatment

approaches for that condition i.e. communication and dysphagia treatment; reduces delays to assessment/ treatment. Revised service specification will take account of effectiveness of universal and targeted interventions and MDT specific eligibility criteria where that exists. In addition the AHP/ SLT role in staged care and new areas of care will be explored achieving the ambitions of ALIP and evidence based medicine.

4.4.2. Where deemed not to be part of the service specification for SLT service within the HSCP, alternative solutions to develop these inputs should be developed.

4.4.3. There is scope with consistent application of outcome measures, data gathering and analysis to more readily define optimum/ efficient patient pathways and in turn a service specification for SLT provision within Glasgow HSCP.

Action 4: a single SLT service specification is developed and implemented, including the routine use of standardised outcome measures that are applied consistently across services. This requires to dovetail with MDT service specifications where these exist.

4.5. Service Model

4.5.1 Delivering a revised and explicit service model is essential to achieve consistency with the Equality Act and the NHS Quality Strategy and to ensure a flexible service is developed to meet current and future demand and to address areas of current service gap e.g. prisons

4.5.2 In order to maximise efficiency, opportunities and mitigate the risks identified in the current review paper and complex arrangements therein, a single service function is proposed. Essential to this model is a single staffing resource which can be used responsively to address service demand equitably.

4.5.3 The SLT Project lead, supported by the service manager, would have responsibility for undertaking research and development activity; initiate service development; develop policies and procedures for Glasgow SLT adult and older peoples service; lead staffing in line with professional guidelines, national and board policies; be accountable for governance compliance and reporting; lead on strategic work in key priority areas; provide professional management for band 7 therapists; be responsible for monitoring service demand and resource management associated with this; be responsible for learning and development within the SLT service in addition to wider MDT learning and development plans.

4.5.4 Line management and professional leadership/ governance would require to be agreed but it is likely this would be provided by the Professional Lead for SLT across GG&C and a service manager from within Adult or Older People's services.

4.5.5 This would be the preferred option in terms of potential changes realised by 'Shifting the Balance of Care' and the impact this would have on size and function of community services.

4.5.6 The financial framework for this option has been costed and is achievable from existing recurrent budgets.

4.5.7 The band 8 SLT Project Lead would have delegated responsibility to:

- Identify gaps and pressures using the single electronic database, prioritisation scores and narrative from staff/ teams.
- Hold regular complex case discussions where there are questions regarding where or by whom a patients care will be delivered
- In partnership with senior SLTs, allocate those cases following adequate consideration of clinical need and 'right person right care'
- Discuss with service manager and MDT leads where there is a need to deliver care flexibly across existing boundaries due to patient need
- Identify the need for the short term leave contingency plan and implement this
- Allocate the affected patients to existing Glasgow HSCP SLT staff within professional scope and practice

4.5.8 To ensure consistency and sustainability of this approach, SLT leads would be required to engage in and deliver robust case capacity management, which monitors consensus of prioritization; follows an agreed framework of care; monitors outcomes and throughput across the care groups.

4.5.9 The success of this model will be dependent on the development of effective team working.

Action 5: SLT services provided with Glasgow City HSCP move towards working within a single model of delivery.

4.6 The recommendations for a single service specification and single service model are supported by key stakeholders. Further work is required to support implementation, monitoring and evaluation. Data collated will support reporting on and adding value to SLT interventions, influencing subsequent service development. A Short Life Working Group has been established and key outcome measures have been identified (Therapy Outcome Measures). This is the Royal College of speech and language therapists' outcome framework of choice and encompasses self-identified outcomes in line with the direction of 'Realistic Medicine'. Work to progress application of a consistent set of outcomes is ongoing and essential to address variance in care currently delivered.

4.7 Patients non-resident to Glasgow City

4.7.1 The geographical boundaries of service specifications are variable with some posts being limited to Glasgow City HSCP while others extend to several HSCP areas. Data around the referral rates to different aspects of the service based on HSCPs is presented in Appendix 1. The data demonstrates that approximately 20% of referrals to the services within scope come from HSCPs outwith Glasgow City. This presents several challenges: practical management of caseloads; extensive travel time; linking with different teams; navigating different structures and processes; and use of more than one electronic patient record system – these collectively increase risk to patients, staff and the organisation.

Action 6: Consideration is given to the repatriation of non-Glasgow City patients to their respective HSCP area, where clinically appropriate, to avoid further fragmentation and isolation of services.

4.7.2 This recommendation requires that consideration of the impact of any change around this is carefully explored. The table in Appendix 1 demonstrates the spread of referrals received by the SLT services in scope, by HSCP areas. In some of the HSCP areas there is little to no existing SLT service to transfer patients to. There is therefore a risk that by establishing an HSCP specific service for some of the smaller HSCP areas that we duplicate some of the existing issues we are trying to address i.e. single practitioner service, inadequate governance, professional isolation etc. Work will therefore take place with other HSCPs to explore further the implications of any such service change before reaching a final recommendation.

4.8 Service Audit and Monitoring

4.8.1 There is currently no reliable, consistent and easily accessed output data available across the services in scope of the review. This lack of ability to access and adhere to patient record standards presents a significant barrier to staff attempting to deliver a seamless service. Benefits of shared Electronic Patient Records System (EPRS) such as avoiding duplication of assessment and resource; avoiding repetition for patients; and generating clinical and demographic data to inform service delivery cannot be utilised. Most services are using EMIS or scheduled to come on stream imminently but this is not used universally.

Action 7: All services within scope use consistent EPRS to support routine audit and service reporting.

4.8.2 At present the Care Home & Hospice service is not scheduled to be included within the EMIS programme and requires to be added, this will be progressed if/when the recommendation to move forward as a single service is approved. A further part of the SLT service, the Community Stroke service, uses a different EPRS within the MDT and some further consideration will be required to address how this will integrate with the wider SLT service.

4.8.3 In some specialist services agreed board wide, AHP qualitative documentation audit is not currently being implemented, partly this issue will be addressed with wider implementation of EMIS however staff will be operating within distinct EMIS groups that do not permit read across. In order to support the implementation of current Greater Glasgow & Clyde NHS standardised AHP audit, staff will be required to have EMIS permissions for groups other than the group where they routinely work.

Action 8: Appropriate patient record permissions are granted to support implementation of audit across SLT services.

4.8.4 A formal request to the EMIS programme with senior manager support will be required to complete this.

4.8.5 Not all staff have access to appropriate technology to support agile working, provide optimum access to EPRS and support data recording, audit and management. This risks associated with multi centre working combined with paper based notes, limited access to desk tops etc. have been well documented and are easily recognised within this staff group. Full funding for IT equipment for all staff has been agreed and an application has been submitted to procure the equipment required

Action 9: All SLT staff within the service have access to mobile networked devices with appropriate software to support agile working and EPRS.

5. Recommendations

5.1 The Integration Joint Board is asked to note the findings and recommendations from the SLT review and endorse:

a) Implementation of the 9 Actions arising from the review, as set out in detail in section 4 of this paper.

b) The continuation, on a fixed term basis, of the project lead SLT role within Glasgow HSCP to implement the findings of the review, thus assuring the organisation that a revised service model is delivered.

c) The management of Glasgow SLT staff and SLT project lead under one service manager to optimise service decisions; resource and workforce ;

d) The development of an implementation phase to support implementation of a single SLT service. This will have clear leadership, reporting and outcomes which can successfully deliver on the 'short term leave contingency plan' to ensure services can be accessed. The implementation plan will consider the implications for existing multi-disciplinary team (MDT) structures and develop the arrangements for transition ;

e) Ongoing consultation with Staff Partnership, with acute services and with other HSCPs to support the implementation of recommendations;

f) To support the strengthening and transparency of pathways and links between Glasgow City funded SLT services and staff not formally based within Glasgow HSCP, but who's primary role is to deliver services within Glasgow HSCP e.g. Community stroke team, Forensic SLT; and

g) To initiate discussions regarding demand / capacity/ service and governance for patients currently seen by Glasgow SLT staff who are not resident in Glasgow HSCP area.

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	190918-10-a
2	Date direction issued by Integration Joint Board	19 September 2018
3	Date from which direction takes effect	19 September 2018
4	Direction to:	Glasgow City Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Speech and language therapy
7	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to implement the recommendations of this report
8	Budget allocated by Integration Joint Board to carry out direction	Within existing resources, as advised by the Chief Officer: Finance and Resources
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	September 2019

Appendix 1

Supporting Activity Information

Diagram 3: SLT Monthly referral rates and number of patient on waiting list at a fixed time by specialist area:

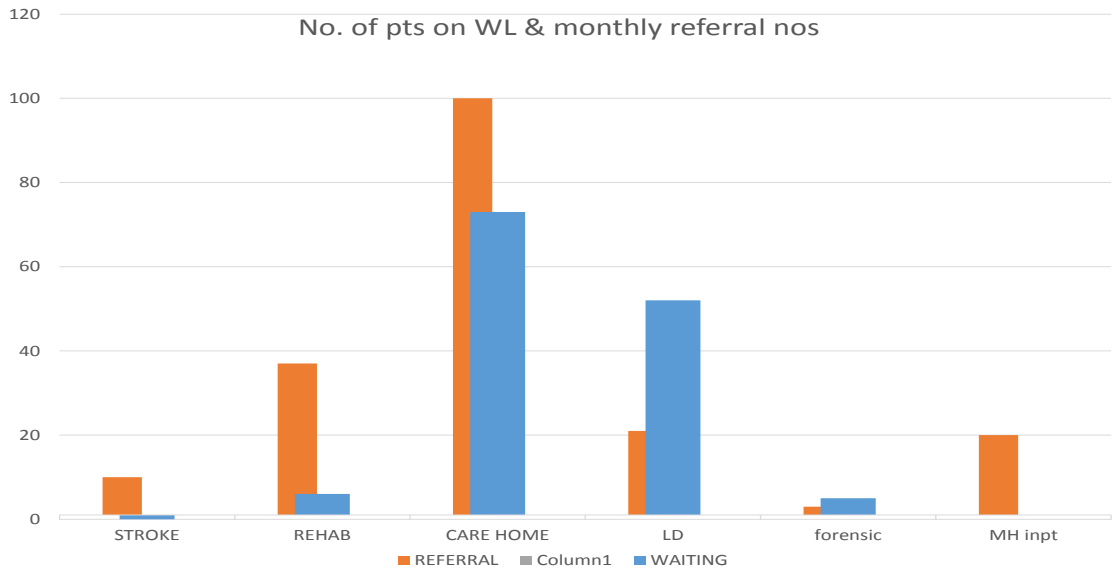
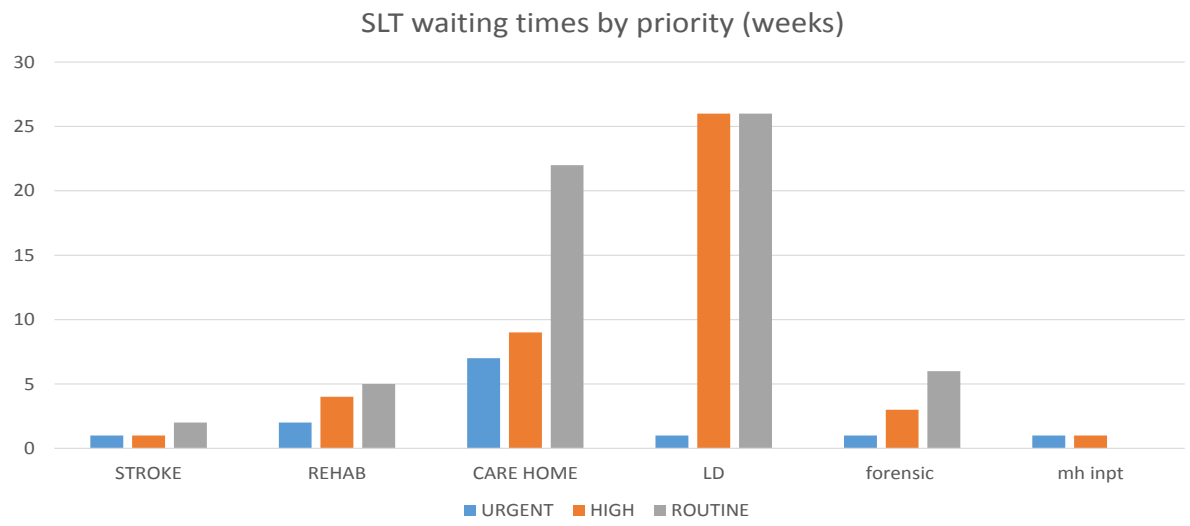


Diagram 4: SLT Waiting Times by Priority within specialist area at a fixed time:



GLASGOW City HSCP: SLT Review

Referral Data

Service group**: SPEECH AND LANGUAGE THERAPISTS** Date: **Feb 2018**

Compiled by: **on behalf Glasgow City Adult Partnership based SLT's ^**

Annual referrals to adult SLT services by speciality and by HSPC location^^

	wte	GLASGOW CITY	EAST DUN	WEST DUN.	EAST REN.	SOUTH LAN.	RENFREWSHIRE	NORTH LAN.	Totals	Rate per wte
***MH in-patient**	1.0	296 (several sites)	24	0	0	0	0	0	320	320
Community^ StrokeTeam	1.6	168	28	8	8	16	2	2	232	145
Rehab Service	2.4 + rsw	348	56	24	12	24	0	0	464	193
***MH^ Forensic in-pt**	1.0	40	0	0	0	0	0	0	40	40
***Care Home & Hospice**	2.0	824	164	60	68	0	0	0	1116	558
Learning Disability	7.2	264	0	0	0	0	0	0	264	37
Totals	15.2	1940	252	92	88	40	2	2	2430	160
% OF TOTAL REFERRALS	-----	80%	10%	4%	4%	2%	0.08%	0.08 %	100 %	---

*Categorised based on location where patient residing at time of referral, even if temporary ie hospital In-patient, care home or hospice. All other patients are categorised by location of home address as this is where most patients receive a service.

^includes SLT staff not formally based within Glasgow City HSPC but within scope of review as where work largely takes place

^^ extrapolated figures from quarter period reports

Item No: 11

Meeting Date: **Wednesday 19th September 2018**

Glasgow City
Integration Joint Board

Report By:	**Susanne Millar, Chief Officer Strategy & Operations / Chief Social Work Officer**
Contact:	**Jim McBride, Head of Adult Services (Homelessness and Criminal Justice) / Pat Coltart, Commissioning Manager**
Tel:	**0141 287 4028 / 0141 276 4833**

GLASGOW HOMELESSNESS ALLIANCE TENDER

Purpose of Report:	1) To update the Integration Joint Board (IJB) on progress to date in developing an Alliance to End Homelessness in the city and the proposed procurement route identified to secure Alliance partners to work with GCHSCP to deliver a significant change agenda to improve homelessness services in Glasgow. 2) To seek approval of the GCHSCP recommendation of the proposed procurement route identified to establish the Glasgow Alliance to End Homelessness (the Alliance) and commission the Council through direction, to establish an Alliance model that will deliver a transformational change in homelessness services.

Background/Engagement:	The IJB has previously agreed that a new way of working with key partners is required to deliver improved outcomes for people at risk of, or experiencing homelessness. It recognised the need for innovation and constructive collaboration to transform and modernise services, with the key aims of ending rough sleeping and significantly reducing / preventing homelessness in the city. This would be achieved by developing innovative partnerships with people with lived experience, purchased sector providers and key housing and strategic partners working together to improve outcomes for individuals and families. The development of an Alliance Commissioning approach in relation to purchased homelessness service provision is a

	critical component within a range of service developments aimed at improving GCHSCP collective performance in addressing the housing and support needs of this highly vulnerable population.

Recommendations:	The Integration Joint Board is asked to: a) note the content of this report; and b) direct the Council to issue a competitive tender for Alliance partners to work with the Council and GCHSCP to deliver the Glasgow Alliance to End Homelessness.

Relevance to Integration Joint Board Strategic Plan:

The proposal outlined in this report will help meet IJB strategic planning priorities by:

- Delivering transformational change in service provision, leading to positive health and wellbeing outcomes for Glasgow citizens.
- Ensuring homelessness is prevented and if not prevented, is addressed through improved service delivery.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	This initiative relates to all outcomes other than no 6 (unpaid care).

Personnel:	There are no direct personnel implications for GCHSCP contained in this report. GCHSCP staff will require to work collaboratively with purchased sector providers to deliver the ambitious change agenda identified.

Carers:	No Implications.

Provider Organisations:	Provider organisations will be invited to submit group bids as part of a procurement process to become partners with the GCHSCP/ Council in the Glasgow Alliance to End Homelessness (the Alliance). There will be future implications for providers (including personnel) in relation to how change is managed and services delivered going forward during the lifetime of the proposed contract.

Equalities:	The Alliance will reduce time spent in homelessness services and increase access to tenancies with support where needed, reducing dependencies on accommodation-based service responses in the medium to long-term.

Financial:	The Alliance will be responsible for management of budget activity and allocations for purchased homelessness services from the start of the contract. For a minimum of 2-years GCHSCP will act as Banker on behalf of the Alliance at which point this will be reviewed. An Initial budget of £23million has been identified to facilitate the work of the Alliance. This is previously committed expenditure. The Alliance will be expected to achieve savings targets identified by GCHSCP and to release resource on a planned basis to support a redirection from traditional building based provision to community based service responses including Housing First and Rapid Rehousing models. Annual costs of up to a maximum of £100,000 p.a. funded by the GCHSCP will be required during the initial 2- year transition period to resource the establishment / infrastructure of the Alliance Management Team. Thereafter the Alliance Partners will fund ongoing costs from service efficiencies / redirection of resources.

Legal:	A new contractual arrangement, an overarching Alliance Agreement to be signed by all partners, will require to be put in place to facilitate the establishment of the Alliance. Contracts for services delivered by Alliance partners will also be needed. Joint work with Legal Services is ongoing to conclude these arrangements prior to issuing a Tender seeking Alliance partners. External Legal advice will be sought as required to ensure the Council meets its duties in relation to procurement requirements and contractual arrangements in full. Legacy contracts will be subject to review by the Alliance and new contractual arrangements agreed where appropriate, depending on the outcome of that review process.

Economic Impact:	Purchased sector providers remain committed to recruiting locally wherever possible. The Alliance model will adopt an asset-based approach encouraging active citizenship approaches and linking individuals with organisations supporting access to education, training and employability opportunities wherever possible. The Alliance will also seek to maximise such opportunities within its own membership where possible.

Sustainability:	The contract to deliver an Alliance will be in place for 7-10 years, during which time it is anticipated that the introduction of new service models and approaches will deliver a more cost-effective service response, including efficiencies, that will improve individual outcomes and more effectively address the needs of those experiencing or at risk of homelessness.

Sustainable Procurement and Article 19:	No Implications.

Risk Implications:	Adopting an Alliance Commissioning approach is not risk free. It requires all partners to adopt new, more collegiate ways of working together to change how we do business. A number of safeguards will be in place to protect the Council and IJB, including in relation to overall governance arrangements and financial governance and accountability processes.

Implications for Glasgow City Council:	The Council retains sole responsibility for all statutory homelessness duties and obligations in relation to the assessment of housing need and provision of crisis / short-term accommodation options in relation to meeting the housing and support needs of people experiencing or at risk of homelessness. The new model proposed will be monitored closely by the Council and there are a number of areas where there will be reserved powers in place to ensure that the Council can respond if dissatisfied with the progress /activities of the Alliance.

Implications for NHS Greater Glasgow & Clyde:	The development of an Alliance approach will impact in the medium–long-term on the models and location of health and wellbeing support provided to homeless individuals and families. The increase in the numbers of people accessing and sustaining mainstream tenancies with support where needed will see an increase in demands on mainstream GP/ specialist health care services in the communities where people live, rather than in specialist homelessness health services.

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	✓
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

1.1 To update the Integration Joint Board (IJB) on progress to date in developing an Alliance to End Homelessness in the city and the proposed procurement route identified to secure Alliance partners to work with GCHSCP to deliver a significant change agenda to improve homelessness services in Glasgow.

1.2 To seek approval of the GCHSCP assessment of the proposed procurement route identified to establish the Glasgow Alliance to End Homelessness (the Alliance) and commission the Council through direction to establish an Alliance model that will deliver a transformational change in homelessness service delivery models and significantly improved outcomes for homeless individuals and households.

2. Background

2.1 In January 2017 the IJB agreed the establishment of effective joint commissioning arrangements within a strategic partnership framework. This work was to be progressed initially within a Homelessness Alliance partnership with purchased sector providers on the planning and delivery of services tackling homelessness in the city, but would be expected to be the model of approach used for the joint commissioning of all care group services that are procured following direction from the IJB to the Council or Health Board.

2.2 Following the Homelessness Strategic Review, priority was given to improving service responses for homeless households and vulnerable individuals. It recognised there was a need for services to be redesigned with a strong focus on responding to need and improving outcomes for this vulnerable population through multi-agency partnerships and co-production.

2.3 The Review findings also confirmed that services were historically designed to respond to a large-scale hostel decommissioning programme and should be re-shaped to better reflect service user needs and support people more effectively into their own tenancies.

2.4 The Homelessness Service is currently working closely, on a voluntary basis, with the Scottish Housing Regulator to improve service performance in relation to meeting immediate housing need and support for homeless individuals and families. This includes reducing the length of time people remain in homelessness services and working closely with housing provider partners to improve / increase access to Section 5 mainstream tenancies.

2.5 There is a strong commitment across the homelessness purchased sector for all parties to work together to transform the service delivery and support models offered in relation to addressing rough sleeping, homelessness prevention and alleviation in the City. As a direct consequence of the IJB direction to establish a Homelessness Alliance, a series of 4 co-produced sessions took place in 2017 to determine how best this could be achieved.

2.6 The Alliance approach has been developed in co-production with key stakeholders across the homeless sector in Glasgow. This involved a series of co-production workshops with engagement from Glasgow Homelessness Network (GHN), people with lived experience of homelessness, GCHSCP, Third and Independent sector homelessness service providers, Shelter Scotland and Govan Law Centre. These workshops were supported by an external Alliance Consultant and the outcome of these sessions has informed the proposal submitted to the IJB for the delivery of the Alliance as outlined in this report. There will continue to be ongoing engagement of people with lived experience throughout the Tender process including in relation to the evaluation of bids received.

3. The Alliance Approach

3.1 GCHSCP and key stakeholders have a shared vision to eliminate homelessness in Glasgow, by ensuring that people have appropriate services and support options available to them, when they need them, and by seeking to prevent homelessness wherever possible. The Alliance will be formed by organisations who are willing to adopt a “best for people using services” approach in relation to decision-making and who are committed to delivering modern, “fit for purpose” services. The Alliance is not intended to be a separate legal entity and Alliance partners must have sufficient organisational seniority and delegated authority to make decisions as part of the Alliance, prior to submitting group bids within a tender process.

3.2 The purpose of the Alliance is to deliver positive outcomes for people affected by or at risk of homelessness through the process of planning and delivering a large scale transformational change agenda across the purchased service sector, which will re-design and deliver modernised services and support. The Alliance will:

- End rough sleeping in the city for Glasgow citizens
- Prevent homelessness / alleviate the impact of homelessness
- Reduce homelessness/ duration of stay in temporary accommodation
- Reduce repeat homelessness
- Increase tenancy sustainment for homeless people accessing permanent tenancies.

3.3 All homelessness *purchased* services for people aged 18+ who are experiencing homelessness are in-scope for inclusion under the auspices of the Alliance. Glasgow City Council currently purchases a range of accommodation based and outreach support. The Alliance will adopt a whole systems approach across purchased services, working in partnership with individuals with lived experience, statutory services, housing providers and others, towards homelessness prevention and the sustainable resettlement of those who experience homelessness.

3.4 The objectives of the Alliance are:

- Co-production
- to assume collective responsibility for all of the risks involved in providing services under the Alliance Agreement;
- to make decisions on a ‘Best for people using services’ basis;
- to commit to unanimous, principle and value based-decision making on all key issues;
- to adopt a culture of 'no fault, no blame' between the Alliance participants insofar as is practicable;
- to adopt open book accounting and transparency in all matters relating to the Alliance;
- to appoint and select key roles on a best person basis; and
- to act in accordance with agreed Alliance values and behaviours at all times.
- to ensure the Alliance does not act in a way that damages the reputation of the Council and or IJB.

4. Proposed Procurement Route

4.1 The application of Alliance Commissioning approaches in relation to health and social care services is a relatively recent development. There are a number of successful examples operating in England and internationally (e.g. New Zealand) that clearly demonstrate the advantages of collaborative partnerships in the planning, design and delivery of social care services that deliver significantly improved outcomes for service users.

4.2 It is proposed that a bespoke procurement approach is delivered under the "Light Touch Regime" provisions of the Public Contracts (Scotland) Regulations 2015. This approach will enable the Council under direction from the IJB to tailor the tender process to best meet service requirements going forward, including promoting innovation.

4.3 It is proposed that the Council will adopt a tender procedure involving successive stages to accommodate some form of negotiation or dialogue with participants rather than following an open or restricted procedure. The "Light Touch Regime" provisions allow the Council to incorporate best practice in ensuring a robust tender process is completed that promotes innovation and permits dialogue with providers prior to final bid submissions and recommendations being made for approval. External legal advice will be taken where required to support the Council in delivering this complex collaborative approach for the first time and to ensure processes are fair and transparent.

4.4 A procurement approach that supports dialogue with bidders as part of that process will enable the Council to have a confidence that providers share the vision, values and principles of the IJB and the Council in terms of the change agenda required to transform services and that they have robust governance arrangements in place to deliver this. The tender process will also focus on innovation and service models / approaches proposed to achieve success. The evaluation process will be supported by an independent Alliance consultant who will assist with training and support to commissioners and people with lived experience involved in the process.

4.5 The Council will tender for prospective partners to form an Alliance Partnership. Prospective partners will be expected to bid jointly in pre-formed groups not necessarily set up as a formal consortium. They will be required, among other things, to demonstrate their ability to work collaboratively to deliver the objectives and target outcomes of the Alliance.

4.6 The Alliance partners will require to demonstrate how they will ensure they will operate in an open, transparent and accountable way, including e.g. how decisions will be made regarding services and how future business will be allocated. The Alliance will also be required to identify members who will be in a position to enter into sub-contracting arrangements where these may apply in relation to future business. The Alliance will require to fully comply with all homelessness, health and social care, procurement, finance and governance legislation and all associated regulations.

4.7 The successful pre-formed group will then form an Alliance with the Council, represented by GCHSCP staff, to deliver change. Experience suggests that the

optimum size of an effective Alliance would be between six to eight partners, including the commissioning partner (the Council on behalf of the IJB), however it will be for bidders to evidence how they will ensure the group will operate effectively, irrespective of its size. In addition to partner bidders, Glasgow Homelessness Network and GHIFT (people with lived experience) will form part of the Alliance.

5. Finance / Governance Arrangements

5.1 The Provider partners will need to demonstrate that robust financial and legal governance procedures are in place. Provider partners will also need to provide indicative plans as to how they see themselves delivering the ambitious transformational change agenda required to achieve the target of ending homelessness in Glasgow, during the lifetime of this contract.

5.2 The Alliance Partners will require to fully comply with financial governance principles and requirements as defined in the "Code of Guidance on Funding External Bodies and Following the Public Pound" (1996).

5.3 An initial budget of £23million has been identified to facilitate the work of the Alliance. This budget constitutes currently committed expenditure and one of the principal tasks of the Alliance will be to manage a transformational change agenda that will require a redirection of resources and also budget efficiencies to be achieved.

5.4 In addition to the above initial costs of up to a maximum of £100,000 p.a. funded by the GCHSCP will be required during the initial 2- year transition period to resource the establishment / infrastructure of the Alliance Management Team, including the appointment of an Alliance Manager. Thereafter the Alliance partners will fund ongoing costs from service efficiencies / redirection of resources.

6. Contract Monitoring

6.1 The Alliance Agreement and any service delivery contracts in place between the Council and Alliance partners will be initially monitored on a quarterly basis by GCHSCP Commissioning Officers not directly involved in the Alliance Leadership or Alliance Management Teams. Frequency may vary as the Alliance becomes established. Any sub-contracting arrangements entered into on behalf of the Alliance by partners will be monitored by those partners directly and reported to commissioners in quarterly meetings.

6.2 GCHSCP Commissioning Officers will continue to contract manage legacy services, until such times as these are reviewed by the Alliance and decisions taken regarding any future purchasing arrangements / withdrawal of contracts. Commissioning Officers will report on contract monitoring activity and outcomes for legacy contracts to the Alliance Leadership Team at a frequency to be agreed (3-monthly / 6-monthly). The content of contract monitoring reports will be agreed by partners once the Alliance is formally established.

7. Indicative Timescales

7.1 If approved and direction issued by the IJB to proceed with the issue of the Tender, indicative timescales* will be as follows:

November / December 2018	Contract Notice Issued
January 2019	Initial provider returns received
February –April / May	Dialogue Sessions / Evaluation process
June	Contract Award
July	Implementation

* Timescales for conclusion of the Dialogue / Evaluation processes are dependent on the number of group bids received and may change. Timescales also reflect approval processes.

8. Recommendations

8.1 The Integration Joint Board is asked to:

a) note the content of this report; and
b) direct the Council to issue a competitive tender for Alliance partners to work with the Council and IJB to deliver the Glasgow Alliance to End Homelessness.

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	190918-11-a
2	Date direction issued by Integration Joint Board	19th September 2018
3	Date from which direction takes effect	19th September 2018
4	Direction to:	Glasgow City Council only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Delivery of all Purchased Homelessness Services
7	Full text of direction	The IJB directs Glasgow City Council to issue a competitive tender for Alliance partners to work with the Council and IJB to deliver the Glasgow Alliance to End Homelessness.
8	Budget allocated by Integration Joint Board to carry out direction	£23million which will reduce throughout the lifetime of the contract period, subject to service redesign and efficiencies targets.
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	September 2019

Item No: 12

Meeting Date: **Wednesday 19th September 2018**

Glasgow City Integration Joint Board

Report By: **Susanne Millar, Chief Officer, Strategy and Operations / Chief Social Work Officer**

Contact: **Ann Cummings, Service Manager**

Tel: **0141 211 6087**

CARER SUPPORT SERVICES TENDER

Purpose of Report:	The purpose of this paper is to seek approval from the IJB for a Carer Support Services tender to be conducted by Glasgow City Council (GCC) as the current GCC contract ends on 30 April 2019.

Background/Engagement:	Carers have been fully engaged and involved in the development of Glasgow Carer Partnership and this includes how carer support funding has been invested in NHS, Social Work and 3rd sector. The Carer Reference Group have representation on the Carers Strategic Planning Group, city wide operational group and officers attend the CRG meeting. Regular engagement sessions are organised to engage with a wider group of carers with next one planned for 5th October 2018.

Recommendations:	The Integration Joint Board is asked to: a) approve and direct Glasgow City Council to conduct a Carer Support Services tender to further consolidate service delivery to carers in the city and to further enhance the capacity to deliver on the intentions of the Carer Act.

Relevance to Integration Joint Board Strategic Plan:

Directly contributes to early intervention and prevention approach to supporting carers and shifting the balance of care outlined in the strategic plan and to secure better outcomes for every child in Glasgow, with a targeted approach for those most in need.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	People who provide unpaid care are supported to look after their own health and wellbeing including to reduce the negative impact of their caring role on their own health and well-being.

Personnel:	N/A

Carers:	Adult and young carers will directly benefit from the proposals in this paper.

Provider Organisations:	Investment in voluntary sector carer support services and condition specific organisation

Equalities:	GCHSCP has already committed to undertaking full EQIA when developing the Carers Strategy which is a key requirement of Carers (Scotland) Act. Carer Strategy to be in place April 2019.

Financial:	Proposals in this paper relate to Social Work funding of £1.9m for Carers Services.

Legal:	Legal services have been involved in development of the tender process

Economic Impact:	N/A

Sustainability:	Carer Act Financial Framework has been set out for 5 years by Scottish Government.

Sustainable Procurement and Article 19:	

Risk Implications:	None

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	✓
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

1.1 The purpose of this paper is to seek approval for a Carer Support Services tender to be conducted by Glasgow City Council (GCC) as the current GCC contract ends on 30 April 2019.

2. Background

2.1 On 20 June 2018, the IJB approved a detailed spending proposal in relation to delivery of a comprehensive Carer Information Strategy within the City which included Scottish Government funding to support the implementation of the Carers (Scotland) Act 2016.

3. Tender Framework

3.1 The previous report to IJB on 20 June 2018 noted the end of the current Carer Support Services contracts (on the 31st March 2019) and that tender development work on appropriate successor arrangements would require to commence in October 2018.

3.2 As the full value of activity in relation to Carers Services will be circa £1.9m per annum (£5.7m over the lifetime of the contracts), a tender is required.

3.3 The tender will be run under an Open procedure which will provide the opportunity for all interested organisation's to submit tender bid(s) for 11 specific Lot(s) relating to Carers Support Centre's, a telephone information & support line, provision of education and training.

3.4 It is planned that the tender exercise will commence in autumn 2018 with the publication of a Prior Information Notice (PIN) which will be posted on the Public Contract Scotland Tender (PCSt) website.

3.5 Following evaluation and conclusion of the tender process it is anticipated that the contract(s) will be awarded in February 2019 with a contract implementation date of 1 May 2019. The contract(s) running for a period of 3 years with the option to extend by two periods of 1 year.

4. Conclusion

4.1 The progression of an open tender for carer support services will ensure compliance with EU and UK procurement legislation and help ensure appropriate contractual arrangements are in place for the delivery of these services.

5. Recommendations

5.1 The Integration Joint Board is asked to:

a) approve and direct Glasgow City Council to conduct a Carer Support Services tender to further consolidate 3rd sector service delivery to carers in the city and to further enhance the capacity to deliver on the intentions of the Carers (Scotland) Act 2016.

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	190918-12-a
2	Date direction issued by Integration Joint Board	19 September 2018
3	Date from which direction takes effect	19 September 2018
4	Direction to:	Glasgow City Council only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Carers Services
7	Full text of direction	Glasgow City Council is directed to undertake the tender activity as outlined in this report
8	Budget allocated by Integration Joint Board to carry out direction	All carer funding streams will be consolidated post 2018/19 through the tender financial framework. The full tender value will be circa £1.9m
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	September 2019

Item No: 13

Meeting Date: **Wednesday 19th September 2018**

Glasgow City Integration Joint Board

Report By:	**Susanne Millar, Chief Officer, Strategy & Operations / Chief Social Work Officer**
Contact:	**Mike Burns, Assistant Chief Officer, Children's Services**
Tel:	**0141 276 5627**

INTENSIVE OUTREACH FAMILY SUPPORT SERVICE TENDER

Purpose of Report:	1) To advise the IJB on the progress to date to develop intensive outreach family support services and the proposed procurement route identified to deliver this intensive edge of care support to families in need. 2) To seek approval of the GCHSCP recommendation of the proposed procurement route, and commission the Council through direction, to issue a tender for the delivery of purchased intensive outreach family support service(s).

Background/Engagement:	The development of this strategy and the objectives of a robust intensive family support strategy has been carefully considered by the IJB through previous development seminars and indeed through the IJB's committee and sub-committee structures. In addition, this critical development has been in part co-produced in close dialogue with the Third sector and in consultation with key funding partners. The proposal has also been extensively discussed with colleagues in the council's Education service and with partners in Strathclyde University; in particular through research in North East in tandem with the Robertson's Trust and CELCIS (The Centre for Excellence for Looked after Children in Scotland). The HSCP children's service has also undertaken a site visit to an intensive service within North Lanarkshire Council; a joint seminar was also undertaken with this council to secure best practice and learning. As part of the research and as a consequence of the ongoing reform programme, the views of parents/ carers and young people have formed part of this engagement process.

Recommendations:	The Integration Joint Board is asked to: a) note the progress to date to develop intensive outreach family support services and the proposed procurement route identified to deliver this intensive edge of care support to families in need; and b) approve the GCHSCP recommendation of the proposed procurement route, and commission the Council through direction, to issue a tender for the delivery of purchased intensive outreach family support service(s).

Relevance to Integration Joint Board Strategic Plan:

Partnership key priorities (page 26) https://glasgowcity.hscp.scot/publication/strategic-plan-2016-19 The desire remains to shift the balance of care and spend away from institutional forms of care and to re-position resource and intervention in prevention in local families, neighbourhoods and communities. The objective of this Tender is to promote the wellbeing of children and young people, especially through early and effective intervention. In the longer term this family support strategy will have a positive impact on outcomes for children and young people. The Partnership and the integrated arrangements in the city have one integrated plan and a comprehensive approach under the auspices of getting it right for every child.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	All 9 national health and wellbeing outcomes and the implementation of the national policy Getting It Right For Every Child (GIRFEC). The strategy is also linked to the wider council and city corporate agenda in ensuring the cycle of poor outcomes is diminished and that young Glasgow citizens are able to thrive and contribute to the city's economic viability.

Personnel:	An internal review and redesign of intensive services to supplement and complement the intensive outreach family support initiative is ongoing. Consequently, there are likely to be internal implications around management and changes to the current staffing establishment infrastructure.

Carers:	This refresh strategy and the implementation of GIRFEC seeks to strengthen support to all parents and carers at an earlier and more sustained level. Moreover and in particular, this investment seeks to widen support to families through the evening and into the weekend.
Provider Organisations:	Implications for third sector will emerge through this family support tendering framework. This will shift the balance of

	spend into the third sector. This service approach will also operate as a catalyst for greater collaboration, joint work and partnership with and between the third sector organisations.

Equalities:	The proposals contained in this report pays due regard on the equality requirements. There is no legal requirement to conduct an Equalities Impact assessment in relation to children and young people. Nevertheless, the HSCP has already considered this impact and an updated EQIA is available on the HSCP website - https://glasgowcity.hscp.scot/sites/default/files/publications/EQIA%20-%20Transformational%20Change%20Programme%20-%20Children%20Services%20Glasgow%20HSCP.pdf

Financial:	The total budget available is £3.75 million, £750,000 per annum for an initial 3-year period, with an option to extend for a further 1+1 years subject to satisfactory service review. This future financial commitment will be achieved through the ongoing reduction in spend on Looked After placements and redirection of cost savings.

Legal:	On approval of the recommendations contained in this report and completion of a tender exercise by the Council under direction of the IJB, new contractual arrangements will require to be put in place to facilitate the establishment of the Intensive Outreach Family Support Service(s)

Economic Impact:	Purchased sector providers remain committed to recruiting locally wherever possible.

Sustainability:	None

Sustainable Procurement and Article 19:	N/A

Risk Implications:	This strategy and vision contains a range of risks associated with rebalancing care and sustaining more children and young people at home, at school and in their local community. Risk will also exist in transferring from one system of care to a new infrastructure of community support and robust community alternatives. Reference is made to the current risk assessment register.

Implications for Glasgow City Council:	These proposals will seek to shift risk management and investment into local communities. It will require thoughtful and robust risk management in tandem with the support, collaboration and partnership of key stakeholders; Police Scotland, Education, Third Sector and the Community itself.

Implications for NHS Greater Glasgow & Clyde:	Implications as above.

Direction Required to Council, Health Board or Both	Direction to:	
	1. Direction Required	
	2. Glasgow City Council	✓
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1 Purpose of the Report

1.1 To advise the Integration Joint Board on the proposed development of a new service delivered by the Third sector, which will aim to:

- Contribute to the ongoing reduction of young people in formal care purchased placements.
- Prevent the admission of young people into care by providing flexible support, including evenings and weekends.
- Support rapid rehabilitation home for young people in care where appropriate.
- Provide support to young people already in care to promote stability and prevent breakdown.
- Integrate the intervention from the service with effective education and good learning outcomes.

1.2 To request authorisation to commission the new service to compliment the investment in the residential peripatetic team and the review of Intensive Services.

2 Background

2.1 There is an increasing recognition that more must be done to prevent young people from coming into formal care. If additional appropriate supports were available in communities and in neighborhoods, then it is anticipated that more children can be sustained at home.

2.2 There is an understanding that, in many cases, if placements with parents or kinship carers can be sustained it will improve longer term outcomes for children.

2.3 There are significant financial costs associated with young people coming into care, particularly out of authority purchased residential placements. The introduction of the Intensive Outreach Family Support Service (IOFSS) would directly contribute to achieving the HSCP aspirations relating to reducing the number of young people in purchased and provided placements.

2.4 The Intensive Services will also contribute towards the ongoing implementation of the HSCP's transforming the balance of care agenda by increasing support around the 'edge of care', and reducing the significant spend at the acute end of the spectrum.

2.5 On the 8th November 2016, the IJB agreed to support the development of an Intensive Outreach Service in Glasgow, which would work to support young people who were at risk of coming into care to remain at home.

2.6 After securing the savings required for 2017/2018 at £6.7m, the HSCP has delivered an investment of £1.2m into residential care and £0.75m into this Intensive Outreach Service (2019/20). Future funding for this contract will be achieved through the ongoing reduction in spend on Looked After placements and redirection of cost savings.

3 Effective Service Model in North Lanarkshire

3.1 Over the last 12 years the Community Alternatives Service in North Lanarkshire has successfully supported significant numbers of young people who were at risk of coming into care to remain at home.

3.2 The Service first and foremost focuses on building positive relationships with young people and their families and directly provides a range of practical supports in order to strengthen and sustain placements.

3.3 The service operates flexibly including in the evenings and at weekends.

3.4 As at October 2017, the North Lanarkshire HSCP had only 1 young person over 12 in a purchased residential placement.

4 Evidence of Need in Glasgow

4.1 The table below shows the number of young people that came into care from home including kinship between the ages of 10 and 17. If the IOFSS had been operational then many of these admissions may have been prevented. The numbers provide an indication of the number of young people the IOFSS would have been working with.

	Number of Admissions						**Total**
Year / Timescale	**Secure**	**Purchased Residential**	**Provided Residential**	**Purchased Foster Care**	**Provided Foster Care**	**LCS**	
April 2015 to march 2016	15	11	67	25	25		**136**
April 2016 to March 2017	11	5	46	15	13	1	**91**
April 2017 to March 2018	7	3	54	6	12		**82**

4.2 There are currently 58 young people in purchased residential placements at a cost of around £12.5m and the provided residential service constantly runs at or above the capacity of 146 beds. The provided residential care cost £23m a year to run; in addition to the further £1.2m invested. Consequently, 184 young people absorb £35.5m worth of spend per year.

5. Proposed Service Configuration

5.1 The North Lanarkshire Service currently supports 240 young people which equates to 33% of their looked after population. If the IOFSS service in Glasgow Service was to reflect this it would mean supporting 621 young people (33% of 1,881).

5.2 However Glasgow would wish to take a more targeted approach and focus on the 15% of young people most at risk of coming into care. This would equate to 282 young people and would therefore require 28 client facing workers.

5.3 If we work on an assumption that at any one time there are 20 young people in purchased residential , provided residential, and foster care, who would require the support of the IOFSS to return to home this would increase the total number of client facing workers to 30.

5.4 In North Lanarkshire the Service is delivered on a local authority wide basis. This enabled the service to deploy staff wherever they were required as demand varied at different times.

6 Staffing Costs

6.1 The total budget will include allowances for running and operational costs, as well as premises costs.

6.2 The Service Manager Intensive Services will have an overview of the service which will potentially be co-located in the Orr Street Intensive Services Hub.

6.3 Connection with the HSCP, Education and Police Scotland will be critical.

7 Intensive Outreach Family Support Service Funding Arrangements

7.1 The IOFSS should also contribute towards reducing costs in provided residential care and in both purchased and provided foster care as more young people are supported in the community.

7.2 The total budget available is £3.75 million, £750,000 per annum for an initial 3-year period, with an option to extend for a further 1+1 years subject to satisfactory service review. This future financial commitment will be achieved through the ongoing reduction in spend on Looked After placements and redirection of cost savings.

8 Commissioning

8.1 One of the key messages from our analysis is to recruit staff with the high levels of skill and commitment required for this role. Both Management and staff will be recruited to provide a level and type of support required to prevent children and young people becoming looked after. It is an expectation that the provider will assume this commitment.

8.2 Our experience to date suggests that accommodation would, for older young people, often not reduce risks or improve outcomes, when compared to remaining at home if additional support was in place.

8.3 The commissioned service needs to have the creativity, confidence and resilience to find ways to engage with young people and families who often are in significant crisis.

8.4 For the Glasgow service it would therefore be necessary to tender through a competitive process in order to find people with the necessary skills and commitment.

9 Role of Existing Intensive Services

9.1 The Service Manager, Intensive Services, will have responsibility for the overview of the new IOFSS, as well as the existing Intensive Services.

9.2 The IOFSS will access the existing HSCP Intensive Services as and when required by young people and their families.

9.3 The existing Intensive Services have separate and distinct aims from the proposed IOFSS objectives and outcomes.

9.4 The existing Intensive Services will be reviewed and evaluated however, to identify to what extent they are achieving their aims and objectives and if and how they can contribute to the aims of the IOFSS.

10 Co-Production and Interim Arrangements for 2018/19

10.1 This commissioning process is likely to take at a minimum 6 months to complete. As part of the commissioning process, it is our intention to engage with the current key providers in the co-production of this new provision. This joint approach will utilise the experience, expertise and knowledge of the third sector in sustaining young people in the community, and will from the outset ensure that the desired outcomes of this development is co-produced. It is also anticipated that tests of change are likely to be established on a time limited basis in order to inform the scope of the Tender. Legal services will be appropriately engaged in the initiation of any such tests of change.

10.2 By investing this resource into the Third Sector, the HSCP can also align the previous funding secured for family support around Family Group Decision Making (FGDM) and our test of change with the Big Lottery around strengthening early family support and more importantly, primary prevention.

11 Recommendations

11.1 The Integration Joint Board is asked to:

a) note the progress to date to develop intensive family support services and the proposed procurement route identified to deliver intensive edge of care support to families in need;
b) approve the GCHSCP recommendation of the proposed procurement route, and commission the Council through direction, to issue a tender for the delivery of purchased service Intensive Edge of Care Family Support service(s); and

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	19098-13-a
2	Date direction issued by Integration Joint Board	19 September 2018
3	Date from which direction takes effect	19 September 2018
4	Direction to:	Glasgow City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Provision of community-based intensive outreach family support services to children and young people on the edge of care
7	Full text of direction	The IJB directs Glasgow City Council to issue a competitive tender for the provision of Intensive Outreach Family Support Services.
8	Budget allocated by Integration Joint Board to carry out direction	Total budget available is £3.75 million, £750,000 per annum for an initial 3-year period, with an option to extend for a further 1+1 years subject to satisfactory service review.
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	September 2019

Item No: 14

Meeting Date: **Wednesday 19th September 2018**

Glasgow City
Integration Joint Board

Report By: **Susanne Millar, Chief Officer Strategy and Operations / Chief Social Work Officer**

Contact: **Mike Burns, Assistant Chief Officer, Children's Services**

Tel: **0141 276 5880**

KINSHIP SUPPORT AND FINANCIAL ASSUMPTIONS RELATING TO KINSHIP CARE ORDERS IN ACCORDANCE WITH CHILDREN AND YOUNG PEOPLE (SCOTLAND) ACT 2014

Purpose of Report:	This report provides an update on kinship care developments in Glasgow and makes a recommendation to increase our financial contribution towards Kinship Care Orders in accordance with our duties under Kinship Care Orders (Sec 11 (1) of the Children (Scot) Act 1995, the Children Young People (Scot) Act 2014 and the Kinship Care Assistance (Scotland) Order 2016.
Background/Engagement:	Kinship care is routinely considered in partnership with key stakeholders including Legal Services, Education, Citizens Advice Bureau, Third Sector and established forums which extend to local kinship groups, Glasgow kinship steering group and Chief Social Work Officers engagement with kinship group chairs. The proposal to increase financial contributions towards Kinship Orders has been endorsed by Glasgow City HSCP Senior Management Team.
Recommendations:	The Integration Joint Board is asked to: a) note the report; b) note the progress made in supporting kinship carers and the children who are placed in their care; c) note the impact of Universal Credit on the placing of children in kinship care arrangements and consider the financial gains in obtaining a Kinship Order; and d) approve the recommendation to increase financial contribution towards a Kinship Order from £500 to £1500 in

	the event that the carer is not entitled to legal aid and meets the eligibility criteria.

Relevance to Integration Joint Board Strategic Plan:

Helping families to help themselves and achieving step change for city of Glasgow and securing outcomes for young people who are LAAC. GIRFEC compliant SAFE: protected from abuse and neglect and harm. NURTURED live within a supportive family setting or care setting ensuring a positive and rewarding childhood experience.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	**Outcome 4.** Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services. **Outcome 9.** Resources are used effectively and efficiently in the provision of health and social care services.

Personnel:	No Implication

Carers:	Supporting carers and securing placement stability through a legal order.

Provider Organisations:	Continual support from third sector in keeping with family support agenda

Equalities:	Safeguarding long term best interests of children and young people through the process of permanence planning in kinship.

Financial:	Costs associated with kinship care off set against alternative forms of care.

Legal:	Requirement to adhere to CYP (Scot) Act 2014.

Economic Impact:	Reducing child poverty and mitigating impact of Universal Credit by improving life chances of LAAC children.

Sustainability:	No implications

Sustainable Procurement and Article 19:	No implications

Risk Implications:	Risk of legal challenge if not compliant with CYP (Scot) Act 2014.

Implications for Glasgow City Council:	Legal and reputational implications if not compliant with CYP (Scot) Act 2014

Implications for NHS Greater Glasgow & Clyde:	As above

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	✓
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

1.1 To update the Integration Joint Board on kinship care developments in Glasgow and proposed plans for enhancing support.

1.2 To update the Integration Joint Board on the requirement to financially assist with the legal costs of obtaining Kinship Care Orders (Sec 11 (1) of the Children (Scotland Act) 1995) and providing kinship care allowances as set out in Part 13 of the Children and Young People (Scotland) Act 2014 and in the Kinship Care Assistance (Scotland) Order 2016.

1.3 To advise on the potential financial impact on existing budget pressures specifically in relation to kinship care.

1.4 To advise on the gains from securing Kinship Orders.

2. Background

2.1 Kinship care describes when a child is looked after by their extended family or close friends if they cannot remain with their birth parents. Under the Looked After Children (Scotland) Regulations 2009, kinship carers are defined as "a person who is related to the child (through blood, marriage or civil partnership) or a person with whom the child has a pre-existing relationship".

2.2 Kinship placements may be at the request of the child's parent and be arranged with a member of their family without any intervention from the local authority often referred to as an 'informal' kinship care arrangement. A child who is 'looked after' by a local authority and living with kinship carers following statutory involvement is usually referred as a 'formal' kinship care making a carer eligible for kinship allowance.

2.3 Local analyses has highlighted the stability and longevity of kinship placement from a sample of 550 cases with 81% of children having been in placement two years or more and 53% of children having been in placement for four years or more.

2.4 Glasgow City HSCP currently supports 1318 children/young people living in formal kinship care arrangements cared by 1017 kinship carers with an annual budget of

£8.1 Million. Whilst this figure demonstrates a sharp increase from 918 (45%) since 2008 more recent figures suggest a fairly static trend with only a small increase.

3. Progress

3.1 Retaining children within their existing family network is recognised as a key feature of Glasgow City HSCP Children's Services transformational change strategy. Kinship carers play a vital role in supporting the growth and development of the children /young people however this role must be complimented with continuous support and investment. A summary of commitment towards the development of kinship care in Glasgow can be summarised as follows.

3.2 Implementing new financial arrangements which ensure kinship carers are paid a comparable amount of money with foster care since Nov 2015. Kinship carers also qualify for child tax credit and child benefit but foster carers do not. As such the kinship care allowance is calculated by deducting the child benefit and child tax credit entitlement from the corresponding fostering allowance
Kinship care payments are made weekly and are determined by the four age bands:

- £137.18 0-4
- £156.30 5-10
- £194.54 11-15
- £236.60 over 16s, the allowance increases when a child moves into a higher age band.

3.3 Major investment into Family Group Decision Making (FGDM) as a means enhancing kinship care planning arrangements. FGDM teams are now available in all localities across Glasgow since original pilot in North East commenced in March 2017. Glasgow FGDM team also secured the Social Work Scotland Team of The Year 2018 award acknowledging the commitment to partnership working with families and ensuring improved outcomes for children/young people.

3.4 Glasgow has also implemented Extended Family Network Searching (EFNS) adopting genealogy methods as a means of identifying potential kinship support for young people at risk of becoming looked after or supporting rehabilitation plans. During the reporting period of a recent pilot (March 2017-Dec 2017) 118 EFNS were completed. In total, 1929 family members were found who had not been known to Social Work Services previously. This has substantially increased the scope for utilising family members as a means of supporting young people.

3.5 Initial investment of 70k into Quarriers kinship care family support pilot program in 2016 has proven to be successful in supporting more than 100 families who do not require the full extent of statutory services providing a neighbourhood approach to supporting kinship arrangements. This budget has now been substantially increased with a recent tender for 300k attracting many third sector parties. A kinship carer selected from a local group also participated in the interview panel ensuring cohesive partnership.

3.6 Glasgow are currently engaged in the 'Life Long Links' research trial as one of only two local authorities in Scotland which seeks to proactively engage family members in supporting young people currently looked after and accommodated. This trial is funded by Family Rights Group with a duration of three years focusing on improved family connectedness.

3.7 Glasgow City HSCP continue to support locally established kinship care groups via Integrated Grant funding of 50k per year assisting groups to facilitate local events, activities and trips for carers and children.

3.8 Following extensive engagement and planning with key kinship partners, business development and legal services Glasgow has implemented a kinship carers website hosting 'frequently asked questions' and access to the broad range of support available within Your Support Your Way and Glasgow Connect websites..

3.9 Large scale annual kinship care events have been in operation since 2015 which focus on themes identified by kinship carers including third sector kinship support, Education Psychology Services and more recently connected the role of kinship with Glasgow's recovery agenda.

3.10 Homework clubs are now well established across the city and reflected positively in the Joint Care Inspection of Children's Services in Glasgow May 2017. There are now plans to extend this in partnership with Voluntary Teacher's Organisation (VTO), MCR pathways and locally placed third sector kinship support services.

3.11 Glasgow City HSCP Children's Services continue to financially support Notre Dame Centre in its provision of support to kinship carers and young people in their care. This service is extremely well received by kinship carers and provides an intensive approach to counselling and play therapy. Plans are currently under way looking at a joint protocol arrangement with education services.

3.12 Formal implementation of Comprehensive Health Assessments (CHA) for all looked after children including those in kinship care placements in response to Scottish Government CEL 16 Specialist Children's Services Community Paediatric Framework (2012). The objectives of the CHA are to:

a) Provide an opportunity to collate and analyse the child/young person's health history including antenatal, birth, neonatal, past medical and family history.
b) To identify unrecognised/unmet health needs, ascertain if the child/young person has missed or has any outstanding appointments, and to plan appropriate action.
c) To comprehensively assess the child/young person current physical, developmental and emotional health needs.

4. Kinship Care Financial Support

4.1 In March 2017 Glasgow City HSCP SMT agreed to make a financial contribution of £500 towards Kinship Care Orders.

4.2 Under Glasgow City Council's existing policy kinship carers entitled to payment and support are those caring for children who are subject to the following legislation:

- S.25 of the Children (Scotland) Act 1995
- Compulsory Supervision Order Children's Hearings (Scotland) Act 2011
- Residence Order under S.11 of the Children (Scotland) Act 1995 where a child was previously 'looked after' by the local authority

- Permanence Order S.80 Adoption and Children (Scotland) Act 2007

4.3 The introduction of Part 13 of the CYP Act 2014 places a duty on local authorities to make kinship payments to qualifying kinship carers (caring for an eligible child) once a Kinship Care Order is in place, but also to provide financial support toward the cost of a Kinship Care Order being obtained. An eligible child is a child who is at risk of becoming looked after or who was previously looked after. A qualifying kinship carer is one who is related to the child or who is a friend or acquaintance of a person related to the child.

4.4 In the event that a Kinship Care Order is obtained then the carer is automatically entitled to kinship payments regardless of social work recommendation, if the child is an eligible child i.e. at risk of becoming looked after or previously looked after. The criteria for 'at risk' children is based on GIRFEC wellbeing indicators and is currently reviewed by existing service managers responsible for kinship care in order to ensure parity across the organization. To date there has been no kinship care placements deemed formal as a consequence of being 'at risk'.

4.5 In accordance with the CYP (Scot) Act 2014 a kinship carer is entitled to a financial contribution towards the legal costs associated with obtaining a kinship order.

4.6 Glasgow have no means of identifying the volume of 'informal' kinship placements i.e. no Social Work involvement who are entitled to apply for a kinship order.

4.7 The 2014 Act also requires that the local authority provides information and advice to those applying for, or who are considering applying for, a kinship care order.

5 Kinship Order Costs

5.1 The legal costs of a non-contested Kinship Care Order can range between £2,000 and £5,000 whilst a contested order can cost up to £10,000 or beyond depending on the volume, length and complexity of Court Hearings involved.

5.2 The current arrangement as agreed by SMT in March 2017 ensures a flat rate of £500 be issued to those eligible to receive a contribution towards legal costs in obtaining a Kinship Care Order. Consultation with Welfare Rights Services and Glasgow Legal Services identified a potential system of a flat rate fee with an additional means tested element based on eligibility for tax credits/universal credit which requires to be further explored. Legal advice indicates that a system of financial assistance does require to now be in place to meet legislative requirements. The local authority is given a discretion as to how it chooses to meet its legal requirement to provide financial support however the figure of £500 was deemed as a reasonable financial contribution and meets our legal requirement.

5.3 The Scottish Government Guidance on Part 13 of the CYP Act 2014 makes it clear that all persons seeking a kinship care order should be encouraged to apply for legal aid. This Guidance advises that a kinship carer would not qualify for legal aid if their disposable income is above £26,239 per annum or their disposable capital is above £13,017. Any qualifying kinship carer, looking after an eligible child, who is refused Legal Aid will be entitled to local authority financial assistance towards the costs of obtaining a Kinship Care Order.

5.4 The considerable majority (75%) of kinship carers are not in receipt of salaried income therefore entitling them to legal aid and no cost to the local authority if they chose to pursue a Kinship Care Order.

5.5 Qualifying carers, caring for an eligible child, not entitled to legal aid and who wish to pursue a Kinship Care Order can approach the local authority for financial assistance of £500 per child. However based on existing arrangements they must be willing to pay the remainder of costs.

5.6 To date Glasgow City HSCP have contributed towards the costs of four Kinship Orders (£2000) since the SMT decision was reached in March 2017. Taking into account the scale of kinship care in Glasgow this demonstrated nominal financial risk to existing budget constraints with the majority of kinship carers obtaining Legal Aid.

6 Retrospective Payments

6.1 No retrospective payments will be made towards the costs of obtaining Kinship Care Orders which were granted prior to April 2016. However qualifying carers will be entitled to apply for legal costs contributions for court applications which are ongoing, seeking a Kinship Care Order, but which commenced prior to April 2016.

7 Cost Savings

7.1 A Kinship Care Order provides a permanence planning route, and in many cases results in removal of the child from the Children's Hearing system, thereby reducing the burden on existing resources. Once removed from the Children's Hearing system, with a Kinship Care Order in place, a child is no longer looked after, and the extensive duties and responsibilities towards that child held by the local authority are considerably impacted upon.

8. Universal Credit

8.1 Carers for LAAC children have no means of securing Universal Credit for that child. Securing a Kinship Care Order entitles the child to Universal Credit and reduces weekly kinship payments made by the local authority.

8.2 Consultation with Welfare Rights have provided the following typical scenarios which help illustrate the significant financial gains in obtaining a Kinship Order which adds considerable weight behind the need for increasing the existing £500 contribution to £1500 for those who meet the eligibility criteria and are not entitled to Legal Aid.

Example a: - A carer with 2 kinship children (No children of their own)

Carer is currently getting £117.40/w – full tax credit for two children. However a new kinship carer claiming after Universal Credit rolled out would not be eligible for the equivalent child element. A residence order would end the looked after status and open up UC entitlement which would therefore save HSCP £463.34/month = £5.560.08 per year

Example b: - A carer with 1 kinship child (No children of their own)

Carer is currently getting £63.94/w – full tax credit for one child.

However a new kinship carer claiming after Universal Credit is rolled out would not be eligible for the equivalent child element. A residence order would end the looked after status and open up UC entitlement which would therefore save HSCP £231.67 per month = £2780.04 per year.

9. Recommendations

9.1 The Integration Joint Board is asked to:

a) note the report;
b) note the progress made in supporting kinship carers and the children who are placed in their care;
c) note the impact of Universal Credit on the placing of children in kinship care arrangements and consider the financial gains in obtaining a Kinship Order; and
d) approve the recommendation to increase financial contribution towards a Kinship Order from £500 to £1500 in the event that the carer is not entitled to legal aid and meets the eligibility criteria.

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	190918-14-a
2	Date direction issued by Integration Joint Board	19 September 2018
3	Date from which direction takes effect	19 September 2018
4	Direction to:	Glasgow City Council only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Kinship care
7	Full text of direction	Glasgow City Council is directed to implement the recommendations of this report, specifically to increase the financial contribution towards a Kinship Order to £1,500 where the carer is not entitled to legal aid and meets the eligibility criteria
8	Budget allocated by Integration Joint Board to carry out direction	Within existing resources, as advised by the Chief Officer: Finance and Resources.
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	September 2019

Item No. 15

Meeting Date **Wednesday 19th September 2018**

Glasgow City Integration Joint Board

Report By: **Sharon Wearing, Chief Officer, Finance and Resources**

Contact: **Sharon Wearing**

Tel: **0141 287 8838**

GLASGOW CITY INTEGRATION JOINT BOARD BUDGET MONITORING FOR MONTH 3 AND PERIOD 4 2018/19

Purpose of Report:	This report outlines the financial position of the Glasgow City Integration Joint Board as at 30 June 2018 (Health) and 6 July 2018 (Council), and highlights any areas of budget pressure and actions to mitigate these pressures.

Background/Engagement:	The financial position of the Glasgow City Integration Joint Board is monitored on an ongoing basis throughout the financial year and reported to each meeting of the Board.

Recommendations:	The Integration Joint Board is asked to: a) note the contents of this report; b) approve the budget changes noted in section 3; and c) note the summary of current Directions (Appendix 2).

Relevance to Integration Joint Board Strategic Plan :

This report outlines expenditure against budget in delivery of the range of Health and Social Care services described within the Integration Joint Board Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing	Not applicable at this time.

Personnel:	Not applicable at this time.

Carers:	Expenditure in relation to Carers' services is included within this report.

Provider Organisations:	Expenditure on services delivered to clients by provider organisations is included within this report.

Equalities:	Not applicable at this time.

Financial:	Actions required to ensure expenditure is contained within budget.

Legal:	Not applicable at this time.

Economic Impact:	Not applicable at this time.

Sustainability:	Not applicable at this time.

Sustainable Procurement and Article 19:	Not applicable at this time.

Risk Implications:	None at this time.

Implications for Glasgow City Council:	None at this time.

Implications for NHS Greater Glasgow & Clyde:	None at this time.

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	✓

1. Introduction

1.1 This monitoring statement provides a summary of the financial performance of the Glasgow City Integration Joint Board for the period 1 April 2018 to 30 June 2018 (Health), and to 6 July 2018 (Council).

1.2 It is based on information contained in the respective financial systems and includes accruals and adjustments in line with its financial policies.

2. Summary Position

2.1 Net expenditure is £0.624m less than budget to date. Gross expenditure is £0.302m (0.11%) underspent, and income is under-recovered by £0.322m (1.56%). If this position continued to the end of the financial year, the net underspend would be transferred to reserves.

2.2 Appendix 1 shows the current budget variance by both care group and subjective analysis.

3. Budget Changes

3.1 Throughout the financial year, adjustments are made to the original approved budget as a result of additional funding allocations and service developments. During Month 3/Period 4 the net expenditure budget has increased by £4.154m. The changes to the gross expenditure and income budgets are analysed in the table below.

Explanation	Changes to Expenditure Budget	Changes to Income Budget	Net Expenditure Budget Change
Month 3 Adjustments for External income no longer being received in 2018-19	£360,234	-£360,234	£0
Mental Health Action 15 funding	£930,300	£0	£930,300
Primary Care Improvement Funds	£3,219,522	£0	£3,219,522
Reduction in cross charging between GCC & Health	-£2,100,000	£2,100,000	£0
Termination of NHS contribution to Carers Information Line	-£75,500	£75,500	£0
Increase in Income - Unaccompanied Asylum Seeking Children - Home Office	£687,978	-£687,978	£0
Other Minor Adjustments	-£54,003	£58,239	£4,236
Total	**£2,968,531**	**£1,185,528**	**£4,154,058**

3.2 In addition there have been a number of budget transfers during the period to reflect service reconfigurations.

4. Transformation Programme

4.1 The overall savings target for 2018/19 is £16.964m. At this stage of the year, it is anticipated that actual savings will amount to £14.398m representing 85% of target. This is linked to the delivery of a saving in purchased services in Learning Disability (£0.500m) and care home placements within Older People (£2.066m). Further scrutiny of the financial position, including authorisations, reviews and transitions from Children and Family, Adults and Older People is currently underway.

4.2 This is reflected in the overall financial position reported in this monitoring statement and delivery will continue to be monitored by the Integration Transformation Board.

5. Reasons for Major Budget Variances

5.1 Children and Families

5.1.1 Net expenditure is underspent by £1.176m.

5.1.2 Work continues in support of the Transformation Programme within Children and Families and has secured a further reduction in Residential School placement numbers of 6 since 1st April. At period 4 the underspend is £0.351m. The full year projected underspend is £1.100m. Purchased placements is also underspending by £0.370m with a full year projected underspend of £1.500m. The majority of placements are in purchased fostering.

5.1.3 In other areas of the service there are underspends in provided foster care due to reducing placement numbers (£0.275m), personalisation (£0.193m) and shared care and community respite (£0.110m).

5.1.4 These underspends are partially offset by an overspend in transport costs (£0.195m) mainly in respect of young people in care being taken for contact visits with family or to school. This is a known pressure and both cost reduction and budget re-alignment is being considered to alleviate this pressure.

5.2 Adult Services

5.2.1 Net expenditure is overspent by £0.452m.

5.2.2 Purchased Services and Direct Payments within Learning Disability are overspent by £0.785m. This overspend is attributable to unachieved savings and the impact of transitional drift from Children and Families, and onwards to Older People. A realignment of budget and options for remedial action are currently being considered.

5.2.3 Mental Health is overspent by £0.343m. There are overspends across the city in respect of Psychiatric Medical staffing (£0.180m), due to maternity leave and vacancy cover and unfunded sessions which are currently under review. In addition to this Junior Doctor rotations (£0.126m) is overspent. Funding is received from NHS Education (NES) to support an approved number of Doctors post graduate training however funding is received at mid-point of the grade and no allowance is made for

vacancies. Nursing is also overspent (£0.119m) due to increasing pressures in Inpatient Care Unit and increasing acute admissions and the need for enhanced observations. There are therefore a number of component parts contributing to the emerging variance.

5.2.4 This is offset by underspends in a number of services largely due to periods of vacancies and turnover (£0.658m). Recruitment is ongoing.

5.3 Older People and Physical Disability

5.3.1 Net expenditure is overspent by £0.015m.

5.3.2 Purchased Care Homes (£0.406m) is overspent due to increased placements and lower than forecast discharges, resulting in the non delivery of a planned saving for 2018/19.

5.3.3 The demand for beds in Darnley and Quayside, accommodating adults with incapacity ('AWI') (£0.172m) continues in 2018/19 with an overspend reported year to date. The 2018/19 budget approved in March recognized that the pressure in this area was higher than the funding identified. There are opportunities to mitigate this pressure through the review of continuing care beds which is currently underway.

5.3.4 Employee costs within Older People is overspent by £0.461m, mainly in Area Services Fieldwork (£0.283m) due to lower expected levels of staff turnover and over-establishment of temp qualified social workers and in Residential (£0.203m) mainly due to Agency and Overtime. This has been partially off-set with underspends in a number of services largely due to periods of vacancies and turnover (£0.156m).

5.3.5 Personalisation (£0.111m) is overspent, this is offset with an underspend in traditional Supported Living (£0.520m), Older People Purchased Day Care (£0.123m) and Physical Disability Purchased Residential (£0.045m). These underspends being a consequence of the introduction of personalization and the transfer of this demand to these new budget areas.

5.3.6 A number of other areas are also experiencing underspends including:-

- Income is over-recovered (£0.106m) and relates mainly to the recovery of overpayments of Physical Disability Direct Payments.
- Intermediate care placement activity has decreased resulting in an underspend of £0.110m.

5.4 Resources

5.4.1 Net expenditure is overspent by £0.107m.

5.4.2 This is linked to an overspend in employee costs within Business Support mainly as a result of the need to re-align budgets and transfer funding to match additional approved posts.

6. Action

6.1 The Chief Officer, along with the Health and Social Care Partnership senior management team, continues to manage and review the budget across all areas of the Partnership.

7. Conclusion

7.1 Net expenditure is £0.624m less than budget to date. The overall position will be kept under review to the end of the financial year to ensure any material changes are identified, such as performance during the approaching winter months. A number of savings initiatives through the transformation programme have yet to achieve the required level of savings. These initiatives are being critically reviewed and closely monitored by the HSCP's Integration Transformation Board.

7.2 In line with the approved Reserves Policy, any net underspend which may occur within 2018/19 will be transferred to reserves at the end of the financial year in order to provide future security against unexpected cost pressures and aid financial stability. Alternatively, general reserves may be required to mitigate against the budget pressures referred to within this report. Earmarked reserves will be released as expenditure is incurred.

7.3 A number of potential risks are highlighted throughout this monitoring report which will require to be mitigated going forward and these will be considered as part of our revenue budget plans for 2019/20. This will need to be considered in the context of the funding offers from our Partner Bodies. Glasgow City Council has commenced budget planning for future years and as part of this has requested savings options to be developed which would reduce funding by 5 % per annum in each of the next three years from 1st April 2019. This would result in a reduction of £18.892m per annum. Proposals are currently being developed.

8. Recommendations

8.1 The Integration Joint Board is asked to:

a) note the contents of this report;
b) approve the budget changes noted in section 3; and
c) note the summary of current Directions (Appendix 2).

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	190918-15-a
2	Date direction issued by Integration Joint Board	19 September 2018
3	Date from which direction takes effect	19 September 2018
4	Direction to:	Glasgow City Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes (reference number: 210318-13-a)
6	Functions covered by direction	All functions outlined in Appendix 1 of the report.
7	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2016-19, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.
8	Budget allocated by Integration Joint Board to carry out direction	As outlined in Appendix 1 of the report.
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	24 October 2018

Glasgow City Integration Joint Board

Budget Monitoring Statement to end June/Period 4 2018/19

Budget Variance by Care Group

Annual Gross Expenditure Budget	Annual Income Budget	Annual Net Expenditure Budget		Actual Net Expenditure to Date	Budgeted Net Expenditure to Date	Variance to Date
£000	£000	£000		£000	£000	£000
151,150	2,425	148,725	Children and Families	38,697	39,873	-1,176
312,167	46,449	265,718	Adult Services	66,366	65,914	452
283,483	11,336	272,147	Older People Services	64,244	64,229	15
58,041	1,733	56,308	Resources	9,581	9,474	107
17,497	18,327	-830	Prisons Healthcare and Criminal Justice	1,091	1,121	-30
127,530	0	127,530	Prescribing	30,578	30,578	0
182,257	8,787	173,470	Family Health Services	45,249	45,241	8
5,974	123	5,851	Other Services	1,255	1,255	0
1,138,099	**89,180**	**1,048,919**	**Total**	**257,061**	**257,685**	**-624**

	Funded By :-
392,015	Glasgow City Council
656,904	NHS Greater Glasgow & Clyde
-	Drawdown of Earmarked Reserves
1,048,919	

Add Transfer to Reserves			**624**
Net Balance			0

Budget Variance by Subjective Analysis

Annual Budget		Actual to Date	Budget to Date	Variance to Date
£000	**Expenditure**	£000	£000	£000
334,810	Employee costs	86,846	86,841	5
24,803	Premises Costs	3,451	3,409	42
4,914	Transport Costs	1,440	1,223	217
66,496	Supplies and Services	12,135	12,145	-10
360,958	Third party Costs	86,917	87,750	-833
29,426	Transfer Payments	7,351	7,072	279
830	Capital Financing Costs	0	0	0
133,780	Prescribing	32,141	32,141	0
182,082	Family Health Services	47,694	47,696	-2
1,138,099	**Total Expenditure**	**277,975**	**278,277**	**-302**
89,180	**Income**	**20,912**	**20,590**	**322**
1,048,919	**Net Expenditure**	**257,063**	**257,687**	**-624**

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
none	21-Mar-16	General overarching direction	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde Health Board are directed to continue to deliver services pursuant to the functions delegated to the Integration Joint Board in line with the Integration Joint Board's Strategic Plan and notional budgets for 2016-17 as advised by the Chief Officer, pending any further directions from the Integration Joint Board, it's committees or the Chief Officer on its behalf acting under delegated authority.	Entirety of IJB Budget	N/A - superseded	Previous	No	
210916-8-a	21-Sep-16	Budget	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2016-19, as advised and instructed by the Chief Officer. https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35267&p=0	Budget allocated to Glasgow City Council: Gross £570,740,000 Income £179,058,000 Net £391,682,000 Budget allocated to the Health Board of: Gross £643,378, 400 Income £ 27,663,900 Net £615,714,500	Apr-17	Previous	No	
100516-10-a	21-Sep-16	Commissioning and Procurement Strategy	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to: • Implement the 2016-17 Commissioning and Procurement Strategy for the Glasgow City Health and Social Care Partnership as outlined at https://www.glasgow.gov.uk/CHttpHandler.ashx?id=33437&p=0 • Carry out tender activity as noted within the strategy document, and any other tender activity required to support achievement of the Strategic Plan, as advised by the Chief Officer: Strategy, Planning and Commissioning and the Chief Officer: Finance and Resources	All in-scope budgets as identified by the Chief Officer: Finance and Resources	Apr-17	Previous	No	
100516-13-a	21-Sep-16	Free Personal Care etc rates	Council only	Glasgow City Council is directed to implement the increased fee rates for the National Care Home Contract, Free Personal and Nursing Care and Personal Expenses Allowances as outlined at https://www.glasgow.gov.uk/CHttpHandler.ashx?id=33440&p=0	The increase to Social Work Services expenditure of £2,916,870 is funded by the additional monies provided to integration authorities in 2016/17 for social care. The full year effect of £4,418,000 in 2017/18 will be similarly treated.	Apr-17	Previous	No	

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
240616-8-a	21-Sep-16	Transformation Programme	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to work together with the Chief Officer, the Chief Officer: Finance and Resources, and others as necessary to develop an integrated, partnership approach to development of a transformation programme for health and social care services in Glasgow, and to the budget setting process for the Council and Health Board as it relates to health and social care services, as outlined at https://www.glasgow.gov.uk/CHttpHandler.ashx?id=33909&p=0	The 2017/18 budget, as notified to the Integration Joint Board by the Chief Officer: Finance and Resources	Apr-17	Current	No	
210916-12-a	21-Sep-16	Homelessness	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to deliver homelessness services in line with the Homelessness Strategy outlined in this report (https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35270&p=0), as advised and instructed by the Chief Officer: Planning, Strategy and Commissioning	As advised by the Chief Officer: Finance and Resources	Apr-17	Current	No	
210916-15-a	21-Sep-16	Unaccompanied Asylum Seeking Children	Council only	Glasgow City Council are directed to continue to support young unaccompanied asylum seeking children who present in the city, and to continue to engage with the Home Office and others with regard to the issues outlined in this report (https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35273&p=0)	As advised by the Chief Officer: Finance and Resources	Apr-17	Current	No	
210916-21-a	21-Sep-16	Occupational Therapy	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to develop and deliver Occupational Therapy services as outlined in this report (https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35278&p=0)	As advised by the Chief Officer: Finance and Resources	Apr-17	Current	No	
210916-22-a	21-Sep-16	Assistive Technology	Both Council and Health Board	Glasgow City Council are directed to identify the best approach to implementing the recommendations outlined in the PA Consulting report described in this paper (https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35279&p=0), and to subsequently implement those recommendations.	As advised by the Chief Officer: Finance and Resources	Apr-17	Current	No	
311016-5-a	31-Oct-16	Community Justice functions	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to support the transition of the new Community Justice arrangements as outlined in this paper.	£50,000 expenditure to be funded from the social work, health and Integrated Care Fund budgets as determined by the Chief Officer: Finance and Resources.	Sep-17	Current	No	
311016-6-a	31-Oct-16	Winter Planning	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to work closely to respond to demand during the winter months and to monitor and report variance from planned activity	As directed by the Chief Officer: Finance and Resources	Mar-17	Previous	No	
311016-7-a	31-Oct-16	Homelessness (multi agency out of hours hub)	Council only	Implement the proposed pilot as outlined in this report	As advised by the Chief Officer: Finance and Resources	May-17	Current	No	

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
311016-8-a	31-Oct-16	Continuing and Complex Care	Health Board only	NHS Greater Glasgow and Clyde are directed to begin work on testing the transitional model for continuing and complex care in North East Glasgow with immediate effect.	Direction to be carried out from within existing resource allocation as directed by the Chief Officer: Finance and Resources. A number of financial risks outlined in this report will be kept under review by the Chief Officer: Finance and Resources, and reported to the Integration Joint Board in due course.	Sep-17	Current	No	
311016-9-a	31-Oct-16	Alcohol and Drugs (safer consumption facility)	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are jointly directed to begin work on the development and implementation of a co-located safer consumption facility and heroin assisted treatment service pilot in Glasgow city centre.	Direction to be carried out from within existing resource allocation as directed by the Chief Officer: Finance and Resources. A full costing will be provided as part of the pilot development for approval by the Chief Officer: Finance and Resources	Sep-17	Previous	No	
311016-10-a	31-Oct-16	Proof of Concept	Council only	Glasgow City Council is directed to continue to develop and test the terms, arrangements and processes for the Proof of Concept with final proposals to be reported to the Integration Joint Board in the future.	Direction to be carried out from within existing resource allocation as directed by the Chief Officer: Finance and Resources	Jun-17	Previous	No	
091216-5-a	09-Dec-16	Housing Contribution Statement and Action Plan	Council only	Glasgow City Council is directed to work with Partners in the Housing Sector to deliver on the actions outlined in the Action Plan appended to the report.	As advised by the Chief Officer: Finance and Resources	Dec-17	Current	No	
091216-6-a	09-Dec-16	Reserves Policy	Council only	The Council is directed to transfer to Integration Joint Board reserves any underspend which occurs in 2016/17 relating to the Integration Joint Board, for the purposes of mitigating ongoing and future budget pressures.	As advised by the Chief Officer: Finance and Resources	Nov-17	Previous	No	
091216-7-a	09-Dec-16	Audit Scotland Reports: Social Work in Scotland and NHS in Scotland 2016	Both Council and Health Board	The Council and Health Board are directed to respond to the recommendations contained within the Audit Scotland Reports 'Social Work in Scotland' and 'the NHS in Scotland 2016', in line with the action plans produced in response to both reports and approved by the Integration Joint Board.	As advised by the Chief Officer: Finance and Resources	Mar-17	Current	No	
091216-8-a	09-Dec-16	Homelessness Service: Private Rented Sector Tender	Council only	Glasgow City Council is directed to re-tender the private rented sector service at the contact value of £460,000, on a 3+1+1 contract.	£460,000 p.a.	Jun-17	Current	No	
091216-9-a	09-Dec-16	Integrated Health and Social Care Out of Hours Reform Update	Council only	The Council is directed to give notice to 6 partner local authorities/Health and Social Care Partnerships; East Renfrewshire, Renfrewshire, Inverclyde, West Dunbartonshire, East Dunbartonshire, and Dumfries and Galloway that the contract for the Out of Hours Social Work Service will terminate on 31st March 2018.	As advised by the Chief Officer: Finance and Resources	Sep-17	Previous	No	
091216-10-a	09-Dec-16	Financial Plan 2017/18	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to continue to work as outlined in paragraphs 2.5 and 3.4 to secure efficiency savings as agreed with partner organisations	Yet to be finalised.	Jan-18	Current	No	

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
091216-11-a	09-Dec-16	Commissioning Intentions for Unscheduled Care	Health Board only	NHS Greater Glasgow and Clyde are directed to work with the Chief Officer and others to develop a Strategic Commissioning Plan for Unscheduled Care for the approval of the Integration Joint Board, as outlined in this report.	As advised by the Chief Officer: Finance and Resources	Mar-17	Previous	No	
091216-12-a	09-Dec-16	Families for Unaccompanied Asylum Seeking Young People	Council only	Glasgow City Council is directed to implement the further stages of the USAC work and continue ongoing negotiations with partners as outlined in this report.	To be agreed.	Mar-17	Current	No	
091216-13-a	09-Dec-16	Tradeston / Laurieston - Impact on Clyde Place Assessment	Council only	The Council is directed to secure the provision of site/accomodation to re-provision the services currently provided at Clyde Place, and ensure the new accomodation is available for use prior to the closure of the Clyde Place facility.	As directed by the Chief Officer: Finance and Resources	Mar-17	Previous	No	
180117-6-a	18-Jan-17	Advocacy Tender	Health Board only	NHS Greater Glasgow and Clyde are directed to maintain the contract for advocacy services to the value of £744,455 per annum (pro-rata in 2016/17)	£744,455 per annum (pro-rata in 2016/17)	Apr-19	Current	No	
180117-7-a	18-Jan-17	Joint Strategic Commissioning	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to implement the joint commissioning approach as outlined within this report.	As directed by the Chief Officer: Finance and Resources	Sep-17	Current	No	
180117-8-a	18-Jan-17	Residential and Day Care	Council only	Glasgow City Council is directed to deliver the changes to day care provision as outlined in section 4 of this report.	As directed by the Chief Officer: Finance and Resources	Jan-18	Current	No	
180117-9-a	18-Jan-17	Housing Support	Council only	Glasgow City Council is directed to develop or redesign housing support services as outlined within this report.	As directed by the Chief Officer: Finance and Resources	Jan-18	Current	No	
180117-11-a	18-Jan-17	Communications Strategy	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to provide support from Council and Health staff within the Partnership's Business Development Team in supporting the Communications Strategy and its action plan as outlined in this report.	Direction to be carried out from within existing resource allocation as directed by the Chief Officer, Finance and Resources.	Mar-19	Current	No	
180117-12-a	18-Jan-17	Budget Monitoring	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2016-19, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	As outlined in section 3.1 of the report.	Feb-17	Previous	No	
150217-7-a	15-Feb-17	Alcohol and Drugs	Health Board only	NHS Greater Glasgow and Clyde are directed to implement the redesign of Alcohol and Drug Day Services as outlined in this report	As advised by the Chief Officer: Finance and Resources	Feb-18	Current	No	
150217-8-a	15-Feb-17	Mental Health Services	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to develop or redesign adult services as outlined within this report.	As advised by the Chief Officer: Finance and Resources	Feb-18	Current	No	
150217-9-a	15-Feb-17	Adult Community Learning Disability Services	Health Board only	NHS Greater Glasgow and Clyde is directed to develop or redesign adult learning disability services as outlined within this report.	As directed by the Chief Officer: Finance and Resources and including the recurring saving of £155,000 from 1st April 2017 as outlined in para 7.1	Feb-18	Previous	No	

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
150217-10-a	15-Feb-17	Sexual Health	Health Board only	NHS Greater Glasgow and Clyde is directed to undertake the review and reform of Sexual Health and Specialised Services as outlined within this report.	As directed by the Chief Officer: Finance and Resources and including the £250k reduction in spend in 2017/18 as a contribution to the IJB's financial efficiencies target as outlined in this report.	Feb-18	Previous	No	
150217-11-a	15-Feb-17	Older People Community Based Health Services	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to implement the change programme for Older People's services as outlined in section 3 of this report	As advised by the Chief Officer: Finance and Resources	Feb-18	Previous	No	
150217-12-a	15-Feb-17	Integrated Health and Social Care in North East Glasgow	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to develop the formal outline business case for the health and social care hub for the community of Parkhead / Dalmarnock and the wider east end of Glasgow, as outlined in this report.	As advised by the Chief Officer: Finance and Resources	Feb-18	Previous	No	
150217-13-a	15-Feb-17	Alcohol and Drugs (safer consumption facility)	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are jointly directed to proceed with the next stages in development and implementation of a co-located safer consumption facility and heroin assisted treatment service pilot in Glasgow city centre, as outlined in the Business Case.	As advised by the Chief Officer: Finance and Resources	Jun-17	Previous	Yes	311016-9-a
150217-14-a	15-Feb-17	Criminal Justice	Council only	Glasgow City Council is directed to implement the approach to delivering the required Criminal Justice budget reductions as outlined in section 4 of this report.	As advised by the Chief Officer: Finance and Resources, including the Scottish Government allocation of £17,693,897 for Section 27 Criminal Justice service for 2017/18	Feb-18	Current	No	
150217-15-a	15-Feb-17	Budget Monitoring	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2016-19, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	As outlined in section 3.1 of the report.	Mar-17	Previous	Yes	180117-12-a
150317-7-a	15-Mar-17	Budget	Both Council and Health Board	Glasgow City Council is directed to spend the delegated net budget of £398,257,000 in line with the Strategic Plan. The Chief Officer will write to the Chief Executive of NHS Greater Glasgow & Clyde Board to advise him that his budget offer, as at 21st February, was not accepted by the IJB. NHSGGC is directed to conduct further discussion on a budget offer that complies with the requirements at 3.9 of this report.	As outlined throughout the report	Apr-17	Current	No	
150317-8-a	15-Mar-17	Homelessness	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to explore what further actions are required to improve 'corporacy' of approach within the City to tackle homelessness, in line with the approach adopted by Newcastle City Council	As advised by the Chief Officer: Finance and Resources	Mar-18	Current	No	
150317-9-a	15-Mar-17	OPMH	Health Board only	NHS Greater Glasgow and Clyde is directed to implement the reconfigured inpatient bed provision and investment in community resources as outlined in this report.	As advised by the Chief Officer: Finance and Resources	Mar-18	Current	No	

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
150317-10-a	15-Mar-17	Children's Services	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to develop or redesign services as outlined within this report.	As advised by the Chief Officer: Finance and Resources	Mar-18	Previous	No	
150317-11-a	15-Mar-17	Unscheduled Care	Health Board only	NHS Greater Glasgow and Clyde is directed to design and deliver the integrated system of care for health and social care services that includes the strategic commissioning intentions for acute hospital services, as outlined within this report and appendix.	As directed by the Chief Officer: Finance and Resources, following the review being carried out of the process to estimate the appropriate 'set aside' budget, which will be available later in 2017.	Mar-18	Current	No	
150317-12-a	15-Mar-17	Gorbals and Woodside Health Centres	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to implement the Full Business Cases for Gorbals and Woodside Health and Care Centres as outlined within the Full Business Cases referenced within this report.	As detailed within the two Full Business Cases and as directed by the Chief Officer: Finance and Resources.	Mar-18	Current	No	
150317-13-a	15-Mar-17	Budget Monitoring	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2016-19, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	As outlined in section 3.1 of the report.	Apr-17	Previous	Yes	150217-15-a
260417-6-a	26-Apr-17	Increases for Care Home Fees, Free Personal & Nursing Care and Personal Expenses Allowance for 2017/18	Council only	Glasgow City Council is directed to apply the 2017/18 rates for NCHC residential, nursing and commissioned services as outlined within this report, and to draft and implement the requisite variation to the current NCHC contract to extend to 2018.	As per 2016/17 allocation, plus an additional £2m of the additional monies provided to integration authorities in 2017/18 for social care.	Apr-18	Previous	No	
260417-7-a	26-Apr-17	Budget Monitoring	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2016-19, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	As outlined in section 3.1 of the report.	Jun-17	Previous	Yes	150317-13-a
210617-6-a	21-Jun-17	Outturn Report 2017/17	Both Council and Health Board	a) Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2016-19, as advised and instructed by the Chief Officer and within the revised budget levels outlined in paragraph 2.2 of the report, b) NHS Greater Glasgow and Clyde is directed to set-aside the sum of £120.8m in 2016/17 for delegated services provided in large hospitals, as outlined in paragraph 2.5 of the report, and c) Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to carry forward reserves totalling £19.309m on behalf of the IJB (GCC £19.295m, NHSGG&C £0.014m), as outlined in paragraph 4 of the report.	a) As outlined in paragraph 2.2 of the report, b) £120.8m, and c) £19.309m.	Jun-18	Current	No	
210617-8-a	21-Jun-17	Unaudited Annual Accounts	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to carry forward reserves totalling £19.309m on behalf of the IJB (GCC £19.295m, NHSGG&C £0.014m), as outlined in paragraph 4 of the report.	£19.309m.	Jun-18	Current	No	

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
210617-9-a	21-Jun-17	Safer Drug Consumption Facility	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to proceed with the next stages of development of the Safer Drug Consumption Facility and Heroin Assisted Treatment Service as outlined in this report and in line with the previously agreed Business Case.	As advised by the Chief Officer: Finance and Resources. The operating costs of the Safer Drug Consumption Facility and Heroin Assisted Treatment Service is estimated at £2,355,680 per annum. This will be funded by the redirection of existing resources of £885,290, with the balance of £1,470,390 being met from reserves for a period of no more than 3 years	Nov-17	Current	Yes	150217-13-a
210617-10-a	21-Jun-17	ADP Strategy 2017-2020	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to deliver services in line with the ADP Strategy as outlined in this report.	As advised by the Chief Officer, Finance and Resources.	Jun-18	Current	No	
210617-11-a	21-Jun-17	Proof of Concept	Council only	Glasgow City Council is directed to further develop and test (if required) and implement Proof of Concept proposals, with liaison between staff in the Partnership; Council legal, procurement and audit staff; and social care providers as required.	Direction to be carried out from within existing resource allocation as directed by the Chief Officer Finance and Resources.	Jun-18	Previous	Yes	311016-10-a
210617-12-a	21-Jun-17	Scottish Living Wage	Council only	Glasgow City Council is directed to: • uprate current provider rates for adult care services by 2.5%, backdated to 1 May 2017.	Uprate current provider rates for adult care services by 2.5% backdated to 1 May 2017.	Apr-18	Current	No	
210617-13-a	21-Jun-17	Workforce Plan	Both Council and Health Board	To note the service redesign and staffing implications for both NHS Greater Glasgow and Clyde and Glasgow City Council staff which will be managed locally through agreed HR processes and policy for both organisations	Existing care group budget allocations	Jun-18	Current	No	
210617-14-a	21-Jun-17	Carer Information Strategy Funding	Both Council and Health Board	The Council and Health Board are directed to continue to deliver Carers Information Services utilising the NHS 'waiver to tender' processes throughout 2017/18 & 2018/19, with a view to a full tender of all carer support services in late 2018	£855,971 in 2017/18. Allocation for 2018/19 to be advised by the Chief Officer: Finance and Resources	Jun-18	Current	No	
210617-15-a	21-Jun-17	Carer (Scotland) Act 2015	Both Council and Health Board	The Council and Health Board are directed to carry out the necessary actions to prepare for full implementation of the Carer (Scotland) Act 2015 in April 2018	£265,714 Scottish Government funding	Mar-18	Previous	No	
210617-16-a	21-Jun-17	Minor Injuries Services in West Glasgow	Health Board only	NHS Greater Glasgow and Clyde is directed to work with the HSCP to undertake a joint review of minor injuries services in West Glasgow, covering the areas outlined in 2.1 of this report	As advised by the Chief Officer: Finance and Resources	Sep-17	Previous	No	
210617-17-a	21-Jun-17	Budget Monitoring	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2016-19, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	As outlined in section 3.1 of the report.	Sep-17	Previous	Yes	260417-7-a
200917-8-a	20-Sep-17	IJB Financial Allocations and Budgets for 2017-18	Both Council and Health Board	NHSGGC is directed to spend the delegated net budget of £765.792m in line with the Strategic Plan.	The budget delegated to NHSGGC as per this report.	Apr-18	Current	No	

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
200917-9-a	20-Sep-17	Governance of Former Integrated Care Fund	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to implement the governance arrangements outlined in this report.	As advised by the Chief Officer: Finance and Resources	Sep-18	Current	No	
200917-10-a	20-Sep-17	Glasgow HSCP Falls Strategy 2017-2020	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to implement the Falls Strategy appended to this report	As advised by the Chief Officer: Finance and Resources	Sep-18	Current	No	
200917-11-a	20-Sep-17	Sexual Health Strategic Plan 207-2020	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to the implement the Sexual Health Strategic Plan 2017-2020.	As advised by the Chief Officer: Finance and Resources	Sep-18	Current	No	
200917-12-a	20-Sep-17	Draft Palliative and End of Life Care Plan	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to implement the Palliative and End of Life Care Plan	As advised by the Chief Officer: Finance and Resources	Sep-18	Current	No	
200917-14-a	20-Sep-17	Assisted Garden Maintenance	Council only	Glasgow City Council are directed to carry out a review of the Assisted Garden Maintenance service jointly between the Health and Social Care Partnership and Land and Environmental Services, led by the Chief Officer: Finance and Resources.	Assisted Garden Maintenance has a budget of £1.29m in 2017/18	Jan-18	Current	No	
200917-15-a	20-Sep-17	HSCP Commissioning Workplan 2017/18	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to implement the key areas of work as outlined in the HSCP Commissioning workplan 2017-18	As advised by the Chief Officer: Finance and Resources	Sep-18	Current	No	
200917-16-a	20-Sep-17	Glasgow-Bethlehem GTC Twinning Proposal	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to continue to contribute to the work outlined in this report.	As advised by the Chief Officer: Finance and Resources	Sep-18	Current	No	
200917-17-a	20-Sep-17	Budget Monitoring	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2016-19, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	As outlined in section 3.1 of the report.	Nov-17	Previous	Yes	210617-17-a
081117-6-a	08-Nov-17	Transformational Change Programme - Children's Services	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to deliver the transformation programme for children's services as outlined in this report.	As advised by the Chief Officer: Finance and Resources	Nov-18	Current	Yes	150317-10-a
081117-7-a	08-Nov-17	Older People's Tranformational Change Programme	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to deliver the Transformation programme for Older People's Services as outlined in this report.	As outlined in this report at table 1, and as advised by the Chief Officer: Finance and Resources	Nov-18	Current	No	
081117-8-a	08-Nov-17	West Glasgow Minor Injuries Services Review	Health Board only	NHS Greater Glasgow and Clyde are directed to maintain the status quo regarding provision of Minor Injuries Services in West Glasgow, and engage with the Glasgow City HSCP and other partners in developing proposals regarding the longer term sustainable provision of minor injuries services across the Board area.	As advised by the Chief Officer: Finance and Resources	Nov-18	Current	Yes	210617-16-a
081117-9-a	08-Nov-17	Treatment Foster Care Service Review and Employment Tribunal Judgement	Council only	Glasgow City Council are directed to terminate the treatment foster care service as outlined in this report and to resolve the staffing issues therein.	As advised by the Chief Officer: Finance and Resources	Nov-18	Current	No	

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
081117-10-a	08-Nov-17	IJB Property Strategy	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to work collaboratively with Glasgow City HSCP and other key partners to deliver the Property Strategy and action plan	Revenue budget as advised by the Chief Officer: Finance and Resources, Capital budgets in line with the capital planning arrangements of the Council and Health Board respectively	Sep-19	Current	No	
081117-11-a	08-Nov-17	Provision of Forensic Medical Services to people who have been sexually assaulted and/or raped	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to develop the interim service model outlined in this report	As advised by the Chief Officer: Finance and Resources, including £305,000 from the HSCP contingency fund, augmented by £140,000 from the sexual health budget, for one year from March 2018 to run an interim service model for 2018 /19.	Nov-18	Current	No	
081117-12-a	08-Nov-17	Criminal Justice and Community Justice Overview	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to continue to engage in the evolving plans for the Maryhill Community Custodial Unit, as outlined in this report	As advised by the Chief Officer: Finance and Resources	Nov-18	Current	No	
081117-13-a	08-Nov-17	Budget Monitoring	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2016-19, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	As outlined in section 3.1 of the report.	Jan-18	Previous	Yes	200917-17-a
240118-6-a	24-Jan-18	Adult Services Transformation Change Programme 2018-2021	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to deliver the Transformation programme for Adult Services as outlined in this report.	As outlined in this report at table 2, and as advised by the Chief Officer: Finance and Resources	Jan-19	Current	No	
240118-7-a	24-Jan-18	A Five Year Strategy for Adult Mental Health Services in Greater Glasgow and Clyde 2018-23	Health Board only	Health Board directed to incorporate Adult Mental Health Strategy and subsequent implementation plan into the Moving Forward Together Programme.	As presented in the strategy document.	Jun-18	Current	No	
240118-8-a	24-Jan-18	Carer Act Implementation Update and Eligibility Criteria	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to implement the Glasgow Eligibility Criteria to ensure fair access to carer supports in line with the intentions of the Carers Act 2016	As advised by Chief Officer, Finance and Resources	Jan-19	Current	No	
240118-9-a	24-Jan-18	Delivering the New 2018 General Medical Services Contract in Scotland	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to progress the necessary actions within Glasgow City and jointly with the five other GGC HSCPs to develop the Primary Care Improvement Plan as set out in section 5, and present this to the IJB in June 2018 for approval.	As advised by Chief Officer, Finance and Resources	Jan-19	Previous	No	
240118-10-a	24-Jan-18	Social Care Housing Needs Assessment and Investment	Both Council and Health Board	NHS Greater Glasgow and Clyde and Glasgow City Council are directed to review the Housing Contribution Statement via the Housing, Health and Social Care Group, and to set up a sub group of the Housing, Health and Social Care Group to scope out the requirements of undertaking a comprehensive social care housing needs assessment	As advised by Chief Officer, Finance and Resources	Jan-19	Current	No	

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
240118-11-a	24-Jan-18	Budget Monitoring	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2016-19, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	As outlined in section 3.1 of the report.	Mar-18	Previous	Yes	081117-13-a
210318-7-a	21-Mar-18	Financial Allocations and Budgets	Both Council and Health Board	Note and conditionally accept the interim budget position from Glasgow City Council for 2018-19, pending further discussion and work to be undertaken in relation to the allocation of Corporate savings. Note and conditionally accept the interim budget position from NHS Greater Glasgow and Clyde for 2018-19, pending formal budget offer awaited in April. Amend budgets for 18/19 to reflect the funding pressures identified at 4.7 and the savings outlined in 3.4, 3.5 and 4.9.	The formal offer letters are awaited from the Council and the Health Board. *(Note: Letters subsequently received and tabled at meeting - available via web-link).*	May-18	Previous	No	
210317-8-a	21-Mar-18	Transformational Change Programme - Sexual Health Services	Health Board only	NHS Greater Glasgow and Clyde is directed to deliver the Transformational Change Programme for sexual health services as outlined in this paper	As stated in section 5 Finance in this paper – within existing resources and based on a 15% reduction over the next three years.	Dec-18	Current	Yes	150217-10-a
210318-9-a	21-Mar-18	Health and Social Care Hub for North East Glasgow	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to proceed with the necessary stages of development of the Health and Social Care Hub for the North East of Glasgow, as outlined in this report.	Details of the finance arrangements and implications are included in the Initial Agreement	Mar-19	Current	Yes	150217-12-a
210318-10-a	21-Mar-18	Review of Social Work Out of Hours Service	Council only	Glasgow City Council is directed to conclude contractual arrangements for delivery of out of hours social care services as outlined in this report.	The total cost of the service is £2,545,969. Glasgow's contribution is £1,588,108 and the remaining partners' contribution is £1,044,068 which includes a 9% management fee	Jul-19	Current	Yes	091216-9-a
210318-11-a	21-Mar-18	Replacement of the 2015 Framework Agreement for Selected Purchased Social Care Supports	Council only	Glasgow City Council is directed to proceed with the commissioning of purchased social care services via a Framework Agreement, as outlined in this report. This shall be carried out via an open tender in summer 2018 to become operational on 30.01.2019	The estimated value of the 2019 Framework is up to £79,396,700 p.a.	Jan-19	Current	No	
210318-12-a	21-Mar-18	Scottish Living Wage (2018) and Provider Rates Uplifts	Council only	From 9 April 2018 implement the 3.39% inflation uplift to the care home, intermediate care and commissioned service rates and the rates attached at appendix 1 and vary the contracts with the providers in line with the new rate subject to them agreeing to paying Scottish Living Wage	The cost of the uplift amounts to £2.38m for 2018/19 and has been funded within additional monies provided to integration authorities for social care.	Mar-19	Current	Yes	260417-6-a
210318-13-a	21-Mar-18	Budget Monitoring	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2016-19, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	As outlined in Appendix 1 of the report.	May-18	Current	Yes	240118-11-a

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
090518-6-a	09-May-18	IJB Financial Allocations and Budgets Update for 2017-18	Both Council and Health Board	Glasgow City Council is directed to spend the delegated net budget of £411.843m in line with the Strategic Plan. NHS Greater Glasgow and Clyde is directed to spend the delegated budget of £653.321m in line with the Strategic Plan.	The budget delegated to NHS Greater Glasgow and Clyde is £653.321m and Glasgow City Council is £411.843m as per this report.	Apr-19	Current	Yes	210318-7-a (in relation to Council)
090518-7-a	09-May-18	Scottish Living Wage (2018)	Council only	Council is directed to vary Glasgow Purchased Service contracts by an additional 2.8% for those Providers who have agreed to pay the living wage, and for Direct Payment recipients.	The proposal to increase rates by 2.8% will cost an additional £4,402,000. Funds have been made available within the Scottish Government settlement for 2018/19.	Oct-18	Current	No	
090518-9-a	09-May-18	Provision of Emergency Accommodation for Homelessness	Council only	Glasgow City Council are directed to progress the closure of Clyde Place and re-provisioning of Rodney Street as outlined in this report.	Confirmation of funding is awaited.	May-19	Current	Yes	091216-13-a
090518-10-a	09-May-18	Supply of Goods and Services with City Building Glasgow	Council only	Direct the Council to put in place arrangements for the repair and maintenance (etc.) of temporary furnished flats.	Existing spend of £5.126m per annum is paid to City Building/RSBi. The goods and services are paid through the rental income generated through the provision of Temporary Furnished Accommodation. IJB spend is subject to budget monitoring.	May-19	Current	No	
090518-11-a	09-May-18	Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland	Health Board only	All pharmacy services and functions referred to in the National Strategy and provided by the HSCP.	£125m for 2018-19	May-19	Current	No	
090518-12-a	09-May-18	Council Family Review: Cordia	Council only	Glasgow City Council and HSCP Chief Officers are directed to ensure successful management arrangements are put in place with HSCP in relation to staff transferred from Cordia to the Council.	Resource requirements will be identified over the transition period.	May-19	Current	No	
200618-6-a	20-Jun-18	Primary Care Improvement Plan	Both Council and Health Board	The IJB is directing the Council and Health Board to produce a Primary Care Improvement Plan for the area's registered population which conforms to national guidance.	As per allocation letter at Appendix 1.	Sep-18	Current	Yes	240118-9-a
200618-7-a	20-Jun-18	Mental Health Strategy Implementation	Health Board only	Health Board directed to incorporate plans for the use of the new Mental Health Funding across the City into the Moving Forward Together Programme.	As per allocation letter at Appendix 1.	Sep-18	Current	No	
200618-8-a	20-Jun-18	Policy Development: Resource Allocation for Adults Eligible for Social Care Support	Council only	In the context of the eligibility criteria previously agreed by GCC for access to social care, to note GCHSCP's policy framework for the allocation of resources for Adults assessed as eligible to receive social care support.	To be managed within the overall budget allocated to GCHSCP	Apr-19	Current	No	
200618-9-a	20-Jun-18	Policy Development: Transition from Overnight Sleepover Support to Alternative Support Arrangements	Council only	To note GCHSCP's policy direction for the transition from overnight sleepover support to alternative support arrangements	To be managed within the overall budget allocated to GCHSCP	May-19	Current	No	
200618-10-a	20-Jun-18	Development of the City Centre Hub and Redeisgn of Out of Hours Services	Council only	Glasgow City Council is directed to progress the proposals outlined in this report	External funding is as outlined in the report for 2018/19.	Jun-19	Current	No	

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
200618-11-a	20-Jun-18	Implementation of Carer (Scotland) Act 2016	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to implement the proposals outlined in this report to support implementation of the Carers Act	Within the financial framework in place to support implementation of the Carers Act	Jun-19	Current	No	
200618-13-a	20-Jun-18	Outturn Report 2017-18	Council only	Glasgow City Council is directed to carry forward reserves totalling £19.617m on behalf of the IJB as outlined in section 4 of the report.	As outlined in paragraph 2.5 of the report £120.8m for set aside and £19.617m in reserves carried forward.	Jun-19	Current	No	
200618-14-a	20-Jun-18	Unaudited Annual Accounts	Council only	Glasgow City Council is directed to carry forward reserves totalling £19.617m on behalf of the IJB as outlined in Item No 13. Outturn Report 2017/18.	£19.617m in reserves carried forward.	Jun-19	Current	No	
190918-3-a	19-Sep-18	Mental Health 2 Ward (DBFM) Scheme	Health Board only	The Health Board is directed to approve and submit the Mental Health 2 x DBFM Full Business Case to the Scottish Capital Investment Group for approval to deliver the two new build mental health inpatient wards as part of a bundled programme of new build projects with build projects from two other Health & Social Care Partnerships. There are clear financial benefits to bringing all three projects together in a single procurement bundle. These include initial capital savings and project-life revenue savings.	Mental Health revenue budget, re-investment of vacated accommodation contract.	Sep-19	Pending	No	
190919-9-a	19-Sep-18	Primary Care Improvement Plan	Health Board only	Facilitate the recruitment of the new staff that are identified through implementation of the Primary Care Improvement Plan Provide the funding to support the implementation of the Primary Care Improvement Plan in accordance with the letter from the Scottish Government dated the 23 May 2018.	Glasgow City IJB/HSCP has been allocated £5.529m. This is forecast to increase to £18.732m by 2021-22 for Glasgow City in line with the increase in the national figure.	Mar-19	Pending	Yes	200618-6-a
190919-10-a	19-Sep-18	Speech and Language Therapy Review	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to implement the recommendations of this report	Within existing resources, as advised by the Chief Officer: Finance and Resources	Sep-19	Pending	No	
190919-11-a	19-Sep-18	Glasgow Homeless Alliance Tender	Council only	The IJB directs Glasgow City Council to issue a competitive tender for Alliance partners to work with the Council and IJB to deliver the Glasgow Alliance to End Homelessness.	£23million which will reduce throughout the lifetime of the contract period, subject to service redesign and efficiencies targets.	Sep-19	Pending	No	
190919-12-a	19-Sep-18	Carer Support Services Tender	Council only	Glasgow City Council is directed to undertake the tender activity as outlined in this report	All carer funding streams will be consolidated post 2018/19 through the tender financial framework. The full tender value will be circa £1.9m	Sep-19	Pending	No	
190919-13-a	19-Sep-18	Intensive Outreach Family Support Service Tender	Council only	The IJB directs Glasgow City Council to issue a competitive tender for the provision of Intensive Outreach Family Support Services.	Total budget available is £3.75 million, £750,000 per annum for an initial 3-year period, with an option to extend for a further 1+1 years subject to satisfactory service review.	Sep-19	Pending	No	
190919-14-a	19-Sep-18	Kinship Support Order	Council only	Glasgow City Council is directed to implement the recommendations of this report, specifically to increase the financial contribution towards a Kinship Order to £1,500 where the carer is not entitled to legal aid and meets the eligibility criteria	Within existing resources, as advised by the Chief Officer: Finance and Resources.	Sep-19	Pending	No	

Reference no.	Date Made	Short Description	Direction to	Full Text	Budget	Review Date	Status	Does this supersede a previous Direction	Direction Ref
190919-15-a	19-Sep-18	Budget Monitoring	Both Council and Health Board	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2016-19, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	As outlined in Appendix 1 of the report.	Oct-18	Pending	Yes	210318-13-a

Item No: 16

Meeting Date: **Wednesday 19th September 2018**

Glasgow City Integration Joint Board

Report By: **Susanne Millar, Chief Officer, Strategy and Operations / Chief Social Work Officer**

Contact: **Jackie Kerr, Assistant Chief Officer, Adult Services**
Stephen Fitzpatrick, Assistant Chief Officer, Older People's Services
Mike Burns, Assistant Chief Officer, Children's Services

Tel: **0141 314 6240**

HEALTH AND SOCIAL CARE PARTNERSHIP LOCALITY PLANS 2018/19

Purpose of Report:	To present the 2018/19 locality plans of North East, North West and South Localities for approval. In doing so, to highlight progress made over the last year, local priority actions and key areas of work being undertaken within localities that contribute to the delivery of the IJB strategic plan.

Background/Engagement:	This is the third annual locality plan completed in line with the 3 year timeframe of the current IJB Strategic Plan. It continues to be influenced by extensive community engagement undertaken in previous years, along with regular and ongoing stakeholder engagement undertaken with localities. Draft locality plans have been presented to respective Locality Engagement Forums.

Recommendations:	The Integration Joint Board is asked to: a) approve the locality plans attached and note these will be circulated to stakeholders and be made available publicly along with user friendly summary versions.

Relevance to Integration Joint Board Strategic Plan:

The IJB Strategic Plan commits the Partnership to the development of locality plans to show how the Strategic Plan is to be implemented in each locality, and how localities intend to respond to local needs and issues. The priorities and actions set out within the locality plans will contribute to the delivery of the key priorities set out within the Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The locality plans will support the delivery of all nine national integration outcomes including outcomes for children and criminal justice services.

Personnel:	Awareness of the content of locality plans will support staff to better understand key priorities and actions for their locality and across services.

Carers:	Locality plans include specific actions to support carers in their caring role.

Provider Organisations:	None

Equalities:	Each locality plan sets out the equalities issues and actions to address these. Significant areas of service change referred to within the locality plans will already have been subject to an EQIA and made available on the GCHSCP website, accessible at the link below: https://glasgowcity.hscp.scot/equalities-impact-assessments

Financial:	The locality plans will be taken forward within the resources available within each locality.

Legal:	The locality plans comply with the Scottish Government's guidance on localities issued in 2015.

Economic Impact:	None

Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	None

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

1.1 To present the 2018/19 locality plans of North East, North West and South Localities for approval. In doing so, to highlight progress made over the last year, local priority actions and key areas of work being undertaken within localities that contribute to the delivery of the IJB strategic plan.

2. Background

2.1 The Integration Joint Board's Strategic Plan 2016-19 describes the three localities that make up Glasgow City Health and Social Care Partnership, along with the commitment to develop locality plans on an annual basis in line with Scottish Government guidance on the production of locality plans.

2.2 The purpose of locality plans is to:

a) show how each Locality will contribute to the implementation of the HSCP's Strategic Plan 2016-2019;
b) how the locality plans respond to local needs and issues; and
c) to share and communicate the content with key stakeholders to improve local engagement and service planning.

2.3 The plans are a one year plan covering the period April 2018 to March 2019. The plans are based on:

- what we know about health and social care needs and demands and any changes from our 17/18 locality plan;
- our current performance against key targets;
- our key service priorities, informed by the HSCP's Strategic Plan
- the resources we have available including staffing, finance and accommodation.

3. Development and Engagement

3.1 This is the third year in which locality plans have been produced in GCHSCP. For continuity, the content and structure broadly follows that of previous year's plans.

3.2 Locality plans for 2018/19 have been developed to take into account progress made against actions in last year's locality plans, including improvement targets for key performance indicators.

3.3 The development of locality plans has been overseen by each locality's senior management team and implementation of actions is the collective responsibility of that team. This will be done in close collaboration with the 3 care group Core Leadership Groups within the HSCP.

3.4 As part of an on-going process of engagement and involvement, Localities will continue to engage with key stakeholders on the development and implementation of its key priorities and actions, as set out in the locality plans. Such engagement

will be undertaken in accordance with the IJB's Participation and Engagement Strategy. Targeted engagement on the detailed content of locality plans has included Locality Engagement Forums and HSCP Core Leadership Groups.

3.5 Approved locality plans will be presented to Community Planning Partnership Boards. Approved locality plans, along with the summary versions, will be published on the HSCP website and made available to a wide range of local stakeholders including elected members, community planning partners, third and independent sector partners, community groups and service user and carer representative groups.

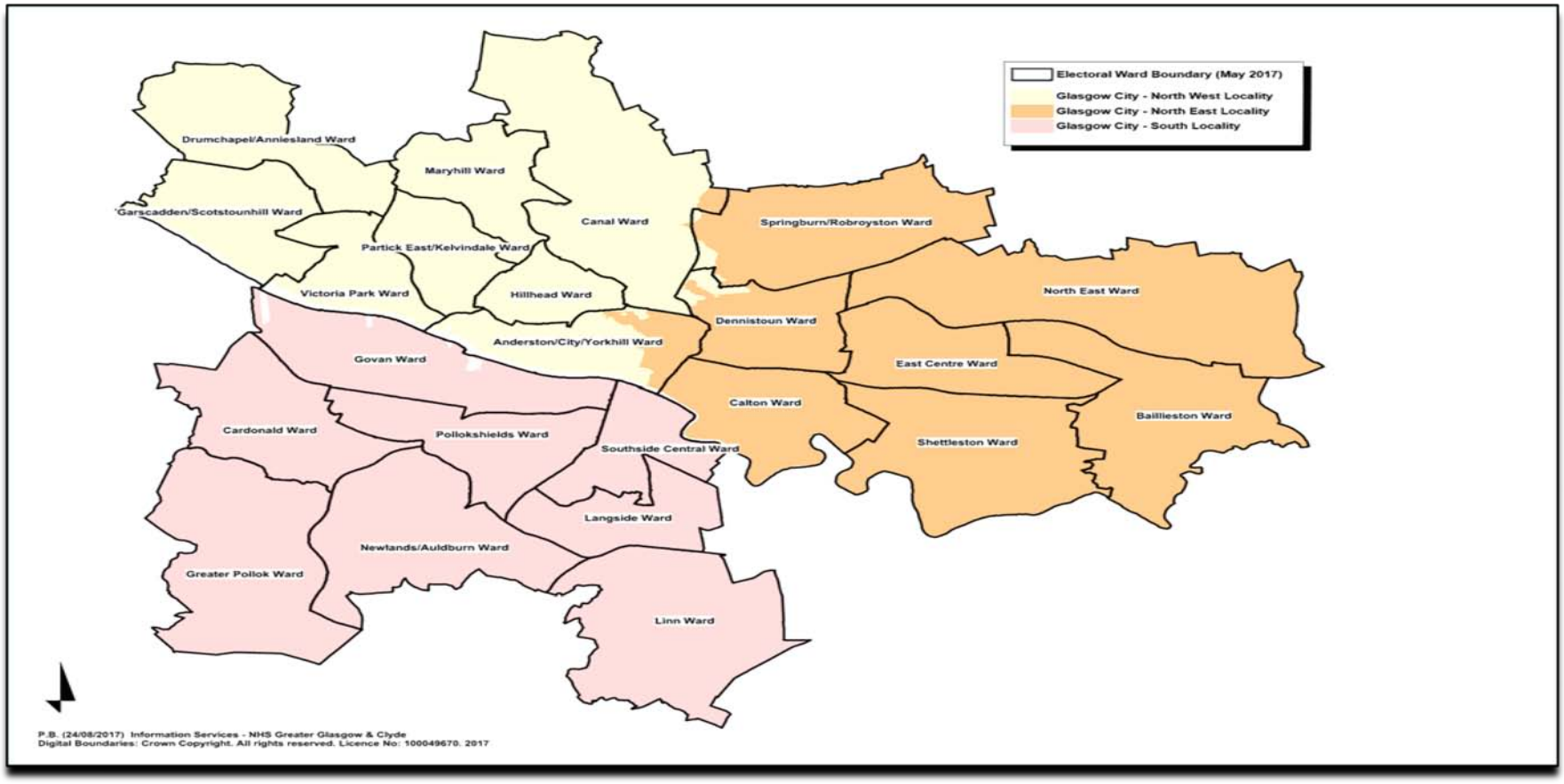
4. Recommendations

4.1 The Integration Joint Board is asked to:

a) approve the locality plans attached and note these will be circulated to stakeholders and be made available publicly along with user friendly summary versions.

Glasgow City HSCP
Health and Social Care Partnership

North East Glasgow Locality Plan 2018/19



FOREWORD

This Plan represents an update of the North East (NE) Locality Plan 2017/18. The plan aims to provide an overview of the progress made during 2017/2018 and to identify our priorities and actions for 2018/2019.

Over the last year, we have taken opportunities through a diverse range of forums to engage with community representatives, the housing sector and third sector colleagues in what we do and what we want to achieve. A significant focus of our engagement strategy has also been to focus on meeting our staff and hearing from them what opportunities Health and Social Care integration gives us to improve the services we are responsible for delivering in the North East of the city. I am delighted to report that we have achieved performance improvement in a number of areas (detailed later in this report) and this is directly attributable to the efforts of our frontline staff and managers who are focused on really making a difference to the lives of the people who use our services. Our aim is to continue this across our services in the coming year. We know the impact that poverty and deprivation has on the lives of people in places like the North East of Glasgow and we have worked on a number of initiatives to tackle poverty including the significant investment in financial inclusion and the Thriving Places approach across the North East area. Again, our aim will be to keep focused on that work.

We continue to work in a challenging financial context which means we need to continue to ensure that we are delivering services that genuinely and significantly impact positively on people's lives and redirects resources where they don't.

We are committed to building on our achievements over the last year and looking forward once again to working closely and in partnership with our local communities, our staff and other agencies/ organisations.

We will be consulting widely on our plan throughout this year, and if it becomes apparent that we need to amend/ change any of it, we will commit to do so.

Mike Burns,
Head of Strategy & Operations (Children's Services),
Glasgow City Health & Social Care Partnership

Introduction

Glasgow City Integration Joint Board (IJB) came into being in February 2016 and in March the Board endorsed a three year Strategic Plan for the period up to 2019. In that Plan the IJB set out its vision for health and social care services -that the City's people can flourish, with access to health and social care support when they need it. The IJB envisaged that this would be achieved by transforming health and social care services for better lives. This Locality Plan runs alongside and is driven by the Strategic Plan.

1. HSCP KEY PRIORITIES

The biggest priority for the HSCP 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
- providing greater self-determination and choice
- shifting the balance of care
- enabling independent living for longer
- public protection

In the HSCP localities are an important part of our integration arrangements to improve the delivery of health and social care services for the people of Glasgow. We have agreed three localities in Glasgow – one covering the North East of the city, one covering the North West and one the South of Glasgow. A key responsibility of localities is to produce a locality plan for the area they serve. This document is the locality plan for North East Glasgow. Similar plans are also available for the North West and South.

The purpose of this plan is to:

- Show how we will implement the HSCP's Strategic Plan 2016-2019 in the North East of the city, and what this will mean for service users, patients and local communities; and
- How we will respond to local needs and issues.

The plan is a one year plan covering the period April 2018 to March 2019. The plan is based on:

- What we know about health and social care needs and demands and any changes from the 17/18 plan;
- Our current performance against key targets;
- The key service priorities as defined in the HSCP's Strategic Plan, including health improvement and what we are doing to tackle inequalities; and,
- The resources we have available including staff and accommodation.

We will report later in the year on how we are doing in implementing the plan and identify further areas of improvement for next year's plan. If you have any comments on this plan, let us know.

2. COMMUNITY ENGAGEMENT – LOCALITY ENGAGEMENT FORUM ►

Glasgow City Health and Social Care Partnership recently completed a consultation on how best to engage with local people about health and social care issues. North East sector held a number of public consultations asking for people to comment on the HSCP Participation and Engagement Strategy and the comments made by North East Representatives during the Consultation. This resulted in a number of key actions to be developed:

- Groups should receive information regarding changes to services
- The opportunity to comment on changes before the final decision is taken.
- The importance of providing consultation feedback to service users explaining the reasons for the decision and evidence that their views were taken into consideration.
- Two way communications is very important.
- Particularly important is the commitment to provide support to enable people to participate in engagement activity.

Representatives from North East Public Partnership Forum, North East Voices for Change, East End Community Addiction Forum and Carers Forum, met in March 2017 and agreed to establish the North East Locality Engagement Forum. Over the past 12 months the priorities for this new Forum have been:

- Development work with community representatives to agree working arrangements ensuring that the Forum can achieve the aspirations set out in its new remit
- Further develop the membership of the Forum and establish a wider network to include hard to reach vulnerable groups
- Focus on the North East Locality Plan to ensure that local people have their say on current and future service provision
- Support wider public involvement in the planning and decision making of services that are delivered locally
- Approve full engagement on the Parkhead Hub proposal be carried out by the HSCP from April to June 2017

The North East Locality Forum is now well established with regular meetings taking place between Forum members and Heads of Service who discuss the priorities and performance of services. The aim of the monitoring of the information is to measure the difference being made to local services. This allows forum members to help identify the outcomes and priorities that will make a real difference to the lives of local people.

The North East locality were asked to undertake engagement and communication across the area with staff, the local community and third sector organisations on the proposal to have a purpose built Health and Social Care Hub in the area. An engagement plan was developed to ensure appropriate coverage together with a poster, information leaflet, Q&A sheet and questionnaire available in hard copy or as a survey monkey on line questionnaire. Following the consultation period two public meetings were held to update on activity undertaken.

In the coming year 2018/2019 we will further develop the membership of the Forum and establish a wider network to include hard to reach vulnerable groups

To find out more about the Locality Engagement Forum please contact: Tony Devine, community Engagement Officer (North East Locality) on 0141-553-2861

4. PERFORMANCE INFORMATION

Where We Are Performing Well

Older People:	**Addictions:**
Open OT activities : % over one year	% of service users with a Recovery Plan
	% commencing treatment within 3weeks of referral
	%Parental assessments completed within timescale
Continence Service – Waiting Times	**Primary care:**
Home Care: % Reviews	Numbers on GP practice dementia registers
Reablement: % requiring no further home care support following reablement	**Unscheduled Care:**
number of Anticipatory Care Plans in place	Bed Days Lost to Delayed Discharge (Older People 65+)
number of Residential Care Reviews	**Health Improvement:**
number of referrals to Telecare	Breastfeeding: 6-8 weeks (exclusive)
Deaths in Acute Hospitals 65+ and 75+	Nos of Alcohol Brief Intervention deliveries
Homelessness:	
Number of individual households not accommodated over last quarter	
Prescribing Costs:	**Carers:**
Compliance with Formulary Preferred List	Qualitative Evaluation Question: Improved your ability to support the person that you care for
Annualised cost per weighted list size	Number of Carers who have completed an Assessment during the quarter
Children:	**Business Processes:**
Access to specialist Child and Adolescent Mental Health Services (CAMHS) services – Waiting Times	% of elected member enquiries handled within 10 working days
Nos of referrals to healthier and Wealthier Children's Services	NHS complaints within agreed timescale
	SW Complaints - % handled within agreed timescales
% of HPIs allocated	
	Human Resources:
	Social Work Sickness Absence Rate

Where Improvement Required

Older people:	**Health Improvement:**
	Number of 0 – 2 year olds registered with a dentist
Reablement: % receiving a service following referral	Alcohol brief intervention delivery (ABI)
Intermediate Care :	Smoking quit rates at 3 months (40% most deprived areas)
Average length of stay	Breast Feeding 6 – 8 weeks (exclusive) in 15% most deprived areas
Unscheduled care:	
Delayed discharge: No. of patients over 65 breaching the 72 hour target	**Criminal Justice:**
No. of patients over 65 classed as AWI breaching the 72 hour target	% of CPOs with a Case Management Plan within 20 days
Adult Mental Health patients breaching the 72 hour target (Under and over 65 including AWI patients).	% of Unpaid Work (UPW) requirements completed within timescale
Adults under 65 breaching the 72 hour target.	% of Community Payback Order (CPO) work placements commenced within 7 days of sentence
Children:	% of CPO 3 month reviews held within timescale
% of young care leavers in employment, education or training	**Homelessness:**
	Number of households reassessed as homeless or potentially homeless within 12 months
	% decision letters issued within target after initial presentation
	% of live homeless applications over 6 months duration at end of quarter
	Human Resources:
	NHS Sickness absence rate
	NHS staff with an e-KSF

5. SERVICE PRIORITIES

Children and Families

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Early and effective intervention aiming to give all children and young people the best possible start in life	Review duty and redesign services which target families sooner and reduce need for statutory services	Review of North East early years Joint Support Teams (JST) took place and remit now expanded to discuss well being concerns by Named Person	Consultation on findings June 2017
	Continue to reduce the number of children placed on the Child Protection Register and the length of time of registration.	Third sector engaged in assisting with the provision of family support services across the locality at immediate point of contact and improved rapid response to early intervention nos reduced by 50% Jan 2018. Lottery Bid successful to develop a consortium approach in partnership with third sector organisations Health Improvement team has established a link with the Family Group Decision Making (FGDM) team and a proposal has been drafted which outlines the potential HI contribution to this workstream; Review impact of Family Group Decision Making (FGDM) in reducing the need for child protection	Ongoing 2018/19 Information will be available for end of Feb 2018 on the Review of impact of Family Group Decision Making. (interim evaluation has been produced and has positive findings)
Involve children in decisions that affect them, have their voices heard	Continue to consult with young people and develop contemporary strategies which reflect how young people currently communicate through social media and determine how this can influence child protection and looked after children and processes	NE Safeguarding group established and have reviewed Have Your Say, Talking Mates and Viewpoint for all Looked After/Looked After and Accommodated Children Local consultation planned with health improvement, social work and planning detailing NE service user process and outcomes	Joint approach to this work with Children's Rights commenced June 2017 and will consider role of social media Work will be ongoing in 2018/2019

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Work with families to improve the life chances for children, with a specific focus on family resilience, health improvement, educational attainment and reducing the number of children looked after away from home	Implement the new Universal Pathway for Children aged 0-5 years Build on the success of the Early Years Joint Support Teams and repeat a Validated Self Evaluation for each one Implement Change to support children who require dental extraction and promote the Dental Health Support Worker (DHSW) role of health improvement and prevention of dental caries	No clear reason was identified in 2017/18 for the low uptake of Triple P discussion group in the North East Locality. This will be reviewed again as part of the Universal Pathway implementation in 2018/19	Ongoing in 2018/2019
	Implement the new antenatal support model identified by the Glasgow HSCP group working with the Scottish Government Children and Young Person Improvement Collaborative Roll out the Early Years Collaborative test of change to support children who require dental extractions	Team Established and Training Completed Steering Group established Research and Evaluation Resource identified	Interim Report completed February 2018 Work ongoing in 2018/2019

	Implement and evaluate the Family Group Decision Making team. (FGDM) Promote extended family network searches to offer a FGDM process to priority groups identified as cusp of care, recently accommodated young people, pre birth and young people placed in residential units within and outwith the city. Support the roll out of FGDM across the city Promote Life Long Links model of practice to those within the pilot age range (accommodated up to 3 years, 5-15), and work to embed the approach in services to support LAAC young people who do not fit the trial criteria	Team Established and Training Completed Steering Group established Research and Evaluation resource identified	Ongoing roll out of the service in 2018/2019
Review Permanence Planning process and improve performance	Introduce new review systems via permanence tracker and identify ASM champions Roll out development of permanence processes to children and young people in kinship placements	City wide target of permanence reviews of 96% met by Nov 2017 and sustained	Maintain performance level for 2018/2019

Criminal Justice

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Better Access to Addiction, Mental Health and homelessness services for Criminal Justice Service Users	Quarterly liaison meetings to continue between Criminal Justice and Addiction teams to monitor and address local issues Organise development sessions with the mental health team to look at improving joint working between teams	Local liaison meeting between Criminal Justice and Addiction Services led to development of paper looking at local processes / protocols Development session held with Criminal Justice and homelessness staff looking to improve joint working between the services	Quarterly monitoring meetings July 2018
Promote interface, communication and information sharing with Children and Families services in response to child protection concerns	Continue to raise awareness of the information sharing tool and ensure it is used appropriately. Evaluate impact of the tool in the Child Protection process	Information sharing tool developed and rolled out to Children and Families team Work done with Children & Families team leaders to raise awareness of tool and ensure use at Child Protection Meetings	Dec 2018
Evaluate North East Women's Team in terms of effectiveness and impact on service user's wellbeing indicators	Cohort of women to be interviewed, data to be collected and analysed and report to be completed summarizing findings	N/A	Dec 2018

Adult Services

- **Alcohol and drugs**

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Early Intervention and Harm Reduction by increasing Blood Borne Virus (BBV) and HIV testing and increase in harm reduction interventions	Implement further Hepatitis clinics within the Alcohol and Drug Recovery Service (ADRS) to support more patients to access Hepatitis treatment alongside Opiod Replacement Therapy (ORT) prescription	Increase in addiction patients that have engaged with Hepatitis treatment in the community through specialist ORT clinic	Further Hepatitis clinic to be established by July 2018. A further 10% increase in patients receiving Hepatitis treatment at ORT clinics by September 2018.
	Increase Blood Bourne Virus testing through dry blood spot testing and maintain overview of new HIV diagnosis in NE. Engage patients in treatment through links with community Brownlee service.	Numbers of patients tested by medical officers and nursing staff increased in 2016/17; Increase in numbers of patients accessing treatment through Brownlee assertive outreach	Data will be reviewed in June 2018 to consider whether further work is required to target testing;
	Access team to engage service users who require treatment quickly, identify vulnerabilities and complex needs, and outreach to the harder to reach population. Deliver harm reduction advice and support as a core task	Access teams established in 2017 with the aim of engaging patients appropriate to the service and linking with other services where required; Non-medical prescriber aligned to the New Patient Clinic; Pathways being developed with other teams within the service for speedy allocation to appropriate teams – Criminal Justice, Parents, Shared Care or Core.	Pathways to be developed and embedded by July 2018; Audit of access team and outcomes to take place in March 2018 and September 2018; Harm reduction toolkit to be rolled out by June 2018
	Continue to receive regular feedback from citywide ADP Harms Group (formerly drug and alcohol death prevention sub group). NE locality ADP Prevention Group, chaired by ADRS and Health Improvement to produce action plan and report quarterly to NE ADP Strategic Group. Link to full prevention and harm reduction agenda across all statutory and third sector services	Quarterly reporting from ADP Drug and Alcohol death prevention sub group took place and services were reviewed to take account of the increase of HIV Diagnosis, with an improved link with Brownlee service. Fire safety and young people were added to the NE ADP Prevention action plan.	Quarterly reporting and review of services

Ensure recovery is an integral part of treatment, from the first point of contact through to exit from service	Recovery planning from initial contact and throughout treatment and care, assisted by implementation of new model. Implementation of Recovery Outcome Indicator tool (ROI) in line with Scottish Government timeline	ROI was piloted and useful in recording recovery outcomes for service users. Awaiting Scottish Government guidance on timescales for full implementation.	At least 70% service users with recovery plans by December 2018. Implementation of ROI by December 2018

Alcohol and Drugs (continued)

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Ensure recovery is an integral part of treatment, from the first point of contact through to exit from service	Continue staff training in recovery planning through team development	Sainsbury's model for recovery planning was introduced in 2017 and requires ongoing development in setting priorities for the Alcohol and Drug Recovery Service	Review team development plans and priorities, and outcomes for service users by September 2018
	Continue staff training for recovery	Recovery training for staff (social care, nursing and medical) commenced June 2016	Completed June 2017
	Continue to Support and develop Recovery Communities and Recovery Hubs. All developments in service to consider recovery hubs and recovery community involvement. Develop recovery clinics led by peers.	Interface meetings with Recovery Hubs established; Recovery Hub staff are linked to sub-teams within ADRS; Service users accessing Recovery Hubs increased by 10%	A further 10% increase in service users accessing Recovery Hub by July 2018; Recovery clinics to be established and embedded in ADRS by July 2018.
	Increase the number of alcohol and drug users in recovery and using community supports	Reporting framework not available although numbers attending recovery initiatives have been maintained	Increase of 10% of service users leaving the service through planned discharge due to recovery by December 2018
	Continue to re-model the service to continue to promote recovery and lived experience input into service developments	Implementation of Alcohol and Drug Recovery Service complete; Lived experience represented at all NE ADP sub-groups and Strategic Group; Lived experience representation at Recovery Hub and Alcohol and Drug Recovery Service interface meetings.	Consult recovery communities, lived experience and wider community in September 2018 to review the effectiveness of community involvement.

Support Children and Young People affected by their own, or their carers', alcohol or drug use	Assess, and access support for, children and young people affected by parental alcohol and/or drug use	Parents sub-team established in the Alcohol and Drug Recovery Service, focusing on families where child protection issues have been identified, and early intervention cases; Homework clubs for children affected by parental substance use developed in Springburn and Haghill; Chronology began to be developed for use by ADRS Parents Team	Chronology to be developed and implemented by August 2018; Review of the Impact of Parental Substance Use assessment by August 2018; Further Homework Club to be developed in Easterhouse area by January 2019
	Increase support to young people who use alcohol and/or drugs. Identify specific Alcohol and Drug Recovery Service (ADRS) young person's workers to link to children's residential units in NE Glasgow to offer direct interventions or indirect support through advice to residential staff.		Service to be established with residential units by June 2018; Review outcomes for children and young people by December 2018

Learning disability

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Continue personalisation assessments for all people who have a learning disability and are eligible to receive a service	Ensure that all service users are assessed through personalisation, appropriate funding agreed commensurate with their level of need	- 67 new SNAs (resulting in 62 OBSPs). Remaining 5 are care home placements- OBSP not required.	Continues to be a priority area of work that will be reviewed every three months
	Outcome Based Support Plans (OBSPs) are developed in collaboration with service users, families and other partners ensuring that people are safe, protected and supported to live as independent lives as possible	- 62 new OBSPs in place	As Above
Partnership approach to remodeling of some of our social care provision to meet changing needs and financial challenges	Collaborative work ongoing with providers and HSCP in relation to service users profiles and modeling appropriate health and social care provision	4 service users in NE (2 are currently subject to13 discharge planning discussion).	Ongoing
	Continue to review all those brought through personalisation in the last two years, to ensure ongoing support is targeted to meet current needs and where appropriate remodel services/approaches	303 Reviews completed by Project Team to targets set (30 more being completed at present).	City wide panels set up to complete 1,100 reviews of all service users across the city receiving day time supports – to be completed by October 2018
	Phase 2 – service users who receive sleepover services as well as day time supports – 132 service users care packages to be reviewed	139 service users (previously subject to proportionate review) will require full care management review in line with commissioned services re-design/ Telecare development.	Locality Care Management Project Team established to review all service users receiving services from social care providers - to be completed 2018

Adult mental health

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Continue to improve waiting times to access Primary Care and Community Mental Health Teams	Collate the relevant data to establish a baseline and: Continue to monitor the 18 weeks to referral to treatment - Access target for Community Mental Health Teams (CMHTS)/Primary Care Mental Health Teams (PCMHTS) Review staffing profiles in the community and agree an action plan. Recruitment issues - reduce temporary/secondment post to encourage sustainability of the workforce	Standard operating procedures introduced across CMHTs Agreed response times to referrals of Emergency – same day Urgent within 5 working days and routine within 20 working days	Ongoing review throughout 2018/2019
	Continue to ensure we have the most appropriate and efficient staffing model as we further develop the future CMHT models and clinical care pathways.	Review of all CMHT staffing posts across all disciplines	Ongoing throughout 2018/2019
Ensure effective transfer of wards on Parkhead site to Stobhill Site	Continue to liaise with staff, patients and carers to ensure effective communication regarding progress.	Achieved - wards transferred to the Stobhill site.	Ongoing and transfer expected by early 2018

Adult Mental Health (continued)

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Complete personalisation assessments for all people who have a mental health difficulty and are eligible for services Support people to live as independently as they can within their own home with support	Improve performance in relation to the completion of Support Needs Assessments and Outcome Based Support Plans which will improve access to social care services. Additional performance targets to be set with all plans to be routinely completed within two month period Carry out a data cleanse exercise and ensure timely reviews	17/18 - 41 service users care plans were reviewed with support remaining in place	Continues to be a priority area of work that will be reviewed every three Months in 2018/2019
	Outcome based support plans(OBSPs) are developed in collaboration with service users, families and other partners ensuring that people are safe, protected and supported to live as independent lives as possible	37 new OBSPs completed (7 abandoned due to service being declined)	Ongoing in 2018/19
	There is a continued need for improvement, which would require to pick up on individual staff performance. However Mental Health (MH) input to Adult Care duty has increased to accommodate targets around sleepover reviews, where expertise sits with Learning Difficulties. The MH Team has lost 2 Mental Health Officers (MHOs) within the last year however a new MHO is now in post. Adult Care is subject to review where throughput of MHO work (less than 10%) will be balanced against staff commitment (28.5%)	60 Support Needs Assessments (SNAs) completed (17 abandoned due to non engagement by service users) Of 60 completed – 37 translates to OBSPs as per above. The other 23 translated to residential services/SARA supported accommodation placements where OBSP is not required There were 34 reviews completed, with an additional 30 completed by the NE Project team (therefore transferred from Original Worker)	Resource Allocation Panels to increase to weekly from monthly to ensure performance targets are met for completion of Support Needs Assessment and Outcome Based Support Plans
	Improve how we work across HSCP and the voluntary sector to ensure that the spectrum of need from mild to moderate mental distress/illness to acute chronic and enduring mental illness is addressed	Meetings with voluntary and social care providers have been ongoing throughout 2017/2018	Ongoing – agreed approach for 18/19 to be agreed at Adult Mental Health Management Team

Adult Mental Health (continued)

Local Priorities	Key Actions 17/18	Progress 16/17	Target/Timescale
	Review all models of support to take forward the reshaping of supported accommodation and supported living to meet current needs, ensuring that people in most need can be prioritised for high levels of support	44 people currently supported within supported accommodation in North East	Ongoing during 2017/2018
Inpatient Services	**Actions 18/19**	**Progress 17/18**	**Target/Timescale**
Reduce average length of stay ensure effective use of beds	Review inpatient pathways Review complex care reviews Reduce occupied bed days Investigate data behind absconsion rates and reduce by 10%	New Action	Work ongoing in 2018/2019
Ensure delayed discharges are within target range	Appoint a Discharge Co-ordinator	New Action	Post filled in 2018
Unscheduled Care – ensure early identification of barriers to discharge	Implement regular meetings at HSCP level with housing/social work/inpatient and community based services. Rehabilitation services – ensure effective use of beds in conjunction with NW	New action	Ongoing in 2018/2019

Inpatient Activity	Improve therapeutic interventions for inpatients Reduce illicit drug use Increase referrals to Link Workers, financial inclusion services and employment opportunities Implement supplementary staffing action plan Reduce the use of Bank staff	Development of increased staffing resource to provide therapeutic activities in evenings and weekends – due to commence April 2018. Roll out of PcPsych AIMS across all inpatient areas commencing April 2018	2018/2019

Homelessness Services

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Improve interface with housing providers to increase access to settled accommodation	Continue to input into Local Letting Communities	Represented at Local Letting Community Forums to achieve targets on settled accommodation	Ongoing
		Work ongoing to increase the number of available permanent tenancies through RSLs	Ongoing
	Registered Social Landlords (RSLs) to provide sessions to the Community Homeless Team highlighting areas of tenancies that are regularly void	Referrals for permanent accommodation has increased significantly in the last six months	Ongoing throughout 17/18
Increase in number of households securing permanent accommodation	Increase in homelessness referrals for permanent accommodation	20% increase in resettlement plans has been achieved	Achieved
Improving tenancy sustainment through early support and identification of need.	Continue to embed Housing Options approach in practice with registered social landlords and Community Homeless Team	Housing Option approach rolled out across team and continuing to be developed	Completed by September 2017
	Continue to improve access to third sector support services	New Flexible Housing Outreach Support Services launched March 2017	Ongoing and completed by March 2017
	Improve knowledge, access and interface with Health and Social Care Partnership services for people at risk of homelessness	Updates and interface meetings have taken place over the past six months and will continue throughout 2018	Regular updates to be provided at NE Essential Connections Forum, Homeless Providers Forum and NE housing events

Older People's Services

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Ensure effective Intermediate Care (IC) Service to deliver good outcomes for service users and their carers.	We will strengthen the multi disciplinary teamwork within IC by aligning dedicated staff, including social work, and a continued focus on supports at home Ensure effective use if Intermediate Care (IC) and service user *outcomes* via the development and implementation of the Intermediate Care Performance Improvement Plan	NE continues to increase the use of intermediate care and maintain high occupancy rates in 17/18.	Implementation of IC Performance and Practice Improvement actions over the course of 2018/2019
Balance of Care: Continue to optimize opportunities to support individuals to remain at home or to return home via effective multidisciplinary team working and optimizing community supports the city wide including carers support, supported living options and telecare solutions	We will continue to focus on supporting service users to return home, where possible, with the support of a range of health and social care services to meet their individual needs. Pivotal to this will be building supported living capacity and further application of the Cordia Supported Living Service	We have successfully developed effective multidisciplinary team (MDT) working in the implementation of a supported living MDT forum and staff development and awareness sessions The Cordia Supported Living model is well established in NE Locality, supporting individuals to return home.	Continue to support the development and establishment of Cluster Supported Living Models throughout 2018/19. Ensure outcomes of Glasgow City HCSP's Telecare strategy is embedded in practice and effectively communicated- 2018/19 Develop a locality Palliative Care Action plan and commence implementation- 2018/19
Support for individuals with Palliative Care needs and their families and ensure delivery of the key aims of Glasgow City HSCP's Palliative and End of Life Care Strategy.	Continue to develop a NE Locality Palliative Care plan in partnership with key stakeholders and partners taking account or key priorities outlined in the Palliative and End of Life Strategy		
In line with Glasgow City HSCP's Falls strategy ensure delivery of a NE Locality Plan to reduce the number of falls and falls injuries though awareness training and evidence based practice.	Deliver a North East Locality Falls Action and Plan with ref to include ref to the four priority areas, in partnership with key stakeholders Four key elements Stage 1: Supporting active aging, health improvement & self-management Stage2: Identifying high risk individuals and/or fragility fractures Stage 3: Responding to an individual who has fallen and requires immediate assistance Stage4: Coordinated management and specialist assistance		Action Plan developed and agreed July 18 Progress implementation plan Aug- March 19

Older People's Services (continued)

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Focus on and develop service capacity particularly in relation to prevention and early support	We will continue to build the numbers of service users who have an anticipatory care plan to reduce unscheduled admissions to hospital with a particular focus on a reduction of hospital admissions from a care home setting.	NE has met the target for anticipatory care plans	Work will be ongoing in 2018/2019 to continue to increase the numbers of service users who have an anticipatory care plan and ensure communication to optimize positive use across agencies/[partners 2018/2019
Post Dementia Diagnostic Support	Continue to Increase the number of service users with a diagnosis of dementia on the GP Dementia register and ensure effective delivery of post diagnostic support	NE continued to achieve good performance in relation to number of service users with a diagnosis of dementia on the GP Dementia register (target 1,218, 1,457 registered	Ongoing
Establish Integrated Neighbourhood Teams and the Home is Best (Hospital Discharge) Service	Develop the agenda and implement Neighbourhood Teams for Older People and Adults affected by disability, including the implementation of the Occupational Therapy Review and Home is Best (Hospital Discharge) service. Ensure a focus on maintaining independence, health and well being, access to the right service at the right time, working effectively with communities partner agencies acute and GPs	HR Process has been concluded over the course of 2017/18 which will enable the new structures to be implemented and developed	April to July 2018: NE will transition into the new integrated Neighbourhood Management and City Home is Best (Hospital Discharge Team) arrangements

Health Improvement

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Support the further development of Thriving places work stream in Parkhead/Dalmarnock/ Camlachie and in Easterhouse, Springboig/Barlanark	We will develop an Action Plan with short, medium and long term actions for the three Thriving Places (TP): Parkhead/Dalmarnock/Camlachie/Easterhouse/Springboig	A range of community led activities delivered across 2017/18 including: 'Charrette' approach in E'house which involved 1,000 local people in sharing their thoughts and aspirations for a new town centre action plan. Winterfest 2017 Play Cafes Tea Dances Drop Ins Family Meal and Homework clubs	Continue to report on Health Improvement Neighborhood work via: Collection of a range of evidence including case studies, photographs and via supporting University Masters students in their research dissertations
	Continue work on the delivery of the Local Plan and Action Plan work streams above. Continue to support specific partnership working in Dalmarnock	TP places Plans were approved in October 2017	Work ongoing to implement local action plans in 2018/19

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Support individuals and families with health related issues: build positive mental health and resilience, reducing alcohol, drugs, tobacco use and obesity	We will review the funding requirements for Lifelink and continue to support and oversee the contract	Lifelink has been ongoing and delivering well, exceeding targets	Work ongoing in 2018/2019 Quarterly Performance Monitoring Reports produced
	Oversee the delivery of the Lifelink Youth contract	2017-18 Quarter 1, - 3 there has been 296 young people seen for counseling this is 52% over target.	Quarterly reporting meetings; extract case studies and utilise in HSCP performance monitoring. Ongoing in 2018/2019
	Include consideration of mental wellbeing and resilience into all family focussed programmes e.g. family meal homework clubs	As part of the Health Issues in the Community certificate. which is a recognized evidence based community capacity building course, people and groups were encouraged to explore local issues which were giving them concern. This included successful alcohol and traffic campaigns	Report on impact of resilience building work in a place context at midyear and end year via HSCP performance framework
	Within our tobaccco cessation services we will continue to further develop innovative targeted approaches to increase referrals into our community service Continue to build positive relationships with GP practice and Pharmacy staff	A new City Tobacco Group has been set up to develop a consistent, evidence based and cost effective approach for the delivery and development of tobacco work.	
	Develop the health improvement contribution to the North East kinship pilot model	Links have been established through representation on the Family Group Steering Group with Quarriers Care management which includes access to Health Improvement activities and services in general: support for young people and kinship carers/signposting to other services.	Continue to develop links with Quarriers in 2018/2019

Health Improvement (continued)

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Contribute to reducing poverty and supporting people living in poverty in North East Glasgow	Provide financial inclusion services delivered in a range of settings across North East Glasgow and influence other service areas and primary care to make referrals into this service	Referrals to money advice services continue to increase from NHS staff . Work has been on going to improve and increase referrals. Have worked closely throughout 2017 with a Deep End Cluster of GPs to embed advice provision within their GP Practice Pilot funded via iHub	Continue to increase referrals to financial inclusion services in 2018/2019 Implementation of service re design including small tests of change. Quarterly reporting
	Extend approaches to income maximisation in primary care building on the Parkhead Health Centre	IHUB funding in place for ongoing pilot with GP deep end practices. Have been able to extend the early work in Parkhead Health Centre to Parkhead Cluster Practices (9 in total)	Secure further funding to continue to develop and learn and learn from the programme for a further year
	Alleviate food poverty through the provision of programmes which include, as part of a wider activity, the provision of food e.g. extend the network of breakfast clubs in the North East for school aged children	Dalmarnock Family Meal and Homework Club continuing, new clubs commenced in Easterhouse Aultmore Park and Parkhead Quarrybrae. A number of organisations across NE have been supported with small grants to develop family nutrition work this includes growing, cooking and provision of kitchen equipment.	Develop a *how to* guide following experience and best practice for establishment of Family Meal and Homework Clubs

Primary Care

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Improve health life expectancy	Continue to improve publicity and ensure health promotion opportunities at all contacts and locations ensuring all contractors are linked in Develop and encourage wider use of online digital technology, including the GP website GPs to be encouraged to use website and reception redirection to ensure best use of resources	All Know Who to turn To posters developed and distributed to GPs, Optometrists and Community Pharmacists	Ongoing in 2018/19, and will maximise publicity materials
	Continue to support the benefits of screening. Work with McMillan to ensure Information Stalls are kept up to date Encourage clusters to access data sets to inform good practices including: Referral data from the Community Respiratory team Chronic Obstructive Pulminary Disease(COPD), PARS, (Practice Activity Reports) and SPIRE	Prostate Cancer stands now in Health Centres 28 weeks McMillan@glasgow libraries stands now in Health Centres COPD referral data can now be provided to clusters for improving referral rates to the community respiratory services	Ongoing in 2018/19, and will maximise publicity materials
Carers are encouraged to have life outside caring	Continue to promote the use of "A Local Information System for Scotland (ALISS) Ensure Carers booklets are available in primary care premises. Ensure Public Health Directory is kept up to date	A Local Information System for Scotland" (ALISS) being launched 31/1/2018 Carers booklets are now being distributed to optometrists and community pharmacists. Electronic translated language versions of the booklets are available. Public Health Directory being accessed by Practices	Work ongoing 2018/19

Primary Care (continued)

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Support older people to live healthier lives	Continue to identify 'vulnerable' population and ensure they are linked into appropriate services through using • Anticipatory Care Plans • Chronic Disease Management Establish a Test of Change Project in Riverside for Anticipatory Care Plans/Chronic Disease Management Encourage Clusters to request reports from the Carers Services in respect of numbers of referrals and actions taken. Encourage practices to use electronic versions of the carers referral form.	Anticipatory Care Plans promoted regularly including at 17c annual visits and at Primary Care Implementation Group meetings GEMAP services and chronic disease management services promoted at Primary Care implementation Groups Meetings and 17c annual visits. Share widely outcomes from GEMAP iHUB bid for Parkhead area.	Ongoing with particular focus on widening the number of staff who contribute to Anticipatory Care Plans Ensure chronic disease management programme continues Encourage practices to refer to GEMAP services.
Support sustainable Primary Care services (including out of hours and urgent care)	Better utilise all members of the primary care team (for example increase access to treatment from community pharmacy and optometrists) Work with Clusters and Cluster Quality Leads (CQLs) to promote training/signposting to other organisations/health professionals/community infrastructure	Know Who To Turn To poster incorporating Optometry distributed to GP Practices and all North East community pharmacy and optometrists Making the most of Your Practice developed and translated into 21 languages	Support the development and delivery of the Primary Care Improvement Plan to ensure the implementation of the new GP contract.
Support sustainable General Practice	Continue to pilot new ways of working with GP Practices Share information on good practise based on evidence and Evaluation from Pioneer Projects. Promote Patient education, self management of Long Term Conditions (LTCs) promotion of available resources including the third sector. Continue to work with Clusters on developing Patient Education - information access (NHS Inform) and learning events	Link Worker in four NE Practices Pioneer Project in four practices to provide additional clinical support Pharmacy initiative in 21 practices Learning sessions held on resilience for Small Practices < 3,500 pts. Patient education events e.g. diabetes are ongoing	Support the development and delivery of the new Primary Care Improvement Plan to ensure the implementation of the new GP contract.

Support GP Cluster working	Continue to drive the agenda for Quality Improvements with/ across the NE GP Clusters Support integrated/multidisciplinary working across Clusters and neighbourhood teams Access Scottish Government funding to develop Cluster working Continue to develop links with secondary care through cluster working and the Primary Care Implementation Group	7 GP clusters and 7 Cluster Quality Leads identified. Working city clusters arranging educational meetings and patient self management documentation	Ongoing 2018/19

Cross cutting service priorities

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Continuing to further develop strong interface with the housing sector	Housing and Homelessness Lead will work with landlords as first point of contact for any tenancy sustainment issues and will continue to work with Housing Options staff in the North East	We have continued to hold joint meetings with Housing Options staff during 17/18 and our Housing and Homelessness Lead has been based in local housing associations to assist in the roll out of Housing Options approach	Work ongoing into 2018/2019
	Further housing events to be held during 18/19 with themes/topics developed in partnership with local landlords	Three housing sessions held with over 40 housing representatives at each event	Housing sessions will continue 2018/2019
	Training will be offered to all landlords and any specific training needs will be identified	North East Training Plan developed in partnership with local housing providers	Training Plan will be updated throughout the year to show uptake and topics delivered
	Statements of Best Practice (SOBP) revised and will be disseminated across all housing providers	Essential Connections Forum continued to meet and share best practice during 2017 and SOBP refresh discussed	Statements of Best Practice have been shared with all housing providers and relevant staff teams .
Corporate Parenting	Ensure that all NE HSCSP staff are aware of their responsibilities to Corporate Parenting within the organisation	We have consulted staff and managers about the content of the Corporate Parenting plan, but now require to ensure it is presented and discussed on an annual basis at all team meetings.	April17 - March 18

Cross Cutting Service Priorities (continued)

Local Priorities	Key Actions 18/19	Progress 17/18	Target/Timescale
Continue to review all of our accommodation, both leased and owned across the North East to ensure that we have accommodation which meets the needs of services users and staff	We will continue to rationalise our use of buildings across North East We will complete the communication strategy for the development of Parkhead Health and Social Care Hub and continue to identify capital and revenue funding to finance this initiative	Accommodation Strategy Group set up and meeting bi monthly	Ongoing 2018/ 2019
Provision of employability support for local people	40 students attending NQ (Level 4) and 16 students attending SVQ 2 Health and Social Care courses and all will work towards placements within NE locality	Joint initiative with Glasgow Kelvin College with new Placement Coordinator in post as of February 2016. 53 students on courses and 50 placed within health and social care placements, with 47 progressing to further training/employment	Students across both courses to complete and take part in placements with 100% progression to further training/employment to be achieved 2018
Continue to raise awareness of adult carers and promote the single point of access within the health and social care teams	Continue to build increased links with all older people, primary care, acute setting and adult teams to promote carer pathways	300 adult carers and 100 young carers per locality (target for 17-18) 16-17 Actual 641 referrals – 581 AC & 60 YC Aiming to utilise Sci-Gateway as a new referral	Target remains 300 new adult carers with aim to increase preventative referrals from Primary Care and Acute Care
	Ensure all staff are aware of their roles and responsibilities in identifying and supporting carers	Carers Act Scotland [2016] Implementation Group has a communications strategy with dedicated Young Carers (YC) information workers as well as generic	Official launch 3rd April and then ongoing
Continue to identify and support young carers (YC) through a family based approach	Ensure all staff are aware of their roles and responsibilities in identifying and supporting young carers	Carers Act Implementation Group have a communications strategy which dedicated YC information workers as well as generic information workers have contributed to launch in April 2018	Annual Target is 100 young carers to be identified in NE. School online YC resource pack and updated Young Carers Statement will be officially launched on 3rd April 2018
	Continue to work in partnership with Education Services to develop a pathway from schools to young carers' services	New worker completed induction and work is now underway in schools in NE. New Carers Partnership Logo designed. New material developed to promote service, increase YC awareness and support staff to deliver Young Carer Statements	Pathway embedded and resources developed across all schools will be ongoing work

8. EQUALITIES

We have continued to ensure that local equalities priorities flow from Glasgow HSCP Equality Plan 2016-18. Our Equalities Group has continued to meet and during 2017/18 actions undertaken have included:

- Work with the acute sector on leaflets for the redesign of older people's services at Lightburn, especially in relation to making sure that public information is accessible
- Follow up on the event hosted by the Glasgow Disability Alliance to develop a set of actions to improve quality of and access to services for disabled people
- Provided multi-agency training to raise awareness of referral pathways
- Hold development sessions on a number of equality topics
- Funded various local organisations to deliver projects, workshops and seminars on violence against women and related topics
- Review of equality impact assessments undertaken across the various services

We will continue to monitor this work and link in with the city wide Equality Action Plan for the coming year.

9. BUDGET

The table below shows the budget for North East 2018/19.

Strategic care Groups Grouped	Health Annual Budget £'000	SW Annual Budget £'000	Total Annual Budget £'000s
Children & Families	4,564.9	10,832.7	15,397.6
Prison Services & Criminal Justice	0.0	2,630.9	2,630.9
Carers	0.0	555.4	555.4
Older people	10,068.8	21,382.2	31,451.0
Elderly Mental Health	8,357.1		8,357.1
Learning Disability	925.6	20,519.7	21,445.3
Physical Disability	0.0	5,731.5	5,731.5
Mental Health	18,718.2	3,245.1	21,963.3
Alcohol + Drugs	1,953.7	2,544.3	4,498.0
Homelessness	2,672.1	1,784.4	4,456.5
GP Prescribing	40,774.7		40,774.7
Family Health Services	55,960.7		55,960.7
Hosted Services	5,951.7		5,951.7
Other Services	5,193.9	804.0	5,997.9
Expenditure	155,141.4	70,030.2	225,171.6
Children & Families	0.0	(2.0)	(2.0)
Prison Services & Criminal Justice	0.0		0.0
Older people	(69.4)	(754.4)	(823.8)
Elderly Mental Health	(434.6)		(434.6)
Learning Disability	0.0	(13.0)	(13.0)
Physical Disability	0.0	(20.5)	(20.5)
Mental Health	(922.8)	(15.0)	(937.8)
Alcohol + Drugs	(166.2)	(0.7)	(166.9)
Homelessness	(107.7)		(107.7)
Family Health Services	(2,706.5)		(2,706.5)
Hosted Services	(336.3)		(336.3)
Other Services	(109.5)		(109.5)
Income	(4,853.0)	(805.6)	(5,658.6)
Glasgow Hscp	**150,288.4**	**69,224.6**	**219,513.0**

10. PARTNERSHIP WORKING

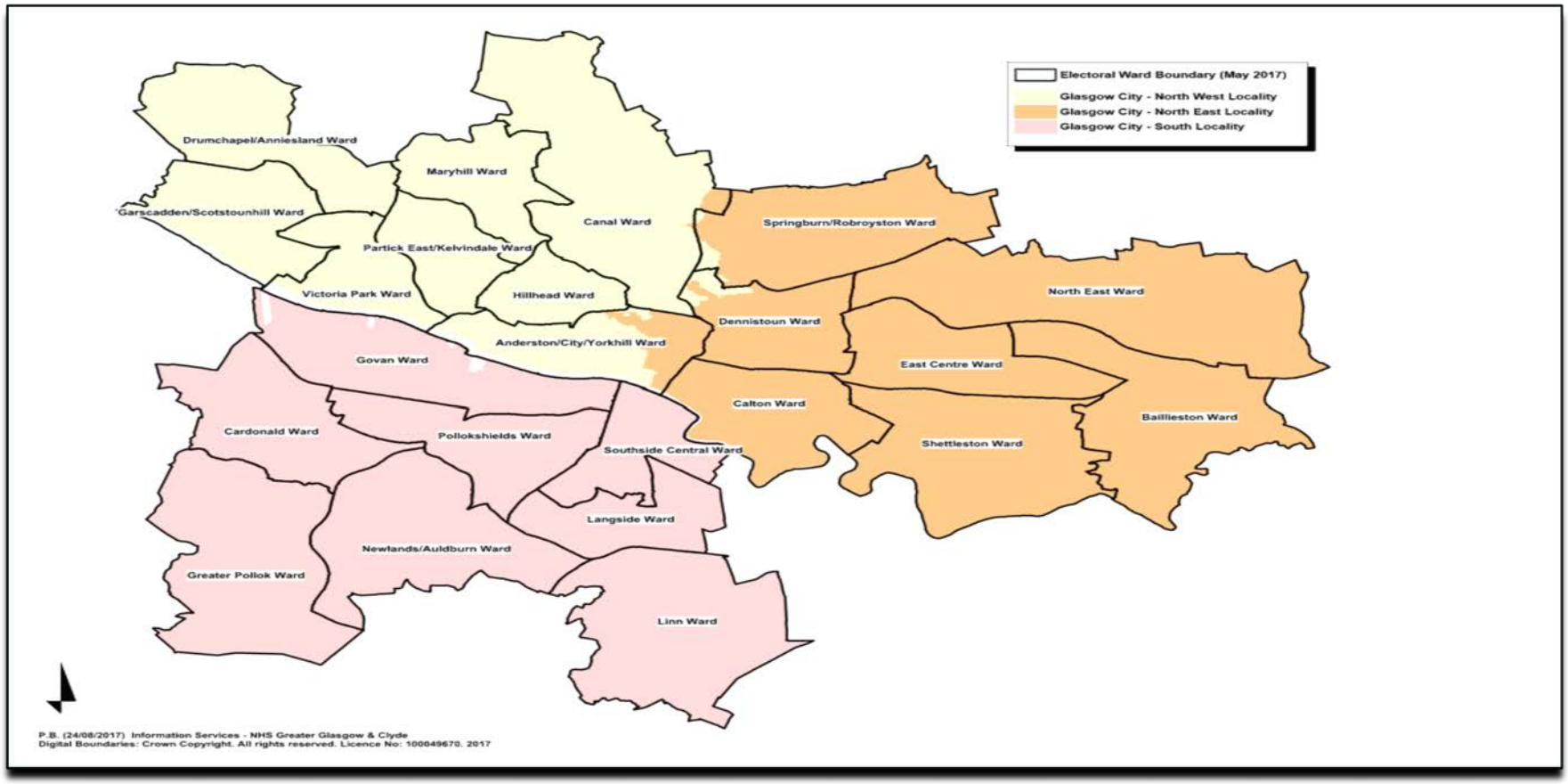
We will continue to work with our community planning partners (including Education, Police Scotland, Scottish Fire and Rescue, Voluntary Sector, Glasgow Kelvin College, Glasgow Life, Skills Development Scotland)through the Area Senior Officers Group and the Community Planning Partnership Board and will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

In addition, a main priority for the North East in 17/18 was our partnership working with the housing sector to improve housing access within the community as well as linking this to our accommodation based strategy for older people. During 16/17 we hosted three events with the housing sector and this will continue over the coming year. Events for this year will again focus on our HSCP services and how we can best work with housing providers more effectively and efficiently.

Glasgow City HSCP
Health and Social Care Partnership

North West

Locality Plan 2018/19



FOREWORD

I am pleased to introduce the third Locality Plan for the North West since the establishment of Glasgow City Health and Social Care Partnership (GCHSCP). The aim of this document is to provide a review of progress during 2017/18 and to identify priorities for the area for 2018/19.

Our plan for 2018/19 highlights the priorities and actions that will be progressed in North West to address local needs and contribute to the wider strategic agenda set out within the Strategic Plan of Glasgow City's Joint Integration Board. These will be progressed in partnership with our stakeholders, including service users and carers, 3rd sector organisations and community planning partners. We are keen to build on the successes of last year, which includes work commencing on-site to build the new Woodside Health & Care Centre which is scheduled to be completed later this year; the establishment of Neighbourhood Teams for Older People's Services to work more closely with local communities and partner organisations; supporting the ongoing development of General Practice (GP) 'clusters' to provide a greater opportunity for joint working at a local community level as well as providing a more co-ordinated approach for delivering primary care improvements; and continuing to deliver on the vast majority of our performance targets to meet standards and improve access to our services.

The year ahead will undoubtedly continue to bring its challenges as we strive to meet increasing demand within a constrained financial envelope. To meet those challenges we will need to ensure our services are working as efficiently and effectively as possible and targeted appropriately to meet need. The integration of health and social care has provided a platform to do just that and more importantly, to deliver better outcomes for our service users, patients and carers.

Finally, while the actions set out in this plan are numerous, they are by no means exhaustive and cannot capture all the day to day activities undertaken by our services and I would like to take this opportunity to thank all of the staff in North West locality for their continuing hard work and dedication.

Jacqueline Kerr
Assistant Chief Officer,
Adult Services and North West Locality
Glasgow City Health and Social Care Partnership

1. INTRODUCTION

Glasgow City is the largest HSCP in Scotland by population and budget and is responsible for health and social care provision across 3 localities in the City; North West, North East and South Glasgow. North West locality covers a population of 206,483. Its boundary is coterminous with the community planning boundary for North West Sector, inclusive of 8 Area Partnerships, below:

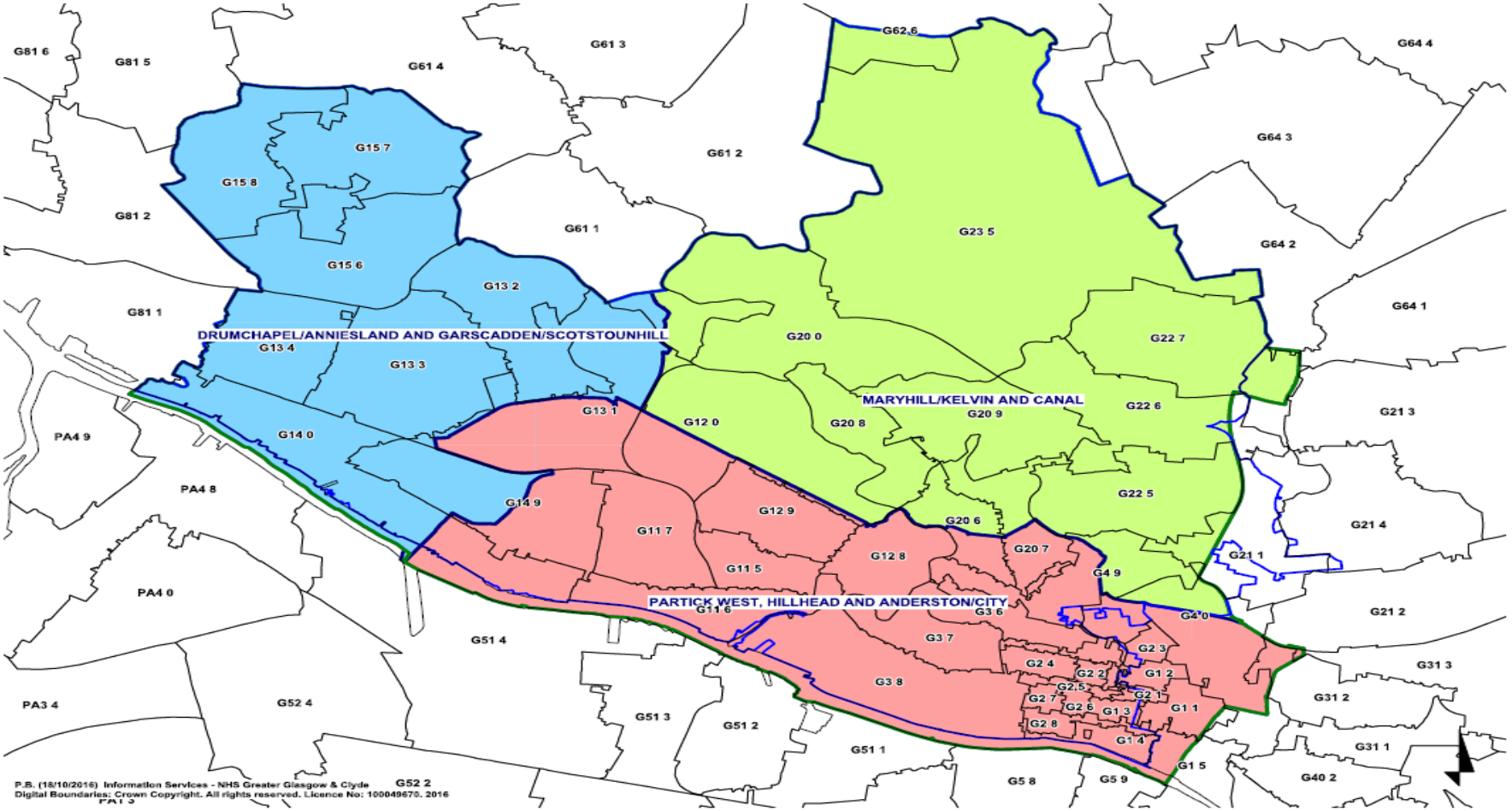
- Anderston/City/Yorkhill Area Partnership
- Hillhead Area Partnership
- Partick East/Kelvindale Area Partnership
- Garscadden/Scotstounhill Area Partnership
- Drumchapel/Anniesland Area Partnership
- Maryhill Area Partnership
- Canal Area Partnership
- Victoria Park Partnership

A significant feature of North West locality is the very marked difference in the social and economic circumstances of people living in different areas in the locality, ranging from some of the most affluent areas in Scotland to some of the most deprived. A key responsibility of localities is to produce a locality plan for the area they serve. This document is the locality plan for North West Glasgow and is guided by the overarching priorities set out in the HSCP's Strategic Plan.

As well as having responsibility for supporting the delivery of the range of services set out within this plan to our local population, the Assistant Chief Officer for North West locality also has a lead responsibility within Glasgow City HSCP for managing all Adult Services. This includes Sexual Health Services that are hosted by Glasgow City HSCP on behalf of all HSCPs in Greater Glasgow and Clyde.

We are keen to ensure that there is a strong and effective connection between our services and the local communities we serve. To further assist this, we have structured our community services for older people into 3 Neighbourhood Teams within North West. This will also help to improve joint working with GP Clusters and other partner organisations, such as Housing providers. These Neighbourhood Teams will broadly work within the 3 boundary areas shown in map overleaf.

The 3 Neighbourhood Team Areas within North West for Older People's Services



2. HSCP KEY PRIORITIES

Glasgow City Integration Joint Board (IJB) came into being in February 2016 and endorsed a three year Strategic Plan for the period up to 2019 (see: https://www.glasgow.gov.uk/index.aspx?articleid=17849). In that plan, the IJB set out its vision for health and social care services:

> 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

It also recognised that delivering 'more of the same' will not be enough to meet the challenges of rising demand, budget pressures and inequalities. Transformational change is therefore needed to the way health and social care services are planned, delivered and accessed in the city, with a greater focus on:

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

Within Glasgow City HSCP, localities play a vital role in delivering better, integrated health and social care services for the people of Glasgow.

The purpose of this locality plan is to:

- show how we will contribute to the implementation of the HSCP's Strategic Plan 2016-2019; and
- how we will respond to local needs and issues within the North West of the City

The plan is a one year plan covering the period April 2018 to March 2019. The plan is based on:

- what we know about health and social care needs and demands and any changes from our 17/18 locality plan;
- our current performance against key targets;
- our key service priorities, informed by the HSCP's Strategic Plan
- the resources we have available including staffing, finance and accommodation.

Although the detailed priorities and actions set out in this locality plan are grouped under each of the main service delivery headings, we recognise the shared nature and interdependency of many of them.

3. COMMUNITY ENGAGEMENT – LOCALITY ENGAGEMENT FORUM

North West Locality Engagement Forum (LEF) over the last year has acted as a catalyst for communication, engagement and participation. Local people, community groups and organisations had an opportunity to discuss and give their opinions on a range of Locality topics including:

- North West Locality service priorities;
- Establishment of Neighbourhood Teams for Older Peoples' services
- Review of West Glasgow Minor Injuries Services
- Monitoring progress of the Woodside Health and Care Centre development
- HSCP Palliative Care and End of Life Strategy
- HSCP Occupational Therapy Review
- 5 Year Adult Mental Health Strategy
- Sandyford Sexual Health Services Review
- The National Dementia Strategy 2017-20

In 18/19, North West LEF will continue to have regular meetings to discuss and contribute to Locality care group priorities as well as topic focused discussions to encourage participation and involvement from the wider community. Priorities for 18/19 include:

- Developing a closer partnership with North West Voluntary Sector Network by organising joint events around disability and equalities in order to promote greater representation of vulnerable people and groups;
- Creating opportunities to develop closer links with established networks and forums in North West Glasgow such as the Recovery Communities, Carers Forum and Childcare Forum; and
- Continue to encourage services and teams to engage and gather comments at the point of service delivery.

To find out more about the NW Locality Engagement Forum please contact: May Simpson, Community Engagement & Development Officer (North West Locality) 0141 314 6250 or may.simpson@ggc.scot.nhs.uk

4. PERFORMANCE INFORMATION

This section summaries our performance in North West against key targets and indicators

Where we have performed well in 2017/18
Meeting waiting time access to specialist children's services
Percentage of Health Plan Indicators allocated by Health Visitors within 24 weeks
Number of new carers identified that have gone on to receive a carers support plan or young carer statement
Number of people in supported living services
Breastfeeding rates
Access targets for alcohol and drug treatments
Meeting the target timescales for assessing all unintentionally homeless applications
Reducing the duration pregnant women or dependent children stay in bed & breakfast accommodation
Percentage of criminal justice community placement orders (CPO) with a 3 month review within agreed timescale
Alcohol Brief Interventions undertaken
Reductions in women who smoke during pregnancy
Number of referrals being made to Healthier, Wealthier Children Service
Waiting times for access to Podiatry and Dietetics
Improved uptake of sexual health services by men who have sex with men (MSM)
Percentage of service users leaving the service following re-ablement with no further period of homecare
Percentage of service users with an alcohol or drug problem that have an initiated recovery plan following assessment

Where further improvement is required in 2018/19
Percentage of children receiving ready to learn assessment (27 to 33 months assessment)
Percentage of young people receiving a leaving care service who are known to be in employment, education or training
Meeting delayed discharge targets for people (i.e. discharge within 72 hours of being assessed as ready for discharge)
Increase the number of offers of permanent accommodation secured from Registered Social Landlords
Bowel screening uptake rates
Waiting times for access to LARC (long acting reversible contraception) appointments
Cervical screening uptake rates
Physiotherapy waiting times

5. SERVICE PRIORITIES

Primary Care

Priorities	Key Actions	Progress in 17/18	Target for 18/19
Working with GPs and the wider primary care team to develop 'clusters' to improve quality and integrated working	• Continue to support the development of GP clusters • Embed Older People's 'neighbourhood' team approaches to align broadly with GP clusters where possible.	GP Clusters in place within North West (NW) -totalling 7. Cluster Leads and Practice Quality leads in place.	Support the production of cluster quality improvement workplans.
Improve the unscheduled care pathway across primary and secondary care services	• Further develop Anticipatory Care Plans (ACPs) and Intermediate Care approaches	Guidance and 'tool-kit' produced for practitioners. ACPs launched within mainstream Older People's services	Increase the number of Key Information Summaries to GPs
Contribute to the development of the GCHSCP Primary Care Improvement Plan associated with the new GP contract	• Support initiatives to deliver improvements to patients and release GP capacity for core activities, including: - The Vaccination Transformation Programme - Pharmacotherapy services - Community Treatment and Care services - Urgent Care - Additional Professional Roles (incl for musculoskeletal focused physiotherapy services and community clinical mental health) - Community Links Workers	N/A	Primary Care Improvement Plan to be drafted by July 2018 and will include specific actions and targets. Establish a procurement framework and commissioning process to enable the roll-out of the Community Link Worker programme for the HSCP

Carers

Priorities	Key Actions	Progress in 17/18	Target for 18/19
Carer (Scotland) Act 2016 – Comply with requirements of new carers act including implementation of new GCHSCP carers eligibility criteria	Ensure all NW locality carers partnership staff are aware of role and responsibilities in complying with new carers act. To include wider carers partnership awareness training and ensure eLearning available to both carer team staff and wider HSCP staff groups	Preparatory work for carers act via IJB, City Carers Partnership operational group, staff working groups, consultation with carers and HSCP staff regarding new carers eligibility criteria	Continuation of implementation of different parts of carers act, monitor and evaluate compliance levels and effectiveness via NW locality reporting and operational quarterly and annual carers reporting structure via IJB
Establish sci-gateway as primary care / GP referral pathway for carers	Agree content of referral information via sci – gateway including pathway of referral to carers services Identify and action cross mapping exercise via NW carers locality group / CIS Carer Information Post action	Progress and agreement in place to have sci-gateway carers referral pathway for May 2018	Establish cross reference / mapping exercise re- carer referral take up via sci-gateway including focus on existing GP clusters and evidence of carers early intervention and prevention opportunities with carers

Children and Families

Priorities	Key Actions	Progress in 17/18	Target for 18/19
Support the Wellbeing of Children and Young People through Prevention and Early Intervention	• Continue to improve breastfeeding rates in NW Locality particularly in deprived areas.	At quarter 3, NW performance met target for exclusive breastfeeding at 6-8 weeks, and was just under the target set for this relating to the areas of highest deprivation.	Current NW target is 30.8 % (and 23.9% in deprived areas)

	• Implement programs to deliver on Child Healthy Weight. • Increase referrals and uptake of parenting support programmes • Promote income maximisation and financial inclusion to have positive impact on addressing child poverty. • Carry out 3monthly UNICEF (United Nations Children's Fund) Practice Audits • Increased awareness of harm associated with alcohol and drugs	Delivery of 'Weigh to Go' Programme (for 12-18 year olds) - Board wide service managed by NW. 33 young people by March 2018 in line with target. 17 completed interventions at January 2018 At quarter 3,400 referrals from NW health visiting and midwifery staff. At Dec 17, NW achieved 62.5% compliance against Delivered booze busters P6/7 in 26 schools S1 transition input on Multiple risk – all secondary schools	33 young people (NW) by March 2018 (100 young people across Glasgow City service) Health Improvement will deliver a minimum of 12 parenting interventions to include: Triple P –Teen, Discussion , Group,1:1 interventions Health Improvement will deliver minimum of 8 Two day Solihull Foundation Training courses Continue to increase the number of referrals to Financial Inclusion Services in the Early Years 70% compliance rate Contract will deliver, subject

		S4/5 – input drugs & alcohol – all secondary schools	to school engagement input to: :P6/7 pupils- all Primary Schools ; S2 pupils in all Secondary schools; S4/5 pupils in all Secondary schools; P6/7 pupils in all Primary SEBN schools; S2pupils in all Secondary SEBN schools Development 1:1 Support for vulnerable Children & Young People (contract target approx 80)
	• Continue to progress transformational change programme explore opportunities to re-settle children and young people placed out with Glasgow in residential care settings to alternatives within the City. • Reinvestment of funding released from high-cost care residential care packages into further developing family support infrastructure.	Successful resettlement of a number of young people in NW through effective multi-agency / multi-disciplinary working Ongoing	Improved outcomes for young people: greater stability through reduction in the number of disrupted placements and through maintaining close connection to their home community (for 18/19, approx 10 young people to be resettled in NW)
Early identification of children and families who need support	• Health Plan Indicators (HPI) allocated by health visitors to identify children requiring additional services beyond the universal child health pathway • Improve 27-33 months assessment uptake	At October Dec 17, NW achieving 92% HPI allocation within 24 weeks against a target of 95%. An improving performance of	Increase number of HPI care plans for children with additional needs in line with target. Ongoing review to improve

	in NW Locality	79% achievement rate in NW at Dec 17 against a target of 95%.	uptake in line with target
	• Evidence increased referral to the 3 Early Years Joint Support Teams (JST) in NW Locality.	JSTs self evaluation process was ongoing in 2016/17. Action Plan being developed for 2017/18	Baseline and targets to be confirmed
	• Continue to improve service access across specialist children's services	Met waiting time target of maximum 18 week referral to treatment (RTT)	Maximum 18 week RTT
	• Establishing Family Group Decision Making Team (FGDMT) in NW (enabled by additional investment in 3rd sector services to deliver kinship care which will release social worker time to participate in the FGDMT).	Successfully piloted in North East. 'Family Finding' service initiated to review family history at Mitchell Library to identify extended family members who may be able to provide at home	Team operational by September 2018. Increase the number of young people looked after by extended family member
Keeping Children Safe	• Identify and respond to children and young people affected by Domestic Violence	There has been an increased uptake in the Save Lives training by Health Visitors and School Nurses	Target to be confirmed
	• Support looked after children, including those in kinship care and promote permanency plans where appropriate	72% of looked after children (aged <5 years and looked after for >6months) have a permanency review. Target 90%.	Increased number of permanency plans in place and meet review target All children 5-18 years newly looked after at home and or in Kinship Care a Comprehensive Health
	• Specialist Children's Service vulnerability team to offer a health assessment to looked after children, including those in kinship	85 Child Health Assessments for children and young people currently looked after at home /	

	care • Identifying and support children in need of protection with particular focus on reducing neglect	Kinships have been carried out at April 2017. Training on use of neglect tool being rolled out across NW Team leads. 6 trainers in place.	Assessment within 28 days of receipt of referral. Developing a monitoring Tool and will set baselines and targets for 2018/19.
Raising attainment and achievement	• Every school/establishment has a named co-ordinator for looked after children (LAC), named officer at centre and Glasgow Psychological Service has existing workstreams in place for young people who are looked after	All Secondary establishment LAC co-ordinators attend quarterly, Education Services' LAC co-ordinator meetings, to share information and practice, ensuring consistency of approaches to improve outcomes	All establishments will undertake training in new Health and Wellbeing Planning Tool
Building mental well-being and resilience across the Northwest via direct service delivery and capacity building	• Delivery of mental health improvement service for young people aged 11-18 • Commissioned Service to Improve the Mental Health and Wellbeing of Young People	Commissioned contract began in July 2016. Two quarters data: 260 appointments with 104 young people; mentoring just beginning; 68 young people accessed group work/wellbeing awareness sessions; Youth Health Service 434 appointments with 138 young people accessing service. High demand at Youth Health Service and have invested temporary additional support.	Schools Offering: • 992 one to one appointments in schools (260 young people) • 8 Groups (48 young people) Youth Health Service: 152 young people will be seen via YHS

Adult Services

Adult Mental Health

Priorities	Key Actions	Progress in 17/18	Target for 18/19
Implementation of 5 Year Adult Mental Health Strategy	Contribute to the implementation of service change and improvement within NW and other localities including: • Review efficient and effective working practices within CMHTs (community mental health teams) • Implementation of unscheduled care action plan • Promoting opportunities for prevention and early intervention • Promoting adherence to the physical health policy • Supporting the review of commissioned social care services to inform the phasing of proposed reduction to inpatient beds • Improving care pathways between community and inpatient services to maximise the efficient and effective use of resources and opportunities to support people moving through services • Refresh multidisciplinary discharge planning arrangements to explore opportunities for more integrated practice and processes.	The production of a comprehensive draft 5 year adult mental health strategy, including engagement and involvement of various stakeholders.	Contribute to the development of a robust implementation plan by Summer 2018
Improve integrated working	• Re-align community crisis services for the Maryhill catchment from North East Glasgow to North West Glasgow	Realignment achieved for inpatient services for the Maryhill catchment	By March 2019
Building mental well-being and resilience across the North West	• Delivery of community based stress service for adults	By quarter 3, 3803 appointments with 1504	5264 1:1 counselling appointments 1800 beneficiaries

via direct service delivery and capacity building	• Provision of range of mental health training programmes to build capacity of local communities, groups and organisations • Co-ordinate NW Suicide Safer Communities Forum (SSCF)	people accessing counselling service Training Delivered: Scottish Mental Health First Aid (SMHFA) x4 SMHFA: Young People x 4 Safetalk x 6 Assist x 4 Forum meetings x3 NWSSCF x 6 Suicide talks x 7	Training Courses offered: - Scottish Mental Health First Aid training x 4 -Scottish Mental Health and Wellbeing Training -Young People (SMHFA:YP) x 2 - Safetalk x 6 - Assist x 4 - Understanding Mental Health Training x 2

Alcohol and Drugs Recovery Services

Priorities	Key Actions	Progress in 17/18	Target for 18/19
Improve access to addiction treatment and care and opportunities for Recovery (including progressing a Recovery Orientated System of Care – ROSC)	• Further embed 'Access Teams' within existing alcohol and drugs community services to improve assessment and access to appropriate services. • Continue with the input of "lived experience" representation along with recovery hubs within Access Teams to support individuals not requiring/eligible for formal Tier 3 Care and Treatment provision • Facilitate transfer of Closeburn Street element of NW ADRS to the New Woodside Health & Care Centre-relocate Access Team/Point along with wider	Access Team formed and operational in both main sites of NW Alcohol & Drugs Recovery Services. Parents in Recovery Team Access response incorporated into this set up. 100% of service users being seen within Waiting Times target of 21 days. Ongoing development of community based Recovery Clinics. Independent	Continue to focus on more intensive, shorter-term interventions to maximise opportunities for recovery Continue with implementation of Eligibility criteria, applied consistently Achieve and maintain Waiting Times targets Recovery Plans established within 7 days of first contact and being updated and reviewed within 21 days

	Alcohol & Drugs Recovery Services • Progress Action Plans developed via ROSC Seminars and Workshops with a particular focus on Recovery Workforce/Joint Training and Development; Families/Parents in Recovery and development of a Recovery Orientated System of Care	Prescriber recruited March 2018 with a view to develop Community based Recovery Clinics Recovery Hubs established and model agreed within NW Sector for progressing Recovery Orientated System of Care	Deliver 12 x ROSC Seminars Deliver 3 x Recovery Matters Workshops involving a range of key stakeholders
Continue to shift the balance of care from the community alcohol and drug teams to GPs, where appropriate (via 'Shared Care Scheme')	• Work closely with GP colleagues to review all patients and identify how best to meet the needs of patients who are prescribed Opiate Replacement Treatment (ORT) • Promote increase in referrals to Recovery Hub from Shared Care settings via "lived experience" presence within 3 x Health Centres	Completed transfer of Clinics to dedicated Shared Care Clinic team May 2017. To date this has not achieved the target reduction within Care and Treatment Services	Deliver 2 x Recovery Events centred around Shared Care and GP interface Increase the number of individuals being prescribed ORT via their GPs
Reduce Alcohol Related A&E admissions/ presentations	• Roll out the Assertive Outreach approach for those hard to reach individuals who do not use service or present to their GPs, but use A&E frequently	Alcohol & Drugs Repeat Presentations at Emergency Department Short Life Working Group established	Introduce Complex Case Review Meeting discussion for all service users with 8 or more A&E attendances within a year
Work with community planning partners and the Alcohol and Drugs Partnership to reduce alcohol consumption	• NW Health Improvement Team to host the Health Improvement Lead (Alcohol Licensing) post on behalf of the city. • Continue to co-ordinate a Glasgow City / NHSGGC contribution to the licensing Forum and Board. • Citywide contract in place to deliver ABI	Recruitment of HI Lead (Alcohol licensing) post – shared between Glasgow HSCP and Renfrewshire HSCP 9 objections and representations made to Licensing Board: 6 were refused on public health and	Continue to influence alcohol availability as part of our role as a 'Statutory Consultee' in the Alcohol Licensing process by providing provide information on levels of alcohol related health harm at locality levels. Recovery Orientated System of Care Seminar Programme is in

	and drug/alcohol awareness training – targets set at city level • Administer small grants programme to support the delivery a Local Community Alcohol Campaign in 1 priority neighbourhood in NW	overprovision grounds;1 withdrawn; & 2 granted. Provided input to the new licensing policy including recommending that 'Thriving Places' are considered in terms of 'overprovision localities' or 'areas of potential concern'. Presented Public Health information at Licensing Board evidence session.	place which will inform the prevention and education work to be planned and taken forward in 18/19. As part of citywide P&E work NW will take lead for 'AFFIT' programme Facilitate a series of workshops x4 to identify priority actions in 4 neighbourhoods. Scope potential deliver a Local Community Alcohol Campaign in 1 priority neighbourhood linked to localised Ripple Effect action plan

Criminal Justice

Priorities	Key Actions	Progress in 16/17	Target for 17/18
The efficient processing of community payback orders (CPOs) and criminal justice social work reports	• Ensure all CPOs are reviewed by a Team Leader at the 3 month stage and throughout the order. • Improve percentage of CPOs work placements commencing within 7 days of sentence • Ensure service users have a supervised action plan in place within 20 days of a CPO.	NW achieving 87% of 3 month reviews within timescale. Target 75%. NW showing 65% compliance against a target of 80% Target of 85% compliance met	75% of CPOs 3 month Reviews held within timescale 80% compliance Compliance target of 85%
The safe management of high risk offenders	• Ensure all people released on license or a supervised release order receives a post-release interview within 24 hours of release.	100% compliance	100% compliance

Homelessness

Priorities	Key Actions	Progress in 17/18	Target for 18/19
Improve interfaces with Housing Providers to increase access to settled accommodation	• Work with Housing Access Team, continue to coordinate citywide casework input to the 3 NW Local Letting Communities (Drumchapel, North West & West) to achieve targets on settled accommodation	From 1/4/17 to 31/12/17 the following lets were achieved: Drumchapel: 16 lets North West: 151 lets West: 97 lets Wheatley Group (to 22/12/17): 210 lets (24% of all lets in area)	Targets to be confirmed
	• Monitor number and duration of homelessness applications	As at 5 March 2018: Total Live Cases: 695 Total Live cases over 6 months duration: 285 (41% - target 40%)	Homeless applications over 6 months duration: target 40% or less
Increase throughput in temporary and emergency accommodation to settled accommodation	• Work to agreed targets for provision of initial decision, prospects / resettlement plans and case durations.	For Q3 2017/18 (1st September to 31st Dec 17), 93% of decisions (based on Audit Scotland guidelines) were made within 28 days. At 19 February 2018 there were 112 cases assessed as unintentionally homeless, of which 67 were over 28 days from decision date (60%). From 1st April to 31st December 2017 NW CHT provided 482	Targets: Provision of 95% of decisions made within 28 days; Completion of Prospects / Resettlement Plan within 28 days. The target for NW CHT for provision of new resettlement

		new prospects and resettlement plans (target 466). As at 5 March 2018 – 59% of live applications were of 6 months or less duration (target 60%).	plans is a minimum of 12 per week. 60% of live applications are 6 months or less duration
	• Continue to monitor and reduce lengths of stay in bed and breakfast accommodation	At 19 February 2018 North West CHT had 44 cases in B&B, of which 20 (45%) had been in for 35 days or more.	Weekly monitoring now against 35 days or more (previously 60 days or more)
Develop a sustainable, holistic response to homelessness by ensuring collaboration across housing, health, social work, third and independent sectors	• Continue to deliver a Community Homeless Team based Housing Options approach, working alongside RSL partners (Registered Social Landlords)	From 1/4/17 to 31/12/17 there were 1,362 Housing Options approaches to North West CHT. Of these, 835 were closed to 'Made Homeless Application' (61%). This indicator is monitored monthly.	Monitor quarterly: % of closed housing options approaches which progress to homeless application
	• Working alongside the Flexible Homeless Outreach Support Service (FHOSS), locality Welfare Rights Teams, and Mediation Services, continue to develop integrated working with money advice, mediation, and housing support services	Turning Point (Scotland) is the FHOSS provider for all households requesting Housing Options or homelessness assistance in the NW area. Housing support needs for all households have been reassessed and joint training plans put in place. Ongoing provision of Money	Co-location proposals continue to be progressed through NW Planning Group. Ongoing weekly monitoring of Mediation Services around Housing Options prevention and homelessness activities, and continued development of

		and Debt Advice is currently being provided by the Locality Welfare Rights Team. Work continues to identify funding sources which may assist in development of a dedicated Money and Debt Advice Service.	links with Women's Services (Chara House) and Young People's Services (James McLean Project). This will continue to be developed through 2018/19. Maintain / improve referrals to FHOSS /Welfare Rights/ Mediation Services – weekly/monthly monitoring
	• Facilitate a broader involvement from HSCP services in supporting tenancy sustainment and good practice, and continue to improve partnership working with Registered Social Landlords (RSLs)	Essential Connections Forum oversaw update of Statements of Best Practice, RSL training and engagement events	Continue to progress through Essential Connections Forum

Learning Disability

Priorities	Key Actions	Progress in 17/18	Target for 18/19
Undertake a review of health and social care learning disability (LD) provision to maximise the opportunities for people with a learning disability to live in the community with appropriate levels of support.	• Scope current practice and develop more integrated approaches between social work and health service teams	In progress. NW contributing to citywide review of integrated LD teams. Staff engagement sessions planned for March and May 2018 to develop an LD strategy.	Integrated Service Manager posts for NW for LD Examine options for full or partial co-location of team.
	• Identify appropriate models of care and future accommodation requirements, including consideration of: - NHS long stay and assessment / treatments beds provision	Ongoing	Will be considered as part of developing a City-wide 5 year LD strategy

	- Respite facilities - Day Services - Community provision and potential commissioning options		
Targeting resources effectively	• Continue to review of all clients who have personalised packages to better align need with available resources to ensure best value • Examine options for overnight supports, including assistive technology • Develop alternative models of care, including core and cluster	Policy paper under development.	To note progress in reducing cost of packages while ensuring needs are met
Young people in transition to adult services	• Continue to identify efficient and effective supports for young people • Focus on high cost placements	Inclusion Officers and Local Area Coordinators continue to identify community supports Continue to identify suitable placements	Create a young people in transitions team, with staff from children's & families services and adult services
Autism review – on behalf of Glasgow wide services	• Undertake a review of the Autism Resource Centre (ARC) • Update the Glasgow HSCP/Education services autism action plan	Approval to concentrate the work of the ARC on specific areas, including young people with autism Continue working with all relevant agencies to ensure that autism services are key priorities. Promotion of Autism Friendly Glasgow	Implement new focus of service delivery Develop a Glasgow autism policy that ties in with the 2018 Scottish Government priorities
Sign Language and Interpreting Services (SLIS) - on behalf of Glasgow wide services	• Review of the service	Approval to analyse and review the work of the team, and future demands on the service	Implement findings of review

Sexual Health Services

Priorities	Key Actions	Progress 17/18	Target 18/19
Fewer newly acquired HIV and sexually transmitted infections	• Improve access to testing at current clinics, and introduce some test-only walk-in clinics and targeted home or self-testing • The sexual health service review to identify ways to increase the provision of urgent care slots and develop test express services in Sandyford and other community locations	Urgent Care target currently breached, and Test Only waiting times not met since September 2017.	Waiting times for Urgent care appointment - 2 working days. Waiting times for Test-only appointments – 15 working days
	• Ensure increase in Partner Notification undertaken for people diagnosed with a sexually transmitted infection.	Data is difficult to collect but there has been a slight increase	60 % Contacts of Chlamydia, of GC?, and of syphilis Reported Attended <28 days
	• Ensure HIV testing is being targeted appropriately at groups who are most at risk • Assess findings from national working group examining ways to promote testing in a range of settings; development of Test Express services, exploration of home testing and new outreach settings will be undertaken as part of service review	Introduction of HIV-PrEP in 2018 has not led to increase in testing in MSM (men who have sex with men). Other priority groups (Black African men and women, people under 20) have not shown significant improvement and may represent ongoing difficulties with access. Secured funding for development of the social marketing intervention.	90% of people with HIV should be diagnosed with HIV – this cannot happen until testing increases and requires significant change to culture out with sexual health services as well as within The social marketing intervention will be implemented fully from summer 2018.
	• Improve access to Free Condoms • Deliver renewed objectives to ensure a high-quality service is being delivered concentrating on priority groups	There has been an increase in the number of venues regularly ordering condoms, to enable provision to identified priority groups	Target – 90 venues across GGC regularly ordering condoms. The service will undertake a full marketing campaign in 2018 specifically focussing on the target populations.

Fewer unintended pregnancies	• Increase the uptake of very long acting reversible contraception (vLARC) across Sandyford services • Sexual Health Service Review to identify ways to increase the provision of vLARC appointments across all Sandyford locations	Numbers for women from Glasgow City HSCP are slightly down since 2016, ie 2016-4979, 2017-4778. (NW unknown at this time). Waiting times not being met.	Waiting times for vLARC appointment – 10 working days
	• Increase the uptake of vLARC in women who have undergone a termination of pregnancy procedure	Proportion has been increasing and most recent data is at 38%. A fast-track post TOPAR (termination of pregnancy and referral) IUD (intrauterine device) clinic has been established in 2018 to reach women who have a medical abortion and want an IUD. Uptake is expected to be low to begin with but this should increase over time.	Proportion of women receiving post-abortion LARC (immediate prescriptions and bridging contraception) within 6 weeks – 40%
	• Work with partners in the acute sector to increase access to the Termination of Pregnancy assessment services for all women from outside Glasgow City	Negotiations with partners continue; number of women attending from out with Glasgow city shows slow increase.	Proportion of women receiving post-abortion LARC (immediate prescriptions and bridging contraception) within 6 weeks – 40%
	• Improve access to Free Condoms • The service will undertake a full marketing campaign in 2018 specifically focussing on the target populations.	There has been an increase in the number of venues regularly ordering condoms, to enable provision to identified priority groups	Target – 90 venues across GGC regularly ordering condoms. Deliver renewed objectives to ensure a high-quality service, concentrating on priority groups.
Sandyford specialist sexual health services are accessible to all – including people and population groups who	• Improve service access: - reviewing opening hours and locations (as part of the Service Review) - establish a call-centre model to improve telephone access	Service review has developed service model - presented to IJB March 2018. A new telephone system has	Next phase of the Service Review will include development of access targets, including opening times, and the timescales

are more likely to experience poor sexual health	- improve electronic access through the introduction of self-arrival kiosks, self-registration, and online booking of appointments	been installed to manage calls more efficiently. Additional resource into the switchboards has been identified and needs recruited to. Support has been given from acute services for this. Self-check in has been introduced into Sandyford Counselling and Support Service (SCASS) and will be rolled out across all other service areas throughout 2018.	for implementation.
	• Explore outreach provision to the most marginalised people with third sector and other partners	Ongoing	Part of the next development phase of service review
	• Review the Steve Retson Project (SRP) for men who have sex with men (MSM), and all Sandyford services, to ensure the most vulnerable men are offered the right services at the right times	The SRP Community Hub was not able to be progressed due to the lack of accommodation. Proportion of MSM of male attendances 24% at December 2017 but depends on location; within NW, range from 11% at Drumchapel to 45% at Sandyford Central	The refreshed service model will be agreed with Public Health for funding, and then implemented as part of the wider Service Review.
Improved service access across all Sandyford services for young people aged under 20	• Increase the rate of attendance at all Sandyford services of sexually active young people aged under 20	A future service model for young people has been agreed as part of the Service Review. These figures have continued to fall with some minor exceptions at some locations. This remains a priority area for service review	The new young people's service model will be implemented at part of the wider Service Review.

	• Plan and Implement pilot to extend young people's clinic opening hours into late afternoon and early evening	A pilot extended hours service was run at Parkhead Hub and increased the number of young people attending.	The new young people's service model will be implemented at part of the wider Service Review.
	• Assess training needs for staff working with young people and address where necessary	Training plans for staff working with young people has been agreed with three local authorities.	Further work will be undertaken with the remaining three local authorities to formalise staff training plans.
	• Strengthen links with Youth Health Service across North west and Glasgow city by responding to the outcome of the city-wide review as appropriate	The Review was completed in 2018.	Sandyford is participating in the implementation group established following the review.

Older People's Services and Physical Disabilities

Priorities	Key Actions	Progress in 17/18	Target for 18/19
Develop Neighbourhood Team approach to promote greater integrated working	• Support the further development of 3 neighbourhood teams within NW for older people's services, including: - Strengthening links with GP clusters - Clarifying referral pathways and contacts for housing providers - Building relationships with local 3rd sector providers	Structure for Neighbourhood Teams agreed and service leads for each area identified	Full implementation of neighbourhood team model and evaluation of its impact.
	• Further develop 'Knightswood Connects' project to build community networks and capacity	Established community connector post with Loretto Housing	Produce a report by March 2019 to reflect on the work undertaken in first 9 months
	• Local implementation of service changes arsing from City-wide review of Occupational Therapy services		

Implementation of HSCP Palliative Care implementation plan	• Identify priority actions for NW from HSCP implementation plan	NW had lead role in development of HSCP plan	Local action plan to be developed by July 2018.
Deliver improvements for people with Dementia	• Develop local action plan in response to recommendations from national strategy • Deliver post diagnosis support (PDS) to everyone with a new diagnosis of Dementia.	Developed young onset dementia service, which is now led by a Clinical Psychologist. Work ongoing includes developing a referral pathway from neurology services. Developed training for housing providers; and the setting up of two dementia cafes.	Develop local action plan by August 2018 to meet recommendations within 3rd national dementia strategy
Extending service access and times of operation	• Explore opportunities to move to a 7 day a week access to DN single Point of access	Options paper produced detailing resources required and costs	Identify funding to support move to 7 days service by September 2018
Reviewing delivery of citywide Respiratory Service	• Review capacity of service to deliver service to original specification • Provide consultancy to other HSCPs considering development of Community Respiratory teams	Development session involving key stakeholders planned for June 2018	Develop options by August 2018 that consolidate weekday service provision and extend the service to cover Saturday and Sunday
Deliver timely Speech & Language Therapy interventions within residential settings (care homes/inpatients)	• Complete city-wide review of speech and language therapy partnership services • Develop protocols to ensure robust management of referrals.	An additional 1 wte post has been funded permanently for the SLT Care Homes service. A new email protocol for referrals for Care Homes & mental health referrals has been implemented.	Complete initial review of Adult SLT services within Glasgow City by July 2018. Develop action plan from its findings and recommendations.
Supporting people to live for longer at home, independently	• Ongoing evaluation of the impact of intermediate care beds • Ensure best practice is adopted locally from outcome of intermediate care audits	2 x 15 intermediate care bed commissioned.	Target of 30% of intermediate care users transferred home. Target of <30 days average length of stay.

	• Review clinical support to residential care provision • Improve integrated working across primary, community and Acute services to promote principle of seamless care for the individual	Preliminary discussions with one GP cluster in North West to undertake a review of clinical support needs with local care home provider Ongoing.	Develop action plan from findings of review and wider implications for support to other care homes Evidence as part of effective intermediate care arrangements and through GP cluster improvement planning.
Focus on and develop service capacity particularly in relation to prevention and early support	• Develop anticipatory care and enabling approaches across services and reduce unscheduled admissions to hospital. • Support early discharge from hospital, contributing to the ongoing development of Intermediate Care approaches and an accommodation based strategy, along with input from community rehabilitation services.	Guidance on anticipatory care plans (ACPs) produced for practitioners. ACPs launched within mainstream Older People's services. Contributed to city-wide 'home is best approach' to develop multi-disciplinary team approach across hospital and community service NW had 5 delayed discharge breaches of target at Dec 2017 (for patients over 65 years, excluding mental health and learning disability patients)	Review processes to identify and increase the number of people that have been introduced and offered an anticipatory care plan (ACP). Increase the number of Key Information Summaries to GPs All hospital discharges < 72 hours from treatment completion date ('included codes')
Improve access to services and outcomes for people with a physical disability	• Collaboration with housing providers to improve accommodation, including the processes for adaptations	Work completed / in progress Eroboll Lambhill– Lorretto Housing: completed Linkin Avenue Knightswood –	Progress current developments and identify new priorities

		GHA: completed Maryhill Garbraid, Cube Housing- current build Drumchapel GHA & Kernake – Current build Patrick Housing Association – due to start Anderson Sanctuary – current build Cube new build in Milton Liddesdale - just completed Yoker Housing – plan for new build - not on site yet	

Health Improvement

Priorities	Key Actions	Progress in 17/18	Target for 17/18
Tackling poverty and health inequalities	Delivery of financial inclusion and employability services including income maximisation, debt management and building financial capability. Work to increase referrals across service areas.	£1.3m of extra benefits generated and £222k of debt managed to date. The Scottish Legal Aid Board (SLAB) service (Possilpark) has had national recognition of good practice, funding extended for a further year and invited to bid for additional funds. The Bridging service continues to deliver	Implement a neighbourhood approach to employability and financial inclusion. Embed money advice service model within Possilpark. Work in partnership to increase knowledge of the impacts of welfare reform and support available to individuals

		good outcomes in the NW.	
	Lead the delivery of programmes to address Gender Based Violence (GBV) in NW, including training, capacity building and inter-agency responses.	Model slightly changed in that we now have a NW Violence Against Women (VaW) Working Group in place covering all the NW via 3 delivery hubs Youth Guidelines have been launched 120 people attended 65 people attended for VAW basic awareness workshops training in North West. Also delivered two sessions Citywide as part of the Glasgow VAW Partnership 6 ½ day training sessions (April 2017 – March 2018) FGM x 2, Childhood sexual abuse, domestic abuse & coercive control, commercial sexual exploitation. Violence Against Women ½ day workshop x 2. - 16 Days of Action (November 2017) - International Women's Day (March 2017) North West Women's Festival (25th November) Monthly neighbourhood event leading up to the festival.	NW VAW working group will develop an action plan: Support local delivery groups x 4 to feed into the Working Group. Explore potential to extend to 5. Develop a White ribbon neighbourhood Develop NW VAW networking lunches for 3rd sector agencies Deliver Violence Against Women Basic Awareness ½ day workshop x 2 as part of city Glasgow VAW partnership and x4 for HSCP and 3rd sector organisations in NW Support programme of activities around: - 16 Days of Action (November 2018) - International Women's Day (March 2019) Facilitating and coordinating the Integrated Grant Funding for VAW work at neighbourhood level
Creating a culture for health – reducing	Continue roll-out of targeted area based	NW tobacco team continues to deliver the highest number of community 12 week	<15% women smoking during pregnancy (<20% in most deprived quintile)

alcohol , drugs and tobacco use and obesity	approach to smoking cessation services Establish Action Plan for reformed NW Prevention & Education Group. Delivery of community based Prevention and Education contracts	quits across the whole health board area. We project an increase of 22% on the number of 12 week quits in comparison to 2016/17	- From 40% most deprived (TBC) quits at 12 weeks) Roll out the good practice identified in Maryhill Undertake and disseminate a research programme around the tobacco asset based approach in NW
Taking a place-based approach to community health and wellbeing	Use a variety of asset based methods and tools to work with local communities to identify their priorities	The Drumchapel 'Breakfast and a Blether Group' has met 5 times. Interim Drum chapel Thriving Places local Steering Group is in place which will expand this year. In Milton, the Thriving Places Anchor organisation is NGHLC and the Community Connecto5 post has been filled. Milton and Ruchill/ Possilpark Thriving places are working together to asset map current food poverty activities and to identify sustainable and inclusive programmes of support for the coming year with local people and local	Drumchapel – Communities plan will inform the (CPP) Locality Plan. Breakfast & Blether group continue to meet 4 x p.a. Support Aspiring Communities Fund Steering Group. Develop a Thriving Places Steering Group. <u>Milton & Lambhill</u> - Produce an action plan for year 2. Deliver plan across 3 neighbourhoods. Continue to support Connecting Milton group and extend reach into Lambhill and Cadder <u>Ruchill & Possilpark</u> – work towards implementation of the community planning partnership (CPP) Locality Plan which will be progressed through thematic groups. 4 Thriving Places meetings p.a. Recruitment

		organisations.	of new Community Connector. Support collaborative action for the benefit of young people and families in the neighbourhood through the YP and Families Sub-group. <u>Work across Thriving Places</u> Develop a response to food poverty issues in the Canal Area Partnership following the work undertaken during 2017/18. Undertake small scale community budgeting in the three Thriving Places.
	Support community based capacity building through the delivery of community based health contracts	Ongoing	In line with annual targets set out within AXIS contract (a partnership between North Glasgow Healthy Living Community and Annexe Communities – a charity and community enterprise.

6. PROMOTING EQUALITY

North West locality will contribute to delivering the actions and priorities set out within Glasgow City HSCP's Equality Plan 2016-18. Key actions and priorities for North West locality in 2018/19 include:

- Maintaining accessibility audits of new buildings
- Participation in Equality Impact Assessments of cost savings, service redesigns, service developments and policies
- Hate crime awareness and reporting
- Routine enquiry money worries, gender based violence (GBV), employability and appropriate onward referral
- Extend number of GBV local delivery groups from 3 - 5 to deliver on Equally Safe strategy
- Participation in age discrimination audits as required

- Responding to findings of the Fairer NHS staff survey alongside staff training priorities (Asylum seekers & Refugees, Poverty e-learning module, Key care groups, GBV)
- Meeting the requirements of the HSCP's participation and engagement strategy including equalities monitoring of community engagement
- Analysing performance monitoring and patient experience by protected characteristics as required
- Provision of a programme of equality and diversity training for NW HSCP staff and local organisations in North West

In 2017/18, the North West Equalities Group organised a number of meetings local events and also promoted citywide events across on a variety of topics. Almost all events were well attended and received very positive feedback. Examples of the sessions included:

Human Rights Based Approach within HHSCP – Scottish Human Rights commission	Amaan Training
Black History Month	Violence against Women and Children Training
Equality and Diversity Training	Equalities – Our story so Far
Health Inequalities for Lesbian, Gay, Bi-sexual Young People in NHSGG&C Schools Survey	HIV/AIDS and HEP B Masterclass
Human Rights and Right to Health/Hate Crimes	An introduction to Visual Awareness and Complex Need
BSL and Mental Health	Female Genital Mutilation Awareness Sessions
Freedom from Torture	What is Religion and Belief
LGBT Awareness	Launch of the 2016 BME Health and Wellbeing Study

7. RESOURCES

7.1 Accommodation

New Health and Care Centre

Site work has commenced on the development of a new £20m Woodside Health and Care Centre. This follows on from the new Maryhill Health and Care Centre that opened in 2016. The new Woodside Health and Care Centre will accommodate a range of health and social care services as well as specialist children's services, community alcohol and drug services and an older people's day care unit. It is planned for completion at the end of 2018 and will be fully operational by spring 2019.

Sandyford Sexual Health Services

Sandyford, located in Sauchiehall Street, Glasgow is the NHS Greater Glasgow & Clyde hub for the provision of a wide range of specialist sexual health care services and advice. However, limitations with the current accommodation are restricting the volume of patients that the service can see, resulting in waiting time pressures. NW Locality is therefore leading a piece of work to explore the feasibility of finding other suitable accommodation for these services or alternatively, whether substantial upgrading of the existing facility is possible. Plans will also be developed to transfer Archway services from Sandyford to improved accommodation at William Street Clinic (currently accommodating specialist children's services who will relocate following the opening of the new Woodside Health and Care Centre).

Reviewing Accommodation Requirements and Promoting Co-location

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

7.2 Human Resources

North West Locality directly manages a staffing compliment of approximately 1800 people across a range of services and disciplines. This includes Sandyford Sexual Health Services, which North West Locality has a 'hosted' management responsibility on behalf of HSCPs across Greater Glasgow and Clyde.

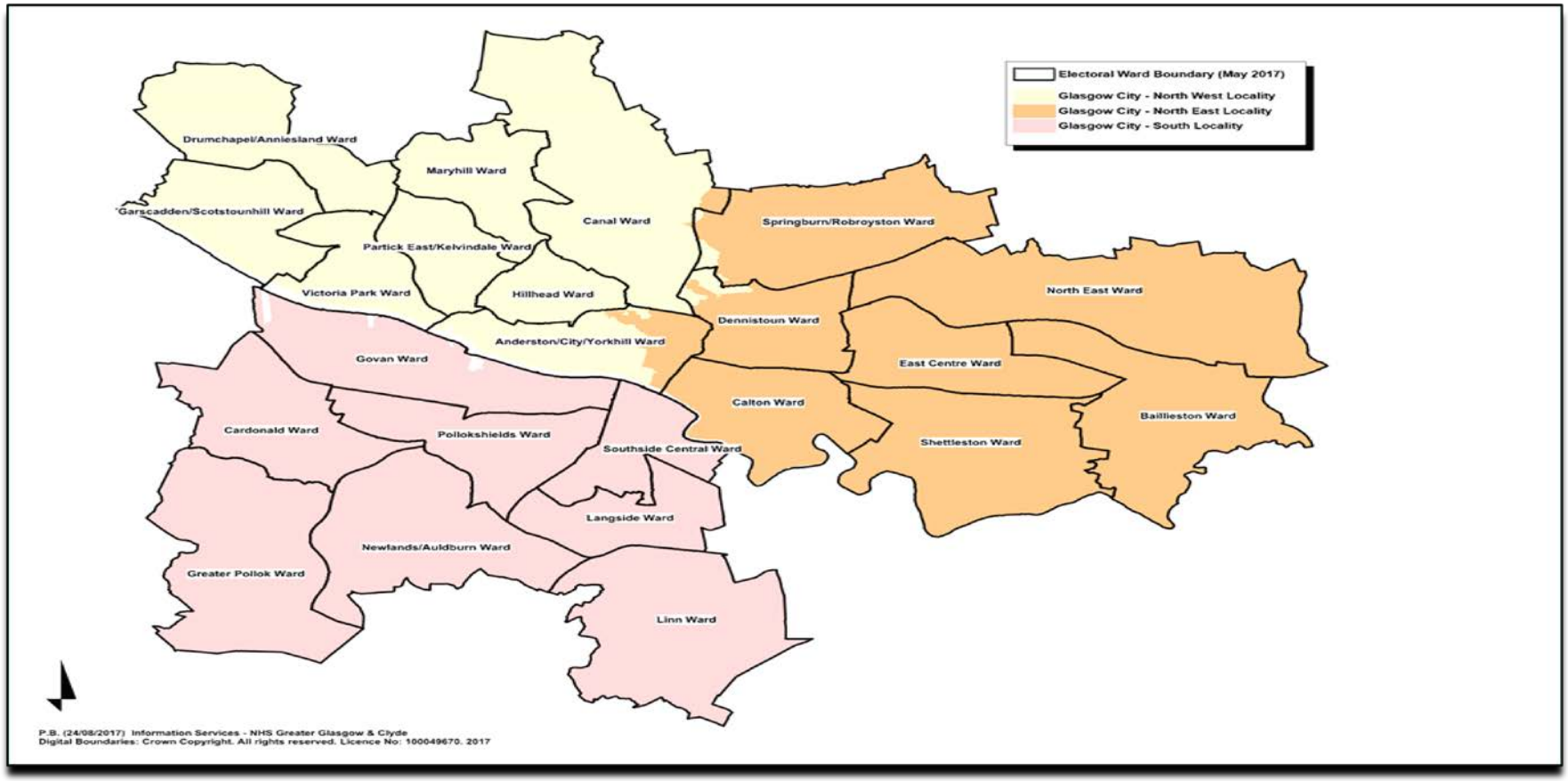
7.3 Finance

North West Locality has a total net recurring budget for service provision of approximately £230m and directly manages a staffing compliment of approximately 1800 people. The budget for North West Locality in 2018/19 is set out below.

North West Locality Budget	**2018/19**
	£'000
Children and Families	12,426
Prisons Healthcare & Criminal Justice	2,458
Older People	30,144
Addictions	3,614
Carers	589
Elderly Mental Health	5,502
Learning Disability	15,823
Physical Disability	5,616
Mental Health	18,607
Homelessness	995
Prescribing	39,650
Family Health Services	59,056
Hosted Services	30,233
Other Services	5,167
Total	**229,880**

South Glasgow

Locality Plan 2018/19



FOREWORD

This is the third Locality Plan for the South since the establishment of the Health and Social Care Partnership (HSCP) in 2016. The aim of the plan is to provide a review of the progress made in 2017/18 and to identify our priorities for 2018/19.

There are challenging times ahead both in financial terms and also in delivering improvements in our performance. As well as progressing on-going work, within the plan you will see ambitious and exciting new projects which we plan to implement in the year ahead which will improve lives and to further reduce inequalities. These include:

- completion of the £17m New Gorbals Health & Care Centre replacing the old health centre, South Bank Centre and the Two Max building. The development as well as improving services is a major contribution to the on-going regeneration of the Gorbals area;
- introducing new integrated neighbourhood teams to better support older people in the community and work more closely with GPs, third sector partners and others;
- continue to support the implementation of the Thriving Places agenda with community planning partners and local communities in Gorbals, Govan, Priesthill/Househillwood and Govanhill to improve health and well-being;
- implementing a "test of change" approach to community support where all services pull together and attend "Early Help" meetings with a solution focused approach to helping families;
- developing a community immunisation model across the South to improve childhood immunisation rates;
- implementing new alcohol and drug access team arrangements in line with the realignment of team locations across the South; and,
- review links between Primary Care Mental Health Teams, Community Mental Health Teams and GP practices to identify a link with each cluster.

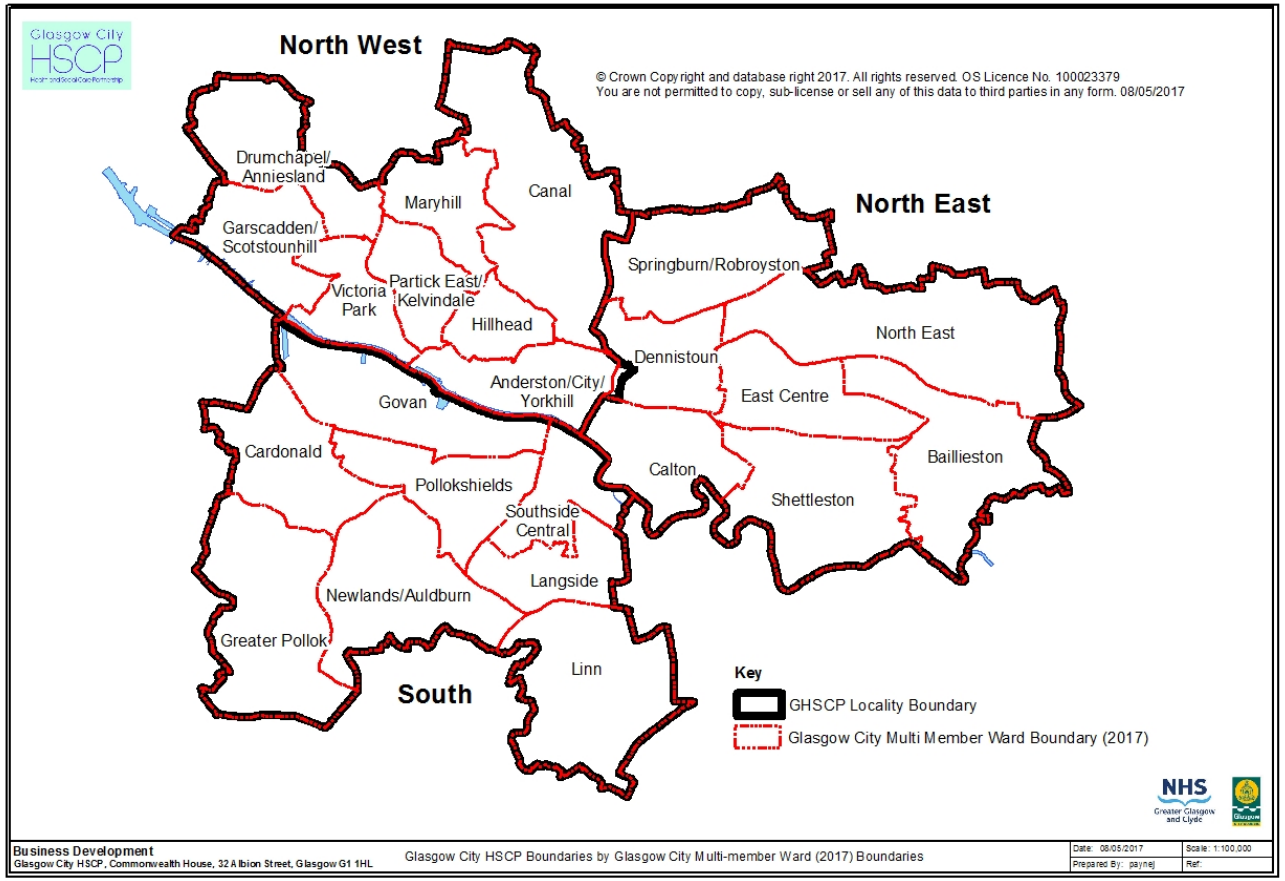
This plan for 2018/19 highlights the challenges we face in the South in taking forward this agenda, the key issues for users and carers, and the actions we are going to take over the course of the year to implement the HSCP's Strategic Plan and respond to local needs. We are keen to build on the first year of our status as an integrated organisation, working closely with our partners, local communities and organisations.

Stephen Fitzpatrick
Assistant Chief Officer (Older People & South Locality)
Glasgow City HSCP

1. INTRODUCTION

Health & Social Care Partnership Strategic Plan 2016-19

Glasgow City Integration Joint Board (IJB) came into being in February 2016 and in March that year the Board endorsed a three year Strategic Plan for the period up to 2019 (see https://www.glasgow.gov.uk/index.aspx?articleid=19044). In that Plan the IJB set out its vision for health and social care services - that the City's people can flourish, with access to health and social care support when they need it. The IJB envisaged that this would be achieved by transforming health and social care services for better lives. This Locality Plan shows how we intend to implement that plan in the South of the City. The figure below shows the three localities in Glasgow, and the areas covered.



2. OUR KEY PRIORITIES

The biggest priority for the Health & Social Care Partnership (HSCP) 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 key priorities as outlined below:

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

In the HSCP localities are an important part of our integration arrangements to improve the delivery of health and social care services for the people of Glasgow. We have agreed three localities in Glasgow as shown above. A key responsibility of localities is to produce a locality plan for the area they serve. This document is the locality plan for South Glasgow for 2017/18. In last year's plan we gave a profile of the locality and the services we provide. Similar plans are also available for the North East and the North West.

The purpose of this plan is to:

- show how we will implement the HSCP's Strategic Plan 2016-2019 in the South of the city, and what this will mean for service users, patients and local communities; and
- how we will respond to local needs and issues.

The plan is a one year plan covering the period April 2018 to March 2019. The plan is based on:

- what we know about health and social care needs and demands and any changes from the 2017/18 plan;
- our current performance against key targets;
- the key service priorities as defined in the HSCP's Strategic Plan, including health improvement and what we are doing to tackle inequalities; and,
- the resources we have available including staff and accommodation.

We will report later in the year on how we are doing in implementing the plan and identify further areas of improvement for next year's plan. If you have any comments on this plan, let us know.

3. COMMUNITY ENGAGEMENT – LOCALITY ENGAGEMENT FORUM

Glasgow City Health and Social Care Partnership has a Participation and Engagement Strategy that sets out the principles and approach to engaging individuals, groups and communities in service planning and development for community health and social care services. Each locality has its' own arrangements to meet this commitment. South locality launched its' Locality Engagement Model in April 2017 at an event attended by 60 local groups, organisations and community representatives. The model consists of three key strands:

1. A Locality Engagement Network of individuals, community representatives, groups and organisations with an interest in local health and care services. The Network has produced three Locality Engagement Bulletins sharing news and information about health and social care services in the South and wider HSCP. The bulletin also highlights services provided by local groups and projects. It is circulated to 350 Network members in South Locality and is also available on the HSCP website.

2. A programme of feedback and engagement activities that enable people using HSCP services to share their experience at the point of access. This includes support for citywide consultation and engagement opportunities. Support is provided to frontline staff to enable them to develop feedback opportunities, consultations and user involvement activities.

3. A series of Locality Engagement Forum meetings bringing together users, carers and community organisations with experience of particular care groups or HSCP services. The forums have helped plan and deliver four public engagement sessions and over 180 people participated in one or more of these session in 2017/2018. Participants gave feedback on a range of health and social care issues including;

    - Treatment Room services
    - Occupational Therapy Services
    - Palliative and end of life care
    - Access to interpreting and translation services
    - Pathways into health and social care
    - Community views on the new Gorbals Health and Social Care Centre
    - Support services for older people in the community
    - A new neighbourhood model for Older People's Services
    - Creation of a Suicide Safer Community in South Glasgow
    - A new model for adult mental health services in Glasgow

    Key messages from these sessions included;

- An understanding amongst the wider public of why we need to review how we deliver services and make them fit for the future
- HSCP must communicate better and at the earliest opportunity with patients, users, carers and third sector partners
- HSCP should work more closely with community planning partners to ensure better communication and joined up decision making
- Person centred care needs to remain at the heart of all decision making in spite of the financial and other challenges facing public services

The HSCP is committed to listening to a wide range of user, carer and public views and feedback, comments, concerns, ideas and suggestions are used to inform future service planning and delivery. Key locality engagement priorities for 2018 include:

- Continue to grow the Locality Engagement Network
- Deliver a further three public engagement sessions in partnership with members of the Locality Engagement Forums
- Create opportunities for people to share their views on key HSCP plans and priorities including:

    - review of Out of Hours services
    - primary Care Improvement Plan
    - Moving Forward Together Programme
    - HSCP Strategic Plan, and,
    - HSCP Locality Plan

To find out more about our South locality engagement arrangements please contact: Lisa Martin, Community Engagement officer (South Locality) on 0141 427 8300.

4. PERFORMANCE INFORMATION

This section summaries our performance against key targets and indicators. There are a number where we need to make improvements in 2018/19 and these are included in the action plans that follow.

Where We Are Performing Well
Percentage of Older People who go home after a stay in Intermediate Care
Compliance with Older People - Prescribing Costs: Compliance with Formulary Preferred List.
Older People - Prescribing Costs: Annualised cost per weighted list size.
Number of new carers identified that have gone on to receive a carers support plan or young carer statement
Percentage of Health Plan Indicators allocated by Health Visitors within 24 weeks
Number of referrals being made to Healthier, Wealthier Children Service
Percentage of children and young people who accessed specialist Child and Adolescent Mental Health Services within 18 weeks of referral
Percentage of people who started treatment within 18 weeks of referral to Psychological Therapies:
Percentage of people commencing alcohol or drug treatment within 3 weeks of referral.
Percentage of Parental Assessments for people accessing alcohol or drug services completed within 30 days of referral.
Percentage of people who initiated a drug or alcohol recovery plan following assessment
Percentage of criminal justice community placement orders (CPO) with a 3 month review within agreed timescale
Percentage of Unpaid Work (UPW) requirements completed within timescale.
Percentage of post sentence interviews held within one day of release from prison.
Number of women smoking in pregnancy.
Number of women exclusively breastfeeding at 6-8 weeks.

Where improvement is required
Percentage of older people (65+) within care homes reviewed in the last 12 months.
Percentage of service users leaving the service following re-ablement with no further period of homecare
Meeting delayed discharge targets for people (i.e. discharge within 72 hours of being assessed as ready for discharge)
Primary Care - Flu Immunisation Rates
Percentage of children receiving ready to learn assessment (27 to 33 months assessment)
Percentage of looked after and accommodated children aged under 5 who have had a permanency review (who have been looked after for 6 months or more).
Percentage of new SCRA reports submitted within 20 days/on time.
Percentage of young people receiving an aftercare service who are known to be in employment, education or training.

Where improvement is required
Length of Stay within Short Stay Adult Mental Health wards
Meeting the target timescales for assessing all unintentionally homeless applications
Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.
Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.
Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court within the timeframe
Alcohol Brief Interventions undertaken
Smoking Quit Rates at 3 months in our most deprived areas .
Women exclusively breastfeeding: 6-8 weeks in the most deprived area.

SERVICE PRIORITIES – Review of 2017/18 and Targets for 2018/19

Primary Care

Priority	Key Actions	Progress 2017/18	Target 2018/19
Improving GP Premises All GP surgery premises assessed as being compliant with agreed standards.	• Work with the GP practices concerned to agree plans for improvement.	New premises for Arden still to be identified. Butterbiggins MC applying for funding to upgrade premises	Continue to support
New GP Contract Taking forward the formation of GP clusters using a "bottom up" approach, and identifying GP Practice Quality Leads and GP Cluster Quality Leads.	• Continued support and facilitation to agree GP clusters and quality leads	7 GP Clusters identified with a CQL identified for each cluster 1 PQL for each practice identified (51)	Engagement sessions planned for key stakeholders for information and comment for Primary care Improvement Plan (PCIP). 1st July 2018
	• Development sessions set up with CQLs and LET to discuss services in clusters and training and development for CQLs	3 CQL development sessions taken place QI training taken place with additional available as required	CQL/LET sessions to continue. Now to be held monthly while working on the PCIP
Anticipatory Care Plans Introduction of anticipatory care plans within GP practices to support management of patients at risk of admission.	• Work with practices to support continual improvement of anticipatory care plans	ACPs are identified as a priority for clusters	Continue to work with practices to increase the number of ACPs.
Primary/Secondary Care Interface Develop a local clinical interface between primary and secondary care to support the HSCP's plans for unscheduled care and implementation of the Clinical Services Strategy.	• Discuss with clinical leads, to further develop the interface • Monitor rates of new A&E attendances by GP referral to improve management of unscheduled care	Acute/ primary care interface group created to link with QEUH. Acute rep identified for GP committee – as required	Meetings now set up with CDs in QEUH and GPs that use their services.

Priority	Key Actions	Progress 2017/18	Target 2018/19
Improved Healthy Life Expectancy for Men & Women Support the delivery and development of Community Orientated Primary Care within East Pollokshields.	• COPC to be introduced in East Pollokshields • Improve health of the population by encouraging more social prescribing using Sole Riders, Walking Groups and Urban roots.	COPC is in place, group meet 6 weekly to discuss areas of concern Diabetes collaborative established 18 families identified. Work underway to co-produce a culturally appropriate self-management & prevention plan GPs now using green care prescribing with a case study approach adopted	To further develop the social care and green care prescribing agenda. Progress the development of the Diabetes Collaborative in conjunction with local families, HSCP and third sector organisations. Continue to work with partners to address oral health agenda within Govanhill.
EU Care and Support to Govanhill GP Practices Continue to support GPs in Govanhill, and other areas, in registering patients where there is a need for specific support such as interpreting services through agreed action plan	• Continued discussion with GPs and others to address issues as they arise, and implement the agreed action plan	Govanhill Primary Care Action Plan has improved access to Roma/Slovak interpreters. Govanhill practices meet regularly with interpreting services and attend their management reference group.	Continue working to support GPs in Govanhill
	• Community Orientated Primary Care model established within Govanhill	COPC established and meeting on a 6 weekly basis, priorities identified	Continuing with 3 Community Link Workers agreed, 1 for each of the Govanhill GP practices.
Govan SHIP The HSCP will continue to support sharing the learning form the SHIP project, subject to available resources.	• Continue to monitor and evaluate outcomes and disseminate learning. • Explore how the components of the model can be implemented in line with HSCP and the new GP contract developments.	Tested inclusion of Pharmacist and MSK physio in MDT. Funding secured for first 6 months of 2018/19. Alternative plan is being developed in line with existing funding. All 2017/18 targets delivered Mental Health work stream is now underway	Continued delivery across key areas including Additional GP time, structured MDT working, including social work and effective utilisation of new MSK Physiotherapy and Pharmacy resources Complete communications plan, evaluation and exit plan including transition into the primary care implementation plan. Finalise and implement action plans for the newer mental health work stream

Priority	Key Actions	Progress 2017/18	Target 2018/19
New Residential Care Unit Building good links and communication with new unit Orchard Grove. Building similar links for Leithland.	• Set up group to look at opportunities to improve service delivery • Share learning from Orchard Grove	Completed for Orchard Grove. Leithland Unit has been delayed; estimated date of completion Mar 19	Continue to build links between the unit and services and identify opportunities for service improvement.
Screening We will work with GPs to improve screening uptake rates for cervical screening and bowel screening	• Cervical and bowel screening sessions delivered within GP practices with low uptake by HI team	Included in Practice Activity Reports. Raised at locality meetings and PLT Learning from delivery within practices to inform a community based approach to screening promotion and awareness.	Focusing on GP practices with low uptake rates as well as those practices with high SIMD 1& 2 patients.
Improving Access	• Promote greater use of Community Pharmacy Minor Ailment service	Community Pharmacy information leaflets developed and translated into alternative languages commonly used within Govanhill	Review and monitor
	• Optometrist as first point of contact for eye problems being promoted.	Poster developed and distributed to all GP practices and pharmacies	Review and monitor
	• Promote use of other services before accessing GP	Know Who to Turn To Posters displayed in all practices, dentists and local libraries Peer learning event has taken place around redirection to the most appropriate service.	Redirection/signposting training to be delivered to reception staff, GPs and practice managers.
Support Sustainable General Practice	• Better use of all members of the primary care teams	Smaller, vulnerable practices identified, resilience sessions undertaken. Making the most of your practice leaflets distributed and displayed in practices	Build on work to support smaller practices.
Prescribing We will continue to work with Prescribers and local community Pharmacists to deliver the safe, cost effective patient centred use of medicines in Primary Care.	• Delivery of Prescribing action plan in conjunction with GP Clusters, the prescribing forum and individual GP practices	As of end November 2017 Glasgow South shows an overspend of 1.8%. This is being driven by price increase of specific medicines that have been subject to shortages or delayed patent expiry issues. For 17/18 a risk sharing agreement exists between GG&C HSPCs and HB to cover associated	Core themes to be progressed in 2018/19 as part of South Prescribing Action Plan are: • prescribing budget spend; • prescribing indicator improvement

Priority	Key Actions	Progress 2017/18	Target 2018/19
		overspend South continues to show overall progress with key prescribing indicators	
Prescribing Lead on the delivery of the GMS 2018 contract pharmacotherapy service as part of the Primary Care Improvement Plan	• Develop the prioritization schedule for implementation across practices in GS • Recruit and develop the workforce to deliver the service • Engage & communicate with all appropriate stakeholders regarding progress	By end of march 2018 GS will have pharmacotherapy service –like enhanced pharmacy input in 16 practices These are implemented under the Primary Care Investment funding for 16/17 and 17/18	Implementation of next phase of pharmacotherapy resources as allocated

Carers

Priority	Key Actions	Progress 2017/18	Target 2018/19
Continue to raise awareness of adult carers and promote the single point of access within the health and social care teams	• Identification of new Carers • Training and awareness raising to staff • Increase in carers referrals from primary care	All targets met, increase in referrals from primary care to 24% in 17/18. Test of change exercise currently underway at QEUH with surgery each Wednesday afternoon.	Continuation of implementation of different parts of carers act, monitor and evaluate compliance levels and effectiveness via locality reporting and operational quarterly and annual carers reporting structure via IJB
Continue to identify and support young carers through a family based approach	• Training around Young Carers • Links with Education partners • 300 new adult carers by March 2017 • Asset and outcome based training to be delivered by September 2016	All training targets for South HSCP staff met during 2017. South YC Education Worker has prepared an information/working pack for Education pathway.	Continue to review and monitor

	• Staff training and awareness raising on-going		

Children & Families

Priority	Key Actions	Progress 2017/18	Target 2018/19
Keeping Children Safe			
Children and young people living in the South of the city should be free from the risk of Child Sexual Exploitation (CSE).	CSE Community Engagement model to increase awareness of CSE amongst our communities and partner agencies.	To be reviewed bi-monthly at the South Child Protection Forum.	March 2019.
Healthy and Resilient Children			
Children's primary immunisations are delivered in a safe, efficient and effective way.	To develop a community immunisation model across the South locality	Phased approach to implementation, enabling a safe transition to complete locality cover.	March 2019
School nursing services are to be reviewed across the city.	South HSCP will contribute to and support review of service.	As per review recommendations.	March 2019
Teenage pregnancy rates across neighbourhoods in the South locality are to be explored.	Analysis of variance in teenage pregnancy rates across South neighbourhoods to be undertaken.	Progress reviewed bi-monthly at South Locality Planning group.	December 2018
Children under the age of 5 years will be offered additional assessments in line with the National Practice Model.	Implementation of the Universal Health Visiting Pathway.	Progress reviewed bi-monthly at South Locality Planning Group.	December 2018
Family Support and Early Intervention			
Early Years Joint Support Teams (EY-JST's) will	Validated self-evaluation exercise to be undertaken with	Progress to be reviewed bi-monthly at South Locality Planning Group.	March 2019.

Priority	Key Actions	Progress 2017/18	Target 2018/19
continue to provide co-ordinated early help for pre-school children living in the most deprived neighbourhoods in the South of the city.	the Pollok and Gorbals EY-JST's (Govan complete 2017).		
Families who do not require statutory support from social care, can access a range of preventative third sector services.	Financial investment to be secured which ensures that families living in the South of the city can access necessary third sector support which is proportionate with families living in other areas of the city.	Progress to be reviewed bi-monthly at South Locality Planning Group.	March 2019.
Services supporting children and families living in the South of the city can accurately signpost families to appropriate support services.	Mapping exercise to determine range of third sector support services both in specific neighbourhoods and across the South locality.	Progress to be reviewed bi-monthly at South Locality Planning Group.	October 2018.
Raise Attainment and Achievement for All			
Children and young people living in the South of the city are supported to overcome barriers which prevent them being able to learn.	Children's services in the South locality will ensure a co-ordinated and planned response to the delivery of supports achieved through the Pupil Equity Fund.	To be reviewed bi-monthly at the South Locality Planning Group.	March 2019
Care Experienced Children and Young People			
Children and young people from the South of the city who require to be looked after and accommodated by the local authority can expect to remain living in the city and maintain	We will further reduce the number of South children living out with the city by 10%.	To be reviewed monthly by Service Manager (Social Care).	March 2019.

Priority	Key Actions	Progress 2017/18	Target 2018/19
connections important to them.			
Transforming Glasgow – prevention through Early help			
Families living in the South of the city will receive services from the HSCP that are located within their communities.	A review of accommodation across the South HSCP will determine opportunities for co-location and effective delivery of HSCP Children's Services.	Progress will be regularly reviewed, with a staged approach to co-location.	December 2018
Families requiring support from social care can expect a service that is prompt, respectful and meets their needs.	Children's social care services in the South locality will replace the current Duty model with an Early Help service designed to work alongside families to meet their support needs.	Progress to be reviewed bi-monthly at the South Locality Planning Group.	Implementation March 2018 – progress update to be completed March 2019.
Families requiring support will receive a co-ordinated response that is tailored to meet their individual needs.	Neighbourhood HSCP will implement a "test of change" approach to community support – where all services pull together and attend "Early Help" meetings with a solution focused approach to helping families.	Test of change will commence after accommodation review and HSCP services are co-located in neighbourhoods.	Test of change not likely to commence until March 2019. Priority for 2019/2020.
Children and families living the in Govan area will receive a community-based Early Help approach to supporting them.	Govan SHIP is a multi-agency Early Help model which considers the needs of vulnerable families registered with 3 GP practices in the Govan area.	Review currently on-going.	October 2018
Children and families living in the Govan area will be meaningfully consulted in relation to disadvantage, and	NSPCC, in partnership with South HSCP will deliver the NSPCC "Together for Childhood" model of community	To be reviewed quarterly at NSPCC Together for Childhood forums chaired by HSCP South Head of Children's Services.	March 2022 – 5 year programme

Priority	Key Actions	Progress 2017/18	Target 2018/19
supports delivered accordingly.	partnership and sustainable change.		
Welcoming Diversity and Tackling Inequality			
Children residing in communities whom did not receive immunisations in their country of origin will be immunised up to the age of 12.	Community immunisation clinics focusing on incomplete childhood vaccinations will deliver a needs-led response.	Progress to be reviewed bi-monthly at the South Locality Planning Group.	December 2018
Children and their families can expect a service that is sensitive and responsive to cultural diversity.	"Cultural competence" training will be delivered to HSCP frontline workers.	Progress to be reviewed bi-monthly at the South Locality Planning Group.	March 2019

Adult Services including addictions, adult mental health and learning disability

Priority	Key Actions	Progress 2017/18	Target 2018/19
Focus on and develop service capacity particularly in relation to prevention and early intervention support Implement the changes to Learning Disability Out of Hours Service in line with GG&C strategy recommendations.	• Progress through the learning disability planning group. • Review changes and adherence to strategy recommendations	Implementation complete – CPN Out of Hours Service now providing this role. Reviewed no issues 345 contacts in 2017	
Review adult mental health	• Review pathway at locality	Updated pathway implemented;	Review the admission/discharge

Priority	Key Actions	Progress 2017/18	Target 2018/19
patient pathway between hospital and community with health and social work interventions to optimise admission and discharge planning, including improving delayed discharge performance for adult mental health and learning disability.	planning groups. • Scrutiny of delayed discharges at operational management level on weekly basis	feedback resulted in amendments (completed April 18) Discharge co-ordinator role created to focus on 3 month plus admissions; early indications are this role in conjunction with the bed manager and updated pathways are positive impact on reducing delays.	pathway to support the aim of ensuring that movement through the pathway is managed as efficiently as possible. Further develop the role of the Discharge co-ordinator to support the admission/discharge pathway work and to support more efficient discharge planning.
Complete a self-assessment against the Adult Mental Health Community Services Framework requirements for all community mental health services across South Glasgow.	• Benchmark against the Mental Health Community Services Framework and identify actions to achieve any unmet standards.	Framework implemented, focus now on monitoring of standards.	On-going and continue to monitor standards
Review links between Primary care Mental Health Teams and Community Mental Health Teams with GP practices	• On-going monitoring and review • Establish links with GP clusters	Initial work has been via Govan SHIP project. Agreement to identify a link CPNs to clusters.	Agreed Primary Care MH team point of contact for each cluster; support and information re referrals to MH network.
Access to psychological therapies	• Maintain patients seen within 18 weeks performance • Improve percentage of first referrals seen within 28 days.	Quarter 3 17/18 achieving 95.9% (target 90%)	Maintain psychological therapies 18 weeks performance, and improve percentage of first referrals seen within 28 days.
Update patient information systems	• EMIS implementation within In-patient Services.	New work for 18/19	As part of the system wide programme of work, commence the roll out of EMIS to in-patient areas.
Implement new alcohol and drug access team arrangements in line with the geographical realignment of	• Implement through addictions management team arrangements	Completed, new arrangements reviewed Jan 18.	Maintain strong links with Community Recovery Hub and South Community Recovery Network (SCRN)

Priority	Key Actions	Progress 2017/18	Target 2018/19
team locations across South Glasgow.			Support SCRN to develop and expand volunteer programme with assistance of Recovery Co-ordinator Continue to provide link worker to South Community Recovery Hub to ensure continued movement between services
Deliver services that are safe, efficient, effective and value for money Increase numbers of staff trained in adult support and protection and strengthen joint approach across health and social care staff.	• Progress through adult services management team meetings. • Review performance information re staff training	Mandatory Learn-pro module for all in-patient staff, good uptake of monthly training targeted at second worker training for NHS staff. Additional sessions developed as required.	On-going as 17/18
Implement the recommendations of the Community Addiction Team review across south Glasgow.	• Implementation taken forward by addictions management team	Staged delivery of the review recommendation, Access and Shared Care concluded and reviewed.	Complete
Participate in the work of the Learning Disability Tier 4 redesign process.	• Taken forward by city-wide learning disability planning group. • Work led by North East Glasgow	Review Group convened to develop options for supported living models and on-going work with local care providers to reduce delayed discharges.	On-going
Consider options for learning disability day care provision for the South.	• Taken forward by city-wide learning disability planning group. • Work led by North East Glasgow	Significant investment in the fabric of day service; business case developed to prioritise a new build in North Glasgow. South LD day services will continue as is for the forthcoming period Work commenced in relation to an integrated service model for CLDT; consultation is commencing 27th March 18.	Continue to link in with city-wide LD Planning Group. Follow up output of consultation
Work with third sector care	• Processed through the adult	Addictions New Community recovery	On-going

Priority	Key Actions	Progress 2017/18	Target 2018/19
providers, Commissioning and Finance to meet the challenges of rising costs of social care particularly in 24 hour services.	services management team	hubs established through commissioning with quarterly monitoring. About to undertake a re-commissioning of residential services	
Planning for the Future Ensure a shared understanding of the approach, process and inputs, delivery and outcomes of the roll out of personalisation within adult services, including increased numbers taking support in form of direct payment.	• Progressed through adult services management team meeting, locality planning groups and forums.	Work in relation to sleepovers due to the implementation the Scottish Living Wage is now complete. Direct payments continue to be consistently static around 15% in line with the rest of the City.	
Develop a contingency response procedure for replacement care if a Provider exits the social care market – all care groups	• Processed through service modernisation and commissioning	Contingency planning continually refreshed and updated as appropriate. This has not been required as the market has held stable and preventative actions have been successful.	On-going
Recovery programme Rebalanced relationship with alcohol and reduced drug use: Support the implementation of the Single Outcome Agreement for Alcohol and the Alcohol & Drug Partnership Strategy	• Contribute to community recovery within South Locality and further develop & deliver South Locality 'Recovery with Rangers' and 'Recovery with the Citizens' programmes. • Implementation of Single Outcome Agreement actions by March 2017	Delivery and evaluation of phase 1 of pilot programme integrating RWR, rowing, photography, cookery and swimming under the banner of South Health Addictions Recovery Programme (SHARP). SVQ3 Placement engaged with Portfolio 1 through Elevate Glasgow	Contribute to community recovery within South Locality, including ELEVATE- Glasgow and further develop & deliver South Health Addictions Recovery Programme (SHARP).
Roll out recovery training for all alcohol and drug service staff to ensure service is recovery orientated in line with review recommendations and ADP outcomes measures.	• Roll out to be overseen by locality addictions group.	South Recovery Matters training concluded. South Alcohol and Drug Service launched 2017, review identified development work with staff re recovery.	Take forward development work identified in review

Priority	Key Actions	Progress 2017/18	Target 2018/19
Improve mental wellbeing and resilience Implement the recommendations in the Mental Health Framework	• Delivery of community based stress service for adults and young people through the Lifelink Contracts.	Adult contract is on course to deliver against its annual targets	Delivery of community based stress service for adults and young people through the Lifelink Contracts.
	• Build capacity for Peer Mentoring approaches through local Mental Health Support networks.	platForum produced a research report on Peer Support. Further developments are dependent on on-going support to platForum and city-wide 5 year strategy	On-going
	• Build capacity of staff and third sector organisations through delivery of MH Training i.e. Seasons for Growth, Assist, Safe Talk and Suicide Prevention.	SMHFA training is planned for second half of financial year.	Continue to work with staff and third sector organisations. Develop Suicide Safer Communities Form for South Locality
	• Consider in depth training for contracted third sector organisations engaging with patients who have severe and enduring mental health issues.	Review outcome of activity and report on proposals for 2017/18	Implement proposals
Improve access to addiction treatment and care	• Introduce 'Access Teams' within existing alcohol and drugs community services to improve assessment and access to appropriate services.	Completed	N/A
	• Focus on more intensive, shorter-term interventions to maximise the opportunities for recovery.	Achieved 90% of clients commencing alcohol or drug treatment within 3 weeks of referral Recovery plans in place within 21 days of commencing treatment	Maintain performance
	• Establish presence of "lived experience" representation along with recovery hubs within Access Teams to support individuals not requiring/eligible for formal Care and Treatment provision.	Peer volunteers spend time within the teams every week	Continue to support peer volunteers

Priority	Key Actions	Progress 2017/18	Target 2018/19
	• Implement eligibility criteria consistently	Review September 2017	
	• Engage with service users and communities over proposals to locate NHSGGC addiction inpatient beds and 'Greater Glasgow' NHS day services at Gartnavel Royal Hospital, with enhanced outreach provision.	Day Services move to single site on hold due to issues with the fabric of the building	Complete review and move to implementation of new day service model. Undertake a suitability study of current premises in Kershaw Unit. Move to ensure single day programme running across both sites initially
	• Development of community based Recovery Clinics • Review of Clinics within Care and Treatment Services	Not commenced	Plan to introduce recovery clinics based within Community Recovery Hub (CRH) to offer safe detoxification from ORT in partnership with CRH

Older People, including older people's mental health

Priority	Key Actions	Progress 2017/18	Target 2018/19
Putting in place the architecture of Integration Establish an Integrated Management Team for OPPC ensuring that there is appropriate time and exposure of all components within OPPC agenda	• Agree TORs for schedule of meetings and arrangements for cascade of information to and from all staff	Integrated Management Team Established March 2017 4 locality engagement events taken place, involving OP teams and other agencies. Team building and understanding other services, relationship building.	Develop integrated teams (health and social work) built around the neighbourhood model. Build working relationships with GP clusters, contractors, third sector, RSLs and others.

Priority	Key Actions	Progress 2017/18	Target 2018/19
including physical disability and long term conditions			
Establish Locality Planning for older people and physical disability services that links to Community Planning and HSCP strategic planning arrangements.	• Implement the older peoples' system of care • Progress planning and implement integrated neighbourhood teams	Older People Locality Planning Group in place. Planning events taken place.	Review and monitor
Establish Locality Governance structures for OPPC that connect to wider HSCP, Health Board and Glasgow City Council arrangements.	• Ensure we have effective governance including for ASP, escalation of concerns, Datix reporting, complaints, outcomes of LMRs and Significant Clinical Incidents and audits. Encourage an increase in NHS input and presence at ASP meetings	Continue to review and evaluate to ensure effective governance arrangements in place. ASP Completed, Established processes in place	Review and monitor
	• Develop training and awareness arrangements for NHS staff on ASP	On-going roll out of training and awareness	Review and monitor
Match local service delivery against agreed priorities Test our service provision against • National priorities (e.g. the 9 Health and Wellbeing Outcomes and HEAT targets) • Outcomes and key actions described in the HSCP Strategic Plan 2016-19 (Strategy Maps).	• Specific local actions to deliver these to feature on the agenda of the OPPC planning group and management group. • Report on progress against agreed outcome measures/targets at the OPPC planning meetings and locality and HSCP management structures	On-going review of progress and performance through agreed action plan. On-going. citywide weekly operational delayed discharge meeting Home is Best Steering Group established working on draft operational procedures with development sessions	Continue to monitor performance against the action plan. On-going
	• Increase the number of people who receive supported living services at home	Progress made towards target including review of collection of performance data Supported living considered in all appropriate cases.	Continue to monitor performance against target
	• Increase in % of intermediate users transferred home (target	Continue to monitor through balance scorecard	Continue to monitor performance against target

Priority	Key Actions	Progress 2017/18	Target 2018/19
	30%)	Average % in previous 12 months is 27%	
	• Increase in % receiving re-ablement following referral for home care (target 75%)	Achieved on on-going basis, Cordia are working to improve enablement outcomes	Continue to monitor performance against target
	• Delayed discharges improve the number of patients over 65 breaching the 72 hour target	Target is a maximum of 20 delays per month. Continue to improve performance in this area to achieve set citywide targets	Continue to monitor performance against target
	• Contribute to a reduction in the percentage of people aged 65+ and 75+ dying in acute hospitals	40% target achieved in quarter 3 (44.2% 65+ & 43.9% 75+)	Continue to monitor performance against target
Focus on and develop service capacity particularly in relation to prevention and early support Develop services that are in line with the National Clinical Strategy (2015) http://www.gov.scot/Resource/0049/00494144.pdf and the NHSGGC Clinical Services Review.	• We will promote anticipatory care approaches throughout our services • We will focus on the prevention of falls across our services • Target residential and nursing care homes to support them to reduce falls	Anticipatory Care Completed for all intermediate care residents to support discharge home Citywide Strategic Group work-plan now concluded moving to locality groups. Work underway to improve falls awareness among staff. LA residential (Orchard Grove) and independent care homes have been engaged with the CAPA (Care about Physical Activity) programme.	Focus on the development of cross sector training, working with partners including the independent sector to remove barriers to accessing joint training. Continue to implement the CAPA programme to increase physical activity within the care home population, working with independent partners to share learning across the different care home settings.
	• Support early discharge from hospital, contributing to the on-going development of Intermediate Care and the accommodation based strategy • Maintain 90% occupancy rate • LOS target of 30 days	Intermediate care units established. Supporting staff to ensure that these areas are considered in the assessment process	On-going
	• Develop, test and evaluate effectiveness of level one and two	Key individuals at locality level are working to develop service based solutions to improve falls awareness.	Build on current work with Scottish Ambulance Service to reduce the number of uninjured

Priority	Key Actions	Progress 2017/18	Target 2018/19
	falls assessment tools	Focus is on increasing level 1 falls conversations and developing proxy measures.	fallers being transported to A&E by improving uptake of the SAS pathway into Community Rehab Services
Support residential and care homes to have easy and appropriate access to primary care services and routes for escalation - Focus on reducing the number of hospital admissions from care homes	• Develop a co-ordinated approach to District Nursing and treatment room services for residential care homes population	Work has not progressed to develop a residential treatment room service Focus on improving Level 1 Falls conversations and implementing the CAPA programme to increase physical activity. Focus on reducing unplanned admissions is progressing via Unscheduled Admissions Group led by Clinical Director	As above
Implement the Dementia Strategy locally	• Work with Acute and care homes re admissions and support provided to Care Homes	Dementia strategy service managers 2017/20 – national and local Glasgow – to be progressed in 2018.	On-going
Deliver on early intervention and person centred approaches to care for those with a mental health diagnosis	• Disseminate information re 8 pillars pilot and contribute to evaluation	All staff trained in person centred approach. 8 Pillars evaluation complete	Completed. Review and monitor
	• Raise awareness and understanding of dementia amongst our staff and the general public and to promote timely access to dementia diagnosis	Sessions carried out with OPMH staff as part of the 8 pillars pilot including key learning from 8 pillars evaluation rolled out across both teams Multi agency approach, RAG is now MDT, SW in attendance at OPMH ref meetings local approach to crisis intervention OPMH & SW	On-going
	• Evaluate the outcomes of the '8 Pillars' approach, centred on a Dementia Practice Co-ordinator role and implement good practise across all services.	On-going review agreed performance targets / progress at OP planning Group	On-going
	• Progress a consistent model of	Agreed measures for waiting times	Continue to monitor

Priority	Key Actions	Progress 2017/18	Target 2018/19
	Dementia Post Diagnosis support and progress to tender and implementation. Monitor and review waiting times	through dashboard measures. Waiting list for PDS Alzheimer's Scotland contracted to employ 2 additional 6 month fixed term contract to reduce waiting list citywide Developed a service pathway for referral to PDS as part of the new contract	performance and waiting times for access to PDS.
	• CMHT Framework to be implemented • Improve hospital environment to meet the needs of people with dementia as described in National Dementia Strategy, 10 Point National Action Plan.	CMHT Operational Framework action plan has been developed and strands on-going. Dementia Demonstrator Site on-gong until 2019 Met all 10 points; Single sex environment improved, access to appropriate garden space, reviewing and improving the furniture to reduce falls.	On-going
	• Glasgow City Dementia Strategy and Integrated Dementia Services Framework for Residential and Day care services and with Commitment 11 of the Strategy.	Commitment 11 action plan completed. Recruiting additional care home liaison nurse residential, stress and distress training is being rolled out in res homes	On-going
	• Deliver access to Psychological Therapies to meet HEAT target.	Continue to meet the target All inpatient staff completed stress and distress training; CBT training underway.	On-going
Palliative Care Take forward in South the HSCP palliative are strategy in South and support individuals with palliative care needs	• Support for individuals with Palliative Care needs • Continue to develop a South Locality Palliative Care plan in partnership with key stakeholders and partners taking account of key priorities outlined in the Palliative and End of life strategy	Continue to progress through the South Locality palliative care group.	On-going

Priority	Key Actions	Progress 2017/18	Target 2018/19
Continue to lead and implement on the polypharmacy / mindful prescribing agenda to ensure safe, effective and patient centred use of medicines in OP as per South Sector Prescribing action plan	• Reshape current prescribing support team commitment to focus on polypharmacy reviews	Prescribing support reviewed, on target to achieve 2017/18 action plan. Focus on continual improvement	On-going
Deliver services that are safe, efficient, effective and value for money Deliver services within budget; identify areas of further efficiency and areas requiring development, investment or disinvestment with reference to the Quality Strategy. Establish mechanisms for monitoring and reviewing performance against agreed KPIs across health and social care	• Ensure close budget monitoring to address any financial challenges • Included on the agenda of the OPPC planning group and Management Team agenda quarterly	On-going – OPMH ward/unit closed as part of the financial target achieved. Continue to identify opportunities for service reform and savings	Support the closure of Mearnskirk Hospital (led by acute) in March 2019 and agree a new model of provision to include a combination of beds and community supports. Link with the on-going review of Out of Hours Community Services to identifying opportunities for service reform and improve the model of OOH community nursing services across the city.
Planning for the Future Ensure that staff within OPPC are well informed about policy, strategy and emerging issues and are given opportunities to contribute to contribute to the shape of future services	• Locality events being planned May/June and autumn 2016 • Organise shared learning events, briefings and developmental opportunities throughout the year • Consider other models of service including for treatment room provision as part of the city wide review	4 engagement sessions and neighbourhood planning sessions targeted at Team Leader and Service Managers	On-going Recruit and train 11 phlebotomists. Ensure that the infrastructure is in place to support this service (IT etc.) Link with the on-going review of Out of Hours Community Services to identifying opportunities for service reform and improve the model of OOH community nursing services across the city.

Homelessness

Priority	Key Actions	Progress 2017/18	Target 2018/19
Putting in place the architecture of Integration Embed the community homeless service in the locality	• Improve the interface with all care groups. • Provide shadowing opportunities for Community Homeless Team	Regularly attend management meetings for all care groups Shadowing on-going	On-going
	• Increase access to preventive services	Housing Options implemented; review resulted in updated paperwork.	Review regularly
	• Undertake a review of the Housing Options approach to include referral numbers to preventative services and service user outcomes	Review report completed; quarterly reporting on-going	Review regularly
Match local service delivery against agreed priorities Homelessness prevention mediation service Improve provision for those leaving prison We are introducing this to the Prison Casework Team, this is a service that is currently available through housing options.	• Examine ways of reducing homelessness on leaving prison. • Work with SPS re measure outcomes. • Prison Casework Team to work more closely with Community Homeless Teams • Reduce the length of time that service users spend in bed and breakfast accommodation. • Aim to resettle people as quickly as possible following a period of homelessness	Prison homeless team are now dealing with all registered sex offenders the prison homeless team now cover duty in the South. Reviewed and no issues identified. Target has been increased from 24 to 30. Issue across the city with a lack of appropriate RSL lets (properties tend to be 2/3 bedroom which is unsuitable for large families or single people)	Work closely with SPS and Criminal Justice Social Work to improve outcomes for prisoners Continue to work to achieve target
Improve the quality of accommodation available to homeless service users.	• Agree a new service user involvement framework to ensure service users views are fed into planning and service delivery • Ensure services to refugees continue to be effective	HHL to carry out 2017/18 Service User Survey and submit to Executive Group	On-going
Improve our arrangements for service user involvement	• Continue to ensure access to cost effective interpreting services	HHL to carry out 2017/18 Service User Survey and submit to Executive	On-going

Priority	Key Actions	Progress 2017/18	Target 2018/19
	• Carry out annual survey on access to health and social care services	Group	
Support the development of services to refugees and new communities	• Ensure staff have access to up to date guidance for homeless applicants with no recourse to public funds • Community Homeless Team to work closely with Children and Families Roma Team to support Roma families • Continue to examine opportunities to develop access to private rented sector.	On-going	Review and monitor
Focus on and develop service capacity particularly in relation to prevention and early support Strengthen the focus on homelessness prevention Mitigate the effects of welfare reform	• Continue to support the Housing Options approach, to prevent homelessness. • Improve links with the private rented service in conjunction with DRS to improve private rented accommodation. • Improve joint work with law centres • Support delivery of the single outcome agreement Housing and Homelessness work stream • Continue to monitor the impact of welfare reform • Continue to ensure staff can signpost	The HSCP continues to support the 18 Housing Options' sites in South Glasgow. Named contacts in every care group; regularly reviewed. Health and Homeless Lead acts as a single point of contact to Housing Options' sites for access to HSCP and other services	On-going
Deliver services that are safe, efficient, effective and value for money Strengthen tenancy sustainment activity Improve outcomes for multiply	• Improve pathways into services • Develop innovative approaches to accessing housing support services • Improve access to homeless prevention services to tenants in	Turning Point Scotland contracted to provide homelessness housing support; this includes prevention of homelessness work	Co-locate both in Council buildings and Turning Point Scotland buildings to improve outcomes for homeless service users in relation to securing a permanent tenancy

Priority	Key Actions	Progress 2017/18	Target 2018/19
excluded homeless service users Ensure effective service pathways for vulnerable people	private rented sector • Review and develop pathways for vulnerable adults and children		
Planning for the future Ensure commissioned services continue to be strategically relevant, meet the needs of service users and the wider community. Access to employment, health and education	• Work with GCC Commissioning Team on a review of commissioned services, including housing support and Bed and Breakfast accommodation.	Continue to work closely with the commissioning team	Work closely with Social Work Services Commissioning Team in relation to the implementation of the homeless alliance.

6. Health Improvement and Inequalities

Priority	Key Actions	Progress 2017/18	Target 2018/19
Less difference in healthy life expectancy between neighbourhoods and groups Thriving Places: Contribute to the development of a place based approach to community capacity building and neighbourhood regeneration through partnership working in Gorbals, Priesthill/Househillwood and Govan.	• Support the Gorbals Regeneration Group develop the Thriving Places agenda, including development of a communications strategy • Community engagement 'creating conversations' activities undertaken in Gorbals and Priesthill/Househillwood thriving places. • Support the selection process to ensure the appointment of anchor organisation for Priesthill/ Househillwood • Continue to work with	Community Events including Community Market, Gorbals Fun, Spirit of the Gorbals, St Francis Com Garden, Community Breakfast, School Holiday Programme, Arts Strategy Group & Community Renewal Continue the development of neighbourhood forum and thematic groups. Anchor organisation &Community connecter appointed Consortium of local organisations	Support the Gorbals Regeneration Group in its delivery of a thriving places agenda, including the development of an engagement strategy which will link to the Gorbals Locality Plan. Build on existing relationships within the Priesthill/Househillwood area, continue to enhance established community resources.

Priority	Key Actions	Progress 2017/18	Target 2018/19
	partners to develop the Thriving Places approach in Govan. • Support the wider community planning agenda and requirements for the development and delivery of Local Outcome Plans.	(Galgael, Plantation Productions & Govan Community Project) are progressing the Community Engagement aspect of Govan Thriving Places; report to be produced by end of financial year Assisted in the development of the 4 CPP Locality Plans (3 thriving places and Govanhill)	Govan: Continue to work with partners to develop thriving places approach.
Govanhill Neighbourhood: Responding to the diverse needs of Govanhill community	• Recruitment of additional peer educators for Roma Peer Education Programme • Implementation of capacity building and training programme for peer educators.	Training needs identified. Update sessions taken place, focus on oral health & GP registration; Antenatal care and pharmacy update session planned. Pilot developed in conjunction with EU Health Visiting Team, Health Improvement, OHD and Childsmile move to whole family approach for newly transferring in families. Staff input delivered Govanhill ESOL classes around specific health themes.	Support current Peer Educators in their delivery of Peer Education sessions and development of their role within a wider context.
Reduced exposure and use of tobacco Smoke: Support the Implementation of the Glasgow Tobacco strategy	• Target our smoke free services to patients in SIMD 1 & 2 to ensure new HEAT Target is reached. • Make use of data to target new partnerships with pharmacies • Improve marketing to support update of services (Govan & Gorbals) • Target BME Groups within Govanhill	83 clients set quit dates at these 2 new services. Data is being used to inform discussions with local community pharmacies; 28 staff attending training session to improve outcomes, data recording and partnership working. Facebook marketing targeted within local areas of high deprivation to promote local stop smoking services, sharing good news stories, etc.	Continue to target our smoke free services to patients in SIMD 1&2 to ensure new LDP target is reached.

Priority	Key Actions	Progress 2017/18	Target 2018/19
		Smoking cessation information and support available at the EU drop in clinic held in Govanhill.	
Rebalanced relationship with alcohol and reduced drug use: Support the implementation of the Single Outcome Agreement for Alcohol and the Alcohol & Drug Partnership Strategy	• Train local partners in Alcohol Brief Intervention. • Community Alcohol campaigns • Increase the number of people participating in 'Recovery with Rangers' and other recovery programmes.	ADP, P & E Contracts Started July 2017: ABI training & delivery. Workforce Development Alcohol & Drug Training. October 2017: Children & Families Multiple Risk Contact, 1:1 service and Prevention & Education programme Community Alcohol Campaigns in Govan and Ibrox delivered 32 people involved over 2 courses. Recovery with Rangers integrated into SHARP	Train staff & partners in Alcohol Brief Intervention's (ABI) and monitor delivery towards the LDP target. Deliver & evaluate the delivery of CRAFFT screening and brief interventions for young people. Develop referral guidelines for youth workers in South Locality and within a wider context. On-going work to support Increase the number of people participating in SHARP and other recovery programmes
Reduce Poverty and Build Aspirations Deliver financial inclusion services including income maximisation, financial capability and debt management.	• Increased referrals to financial inclusion services. • Peer support group established.	Resources secured to deliver the service in 2017/18; on track for referrals and uptake of service. Attendance allowance flyers were produced and distributed to staff and third sector organisations. Continuing to support Money Matters in delivery of the project.	Increased referrals to financial inclusion services.
Employability	• Deliver employability services through the Bridging Service. • Promote the service to improve referral rates	Joint presentation with Momentum at management development group and links made with HI team. Occupational Therapist now operating in South within Pollok Civic Realm.	Continue to deliver employability services through the Bridging Service.
Deliver actions to address	• Deliver food and nutrition	Food for Thought contract awarded to	Continue to deliver food and

Priority	Key Actions	Progress 2017/18	Target 2018/19
poverty including food poverty and the stigma of living in poverty for our patients and communities.	programmes.	Urban Roots to deliver community/family meals in the Thriving Places areas. Cookery courses continue part funded by HI and IGF. HI funding to Urban Roots to pilot a Food Co-op style initiative in the Priesthill/ Househillwood Thriving Place.	nutrition programmes. Implementation, monitoring and evaluating of Food For Thought Contract.
Creating a Culture for health in the city (alcohol drugs smoking and obesity) Promote breast feeding and healthy early years (NHWO 1,2,3,5,7,9) Deliver Oral health Improvement Programmes based on local Population needs targeting BME and Vulnerable communities within Budget; Identify areas for further efficiency and	• Maintain UNICEF baby accreditation awarded. • Welcome award and BFFN to be targeted in localities with lowest breastfeeding rates and highest BME communities • Support exclusive breastfeeding among BME communities. • Support the Child healthy Weight programme.	Unicef Baby Friendly accreditation maintenance programme continues. Annual audit submitted Sept 17. Sector will look to progress to Unicef Achieving Sustainability Gold award in next two years BFFN award on-going. Improved links with education to support uptake of outstanding nurseries Roll out of Welcome Award to Glasgow Life (and other large orgs) in 2018. New breastfeeding Group Launched Pollok Nov 17 to target areas with low breastfeeding rates. Scottish Gov funding up to March 18 for Govanhill Baby Café run by National Childbirth trust (NCT) with HV teams /Health Improvement. Child Healthy Weight programmes continue in Govan and Priesthill/ Househillwood. 30 Starting Solids Sessions delivered across 7 venues in 2017 (Ave 4 per venue).Sessions being reviewed and	Maintain Unicef Baby friendly Standards and progress towards achieving the Unicef BFI Achieving Sustainability (Gold) award Continue breastfeeding public acceptability work (breastfeeding Nursery and breastfeeding welcome awards) in the locality with a focus on manager cascade training to increase roll out. Continue to provide support to baby cafe in Govanhill and new breastfeeding support at Pollok. Look at options to develop further breastfeeding support 2018/19 Delivery of 32 starting solids sessions per year. Number of targeted establishments and age range

Priority	Key Actions	Progress 2017/18	Target 2018/19
areas requiring development, investment or disinvestment with reference to the SHANARI indicators(NHWO 1,2,3,5,7,9)	• Number of programmes/ local residents involved in early years programme	targeted to areas with most need. Fluoride Varnish Programme consent process reviewed, increase in consents noted. Oral Health Training delivered to EYS and key partners. Daisy Chain pilot programme to improve the oral health of local children particularly Roma continues. Working in partnership with Early Years Scotland, Bookbug, Jeely Piece Club and Home-Start Glasgow South. Partners encouraged to offer services in local neighbourhood areas.	of children consented for Fluoride varnish to Increase during 2018/19 Reduce incidence of dental caries in pre fives: On-going delivery of oral health prevention programme in early years establishments. . Method of updating staff training via managers updates being rolled out.
Early intervention, prevention and harm reduction. **Public protection including keeping vulnerable people safe from harm.**	• Child and young people's mental health and wellbeing framework		Implementation of the board child and young people's mental health and wellbeing framework.
Providing greater self-determination and choice Young Parents Programme	• Young Parents Programme		Develop a tailored programme to meet the expressed needs of young parents to provide opportunities for personal and social development.
Providing greater self-determination and choice Health Issues in the Community (HIIC)	• Increase community capacity and participation and supports community development approaches to tackling inequalities in health.		Continue to identify groups of young people to participate in the Health Issues in the Community programme.
Early intervention, prevention and harm	• Weigh to Go - healthy, sustainable and successful weight		Co-ordinate the Weigh to Go programme in the South,

Priority	Key Actions	Progress 2017/18	Target 2018/19
reduction. Weigh to Go	loss for young people who are overweight and want to lose/manage their weight.		refer/sign post young people to the service and continue to raise awareness (with young people and relevant partners) of the supports available.
Focus on and develop service capacity particularly in relation to prevention and early support	• Early notification of dates of generic training for all staff		Wide communication of objectives and benefits of GBV specific Training opportunities to be targeted at Health Visiting staff

7. PROMOTING EQUALITY

The South Locality will contribute to the delivery and actions and priorities set out within Glasgow City HSCP's Equality Plan 2016-18. Key actions and priorities for the South include:

- roll out of ' Checking It Out' Toolkit across services;

- staff awareness raising sessions to improve uptake and referrals to interpreting services and use of accessible information for patients;
- maintaining accessibility audits and Equality Impact Assessments for new buildings;
- participation in Equality Impact Assessments of cost savings, service redesigns, service developments and policies;
- hate crime awareness and reporting;
- routine enquiry money worries, gender based violence (GBV), employability and appropriate onward referral;
- responding to findings of the Fairer NHS staff survey alongside staff training priorities (Asylum seekers & Refugees, Poverty e-learning module, key care groups including Roma and GBV;
- meeting the requirements of the HSCP's participation and engagement strategy including equalities monitoring of community engagement;
- analysing performance monitoring and patient experience by protected characteristics as required; and,
- provision of a programme of equality and diversity training for South staff and local organisations.

Gender Based Violence

Priority	Key Actions	Progress 2017/18	Target 2018/19
Putting in place the architecture of Integration Embed the work of the South GBV Implementation Group in the locality	• Improve liaison with HSCP care groups	Locality Groups including South GBV Implementation Group to be reviewed in March 2018 as part of a citywide cross locality approach. HSCP staff offered multi-agency GBV training on an on-going basis.	On-going training programme
Match local service delivery against agreed priorities	• Concentrate effort in 'hot spots'	Daisy project continues to cover the whole of the South. Police have been active members of both the South Implementation Group and Events Sub Group. A programme of events for 16 days took place; 6 events in the Govan hot spot.	Work with partners such as the Police to target activity where required
Focus on and develop service capacity particularly in relation to prevention and early support	• Early notification of dates • Wide communication of	Training timetable shared with HSCP staff and partner organisations Tailored sessions delivered to housing	Continue to raise awareness of GBV training and the benefits

Priority	Key Actions	Progress 2017/18	Target 2018/19
Promote attendance at multi-agency, multi-disciplinary awareness raising training	objectives and benefits	staff 4 lunchtime drop-in sessions for HSCP and acute sector staff held during 16 days FGM Awareness session took place with a mix of partner Youth staff and HSCP staff.	of training GBV specific training opportunities to be targeted at Health Visiting Staff
Deliver services that are safe, efficient, effective and value for money	• Advertise availability of local and city-wide services • Annual diary of events, particularly 16 Days of Action • Continue to deliver annual programme with £6k IGF and 'in kind' input • Locality staff continue to participate in MARAC	Women Where to Go leaflet shared widely during 16 Days of Action GBV stall at Mental Health Awareness community session Full 16 Days' programme delivered in 2016 Locality staff took part in the review of MARAC and participate	On-going
Planning for the future	• Ensure services in the South are strategically relevant • Work with Community Planning Partners	South GBV Implementation Group and other locality groups to be reviewed in March 2018 as part of a citywide cross locality approach. Hotspots and equity of service for GBV to continue to be discussed with partners; hot spot areas have received extra support during 16 days and International Women's Day events.	On-going
Public Protection – including keeping vulnerable people safe from harm	• Ensure local communities and those who access our services are safe from harm	Offer a range of supports e.g. Youth worker guidelines Providing GBV training Coordination of the Schools Health Relationships drama programme	

8. RESOURCES

Accommodation

Services are delivered across a wide range of locations in the South locality. Our vision is that we will focus our health and social care services around our four main centres in Gorbals, Castlemilk, Govan and Pollok supported by other smaller centres across the south. We will take forward a programme to improve our accommodation and support the delivery of integrated health and social care services to the people of South Glasgow. We have begun a major project to assess the scope for increasing clinical space, making better use of our non-clinical areas through the introduction of agile working, and improving facilities for staff and patients.

Work has commenced on a new health and care centre in the Gorbals to replace the existing Gorbals Health Centre, the Two Max building and the South Bank Centre for Specialist Children's services. This is due to be operational in early 2019. We have also begin to make significant moves in Rowanpark so that this becomes a hub for children's and families services serving the South West, and remodel Govan health centre and Elder Park Clinic as one of four bases in the South for our new integrated teams for older people. We are currently assessing space in both Castlemilk health centre and Castlemilk social work office to better support integration. During 2018/19 we will also be exploring options for a new HQ.

Human Resources

We have a total of 1,841 staff working in the South – 1,288 NHS staff and 553 social work staff. We have undertaken a programme of staff engagement to raise awareness about integration and what it means for staff and teams, and the challenges facing the HSCP. Each care group has also undertaken staff engagement sessions to explore specific issues of relevance to them. Supporting staff through training and other personal development opportunities will be a priority for us going forward. We are also conscious of the current sickness absence rates for NHS and social work staff, are currently above target.

Finance

The indicative budget for the locality in terms of net expenditure for 2018/19 is approximately £236.9m as shown below by care group.

South Locality Budget by care group 2018/19

GCHSCP – South	**2018/19**
Children and Families	15,709,000
Prisons Healthcare and Criminal Justice	2,428,000
Older People	35,641,000
Addictions	3,990,000
Carers	575,000
Elderly Mental Health	7,349,000
Learning Disability	20,780,000
Physical Disability	5,525,000
Mental Health	24,719,000
Homelessness	1,295,000
Prescribing	47,106,000
Family Health Services	61,160,000
Hosted Services	3,951,000
Other Services	6,700,000
Total	**236,928,000**

Item No: 17

Meeting Date: **Wednesday 19th September 2018**

Glasgow City Integration Joint Board

Report By: **David Williams, Chief Officer**

Contact: **Allison Eccles, Standards Officer**

Tel: **0141 287 6724**

IJB MEMBERSHIP AND UPDATE TO STANDING ORDERS

Purpose of Report:	To advise members of a number of changes to membership of the IJB, and to propose an amendment to Standing Orders around declarations of interest.

Background/Engagement:	None – relates to matters of governance.

Recommendations:	The Integration Joint Board is asked to: a) note the changes to IJB membership; and b) approve the action at 2.7 and the amendment to Standing Orders as proposed in section 3 of this report.

Relevance to Integration Joint Board Strategic Plan:

Papers relates to matters of governance

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Papers relates to matters of governance

Personnel:	As above

Carers:	As above

Provider Organisations:	As above

Equalities:	As above

Financial:	As above

Legal:	Membership of the IJB is defined in legislation, as are a number of provisions within Standing Orders.

Economic Impact:	Papers relates to matters of governance.

Sustainability:	As above

Sustainable Procurement and Article 19:	As above

Risk Implications:	None

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	The health board is required to appoint a non-executive director or other health board member (who is not a councillor) to the vacancy on the IJB.

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

1.1 To advise members of a number of changes to membership of the IJB, and to propose an amendment to Standing Orders around declarations of interest.

2. IJB Membership

2.1 **Vice Chair and Voting Member**
Trisha McAuley has resigned as a non-executive director of NHS Greater Glasgow and Clyde, and as a consequence may no longer serve as a member of the Glasgow City Integration Joint Board. This leaves a vacancy on the IJB for a Health Board member, and for the position of vice-chair of the IJB. Trisha's departure also leaves a vacancy on the Public Engagement Committee and Performance Scrutiny Committee.

2.2 NHS Greater Glasgow and Clyde have advised that Simon Carr will assume the role of the health board's lead on the Glasgow City IJB and will therefore become vice-chair of the IJB. As Simon Carr is already a member of the IJB, there remains a vacancy for a voting member appointed by the health board. The health board have advised that this will be filled by Mark White, Director of Finance at NHSGGC.

2.3 **Clinical Director**
NHS Greater Glasgow and Clyde have advised that Dr John Nugent will become a member of the Glasgow City Integration Joint Board as the non-voting member representing GPs and Primary Care. Dr Nugent replaces Dr Richard Groden.

2.4 **Nurse Director**
NHS Greater Glasgow and Clyde have advised that Sheena Wright, Interim Chief Nurse, Glasgow City HSCP will become a member of the Glasgow City Integration Joint Board as the non-voting member representing Nursing. Sheena Wright replaces Elaine Love.

2.5 **Medical Director**
The IJB's Standing Orders state that any member unable to attend a meeting "may send any suitably qualified individual as a proxy". Dr Michael Smith's substitute will now be Dr Martin Culshaw, Deputy Associate Medical Director Mental Health.

2.6 **Non-Voting Members**
The Standing Orders for Glasgow City IJB outline that the length of term that a voting and non-voting member is able to remain an IJB member without review is a maximum of three years. In this context, the following members will have concluded their three years at the IJB meeting in December 2018:

- Peter Miller
- Anne Scott
- Ann Souter
- Shona Stephen

2.7 It is proposed that the Chief Officer writes to the respective stakeholder groups that originally proposed these members as IJB members and invite those groups to either confirm continuing membership or provide an alternative name and to do so by the December IJB.

3. Standing Orders

3.1 The Standing Orders of the Glasgow City IJB currently state at section 12.2 that all members should provide an updated declaration of interest on an annual basis.

3.2 Annual returns submitted by members to date show very little change from year to year, with the majority of members simply stating that there has been no change rather than submitting a new return.

3.3 It is therefore proposed that Standing Orders be revised to state that members need to submit a new return whenever there is a change to be made to their existing declaration(s). Revised wording of section 12.2 is proposed as (changes highlighted):

"*All Members are required to complete a register of interests in a standard format to comply with their obligations under the Code of Conduct, within a month of appointment and when any changes occur. A form to register interests will be sent to all Members on appointment and ~~shall be renewed annually~~* ***members must submit an updated form when there are any changes.*** *Details of declarations made are published on the Internet and made available for inspection at the Principal Offices of the Integration Joint Board.*"

4. Recommendations

4.1 The Integration Joint Board is asked to:

a) note the changes to IJB membership; and
b) approve the action at 2.7 and the amendment to Standing Orders as proposed in section 3 of this report.

Item No: 18

Meeting Date: **Wednesday 19th September 2018**

Glasgow City Integration Joint Board

Report By: **Allison Eccles, Head of Business Development**

Contact: **Duncan Goldie, Performance Planning Manager**

Tel: **0141 287 8751**

HEALTH AND SOCIAL CARE PARTNERSHIP
QUARTER 1 PERFORMANCE REPORT 2018/19

Purpose of Report:	To present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 1 of 2018/19.

Background/Engagement:	The IJB have previously agreed that a Performance report would be produced and presented to them on a quarterly basis.

Recommendations:	The Integration Joint Board is asked to: a) note the attached performance report for Quarter 1 of 2018/19.

Relevance to Integration Joint Board Strategic Plan:

The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined on page 47 of the Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focussed.

Personnel:	None

Carers:	Operational performance in respect to carers is outlined within the carers section of the attached report.

Provider Organisations:	None

Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.

Financial:	None

Legal:	The Integration Joint Board is required by statute to produce an Annual Performance Report within four months of the end of each financial year and to have routine performance management arrangements in place.

Economic Impact:	None

Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	None

Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes performance indicators previously reported to the Council.

Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework includes performance indicators previously reported to the Health Board.

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

1.1 The purpose of this report is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 1 2018/19.

2. Background

2.1 The Integration Joint Board noted an initial draft performance report on 21st March 2016, which brought together the performance indicators previously produced separately for Health and Social Work, within a single draft Joint Performance Report. This report captured the performance of the Health and Social Care Partnership, in relation to a range of key performance indicators across Health and Social Work Services.

2.2 At this meeting, it was suggested that indicators which were too operationally focused and those which are updated annually/biennially were removed from the framework of the Integration Joint Board performance report, which the Board felt should be more strategically focussed.

2.3 The first full Joint Performance report was then presented to the Integration Joint Board on the 21 September 2016, relating to the period Q1 2016/17. It was agreed that this would be produced on a quarterly basis going forward. The latest performance report for Quarter 1 of 2018/19 is now attached.

2.4 In addition to these Integration Joint Board Performance reports, Scottish Government Statutory Guidance makes it clear that Health and Social Care Partnerships are expected to have routine performance management arrangements in place, with regular performance reports produced for internal scrutiny by their respective management teams.

2.5 A more detailed Joint Performance report has, therefore, been developed in order to enable scrutiny of operational performance by Health and Social Care Partnership Management Teams and the Finance and Audit Committee. This is similar to the attached Integration Joint Board report, but includes a wider set of more operational performance indicators. It also contains detailed performance data for all indicators and localities, whereas the attached report summarises performance, then provides more detailed information on an exception basis for those indicators which are below target, and those which have changed their RAG (Red/Amber/Green) status in a positive direction.

2.6 It should be noted that these reports and performance management processes are one component of the internal scrutiny arrangements which have been put in place across the Health and Social Care Partnership. Other processes have been established to oversee and scrutinise financial and budgetary performance, clinical and care governance, and the data quality improvement regime

2.7 It should also be noted that in addition to these quarterly performance reports, Annual Performance Reports - as required by the Public Bodies (Joint Working) (Scotland) Act 2014 - have been published and are available on the Partnership website for 2017/18 and 2018/19.

3. Reporting Format

3.1 In the performance summary section of the attached report, a summary table is provided which for each care group, notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods and highlights those indicators which have changed status. A second table then lists all of the indicators and provides their current city wide RAG status and their direction of travel since the last reporting period.

3.2 Performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target. Performance has been classified as GREY when there is no current target and/or performance information to classify performance against.

3.3 In the main body of the report, for those indicators which are AMBER or RED at a city level, a more detailed analysis including locality information and status; performance trends; improvement actions; and timelines for improvement are provided.

3. 4 For all indicators, their purpose is described, along with an indication of which National Integration Outcome they most closely impact upon, and whether they have been defined at a local, corporate, or national level as outlined below:

- Local Health and Social Work Indicators (chosen locally by the Partnership).

- National Integration Indicators (specified nationally by the Scottish Government to provide a basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes).

- NHS Local Development Plan Indicators (specified nationally by the Scottish Government and measured as part of NHS Board accountability processes)

- Ministerial Strategic Group for Health and Community Care (MSG) Indicators (specified nationally to monitor progress in relation to the integration agenda)

4. Recommendations

4.1 The Integration Joint Board is asked to:

a) note the attached performance report for Quarter 1 of 2018/19.

CORPORATE PERFORMANCE REPORT

(Integration Joint Board)

QUARTER 1
2018/19

CONTENTS

PERFORMANCE SUMMARY

1. Key to the Report

Outlined below is a key to the classifications used in this report.

Classification		Key to Performance Status	Direction of Travel - Relates to change between the last two quarters or last two reporting periods for which information is available	
	**RED**	Performance misses target by 5% or more	▲	Improving
	**AMBER**	Performance misses target by between 2.5% and 4.99%	▶	Maintaining
	**GREEN**	Performance is within 2.49% of target	▼	Worsening
	**GREY**	No current target and/or performance information to classify performance against.	**N/A**	This is shown when no comparable data is available to make trend comparisons

2a. Summary

The table below presents a summary of performance of the measures contained within the body of this Combined Performance Report. It reports changes in RAG rating between the 2 most recent quarters, or where the data is not reported quarterly, the last two reporting periods for which information is available.

CARE GROUPS/AREAS	Quarter 4 RAG Rating				Quarter 1 RAG Rating				Changes in Status (Last 2 Periods)
									
Older People (No. and %)	**2** 33.3%	**1** 16.7%	**3** 50%		**2** 33.6%		**4** 60%		**Amber ⇨ Green** 4. Percentage of service users who receive a reablement service following referral for a home care service (Hospital Discharge)
Primary Care (No. and %)			**1** 100%				**1** 100%		None
Unscheduled Care (No. and %)	**3** 60%			**2** 40%	**3** 60%			**2** 40%	None
Carers (No. and %)			**1** 100%				**1** 100%		None
Children's Services (No. and %)	**1** 25%	**1** 25%	**6** 75%		**2** 25%		**6** 75%		**Amber ⇨ Red** 4. Access to specialist Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks

Adult Mental Health (No. and %)	**1** 25%	**1** 25%	**2** 50%		**2** 50%		**2** 50%		**Red ⇨ Green** 2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Gartnavel) **Amber ⇨ Green** 1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral (North West) **Green ⇨ Red** 1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral (North East) 2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Stobhill)
Alcohol & Drugs (No. and %)			**1** 100%				**1** 100%		None
Homelessness (No. and %)			**1** 50%	**1** 50%			**1** 50%	**1** 50%	None
Criminal Justice (No. and %)	**2** 100%				**1** 50%		**1** 50%		**Red ⇨ Green** 2. Percentage of Community Payback Orders (CPOs) with a Case Management Plan within 20 days

Health Improvement (No. and %)	**2** 33.4%		**4** 66.6%		**1** 16.7%		**5** 83.3%		**Red ⇨ Green** 2. Smoking Quit Rates at 3 months from the 40% most deprived areas.
Human Resources (No. and %)	**2** 100%				**2** 100%				None
Business Processes (No. and %)	**3** 60%		**2** 40%		**3** 60%		**2** 40%		No changes in status
TOTAL (No. and %)	**16** 37.2%	**3** 7%	**21** 48.8%	**3** 7%	**16** 37.2%	**0** 0%	**24** 55.8%	**3** 7%	**8 changes in status**

2b. Performance at a Glance

The table below presents a summary of performance at a city wide level for the performance measures contained within the body of this Combined Performance Report. The main body of the performance report provides locality and trend information and summarises actions being taken to improve performance where relevant.

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Older People				
1. Number of community service led Anticipatory Care Plans in Place.	900 for 2018/19	Q1	280	▲
2. Number of people in supported living services.	830 by the end of 2018/19 (24 per quarter increase)	Q1	765	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3. Percentage of service users who receive a reablement service following referral for a home care service.	75%	Cordia Period 4	77.9% (Hosp)  77.6% (Comm) 	▲ Hospital ▼ Community
4. Total number of Older People Mental Health patients delayed (Excluding AWI)	0	May 18	11 	►
5. Intermediate Care: Percentage of users transferred home.	>30%	Jun 18	22% 	▲
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List.	78%	Q4	 79.45%	▲
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances (All ages)	197,542 for 18/19	2017/18	205,642 	▼
2. Number of emergency admissions (All ages)	75,750 for 18/19	2017/18	69,697 	▲
3. Total number of Acute Delays	20	May 18	64 (exc AWI) 15 (AWI) 	▼
4. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	10,000 for 18/19	2017/18	10,982 	▲
5. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	1910 for 18/19	2017/18	2098 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Carers				
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	1,650 per annum/413 per quarter	Q1	515 	▲
Children's Services				
1. Percentage of HPIs allocated by Health Visitors by 24 weeks.	95%	Apr 18	NE - 96%  NW - 94%  S - 96% 	**NE▲** **NW▼** **S ▲**
2. Access to CAMHS services – percentage seen with 18 weeks	100%	Apr 18	92.9% 	▼
3. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q1	68% 	▲
4. Number of high cost placements	Reduction of 20 in 2018/19 to 47	Q1	61 	▼
5i. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	95%	Q4	93.9% 	▲
5ii. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	95%	Q4	96.0% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Jun 18	NE 83.1% NW 93.8% South 96.5%	NW ▲ NE & South▼
2. Total number of Adult Mental Health delays	0	May 18	14 (exc AWI) 5 (AWI)	▲
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	90%	Q4	92%	▼
Homelessness				
1. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum for 17/18	Q4	84	▲
2. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made	100%	Q4	65.5%	▼
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q1	72%	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q1	91%	▲
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	1,266 (to Q1)	Q1	1,279	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	1,388 per annum	Annual Total 17/18	1,398	▲
3. Women smoking in pregnancy (general population)	13%	Q1 18/19	11.3%	▲
4. Women smoking in pregnancy (most deprived quintile).	19%	Q1 18/19	16.7%	▲
5. Exclusive Breastfeeding at 6-8 weeks (general population)	24.0% (HSCP)	Q2 17/18	27.5%	▲
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).	21.6% (HSCP)	Q2 17/18	19.8%	▲
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Mar 18	5.90%	▼
2. Social Work Sickness Absence Rate (Average Days Lost)	<2.53 ADL (average days lost) per employee	Q4	3.3 ADL	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale	70%	Q1	97% 	▲
2. Percentage of NHS Stage 2 Complaints responded to within timescale	70%	Q1	74% 	▲
3. Percentage of Social Work Stage 1 Complaints responded to within timescale.	70%	Q4	61% 	▲
4. Percentage of Social Work Stage 2 Complaints responded to within timescale	70%	Q4	29% 	▼
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.	100%	Q4	99% 	▲

1. OLDER PEOPLE

Indicator	4. Total number of Older People Mental Health patients delayed (Excluding AWI)
Purpose	To monitor the extent to which Older Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the Health Board monthly census date. These relate to patients coded to 'G4' - the psychiatry of old age. Figures for patients coded G1 – general psychiatry – are in the adult mental health section later in this report. These figures exclude AWI (Adults with Incapacity).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

TARGET	AREA	Apr 16	Apr 17	Feb 18	Mar 18	Apr 18	May 18	Jun 18
0	NE	0 (G)	0 (G)	2 (R)	1 (R)	5 (R)	3 (R)	5 (R)
	NW	7 (R)	1 (R)	2 (R)	2 (R)	4 (R)	1 (R)	2 (R)
	South	4 (R)	10 (R)	7 (R)	8 (R)	7 (R)	7 (R)	10 (R)
	City	11 (R)	11 (R)	11 (R)	11 (R)	16 (R)	11 (R)	17 (R)

Performance Trend

Numbers vary across localities and over time and have remained RED. South has had the highest number of delays over the period since January 2018.

Actions to Improve Performance

Our performance in this area remains a concern and revised improvement plans are being developed and implemented as part of the HSCP's older people transformation programme. There is a regular and robust scrutiny process in place for all cases involving clinicians, hospital managers, bed managers and both health and social work service managers. Work will continue to ensure reductions going forward.

Timeline for Improvement

Improvements towards meeting the target are anticipated by the end of Q2 in 2018/19.

Indicator	5. Percentage of intermediate care users transferred home
Purpose	To monitor the destinations of people leaving intermediate care with the aim of increasing the percentages returning home.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality		**Targets**	**Apr 16**	**Apr 17**	**Dec 17**	**Jan 18**	**Feb 18**	**Mar 18**	**Apr 18**	**May 18**	**Jun 18**
Glasgow	**Home**	**30%**	**21% (R)**	**25% (R)**	**34% (G)**	**24% (R)**	**26% (R)**	**21% (R)**	**34% (G)**	**23% (R)**	**22% (R)**
	Res/Nursing	N/A	52%	62%	43%	60%	55%	66%	45%	61%	57%
	Readmissions	N/A	25%	10%	15%	9%	6%	12%	12%	12%	16%
	Deceased	N/A	2%	1%	8%	7%	3%	1%	5%	4%	5%
NE	**Home**	**30%**	**22% (R)**	**30% (G)**	**38% (G)**	**33% (G)**	**28% (A)**	**16% (R)**	**33% (G)**	**25% (R)**	**13% (R)**
	Res/Nursing	N/A	39%	59%	43%	52%	62%	43%	50%	50%	58%
	Readmissions	N/A	33%	7%	10%	25%	10%	15%	16%	25%	25%
	Deceased	N/A	6%	0%	10%	2%	1%	8%	0%	0%	4%
NW	**Home**	**30%**	**21% (R)**	**22% (R)**	**32% (G)**	**21% (R)**	**25% (R)**	**34% (G)**	**27% (R)**	**33% (G)**	**31% (G)**
	Res/Nursing	N/A	57%	57%	48%	52%	62%	43%	57%	59%	53%
	Readmissions	N/A	21%	17%	16%	25%	10%	15%	11%	7%	11%
	Deceased	N/A	0%	4%	4%	2%	1%	8%	4%	0%	4%
South	**Home**	**30%**	**21% (R)**	**22% (R)**	**32% (G)**	**21% (R)**	**25% (R)**	**34% (G)**	**39% (G)**	**13% (R)**	**22% (R)**
	Res/Nursing	N/A	58%	70%	39%	52%	62%	43%	33%	70%	59%
	Readmissions	N/A	21%	7%	18%	25%	10%	15%	9%	6%	11%
	Deceased	N/A	0%	0%	11%	2%	1%	8%	9%	10%	7%

Performance Trend
Variations across localities and over time. Performance was RED in the North East, South and city-wide in the last 2 months of the quarter; over the same period performance in North West was GREEN. Variations between periods at a citywide level can be explained largely by the fact that the numbers are relatively small, so that the effects of changes in these numbers can appear magnified in percentage terms.
Actions to Improve Performance
Performance in the North East continues to be a concern and remains RED although performance improved in the last quarter. North West remains GREEN. Further scrutiny will be undertaken in respect of this area of performance.
Timeline for Improvement
Ongoing. Further improvements are expected into 2018/19

UNSCHEDULED CARE

Indicator	3. Total number of Acute Delays.
Purpose	To monitor the extent to which people are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. The figures shown relate to the Health Board monthly census date and are for all acute specialties (excluding Mental Health and Older People's Mental Health (OPMH) which are in the Mental Health & Older People's section of this report). Source of data is the monthly Health Board Census figures.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	Target	Apr 17	Feb 18	Mar 18	Apr 18	May 18	Jun 18
North East		10	12	10	23	26	20
North West		6	9	9	15	15	15
South		14	9	17	12	23	17
Sub-Total (Included Codes)		**30**	**30**	**36**	**50**	**64**	**52**
North East		2	0	1	2	2	3
North West		5	1	4	4	9	7
South		4	8	2	4	4	7
Sub-Total (Complex Codes)		**11**	**9**	**7**	**10**	**15**	**17**
All Delays	**20**	**41 (R)**	**39 (R)**	**43 (R)**	**60 (R)**	**79 (R)**	**69 (R)**

Performance Trend

Numbers vary across localities and over time and have risen over the last three months, though fell in June.

Actions to Improve Performance

The weekly operational meeting continues to manage delays involving HSCP operational & commissioning leads, Acute Operational Managers and discharge management representation to ensure all actions to improve performance are progressed. While there has been an increase in overall delays, the majority extend to a few days with longer delays relating to complex care placement, capacity assessment, health equipment delays and house cleans. Implementation of Home is Best (dedicated SW hospital team) will assist to ensure a focus on responding to early referrals and effective partnership working with Acute. The level of complex discharge needs and requirement for intermediate care capacity has however presented a challenge and has impacted on the number of delays. An Intermediate Care (IC) Improvement plan has been developed to ensure best use of IC beds and effective flow and service user outcomes. The focus on IC performance has already impacted on reducing IC length of stay.

Timescale for Improvement

Sustainable improvements will be sought going forward. Performance is constantly monitored to ensure performance is maintained as close as possible to target. Intermediate Care Improvement Plan ongoing and target date for Home is Best implementation is Oct 2018.

Indicator	4. Total number of Acute Bed Days Lost to Delayed Discharge (Older People 65 +)
Purpose	To monitor the extent to which acute beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced. This relates to beds occupied by older people only and includes those occupied by older people who are classified as AWI under the requirements of the Adults with Incapacity Act 2000. Source is Health Board Information Team.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	15/16 Total	16/17 Total	17/18 Total	Target for 18/19	Apr 18	May 18	Jun 18	Year to Date
HSCP	**21,288**	**15,557**	**10,982**	**10,000**	**1226 (R)**	**1552 (R)**		**2778 (R)**
NE	5777	4058	3002	N/A	398	587		985
NW	8034	6406	3372	N/A	380	451		831
S	7477	5093	4608	N/A	448	514		962

Performance Trend

For the city as a whole, there has been a significant reduction over the last two years, contributed to by the reclassification of the AWI beds in 2016/17 (see indicator 8 below).

The HSCP has set a trajectory for 2018/19 which is based upon a reduction to 10,000 bed days for the year (monthly average of 833).

During 2018/19, they have increased so far, with a monthly average of 1389 (compared with an average of 915 for 17/18).

Actions to Improve Performance

Acute bed days lost is a function of delays themselves and so an increase in delays recently (see indicator 6 trends) has resulted in an increase in bed days lost. The actions described at indicator 6 above to reduce delays will have an impact on bed days lost

Timescale for Improvement

An improved performance is expected later in the year as a result of the actions highlighted at indicator 6 above

Indicator	5. Total number of Acute Bed Days lost to Delayed Discharge for Adults with Incapacity (Older People 65+).
Purpose	To monitor the extent to which acute beds are occupied unnecessarily be older people who are medically fit for discharge and who are classified as Adults with Incapacity (AWI) under the terms of the Adults with Incapacity Act 2000. This indicator is a subset of indicator 7 above. Source is Health Board Information Team.
Type of Indicator	Local HSCP indicator/ Ministerial Strategic Group (MSG) Indicator 4
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	15/16 Total	16/17 Total	17/18 Total	Target for 18/19	Apr 18	May 18	Jun 18	Year to Date
HSCP	**10,715**	**6050**	**2098**	**1910**	**269 (R)**	**397 (R)**		**666 (R)**
NE	3590	1647	336	N/A	81	95		176
NW	3558	2995	816	N/A	82	197		279
S	3910	1408	946	N/A	106	105		211

Performance Trend

For the city as a whole, there has been a significant reduction over the last three years, contributed to by the reclassification of the AWI beds in 2016/17 which the HSCP commission in community settings in line with national guidance, which meant they were no longer included.

The HSCP has set a trajectory for 2018/19 which is based upon a reduction to 1910 bed days for the year (monthly average of 159).

During 2018/19, they have increased so far, with a monthly average of 333.

Actions to Improve Performance

The actions described at indicator 6 above to reduce delays will have an impact on bed days lost

Timescale for Improvement

An improved performance is expected later in the year as a result of the actions highlighted at indicator 6 above

CHILDREN'S SERVICES

Indicator	2. Access to Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks.
Purpose	To monitor waiting times for accessing child and adolescent mental health services. The aim is to minimise waiting times and ensure all children are seen within 18 weeks.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Area	**Target**	**Apr-16**	**Apr-17**	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr -18**
North Glasgow	100%	**100% (G)**	**100% (G)**	**99.6% (G)**	**98.3% (G)**	**98.1% (G)**	**98.3% (R)**	**99.6% (G)**
South Glasgow	100%	**100% (G)**	**100% (G)**	**100% (G)**	**100% (G)**	**100% (G)**	**100% (G)**	**99.4% (G)**
East Glasgow	100%	**100% (G)**	**100% (G)**	**97.1% (A)**	**97.1% (A)**	**97.6% (G)**	**93.4% (R)**	**91.2% (R)**
West Glasgow	100%	**100% (G)**	**100% (G)**	**97.9% (G)**	**92% (R)**	**89.2% (R)**	**84.6% (R)**	**84.2% (R)**
Glasgow HSCP	100%	**100% (G)**	**100% (G)**	**98.5% (G)**	**96.6% (A)**	**96% (A)**	**93.6% (R)**	**92.9% (R)**

Performance Trend

Variations exist across localities and over time. Performance has moved to RED for East and West Glasgow and the city over the last two months.

Actions to Improve Performance

The drop in percentage of children seen within 18 weeks in East and West Glasgow arose due to a number of factors, including significant workforce issues and changes implemented to increase the level of accepted referrals, which in turn created increased demand.

A number of approaches have been undertaken to address this, including temporarily extending our core hours of business to include early evenings and weekend work and the introduction of a Quality Improvement Programme. The Quality Improvement Programme is focusing on four distinct work streams: 1.Review of overall service provision, leadership and culture, 2. Service Improvements, 3. Training and support, 4. Supervision and Leadership, and is being led by the CAMHS SMT members.

The Quality Improvement Programme will launch its main initiative on 1st October, which will involve working towards a full booking system and the introduction of a Central Choice Team.

Further, as part of wider Scottish Governments plans, we have been working on the

reduction of rejected referrals. Over the last six months, GGC have reduced their rejected referrals from 35% to 19%, which is now under the UK and Scottish averages. As noted, this has had an additional effect on RTT performance. The Quality Improvement Programme will ensure that all appropriate children and young people will be accepted to Choice, which will further reduce the rejected referral rate to less than 10%, whilst improving the RTT as above.

Timeline for Improvement

The CAMHS Glasgow City Quality Improvement Programme has been underway since April 2018. The temporary changes to core working hours have been in place since January 2018. Based on more recent (unconfirmed) figures, we anticipate month on month improvements. We forecast that by the end of December 2018, there will be a significant decrease in the longest waiting time and number of children waiting, with CAMHS meeting the RTT by then.

Indicator	3. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.
Purpose	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
75%	North East	56% (R)	65% (R)	72% (A)	76% (G)	71% (R)	77% (G)	73% (A)
75%	North West	52% (R)	49% (R)	54% (R)	67% (R)	66% (R)	50% (R)	62% (R)
75%	South	66% (R)	68% (R)	67% (R)	67% (R)	68% (R)	73% (A)	68% (R)
75%	**Glasgow**	58% (R)	61% (R)	65% (R)	70% (R)	69% (R)	67% (R)	68% (R)

Performance Trend

Performance at city level increased slightly between year-end and Q1. Although still RED, there was a significant increase in performance in the North West, rising from 50% to 62%. Performance slipped slightly from GREEN to AMBER in North East and from AMBER to RED in South during the quarter.

It should be noted that at Q1, the proportion of young care leavers without a destination recorded was NE 16%, NW 2%, and South 7%, giving an overall Glasgow City figure of 10 %. It should also be noted that Scottish Government statistics https://www.gov.scot/Publications/2018/03/6242/downloads) show that the city has performed better than the national average. Nationally, at 31 July 2017, 47% of those receiving aftercare for whom current activity was known were in education, training or employment; compared to 61% for Glasgow. Performance in Glasgow has also improved over time, with this rising from 51% in 2011/12.

Notes on data

-The proportion drops when the number of young people in an economic activity is given as a proportion of all young people who were eligible for aftercare. In July 2017 this was 25% nationally and 50% for Glasgow.
- These figures exclude care leavers who have a barrier to employment (for example, pregnancy, mental/physical health problems).

Actions to Improve Performance

We recognise this as ongoing challenge and as a consequence we have recently appointed an experienced service manager to the intensive services' post. This post will focus on improving performance and will include responsibility for the central leaving care team, which will strengthen the relationship with the centrally based employability resource

and will support locality based services to support more young people to achieve positive destinations. In the medium to longer term we expect to see improvements in the numbers of young people moving into positive destinations as this is a key objective of our "Transformation Programme" for children's services and our Corporate Parenting Action Plan. We are also looking at how resources are deployed across the City to ensure that we address variations between localities.
Timeline for Improvement
Localities continue to focus on the 75% target and remain confident that this is achievable.

ADULT MENTAL HEALTH

Target/Ref	1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral
Purpose	To monitor waiting times for people accessing a psychological therapy treatment, with the target being for 90% of patients to be seen within 18 weeks. This indicator relates to all adults and older people and to people who have been seen.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	**% of People who started treatment within 18 weeks of referral**							
	HSCP Target	**Apr 17**	**Jan 18**	**Feb 18**	**Mar 18**	**Apr 18**	**May 18**	**Jun 18**
NE	90%	**87.1% (A)**	**82.6% (R)**	**93.1% (G)**	**88.3% (G)**	**87% (A)**	**84.5% (R)**	**83.1% (R)**
NW	90%	**81.7% (R)**	**79.1% (R)**	**81.3% (R)**	**87.1% (A)**	**83.1% (R)**	**94.1% (G)**	**93.8% (G)**
S	90%	**96.5% (G)**	**97.3% (G)**	**98% (G)**	**96.5% (G)**	**94.7% (G)**	**92.2% (G)**	**95.5% (G)**

Performance Trend

Performance information now available again after the transfer over from PIMS to EMISWeb. Performance remains at GREEN in the South, has moved to GREEN in the North West and has moved to RED in the North East over the last two months.

Actions to Improve Performance

The Primary Care Mental Health (PCMH) teams are relatively small in workforce but large in the volume of provided psychological therapy treatments to patients. As a result, a few clinical and admin vacancies, long term leave and retirals produces a significant impact on performance. Re-recruitment is a lengthy process and these factors are impacting on the PCMH and the Community Mental Health teams that provide a more specialist range of psychological interventions.

There remains a focus on addressing the recruitment to existing vacancies across all three localities. It is likely that there will be an impact on performance, however teams are mindful of the issues and are working to provide a short term response to provide a service within the target timeframes.

Timeline for Improvement

Performance will be impacted on by recruitment issues over the next quarter. Where recruitment to posts has been possible and staff are in place then performance will improve.

Indicator	2. Total number of Adult Mental Health Delays
Purpose	To monitor the extent to which Adult Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the Health Board monthly census date and relate to patients coded to 'G1' - general psychiatry. Figures for patients coded G4 - the psychiatry of old age - are in the Older People's section of this report and Acute patients are in the Unscheduled Care sections. Source of data is the monthly Health Board Census figures.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services)

	Target	Apr 17	Feb 18	Mar 18	Apr 18	May 18	Jun 18
North East		2	4	5	3	4	3
North West		1	6	9	8	5	3
South		1	9	8	7	5	7
Sub-Total (Included Codes)		**4 (R)**	**19 (R)**	**22 (R)**	**18 (R)**	**14 (R)**	**13 (R)**
North East		0	4	3	3	2	2
North West		3	2	3	4	3	4
South		0	0	0	0	0	0
Sub-Total (Complex Codes)		**3 (R)**	**6 (R)**	**6 (R)**	**7 (R)**	**5 (R)**	**6 (R)**
All Delays	**0**	**7 (R)**	**25 (R)**	**28 (R)**	**25 (R)**	**19 (R)**	**19 (R)**

Performance Trend
Numbers vary across localities and over time.
Actions to Improve Performance
Actual adult mental health delayed discharges continues to see an expected overall fluctuation month on month. Additional fortnightly meetings have been in place since mid Q1 and this is now beginning to show some improvement in performance. A system has been put in place to discuss lessons learned and improvements that can be made in the process for moving patients on from hospital based care.
Timeline for Improvement
This continues to be an on-going area of focus during 2018/2019.

CRIMINAL JUSTICE

Indicator	1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.
Purpose	To monitor whether Community Payback Order unpaid work placements are commencing within at least 7 working days of the order having been made. This indicator remains relevant to reflect the need for speed in response.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
80%	North East	63% (R)	63% (R)	67% (R)	68% (R)	58% (R)	82% (G)
80%	North West	70% (R)	67% (R)	65%(R)	65% (R)	76% (R)	71% (R)
80%	South	63% (R)	75% (R)	67%(R)	66% (R)	65% (R)	62% (R)
80%	Glasgow	65% (R)	68% (R)	66%(R)	67% (R)	67% (R)	72% (R)

Performance Trend

At Q1 North East (GREEN) exceeded the target for this indicator, while performance for the other localities and city-wide remained below target and RED.

Actions to Improve Performance

We continue to improve signposting via court liaison meetings, and a recent pilot commenced in June 2018 by the Fast Track Team to provide a presence in court at Glasgow Sheriff Court.

Timeline for Improvement

We continue to place an emphasis on this indicator and it is hoped that improvements will be seen by Q4. However, Level 1 orders are imposed by the courts without prior social work involvement so there is no pre-sentence opportunity to provide reporting instructions to attend fast track and we are dependent on courts signposting to Fast Track team. Level 2 orders require submission of a report from social work and therefore we can provide pre-sentence reporting instructions to the offender to ensure immediacy of attendance at Fast Track and consequently placement.

HEALTH IMPROVEMENT

Indicator	6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)
Purpose	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the 15% most deprived areas. The aim is to increase rates given the evidence of health benefits with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

TARGET	AREA	Apr 15 - Mar 16	Jan 16- Dec 16	Apr 16 - Mar 17	Jul 16 - Jun 17	Oct 16 – Sep 17
19.5%	NE	**15.0% (R)**	**16.3% (R)**	**17.9% (R)**	**17.4% (R)**	**18.4% (R)**
23.9%	NW	**21.2% (R)**	**18.3% (R)**	**19.7% (R)**	**20% (R)**	**21.1% (R)**
22.8%	S	**18.1% (R)**	**21% (A)**	**19.7% (R)**	**18.3% (R)**	**20.5% (R)**
21.6%	**HSCP**	**18.2% (R)**	**18.4% (R)**	**19.0% (R)**	**18.4% (R)**	**19.8% (R)**

Performance Trend

Performance remains RED for the HSCP and all areas. Glasgow City and Greater Glasgow and Clyde have, however, seen an upward trend in overall breastfeeding rates recently, which are not being mirrored in other parts of Scotland.

Actions to Improve Performance

- UNICEF UK Baby friendly Standards: All 3 sectors in Glasgow City accredited as UNICEF Baby Friendly in 2011 and reaccredited in 2016. Ongoing mechanisms in place re-audit and monitoring processes, Annual report and associated action plans submitted to UNICEF to evidence compliance. Glasgow City, working toward the UNICEF Achieving Sustainability (Gold award) over the next 12 months and required managers training commenced.
- Support to Breastfeeding mothers: Currently 9 Breastfeeding support Groups in Glasgow City. The Baby Cafe (in conjunction with NCT) is a peer support model In North East Glasgow, Breastfeeding Network (BFN) funded to recruit and train local volunteers and to support local Breastfeeding groups. BFN and NCT peers supporters also provide support via maternity and neonatal units providing a bridge of support from hospital to community for mothers.
- Breastfeeding Public Acceptability: Work to challenge negative attitudes to breastfeeding and to normalise it in our communities. Includes Breastfeeding Friendly Nursery & Breastfeeding Welcome award: As of Dec 17 88% of nurseries in Glasgow

city have received training and 84 % have the full award.

- Breastfeeding Welcome award: Training offered to wider partners such as Glasgow Life as well as local venues and key partners. Training provided to NC, HNC and HND students undertaking Childcare courses. In 2017, 868 members of staff from a range of partner organisations have received training as part of the Breastfeeding Welcome Award and Breastfeeding Friendly Nursery programmes

- Health and Social Care Centres: All Glasgow City Health Centre admin, clerical and caretaking staff have received breastfeeding awareness training. In order to provide updates for staff. A Learnpro module for staff updates being developed.

- Antenatal and work with vulnerable groups: In NE Glasgow, Health Improvement has input into breastfeeding workshops and facilitates Cafe Stork which provides a range of services including BF workshops. NW Glasgow funds and inputs into 3D Drumchapel to provide a range of perinatal services. In South - input into Tummy Tots a group in Gorbals targeting expectant parents and new families and work with Home Start re antenatal sessions aimed at dads (and mums)planned. Close working links established with the new Family Nurse Partnership team based in the locality.

Timeline for Improvement

As before, gradual improvement expected but anticipate may not achieve in the next year.

HUMAN RESOURCES

Indicator	1.NHS Sickness absence rate (%)
Purpose	To monitor the level of sickness absence across NHS Services. Lower sickness absence levels are desirable for service delivery and efficiency. The NHS target is for sickness levels to be at 4% or below.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Sybil Canavan, Head of People and Change

HSCP	**Target**	**Mar -16**	**Mar -17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**
HSCP Central	4%	**5.5% (R)**	**7.24% (R)**	**7.78% (R)**	**6.01% (R)**	**6.27% (R)**	**4.01% (G)**	**6.36% (R)**	**9.38% (R)**
North East	4%	**5.8% (R)**	**6.51% (R)**	**8% (R)**	**6.34% (R)**	**5.99% (R)**	**5.15% (R)**	**6.16% (R)**	**6.03% (R)**
North West	4%	**6.0% (R)**	**6.45% (R)**	**7.9% (R)**	**5.53% (R)**	**5.23% (R)**	**4.45% (R)**	**5.88% (R)**	**5.77% (R)**
South	4%	**7.8% (R)**	**6.26% (R)**	**8.28% (R)**	**7.18% (R)**	**5.59% (R)**	**5.60% (R)**	**5.60% (R)**	**6.34% (R)**
Mental Health Central	4%	**3.3% (G)**	**2.21% (G)**	**3.21% (G)**	**2.43% (G)**	**1.41% (G)**	**1.6% (G)**	**1.83% (G)**	**1.16% (G)**
Glasgow City	**4%**	**6.3% (R)**	**6.19% (R)**	**7.77% (R)**	**6.08% (R)**	**5.42% (R)**	**4.81% (R)**	**5.69% (R)**	**5.90% (R)**

Performance Trend

Variations across areas and over time. Having peaked in January, performance improved significantly at the start of the quarter (April, 4.81%) before rising again at the end (June, 5.90%). This presents an improved picture on the same period last year.

Actions to Improve Performance

The absence levels for the HSCP have historically remained above the national target. The current action plan to support managers in reducing absence include the following:-

- The primary reasons for recent absence remain mental health related, musculoskeletal and respiratory issues. People and Change Managers maintain an overview of attendance for each locality, looking at 'hotspots'; monitoring trends and patterns; and providing reports to Locality Management Team meetings, highlighting where management actions are required. The Head of People & Change also reviews the absence statistics and reports to the HSCP Senior Management Team and H R performance meeting and the health board.

- People and Change Managers continue to engage with senior management teams to shift the focus onto 'promotion of attendance'. This is achieved by reviewing reasons for

absence; identifying patterns and trends through workforce information; and encouraging managers to anticipate peaks and the early interventions which could be applied. Additional support is available from the HR Support Unit and Specialist Services including Occupational Health, and Health & Safety which are promoted to line managers and staff.
Timeline for Improvement
All areas have been asked to confirm a trajectory to reduce absence to attain the 4% target. Discussions are in place across all care groups and localities to confirm this detail for the coming year.

Indicator	2. Social Work Sickness Absence Rate (Average Days Lost)
Purpose	To monitor the level of sickness absence across Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency. The Social Work target is for sickness levels to be below target.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Christina Heuston, Head of Corporate Services

Social Work absence rates are measured on average days lost (ADL) per employee rather than a percentage figure.

	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
Average Days Lost (ADL)	**Target 2.64**	**Target 2.53**	**Target 2.45**	**Target 2.58**	**Target 2.64**	**Target 2.53**	**Target 2.45**
North East	**2.6 (G)**	**3.4 (R)**	**1.9 (G)**	**2.9 (R)**	**4.0 (R)**	**4.9 (R)**	**5.3 (R)**
North West	**3.5 (R)**	**2.8 (R)**	**3.2 (R)**	**2.8 (R)**	**2.0 (G)**	**3.3 (R)**	**3.2 (R)**
South	**4.0 (R)**	**3.9 (R)**	**2.6 (R)**	**2.8 (R)**	**3.1 (R)**	**3.9 (R)**	**4.5 (R)**
Glasgow City	**3.3 (R)**	**2.7 (R)**	**2.6 (R)**	**2.6 (R)**	**3.2 (R)**	**3.3 (R)**	**3.8 (R)**

Below shows the Social Work trend using the average days lost calculator.

Chart 1

Below shows percentage absence trends for both Social Work and Health.

Chart 2

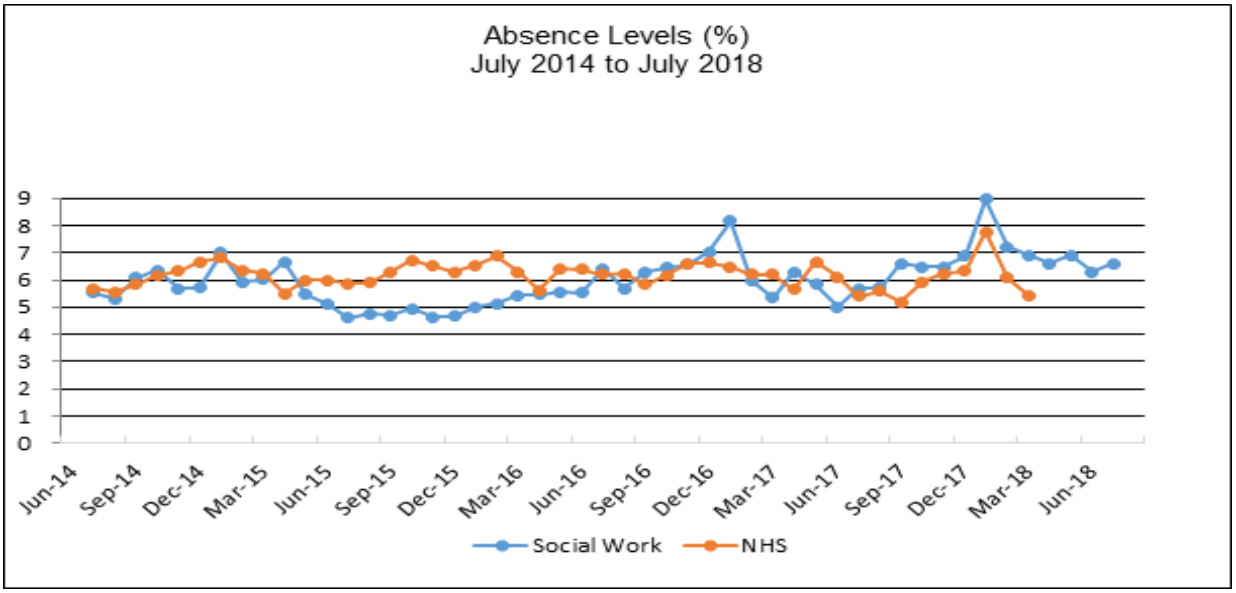


Chart 1 highlights a more accurate trend for social work as absence rates are measured on average days lost (ADL) per employee and does not take annual leave into account.

Chart 2 does not give an accurate account of sickness absence for Social Work as it also takes into account annual leave. As annual leave increases at year end, this skews the levels for sickness absence around this period.

Performance Trend
Quarter 1 sees a reduction in average days lost at 3.11 days per employee, down from 3.3 days in the previous quarter (Quarter 4). Average days lost have increased in comparison to Quarter 1 last year which was reported at 2.6 average days per employee. Early analysis shows that an increase in psychological absence is main reason for the overall rise in average days lost in Quarter 1 this year, when compared to the year before. Whilst the number of musculoskeletal absences remain high, employees are being supported back to work at an earlier stage, reflected in a reduced long term percentage rate for musculoskeletal absence.
Actions to Improve Performance
Further analysis will be carried out on reasons for absence, with a particular focus on stress and other psychological absences, and a review of existing absence management strategies will be undertaken over the next quarter to identify scope for improvement. HR issue performance reports to the Senior Management Team, 4 weekly. These reports will be reviewed and developed in the next quarter to enable senior managers to take more targeted action to help tackle absence in their service area.
Timeline for Improvement
As stated above

BUSINESS PROCESSES

Indicator	3. Percentage of Social Work Stage 1 Complaints responded to within timescale.
Purpose	To monitor performance in relation to the agreed SWS target time for responding to complaints at Stage 1 (target is 5 days or 15 days if extension applied). This indicator is reported one quarter in arrears.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	**Locality**	**17/18 Q1**		**17/18 Q2**		**17/18 Q3**		**17/18 Q4**	
		No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
70%	North East	23	**65% (R)**	43	**81% (G)**	27	**74% (G)**	31	**71% (G)**
70%	North West	31	**52% (R)**	29	**69% (G)**	15	**73% (G)**	22	**52% (R)**
70%	South	36	**64% (R)**	35	**66% (A)**	35	**47% (R)**	33	**61% (R)**
70%	Centre	12	**67% (R)**	15	**47% (R)**	20	**26% (R)**	9	**43% (R)**
70%	Glasgow	**102**	**61% (R)**	**122**	**70% (G)**	**97**	**55% (R)**	95	**61% (R)**

Performance Trend

This indicator is reported **one quarter in arrears**.
Although city-wide performance remained RED there was some improvement between Q3 and Q4. North East met target for the third consecutive quarter.

Actions to Improve Performance

Although there was a slight improvement in performance there is still a general failure of teams to deal with certain complaints within 5 working days. There is a facility within social work processes to extend complaints handling at the first stage to 15 working days at the manager's discretion in appropriate circumstances. This is seldom applied. Of those complaints that were not answered within time, 80% were answered within the 15-day extension period and performance targets would have been readily exceeded had this been correctly applied. Senior managers simply need to communicate to their complaints-handling staff the requirement to apply extensions in relevant circumstances and formally notify both complainers and the central complaints team of that fact. Recorded performance would then immediately be within acceptable standards with no additional resource requirement.

Timeline for Improvement

If managers act upon this information with immediate effect then improvement should be seen in the last two quarters of 2018/19.

Indicator	4. Percentage of Social Work Stage 2 Complaints responded to within timescale
Purpose	To monitor performance in relation to the agreed SWS target time for responding to complaints at stage 2 (target is 20 days). This indicator is reported one quarter in arrears.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	**Locality**	**17/18 Q1**		**17/18 Q2**		**17/18 Q3**		**17/18 Q4**	
		No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
70%	Glasgow	29	**21% (R)**	30	**37% (R)**	32	**56% (R)**	37	**29% (R)**

Performance Trend

This indicator is reported **one quarter in arrears**.
Performance in relation to this indicator slipped significantly between Q3 and Q4.

Actions to Improve Performance

Stage 2 complaints are not broken down by locality as all stage 2 complaints are executed by a small central complaints (rights and enquiries) team. These are complex and rising in numbers. Poor performance in stage 2 request handling is a product of staffing and capacity issues currently being addressed through a recruitment exercise. The team also deals with FOI and Subject Access Requests (indicators below). As this work is the most complex and time-consuming of the range of activities the team undertakes, it is most susceptible to capacity and staffing issues.

Timeline for Improvement

The team is expecting to recruit 2 new senior officers in August 2018 which is anticipated to lead to marked improvement in complaints handling in the third and fourth quarters of 2018/19.

Indicator	7. Percentage of elected member enquiries handled within 10 working days.
Purpose	To monitor performance in relation to response times for elected member enquiries. The Corporate deadline for responses is set at 10 working days.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	**Locality**	**16/17 Q4**	**17/18 Q1**	**17/18 Q2**	**17/18 Q3**	**17/18 Q4**	**18/19 Q1**	
							no.	**%**
80%	North East	**100% (G)**	**100% (G)**	**99% (G)**	**98% (G)**	**100% (G)**	103	**99% (G)**
80%	North West	**95% (G)**	**90% (G)**	**91% (G)**	**79% (G)**	**93% (G)**	77	**92% (G)**
80%	South	**95% (G)**	**96% (G)**	**98% (G)**	**90% (G)**	**94% (G)**	110	**86% (G)**
80%	Centre	**83% (G)**	**72% (R)**	**82% (G)**	**77% (A)**	**86% (G)**	88	**85% (G)**
80%	Glasgow	**92% (G)**	**90% (G)**	**92% (G)**	**84% (G)**	**94% (G)**	378	**91% (G)**
Performance Trend								
All localities exceeded target (GREEN) at Q1.								

Item No: 20

Meeting Date: **Wednesday 19th September 2018**

Glasgow City Integration Joint Board

Report By: **Susanne Millar, Chief Officer, Strategy and Operations / Chief Social Work Officer**

Contact: **Heads of Planning**

Tel: **0141 314 6240**

BALANCE OF CARE

Purpose of Report:	To present an analysis of the balance of care for each care group.

Background/Engagement:	Shifting the balance of care is a key strategic aim of the Integration Joint Board and is an underpinning priority in a number of national policies and strategies across all care groups. Shifting the balance of care reflects the overall desire to move from traditional institutional forms of care to providing more support in community settings with a focus on prevention and early intervention. How this is achieved and measured is different in each care group.

Recommendations:	The Integration Joint Board is asked to: a) note the progress achieved in shifting the balance of care in each care group.

Relevance to Integration Joint Board Strategic Plan:

The IJB Strategic Plan commits the Partnership to shifting the balance of care as one the five strategic priorities for the Partnership.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	This analysis will inform the development of the new Strategic Plan and care group transformational plans.

Personnel:	None

Carers:	Supporting carers is a crucial part of achieving a shift in the balance of care.

Provider Organisations:	Shifting the balance of care will have implications for providers as new models of community based care are developed.

Equalities:	Each care group has a programme of EQIAs. Significant areas of service change referred to within care group plans have been subject to an EQIA and made available on the GCHSCP website, accessible at the link below: https://glasgowcity.hscp.scot/equalities-impact-assessments

Financial:	The shifting the balance of care will need to be taken forward within the resources available to the Partnership.

Legal:	None

Economic Impact:	None

Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	None

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

1.1 To present an analysis of the balance of care for each care group.

2. Background

2.1 Shifting the balance of care is one of the five strategic aims of the Integration Joint Board as described in the Partnership's Strategic Plan. Shifting the balance of care is also an underpinning priority in a number of Scottish Government national policies and strategies for health and social care and applies across all care groups. This policy reflects the desire to move from traditional institutional forms of care to providing more person centred support in community based settings with a focus on prevention and early intervention.

2.2 Integration is key to this policy direction as we work to ensure people get the right care, at the right time and in the right place, and are supported to live well and as independently as possible. An important aspect of this is ensuring that people's care needs are better anticipated, so that fewer people are inappropriately admitted to hospital or long-term care. That is why we are focus on reducing inappropriate use of hospital services as part of our unscheduled care plans, shifting resources to primary and community care, and developing additional community supports.

2.3 How this is achieved and measured is different in each care group. Attached is an analysis for each care group showing the changes in recent years and current plans going forward.

2.4 There is no prescription as to what the preferred balance of care is and this will be different for each care group depending on the pace of change, the development of service models, and people's needs. This analysis is being used to inform the next iteration of the Partnership's Strategic Plan and care group transformational programmes, and updates will be provided to the IJB in due course.

3. Recommendation

3.1 The Integration Joint Board is asked to:

a) note the progress achieved in shifting the balance of care in each care group.

Children's Services Transformation Programme – shifting the balance of care

The Glasgow Integrated Children and Young People Service Plan 2017-2020 articulated some of the key drivers for change in children's services:

- The Transforming Glasgow agenda is a focus on transforming services to be more efficient and to make best use of resources to resolve issues early, so that we can prevent crisis situations occurring.

- Responding to the improvement recommendations as detailed in the report by the Care Inspectorate on the findings from their inspection of children's services in Glasgow City in 2017.

- The significant financial challenges being experienced by local authorities, the NHS and third sector organisations are still affecting our capability to provide high quality services. However, as we are considering a whole system change that enables us to reduce the numbers of children and young people who are looked after and accommodated in expensive and "acute" provisions, where the investment does not optimise the outcomes and, instead reinvest in building the capacity of children, their families and the wider communities.

Medium term outcomes

- Re-focusing investment on sustainable family and community based supports that promote early intervention and prevention
- Preventing, where possible, children and young people from coming into statutory care
- For those children, who are already in care, we want to promote the longer term stability of placements
- Reducing our reliance on more institutional forms of care for young people.

Longer term outcomes

- Working with other agencies in the city to reduce child poverty
- Achieving positive physical and emotional health and wellbeing outcomes for children and young people
- Improvement in positive destinations for care experienced young people

Some key trends

- The number of children coming into care is reducing on a monthly basis from 51 placements in January 2018 to 8 by the middle of August 2018.

- For the whole of 2017 there were 947 children provided placements in care compared to 324 so far this year.

- In March 2017 there were 2867 children being looked after by Glasgow City Council but this had reduced to 2644 by August 2018.

- In March 2017 there were 1227 children being looked after and accommodated by Glasgow City Council but by August 2018 this had reduced to 1080.

- The number of children in kinship care placements (i.e. living with relatives or close friends) is higher than the number of children in foster care placements. In August 2018 862 children were in foster care placements compared with 1078 in kinship care arrangements.

- In March 2017 there were 111 high cost residential placements being purchased for children and this has reduced to 61 at the current time.

- Through changing the balance of care we have made net savings of £8.3m over the past 2 years in the budget for children's and families.[1]

Future Plans

- The HSCP has allocated additional funding of approximately £2.1m to establish two services for young people. The Edge of Care team will help them stay within their own homes and the Peripatetic team will enable us to provide appropriate care for young people within our directly provided residential care.

- Our future plans are to reduce the number of purchased high cost placements by 60 and the number of purchased foster care placements by 60 over the next three years.

- Through this process of change we aim to reduce the number of children and young people in care outside Glasgow.

- We are developing a family support strategy to improve services targeted at prevention and early intervention. Our intention would be to re-invest some of the future savings made through our transformation programme to further enhance and sustain family support services. This re-investment will be critical in sustaining the shift in balance of care in the longer term.

- We are embarking on three transformation projects - in foster care, residential care and a community -focused initiative to improve support for young people

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[1] £200,000 (approximately) per purchased residential care full year (high cost placements)
£164,000 per provided residential care full year
£52,000 (approximately) per purchased foster care full year
£26,000 per provided foster care full year

on the “edge of care”. These projects will be supported by Celcis (Centre for Excellence for Looked after children in Scotland).

Adult Services – Shifting the Balance of Care

Adult services are committed to supporting adults with complex needs to remain living in the community for as long as possible. In order to achieve this we will develop:

- A network across the City of effective and extensive relationships with 3rd and independent sector organisations. Developed alongside a co-production approach to purchased services.
- A recovery approach which is peer lead and provides support for self-management and community capacity building. This will be determined by services users' needs and take cognisance of lived experiences.
- A detailed programme of work with service users; carers; stakeholders and the public to manage expectations of what future services can deliver.
- A redesign of the more intensive services to target those most at need and to ensure there are effective; sustainable; safe and secure outcomes for these service users.

Shifting the balance of care identifying the plan for a review and reduction of inpatient capacity by identifying a range of preventative and effective early intervention services for patients and service users to live independently in the communityThe tables below show the total number of adult service users across a range of clients groups in social care residential and non residential settings in 2017/2018 and 2018/2019.

Financial Year: 2017/2018				
	Non-Residential			**Number Service Users**
Client Group	**Budget**	**Actuals**	**Variance**	
Learning Disabilities	50,190,531	50,576,944	386,413	1,850
Mental Health	8,957,901	8,792,884	-165,017	550
Addiction *	5,661,684	5,059,705	-601,979	55
Homeless **	22,806,571	22,483,999	-322,572	908
Adults Total	**87,616,687**	**86,913,532**	**-703,155**	**3,363**

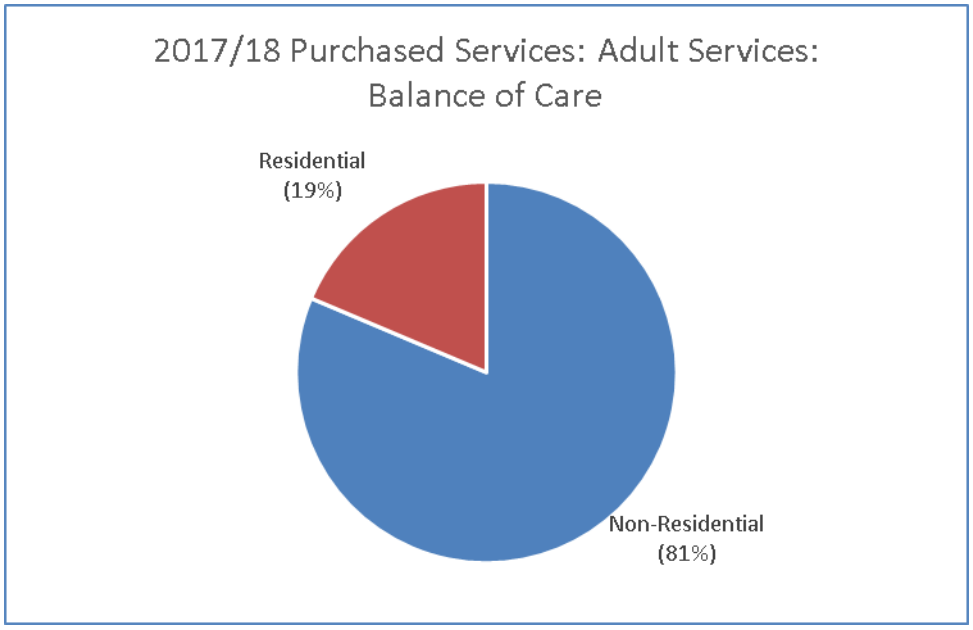
Financial Year: 2017/2018				
	Residential			**Number Service Users**
Client Group	**Budget**	**Actuals**	**Variance**	
Learning Disabilities	6,559,804	6,943,928	384,124	129
Mental Health	6,077,101	5,847,449	-229,652	150
Addiction *	4,797,667	4,587,716	-209,951	102
Homeless **	2,808,774	2,527,068	-281,706	74
Adults Total	**20,243,346**	**19,906,161**	-337,185	455

*Alcohol and Drug service users based on available beds per night

**Homeless service users based on available bed per night/non residential excludes service users receiving day services/outreach services

Client Group	% Non-Res	% Res
Learning Disabilities	87.93	12.07
Mental Health	60.06	39.94
Addiction	52.45	47.55
Homeless	89.90	10.10
Adults Total	**81.36**	**18.64**

Non-Residential: Includes SDS (Options 1 (DP's),2 & 3/Cordia/Traditional Services)



Financial Year: 2018/2019

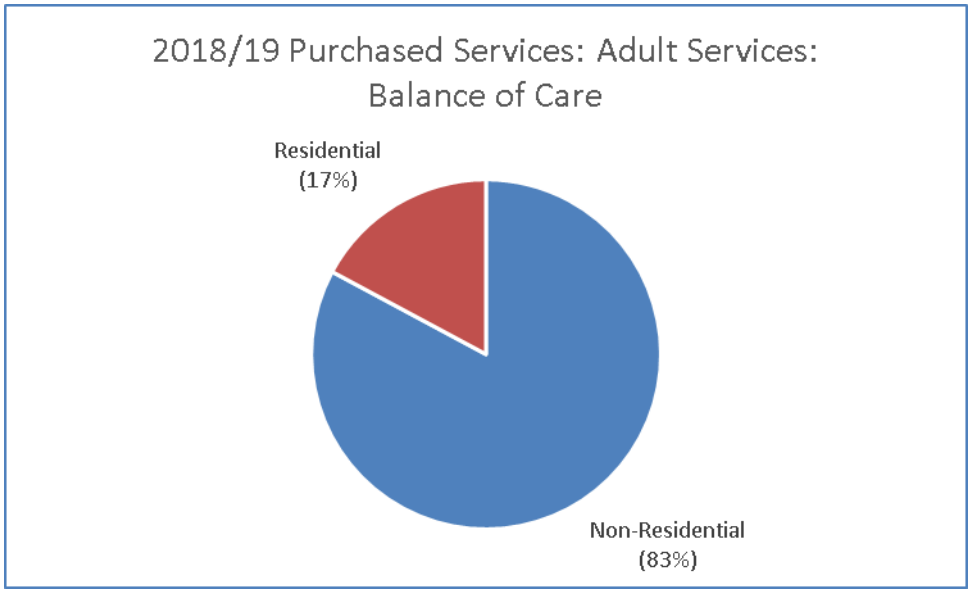
Client Group	Non-Residential Budget	Commitment	Variance	Number Service Users
Learning Disabilities	53,212,972	55,021,402	1,808,430	1,714
Mental Health	9,722,488	9,355,882	-366,606	485
Addiction *	5,392,536	5,202,136	-190,400	42
Homeless **	23,668,396	23,699,063	30,667	908
Adults Total	**91,996,392**	**93,278,483**	**1,282,091**	**3,149**

*Alcohol and Drug service users based on available beds per night
**Homeless service users based on available bed per night/non residential excludes service users receiving day services/outreach services

Client Group	Residential Budget	Commitment	Variance	Number Service Users
Learning Disabilities	6,023,587	6,623,785	600,198	128
Mental Health	5,514,805	5,819,253	304,448	133
Addiction *	4,692,743	4,703,825	11,082	102
Homeless **	2,205,483	2,187,447	-18,036	74
Adults Total	**18,436,618**	**19,334,310**	**897,692**	**437**

Client Group	% Non-Res	% Res
Learning Disabilities	89.25	10.75
Mental Health	61.65	38.35
Addiction	52.52	47.48
Homeless	91.55	8.45
Adults Total	**82.83**	**17.17**

Non-Residential: Includes SDS (Options 1 (DP's),2 & 3/Cordia/Traditional Services)



BALANCE OF CARE ANALYSIS
OLDER PEOPLE SERVICES

INTRODUCTION

Older people services in Glasgow have under gone radical change in recent years – changes that commenced prior to the formal introduction of the Health & Social Care Partnership – as a result of national policy to reshape care for older people.
The direction of travel for older people services is to shift the balance of care away from traditional hospital or institutional care towards providing more support in community settings so people can live independent quality lives for as long as possible in their own homes or other community based settings. As the data below shows Glasgow has made great strides in this direction by reducing reliance on care homes and providing more community based supports, and preventative services.

RESHAPING CARE PATHWAY

The older people's strategy published in 2015 presented the balance of care by analysing care across the reshaping care pathway (figure 1) and a strategic intention to move spend towards prevention and anticipatory care. The spend across the pathway at the time of the strategy is shown in table 1 and figures for 2017/18 shown in table 2.

Table 1 – NHS and social work budgets 2012/13 by care pathway

Budget 2012/13	Preventative& Anticipatory Care	Proactive Care & Support at Home	Effective Care at Transition	Hospital & Care Homes	Enablers	Total
	£'000	£'000	£'000	£'000	£'000	
NHS	£ 4,942	£19,317	£53,665	£32,360	0	**£110,285**
SWS	£9,441	£73,549	£484	£96,611	£568	**£180,652**
Total	**£14,383**	**£92,866**	**£54,148**	**£128,971**	**£568**	**£290,937**
%	5%	32%	19%	44%	0%	**100%**

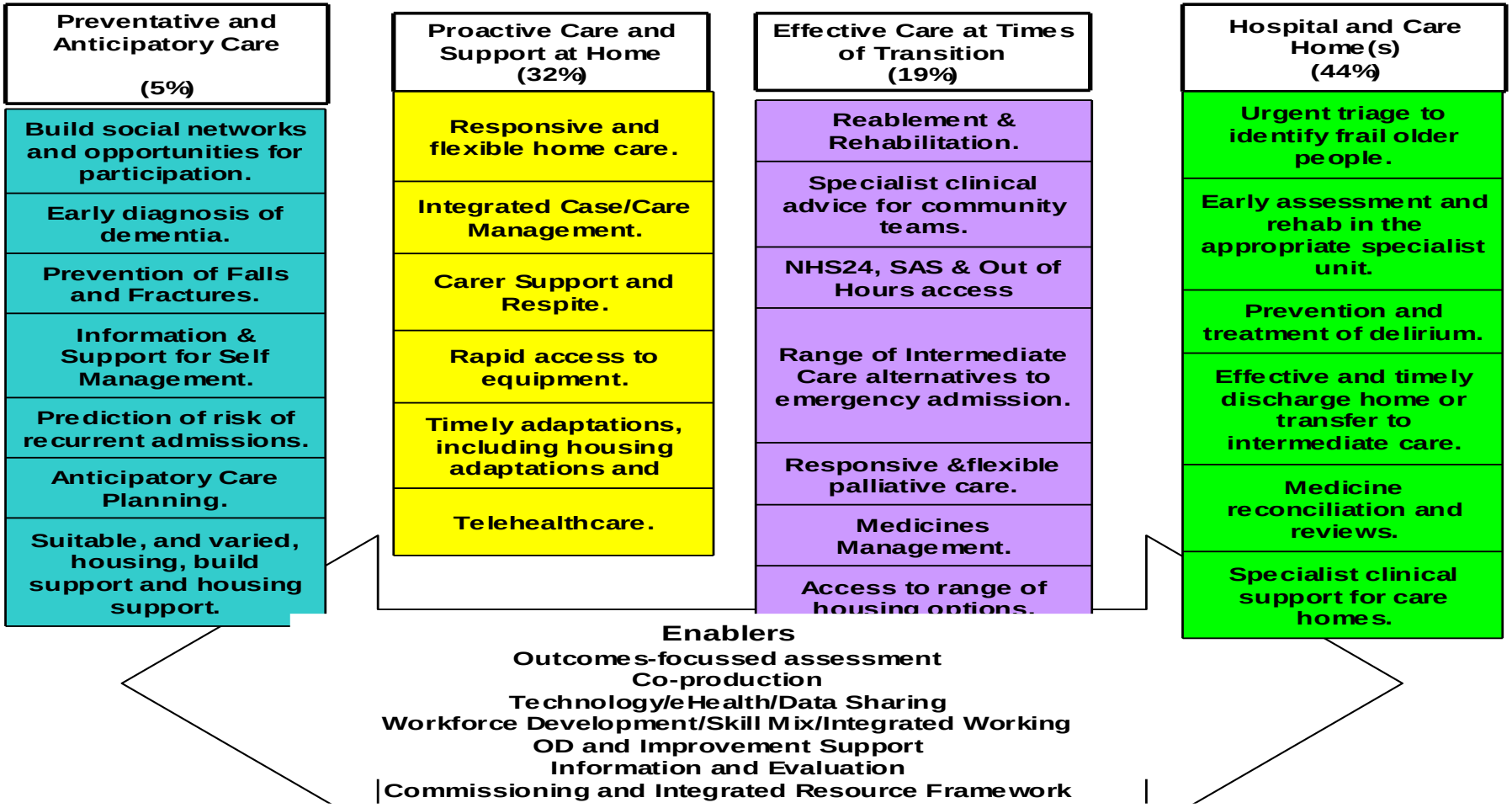
Note: these figures do not include the notional budget add ons in table 4 due to the difficulty of proportioning GP and other costs including prescribing across the care pathways.

Table 2 – NHS and social work budgets 2017/18 by care pathway

Budget 2017/18	Preventative& Anticipatory Care	Proactive Care & Support at Home	Effective Care at Transition	Hospital & Care Homes	Enablers	Total
	£'000	£'000	£'000	£'000	£'000	
NHS	9,618	21,818	54,043	25,051		**110,530**
SWS	7,799	80,112	217	87,679	264	**176,071**
Total	**17,417**	**101,930**	**54,260**	**112,730**	**264**	**286,601**
%	6%	36%	19%	39%	0%	**100%**

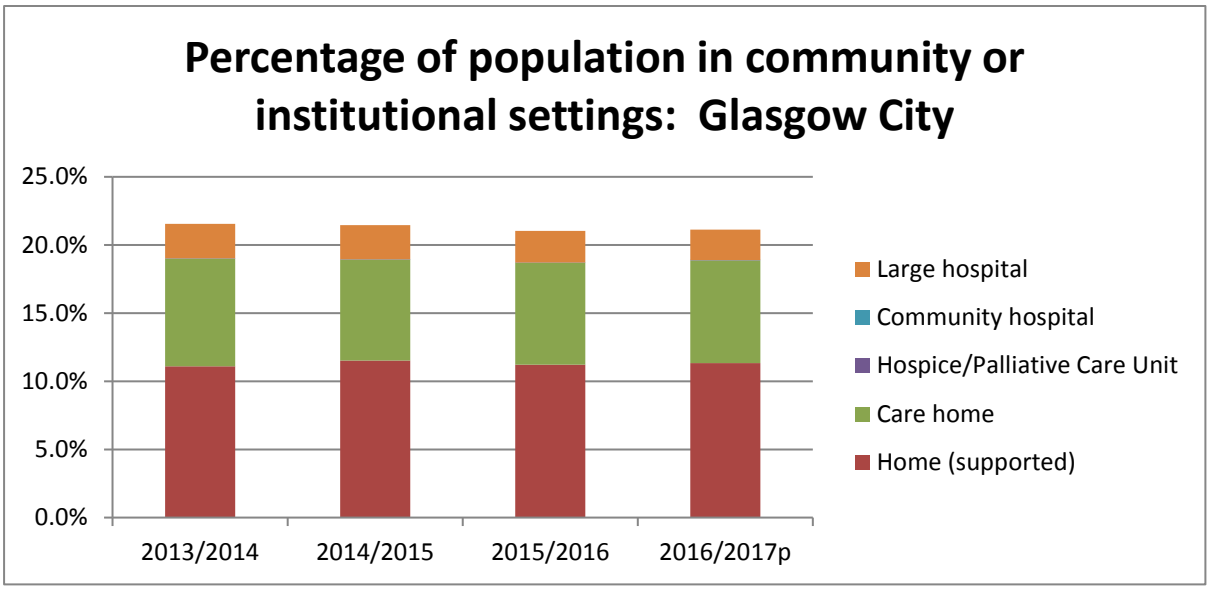
Notes:- these figures do not include the notional budget add ons re Family Health Services / GP & Prescribing due to the difficulty of proportioning across the care pathways.
- the figures include Geriatric Assessment & Rehabilitation Acute services at the prior 2012.13 allocation, awaiting updates.

Figure 1 – reshaping care pathway



According to the latest ISD information the balance of care across the different care settings can be shown as in figure 2 below. This shows that while most care is provided out of hospital the proportions across the various care settings has only changed marginally since 2013/14

Figure 2 – balance of care 2013/14-2016/17



HOSPITAL AND CARE HOMES

This section shows the key changes in shifting the balance of care in older people's services in recent years and the HSCP's current plans. The figures show a year on year reduction in care home places and hospital beds and an increase in home care and other community based services in line with the national and local strategic direction. The charts also show how the different parts of the health and social care system are performing in meeting targets and responding to demand.

Purchased Care and Residential Home places

The HSCP has reduced the number of purchased care home places by over 20% since 2012/13 (see table 3).

Table 3 – Care home planned placements 2013/14-2017/18

	Planned Placements	Year on Year Reduction	% Change	Cumulative % Change
2012/13	3,384	0	0	0
2013/14	3,307	77	-2.33%	-2.33%
2014/15	3,191	116	-3.64%	-5.97%
2015/16	3,071	120	-3.91%	-9.88%
2016/17	2,966	105	-3.54%	-13.42%
2017/18	2,748	218	-7.93%	-21.35%

Since 2014 Glasgow City Council has been taking forward a radical programme to modernise its residential and day care provision which has resulted in new high quality homes being developed across the City. The programme is due to complete

in 2020 and will result in 550 new beds as shown in table 4. Current occupancy levels in residential care are over 95%. Evidence from homes also indicates an increase in frailty and complex needs of residents through the increase in calls to GPs who cover the homes and equipment.

Table 4 – Directly provided residential care beds

Residential care beds		
Site	**Beds**	**Timescale**
Hawthorn House	120	Opened 2014
Leithland	120	Completion in 2019
Blawarthill	70	Completion in 2019
Orchard Grove House	120	Opened 2015
Riverside House	120	Opened 2017
TOTAL	**550**	

Intermediate Care

A new model of intermediate care was introduced in 2014 to better support people who were identified as ready for discharge from a stay in an acute hospital. This model includes step up beds for GPs to refer patients who don't need hospital care and step down beds for people who are discharged from hospital and require further support, often rehabilitation, before going home or to another care setting. The model has been shown to provide more appropriate care and support to enable people to move back home or other community setting with support where needed. It has also resulted in a dramatic reduction in delayed discharges (see figure 3). Table 5 shows the intermediate care provision since 2014/15 and current plans for 2018/19

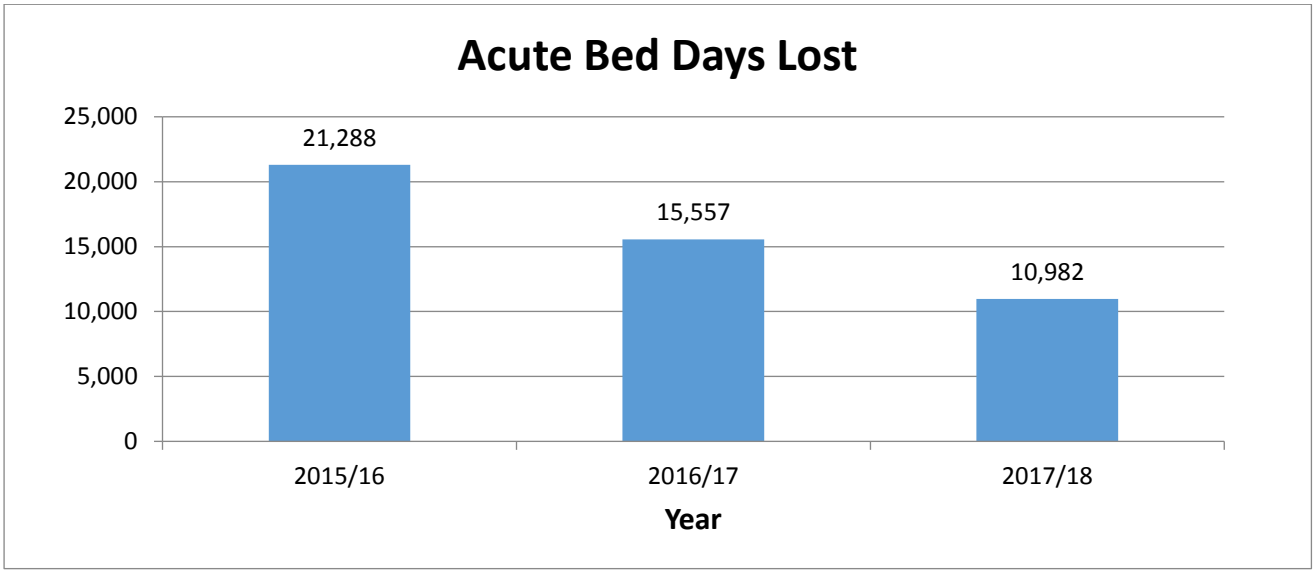
Table 5 – Intermediate care provision 2014/15-2017/18

	2014/15	**2015/16**	**2016/17**	**2017/18**	**2018/19**
Step down beds	105	115	91	86	86
Step up beds	6	6	6	4	4
TOTAL	**111**	**121**	**97**	**90**	**90**

Delayed Discharges

The introduction of Intermediate care has had an impact on hospital discharges, and has contributed to a significant reduction in acute hospital bed days attributed to delayed discharges. Figure 2 shows that the reduction seen between 2015/16 and 2016/17 has continued into 2017/18, with bed days lost falling by approximately **29%** over this period to **10,982.**

Figure 3 – acute hospital bed days lost due to delayed discharges 2015/16-2017/18



Complex Care

One specific area that has seen considerable change in recent years as a result of changes in national policy and developments in the models of care, is provision for what was NHS continuing care for often very frail older people who were provided for in long stay settings. In 2012 in Glasgow there were 328 such NHS beds. There are now 264 and further reductions are planned in 2019 (see table 6 below). Provision for Adults with Incapacity is shown in table 7 with increases planned as a result of demand in recent months.

Table 6 – Complex care beds 2015-2019

Location	2015	2018	2019
Drumchapel	28	0	0
St Margaret's	30	0	0
Rodger Park (Lime tree)	24	24	0 (will close on 31/08/2018)
Fourhills	60	60	30
Greenfield Park	50	50	30 (from 30 November 2018)
Mearnskirk	72 (60 in use)	72 (60)	0 (will close on 31 March 2019)
Bonnyholme	0	0	30 (from 1 April 2019)
Total	**264 (252 in use)**	**206 (194 in use)**	**90**

Table 7 – Adults with Incapacity beds

Location	2018	2019
Darnley Court	30	30
Quayside	24	0
Fourhills	0	30
Total	**54**	**60**

Older People Mental Health Beds

The HSCP also provides hospital and community services for older people with mental health problems. And in line with shifting the balance of care, the direction has been to move away from hospitals based provision to more supports in the community. Bed numbers in Glasgow have reduced from 138 to 127 since 2012. Further reductions are anticipated as part of a Greater Glasgow & Clyde Board wide review of the strategy for this service.

Table 8 – older people mental health acute beds

	Acute beds 2012-2018	
	2012	**2018**
North East	59	44
North West	33	45
South	46	38
Total	**138**	**127**

CARE AT TRANSITION AND COMMUNITY SUPPORTS

To balance this shift in care from away from hospital and care homes to more support being provided in community settings the HSCP has had a transformational programme to introduce new and enhanced services capitalising on new technologies and integration.

Home Care

The total number of people over 65 receiving Cordia provided home care support hours has increased gradually in recent years (see table 9).

Table 9 – Home care provision 2012-2017

	2012	**2013**	**2014**	**2015**	**2016**	**2017**
Number of people 65+ receiving homecare	**6,182***	**5,747***	**6,000**	**6,300**	**6,600**	**6,277**

(*Scottish Government Health & Social Care Data Set May 2014)

Supported Living

In addition to the standard home care the HSCP has also invested in supported living services to enable an increased number of older people to be supported at home with enhanced packages of care, and thereby reduce the number of people going into residential or nursing care. In 2017/18, the HSCP exceeded its target of 650 people being supported in this way, with **734** packages in place. In 2018/19, we will seek to build upon this in order to maximise the number of older people in the city who can access and benefit from these enhanced packages of support.

Table 10 – supported living 2016/17-2017/18

	Baseline 2016/17 Year	Year End 2017/18
Number of people in supported living services	**231**	**734**
% Service users who receive a reablement service following community referral for home care	**76.5%**	**78.2%**

A core and cluster based model of community based supported living is also being introduced by the HSCP to provide additional supports with the following provision planned in 2018/1. Table 11 below shows the allocation of placements to each locality in 2018/19.

Table 11 – community based supported living places 2018/19

	Planned Places 2018/19
North East	22
North West	23
South	27
TOTAL	**72**

Tele Care

The HSCP is also developing its approach to tele-care to better support people live at home or other community settings. There has been a dramatic increase in tele care provision in recent years as shown in tables 12 and 13 below.

Table 12 – Telecare referrals 2017 -2018

Type of Telecare	2017-18 Target	2017-18 Actual
Basic	**2,248**	**2,771**
Advanced	**304**	**1,222**

Table 13 - Telecare Service User Connections: 2014 - 2018

Year	Standard Telecare	Enhanced Telecare	Hard Wired Alarms	Total
2014-15	6,125	1,260	699	**8,084**
2015-16	6,127	1,302	694	**8,123**
2016-17	6,104	1,545	688	**8,337**
2017-18	6,029	2,027	912*	**8,968**

* Increase due to one-off transfer of housing support service users from BR24 to Glasgow's Telecare Service to enable service reconfigurations.

Day Care

Day care is also an important service in maintaining people's independence and preventing admission to hospital or residential or care home. As part of its residential home modernisation programme directly provided day care services are also being improved with the following planned to be complete by 2019.

Table 14 – new day care centre programme

Day care places		
Site	**Places**	**Timescale**
Glenwood, Castlemilk	30	Opened 2013
Hawthorn House*	30	Opened 2014
Leithland Avenue*	30	Planned for 2019
Orchard Grove*	30	Opened 2015
Woodside	30	Planned for 2019
Wallacewell	30	Opened 2017
TOTAL	**180**	

*6 day service other centres 5 day service

In addition the day care centres at Budhill, Muirhead, Mallaig and Focal Point are all undergoing refurbishment and due to be completed by 2019.

Item No: 21

Meeting Date: **Wednesday 19th September 2018**

Glasgow City Integration Joint Board

Report By: **Susanne Millar, Chief Officer, Strategy and Operations / Chief Social Work Officer**

Contact: **Susanne Millar**

Tel: **0141 287 8847**

MOVING FORWARD TOGETHER – NHS GREATER GLASGOW AND CLYDE TRANSFORMATION STRATEGY

Purpose of Report:	To update members on the development of NHS Greater Glasgow and Clyde's transformation strategy 'Moving Forward Together'

Background/Engagement:	As outlined in the strategy document. A separate paper specifically focussing on engagement activity carried out in development of the Moving Forward Together strategy, in particular actions within Glasgow City, was presented to the IJB Public Engagement Committee on 29 August 2018

Recommendations:	The Integration Joint Board is asked to: a) note this report.

Relevance to Integration Joint Board Strategic Plan:

The Moving Forward Together programme aligns with the Strategic Plan of the IJB and provides further context for the Strategic Plan 2019-22 which is currently in development.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Supports delivery of all National Outcomes

Personnel:	No direct implications for staff working within Glasgow City HSCP as a result of this strategy. The strategy document itself notes implications for other NHS staff.

Carers:	No immediate implications. Future decisions made in implementation of the strategy may have an impact, which will be considered in their own rights.

Provider Organisations:	As above

Equalities:	As above

Financial:	As above

Legal:	As above

Economic Impact:	As above

Sustainability:	As above

Sustainable Procurement and Article 19:	As above

Risk Implications:	As above

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	As noted in the strategy document

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

1.1 To update members on the development of NHS Greater Glasgow and Clyde's transformation strategy 'Moving Forward Together'

2. Background

2.1 The IJB noted a report in November 2017 on work to develop a transformation programme for Health and Social Care for NHS Greater Glasgow and Clyde, known as the 'Moving Forward Together' strategy. The paper considered by the IJB is available at https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2014%20-%20Moving%20Forward%20Together%20-%20NHS%20GGC%27s%20Health%20and%20Social%20Care%20Transformational%20Strategy%20Programme.pdf

2.2 The paper noted that Moving Forward Together was a health board led programme, although officers from across the six Health and Social Care Partnerships were involved in the core project team and programme board.

3. Moving Forward Together Strategy

3.1 The Moving Forward Together strategy was approved by NHS Greater Glasgow and Clyde in June 2018, and is available at http://www.nhsggc.org.uk/media/248849/item-9-18-24.pdf

3.2 The Moving Forward Together strategy describes a new system of care, organised in the most effective way to provide safe, effective person-centred and sustainable care to meet the current and future needs of the population and able to provide best value. This new system will be designed to:

- support and empower people to improve their own health
- support people to live independently at home for longer
- empower and support people to manage their own long-term conditions
- enable people to stay in their communities accessing the care they need
- enable people to access high quality primary and community care services close to home
- provide access to world class hospital-based care when the required level of care or treatment cannot be provided in the community
- deliver hospital care on an ambulatory or day case basis whenever possible
- provide highly specialist hospital services for the people of Greater Glasgow and Clyde, and for some services in the West of Scotland.

3.3 The Moving Forward Together Strategy identifies the six Integration Joint Boards within the NHS Greater Glasgow and Clyde area as key partners in delivering the vision of this strategy.

4. Implementation

4.1 The Moving Forward Together Strategy document describes 'next steps' for implementation as:

Phase One: July to October 2018 (Setting Priorities and Scoping Change)

- Seek IJB confirmation that this framework aligns with their strategic plans
- Establish priority changes which support delivery of the Vision
- Develop and establish a structure based on the priorities and commission work streams and short life working groups

Phase Two: November to December 2018 (Develop Detailed Options)

- Develop prioritised options for the delivery of changes with stakeholders
- Complete option appraisals on proposed changes
- Develop business cases for preferred changes
- Assess whole system impact and coherence
- Seek NHSGGC Board and IJB approval, as appropriate, for first tranche of proposed changes

Phase Three: January 2019 onwards

- Continue to develop implementation plans for approved priority changes
- Continue to assess impact and benefit realisation
- Extend scope to next priority areas

4.2 The project and programme management arrangements for these stages remain under discussion, however it is clear there will remain a role for Health and Social Care Partnerships in future activity. The Health Board on 28 June 2018 also agreed a financial plan needs to be developed as part of the next stage.

4.3 In addition, the Moving Forward Strategy provides additional context for the development of the IJB Strategic Plan 2019-22 which is currently underway.

5. Recommendations

5.1 The Integration Joint Board is asked to:

a) note this report.

NOT YET APPROVED AS A CORRECT RECORD

GLASGOW CITY INTEGRATION JOINT BOARD
PERFORMANCE SCRUTINY COMMITTEE

IJB-PSC (M) 01-08-2018

Minutes of meeting held at the Boardroom, Commonwealth House
32 Albion Street, Glasgow, G1 1LH
at 9.30am on Wednesday, 1st August 2018

PRESENT:		
VOTING MEMBERS	Jeanette Donnelly	NHSGG&C Board Member
	Jacqueline Forbes	NHSGG&C Board Member
	Cllr Mhairi Hunter	Councillor, Glasgow City Council (Chair)
NON-VOTING MEMBERS	Margaret McCarthy	Staff Side Representative
	David Williams	Chief Officer
IN ATTENDANCE	Mike Burns	Assistant Chief Officer, Children's Services
	Jim Charlton	Principal Officer, Business Development
	Stuart Donald	Principal Officer (substitute for Allison Eccles)
	Janet Hayes	Head of Planning, Adult Services
	Jackie Kerr	Assistant Chief Officer, Adult Services
	Julie Kirkland	Senior Officer (Governance Support)
	Colin MacDonald	Service Manager, Prison Healthcare and Police Custody Services
	Rhoda MacLeod	Head of Adult Services (Sexual Health)
	Ann-Marie Rafferty	Assistant Chief Officer, Public Protection & Complex Needs
	Sheena Walker	Governance Support Officer (minutes)
APOLOGIES	Allison Eccles	Head of Business Development
	Cllr Archie Graham	Councillor, Glasgow City Council
	Shona Stephen	Third Sector Representative

On commencement of the meeting officers advised that the meeting was not quorate, however, as all papers were for noting the meeting could proceed. The minute of the meeting held on 18th April 2018 was approved once there was quorate.

ACTION

1. DECLARATIONS OF INTEREST

There were no declarations of interests raised.

2. APOLOGIES

Apologies of absence were noted as above.

3. MINUTES OF MEETING HELD ON 18TH APRIL 2018

The minutes of the meeting held on 18th April 2018 were approved as an accurate record.

4. MATTERS ARISING

There were no matters arising raised by the Committee.

5. ROLLING ACTION LIST

Stuart Donald presented the Rolling Action List advising that this was for noting and the action listed would be covered under item 6 of the agenda.

6. CLINICAL AND PROFESSIONAL QUARTERLY ASSURANCE STATEMENT

Ann-Marie Rafferty presented a report to provide the IJB Performance Scrutiny Committee with a quarterly clinical and professional assurance statement. An update from the last Integrated Clinical and Professional Governance Board on 15th May 2018 was provided to the Committee; and the agenda and minute was appended to the report.

Officers referred to section 4.2 and the concerns raised previously regarding the inability to share whole system learning. An independent report was commissioned to review the end points of learning and establish if these could be shared at an earlier stage. The report would be presented to the Chief Officers Group in August and a statement would be presented to the Committee in November. The Chief Officers Group had also agreed to formally write to the Procurator Fiscal to discuss this case and another; and to invite representation on the Chief Officers Group or the Child Protection Committee. A response had been received to discuss the case but no response had yet been received to be involved in arrangements.

Ann-Marie Rafferty

Officers referred to the child fatality case highlighted in September 2017; agreement had been granted to progress with the investigation and the findings would be used to determine if a fatal accident inquiry would be conducted.

Officers further advised that the investigation in to the case detailed at section 4.4 was underway and would be reported in December.

The Committee welcomed the report, the update provided and the progress regarding the concerns raised at the previous Committee meeting.

The IJB Performance Scrutiny Committee:

a) considered and noted the report.

7. DELIVERY OF ADULT SERVICES TRANSFORMATION 2018-2021

Jackie Kerr presented a report to provide an update on progress made on the delivery of the Adult Services Transformational Change Programme for 2018 – 2021. There were a number of different elements to the programme including efficiency and developing strategies; including the 5 year Mental Health Programme and the Sexual Health Service review.

Officers outlined the key service reforms for Adult Services during 2018-2019 within mental health; learning disability; alcohol and drugs; sexual health; and homelessness. A paper would be presented to the IJB in October on the mental health implementation plan and this would include the financial framework. As part of the Government's Investment Programme, Glasgow would receive £1.23m this year and £3.867m in 2021-22.

Jackie Kerr

Officers also advised that a report would be presented at a future date on how an integrated structure would be developed for Learning Disability. **Jackie Kerr**

A risk register was appended to the report and EQIAs had been developed for all workstreams; these would continue to be developed as the programme progressed.

The Committee thanked officers for the report and referred to the concerns raised at the IJB on Learning Disability and personalisation; and discussed the positive impact of technology assisted care. Officers advised that there was significant interest from providers in the use of technology; this was innovative and helped increase people's independence. There were also proposals for the integration of staff within the Learning Disability service; this would bring collective thinking and staff had responded positively to these changes.

Members referred to the £1m reduction in the homelessness contract querying if there was risk in this reduction, as there were still issues in homelessness that were not being addressed; and also referred to the recent press reports on Serco. Officers reported that the saving would be achieved from a new model of commissioning for the service; and there was a holistic partnership approach to supporting people with complex needs. The Alliance Commission invited providers to work with the HSCP to reach more people and also would result in efficiencies.

David Williams advised that the SERCO issues are completely separate to the Alliance Commissioning because this is a Home Office contract and need to be responded to separately.

It was agreed that a report would be presented to the Committee in November on all homelessness services provided to service users. **Jim McBride**

The IJB Performance Scrutiny Committee:

a) noted the contents of the report and progress made in relation to the transformation of adult services; and
b) noted the content of the Risk Register.

8. PRISON HEALTHCARE SERVICE PERFORMANCE

Rhoda MacLeod presented a paper to advise the IJB Performance Scrutiny Committee of the outcome of the most recent formal inspection activity within Prison Healthcare; and ongoing work to ensure improved and sustained performance.

The grades received from the inspections at HMP Barlinnie, HMP Low Moss and HMP Greenock were outlined; and officers advised that it was important to note that 'satisfactory' is the second highest score, with the highest score being 'good'.

Following the 'poor' grade to HMP Low Moss an action plan was developed and progressed. Inspectors re-inspected the service in January and the findings were positive. There was no score given from the re-inspection as this was not the purpose of the visit; the purpose was to assess the progress of the action plan. Officers acknowledged that significant improvements were still required, but that this was progressing well. A further inspection of HMP Low Moss would take place but there was no detail of when this would be conducted.

Officers reported of challenges at HMP Low Moss, including the paper-based Kardex prescribing process, which was a National issue; issues with staff retention; and issues in the existing prison structure and processes that impacted on day-to-day delivery of Health Care Services. An independent review of the HMP Low Moss service was scheduled to take place by the Lead Clinical Director and the findings would be available in September and an action plan produced.
Officers also provided updates on the HMP Greenock and HMP Barlinnie inspections.

The Committee discussed the issues of workforce and queried what steps were being taken to improve this; and also stressed the importance of providing emotional support to staff. Officers advised that they were working with recruitment to develop a plan to recruit more skilfully; and to offer open days and a robust induction. Potential employees would also be informed of the challenges in the role and environment to ensure they were aware from the beginning of the recruitment process. Officers would also look at requesting that staff had prior experience within their profession to assist in a sustainable workforce. Officers were working on these issues, but acknowledged that some were out with their control and that there were wider workforce issues.

The Staff-side Representative added that staff-side were working closely with officers and that work was progressing in the right direction.

The IJB Performance Scrutiny Committee:

a) noted the findings of the most recent inspections; and
b) noted the actions the HSCP is taking, and intends to take, to ensure ongoing sustainable service improvement.

9. DRAFT ANNUAL REPORT FOR THE GLASGOW CITY CHILDREN AND YOUNG PEOPLE INTEGRATED SERVICE PLAN 2017/2020

Mike Burns presented a report to provide the IJB Performance Scrutiny Committee with the draft version of the annual report for 2017/18. The work and direction of travel was strongly aligned to the work of the HSCP, Third Sector and Education. The draft annual report had not yet been approved by the Children's Services Executive Group, but was agreed could be presented to the Committee at this stage.

Officers outlined the work that had taken place and the progress on strategic priorities for 2017/18; there were a number of workstreams to support this work. Officers were working closely with the national review for better support and investment to young people; and were also working with Strathclyde University and CELCIS. Officers discussed spend on care and high cost placements, and the proposals to reduce this further from the significant reduction already. An audit was being conducted on permanency and the analysis would be presented to the IJB Finance and Audit Committee. Officers also explained that there would be a neighbourhood approach to map preventive spend and scrutinise family support.

Mike Burns

The Committee welcomed the report and the importance of the neighbourhood approach.

Members discussed the percentage of children and young people involved in the MCR Pathways programme who had gone to college or university and that

it would be interesting to see data on those that had successfully competed courses. Officers explained that work was taking place to obtain this information but advised of the difficulties of young people keeping in touch or wanting to provide information when they leave care. There had been significant investment in continuing care and officers were committed to tracking young people destinations. A report would be presented at a future date on positive destinations.

Mike Burns

Members asked for an updated on Named Person legislation. Mike advised that he was a member of the independent expert panel and that a report was close to completion, which would then go to consultation between August-October; a decision would then be awaited.

The IJB Performance Scrutiny Committee:

a) noted progress with the implementing of the actions outlined in Glasgow's Children and Young People Integrated Service Plan 2017-2020; and

b) noted the final version of the annual report will be agreed with the Children's Services Executive Group at its next meeting and will be reported back to Committee if there are significant changes.

10. DUTY OF CANDOUR

Jim Charlton presented a report to provide the IJB Performance Scrutiny Committee with an overview of the new legal duty applying to health and social care services with effect from 1st April 2018 and make recommendations as to future development and administration of the process.

Officers explained duty of candour and when this is triggered and the responsibilities to the provider. The NHS had implemented a draft policy, but this was still to be produced by the Council. A draft policy would be produced by September/October for the Council and officers would identify if staff could access the learning module on NHS LearnPro and the Datix recording system. Discussions would also take place with Legal, Cordia and Education. The challenges for the Council would be recording; obtaining the health opinion of a registered health professional, not involved in the incident; and the trigger process.

Officers reported that there were no duty of candour cases; some cases had been recorded as a duty of candour, but upon review these did not meet the trigger. Further guidance had been issued to staff and the recording system amended to ensure it was clearer when duty of candour was triggered.

An annual report on duty of candour events would be produced by Spring 2019.

Members queried the different approached by the NHS and Council and why they were at different stages in the process. Officers explained that the Health Board had been operating a duty of candour approach for a number of years and had well established clinical governance arrangements in place. The council was a more complex environment and a cultural shift was also required.

The IJB Performance Scrutiny Committee:

a) noted the actions to date outlined in the report; and

b) noted the proposals for further development and administration of Duty of Candour within the partnership.

11. NEXT MEETING

The next meeting will be held at 9.30am on Wednesday 21st November 2018 in the Boardroom, Commonwealth house, 32 Albion Street, Glasgow, G1 1LH.

The meeting ended at 11.10am

Item No: 23

Meeting Date: **Wednesday 19th September 2018**

Glasgow City Integration Joint Board

Report By: **Allison Eccles, Head of Business Development**

Contact: **Julie Kirkland, Senior Officer (Governance Support)**

Tel: **0141 276 6659**

GLASGOW CITY INTEGRATION JOINT BOARD - FUTURE AGENDA ITEMS

OCTOBER 2018 INTEGRATION JOINT BOARD

Chief Social Work Officer Annual Report 2017/18
Assisted Home Garden Maintenance Review
Strategic Report on Provision of Emergency Accommodation for Homelessness
Draft Strategic Plan
Continuing Care Beds
Mental Health Strategy
Learning Disability Care Home Tender
Regional Planning
Risk Management Update - Annual Report

SUBSEQUENT INTEGRATION JOINT BOARD MEETINGS

Item	Timescale
Youth Health Services Review	Winter 2018
Integrated Addiction Crisis Provision	Winter 2018
Resource Allocation for Adults Eligible for Social Care Support	Winter 2018
Transition from Overnight 'Sleepover' Support to Alternative Support Arrangements	Winter 2018
Transformational Change Programme – Sexual Health Services	Winter 2018
HSCP Q2 Performance Report	Winter 2018
IJB Records Management Policy	Winter 2018